League of Women Voters of Texas Education Fund
1212 Guadalupe, #107 • Austin, Texas 78701 • Tel.512/472-1100

November 18, 1988

Dr. Wayne H. Holtzman, President
Hogg Foundation for Mental Health
P. O. Box 7998
University Station
Austin, Texas 78712

Dear Dr. Holtzman:

Accompanying this letter is a draft of results of the survey carried out by the League of Women Voters of Texas Education Fund with the support of the Hogg Foundation's grant. As you can see, a great deal of information has been assembled and analyzed regarding the perceptions of consumers and community leaders about community-based mental health issues in the Mental Health Mental Retardation Center areas. The text is now being edited by LWV-TEF trustees and the tables and visual aids are being prepared in camera-ready form. Survey results will also be reported in the form of an executive summary which will appear at the beginning of this text and will also be used for wider distribution.

We would appreciate any comments you might have at this stage. We hope to have the report printed in December, and plan to distribute it in January.

Expenses for this project have fallen within our budget, with one exception. The costs for consultation and for computer coding and analysis substantially exceeded the amount budgeted and stipulated in LWV-TEF's contract with Linda Donelson of Health Consulting. In the enclosed letter from Ms. Donelson, she cites as the cause for her overrun the decision to ask more questions than originally planned, a decision that was made in the belief that it would not substantially increase costs of the survey. As Ms. Donelson reports, that belief was incorrect. An important factor not mentioned in
data generated by 32 different teams of volunteer
considerably more diverse than anticipated and, t
time to code and enter. In completing the task,
expended many more staff hours than budgeted.

Inactive file

LWV-TEF Trustees very much appreciate the good fa
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LWV-TEF Trustees very much appreciate the good faith demonstrated by Ms. Donelson and Health Consulting in completing the coding, entering, and analysis of the data as well as providing a preliminary discussion of the results though she was well aware that the cost had exceded the contract amount. Unfortunately, the League has no funds outside the grant to compensate Health Consulting beyond the stipulated amount.

The Trustees have agreed to request the Hogg Foundation to consider a supplemental grant to cover the overrun of $2,649.07 or a portion thereof. We believe that the additional detail obtained added substantially to the value of the study. Furthermore, we believe that the use of volunteer surveyors, even with the unanticipated time for coding and analysis, was more cost effective than hiring professional surveyors. In addition, it served the important purpose of involving nonprofessionals in community mental health issues in a way that significantly expanded awareness at the local level.

We are pleased to report that we continue to receive favorable comments on and requests for our first publication under this grant, the Facts and Issues on Services for the Seriously Mentally Ill in Texas. Our initial printing funded by the grant was quickly exhausted. LWV-TEF has printed an additional 2000 copies to meet the continuing demand. This printing is self-funding through a nominal charge to cover the costs of production, postage, and handling.

I would like to take this opportunity to thank you for the support given by the Hogg Foundation to this project. Our association with the Foundation has greatly enhanced the outreach of our project and has enabled us to reach local communities in ways that would have been otherwise impossible.

Sincerely,

Diane Sheridan

Diane Sheridan
Chair

League of Women Voters of Texas Education Fund
1212 Guadalupe, #107 • Austin, Texas 78701 • Tel.512/472-1100

August 29, 1989

Dr. Wayne H. Holtzman, President
Hogg Foundation for Mental Health
P. O. Box 7998
University Station
Austin, Texas 78712

Dear Dr. Holtzman:

It is my pleasure to send you the concluding financial report for the grant from the Hogg Foundation to the League of Women Voters of Texas Education Fund. The grant funded our study of perceptions of community-based services for people with serious mental illness in community mental health mental retardation center areas in Texas.

In connection with the grant, 68 volunteers were trained in survey technique and gathered data in their communities. One hundred copies of the full survey report and 600 copies of the executive summary were printed and distributed. The grant also supported publication of our Facts and Issues on Services for the Seriously Mentally Ill in Texas, of which 7000 copies were printed and several hundred remain. This was used as resource material for League members in their study of Texas' state system of mental health care, and has also been distributed to mental health providers, advocates, and the public. Our office in Austin continues to receive and fill orders for these publications.

Reymundo Rodriguez has indicated that the Foundation would appreciate additional copies of both the Facts and Issues and the survey report. Since we have a substantial number of the Facts and Issues remaining, we will be more than happy for you to have as many as you need. Arrangements can be made any time by calling our office. Only two or three copies of the full survey report are left in addition to our file copies. The Education Fund holds copyrights to both publications; however, our concern is only for attribution since we have no financial stake in them. Therefore, the Hogg Foundation is welcome to copy both documents as necessary, providing that the copyright is acknowledged.

Our association with the Hogg Foundation has been a particularly productive one for us, enabling us to utilize expertise and reach audiences that are often beyond our scope. We look forward to continuing cooperation with the Foundation in the area of community-based mental health services and in other areas of mutual concern.

Sincerely,

Diane Sheridan

Diane Sheridan
Chair

League of Women Voters of Texas Education Fund
1212 Guadalupe, #107 • Austin, Texas 78701 • Tel.512/472-1100

FISCAL ACCOUNTING STATEMENT

FOR THE HOGG FOUNDATION FOR MENTAL HEALTH GRANT TO

THE LEAGUE OF WOMEN VOTERS OF TEXAS EDUCATION FUND

SUMMARY FINANCIAL REPORT

	BUDGET	EXPENDED	REMAIN
PERSONNEL			
Health Consulting	2500.00	2610.00	-110.00
Clerical	700.00	924.80	-224.80
OTHER DIRECT COSTS			
Resource Committee Expenses	1000.00	150.85	849.15
Computer Input and Analysis	2992.00	5874.43	-2882.43
Telephone	300.00	721.18	-421.18
Training	5000.00	4757.66	242.34
Typesetting	200.00	445.80	-245.80
Printing	3000.00		-455.00
Facts and Issues		2714.00	
Survey Report		670.00	
Executive Summary		71.00	
Postage	1180.00	643.76	536.24
Supplies	680.00	636.71	43.29
SUBTOTAL	17552.00	20220.19	-2668.19
Supplemental grant	2500.00		
TOTAL	20052.00	20220.19	-168.19

The excess expenditure was absorbed by the League of Women Voters of Texas Education Fund. The Fund also absorbed 149.07 in additional overrun by Health Consulting, which was paid in full.

RECORD OF DISBURSEMENTS

HOGG FOUNDATION GRANT OCTOBER 31, 1988

		HEALTH CONSULTING	CLERICAL ASSISTANC	RESOURCE COMMITTEE	COMPUTER STAT. ANA.	TELEPHONE	TRAINING	TYPESETTI	PRINTING	POSTAGE	SUPPLIES	TOTAL
		$2,500.00	$700.00	$1,000.00	$2,992.00	$300.00	$5,000.00	$200.00	$3,000.00	$1,180.00	$680.00	$17,552.00
	EXPENDITURES:											
j077	4/18-REBECCA bERGSTRESSER					($45.72)				($17.97)	($6.38)	($70.07)
V530	5/21-LOUISE CUMMINS						($141.50)					($141.50)
V531	BETTY M. CONDRA						($133.50)					($133.50)
V532	CAROLE KRONSENBERG						($70.50)					($70.50)
V533	VIRGINIA K. BROCK						($86.00)					($86.00)
V534	EMMALOU KEYES						($96.24)					($96.24)
V535	ELIZABETH A. ERKEL						($60.00)					($60.00)
V536	PAULETTE BOGART						($53.35)					($53.35)
V537	JOAN S.LEVY						($118.00)					($118.00)
V538	NANCY STOUT						($65.00)					($65.00)
V539	PRISCILLA HEYRICH						($118.00)					($118.00)
V540	MARY ALICE PISANI						($30.00)					($30.00)
V541	GENEVIEVE SCOTT						($30.00)					($30.00)
V542	HELEN Z. ULAKOVIC						($86.00)					($86.00)
V543	SHERIE CLARKSON						($30.00)					($30.00)
V544	CAROL R. SCHAPER						($65.30)					($65.30)
V545	JACKIE FRIEDMAN						($48.00)					($48.00)
V546	MILDRED MASON						($80.00)					($80.00)
V547	DEBORAH CHRISTOPHER						($90.00)					($90.00)
V548	JUDY MCKEE						($86.00)					($86.00)
V549	CHARLEY H. SHANNON						($45.15)					($45.15)
V550	SARA COUGHLIN						($24.00)					($24.00)
V551	RONNIE J. COHEE						($100.00)					($100.00)
V552	REGINA WHELAN SKODA						($84.00)					($84.00)
V553	MARY M. VINES						($98.00)					($98.00)
V554	LWV-IRVING(HALSEY,SIMPON)						($96.00)					($96.00)
V555	ANNE MUNN						($86.00)					($86.00)
V556	SANDRA SCARBORO						($118.00)					($118.00)
V557	JANET K. AVNER						($101.50)					($101.50)
V558	REBECCA BERGSTRESSER						($48.00)					($48.00)
V559	NAOMI CHANDLER						($128.37)					($128.37)
V560	RACHEL BEARD						($171.37)					($171.37)
V561	PATRICIA SMITH						($115.97)					($115.97)
V562	NANCY WILSON						($194.00)					($194.00)
V563	TERESA ANDERSON						($80.28)					($80.28)
0	PEG KNAPP						($60.00)					($60.00)
V565	5/23-US POST OFFICE,FORT WORTH									($10.00)		($10.00)
V566	ALISA LARSEN						($150.96)					($150.96)
V567	ELLEN MARKEY						($97.00)					($97.00)
V571	SARA COUGHLIN						($312.20)					($312.20)
1028	LWV OF TEXAS						($31.01)					($31.01)
1066	LWV OF TEXAS					($6.16)						($6.16)
1061	LWV OF TEXAS										($11.22)	($11.22)

V577	6/3/88-Health Co ($1,793.00)									($1,793.00)
V581	6/5/88 M.A.PISANI				($54.79)					($54.79)
V582	6/19/88-R. BERGSTRESSER				($136.06)					($136.06)
V588	6/23/88-D.B.SHERIDAN				($4.66)					($4.66)
V590	7/14/88-HELEN DRAKELEY				($16.45)			($8.70)	($1.28)	($26.43)
V591	7/14/88-NANCY JOHNSON					($60.00)				($60.00)
V592	7/14/88-DOUBLETREE HOTEL, AUSTIN					($55.37)				($55.37)
V595	7/21/88-D.B.SHERIDAN				($0.09)					($0.09)
V596	7/21/88-BARBARA BLEECK				($15.11)				($2.25)	($17.36)
V597	7/25/88-CHARLOTTE POEHNER				($15.29)					($15.29)
V598	7/25/88-POSTMASTER, AUSTIN							($500.00)		($500.00)
V599	7/27/88-CP GRAPHICS						($445.80)			($445.80)
V600	7/27/88-MARY ALICE PISANI				($39.95)			($32.15)	($11.79)	($83.89)
J022	CLERICAL ASS.-JUNE	($73.50)								($73.50)
J022	CLERICAL ASS-JULY	($61.25)								($61.25)
J022	CLERICAL ASS-AUGUST	($112.00)								($112.00)
I092	L.D. CALLS SO-JULY				($11.33)					($11.33)
I111	REIMBURSEMENT POSTAGE-UNUSED							$182.80		$182.80
V604	TERESA AMDERSPN							($4.25)		($4.25)
V608	NANCY WILSON				($33.42)			($3.00)	($40.53)	($76.95)
V609	SARA COUGHLIN		($51.04)							($51.04)
V611	JOANN LOVELACE		($10.55)							($10.55)
V616	DOUBLETREE HOTEL AUSTIN					($166.11)				($166.11)
V619	FUTURA COMMUNICATIONS						($1,889.00)			($1,889.00)
V618	JOANN LOVELACE								($9.25)	($9.25)
V621	RHEY NOLAN		($36.00)							($36.00)
V626	DOUBLETREE HOTEL AUSTIN					($550.93)				($550.93)
V627	LWVUS								($54.00)	($54.00)
V629	G&L VBJ								($12.20)	($12.20)
V640	HEALTH CONSULTIN	($217.00)	($360.50)	($3,374.43)		($296.05)		($41.15)	($417.87)	($4,707.00)
V641	ANNETE L.LINDSEY				($10.02)					($10.02)
V645	DIANE B. SHERIDAN				($2.52)					($2.52)
I123	LWV TX -LONG DISTANCE				($24.40)					($24.40)
J042	OFFICE CHARGES	($28.00)								($28.00)
J042	OFFICE CHARGES	($35.00)								($35.00)
J042	OFFICE CHARGES	($49.00)								($49.00)
J055	OFFICE CHARGES	($70.00)								($70.00)
NOVEMBER & DECEMBER										
I160	LD CALLS-S.O.				($5.50)					($5.50)
I184	LD CALLS-S.O.				($2.32)					($2.32)
I193	COPIES-S.O.	($7.70)								($7.70)
I195	POSTAGE							($12.00)		($12.00)
I215	POSTAGE							($40.78)		($40.78)
V665	DIANE SHERIDANLD CALLS				($0.43)					($0.43)
V671	MARY ALICE PISANI- LD CALLS				($27.40)					($27.40)
V673	REBECCA BERGSTRESSER		($32.32)		($37.99)			($7.12)		($77.43)
V708	DIANE B. SHERIDAN- L.D. CALLS				($17.24)					($17.24)
DEPOSIT										$2,500.00
JANUARY, FEBRUARY & MARCH										
J065	F & I (correctio 5/31/89)						($825.00)			($825.00)

V712	SONDRA FERSTL					($4.80)							($4.80)
V716	MARY ALICE PISANI					($30.06)							($30.06)
V717	REBECCA BERGSTRESSER			($20.94)		($62.78)					($4.85)		($88.57)
V718	HEALTH CONSULTING				($2,500.00)								($2,500.00)
V725	DIANE B. SHERIDAN					($11.96)							($11.96)
I293	LD CALLS-S.O.					($5.04)							($5.04)
I332	MAILING OF SURVEY-S.O.										($64.25)	($10.14)	($74.39)
I336	MAILING OF SURVEY-S.O.										($44.39)	($1.17)	($45.56)
V728	PDQ PRESS									($741.00)			($741.00)
V730	HEALTH CONSULTIN	($600.00)											($600.00)
V734	MARY ALICE PISANI					($31.54)							($31.54)
J091	OFFICE EXPENSE		($124.25)										($124.25)
V742	REBECCA BERGSTRESSER					($68.15)					($21.51)		($89.66)
I372	COPIES/POSTAGE-S.O.										($10.10)	($58.63)	($68.73)
I511	POSTAGE aPRIL										($4.34)		($4.34)
J121	OFFICE CHARGES		($3.60)										($3.60)
		($2,610.00)	($924.80)	($150.85)	($5,874.43)	($721.18)	($4,757.66)	($445.80)	($3,455.00)	($643.76)	($636.71)		($17,720.19)
LEFT TO SPEND		($110.00)	($224.80)	$849.15	($2,882.43)	($421.18)	$242.34	($245.80)	($455.00)	$536.24	$43.29		($168.19)

DOCUMENTATION OF MAJOR DISBURSEMENTS

LEAGUE OF WOMEN VOTERS OF TEXAS
1212 Guadalupe, #109
Austin, TX 78701

CHECK ONE: LWV-T _____ LWV-TEF XXX

Date: May 23, 1988

EXPENSE VOUCHER

Signature: [signature]

Please issue check to: Health Consulting

Address: _____

(zip)

Date Spent	PURPOSE	BUDGET CATEGORY	Expenses to be Reimbursed	Expenses not to be Reimbursed
5/23/88	TEF Q.8. MH/MR Hogg Grant	TEF Q.8.	$1793.00	
	expenses to date for survey training			
	(see attached)			
		TOTAL:	$1793.00	

To be paid after contract is signed

* * * * * * * DO NOT WRITE BELOW THIS LINE * * * * * * *

Date _____ Amount _____ Check No. _____ Posted _____

Paid by President _____ Paid by Treasurer ✓ _____ Paid by _____

Copy or resume sent to Sheridan, Cummins, Bergstresser, Pisani, Coughlin, S.O.

PLEASE ATTACH ALL RECEIPTS
ADDRESS NECESSARY ONLY IF OTHER THAN ON STATE BOARD LIST OR ON ATTACHED BILL

USE SEPARATE VOUCHERS FOR T AND TEF EXPENDITURES

12/83

MAY 23 1988

HEALTH CONSULTING

RB
M+P
Sa C
D Sh
M K-M
L Cu
SO

INVOICE

SERVICES PROVIDED TO:	League of Women Voters	
DATE OF CONSULTATION:	April 12 - May 15	
LOCATION OF SERVICES:	Dallas and Austin	
MILEAGE: 450 miles X .15		$67.50
COPYING OF HANDOUTS:		
SURVEY SUPPLIES:		
CONSULTATION FEE: 63 hours x $25		$1575.00
CLERICAL SUPPORT: 21.5 Hours x $7		$150.50
	TOTAL	$1793.00
Submitted By:	Linda Donelson LD	
Date:	May 19, 1988	

P.O. BOX 121118 DALLAS, TEXAS 75219 (214) 522-8602

ATTACHMENTS

MILEAGE = Round trip to and from Austin for training on May 14 and driving to and from hotel.

CONSULTATION TIME:

Linda Donelson

April 12	1 Hour	Work plan Development
April 14	2 Hours	Meeting Preparation
April 17	5 Hours	Meeting with League
April 18	1.5 Hrs	Completing Work Plan
April 19	6.5 Hrs	Developing Questions Developing Site Locations
April 20	4.5 Hrs	Reviewing Issues Draft
April 22	2 Hrs	Completion of Site Locations
April 23	5 Hrs	Developing Group Instructions
April 24	3 Hrs	Developing Training Material
April 25	2 Hrs	Site Location Alterations
April 26	2 Hrs	Finalizing Questions
May 1	3.5 Hrs	Completing Training Materials
May 2	2 Hrs	Completing Training Materials
May 12	8 Hrs	Finalizing Training Packages
May 14	8 Hrs	Training Program - Including final preparation and some travel time

Total Time Linda Donelson 54 Hours

Russell A. Dunckley

April 19	4.5 Hrs	Construct Survey Form
April 20	1.0 Hrs	Construct Survey Form
April 21	2.5 Hr	Review Documents
April 23	1.0 Hr	Review Documents

Total Time Russell Dunckley 9 Hours

Sharon Booton - Clerical Support

May 11	7 Hrs
May 12	8 Hrs
May 13	6.5 Hrs

Total Time Sharon Booton 21.5 Hours

SURVEY SUPPLIES AND COPYING = The expenditures for the training session supplies and copying will be submitted with the next billing.

SEP 14 1988

DSh
RB
MMc
SO

HEALTH CONSULTING

INVOICE

SERVICES PROVIDED TO:	League of Women Voters	
DATE OF CONSULTATION:	May 16 - August 31, 1988	
LOCATION OF SERVICES:	Dallas	
COPYING OF HANDOUTS:		$296.05
OTHER SURVEY SUPPLIES:		$417.87
POSTAGE:		$41.15
PERSONNEL COSTS: See attachment for detail		$6,601.00
	TOTAL	$7356.07

(inc clerical 210
computer 6091.
training 300

Submitted By:	Linda Donelson
Date:	September 3, 1988

P.O. BOX 191148 DALLAS, TEXAS 75219 (214) 522-8602

ATTACHMENTS

CONSULTATION TIME:

Kathy Edwards

April 8 - May 4 Hrs		Arranging Training Facilities
May 14	8 Hrs	Training Program

Total Time Kathy Edwards 12 Hr X $25 **$300.00**

Russell A. Dunckley

May 13	1.5 Hr	Preparation for Training
May 18	2.0 Hr	Followup on Training
July 4	3.5 Hr	Data coding design
July 5	1.0 Hr	Data coding design
July 6	1.5 Hr	Data coding and Analysis
July 7	1.0 Hr	Data coding and Analysis
July 8	3.5 Hr	Data coding and Analysis
July 11	4.5 Hr	Data coding and Analysis
July 12	6.5 Hr	Data coding and Analysis
July 13	5.0 Hr	Data coding and Analysis
July 14	3.0 Hr	Data coding and Analysis
July 18	5.0 Hr	Data coding and Analysis
July 19	1.0 Hr	Data coding and Analysis
July 22	2.5 Hr	Data coding and Analysis
July 25	1.0 Hr	Data coding and Analysis
July 26	3.5 Hr	Data coding and Analysis
July 27	2.0 Hr	Data coding and Analysis
July 28	4.0 Hr	Data coding and Analysis
Aug 4	6.0 Hr	Data coding and Analysis
Aug 5	4.0 Hr	Data coding and Analysis
Aug 7	6.0 Hr	Data coding and Analysis
Aug 8	10.5 Hr	Data coding and Analysis
Aug 9	1.0 Hr	Data coding and Analysis
Aug 15	9.5 Hr	Data cading and Analysis
Aug 16	3.0 Hr	Data coding and Analysis
Aug 17	5.0 Hr	Data coding and Analysis
Aug 18	8.0 Hr	Data coding and Analysis
Aug 19	9.0 Hr	Data coding and Analysis

Total Time Russell Dunckley 107 Hours x $30 $3210.00

Linda Donelson - Coordinating Surveyors, Trouble shooting, Interpretation, report writing

June 10		1 Hrs	Coordinating Surveyors
July 4		3 Hrs	Data Coding design
Aug 3		1 Hrs	Coding Trouble shooting
Aug 4		1 Hrs	Coding Trouble shooting
Aug 6		1.5 Hrs	Coding Trouble shooting
Aug 15		5 Hrs	Interpretation & writing
Aug 24		1 Hr	Report writing & writing
Aug 25		2.5 Hr	Interpretation & writing
Aug 26		8.5 Hr	Interpretation & writing
Aug 27	13.5 Hr		Interpretation & writing
Aug 28		8.0 Hr	Interpretation & writing
Aug 29		2.0 Hr	Interpretation

Linda Donelson - Total Hours 44 **$1320.00**

Sharon Booton - Coding and Data Entry

July 5	5.0 Hrs
July 6	9.5 Hrs
July 7	8.0 Hrs
July 8	8.0 Hrs
July 11	8.0 Hrs
July 12	7.5 Hrs
July 13	7.0 Hrs
July 14	7.0 Hrs
July 15	7.0 Hrs
July 16	3.0 Hrs
July 18	7.5 Hrs
July 19	7.5 Hrs
July 20	8.5 Hrs
July 21	7.5 Hrs
July 22	6.0 Hrs
July 26	7.5 Hrs
July 27	7.5 Hrs
July 28	7.0 Hrs
July 29	6.0 Hrs
Aug 1	9.0 Hrs
Aug 2	7.5 Hrs
Aug 3	8.0 Hrs
Aug 4	7.0 Hrs
Aug 5	5.0 Hrs
Aug 8	5.0 Hrs
Aug 9	6.0 Hrs
Aug 10	7.5 Hrs
Aug 11	7.0 Hrs

Total Time Sharon Booton 197 Hours x $7 **$1,379.00**

Howard Garb Coding and Data Entry

Aug 4	6.25 Hrs
Aug 5	7.0 Hrs
Aug 8	6.25 Hrs
Aug 9	6.25 Hrs

Total time Howard Garb 26 Hours x $7.00 **$182.00**

Amy Marx Clerical time = sorting, recording, converting numbers to items on returned surveys

July 11	3.0 Hrs
July 12	3.0 Hrs
July 13	3.0 Hrs
July 14	3.0 Hrs
July 15	3.0 Hrs
July 18	3.0 Hrs
July 19	3.0 Hrs
July 20	3.0 Hrs
July 21	3.0 Hrs
July 22	3.0 Hrs
July 26	3.0 Hrs
July 27	3.0 Hrs
July 28	3.0 Hrs
July 29	3.0 Hrs

Total Time Amy Marx 42 Hours x $5.00 **$210.00**

COPYING TRAINING MATERIALS ETC.

MAR 20	9	copies		
Apr 24	10	copies		
Apr 26	72	copies		
Apr 26	22	copies		
Apr 26	17	copies		
May 10	8	copies		
May 12	140	copies		
May 12	270	copies		
May 12	70	copies		
May 12	168	copies		
May 12	70	copies		
May 13	1,275	copies		
May 17	225	copies		
May 17	75	copies		
May 18	250	copies		
	TOTAL	copies	2681 x .05	$134.05
Action Copy 5,000		copies		$162.00

SURVEY SUPPLIES

ENVELOPES for surveyors 49 +	$12.74 + Tax $1.02
ENVELOPES for surveyors 70 +	$31.46 + Tax $2.52
Easel pads for surveyors	$173.40 + Tax $13.87
Easel pads for surveyors	$69.75 + Tax $5.58
Markers for srveyors	$68.60 + Tax $5.45
Computer Disks	$33.48
	$417.87

POSTAGE

Mail outs to surveyors who did not attend training.		**$17.65**	
Thank you letters and summaries to all trainers	60 letters x .25		**$15.00**
Letters to Executive Directors of centers	34 letters x .25		**$8.50**

Action COPY

Today's Technology at Yesterday's Prices

609 W. Lovers Lane, Dallas, Texas 75209

351-3832

Name Health Consulting Date 5-12

Address

Phone 522-8602 Date due 5-13

Description	# Orig.	# Copies	Total Copies	Amount
Stacks Lowe	10	200	2000	17

Cash/Check ☐ Ordered by _____ SUBTOTAL

Received in good condition: / / TAX

LUV

Paid

*** U.S. POSTAL SERVICE ***
OAKLAWN STATION
DALLAS, TEXAS 75219-9998

CLERK #13
DATE: 05/19/88 11:13:48 AM

110 P O METER	.85
110 P O METER	2.40
110 P O METER	2.40
110 P O METER	2.40
110 P O METER	2.40
110 P O METER	2.40
110 P O METER	2.40
110 P O METER	2.40
110 P O METER	4.80

TOTAL: $	17.65
CASH TENDERED $	20.00
CHANGE $	2.35

*** THANK YOU ***

HEALTH CONSULTING

Linda Donelson, R.N., M.S., S.M.Hyg.
Mental Health Systems Consultant

Russell A. Dunckley, Ph.D.
Clinical Psychologist

Name: Health Consulting
Project: League of Women Voters

Billing Date: June 20, 1988

Date	Services Rendered	Charges
5/13/88	1.5 hrs	
5/18/88	6.5 hrs	
TOTAL HOURS		8.0 HRS
5/19/88	Postage	$ 17.65

Linda,

The 6.5 hours on 5/18 was the time Sharon and I spent trying to get the mailmerge to work for the letters that were sent out. If the available funds in the contract can't bear the expense, then the amount of time to be billed under here should probably be about 2 hours, so that the total bill would be for 3.5 hours. Let me know if there are problems.

P.O. BOX 191148 DALLAS, TEXAS 75219 (214)522-8602

Please make checks payable to and mail to

MAPLE OFFICE SUPPLY

2330 BUTLER SUITE 101
DALLAS, TEXAS 75235
638-2696

BILL TO: Health Conslt.

SHIP TO: Sharon Booton 5/12/88

CUSTOMER ORDER NUMBER			CUSTOMER NUMBER		INVOICE DATE	INVOICE NUMBER
			2135	Fran	5/16/88	87022
QUANTITY	SHIPPED	BACK ORDERED	DESCRIPTION		UNIT PRICE	TOTAL
2 ea			24-030 AMpad		17.34	34.68 Low
3			94-601 W/C Easel pad		11.69	35.07 Low
				401		69.75
				245		5.58
			ALL LOW			75.33
					35.95 28.48	
IF PAID BY 10th. OF			Mx June 10 PAY	64.03		

THIS INVOICE IS DUE AND PAYABLE IN DALLAS COUNTY TEXAS AT THE OFFICE OF SELLER AT 2330 BUTLER: SUITE 101 DALLAS TEXAS 75235 OBTAIN PERMISSION BEFORE RETURNING ANY PORTION OF THIS SHIPMENT.

Please make checks payable to and mail to

MAPLE OFFICE SUPPLY

2330 BUTLER SUITE 101

DALLAS, TEXAS 75235

638-2696

BILL TO: Health Consultants

SHIP TO: Sharon 5-10-88

CUSTOMER ORDER NUMBER	CUSTOMER NUMBER		INVOICE DATE	INVOICE NUMBER
	2135	Retha	5-18-88	87319

QUANTITY	SHIPPED	BACK ORDERED	DESCRIPTION	UNIT PRICE	TOTAL
70 ea			07-888 Blk Markers	.98	$68.60 LOW
121			12 X 15 1/2 Clasp Env	.26	31.46 LOW
					$100.06
			401		8.00
			245		
					$108.06
			ALL LOW		

IF PAID BY 10th. OF June PAY $ 91.85

THIS INVOICE IS DUE AND PAYABLE IN DALLAS COUNTY TEXAS AT THE OFFICE OF SELLER AT 2330 BUTLER SUITE 101 DALLAS TEXAS 75235 OBTAIN PERMISSION BEFORE RETURNING ANY PORTION OF THIS SHIPMENT.

MAPLE OFFICE SUPPLY
2330 BUTLER SUITE 101
DALLAS, TEXAS 75235
638-2696

BILL TO: Health Consultants

SHIP TO: Sharon - 5-10-88

CUSTOMER ORDER NUMBER	CUSTOMER NUMBER		INVOICE DATE	INVOICE NUMBER
	2135	PL	5-16-88	86814

QUANTITY	SHIPPED	BACK ORDERED	DESCRIPTION	UNIT PRICE	TOTAL
49 ea.			12 x 15½ Env.	.26	12.74 LOW
1 ea.			Black Stamp Pad		2.05
			401		14.79
			245		1.18
					15.97
IF PAID BY 10th. OF			June PAY 13.57		

LOW
12.74 + TAX

THIS INVOICE IS DUE AND PAYABLE IN DALLAS COUNTY TEXAS AT THE OFFICE OF SELLER AT 2330 BUTLER: SUITE 101 DALLAS TEXAS 75235 OBTAIN PERMISSION BEFORE RETURNING ANY PORTION OF THIS SHIPMENT.

2330 BUTLER SUITE 101

DALLAS, TEXAS 75235

638-2696

BILL TO: Health Consulting

SHIP TO: Sharon 5-12-88

CUSTOMER ORDER NUMBER	CUSTOMER NUMBER		INVOICE DATE	INVOICE NUMBER
	2135	Retha	5-17-88	87199

QUANTITY	SHIPPED	BACK ORDERED	DESCRIPTION	UNIT PRICE	TOTAL
5 ctn(10)			24-039 Ampad Easel Pads	17.34	LOWV $173.40
1			224X HD Bates Stapller		109.95
			401		$283.35
			245		22.67
					$306.02
			Lowv 173.4 + Tax		
			173.4		
			186.14		

IF PAID BY 10th. OF June PAY $260.12

THIS INVOICE IS DUE AND PAYABLE IN DALLAS COUNTY TEXAS AT THE OFFICE OF SELLER AT 2330 BUTLER: SUITE 101 DALLAS TEXAS 75235 OBTAIN PERMISSION BEFORE RETURNING ANY PORTION OF THIS SHIPMENT.

MAY 23 1988

HEALTH CONSULTING

RB
MAP
SaC
DSh
M&M
LCu
SO

INVOICE

SERVICES PROVIDED TO:	League of Women Voters	
DATE OF CONSULTATION:	April 12 - May 15	
LOCATION OF SERVICES:	Dallas and Austin	
MILEAGE: 450 miles X .15	$67.50	travel
COPYING OF HANDOUTS:		
SURVEY SUPPLIES:		
CONSULTATION FEE: 63 hours x $25	$1575.00	consultant
CLERICAL SUPPORT: 21.5 Hours x $7	$150.50	clerical
TOTAL	$1793.00	

Submitted By: Linda Donelson LD

Date: May 19, 1988

P.O. BOX 191148 DALLAS, TEXAS 75219 (214) 522-8602

ATTACHMENTS

MILEAGE = Round trip to and from Austin for training on May 14 and driving to and from hotel.

CONSULTATION TIME:

Linda Donelson

April 12	1 Hour	Work plan Development
April 14	2 Hours	Meeting Preparation
April 17	5 Hours	Meeting with League
April 18	1.5 Hrs	Completing Work Plan
April 19	6.5 Hrs	Developing Questions Developing Site Locations
April 20	4.5 Hrs	Reviewing Issues Draft
April 22	2 Hrs	Completion of Site Locations
April 23	5 Hrs	Developing Group Instructions
April 24	3 Hrs	Developing Training Material
April 25	2 Hrs	Site Location Alterations
April 26	2 Hrs	Finalizing Questions
May 1	3.5 Hrs	Completing Training Materials
May 2	2 Hrs	Completing Training Materials
May 12	8 Hrs	Finalizing Training Packages
May 14	8 Hrs	Training Program - Including final preparation and some travel time

Total Time Linda Donelson 54 Hours

Russell A. Dunckley

April 19	4.5 Hrs	Construct Survey Form
April 20	1.0 Hrs	Construct Survey Form
April 21	2.5 Hr	Review Documents
April 23	1.0 Hr	Review Documents

Total Time Russell Dunckley 9 Hours

Sharon Booton - Clerical Support

May 11	7 Hrs
May 12	8 Hrs
May 13	6.5 Hrs

Total Time Sharon Booton 21.5 Hours

SURVEY SUPPLIES AND COPYING = The expenditures for the training session supplies and copying will be submitted with the next billing.

LEAGUE OF WOMEN VOTERS OF TEXAS
1212 Guadalupe, #107
Austin, TX 78701

CHECK ONE: LWV-T _____ LWV-TEF XXX

Date: Aug. 24, 1988

Signature: [illegible]

EXPENSE VOUCHER

Please issue check to: FUTURA COMMUNICATIONS

Address: _____

(zip)

Date Spent	PURPOSE	BUDGET CATEGORY	Expenses to be Reimbursed	Expenses not to be Reimbursed
3/19/88	Q.9. Hogg Grant their inv. #48953	Q.9.	$1539.00	
	Q.9. Hogg Grant their inv. #48864	Q.9.	350.00	
	print 5000 SSMI F&I insides $1404.00			
	typesetting 20.00	#48953		
	mail 3rd class bulk 115.00			
	print 5000 covers for SSMI $350.00	#48864		
		TOTAL:	$1889.00	

* * * * * * * DO NOT WRITE BELOW THIS LINE * * * * * * *

Date _____ Amount _____ Check No. _____ Posted _____

Paid by President _____ Paid by Treasurer _____ Paid by _____

Copy or resume sent to Sheridan, Cummins, Pisani, S.O.

PLEASE ATTACH ALL RECEIPTS
ADDRESS NECESSARY ONLY IF OTHER THAN ON STATE BOARD LIST OR ON ATTACHED BILL

USE SEPARATE VOUCHERS FOR T AND TEF EXPENDITURES

12/83

Employee Owned and Managed

Futura
COMMUNICATIONS, INC.

AUG 24 1988

LEAGUE/WOMEN VOTERS OF TX
1212 GUADALUPE 109
AUSTIN, TX 78701

INVOICE: 48953 DATE: 08/19/88
ACCOUNT: 341 DUE: 09/10/88

5,000	5,000	INSIDES	1,404.00
		TYPESETTING	20.00
		MAILING SERVICES	115.00
		TOTAL	1,539.00

(512) 442-7836 1714 SOUTH CONGRESS P.O. BOX 3485 AUSTIN TEXAS 78764

Employee Owned and Managed

Futura
COMMUNICATIONS, INC.

AUG 24 1988

LEAGUE/WOMEN VOTERS OF TX
1212 GUADALUPE 109
AUSTIN, TX 78701

INVOICE: 48864 DATE: 08/19/88
ACCOUNT: 341 DUE: 09/10/88

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~~~

c•p graphics

2000 Kazmeier Plaza #6
Bryan, TX 77802
409-846-2296

Invoice #

JUL 25 1988

Customer (Bill To):

League of Women Voters

Mary Alice Pisani

Ship To:

Customer #	Purchase Order #	Date	Terms
		6-28-88	Net 10

Special Instructions:

Set book as directed on materials supplied.

client alterations
7-15 · 7:30 – 9:30
7-19 6:30 – 9:30
7-20 5:30 – 7:30

7 hours @ $10/hr. = $70

LABOR			MATERIALS		
HOURS	RATE	EXT.	QUANTITY	DESCRIPTION	PRICE
43 Book	10/hr	430 –	2	PMT'S @ 6.00/ea	12.00
2 quiz		20 –	46	laser prints @ .30ea	13.80
			MATERIALS TOTAL		25.80
			SUMMARY		
Credit 10 hrs	10 –	100 –	LABOR TOTAL		350.00
			MATERIALS TOTAL		25.80
			MISCELLANEOUS		—
LABOR TOTAL		350.00	TOTAL CHARGES		375.80

70.00

$ 445.80

LEAGUE OF WOMEN VOTERS OF TEXAS
1212 Guadalupe, #107
Austin, TX 78701

CHECK ONE: LWV-T _____ LWV-TEF XXX

Date: Oct. 7, 1988

Signature: [signature]

EXPENSE VOUCHER

Please issue check to: FUTURA COMMUNICATIONS

Address: _____

(zip)

Date Spent	PURPOSE	BUDGET CATEGORY	Expenses to be Reimbursed	Expenses not to be Reimbursed
9/30/88	HOGG GRANT TEF Q.9.	TEF Q.9.	$825.00	
	reprint 2,000 SSMI F&I			
		TOTAL:	$825.00	

* * * * * * * DO NOT WRITE BELOW THIS LINE * * * * * * *

Date _____ Amount _____ Check No. _____ Posted _____

Paid by President _____ Paid by Treasurer _____ Paid by _____

Copy or resume sent to Pisani, Bergstresser, Cummins, Sheridan, S.O.

PLEASE ATTACH ALL RECEIPTS
ADDRESS NECESSARY ONLY IF OTHER THAN ON STATE BOARD LIST OR ON ATTACHED BILL

USE SEPARATE VOUCHERS FOR T AND TEF EXPENDITURES

12/83

Employee Owned and Managed

Futura
COMMUNICATIONS, INC.

OCT 5 1988

LEAGUE/WOMEN VOTERS OF TX
1212 GUADALUPE 109
AUSTIN, TX 78701

INVOICE: 49296 DATE: 09/30/88
ACCOUNT: 341 DUE: 10/10/88

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LEAGUE OF WOMEN VOTERS OF TEXAS
1212 Guadalupe, #10
Austin, TX 78701

CHECK ONE: **LWV-T** _____ **LWV-TEF** XXX

Date: January 24, 1989

Signature: [signature]

EXPENSE VOUCHER

Please issue check to: HEALTH CONSULTING

Address: _____

(zip)

Date Spent	PURPOSE	Budget Category	Expenses to be Reimbursed	Expenses not to be Reimbursed
12/88 -	TEF Q.9. HOGG Grant		$600.00	
1/89	Prepare camera-ready copy of			
	statewide SSMI survey			
		TOTAL:	$600.00	

* * * * * * * **DO NOT WRITE BELOW THIS LINE** * * * * * * *

Date _____ Amount _____ Check No. _____ Posted _____

Paid by President _____ Paid by Treasurer _____ Paid by _____

Copy or resume sent to Bergstresser, Sheridan, Cummins, Pisani, Coughlin, S.O.

PLEASE ATTACH ALL RECEIPTS
ADDRESS NECESSARY ONLY IF OTHER THAN ON STATE BOARD LIST OR ON ATTACHED BILL

USE SEPARATE VOUCHERS FOR T AND TEF EXPENDITURES

12/88

JAN 24 1989

HEALTH CONSULTING

P.O. Box 191148 Dallas, Tx. 75219 (214)522-8602

INVOICE

SERVICES PROVIDED TO:	League of Women Voters
DATE OF CONSULTATION:	December - January 1989
TYPE OF SERVICES:	Produce print-ready copy of statewide survey
TOTAL FEE:	**$600.00**

Submitted By:	**Linda Donelson** LD
Date:	**January 21, 1989**

LEAGUE OF WOMEN VOTERS OF TEXAS
1212 Guadalupe, #10
Austin, TX 78701

CHECK ONE: **LWV-T** _____ **LWV-TEF** XXX

Date: January 24, 1989

Signature: [signature]

EXPENSE VOUCHER

Please issue check to: PDQ Press, Inc.

Address: _____

(zip)

Date Spent	PURPOSE	Budget Category	Expenses to be Reimbursed	Expenses not to be Reimbursed
1/10/89	TEF Q.9. HOGG GRANT	Q.9.	$741.00	
	their inv. #20081			
	print 100 statewide SSMI survey summary			
	print 500 Executive Summary of SSMI survey			
		TOTAL:	$741.00	

* * * * * * * **DO NOT WRITE BELOW THIS LINE** * * * * * * *

Date _____ Amount _____ Check No. _____ Posted _____

Paid by President _____ Paid by Treasurer _____ Paid by _____

Copy or resume sent to Bergstresser, Sheridan, Pisani, Cummins, Coughlin, S.O.

PLEASE ATTACH ALL RECEIPTS
ADDRESS NECESSARY ONLY IF OTHER THAN ON STATE BOARD LIST OR ON ATTACHED BILL

USE SEPARATE VOUCHERS FOR T AND TEF EXPENDITURES

12/88

PDQ Press, Inc.

2335 Hardwick Street • Dallas, Texas 75208

(214) 939-0090

Please mail payment to: PDQ Press, Inc., P.O. Box 224768, Dallas, TX 75222

League of Women Voters of Texas
Education Fund
1212 Guadalupe # 107
Austin, Texas 78701

426
INVOICE # 20081
INVOICE DATE 01/10/89

INVOICE
Terms: Net 10 days

Dt. Wanted 1/18
P.O. # Rebecca

100	Perceptions Books	670.00
500	Executive Summary	71.00
	INVOICE TOTAL	741.00

Thank you!

LEAGUE OF WOMEN VOTERS OF TEXAS
1212 Guadalupe, #107
Austin, TX 78701

CHECK ONE: LWV-T _____ LWV-TEF XXX

Date: September 2, 1988

EXPENSE VOUCHER

Signature: [signature]

Please issue check to: DOUBLETREE HOTEL AUSTIN

Address: _____

(zip)

Date Spent	PURPOSE	BUDGET CATEGORY	Expenses to be Reimbursed	Expenses not to be Reimbursed
5/88	HOGG GRANT: their inv.#673		$550.93	
	Cathy w/The Training Institute			
	will re-send the exemption			
	certificate to them; she gave			
	it to them in April			
	luncheon for survey training			
	5/14/88 70 @ $8.50 $470.88			
	tip 80.05			
		TOTAL:	$550.93	

* * * * * * * DO NOT WRITE BELOW THIS LINE * * * * * * *

Date _____ Amount _____ Check No. _____ Posted _____

Paid by President _____ Paid by Treasurer _____ Paid by _____

Copy or resume sent to Bergstresser, Pisani, Cummins, S.O.

PLEASE ATTACH ALL RECEIPTS
ADDRESS NECESSARY ONLY IF OTHER THAN ON STATE BOARD LIST OR ON ATTACHED BILL

USE SEPARATE VOUCHERS FOR T AND TEF EXPENDITURES

12/83

Doubletree Hotel Austin
6505 IH 35 North
Austin, Texas 78752

(512) 454-3737

******* INVOICE *******
ACCOUNT - 833

INVOICE# - 000673
PAGE 1

3/23/88

THE TRAINING INSTITUTE
ATTN: ACCOUNTS PAYABLE
1212 GUADALUPE #107
AUSTIN TX 78701

--DATE--	REFER#	---DESCRIPTION---	----------REMARKS----------	---AMOUNT---
3/23/88	001005 01	FRONT DESK TRANS	THE TRAINING INSTITUTE	~~595.00~~

tax exempt $550.93

--- DUE AND PAYABLE UPON RECEIPT ---- TOTAL INVOICE-------> 595.00

DOUBLETREE

KL, CATERING
BEO #1322

GROUP	The Training Institute
FUNCTION	Lunch Gtd. 70
ROOM	Phoenix N.
DAY	Sat.
DATE	5/14/88
BILLING ADDRESS	Due @ end of function.

	DESCRIPTION	AMOUNT
70-	Lunch @ $8.50/person.	595.00
	INCLUSIVE	
	BREAKDOWN	
	FOOD 470.88	
	TIP 80.05	
	TAX 44.07	
EQUIP. RENTAL		
ROOM RENTAL		

BAR			
	FOOD	470	88
	SUB-TOTAL		
	BAR		
	LABOR CHARGE	80	05
X [signature]	TAX	~~44.07~~	
SIGNATURE	TOTAL	595	00

Thank You

CUSTOMER COPY-White FRONT DESK COPY-Green ACCOUNTING COPY-Blue
SERVICE-Pink FOOD & BEV. DEPT-Yellow MASTER FILE COPY-Gold

LEAGUE OF WOMEN VOTERS OF TEXAS
1212 Guadalupe, #107
Austin, TX 78701

CHECK ONE: LWV-T _____ LWV-TEF XXX

Date: Aug. 15, 1988

EXPENSE VOUCHER

Signature: [signature]

Please issue check to: DOUBLETREE HOTEL AUSTIN

Address: _____

(zip)

Date Spent	PURPOSE	BUDGET CATEGORY	Expenses to be Reimbursed	Expenses not to be Reimbursed
5/30/88	HOGG GRANT		$166.11	
	lodging for Debrah Cristopher (1 nite)	$55.37		
	" " Teresa Anderson (2 nites)	110.74		
	MYRTLE - checked this with Rebecca and			
	it's correct. This is the end of lodging bills. All that's left			
	now is catering.			
		TOTAL:	$166.11	

* * * * * * * DO NOT WRITE BELOW THIS LINE * * * * * * *

Date _____ Amount _____ Check No. _____ Posted _____

Paid by President _____ Paid by Treasurer _____ Paid by _____

Copy or resume sent to Bergstresser, Pisani, S.O.

PLEASE ATTACH ALL RECEIPTS
ADDRESS NECESSARY ONLY IF OTHER THAN ON STATE BOARD LIST OR ON ATTACHED BILL

USE SEPARATE VOUCHERS FOR T AND TEF EXPENDITURES

12/83

PAGE

DOUBLETREE HOTEL AUSTIN
6505 IH-35 NORTH
AUSTIN, TEXAS 78752
512 454-3737

AUG 15 1988

STATEMENT OF ACCOU

LEAGUE OF WOMEN VOTERS
ATTN LORNN LOVELACE
1212 GUADALUPE ST #1
AUSTIN TX

--DATE--	-DOC#-	REFER#	----COMMENT----
5/30/88	000640	006684	LEAGUE OF WOMEN

PAST DUE
BALANCE SUBJECT TO LATE CHARGES

OVER 90	61 - 90	DAYS PAST DUE 31 - 60	1 - 30	CURRENT	TOTAL-DUE

Hogg
Foundation
For
Mental
Health

President
Wayne H. Holtzman

Vice President
Charles M. Bonjean

Executive Associates
Reymundo Rodriguez
Adrian Rhae Fowler
Ralph E. Culler III
Marion Tolbert Coleman

Special Consultant
Bert Kruger Smith

DSW
MMC
BSW
RB
SO(2)
MAP
SaC

JUL 28 1989

July 26, 1989

Ms. Diane B. Sheridan, Chair
League of Women Voters of Texas
Education Fund
1212 Guadalupe, #107
Austin, Texas 78701

Dear Ms. Sheridan

The Texas League of Women Voters is to be commended for the fine work conducted under your leadership over the past year and for the publication of the two very informative reports titled, Facts and Issues: Services for the Seriously Mentally Ill in Texas and Perceptions of Community-Based Services for People with Serious Mental Illness in Texas: A Survey of Consumers and Community Leaders in Texas Mental Health and Mental Retardation Center Areas. We appreciate the many good efforts you have made in behalf of the severely emotionally disabled and their families in this state. Your reports will be very helpful in the development of new programs to serve this population and in the formulation of policy to improve the existing mental health system in Texas.

7

On a separate note, I would like to request additional copies of both reports mentioned in previous correspondence. Also, in order for us to close the file on this project, we would like to request a final fiscal accounting statement at your earliest convenience. The accounting report should complete the reporting requirements on this grant.

Best wishes, and I hope you have a happy vacation this summer.

Cordially yours,

Reymundo Rodríguez

cms

The University of Texas
Austin, Texas 78713-7998
(512) 471-5041
FAX (512) 471-9608

PROPOSAL

EDUCATIONAL PROJECT
SURVEY OF COMMUNITY SUPPORT SYSTEMS

INTRODUCTION

The League of Women Voters of Texas Education Fund (LWVTEF) is a nonprofit, tax-deductible organization that operates exclusively for educational purposes in the general area of government and public policy. The Fund carries out its purposes through research, publication of educational materials, and other appropriate projects. The Fund never lobbies. The Fund is classified as a 501(c)(3) organization by the Internal Revenue Service. It is not a private foundation within the meaning of section 509(a)(3) of the Internal Revenue Code. Copies of the tax exemption letters are enclosed.

The LWVTEF is currently conducting a two-year study of the mental health system in Texas. The project is being staffed by volunteers from the League of Women Voters of Texas (LWVT). The project supervisor, project director, and project committee are described on page 7. Members of local League committees in 37 communities across the state will collect information on services for persons with serious mental illness in their communities. In addition, local Leagues will hold meetings to educate the community regarding the needs of people with serious mental illness.

The Fund will use the network of members of the League of Women Voters of Texas to conduct a survey of local perceptions of community support systems for mentally ill individuals.

The Fund is preparing a Facts and Issues publication to educate the public and to help League members educate the public on policy issues concerning people with serious mental illness in Texas.

The goals of the project are to collect information on perceptions of community leaders and clients regarding their local community support systems and to educate the public about public mental health services in Texas.

NEED

Senate Bill 633 (69th Legislature) mandates that the Texas Department of Mental Health and Mental Retardation ensure the availability in each service area of a range of core services for persons with mental illness or mental retardation. The extent to which these core services are actually available in particular communities has been documented by a survey conducted by the Mental Health Association in Texas (the survey will be updated in the coming year). A large percentage of the services required by people with serious mental illness are provided by families and private providers such as nursing homes and board and care homes. Local mental health authorities, families, private providers, and the community at large form what has come to be called the community support system for the mentally ill.

The distribution and quality of support services such as housing, psychosocial rehabilitation, and vocational services vary from community to community in Texas. Perceptions of the adequacy of the community support system differ by community, role in the system, and individual perspective. Community leaders, providers of service, families, and the people with mental illness each have distinct perspectives regarding the adequacy of the community support system and the unmet needs for service.

Service providers and family members of the mentally ill persons have a wide range of forums for expressing their perceptions of services and for describing the unmet needs in their community support systems. The quality and quantity of services are being measured by the surveys being carried out by the Mental Health Association, the R.A.J. Review Panel, and a number of others. However, little or no measurement of the people who have been most affected by the movement of services from a total institution (the state hospital) into a multifaceted, multilocated, form of care that requires the involvement and commitment of a wide range of community people and services. Nor has any measurement been undertaken to determine the community's feelings, perceptions, attitudes, and beliefs about a group of people who historically have been disenfranchised from the community and is now struggling to be re-enfranchised.

This study proposes to determine the perceptions, beliefs, and attitudes that consumers and community leaders hold about: 1) the quality and quantity of local community based services to people with mental illness in the 34 areas served by local community mental health mental retardation centers; 2) the gaps in services at the local level, and 3) the acceptance of community based services for people with long term severe mental illness.

METHODOLOGY

The proposed project will address the need for information regarding the perceptions of the local community support system for seriously mentally ill individuals by carrying out a statewide survey using a nominal group process method. It will utilize the network of members of the League of Women Voters, with back-up from members of the Mental Health Association in Texas and local medical auxiliaries, to conduct the suvey.

Type of Survey:

A nominal group process format will be used to survey groups of people about their perceptions, beliefs, and ideas of the community support system and the availability of services. The nominal group process uses structured small group meetings of carefully selected individuals. These groups ideally should be small with no more than 30 persons attending any one group. The groups will be carefully designed to insure the full expression of participant's ideas about the community support system. Therefore, the groups will be relatively homogeneous in their composition. For example, the consumers will compose a group separate from that of community leaders.

Approximately two and one-half hours will be allocated for each session. The project staff will be carefully trained by Linda Donelson in conducting these types of sessions and will be prepared to adjust time schedules as necessary to ensure that the objectives of the meeting are met and participants are satisfied that they have been given sufficient opportunity to express their opinions. Each group session will be conducted by two people. One will lead the meeting and a second person will record comments as completely as possible.

The meetings will be held at a site suggested by and convenient to members of the key informant groups. It is important to take steps to ensure that group members are comfortable and meeting in an atmosphere conducive to developing an open dialogue. One way of facilitating that is to hold the meetings on the participants' "home ground" when possible, at times and locations most convenient to the group members.

A Description of the Nominal Group Process

A structured approach is recommended for conducting these nominal group sessions to ensure that as much information as possible is obtained from the group members. This approach will also ensure that all group members have sufficient opportunity to speak at the session. In addition, the uniformity of approach increases the sense of all groups from throughout the state being equally important and worthwhile, without regional or other bias.

The following is an outline of the format and structure being proposed for the group sessions. (This process is based on a public meeting format developed by Dr. John

McLauglin of Virginia Polytechnic Institute and used by Health Consulting to assess the needs of chronically mentally ill persons in Southwestern Virginia, the mental health system in Montgomery County, Maryland and the Mental Illness Protection and Advocacy System in Texas.) The time lines are guideposts and will be adjusted according to experience with these particular groups as we progress.

1. Introduction 5 minutes

Group members and group leaders will introduce themselves and the purpose of the meeting and how the meeting will be conducted and any questions answered.

2. Brainstorming 15 minutes

Group members will be given approximately 15 minutes to talk about the community support system. The primary purpose of this activity is to "warm up" the group. There will be no formal recordings of this part of the group process.

3. Listing of Strengths of the Community Support System 30 minutes

A round robin technique will be utilized to elicit from the group members their perceptions of the strengths of positive aspects of the community support system. The lists will be developed without regard to the completeness of their analysis, importance, level of service available. Each member will be asked to offer their suggestions one at a time. The process will be continued until the group has exhausted their addition to the list.

4. Listing of Weaknesses of the Community Support System 30 minutes

The process will be repeated focusing on the weaknesses or problems in the current community support system.

5. Setting Priorities (Individuals) 15 minutes

Individual group members will be asked to review the list of strengths and weaknesses and to identify the five most important strengths and five most important weaknesses. These items will be recorded on a sheet distributed to each person for that purpose with the most important item being assigned a 5, the least important of the list a 1. When finished, they will have two lists of five items each. The individual's list will be given to the group leaders. Group participants may leave the session after turning in their priority sheets.

Data Analysis and Scoring of Priorities:

The priorities will be scored in the following format.

Item #	Rating	Sum of Ratings	Frequency X Sum	Rank
4	5,5	10	20	1
7	3	3	3	2
3	1	1	1	3

The data will be analyzed in by community service area, statewide, and by combined respondents as well as by respondent type. The data base will be developed in a manner which allows us to capture the specific items identified in each group. It will contain the statement of each strength and weakness; the type of informant group generating the item; and the level of priority each item received.

The interpretation of the data would be undertaken by the resource committee and the Commission on Community Care with the consultation of the project consultant.

Informants:

This study concentrates on clients and community leaders. Family members and providers have a number of forums through which they can express their perceptions. Clients have had no such forum and community leaders have not been asked for their perceptions.

Educational Materials:

The project also consist of developing a Facts and Issues education publication to be prepared by LWVTEF. The purpose of the publication would be to educate and to help members of the League of Women Voters of Texas educate the public on policy issues concerning people with serious mental illness in Texas. The publication would prepare the public and League members to become involved in issues regarding persons with serious mental illness at the community and state level.

Timetable:

The time period of this particular aspect of the League's two year project will be February 1, 1988 - September 30, 1988. Following are projected completion dates for various project activities.

February & March	-	Finalize survey method or tool
	-	Prepare draft of educational materials
April	-	Field - test survey
	-	Prepare final draft of educational materials
May & June	-	Train members to administer survey
	-	Print educational publication
	-	Administer survey in 34 communities
July	-	Code, input, and undertake statistical analysis of data
August & September	-	Analyze results of survey
	-	Prepare and distribute report

Outcome/Evaluation:

The products of the project will be a report and an educational publication which should produce three outcomes: first, the report should be useful to members of the Commission on Community Care of the Mentally Ill as they develop recommendations on the future of community care in Texas; second, the report and education publication should be useful to the public and to members of the League of Women Voters as they educate the public about state policy on serious mental illness; and, third, it should prove useful at the local community level in assisting the League, local groups, and local mental health service providers to better understand the consumer's reactions to their services and to better work with their community leadership in developing a local community support system.

STAFFING

1. League of Women Voters of Texas Education Fund Project Director: Mary Alice Pisani; LWVTEF Resource committee: Rebecca Bergstresser, Sally Coughlin; LWVTEF Project Supervisor: Louise Cummins. The Project Director and the Resource Committee will work with the Commission on Community Care of the Mentally Ill members and staff to develop the survey instrument and interpret survey data, will coordinate distribution of the survey, and will prepare the report and educational publication. They will garner the support and cooperation of the League of Women Voters of Texas as it recruits volunteers to work on the survey.

2. Linda Donelson and Russell Dunckley, Ph.D., of Health Consulting, will serve as consultants to assist in the development of the survey instrument and design, will train members to administer the survey, and will be responsible for computer analysis of the data, and offer consultation on interpretation of the data.

3. Local members of the League of Women Voters of Texas will administer the survey, with back-up from members of the Mental Health Association in Texas and local medical auxiliaries.

4. Secretarial support will be provided by staff of the office of the League of Women Voters of Texas Education Fund in Austin.

CITIZEN INVOLVEMENT

Citizens will be involved in all aspects of this project.

1. Survey: The survey will be administered by members of the League of Women Voters of Texas in the 34 communities with Mental Health Mental Retardation Centers. The process of administering the survey will educate members about community mental health services and provide them with a network of local contacts in their communities. Where LWVT members are unable to participate in the project, members of the Mental Health Association in Texas and local medical auxiliaries will participate.

2. Educational publication: The Facts and Issues publication will be distributed to the interested public and the League members to help them educate the public.

3. Interviewing community leaders will increase their exposure to issues of community support services and assist the local mental health authorities in understanding the particular need to work with their community leaders.

4. Interviewing clients will draw attention to a group that has rarely been consulted but is increasingly being viewed as an essential part of the decision-making process about community mental health systems.

Budget Justification

Personnel

LWVTEF Trustees serving on project donate their time.
Consultant: Linda Donelson and Russell Dunckley, Ph.D. of Health Consulting will assist in survey development, train local League members, consult on data interpretation and review the draft of the final report. 10 days @ $250/day.
Clerical Assistance: Staff of the League of Women Voters Education Fund office will do typing and duplication of the survey materials, and arrange for printing of the Facts and Issues educational publication. 100 hours @ $7.00/hour.

Training

Travel to Austin and expenses for one-day training session for 34 local League members and consultant and the resource committee (or members of the Mental Health Association or local medical auxiliaries)
Average Cost for trip $100.00

Typesetting

Eight-page Facts and Issues educational publication

Printing

6,000 copies of Facts and Issues	$2,200
500 copies of report	$ 800

Postage

Mailing 5,500 Facts and Issues to public and university libraries, government and volunteer agencies,and members of the League of Women Votersof Texas, @ 12.5 cents.
Mailing 400 copies of report x $1.24 = $496
Postage to mail data (6 groups per region x 34 gps x $1.24) = $252.96

Supplies

If the nominal group process is utilized each person will need markers, flip chart, manilla envelopes to return data for computer coding and input. $20 per interviewer = $680

League of Women Voters of Texas Education Fund
1212 Guadalupe, #107 • Austin, Texas 78701 • Tel.512/472-1100

FOR IMMEDIATE RELEASE FEBRUARY 14, 1989

CONTACT: Rebecca Bergstresser, Project Director 214/350-2167

Diane Sheridan, Chair, LWV-Texas Education Fund 512/472-1100

A survey of perceptions of community-based services for people with serious mental illness, carried out by local League volunteers last summer, has yielded significant information about how such systems are regarded by consumers of these services and by community leaders in local mental health and mental retardation center areas across Texas. The survey was funded by a grant from the Hogg Foundation for Mental Health to the League of Women Voters of Texas Education Fund in conjunction with, and as part of the League's study of, Services for the Seriously Mentally Ill. Information was gathered in 27 of the state's 34 MHMR Center areas from individuals with serious mental illness and from community leaders.

When asked to identify five top issues related to getting help in their communities, over half (51%) of consumers reported that they encounter barriers to obtaining the services they need. Among the barriers reported were "red tape," long waiting lists, difficulty in getting information about what services are available and where to go for them, and cost of services. Although more than a third (42%) of consumers were generally pleased with the quality of services they receive, almost as many (39%) reported that service providers seem

- MORE -

unqualified, uncaring, or unhelpful, and many (43%) reported available resources seem inadequate.

Among the services that consumers singled out for positive comment were counseling (40%), medication services (39%), and housing programs (35%). Consumers made it clear that the success of a service or program is closely linked to the manner in which that service is provided. Thirty-three percent reported that service provided in a prompt, professional, caring manner worked well for them.

When asked what they need from their communities, consumers overwhelmingly (65%) asked to be treated with dignity and respect. This single response category commanded more agreement from consumers statewide than any other. Consumers included requests "to be accepted," "not to be feared," and a plea "to see a smile every now and then."

In addition to surveying the perceptions of consumers, League volunteers also interviewed community leaders. Across the state they expressed a need for greater community awareness of issues surrounding serious mental illness, including more education, more prominent advocates for mental health issues, and more positive and accurate publicity. Forty-eight percent of the leaders surveyed identified community awareness as a principal need of people with mental illness in their communities, and 74% cited lack of such awareness as an obstacle to meeting needs in their communities. Leaders in a number of communities identified housing and inpatient programs that they believed were working well in their areas; however, many others cited these same services as unmet needs in their communities. Lack of funding was overwhelmingly identified by community leaders (86%) as the major obstacle to meeting needs in their communities. Lack of community awareness and advocacy were seen as other major obstacles. Leaders (61%) placed greatest responsibility for

- MORE -

funding with a coalition which should include public and private groups.

The survey illustrates that community leaders want and need more information about community costs for untreated serious mental illness, as well as the catastrophic financial impact of such illness upon individuals and their families. The findings also demonstrate that consumers are a valuable source of information about the effectiveness of community-based services. The survey seems to give at least partial answers to the question of "Why are all these seriously mentally ill people walking the streets?" Since the care system is a voluntary one, people have to choose to seek out the services. Over half of those interviewed who were receiving the services report that although they are getting services, difficulties abound. Services have to be both available and attractive in order for the seriously mentally ill to choose to use the services.

# # #

Texas Department of Mental Health and Mental Retardation
Central Office
P.O. Box 12668 • Austin, TX 78711-2668 • (512) 454-3761

Dennis R. Jones, M.S.W., M.B.A.
Commissioner

February 24, 1989

Ms. Rebecca Bergstresser
League of Women Voters
3758 Pallos Verdas Drive
Dallas, Texas 75229

Dear Rebecca:

Just wanted to let you know how much I appreciate your sharing a copy of the League's "Perceptions of Community-Based Services" report with me. You have done an outstanding job as Project Director in this effort and should receive a lot of credit for the positive impact it will have.

As I stated at our meeting on January 12, your report presents a tremendous amount of information which will assist the Department in our planning as we strive to improve services to the mentally disabled citizens of Texas. We intend to use this information as we plan for the future.

I am enclosing a copy of Media Update which contains clippings from newspapers throughout the state. Just thought you would be interested in the last issue -- particularly pages seven and eight. My sources tell me the press conference went very well. Now that your report is completed, you should have a little breathing room. The League is fortunate to have volunteers like you, Mary Alice and Sally. Thanks for all your hard work!

Sincerely,

Buddy

Buddy Matthijetz
Director
Strategic Planning

Enclosure

BM4/017/nk

Equal Opportunity/Affirmative Action Employer

Media
UPDATE

February 17, 1989

Public Information Office
Texas Department of Mental Health and
Mental Retardation
P.O. Box 12668 Austin, TX 78711-2668
(512) 465-4540 STS 824-4540

STATE

Tuesday, February 14, 1989 Austin American-Statesman

Planned MHMR cuts would hinder compliance to federal court orders

By Denise Gamino
American-Statesman Staff

Proposed cuts in the Texas Department of Mental Health and Mental Retardation budget would "put us in a world of hurt," and prevent compliance with federal court orders, the state mental health commissioner said Monday.

Commissioner Denny Jones asked the Senate Finance Committee to approve a $2.2 billion budget for 1990-91 instead of the $1.5 billion budget recommended by the Legislative Budget Board.

Jones also announced a major change in the department's controversial program to fund community homes for mentally retarded people. The revision of the program, scheduled to be in place by April 1, is intended to prevent operators of group homes from "double dipping" by collecting federal Medicaid funds and state money for the same services.

Instead of collecting up to $55.60 a day in state money for each retarded resident, group homes that also receive Medicaid could collect no more than $35 a day from the state. The payment could be spent only for services approved by the mental health department.

The 1990-91 budget requested by the department would serve 232,269 mentally ill people — 15.4 percent of the 1.5 million mentally ill people in Texas — and 45,454 mentally retarded people — 9.6 percent of the 470,000 Texans with retardation, according to statistics submitted by Jones.

At present, the agency's $1.5 billion budget serves only 12 percent of the mentally ill population and 8 percent of the retarded citizens, statistics show.

Jones said the $2.2 billion two-year budget — a 26.8 percent increase over current funding — is necessary to provide adequate services in institutions for mentally disabled people and to improve community programs. The budget includes a 60 percent funding increase for community services.

"Without question, this is the greatest shortfall in our state," Jones said.

He noted that the two 15-year-old federal class-action suits against state institutions for the mentally ill and retarded require expanded community services as well as institutional reforms.

The proposed budget would allow the department to comply with court orders, improve child and adolescent services, increase services to mentally disabled people living at home, create job support programs and expand services in rural areas that have "virtually no services,", Jones said.

Austin social worker David Pharis, who monitors state mental hospitals for U.S. District Judge Barefoot Sanders of Dallas, told the finance panel that the proposed cuts in the department's budget "will not permit either compliance with the lawsuit or continued development of the (mental health) service system."

After the hearing, Sen. Chet Brooks, D-Pasadena, a member of the finance committee and chairman of the Senate Health and Human Services Committee, predicted the Legislature will reject the lower budget recommended for the department by the budget board.

But he said it is unlikely the mental health department will get all the money it is requesting. Rather, he said, the department's 1990-91 budget probably will be "somewhere in between" its request and the budget proposed by board.

MEDIA UPDATE The News February 17, 1989

Houston Chronicle
Section A, Page 9
Tuesday, Feb. 14, 1989

MHMR budget short, monitor says

By MARK TOOHEY
Houston Chronicle Austin Bureau

AUSTIN — A court monitor said Monday that a state budget proposal would prevent the Texas Department of Mental Health and Mental Retardation from complying with federal court orders to improve facilities and programs.

David Pharis, a monitor for U.S. District Judge Barefoot Sanders of Dallas, told a legislative panel that he will file a report later this week informing Sanders that the state's no-new-taxes budget proposal falls about $80 million short of satisfying the needs of the mentally ill and mentally retarded.

State MHMR officials have requested $2.2 billion for the next two years to fund programs and comply with the requirements of federal lawsuits against the state.

But, facing a $1.1 billion revenue shortfall and widespread opposition to a tax increase, the Legislative Budget Board has recommended a $1.5 billion budget for the department.

The MHMR budget request "presents the opportunity to comply with the requirements of the . . . lawsuit and to further develop the components of a true mental health system," Pharis told a Senate finance subcommittee on health and human services.

"Unfortunately, the LBB budget recommendations will not permit either compliance with the lawsuit or continued development of the service system."

Last month, Sanders asked Pharis to determine whether the LBB budget proposal would allow the state MHMR to comply with the court orders.

The judge also asked Pharis to examine whether the agency is complying with all court orders in a class-action lawsuit against state mental hospitals.

Sanders asked for written reports on both requests by Feb. 15.

"I estimate that $105 million in new money is required for compliance with the lawsuit," Pharis told the subcommittee.

"The LBB recommendations are approximately $80 million short of this amount."

Specifically, the LBB budget proposal doesn't measure up in the areas of hospital staffing and community service programs, Pharis said.

Under questioning from subcommittee members, MHMR Commissioner Dennis Jones agreed with Pharis that the agency needs more money than is contained in the

See PROPOSAL on Page 11A.

Proposal

Continued from Page 9A.

LBB proposal.

"If we learn we have to live with the LBB budget, what does that do for the MHMR?" asked Sen. Kent Caperton, D-Bryan, chairman of the Senate Finance Committee.

"For us to live with the LBB budget would be very problematic," Jones replied.

"It could mean closing facilities, and we couldn't move forward on other fronts. It would cause a world of hurt. I can't really play 'what if,' but I don't think we can get there. We're going to need help."

Legislative leaders, including Gov. Bill Clements, agree the LBB budget does not provide enough money for MHMR, but few solutions to the problem have been offered.

"We've always considered the LBB budget a starting point," said Reggie Bashur, a spokesman for Clements. "There will be a lot of negotiating."

In his remarks, Pharis said, "It is not inexpensive to develop and operate all of these components of a mental health system.

"It costs, and it costs greatly," he conceded, but "underfunding can only have the result of creating a fragmented, inadequate system that does not operate well and breaks down under the pressure of the demand for use."

Insofar as overall court-ordered compliance, Pharis said, the state has shown progress in some areas but still comes up short in developing community service programs, hospital staffing and standards for doctors.

Sanders' latest request for monitor reports came after two mental health experts said patients in a ward at Austin State Hospital were not receiving proper treatment as ordered by the court.

Friday, February 17, 1989 Austin American-Statesman Page B-1

MHMR budget request justified, court report says

By Denise Gamino
American-Statesman Staff

The 1990-91 budget requested by the Texas mental health department would allow the state — for the first time — to "really provide the services required" by a 15-year-old federal class-action suit, a U.S. judge was told Thursday.

In contrast, the new budget recommended by state lawmakers for the Texas Department of Mental Health and Mental Retardation would force the agency to violate federal court orders because it is $80 million short in key areas, according to the court report.

The department, the state's largest agency, is asking the Legislature for $2.2 billion in the next biennium, a 26 percent increase that includes $105 million for court-ordered reforms in the eight state mental hospitals. The Legislative Budget Board has recommended a $1.5 billion budget, and the closure of one unidentified mental hospital.

U.S. District Judge Barefoot Sanders of Dallas received a report from his court monitor, Austin social worker David Pharis, that supports the department's budget request. Sanders last month ordered the budget analysis, repeating an order he issued during the 1987 legislative session when concerns were raised about the adequacy of the mental health budget.

In response to the new report, Sanders issued a one-page order that said, "The court notes with concern

See Mental, B13

the monitor's finding: 'The LBB (Legislative Budget Board) recommendation will not fund compliance.'

"The court will review the report and decide upon a course of action," Sanders wrote.

Sanders also has ordered his court monitor to evaluate whether the state mental hospitals are in compliance with court orders. That order was issued last month after Pharis paid a surprise visit to Austin State Hospital and found problems on the unit for the long-term mentally ill patients. That report is scheduled to be filed in early March.

The Texas mental health department was sued in federal court in 1974 by mentally ill patients who alleged the state provided grossly inadequate treatment and care in its mental hospitals, including Austin State Hospital. An agreement to settle the suit was signed by the state in 1981, but Sanders periodically orders additional reforms to correct continuing problems in the hospitals.

Pending before Sanders is a 2-year-old motion by attorneys for mentally ill patients that seeks to make Gov. Bill Clements, Treasurer Ann Richards and Comptroller Bob Bullock defendants in the class-action suit. As defendants, the officials could be ordered by the judge to increase the Texas mental health system's budget.

The motion was filed during the 1987 legislative session, but Randy Chapman, attorney for the mentally ill plaintiffs, said the request "is alive and well."

"It's on the table," said Chapman, who works for the Texas Legal Services Center. "Without adequate funding, Judge Sanders may have to rule on that motion, which includes the suggestion of possible seizure and sale of state assets to assure compliance."

The $105 million earmarked for reforms in the department's budget request would be used to hire psychiatrists, psychologists, nurses, and social workers; develop quality psychological and social programs for patients; transfer of mentally retarded people who no longer require psychiatric services; and expansion of community mental health programs to serve about 18,000 more people.

"It is not inexpensive to develop and operate all of these components of a mental health system," Pharis' report said. "It costs, and it costs greatly."

Texas Mental Health Commissioner Denny Jones was out of town and unavailable for comment on the new report but in the past has said the budget board's recommended funding level would be inadequate for his department to comply with court orders.

Don Green, a budget examiner for the Legislative Budget Board, defended the board's $1.5 billion recommendation for the mental health department, saying it would allow compliance with court orders.

"At the time we made our recommendation and with the information we had, we believe we could maintain court compliance at this level," Green said. "The assumption you have to make is that one state mental hospital would be closed.

"We've provided enough money to serve the current number of people being served today, but in one less facility," he said. "We haven't provided any money to enhance services or serve more individuals."

The budget board's recommendation was based on the 1989 census of about 3,633 patients in the state mental hospital system. Austin State Hospital, which has about 470 patients, is among the three largest hospitals.

Pharis said there is "a difference of opinion" between the department and the budget board over whether the class-action lawsuit requires community mental health services to be expanded further. Sanders has ordered that mentally ill patients be discharged only to adequate community programs.

Mental health officials and advocates for mentally ill people agree that Texas is lacking in community mental health services, including housing, therapy, job programs and caseworker help.

The court monitor's report said, "Due to the financial realities confronting the state of Texas at this time it may be unfortunate that the mental health budget requires expansion to adequately meet the needs of patients but that is a hard fact — it does."

A 1985 state-by-state study of per capita public mental health spending ranks Texas 48th. The study, by the National Association of State Mental Health Program Directors, has not been updated. A 1988 study by Ralph Nader's Public Citizen organization ranked Texas 49th in per capita mental health spending.

"Underfunding can only have the result of creating a fragmented, inadequate system that does not operate well and breaks down under the pressure of demand for use," Pharis wrote.

"Underfunding can also cause noncompliance with the lawsuit, and the results that that will bring."

Chapman, the plaintiffs' attorney, said that if the mental health department fails to receive the $105 million for reforms "then the responsibility of the state to obligate funds for its priorities may be effectively transferred to the federal judiciary, a prospect no one wants."

Dallas Times Herald Friday, February 17, 1989

Mental health department's budget short of its requirement

By Kris Mullen
OF THE TIMES HERALD STAFF

The budget that state lawmakers have recommended for the state's mental health department is about $80 million short of the amount needed to comply with federal court-ordered improvements in the mental health care system, a court monitor said Thursday.

The Legislative Budget Board, which drafts a state budget that is the starting point for lawmakers, has recommended the Department of Mental Health and Mental Retardation get $1.54 billion during the next two years. That department has requested $2.18 billion.

Court monitor David Pharis, an Austin social worker, said the budget board proposal would be a major setback in the department's efforts to comply with changes ordered by U.S. District Judge Barefoot Sanders of Dallas.

Sanders is presiding over a 15-year-old lawsuit alleging inadequate treatment of residents in state mental hospitals. As part of a court-approved settlement in 1983, the state agreed to make reforms, and Pharis has been appointed to monitor compliance.

"The LBB budget will not fund compliance," Pharis wrote in his report to Sanders. "Due to the financial realities confronting the state of Texas at this time, it may be unfortunate that the mental health budget requires expansion to adequately meet the needs of patients, but that is a hard fact — it does.

"Until the budget is adequate, the state cannot expect to comply with the requirements of the settlement agreement and subsequent court orders."

If reforms established in the settlement are not met, the judge could hold the state in contempt of court and levy fines.

The budget board, comprised of lawmakers and led by Lt. Gov. Bill Hobby, has forwarded to the state Legislature a 1990 mental health department budget of $772 million, which is a 7 percent decrease from the 1989 budget. The mental health department has requested $1.14 billion for 1990, a 37 percent increase from 1989 funding levels.

Pharis' report did not surprise mental health officials.

"We have to agree with [the monitor's] assessment," said department spokeswoman Shari Massingill. Department Commissioner Denny Jones "has said in the past we would be unable to keep up with the progress we've made if the LBB's budget is adopted. We wouldn't be able to fulfill the court orders."

Jones was traveling and could not be reached for comment. Hobby also was unavailable; his spokesman said it will be up to the Legislature to determine the department's final budget.

The budget board's recommendation is based on the assumption that one hospital and two state schools be closed during the next two years.

But, Pharis said in his report, "It may well be premature to consider facility closings at this point."

Rather, he said, the department needs to increase its budget to continue certain reforms and institute others, including improvement of professional staffs and development of community services and rehabilitation programs in state hospitals.

Page 6-A EXPRESS-NEWS, San Antonio, Texas, Friday, February 17, 1989

MHMR budget for 1990-91 $80 million short, appointed monitor says

Associated Press

AUSTIN — State lawmakers' recommended 1990-91 budget for the Texas mental health system is $80 million short of addressing court-ordered changes and improvements, an appointed monitor of the case said Thursday.

The Legislative Budget Board's funding recommendation for the Texas Department of Mental Health and Mental Retardation would force the agency to violate a federal lawsuit settlement, the monitor said.

"The LBB recommendation will not fund compliance," said case monitor David Pharis of Austin in a report to U.S. District Judge Barefoot Sanders of Dallas.

"It may be unfortunate that the mental health budget requires expansion to adequately meet the needs of patients," Pharis said. "But that is a hard fact — it does."

MHMR asked for a 1990 total operating budget of $1.43 billion, a 37 percent increase over its 1989 budget of $832.5 million, to further compliance with the court order.

State budget writers, under pressure to avoid new taxes and decrease spending, recommended a 1990 budget for MHMR of $722 million, a 7 percent decrease from the 1989 level.

The budget board's recommendation for 1991 is 8 percent below the 1989 level, and widely misses MHMR's request of $1.04 billion.

"Until the budget is adequate, the state cannot expect to comply with the requirements of the settlement agreement and subsequent court orders," Pharis said.

The settlement includes requirements that patients be protected from harm and treated humanely; and that facilities use medications properly and provide individual treatment and adequate services after clients are discharged, the report said.

"It is not inexpensive to develop and operate all of these components of a mental health system," wrote Pharis. "It costs, and it costs greatly."

But, he added, "Underfunding can only have the result of creating a fragmented, inadequate system that does not operate well and breaks down under the pressure of the demand for use."

"Underfunding can also cause non-compliance with the lawsuit, and the results that that will bring," Pharis said.

18 A The Dallas Morning News Friday, February 17, 198

MHMR fund plan called inadequate

By Ed Timms
Staff Writer of The Dallas Morning News

Funding recommendations for Texas' mental health system are $80 million short of satisfying terms of a federal court settlement that ordered improvements at state hospitals and better services for patients in the community, a court-appointed monitor charged Thursday.

In a special report filed in federal court in Dallas, David Pharis, case monitor for RAJ vs. Jones, said the recommendations by the Legislative Budget Board "will not fund compliance" with the lawsuit.

The report was ordered by U.S. District Judge Barefoot Sanders, who is overseeing the agreement:

The Texas Department of Mental Health and Mental Retardation's total operating budget for fiscal 1989 is $832.5 million. The agency had requested $1.14 billion for fiscal 1990, a 37 percent increase, and $1.04 billion in 1991 — 25 percent more than in fiscal 1989.

The budget board's recommendation was $772.2 million for 1990, 7 percent below the 1989 budget, and

Please see MHMR on Page 20A.

MHMR budget plan called inadequate

Continued from Page 17A.

$769.3 million for 1991, an 8 percent decrease.

Pharis estimated that the board's figures represented a shortfall of $80 million in 1990-1991 for services that are court-ordered, including the improvement of state hospital staffs; "psychosocial rehabilitation programs" in the hospitals; expanding a case management program that provides supervision and counseling for the mentally ill; and continuing development of community services by local MHMR centers.

"It is not inexpensive to develop and operate all of these components of a mental health system," Pharis wrote. "It costs and it costs greatly. Underfunding can only have the result of creating a fragmented, inadequate system that does not operate well and breaks down under the pressure of the demand for use.

"Underfunding can also cause non-compliance with the lawsuit and the results that will bring."

He also noted that the budget board's recommendation of $75.1 million in emergency appropriation funds for the department is "$12.2 million less than what the department estimates is needed to fund the current operating budget" in fiscal 1989.

"According to the information we could get at the time, we felt our recommendations would meet the court requirements," said Larry Kopp, the budget board's assistant director for budget. "There may be some information we don't know about."

In a court order Thursday, Sanders noted "with concern" Pharis' finding that the budget board's recommendation will not fund compliance.

He added that he would review Pharis' report and "decide upon a course of action."

If Sanders agrees with the report, Kopp said, "It's going to be difficult, because we have competing demands for funds."

Pharis, contacted at his Austin office Thursday, described the board's recommendations as only the first step in the budget process. Both the Senate and House finance committees will review the state mental health agency's budget request and the board's recommendations, he said.

"These are very real needs," he said, "needs for improved care in the hospitals and greatly expanded community services."

Pharis suggests that the board believes that the state can comply with the requirements of federal lawsuits governing the care of the mentally ill and mentally retarded if the state systems continue providing current services.

"That is not the case," he said.

MEDIA UPDATE February 17, 1989

Wednesday, February 15, 1989 Austin American-Statesman B9

Mentally ill seek community respect, additional funds

By Denise Gamino
American-Statesman Staff

The majority of mentally ill Texans recently surveyed have trouble getting help because of red tape, long waiting lists and high costs, but community leaders cite funding shortages as the biggest problem in the mental health system.

Mentally ill people and community leaders, however, strongly agree that more respect for the mentally ill in Texas and better public awareness of their problems would improve lives, according to the survey.

The League of Women Voters of Texas released the study of community services Tuesday. It will be submitted to the Texas Department of Mental Health and Mental Retardation, the Legislature and advocacy groups.

"The survey seems to give at least partial answers to the question of 'Why are all these seriously mentally ill people walking the streets?'" said Diane Sheridan, chairwoman of the league's Texas Education Fund.

Fifty-one percent of the mentally ill citizens surveyed complained that treatment was difficult to obtain in Texas because of barriers such as red tape, confusion about where to obtain services, costs and a shortage of services.

More than 40 percent of those who obtained services were pleased generally with the quality of care, including counseling and medication aid, the survey shows. But 43 percent said available services were inadequate, and 39 percent complained that mental health professionals were unqualified, uncaring or unhelpful, the survey found.

A lack of funding was named by 86 percent of the community leaders as the most significant obstacle to meeting the needs of mentally ill people in their community. More than half the leaders said families have the major responsibility for paying for mental health services, although 61 percent said a combination of public and private money is needed.

"Their high degree of emphasis on financial responsibility of families suggests that community leaders lack information about the often catastrophic costs of care for seriously mentally ill individuals," the league's report said.

Sheridan said the report contains no policy recommendations because the survey was intended to be an information tool.

The survey questioned 256 people who have a serious mental illness and 369 community leaders. The survey was conducted last summer in areas served by 27 of the 34 community mental health centers in Texas.

Information was gathered from the area served by the Austin-Travis County Community Mental Health-Mental Retardation Center, but was not included in the report because of technical errors, said project director Rebecca Bergstresser.

The mentally ill people surveyed around the state were enrolled in programs offered by community mental health centers, indicating they belonged to "a pretty high-functioning group" that "was generally well-served," Bergstresser said.

"The fact that 51 percent of them reported they had encountered various kinds of barriers to obtaining the services . . . indicated that, just by default, an awful lot of people who were not getting services or were not functioning as well as they were, would find those obstacles insuperable," Bergstresser said.

Although responses varied from area to area, those surveyed overwhelmingly called for more education, public awareness and respect for mental health problems.

Almost half of the community leaders surveyed said community awareness was a principal need of mentally ill people, and 74 percent said a lack of such awareness was an obstacle to providing services in their communities.

When asked what they need from their communities, 65 percent of the mentally ill people said they want to be treated with dignity and respect.

Mental health "consumers included requests 'to be accepted, not to be feared,' and a plea 'to see a smile every now and then,'" Sheridan said.

Houston Post/Wednesday, February 15, 1989/ A-7

Mentally ill people complain of red tape, few smiles

ASSOCIATED PRESS

AUSTIN — Mentally ill people must hurdle numerous obstacles to get needed help, and community leaders decry funding levels for mental health services, according to a survey released Tuesday.

The League of Women Voters said its survey of mentally ill people showed 51 percent of them complained about encountering barriers, such as bureaucratic red tape, long waiting lists and difficulty in getting information about services and the costs of those services.

Also, 65 percent of the 256 mentally ill surveyed in 27 of the state's 34 Texas Department of Mental Health and Mental Retardation service centers, "asked to be treated with dignity and respect," said Diane Sheridan.

"Consumers included requests to be accepted, not to be feared, and a plea to see a smile every now and then," said Sheridan, chairwoman of the league's education fund.

Although 42 percent of the mentally ill people surveyed were generally pleased with the services they receive, 39 percent said service providers "seem unqualified, uncaring, or unhelpful," she said.

Of the 369 community leaders interviewed, 86 percent said a lack of funding is the major obstacle to meeting mental health needs.

"To the extent that funding can facilitate access, access is indeed a funding issue," said Rebecca Bergstresser, project director of the survey.

Bergstresser said that the difficulty in getting the necessary services means that many mentally ill people give up in trying to get help.

Wednesday, February 15, 1989 The Dallas Morning News 19 A

Survey finds mentally ill dissatisfied

By Scott Rothschild
Associated Press

AUSTIN — Mentally ill people must hurdle numerous obstacles to get needed help, and community leaders decry funding levels for mental health services, according to a survey released Tuesday.

The League of Women Voters said its survey of 256 mentally ill people showed that 51 percent of them complained about encountering barriers such as bureaucratic red tape, long waiting lists and difficulty in getting information about services and their costs.

In addition, 65 percent of those surveyed "asked to be treated with dignity and respect," said Diane Sheridan, chairwoman of the league's education fund. The survey was conducted in 27 of the state's 34 Department of Mental Health and Mental Retardation service centers.

"Consumers included requests to be accepted, not to be feared, and a plea to see a smile every now and then," Ms. Sheridan said.

Although 42 percent of the mentally ill people surveyed were generally pleased with the services they receive, 39 percent said service providers "seem unqualified, uncaring or unhelpful," she said.

Ms. Sheridan said the league would forward the report to lawmakers and mental health officials.

"We're not making any public policy recommendations at this point," Ms. Sheridan said, but she said the results show the need for more funding of mental health services.

Of the 369 community leaders interviewed, 86 percent said a lack of funding is the major obstacle to meeting mental health needs in their communities.

"To the extent that funding can facilitate access, access is indeed a funding issue," said Rebecca Bergstresser, project director of the survey.

Ms. Bergstresser said that the difficulty in getting the necessary services means that many mentally ill people stop trying to get help.

Big Spring Herald, Sunday, January 15, 1989

Doctor presents hospital seminar

Neil Hartman, M.D., co-chief of the Treatment Refractory Unit at the West Los Angeles Veterans Administration Medical Center, Brentwood Division, presented a seminar Jan. 26 at Big Spring State Hosital.

His topic, titled "Overview of New Treatments of Patients with Schizophrenia," focused on the use of various psychopharmocologic agents in the treatment of refractory schizophrenia patients.

The seminar was attended by more than 90 staff members of Big Spring State Hospital, Central Plains Mental Health and Mental Retardation Community Center, Plainview; San Angelo State School, Veterans Administration Medical Center, and Howard College Licensed Vocational Nursing Program.

Big Spring State Hospital Director of Psychiatric Service, Wallace C. Hunter, in cooperation with the Staff Development Department and the various pharmaceutical companies, strives to bring educational programs to the physicians and other professional staff of the hospital, according to a news release.

The News

LUBBOCK AVALANCHE-JOURNAL, Saturday, January 28, 1989—A-3

State school workers gain 1988 honors

Magie Runels, who has been employed at Lubbock State School since 1972, was named the school's 1988 Employee of the Year during Friday's annual awards ceremony.

The 12 Employee of the Month winners for 1988 and three retirees also were honored during the ceremony, which was hosted by the Parents Association and the Employee Relations Committee.

Employees who had given five, 10, 15 and 20 years of continuous service to the Texas Department of Mental Health and Mental Retardation were recognized.

Jaylon Fincannon, deputy commissioner for Mental Retardation Services, was guest speaker and Donna Cornell, president of the Parents Association, and Lonnie Willis, superintendent, presented the awards.

By being named Employee of the Year, Mrs. Runels received $100 from the Parents Association, $100 from the Employee Relations Committee, an engraved plaque and a letter of appreciation.

The ceremony was held at Broadway Church of Christ.

14 Tyler Morning Telegraph
TUESDAY, FEBRUARY 14, 1989 Sec. 3

Rusk State Hospital Fires 2, Suspends 6

RUSK — Two Rusk State Hospital employees have been fired and six received seven-day suspensions for allegedly abusing patients at the hospital's Extended Care Unit, RSH Spokesman Joe Rozelle said Monday

The hospital's Client Abuse and Neglect Committee met last week to hear the evidence of the alleged abuse, which occurred in the last six weeks, Rozelle said.

The committee's action, which was effective Feb. 9, called for the termination of two employees, and a seven-day suspension without pay for six others, Rozelle said. Three additional employees are awaiting a decision on any punishment. The employees were notified in writing by Superintendent Dr. Allen C. Chittendon.

Rozelle said the discipline rendered was for Class II abuse, which is described as, "any act or failure to act which is done knowingly, recklessly or intentionally, including incitement to act which caused or may have caused non-serious physical injury to a patient, or exploitation."

Discipline responsibility for a Class II abuse includes, "suspension for up to 10 days, demotion or dismissal for the first violation and immediate dismissal for the second violation."

The employees involved in the alleged abuse case have an appeal process through the Texas Department of Mental Health and Mental Retardation employee grievance procedure.

Rusk State Hospital is a facility of TDMHMR and serves 28 East Texas counties.

Corpus Christi Caller-Times 2B/Sunday, January 22, 1989

Special games for special teams

CARLOS MORENO/STAFF PHOTOGRAPHER

George Brazil, No. 15, a member of the Corpus Christi State School Special Olympics basketball team, launches a long bomb over two Laredo players during a Special Olympics tournament Saturday in Flour Bluff. About 150 Special Olympics athletes from the Coastal Bend and Laredo competed in basketball and individual skills competitions. Two teams from Robert Wilson School in Corpus Christi advanced to the state semi-finals to be held in San Antonio.

4-D—LUBBOCK AVALANCHE-JOURNAL, Tuesday, February 14, 1989★

The volunteer services council for Lubbock State School would like to thank all the individuals and businesses that helped provide a tremendous holiday season for those living at Lubbock State School.

MEDIA UPDATE The News February 17, 1989

Arlington Citizen-Journal

Sunday, January 29, 1989

Arlington Citizen-Journal / BRENT WINN

A Wish With Wings Director and founder Pat Skaggs, left, meets Rawan, 4, and her mother Itidal Yousef.

Arlington Citizen-Journal

Pat Skaggs works on distributing gifts after Christmas holidays.

For the A Wish With Wings group the chance to help children like Rawan is an opportunity to be an everyday

Santa Claus

BY YVONNE NDUBUISI
Arlington Citizen-Journal

Rawan Yousef's favorite toy is a talking Mickey Mouse doll.

Next month she will get to meet Mickey Mouse in person, thanks to A Wish With Wings, an Arlington organization that grants wishes to children with life-threatening illnesses.

Rawan's wish was for a trip to Disney World for herself and her family.

In September, doctors at the Genetics Screening And Counseling Service in Fort Worth determined that Rawan, 4, had metachromatic leukodystrophy — a degenerative disease of the nervous system.

It is a rare genetic disorder caused by an enzyme deficiency in the body. There is no cure. The disease cannot be transmitted through casual contact.

Her mother, Itidal Yousef, said the disease is expected to cause paralysis and blindness within a few years. Most children her age are already in wheelchairs, her mother said.

(Please see WISH, Page 2A)

Cont'd

MEDIA UPDATE The News February 17, 1989

Cont'd—

Arlington Citizen-Journal / BRENT WINN

Itidal Yousef plays with her daughter, Rawan.

Wish/

From Page 1A

In the past, Rawan has been hyperactive and had problems sleeping through the night. She now attends classes at the Veda Knox School, a special education campus for handicapped children..

"They are wonderful at that school," Itidal Yousef said. "When I go to pick her up, she goes back to the classroom. She doesn't want to leave school.

"But she will eventually lose her mobility and all contact with her surroundings," Yousef said. "We have to make her life fun. That's why this trip to Disney World is so important."

Pat Skaggs, director and founder of A Wish With Wings, said granting wishes to children like Rawan is rewarding.

"There are thousands of dollars that need to be spent that are not covered by insurance," Skaggs said. "We get to step in and play Fairy Godmother 365 days a year."

To qualify for the program, children must have a documented life-threatening illness and be under 18. A doctor must certify that the child is well enough to participate.

"Yes, we deal with kids who are very sick. But they are also perfectly normal little kids," Skaggs said. "They've got the same hopes and dreams as everyone else. They are just sick."

Itidal said at first she thought Rawan was developmentally delayed, but when she started having hearing and speech problems at age 2 her mother began to worry.

The family moved to Arlington from Jordan last year. Doctors in Jordan had been unable to determine the cause of her illness, and her parents wanted her to see genetic specialists in the United States.

"They kept telling us to be patient. That she was going to get better," her mother said. "But I know my child. We can communicate without words. She was not getting better."

In Jordan, the child's father was an attorney and her mother worked as an economist. Now, Samir Yousef, 37, works as a clerk at a local convenience store and Itidal, 27, cares full time for Rawan and her sister Rana, 6.

"Sometimes you have to give up many things for your children," the child's father, said. "But I don't regret coming here. I would do anything to make my little girls happy."

Rawan's illness has not stopped the child from being friendly, her mother said. Her favorite word is *habibi*, an Arabic word meaning "I love you," or "my love."

"She says it to everyone," Yousef said. "Oh, she loves meeting people. She's so active and she always smiles."

When she travels to Disney World, Rawan will become part of an alumni of seriously ill children who have had dreams come true because of A Wish With Wings. In December alone, A Wish With Wings granted several Christmas wishes to children who were separated from their families because of illness.

Among them is Radu, 9, diagnosed last June with A-plastic anemia, a total shut down of the bone marrow's blood cell production. His family recently moved to Arlington from Chicago. Because of the family's health maintenance plan, Radu, his father and a 4-year-old brother returned to Chicago for bone marrow transplant surgery. His mother and six siblings remained in Arlington.

Radu's wish was to have his family together at Christmas. A Wish With Wings stepped in and granted his wish.

Another 9-year-old leukemia patient, Benji, wanted to fly to Mexico to see the grandmother he has never met. Benji's parents emmigrated to the United States after his father got a job in Arlington. An only child, Benji was born in the United States and had never met his mother's family in Mexico.

He and his mother flew to Mexico City to spend Christmas with his grandmother. They returned home Jan. 6.

Skaggs said about 65 percent of the more than 110 wishes a year are for trips to Disneyland and Disney World. Another 20 percent are trips for family reunions. Other wishes are for electronic equipment such as computers and typewriters for children with disabilities or those who have prolonged hospital stays.

Tuesday, Feb. 14, 1989 Houston Chronicle Page 1A

Ex-director sues MHMRA over his dismissal

By STEPHEN JOHNSON
Houston Chronicle

Eugene Williams, former executive director of the Harris County Mental Health and Mental Retardation Authority, sued its trustees and County Judge Jon Lindsay on Monday for allegedly firing him improperly.

Williams

Williams also claimed Lindsay led an effort to fire him to shield Commissioners Court from public attention on property purchases by county officials.

Williams was fired in the wake of investigations into MHMRA purchases of property for more than market value.

Lindsay became enraged last summer when he said he learned that Williams was making $104,000 a year, almost twice what the judge said he was led to believe that Williams earned.

Williams' lawsuit, which seeks $7 million damages, said Lindsay knew his salary (about $60,000 yearly), although it does say a deferred compensation plan was not notated as salary since it was a fringe benefit.

The deferred compensation plan was started in 1977 to provide Williams with income in addition to the base salary allowed by state regulations.

Although prosecutor Ray Speece said documentation showed that the MHMRA board had approved a deferred income plan for Williams and MHMRA's present business manager, Robert Brock, both were charged Feb. 7 with theft in the purchase of the annuities that comprised the deferred compensation plan.

Brock accumulated $270,000 in the annuity plan, Williams $527,000. They are free on bond.

Prosecutors said the pair masterminded a plan to purchase the annuities secretly during the several years when the board did not specifically approve their purchase.

But Williams and former MHMRA Chairman Robert Navarro have said the annuities were a fringe benefit purchased automatically with approval of a subcommittee until they were discontinued by the board, which knew of their existence.

Williams on Monday produced documents indicating the annuity purchases had been approved in 1977, 1978 and 1980 by MHMRA high officials and in 1984 and 1985 by Navarro.

The annuity purchases were set up to occur automatically until discontinued by a board vote, Navarro said.

"If anything's as clean as a whistle," Williams said, "it's this deferred compensation package."

The compensation plan was ended in 1988 when state mental health and retardation officials said executive directors could be paid whatever amount their respective agencies decided.

As a result, it was no longer necessary for MHMRA officials to bolster the salary of Williams and others, Navarro said.

Williams claims he was denied his rights under agency regulations and that the actions of Lindsay and the board members he appointed were "deliberate and malicious."

The lawsuit also names board Chairman Clive Runnels and board members Tom Cobb, Charles B. Wolfe and Spencer Bayles, and members of Commissioners Court.

Williams' suit alleges Lindsay, unable to force the incumbent board into firing him, moved to appoint new board members "specifically charged with terminating the employment" of Williams.

Speece said a memo by Williams to the MHMRA board indicated he was seeking a way to hide purchase of the annuities.

A-6 /The Houston Post/Tuesday, February 14, 1989

Ex-MHMRA chief sues county, denies stealing

By Janet Elliott
OF THE HOUSTON POST STAFF

Eugene Williams filed a lawsuit Monday seeking more than $7 million in lost wages and damages related to his ouster as executive director of Harris County's mental health agency.

Williams, who is facing criminal charges of theft and misapplication of fiduciary property, filed the counterclaim to a lawsuit brought against him by the Mental Health and Mental Retardation Authority of Harris County.

The MHMRA suit accuses Williams of acting to secure "unauthorized, personal gain" at the agency's expense.

Meanwhile, investigators with the district attorney's office were disappointed by the contents of a safety deposit box rented by Williams at a Houston bank. Investigators armed with a search warrant opened the box Monday morning but found only Williams' will and some insurance policies, said Assistant District Attorney Ray Speece.

Speece had expected to find a $78,600 cashier's check believed to be part of the proceeds of Williams' controversial annuity plan.

Williams, 45, is accused of stealing $527,610 from the agency by cashing an annuity plan last March without getting the approval of the MHMRA board of trustees. But Williams said the board's chairman at the time, Robert Navarro, gave the

Please see MHMRA, A-6

MHMRA:

Ex-chief files suit, defends his work

From A-1

only approval that was needed.

"Every penny that I received was clearly documented," Williams said in an interview Monday afternoon. "I didn't steal any money."

But Speece said that he does not think a single member of the board "has the authority under law or common sense to act unilaterally" on such a matter.

The lawsuit filed Monday by Williams' civil attorney, Carol Nelkin, names Harris County, along with County Judge Jon Lindsay and four members of the MHMRA board of trustees as defendants. They are Clive Runnels, Tom Cobb, Charles B. Wolfe and Dr. Spencer Bayles.

The lawsuit seeks $206,000 in lost wages, $2 million in future lost wages, $18,000 in earned sick leave and vacation pay, $2 million for mental anguish and emotional distress and $3 million in punitive damages.

In the lawsuit, Williams accuses Lindsay of making slanderous statements to the media that impugned his honesty and competence. The board members are accused of violating Williams' contractural and constitutional rights by firing him without giving written notice.

Williams was fired from his 14-year job last September, one week after Lindsay and county commissioners had replaced three members of the board of trustees.

Lindsay made the accusations "knowing that they were false," according to the suit. The suit adds that Lindsay cast Williams as a wrongdoer to "divert the unwanted investigation of the county's practices regarding purchase of property."

Lindsay was out of town and could not be reached for comment.

The district attorney's office is investigating three real estate transactions made by MHMRA where the agency paid more than the market value for the buildings.

The lawsuit states that "in order to obtain financing suitable to MHMRA which required low down payments and no liability on the note, MHMRA would have to pay purchase prices that were above market value." The lawsuit also says the note payments still were lower than the lease payments MHMRA had been paying for the buildings, which house outpatient clinics.

The lawsuit also addresses the annuity issue, saying the annuity was purchased in 1977 as a form of deferred compensation. Additional agreements were entered in 1978, 1980, 1982, 1984 and 1985.

"Each agreement was duly authorized and each was reduced to a written agreement signed by an authorized agent of MHMRA," the lawsuit states.

Williams said that his salary was limited to $50,000 by state regulations and when that cap was lifted in 1988, he sought legal advice and Navarro's approval to terminate the plan.

He added that the deferred compensation plan brought his annual earnings to $104,000, which was lower than the $120,000 the agency's new director, Dr. Jan Duker, is making.

MEDIA UPDATE February 17, 1989

Houston Chronicle
Section A, Page 25
Friday, Feb. 17, 1989

MHMRA fights budget problem

Agency to renegotiate controversial Baylor contract

By STEPHEN JOHNSON
Houston Chronicle

Harris County's Mental Health and Mental Retardation Authority, seeking to reduce a $400,000 budget shortfall, has terminated a controversial contract with Baylor College of Medicine in order to renegotiate it.

The shortfall was about $1 million several months ago but has been reduced by economy measures, MHMRA's new director, Jan Duker, said Thursday.

During a special meeting Monday, MHMRA board member Dr. Spencer Bayles moved that the contract, approved Jan 28, 1988, be terminated.

The contract paid $1.76 million a year to Baylor, which provided psychiatric services for MHMRA clients.

"We hope to save about $500,000 by renegotiating the contract, mostly by paying for services on an hourly basis," Duker said. "Right now, we're paying a flat fee."

Board members voted Thursday to effectively end a program funding psychiatric care to a nursing home in Brookshire as another cost-saving move.

The home's seven elderly residents will continue to be cared for, but no additional patients will be referred, which could save MHMRA $50,000 this fiscal year.

The agency's total budget is about $43 million yearly.

Duker said the economy moves will not include reductions in agency personnel.

The Baylor agreement gained notoriety last year when it was disclosed that Eugene Williams,

See MHMRA on Page 27A.

MHMRA

Continued from Page 25A.

then MHMRA director, had been on Baylor's payroll since 1977 and since 1982 had been an assistant professor employed eight hours a week.

It was also disclosed that MHMRA had been paying $33,600 a year to Baylor psychiatry professor Dr. George Adams, who has since taken another position outside Texas.

Williams, since fired by MHMRA, and agency business manager Robert Brock were charged last week with illegally purchasing annuities in a deferred income plan.

However, records indicate the MHMRA board approved the purchases during several meetings since the deferred income program was set up in 1977, and former board president Robert Navarro has said the plan had proper approval.

The board voted Thursday to hire a law firm to investigate the purchase of the annuities and determine if any of those funds should be returned to the agency.

Williams earned $527,000 under the plan, Brock $270,000.

The board also voted to hire a law firm to determine if any MHMRA property purchases were improper and if money should be returned to the agency.

It was disclosed last summer that the agency had bought property far above market value.

The Houston Post/Saturday, February 11, 1989/ A-21

Steps taken to freeze MHMRA annuity check

By Janet Elliott
OF THE HOUSTON POST STAFF

The contents of a safety deposit box rented by Eugene Williams were frozen Friday as Harris County prosecutors continued their search for funds believed stolen from the county's mental health agency.

State District Judge Mary Bacon approved an order preventing Williams or anyone other than investigators from obtaining access to the box at University State Bank. Bacon also granted a search warrant allowing investigators to open the box.

Williams is the former executive director of the Mental Health and Mental Retardation Authority. He was indicted Tuesday on charges of stealing $527,610 from the authority.

Assistant District Attorney Ray Speece said he is "fairly certain" that the deposit box contains a cashier's check for $78,600. He believes the money is part of the proceeds from an annuity purchased with MHMRA funds for Williams.

Speece also has obtained a court order to freeze $78,600 of the bank's funds in case someone does cash the check.

The district attorney's office has recovered more than half of the amount Williams received when he cashed the annuity last March.

Investigators also have frozen funds belonging to Robert Brock, the agency's business manager, who is accused of stealing $270,000 from the agency.

Speece said he obtained the court orders Friday because he had learned that Williams, who is free on bond, had called the bank and inquired about the box.

Williams and Brock are accused of using agency funds to purchase the annuities over a 10-year period and then cashing them last March without the knowledge of the agency's board of trustees. The district attorney's office also is investigating the role of former board chairman Robert Navarro, who apparently approved the annuities and the termination that allowed the money to be paid.

Attorneys for the two men have said that the annuities were authorized by the board in 1977.

Navarro and two other board members were removed from the board last September after the district attorney's office had begun an investigation into questionable real estate deals. Williams was fired by the new board one week later.

San Antonio EXPRESS-NEWS — Saturday, February 11, 1989 Page 5-C

MHMR officials plan to buy part of park

■ Officials at the Bexar County Mental Health Mental Retardation Center will begin negotiations to buy part of the old Playland Park property for a planned crisis stablization unit.

Board members selected two properties for proposed projects — the Playland property on Josephine Street for the crisis unit and the Peco Inc. building at I-10 and Summit Avenue for central administration operations.

The board of trustees made the two choices from among 13 properties.

"The current leases on most of the places we're in are up Aug. 31," said executive director James Hubbart. "Those have been our considerations all along."

County MHMR officials began looking for a crisis unit site after the state board decided not to review a plan to lease property at the San Antonio State Hospital.

The current unit at 1214 W. Poplar St. contains alcohol and drug detoxification beds as well as a mental-health crisis unit.

MEDIA UPDATE The News February 17, 1989

Greenville Herald Banner, 2-9-89

Barbara Matthew / Herald Banner Photo

A lesson in black history

Tempest Kelly, a teacher at the Greenville Intermediate School, spoke to an audience at the Sayle Street Center Wednesday. Kelly spoke on famous black leaders in honor of Black History Month.

Hunt Co. Family Services Center

The News

February 17, 1989

Handicapped pushed for recycling jobs

By DAVID EMSWILER
The Brazosport Facts

City administrators looking into recycling possibilities in Brazoria County reacted favorably Monday to a proposal to use disabled workers in future recycling efforts.

About 22 city administrators, county officials and solid waste experts met in the second of a series of recycling exploratory presentations at The Oaks Conference Center. The first meeting was in December.

The sessions were organized by Larry Larrinaga, Dow Chemical Co. manager of waste reductions. Dow is a facilitator for the discussions and provides information that might help southern Brazoria County cities initiate recycling efforts.

Monday's meeting was highlighted by a presentation made by John E. Hill, manager for legislative affairs within the Texas Industries for the Blind and Handicapped in Austin.

> *'We think recycling has possibilities for the employment of the disabled of Texas. They are good workers. On the long run basis, their quality of work is often better than non-handicapped.'*
>
> — John E. Hill
> State official

HILL TOLD CITY officials TIBH promotes the employment of the handicapped, such as members of the Gulf Coast Regional Mental Health Mental Retardation Center, in recycling efforts.

The center has an office in Angleton and administrative offices are located in Galveston.

The Gulf Coast MHMR office presently is negotiating working with the city of Lake Jackson's recycling program.

"We think recycling has possibilities for the employment of the disabled of Texas," Hill told city officials. "They are good workers. On the long run basis, their quality of work is often better than non-handicapped."

Hill said the MHMR workers could work in a variety of capacities, such as sorting recycleables or promoting the recycling effort locally. The disabled also could work with a recycling firm, such as Waste Management of North America Inc.

ROBERT J. WARDELL, region recycling manager for Waste Management, was present at the meeting and spoke favorably about such a possibility.

The MHMR workers, Hill said, could raise recycling participation efforts into the 40 and 50 percent range.

Lake Jackson Assistant City Manager Bill Yenne said negotiations with MHMR are in the earliest stages and nothing has been decided upon, though he endorses the employment of the group's members, who he said are outstanding workers.

"That's why they are so interested statewide," Yenne said. "The handicapped are a significant part of the solution and that's an outstanding organization."

Yenne, who serves as vice president with the Keep Texas Beautiful organization that co-sponsored a recycling symposium in Beaumont Thursday, said MHMR Center helped achieve a 60 percent reduction in area highway litter in 1986.

LAKE JACKSON'S discussions with the MHMR Center are in the earliest stages. "We are looking at the possibility of becoming a model community, but everything is up in the air," he said. "This is going to be a process that is going to take some time."

See RECYCLING, Page 6

1/31/89 The Brazosport Facts

Recycling

Continued from Page 1

City administrators such as Kenneth Lott of Sweeny, Vicki Knight of West Columbia and Brazoria County Marine Extension Agent Charles Moss view the idea with optimism.

"It needs to be utilized," Moss said. "They are good solid workers; that's a fact.

"And recycling is no longer an option, it's an absolute necessity."

"It's an excellent idea that would provide jobs for the handicapped," Lott said. "It's a good thing to explore."

Clute City Manager Bill Pennington, said disabled workers would be good for a recycling program, adding handicapped workers have been employed for other work in the area, and the results were successful.

Page B-3

MEDIA UPDATE

The News

February 17, 1989

Texans remember the rich legacy of Helen Farabee

Dave McNeely

The Texas Senate chamber was the forum Tuesday for a ceremony honoring Helen Farabee, a giant of a woman who died in July at the age of 54.

She shared in a joint effort with her husband, Ray, who was a member of the Senate from Wichita Falls for 14 years, to do more things for more people — including Texas taxpayers — than would seem possible. They are the type of citizens that the civics books and the Bible talk about.

Helen's work with mental health, through which she first met Bill Hobby in the 1960s, years before Hobby was elected lieutenant governor, was legendary. After Hobby assumed the helm of the Senate, and Ray was elected to the Senate in 1974, Hobby turned repeatedly to Helen to chair serious study committees to help people who couldn't help themselves.

The first was a committee on the delivery of human services. Another rewrote the state mental health code. Another studied indigent health care. All three resulted in landmark legislation that brought some order and cooperation out of bureaucracies, and sometimes out of simple chaos and neglect.

Ray, who resigned from the Senate last year to become vice chancellor and general counsel of the University of Texas System, helped carry legislation that took those blueprints and made them law. He choked back tears as speaker after speaker talked of Helen's efforts.

"She literally gave her life away for people that she would never know, and would never have the opportunity to see," said Oswin Chrisman of Dallas, who was vice chairman of the legislative oversight committee on mental health and mental retardation.

Perhaps the most interesting thing about the memorial ceremony, which recalled the vital work of both Farabees, was that there are constant reminders in the Legislature this session that seeds the Farabees planted are growing.

The Farabees, after all, preached the gospel of taking care of those who can't take care of themselves, or who at least need help to do so. But they also sought to save the taxpayers dollars — to show that compassion was not only the right thing to do for humane reasons, but also cost-effective.

Theirs was not the hard, cold stinginess invoked by some in the name of conservatism, that simply says let everyone shift for themselves. The Farabees realized that the long-term view is necessary.

It saves money for everyone in the long run — not to mention that it is the humane, Christian and right thing to do — to try to deal with problems before they occur, rather than wait until they have happened, and then discard, ignore or imprison the result.

Bill Hobby could not have expressed their philosophy better the next day, when he discussed his anti-crime program before the Senate Finance Committee.

"When we project what the prison population will be in 10 years, we are assuming the unavoidable incarceration of children who are today 7, 8 and 9 years old," Hobby said. "We are telling them that we do not have the resources to spend on them today, although we can commit millions of dollars to their future room and board in the Texas Department of Corrections."

One senator remarked several days ago, when discussing alternatives to hugely expensive lengthy sentences for non-violent criminals, that there are indeed other ways to handle those problems. "Ray Farabee tried to tell us this years ago," he said. "But we wouldn't listen."

The Legislature seems to be getting kinder and gentler as it is also getting more cost-conscious. In an interview late last week, from the legislative sidelines of his UT system post, Ray expressed pleasure at signs that battles he once fought with far less help now have new champions.

At the ceremony, Farabee noted with pleasure that House Speaker Gib Lewis was present, and reminded that his vote had broken a tie to pass the indigent health care package in 1985.

In the interview, Farabee happily observed that there is serious discussion of extending Medicaid coverage to children up to 6 years old, instead of cutting off at 2 years of age. "She had done a lot of work on that," Farabee said of his late wife.

"The amazing thing is that on prisons, the House, where we used to do battle, has provided some important leadership through (Reps.) Ric Williamson and Jim Rudd to look at prison alternatives and other expenditures, and to take a longer view than the next two years, which we simply have to do," Farabee said.

In less gripping but important areas such as judicial reform, worker's compensation reform, medical ethics, private prisons, boot camps and others, Farabee is glad to see ideas he worked on gaining renewed strength through new leadership.

"I really have a good deal of faith and confidence that people pick up where others leave off, and we go forward," Farabee said. "I'm still an optimist, and feel that things get better — with or without me."

To those assembled in the Senate on Tuesday, Farabee said the premature deaths last year of such people as his wife, Helen, and civil rights leader Willie Velasquez of San Antonio are reminders that time is fleeting.

"These important tasks need to be done today," Farabee said. "All things are possible, and you have tremendous opportunity."

• • •

AND SO ON . . . While some are predicting that the selection of Black Washington attorney Ron Brown as chairman of the Democratic National Committee may mean the death knell for the Democrats, it actually could be a great shot in the arm for them.

Besides the fact that Brown is a pragmatic politician with a long party history, another asset is that the Democrats now will have a Black spokesman other than Jesse Jackson. That diversity will help them a great deal.

• • •

Gov. Bill Clements has set March 7 as the election date to fill the vacancy created by the recent resignation of state Rep. David Patronella, D-Houston, who was named to a vacant justice of the peace job in Harris County.

Several candidates have already indicated they plan to run for the job. The filing deadline is Wednesday.

• • •

State Treasurer and gubernatorial hopeful Ann Richards will be the roastee at a $25-a-head Texas Women's Political Caucus fund-raiser Monday at 8:30 p.m. at the Hyatt Regency Hotel. Roasters include Lt. Gov. Bill Hobby, *Dallas Times-Herald* columnist Molly Ivins and Houston City Councilman Rodney Ellis. Liz Carpenter will emcee.

20

Reports: Mother Kept Son Locked Up For 11 Years

VALLEY MORNING STAR Harlingen, Texas
Page F8, Sunday, January 22, 1989

JOHANNESBURG, South Africa (AP) — A man was kept locked in a dark room for 11 years, apparently because his mother was worried about his mental illness and followed the advice of a witch doctor, newspapers reported today.

Eric Mokoto, 47, was taken to a hospital in Klerksdorp, 90 miles southwest of Johannesburg after his sister, Julia Ramonyadiwa, returned home last weekend and found him alone in the room, *The Sowetan* and *The Citizen* newspapers said.

Mokoto was described as emaciated, with long hair and fingernails, and had lost the ability to speak, *The Sowetan* reported.

Mrs. Ramonyadiwa said she had last seen her brother in 1978 when he was ill after being kicked in the head during a soccer game.

Mokoto's mother took care of him, but she refused to let other family members see him when they visited, Mrs. Ramonyadiwa was quoted as saying.

The Citizen quoted police Lt. Doeds Myburgh as saying the family held a funeral service 11 years ago, pretending that Mokoto had died.

Mrs. Ramonyadiwa said she believed her mother kept Mokoto in the room "on the advice of a witch doctor with the view to turn my brother into a zombie."

Topics For Public

VALLEY MORNING STAR Harlingen, Texas
Page D1, Friday, January 20, 1989

McALLEN — Civic groups, businesses and other organizations wanting to know more about medical developments and mental health issues affecting the Valley have a new resource.

Charter Palms Hospital of McAllen now offers a free speakers' bureau as a public service to the community.

The speakers bureau is made up of psychiatrists, counselors, nurses and other professionals on staff at Charter Palms. Topics include aging, the disease of addiction, alcoholism and the family, stress, drug use in the society, depression prevention, parenting skills and more.

The bureau can suggest program content and format for presentations adapted to the needs of particular groups.

For a list of available topics or more information on the speakers' bureau, call the Charter Palms Marketing Department, 631-5421 or toll-free at 1-800- 292-2044.

VALLEY MORNING STAR Harlingen, Texas
Page B12, Sunday, January 15, 1989

Slaying Raises Questions

NEW YORK (AP) — She was a dedicated doctor who had gone to Bellevue Hospital on her day off to work on a pathology lecture. He was a former Bellevue mental patient who moved unchallenged through its halls in a lab coat and stethoscope.

She was bright, bubbly and caring, a 33-year-old South Carolina native who came north to pursue her medical career and was expecting her first child. He was a 23-year-old from Brooklyn who once yearned for a career in baseball but had instead a history of petty crimes and psychiatric problems.

The paths of Kathryn Hinnant and Steven Smith crossed when he stopped by the tiny office where she was working. During a violent struggle, police say, he beat, strangled and raped her, then stole her fur coat and credit cards.

In a city where there were more than 1,840 homicides last year — an average of more than five a day — this one got attention. And it raised questions, both about security at the hospital and about the treatment of the mentally ill.

Smith, who has a history of psychiatric care since 1981, sometimes stayed at a homeless shelter; sometimes he slept on a cot hidden in a closet on the 22nd floor of the hospital, a massive, 1,200-bed facility.

Last summer, he reportedly tried to have himself committed to Bellevue's emergency psychiatric ward but was referred to a clinic.

Just last month, Smith was hospitalized for nine days after telling doctors there he had swallowed rat poison in a suicide attempt.

And on Jan. 1, six days before the slaying, a security guard arrested Smith at the hospital and accused him of stealing a clock and a hypodermic needle. Smith was charged with a misdemeanor, allowing him to go free.

"It's a rotten system set up by our society," Dr. John Pearson, director of pathology at Bellevue and Hinnant's boss, said after speaking at a memorial service for her.

The mentally ill homeless "are not in and of themselves at fault," he said. "It's the system that is at fault. They don't have to be out on the streets, but we have a society that lets that happen, and that's wrong."

Hinnant was working on her own time Saturday, Jan. 7, in a fourth-floor office, preparing a lecture for her younger colleagues on Monday.

She was to meet her husband, Eric Johnson, a piano salesman, that evening.

But sometime Saturday afternoon, Smith, wearing physician's clothing and a stethoscope, attacked her, police said. When Hinnant failed to meet her husband, a worried Johnson called her office, the police and two hospitals. On Sunday morning, he went to Bellevue where he and a hospital administrator found his wife's severely beaten body.

Mayor Edward I. Koch called it a "brutal, outrageous murder," and police made the case their top priority. A $30,000 reward was posted. Police got a break when three homeless men went to police with some of the doctor's belongings they said Smith had given to them.

Smith was arrested at a homeless shelter and charged with murder.

Slaying Raises Questions - continued

B2 Austin American-Statesman Saturday, February 11, 1989

$1 million gift brewing for Texas Special Olympics

By Cheryl Coggins Frink
American-Statesman Staff

The Texas Special Olympics will receive $1 million — its largest donation ever — from the "We're Having a Party" promotional campaign for Miller Lite.

The money, which will go to enhance the yearlong Texas Special Olympics program supporting athletic competition for the mentally retarded, will come primarily from a Sept. 2 benefit party sponsored by Miller Brewing Co.

Actor Randy Quaid has been promoting the Sept. 2 benefit in television and radio commercials as "the biggest party in the history of Texas."

Although format and location for the party have not been determined, the Sept. 2 benefit "will be a spectacular happening, an unprecedented opportunity for our nonprofit organization, which touches the lives of 25,000 athletes," said Denis Poulos, executive director of the Texas Special Olympics.

The Texas Special Olympics organization already has received contributions from the 16-month Miller Brewing Co. promotion, but the bulk of the donation will be made after the Sept. 2 party, Poulos said.

"The majority of the funds are coming from proceeds from the party. Those proceeds will come from the generous support of Miller Brewing Co. and the citizens of the great state of Texas who go to this party. A portion of the ticket price for the party will go toward meeting the $1 million goal," Poulos said.

In announcing the contribution, Charles Schmid, senior vice president of the Miller Brewing Co., praised the Texas Special Olympics program, which includes the annual Summer Games, the largest athletic competition in the country for the mentally retarded.

"Thousands of volunteers unselfishly work to make Texas Special Olympics a remarkable success story," Schmid said. "We are proud to join them in helping to further open the door of opportunity for persons with special needs to experience the joys and personal triumphs associated with athletic competition."

At least $250,000 from the Miller gift will be earmarked for community Special Olympics programs to support local and area competition, Poulos said.

The donation also will be used to bolster a four-year project undertaken by Special Olympics to double the number of participants in the athletic competition. "We want to reach twice as many people with retardation to become athletes and correspondingly reach twice as many volunteers, coaches and family participants," Poulos said.

"Right now we reach a million athletes worldwide. We hope to reach a second million. Here in Texas we have more than 24,000 participating, and we're shooting for between 48,000 and 50,000," Poulos said.

The Miller contribution will go into the general fund for the Texas Special Olympics organization, which funds the annual Summer Games in track and field, as well as other Special Olympics competitive, coaching and volunteer training events.

"By having this money, we can look at some other ways of enhancing the Summer Games. We may be trying to provide more clinics and special events or tours. We'll be looking at some options that in the past have just been dreams," Poulos said.

Officials with the Texas Special Olympics expect to name a site by Friday for this year's Summer Games. The Texas Special Olympics competition may be moved this year from Memorial Stadium, its home for 15 years, because of an extensive renovation project that will conflict with the Summer Games, which are scheduled for May 23-26.

Sunday, February 12, 1989 The Dallas Morning News 9 F

A chance at independence gives a retarded man new joy in living

Associated Press

BLYTHE, Ga. — Just above the sizzling sputter of hot grease on a flame, you can hear Kenny Giles singing to himself.

The tune is hard to place, but the tempo is unmistakable. It's the upbeat rhythm of a man who is busy at work.

He pulls Whopper-sized patties from a freezer and places them on a grill that's rolling like a conveyor belt into a shiny steel box. He places soft white buns on a toasting belt below.

As hot, dripping burgers steam out the opposite end of the broiler, Kenny lays each one on a golden bun, pops on a seeded top and whisks it into a steamer. Then he steps back to the front of the broiler and begins the process again.

Kenny likes to be busy. The busier the better. It's like he's making up for lost time.

"I like working," he said without lifting his eyes from the task. "I like that better than sitting around doing nothing."

When Kenny was 8 years old, he was admitted to the Gracewood State School and Hospital for the mentally ill and retarded.

He lived there for 25 years.

Today, at age 44, the smiling man with shy brown eyes lives with a home provider in Blythe, and holds a part-time job at Burger King.

Kenny's parents placed him in Gracewood after doctors said their mentally retarded son might become violent at a later age. The year was 1952, and the general medical opinion of the times was that anyone who was mentally retarded needed to be institutionalized. By 1968, there were 1,855 residents at Gracewood.

Today, there are about 650. Now, community options such as home health care providers and regional mental health centers allow clients with good functional skills to return to the community and reside in the least restrictive environment possible.

"It's basically the result of increased knowledge about the mentally retarded and increased emphasis on the rights of mentally retarded persons," said Gracewood superintendent Dr. Joanne Miklas. "There is a general trend across the country to view all exceptional people as people first and to embrace principals of normalization, which means providing the opportunity for people to live as normally as they can."

The state classifies Kenny as moderately retarded. Although qualities vary with each individual, a moderately retarded person would have fair intelligence skills but probably better socialization and communication skills.

> "We've noticed a lot more independence in Kenny and, probably more than anything, just plain maturity." — mental health worker Rick Derby

Since he left Gracewood 11 years ago, Kenny has enjoyed a normal life of residing with home providers — people in the community who accept a person with mental retardation into their home and provide room and board at a state approved reimbursement rate.

Kenny spent nine years with his first home provider, an Augusta couple who recently retired and moved to Florida.

Since September, he has lived with Williefred and Wayne Luckey on their 168-acre farm in Blythe, where they raise Missouri Fox Trotting horses.

Kenny is one of five former Gracewood residents living with the Luckeys. It's a family atmosphere where laughter is the most-often heard sound and everybody gets a hug when they need one.

Kenny helps feed the horses most evenings and does weekly chores in the house such as dusting and cleaning. But three days a week he works away from home. Through an employment program offered by the local mental health support center, Kenny got a job at Burger King.

"Kenny is special to us because he's the first fellow we got out in community placement," said Rick Derby, director of the Richmond County Development Service Center, a program of the Community Mental Health Center of East Central Georgia.

The center has placed eight working clients in locations including Burger King, McDonald's and Hardees.

Derby said the jobs are selected to match each person's interests and level of academic functioning. Usually the jobs lend themselves to the development of a daily routine.

"We don't look for the jobs that nobody else would want," Derby said. "We look for jobs that we'd work in ourselves."

A representative of the center, called a work adjustment training instructor, does the job alongside the client for the first few days,

Betty Rhodes, who worked with the service center for 13 years, donned a Burger King uniform to coach Kenny in his new job.

"The job coach teaches the job and then backs off as they learn the process so they can do it independently," she said. "The employer told me what he wanted Kenny to do, and as he learned, I would go off for an hour or two and come back. Eventually, he did it on his own."

Kenny does occasional cooking and performs daily maintenance tasks.

"I sweep the parking lot, take out boxes and stuff, clean up, and sweep and mop in here sometimes," he said, pointing to the tiled floor beneath his feet.

"He's a real outstanding worker," said Darryl Brooks, an assistant manager at Burger King. "He knows what needs to be done."

Since Kenny started working, Derby and others have seen changes in him.

"We've noticed a lot more independence in Kenny and, probably more than anything, just plain maturity," Derby said.

"When Kenny attended the center every day, he wasn't nearly as verbal and he just kind of blended in. But now that he has had the opportunity to get out in the community he has really bloomed. He presents himself in a much more mature and adult manner."

Mrs. Rhodes has noticed a desire in Kenny to learn new things.

"He has learned how to dial home. We tried to teach that to him previously, but now he himself sees that need and has requested to learn his number, " she said. "He seems happier, well-adjusted and well-pleased. He's got a sense of pride and accomplishment.

"I'm real excited about out progress," she added. "I think we've sheltered our mentally handicapped for too long. There's a lot of things they can do. It's good they're finally getting the opportunity to prove themselves."

Kenny works six hours a week but has requested more hours.

Derby said increased employment may lie in Kenny's future.

"We're thinking that ultimately we want to see him employed full time," he said. "We're very proud of the accomplishments he's made. We're feeling someday, with a minimal amount of support, he'll be able to have his own apartment and be more self-sufficient. That will be our ultimate goal for Kenneth."

Page 6-A EXPRESS-NEWS, San Antonio, Texas, Monday, February 13, 1989

Worried parents describe autism

By DON FINLEY
Express-News Medical Writer

When Harold Neeley stepped to the podium and demonstrated how his grown son beats himself with his fist, it startled most in the room, except the dozen or so families who had come with him.

Neeley and the other parents of autistics crowded the tiny boardroom of the Bexar County Mental Health Mental Retardation Center recently to describe the nightmare of autism that the movie "Rainman" failed to portray, and to warn that city streets could be the home for many in a few years because of a lack of services.

The real world

"Knowing the real world, we know the day we're dead (that) he's out on the street," Neeley said, referring to his 17-year-old son, Harold Jr. "Our relatives smile and give us lip service — 'Where's Harold?' — but in reality, they won't even baby-sit. They're too frightened."

Dr. Robert Clayton, a pediatrician who specializes in birth defects, tells parents their autistic children "may have an area in their brain that in the past was overloaded, and now the brain is afraid to put anything through there.

"I don't think anybody in the field thinks this is just one condition. It's a fruitbasket of conditions. The (autistic) field has been very controversial the past 50 years."

Presley Orsburn, president of the local chapter of the Autism Society of America, estimates there are about 450 autistics in Bexar County.

Cite shortage of programs

Orsburn and his wife, Mae, owners of a North Side religious bookstore, are parents of 19-year-old Terri, who was diagnosed as being autistic at age 10.

"The feeling has been: 'Why bother to teach them when they just end up with the state anyway?'

" Orsburn said. "We were actually told that. Well, you can't do that to people."

The character that actor Dustin Hoffman played in "Rainman" was a high-functioning autistic learned person who had an uncanny math ability, but remained unfocused in most other areas of personality.

Mentally retarded

In reality, about 80 percent of autistics are mentally retarded, although some have limited, high-functioning areas of mental development.

"Right now I'm talking and someone in the next room is talking," Clayton said at his office at Santa Rosa Children's Hospital. "Your mind dampens out the background noise you're hearing. Autistics don't do that. Everything comes in at once."

That sensory chaos appears to be the link to a compulsion that many autistics have for sameness and routine.

PHOTO BY CHARLES BARKSDALE

Mae and Presley Orsburn (left) share a moment with daughter Terri, 19, who suffers from autism. The lack of local programs has the Orsburns and other parents worried about the future of their older autistic children.

"Some kids are so bad that Mom can move a lamp from the left side of the room to the right, and the kids will have a fit," Clayton said.

"They live in their own world" is a commonly heard description of autistics, whose unpredictable behavior can include violent outbursts one moment, followed by sitting still in odd positions for hours at a time.

It is the violent outbursts that make taking care of autistics so difficult. Many programs that work with other types of mental disorders do not accept autistics because they require constant supervision.

"There's been the crushed doors, the broken glass," Neeley said. "Plumbers know us on a first name basis because Harold jams things in the toilet when he's upset. He's broken the wall plaster many times, (making) holes the size of steering wheels with his head, his buttocks, the backs of his wrists, his elbow."

Widely held theory

Compounding the strain that parents have been under was the theory, widely held for many years, that it was a lack of affection by the mother that somehow caused the child to be autistic.

More recently, researchers have identified small differences in brain chemistry of autistics, suggesting a physical cause.

Under special education laws, public schools are responsible for training autistics until their 22nd birthday. Many times that means 24-hour-a-day residential care, which some school districts purchase from the northeast San Antonio Autistic Treatment Center.

The state schools traditionally have housed many older autistics. However, most — including the San Antonio State School — have a waiting list for admission.

State legislators are looking at two recommendations that call for closing between two and four of the 13 state schools during the next few years.

Psychiatric Drugs Abused In Rest Homes

By PAUL RAEBURN
AP Science Editor

NEW YORK (AP) — Untrained aides with little medical supervision are widely dispensing powerful anti-psychotic drugs in rest homes, a study has found.

It is likely that at least some of the patients receiving such drugs should not be getting them, said the study's principal author, Dr. Jerry Avorn of Beth Israel Hospital and Harvard Medical School in Boston.

"It may well be that when they first started getting the stuff they needed it," he said. "It may be that some people still need it." But without follow-up examinations, that can't be determined, he said.

Dr. Stanley Slater, director of the geriatric research and training program at the National Institute on Aging in Bethesda, Md., said Avorn's study "is not surprising, but of course it's a concern."

"Places for the care of the institutionalized elderly are constrained by a lack of resources, so that most of the care comes from nonprofessionals," Slater said. "The people who provide the care are often minimum-wage employees."

Avorn, with Stephen B. Soumerai of Harvard and Paul Dreyer and Kathleen Connelly of the Massachusetts Department of Public Health, surveyed 55 rest homes in Massachusetts. These are institutions for the care of elderly people not sick enough to be in nursing homes but too frail to live on their own, Avorn said.

The researchers found that 55 percent of the residents were taking at least one psychiatric drug, and 39 percent were taking so-called major tranquilizers such as Thorazine and Haldol.

In a further study of 837 residents at 44 nursing homes, the researchers found that about half had apparently not seen a doctor for evaluation of their mental health for at least a year.

One-third of the residents did badly on standard tests of mental function. "It certainly raises the question of whether the medication might contribute in part to this lack of ability," Avorn said.

The findings will appear Thursday in the New England Journal of Medicine.

Avorn said that although the survey was limited to rest homes in Massachusetts, the findings are probably typical of what's happening elsewhere.

Drugs like Thorazine and Haldol, which are meant to treat psychotic patients, can cause a disfiguring and sometimes irreversible problem called tardive dyskinesia, in which patients develop uncontrollable facial twitches.

THE EDINBURG DAILY REVIEW
Edinburg, Texas
Wednesday, January 25, 1989
Page 2

A-4 Tuesday, February 14, 1989 Dallas Times Herald

Kids' attitudes about alcohol key to future use, study says

ASSOCIATED PRESS

NEW YORK — A questionnaire assessing beliefs about alcohol can identify adolescents at risk for later problem drinking, according to a study one expert calls a significant development in fighting alcohol abuse.

When tested with 637 junior high school students, the 90-item questionnaire was a strong predictor of problem drinking a year later, alcohol experts said.

Students who believed alcohol could help them think or improve their coordination tended to be at particular risk, said study co-author Mark Goldman.

Goldman, a psychology professor at the University of South Florida in Tampa, reported the study results with co-authors from the University of Wisconsin Medical School, Wayne State University in Detroit and Hope College in Holland, Mich.

The work appears in this month's Journal of Consulting and Clinical Psychology.

Peter Nathan, director of the Rutgers-affiliated Center of Alcohol Studies in Piscataway, N.J., said the study represents an advance in identifying early adolescents at risk.

The questionnaire measured how strongly students believed that alcohol could aid them in such ways as helping them relax, be sexier, think better, enjoy social gatherings more or perform better socially or athletically.

The research adhered to the theory that "the stronger they believe that alcohol has those positive effects, the more at risk they are for problem drinking," Goldman said.

Thursday, Feb. 9, 1989 Houston Chronicle 19A

Outpatient alcohol treatment cited

BOSTON (AP) — People suffering from mild to moderate symptoms of alcohol withdrawal stay off liquor just as long when treated as outpatients as they do when admitted to hospitals, a study suggests.

The report noted that the outpatient approach is considerably less expensive than putting alcoholics in the hospital for detoxification.

The comparison study found that those who went into the hospital were more likely to get through the initial program, but after six months those treated as outpatients were doing just as well.

The study, directed by Dr. Motoi Hayashida, was conducted at the Veterans Administration Medical Center in Philadelphia and published in Thursday's New England Journal of Medicine.

"We conclude that out-patient medical detoxification is an effective, safe and low-cost treatment for patients with mild to moderate symptoms of alcohol withdrawal," the researchers wrote.

The conclusions were based on 164 men who had volunteered for treatment of alcohol withdrawal. They were randomly assigned to the out-patient program or to hospital admission.

Those treated as outpatients were given the drug oxazepam and asked to report to a hospital clinic each day, where their blood alcohol levels were measured and they were asked whether or not they had been drinking.

The cost for the outpatients ranged from $175 to $388, while for those in the hospital it ranged from $3,319 to $3,665.

Seventy-two percent of the outpatients and 95 percent of those admitted to the hospital successfully completed detoxification. However, after six months, there was no significant difference between the two treatment approaches. About half of the men in both groups said they had stayed sober.

In an accompanying editorial, Dr. Gerald L. Klerman of New York Hospital-Cornell Medical Center said several comparison studies are being conducted to look at alcohol treatment programs.

"The results indicate that the majority of patients with mild to moderate withdrawal symptoms do not require hospitalization but can be treated safely and effectively as outpatients, with considerable cost savings," he wrote.

PERCEPTIONS OF COMMUNITY-BASED SERVICES FOR PEOPLE WITH SERIOUS MENTAL ILLNESS IN TEXAS

A Survey of Consumers and Community Leaders In Texas Mental Health and Mental Retardation Center Areas

A Project of
The League of Women Voters of Texas
Education Fund

Order from the League of Women Voters of Texas Education Fund
1212 Guadalupe, Suite 107
Austin, Texas 78701
(512) 472-1100

Consultants: Linda Donelson and Russell A. Dunckley, Ph.D., Health Consulting, Dallas

Project Directors: Rebecca Bergstresser, Mary Alice Pisani, and Sally Coughlin, Trustees, League of Women Voters of Texas Education Fund

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Contents

List of Tables v

List of Figures ix

Executive Summary 1

Introduction 5

Background and Need 5

Method 6

Results: Consumers 7

Results: Community Leaders 14

Conclusions 20

Appendices

A. Community Leaders by Category 23

B. Summary of Survey Participation by Mental Health and Mental Retardation Center Area 27

C. Consumers: Coding Summary 31

D. Consumers: Statewide Responses 41

E. Consumers: Responses by Mental Health and Mental Retardation Center Area 53

F. Community Leaders: Coding Summary 65

G. Community Leaders: Statewide Responses 77

H. Community Leaders: Responses by Mental Health and Mental Retardation Center Area 91

I. Local Survey Volunteers 105

List of Tables

Table 1: Responses and Priority Rankings for Consumer Question 1: What is it like in this community to get help when you have mental illness? 8

Table 2: Responses and Priority Rankings for Consumer Question 2: What do you want or need from the mental health system? 9

Table 3: Responses and Priority Rankings for Consumer Question 3: What do you want or need from the community? 11

Table 4: Responses and Priority Rankings for Consumer Question 4: Which services you are getting from the mental health system work best for you? 12

Table 5: Responses and Priority Rankings for Consumer Question 5: Which services you are getting from the mental health system don't work for you? 13

Table 6: Responses and Priority Rankings for Community Leader Question 1: What are the needs of people in the community who have a long-term mental illness? 15

Table 7: Responses and Priority Rankings for Community Leader Question 2: Which of these needs are being met in this community? 16

Table 8: Responses and Priority Rankings for Community Leader Question 3: Which of these needs are not being met in this community? 17

Table 9: Responses and Priority Rankings for Community Leader Question 4: What are the barriers in this community that keep those needs from being met? 18

Table 10: Fifteen Responses and Priority Rankings for Community Leader Question 5: Who should have primary responsibility for meeting those needs? 19

Table 11: Community Leaders by Category 25

Table 12: Summary of Survey Participation by Mental Health and Mental Retardation Center Area 29

Table 13: Coding Categories for Consumer Data 33

Table 14: Data Summary for Responses to Consumer Question 1: What is it like in this community to get help when you have mental illness? 43

Table 15: Data Summary for Responses to Consumer Question 2: What do you want or need from the mental health system? 45

List of Tables (Continued)

Table 16: Data Summary for Responses to Consumer Question 3: What do you want or need from the community? 47

Table 17: Data Summary for Responses to Consumer Question 4: Which services you are getting from the mental health system work best for you? 49

Table 18: Data Summary for Responses to Consumer Question 5: Which services you are getting from the mental health system don't work for you? 51

Table 19: Sum of Scores by Center for Responses to Consumer Question 1: What is it like in this community to get help when you have mental illness? 55

Table 20: Sum of Scores by Center for Responses to Consumer Question 2: What do you want or need from the mental health system? 57

Table 21: Sum of Scores by Center for Responses to Consumer Question 3: What do you want or need from the community? 59

Table 22: Sum of Scores by Center for Responses to Consumer Question 4: Which services you are getting from the mental health system work best for you? 61

Table 23: Sum of Scores by Center for Responses to Consumer Question 5: Which services you are getting from the mental health system don't work for you? 63

Table 24: Coding Categories for Community Leader Data 67

Table 25: Data Summary for Responses to Community Leader Question 1: What are the needs of people in this community who have a long-term mental illness? 79

Table 26: Data Summary for Responses to Community Leader Question 2: Which of these needs are being met in this community? 82

Table 27: Data Summary for Responses to Community Leader Question 3: Which of these needs are not being met in this community? 85

Table 28: Data Summary for Responses to Community Leader Question 4: What are the barriers in this community that keep those needs from being met? 88

Table 29: Data Summary for Responses to Community Leader Question 5: Who should have primary responsibility for meeting those needs? 90

List of Tables (Continued)

Table 30: Sum of Scores by Center for Responses to Community Leader Question 1: What are the needs of people in this community who have a long-term mental illness? 93

Table 31: Sum of Scores by Center for Responses to Community Leader Question 2: Which of these needs are being met in this community? 96

Table 32: Sum of Scores by Center for Responses to Community Leader Question 3: Which of these needs are not being met in this community? 99

Table 33: Sum of Scores by Center for Responses to Community Leader Question 4: What are the barriers in this community that keep those needs from being met? 102

Table 34: Sum of Scores by Center for Responses to Community Leader Question 5: Who should have primary responsibility for meeting those needs? 104

Table 35: Local Survey Volunteers 107

List of Figures

Figure 1: Sums of Priority Rankings for Six Categorized Responses to Consumer Question 1: What is it like in this community to get help when you have mental illness? 8

Figure 2: Sums of Priority Rankings for Six Categorized Responses to Consumer Question 2: What do you want or need from the mental health system? 10

Figure 3: Sums of Priority Rankings for Six Categorized Responses to Consumer Question 3: What do you want or need from the community? 11

Figure 4: Sums of Priority Rankings for Ten Categorized Responses to Consumer Question 4: Which services you are getting from the mental health system work best for you? 12

Figure 5: Sums of Priority Rankings for Five Categorized Responses to Consumer Question 5: Which services you are getting from the mental health system don't work for you? 13

Figure 6: Sums of Priority Rankings for Five Categorized Responses to Community Leader Question 1: What are the needs of people in the community who have a long-term mental illness? 15

Figure 7: Sums of Priority Rankings for Five Categorized Responses to Community Leader Question 2: Which of these needs are being met in this community? 16

Figure 8: Sums of Priority Rankings for Five Categorized Responses to Community Leader Question 3: Which of these needs are not being met in this community? 17

Figure 9: Sums of Priority Rankings for Five Categorized Responses to Community Leader Question 4: What are the barriers in this community that keep those needs from being met? 18

Figure 10: Sums of Priority Rankings for the Top Ten Categorized Responses to Community Leader Question 5: Who should have primary responsibility for meeting those needs? 19

Executive Summary

Services for the Seriously Mentally Ill was adopted as the subject of study by the League of Women Voters of Texas for the 1987-89 biennium. In connection with that study, the League of Women Voters of Texas Education Fund (LWV-TEF) applied for and received a grant from the Hogg Foundation for Mental Health to carry out a survey of the perceptions of community leaders and consumers of public services for the seriously mentally ill in Texas Mental Health and Mental Retardation (MHMR) center areas. The survey was carried out during June and July of 1988 by members of local Leagues with assistance from local affiliates of the Alliance for the Mentally Ill and the Mental Health Association in Texas. Health Consulting of Dallas, Texas, supplied technical expertise for the project, including design of the survey instruments, training participants in the survey technique, coding, entering, and analyzing data, and preliminary interpretation of results. Responses were gathered from 27 of the 34 MHMR center areas, with 256 consumers and 369 community leaders participating.

The nominal group process was used to gather data. Consumer groups were assembled with the assistance of MHMR center directors and other providers. League members invited community leaders representing groups in each community who influence public policy. The separate groups of consumers and of community leaders in each area were first asked as a group to list, and then individually to rank from 5 to 1 in order of importance to them, their responses to questions about services for seriously mentally ill people in their communities. Responses were "scored" by the total number of ranking or priority points assigned to them by individual survey participants.

Results: Consumers

QUESTION 1: WHAT IS IT LIKE IN THIS COMMUNITY TO GET HELP WHEN YOU HAVE MENTAL ILLNESS?

Over half of the respondents (51%) identified as a priority the fact that they encounter barriers to obtaining access to services in their communities. Thirty-nine per cent cited specific problems with the way in which services are provided, including such problems as long waits at the pharmacy, seeing different physicians, and conflicts between service providers. Forty-two per cent gave priority rankings to statements indicating that services were generally good.

QUESTION 2: WHAT DO YOU WANT OR NEED FROM THE MENTAL HEALTH SYSTEM?

There was less agreement among consumers on this question, indicating that needs are highly individual. The two service needs that received the highest priority rankings from consumers were counselling and medications. Consumers also expressed concerns about the quality and quantity of services delivered, with twenty-six per cent agreeing that service providers seemed unqualified, uncaring, unhelpful, or disrespectful and slightly fewer agreeing that resources, staffing, or funding seemed inadequate. Twenty per cent expressed concern about losing their entitlements, such as food stamps.

QUESTION 3: WHAT DO YOU WANT OR NEED FROM THE COMMUNITY?

This question generated the strongest response with the highest level of agreement among consumers. Sixty-five per cent of consumers agreed that what they want from the community is to be treated with dignity and respect. This included a variety of requests: to be treated as equals, not outcasts; for acceptance; to be taken seriously; not to be feared; to have their illness taken seriously; and a poignant plea to community members to "smile every now and then." In addition, consumers cited a need for more community awareness and more involvement and advocacy on the part of the community.

QUESTION 4: WHICH SERVICES YOU ARE GETTING FROM THE MENTAL HEALTH SYSTEM WORK WELL FOR YOU?

Levels of agreement among consumers ranged from 40 per cent down to 18 per cent among the most frequently ranked responses to this question. Counselling or therapy services, medication services, and housing or residential programs were each mentioned by more than one third of consumers among the services that work well for them. A third also indicated that the manner in which services are provided is a significant factor in how well the service works for them. Other services mentioned were casework or case management, psychiatric services, job-related services, entitlement programs, socialization programs, and education or training programs.

QUESTION 5: WHICH SERVICES YOU ARE GETTING FROM THE MENTAL HEALTH SYSTEM DON'T WORK FOR YOU?

Levels of agreement on this question ranged from 38 down to 21 per cent on the most frequently ranked responses. The highest level of agreement centered not on specific services but on the way in which services are provided. Thirty-eight per cent of the consumers agreed that there are problems with the way services are provided, and 32 per cent agreed that service providers seemed unqualified, uncaring, unhelpful, or disrespectful. In terms of specific services, about a third of the consumers cited problems with medications, including overly severe side effects, difficulty in finding a medication that works, and difficulty of getting medications when needed. Smaller numbers cited a need for more counselling services and for effective and available psychiatric services.

Results: Community Leaders

QUESTION 1: WHAT ARE THE NEEDS OF PEOPLE IN THIS COMMUNITY WHO HAVE A LONG-TERM MENTAL ILLNESS?

The most frequently ranked responses to this question ranged from 48 per cent to 24 per cent. The need for community awareness received top priority ranking. Better housing alternatives and inpatient care were mentioned by 38 per cent and 26 per cent. Thirty-eight per cent cited barriers to obtaining access to services in their communities, and 24 per cent cited inadequate funding, resources, and staff.

QUESTION 2: WHICH OF THESE NEEDS ARE BEING MET IN THIS COMMUNITY?

Agreement was relatively low on this question, ranging from a high of just under 40 per cent down to a low of 17 per cent among most frequently ranked responses. Community leaders most frequently cited housing and inpatient services as examples of needs that were being met in their communities. Casework and case management services and counselling and therapy services were also mentioned with slightly less frequency. Approximately 17 per cent believed that understanding and support from the community was good or had improved.

QUESTION 3: WHICH OF THESE NEEDS ARE NOT BEING MET IN THIS COMMUNITY?

This question generated more agreement than the previous one among community leaders. Fifty-three per cent ranked the need for community awareness as their principal unmet need. Funding, resources, and staffing were identified by 39 per cent, while 28 per cent cited barriers to obtaining access to services. Housing and inpatient services were mentioned by 26 per cent and 20 per cent, respectively.

QUESTION 4: WHAT ARE THE BARRIERS IN THIS COMMUNITY THAT KEEP THOSE NEEDS FROM BEING MET?

This question evoked the highest agreement of any question addressed to either group, with more than 70% of the 335 respondents naming each of the top three items among their top five priorities. Inadequate

funding was cited by 86% as the most significant obstacle to meeting the needs of mentally ill people in their communities. Lack of community awareness and lack of community involvement, advocacy, and support were cited as the next two obstacles to meeting needs. Barriers to obtaining access to services were mentioned by 22% of the respondents, and 17% mentioned the lack of communication and coordination among service components.

QUESTION 5: WHO SHOULD HAVE PRIMARY RESPONSIBILITY FOR MEETING THOSE NEEDS?

There was agreement by 61 per cent of the respondents that responsibility should be shared by a coalition of public and private groups including families and consumers themselves. Fifty-one per cent identified the family as having major responsibility. Forty-eight per cent mentioned a coalition of different levels of government. Forty per cent identified state government, and thirty-one per cent mentioned other entities such as universities and private philanthropy. In stressing cooperation between public and private sectors and the various levels of government, community leaders appear to be part of a nationwide trend to broaden the base of support for mental health services. However, their high degree of emphasis on financial responsibility of families suggests that community leaders lack information about the often catastrophic costs of care for seriously mentally ill individuals.

Conclusions

Both consumers and community leaders are relatively new entrants into discussions about community-based mental health systems in Texas. Consumers show considerable insight into issues relating to these systems and, in the current context of predominantly voluntary treatment, are a valuable source of information in evaluating the strengths and weaknesses of local systems. Community leaders have less detailed knowledge of the issues but are well aware that they and their communities need greater awareness, more education, and better advocacy.

Of particular interest is the report that even well-served, highly functioning consumers in many cases find it difficult to gain access to and interact with services in their communities. The findings suggest needs for outreach programs, for improving the ability of community systems to attract and retain well-qualified professionals, and for improving the care-giving skills of providers. An additional finding that should be of significance to communities is the consumers' high level of interest in programs that help them find and retain employment.

A number of community leaders and consumers report successes with support services such as housing, case management, job-related services, and education and training programs. Analyzing the success of these programs and expanding on them may offer a productive route to increasing community acceptance for local mental health services. Many of the issues cited by consumers and community leaders alike are addressed by existing state legislation, but full implementation in many local areas awaits adequate funding. The results of this survey suggest that local communities need education about the costs to their communities of untreated serious mental illness, about costs and benefits of various types of programs, about the variety of available funding mechanisms, and about the catastrophic financial impact of serious mental illness on individuals and their families.

Introduction

Services for the Seriously Mentally Ill was adopted as the subject of study by the League of Women Voters of Texas for the 1987-89 biennium. In connection with that study, the League of Women Voters of Texas Education Fund (LWVTEF) applied for and received a grant from the Hogg Foundation for Mental Health to carry out a survey of the perceptions of community leaders and consumers of public services for persons with a serious mental illness in Texas Mental Health and Mental Retardation center areas.

The survey, using the nominal group process technique, was carried out during June and July of 1988 by members of local Leagues with assistance from local chapters of the Alliance for the Mentally Ill and the Mental Health Association. Health Consulting of Dallas, Texas, supplied technical expertise for the project, including design of the survey instruments, training participants in the survey technique, coding, entering, and analyzing data, and preliminary interpretation of results.

Background and Need

In the past, most people in Texas who depended on public resources for treatment of their serious mental illness resided in state hospitals. All services necessary for their care and treatment were provided under one roof, and there was little interaction with the wider community. As a result, communities had little contact with and minimal responsibility for people who suffered from serious mental illness.

Today, state hospitals serve a much smaller proportion of those who need treatment for serious mental illness. With the advent of medications that control symptoms and legislation that protects the right to refuse hospitalization, many people with serious mental illness are living with families or independently in their communities.

Although the state retains primary responsibility for designing and delivering a public system of mental health care, communities are no longer insulated from the impact of mental illness. Local social service professionals, housing providers, neighborhoods, and local government officials all deal on a regular basis with the special needs of people with serious mental illness living in their communities. The repercussions of service gaps at the local level can be highly visible and sometimes tragic.

Furthermore, because treatment for mental illness is primarily local and voluntary, interactions between community and consumers are frequent. The quality of that interaction may be a significant factor in the consumer's ability to live and function productively as a member of the community.

This survey was designed to learn how Texas communities are responding to the need to accommodate and provide for people with serious mental illness now living in their midst. It was designed to study from a new perspective the transition from institutional to community-based care in Texas. Service providers and family members of people with serious mental illness have found a variety of forums for expressing their perceptions of services and for describing the unmet needs in their community support systems. At least two recent studies have attempted to determine the extent to which community-based services mandated by the Texas Legislature and required by the federal district court in the R.A.J. versus Miller decision are actually in place in Texas communities.[1]

1 League of Women Voters of Texas Education Fund, *Services for the Seriously Mentally Ill in Texas*, 16-18.

There has been relatively little direct communication, however, with consumers of services for the seriously mentally ill, the people who have been most affected by the movement of services from the total care environment of state hospitals into the diverse population and often fragmented network of service providers that constitute community-based care. Nor have there been many efforts to examine methodically the communities' reactions to this group of people who have suffered systematic exclusion and are now struggling to live independently as members of communities that have stigmatized them.

What do individuals with serious mental illness feel they need in order to function well in their communities, and what kind of success do they have in obtaining what they need in their communities? What do local decision makers perceive as the needs of mentally ill people, and which do they think are well-met or unmet needs in their communities?

This study examines these issues from the perspective of consumers and community leaders in community mental health and mental retardation center areas in Texas. By doing so, it expands the context for understanding where Texas stands in the evolution toward an effective system of community-based mental health services.

Method

The data in this survey were gathered from community leaders and consumers of services for the seriously mentally ill in 27 of the 34 areas in Texas with community mental health and mental retardation centers. The number of consumers participating in the study was 256; the number of community leaders was 369.

The survey technique used was the nominal group process. This involved structured small group meetings of individuals selected from the targeted populations. Participants were asked to respond one at a time to the survey questions, proceeding around the group until there were no further additions to the list. When lists had been generated for all questions, participants were asked to choose for each question their five strongest concerns out of all those listed and assign each a number from 1 to 5, with 5 representing their highest priority and 1 the lowest. Each participant recorded their rankings for each question on a separate sheet of paper, which was turned in to the group leader at the conclusion of the session. The ranking sheets constitute the data base for each question.

The survey was designed and the questions were developed by Health Consulting, in consultation with Trustees of the League of Women Voters of Texas Education Fund who served as project directors. Survey groups were conducted by volunteers recruited from local Leagues of the League of Women Voters, or, where League volunteers were not available, local affiliates of the Texas Alliance for the Mentally Ill and the Mental Health Association. Volunteers were trained in the use of the survey technique by Health Consulting.

Because of the method used to assemble sample groups of consumers and community leaders, the data gathered in this study are more useful for the state as a whole than for purposes of comparison among different areas in the state. There was no effort to apply rigorously scientific sampling techniques or to create identical sample groups across the state. Nor was there any effort to control for bias either for or against local mental health services. However, because of the size of the statewide sample, it is a valid sample of the state as a whole.

To assemble consumer groups, volunteer surveyors relied heavily on the cooperation of providers including MHMR center program directors, shelters, and staff of residential programs. Efforts were also made to contact consumers directly through consumer advocacy groups. Therefore, the consumer sample reflects the participation of consumers who are receiving services

and who are functioning sufficiently well to participate in a structured group process. Consumers who have been unable or unwilling to obtain services, or who function less well, are less likely to have been represented in this survey.

In the case of community leaders, an attempt was made to draw a representative sample of people who influence public policy in each community. These included public officials, business representatives, religious and civic leaders, professional and special interest representatives. A list of these participants by category is included in Appendix A.

The ranking sheets were returned to Health Consulting for coding, computer entry, and statistical analysis. Health Consulting's coding summaries, showing how responses were categorized and entered, appear in Appendices C and F. Complete tables of ranked responses by participating MHMR center areas appear in Appendices E and H.

To score the ranked responses, the numbers of priority points awarded to each item were added to obtain a "sum." Items are ranked in order of sum, which generally, but not always, correlates to ranking by absolute number of persons who identified the item as a priority. Bar charts appearing in the text illustrate rankings for highest priority responses in order of sums.

Results: Consumers

Use of the nominal group process enabled consumers to identify those issues of most concern to them, without preselection or prompting from interviewers. Consumer responses reflected a considerable degree of clarity and understanding regarding issues in the community support system. This study demonstrates that consumers know what they need, what they want, and what they believe works for them.

QUESTION 1: WHAT IS IT LIKE IN THIS COMMUNITY TO GET HELP WHEN YOU HAVE MENTAL ILLNESS?

The responses to this question offer compelling insights into what it is like for people with serious mental illness to seek help from community-based mental health systems. A wide variety of concerns surfaced with this question, including such diverse areas as mental health services, family issues, community acceptance, money, work, training, and others. However, the items most frequently identified as priorities all dealt with mental health services. Note that the sum of priority points (rankings) correlated with the frequency of responses (Figure 1).

Just over half of the respondents (131 of 256, or 51%) identified as a priority the fact that they encounter barriers to obtaining access to services in their communities (Table 1). Among the barriers they cited were inappropriate admission procedures, red tape, long waiting lists, difficulty in getting information about what services are available and where to go for them, expense, and problems in getting in touch with doctors and caseworkers.

Forty-two per cent of respondents (107) gave priority rankings to statements indicating that services were generally good. These included general endorsements as well as more specific remarks that the services "put one's mind at ease," that care in the community was better than in the state hospital, and other positive reports.

Thirty-nine per cent (99) prioritized specific problems with the way in which services are provided. Long waits at the pharmacy, seeing different physicians, being sent to different places for money or food stamps, feeling lost in the system, conflicts between service providers, and different rules for different service components were among the list of difficulties in receiving mental health services cited by consumers.

The next three responses, with much lower numbers of respondents and lower sums, also deal with services, with 47 consumers reporting that their ability to gain access to services is good and

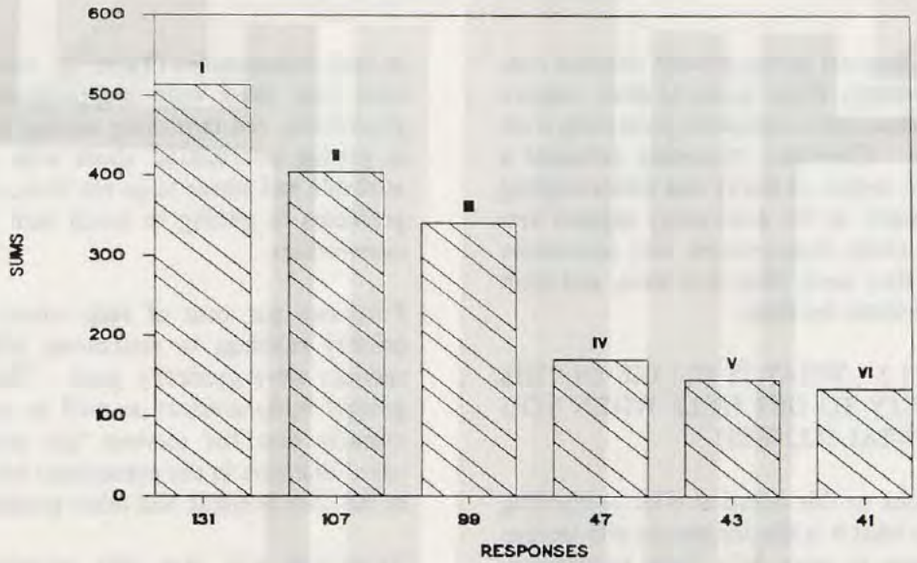
Table 1

RESPONSES AND PRIORITY RANKINGS FOR CONSUMER QUESTION 1: WHAT IS IT LIKE IN THIS COMMUNITY TO GET HELP WHEN YOU HAVE MENTAL ILLNESS?

Response Category	No.	Sum	Mean	Min.	Max.
I. There are barriers to gaining access to services	131	513	3.916	1	5
II. Services seem generally good	107	404	3.776	1	5
III. There are problems in the way in which services are provided	99	340	3.434	1	5
IV. Ability to gain access to services is good	47	170	3.617	1	5
V. Funding, resources, or staffing for services are inadequate	43	145	3.372	1	5
VI. Services are provided in a prompt, professional, caring manner	41	134	3.268	1	5

Figure 1

SUMS OF PRIORITY RANKINGS FOR SIX CATEGORIZED RESPONSES TO CONSUMER QUESTION 1: WHAT IS IT LIKE IN THIS COMMUNITY TO GET HELP WHEN YOU HAVE MENTAL ILLNESS?



41 that services are provided in a prompt, professional, and caring manner. Forty-three felt that there is inadequate funding, resources, or staffing for the services they receive.

The mixture of negative reports on obtaining access to services and provision of services versus a high positive report on the quality of services offers insight into the interaction between consumers and community mental health systems. Many consumers find it difficult to obtain access to services. Once in the system, about half of them are unhappy with their treatment by service providers. Slightly fewer are pleased with the quality of services they receive. It is important to keep in mind that the sample, as noted earlier, biases the report toward those who have succeeded in gaining access to the system and who are functioning reasonably well. If a high percentage of this relatively competent group reports such pervasive difficulty in using community-based services in their areas, it is not surprising that so many others never overcome the barriers.

QUESTION 2: WHAT DO YOU WANT OR NEED FROM THE MENTAL HEALTH SYSTEM?

This question generated less agreement than the previous one, with lower numbers of responses and lower rankings (Table 2; Figure 2). These suggest that needs differ from person to person, with no one, easy solution to every individual's problem. Furthermore, the respondents made it clear that they are concerned not only with what services are provided but also with the manner in which those services are provided.

The two services most frequently identified as being of concern to respondents were counselling and medications. Eighty-nine of the 246 respondents cited a need for more counseling services as their highest priority, while 62 cited problems with medications. Altogether, service needs accounted for 151 rankings.

Three of the six most frequently ranked responses expressed problems with service delivery. Sixty-five respondents cited behavior or attitudes on the part of service providers who seemed unqualified, uncaring, unhelpful, and/or disrespectful. Among others these included ineffective counselling, inadequate or inappropriate guidance, uncommunicative staff, and psychiatrists who were late to appointments. Fifty-seven ranked the need for more help, more caseworkers, more state funds, and other responses indicating inadequate funding, resources and staffing. Forty-five respondents again cited problems in the way services are provided. In all, 162 priorities reflected a need for higher quality and quantity of services.

A different type of concern, that of jeopardized entitlements, was ranked by 53 respondents. This points up a dilemma faced by recipients of entitlements such as food stamps: their efforts to work for pay may cause them to lose their benefits. The appearance of this concern among those most frequently mentioned highlights consumers' interest in jobs and job-related issues, which appeared consistently throughout the interviews.

Table 2

RESPONSES AND PRIORITY RANKINGS FOR CONSUMER QUESTION 2: WHAT DO YOU WANT OR NEED FROM THE MENTAL HEALTH SYSTEM?

Response Category	No.	Sum	Mean	Min.	Max.
I. Need for more counselling services	85	269	3.165	1	5
II. Service providers seem unqualified, uncaring, unhelpful, and/or disrespectful	65	216	3.323	1	5
II. Problems with medications	62	235	3.790	1	5
III. Funding, resources, or staffing for services are inadequate	57	167	2.920	1	5
IV. Entitlements can be jeopardized	53	179	3.377	1	5
V. There are problems in the way in which services are provided	45	154	3.422	1	5

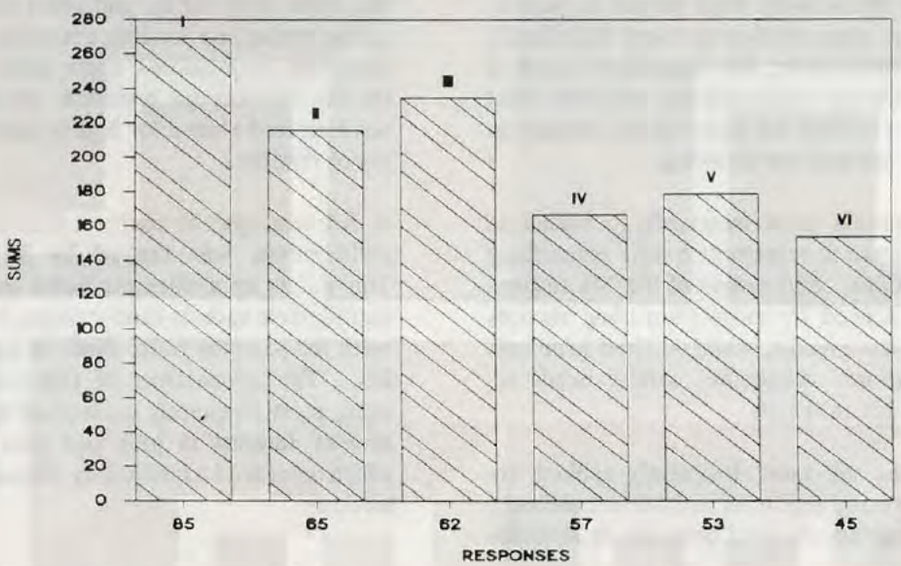
QUESTION 3: WHAT DO YOU WANT OR NEED FROM THE COMMUNITY?

This question generated the strongest response with the highest degree of agreement among consumers (Table 3; Figure 3). One hundred and sixty out of 244 consumers (65%) agreed that what they want from the community is to be treated with dignity and respect. Under this heading came a variety of pleas: to be treated as equals, not outcasts; for acceptance; to be taken seriously; not to be feared, criticized, and labelled as crazy; to have their illness taken seriously; and a poignant plea to community members to "smile every now and then."

Two related requests also produced a high degree of agreement. One hundred and thirty-six consumers cited a need for more community awareness, expressed in terms of more positive,

Figure 2

SUMS OF PRIORITY RANKINGS FOR SIX CATEGORIZED RESPONSES TO CONSUMER QUESTION 2: WHAT DO YOU WANT OR NEED FROM THE MENTAL HEALTH SYSTEM?



accurate publicity and more community education. An additional 84 responses ranked involvement and advocacy on the part of the community. These top three items accounted for more than 50% of all priority points given by respondents on this question.

Next in frequency of response were job-related issues. Eight-four respondents cited a need for better employment opportunities. More jobs, better pay, and job opportunities other than those that require hard labor or are regarded as degrading were included in this category. Fifty-nine cited more support from employers, including time off to attend mental health appointments and less job discrimination. In this same vein, thirty-nine consumers gave priority ranking to the fact that employment could threaten their entitlements.

The responses to this question make a strong statement that community awareness of what mental illness is and acceptance of the consumer by the community are major concerns to consumers of mental health services. They massively emphasize the need for educating the community about mental illness and teaching people to be more accepting.

It seems surprising that such basic concerns as housing do not appear among consumers' most frequent responses. One possible interpretation may be that consumers consider community acceptance and the ability to work to be more fundamental to their well-being than any specific services. It is also possible that consumers believe that the priorities they indicated--community acceptance and jobs--are in fact preconditions for finding and retaining housing. Another possible explanation is that the particular consumers surveyed for this study were already receiving services that met their basic needs, so that survey results reflect the priorities of consumers who are already established in local service systems.

QUESTION 4: WHICH SERVICES YOU ARE GETTING FROM THE MENTAL HEALTH SYSTEM WORK WELL FOR YOU?

This question generated a lower number of ranked items (43) than any other question to consumers, with no items receiving significantly higher priority points than others (Table 4; Figure 4). However, three different types of services were identified by more than one third of the respondents as working well for them. Among these were counselling or therapy services, medi-

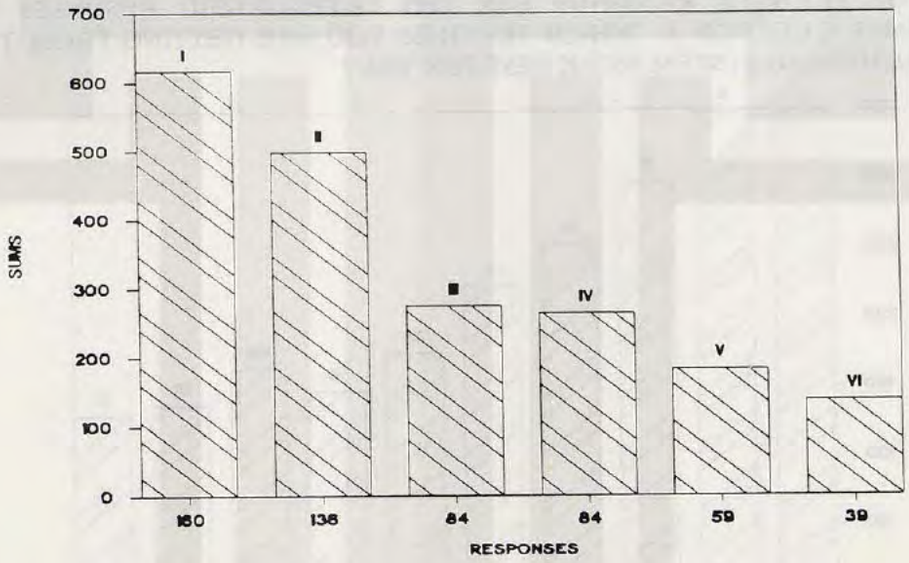
Table 3

RESPONSES AND PRIORITY RANKINGS FOR CONSUMER QUESTION 3: WHAT DO YOU WANT OR NEED FROM THE COMMUNITY?

Response Category	No.	Sum	Mean	Min.	Max.
I. Need to be treated with dignity and respect	160	616	3.850	1	5
II. Need for more community awareness	136	498	3.662	1	5
III. Need for more involvement/advocacy from the community	84	275	3.274	1	5
IV. Better employment opportunities are needed	84	264	3.143	1	5
V. Need more support from employers	59	183	3.102	1	5
VI. Entitlements can be jeopardized	39	137	3.513	1	5

Figure 3

SUMS OF PRIORITY RANKINGS FOR SIX CATEGORIZED RESPONSES TO CONSUMER QUESTION 3: WHAT DO YOU WANT OR NEED FROM THE COMMUNITY?



cations, and housing or residential programs. A third of the respondents also indicated that the manner in which services were provided was a significant factor in how well the service worked for them. The other services mentioned by significant numbers of consumers were casework or case management services, psychiatric services, job-related services, entitlement programs, socialization and recreation programs, and education or training programs.

The diversity of responses to this question underscores the variety among consumers, both in terms of what they need and what works for them. It is significant that the manner of service provision continues to be an important consideration for consumers.

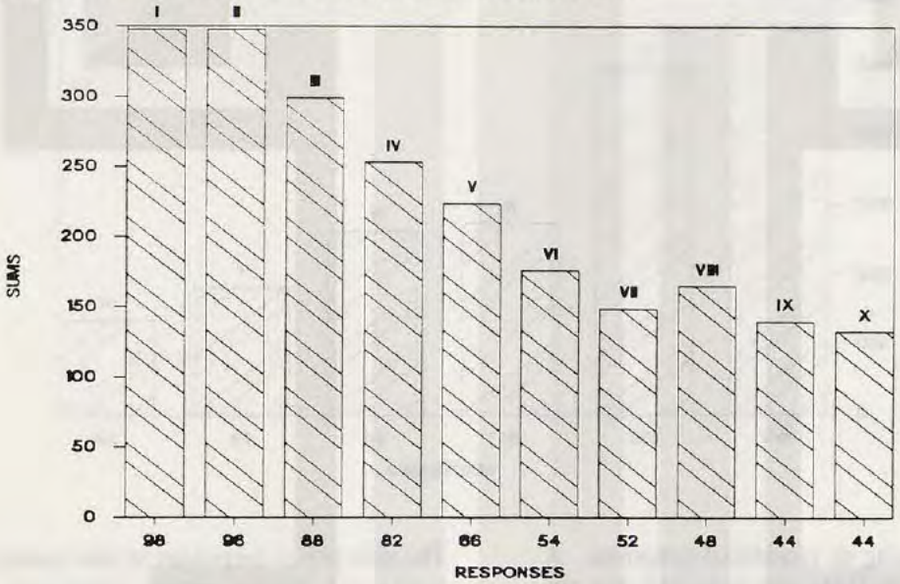
Table 4

RESPONSES AND PRIORITY RANKINGS FOR CONSUMER QUESTION 4: WHICH SERVICES YOU ARE GETTING FROM THE MENTAL HEALTH SYSTEM WORK BEST FOR YOU?

Response Category	No.	Sum	Mean	Min.	Max.
I. Counselling/therapy services work well	98	348	3.551	1	5
II. Medications are working well	96	348	3.625	1	5
III. Housing/residential programs work well	88	299	3.398	1	5
IV. Services are provided in a prompt, professional, caring manner	82	253	3.085	1	5
V. Casework/case management services work well	66	224	3.394	1	5
VI. Psychiatric services are available/effective	54	176	3.259	1	5
VII. Job training/placement/support system is good	52	149	2.865	1	5
VIII. Entitlement programs are good	48	165	3.438	1	5
IX. Opportunities for socialization and recreation are good	44	140	3.182	1	5
X. Available training/education programs are good	44	133	3.023	1	5

Figure 4

SUMS OF PRIORITY RANKINGS FOR TEN CATEGORIZED RESONSES TO CONSUMER QUESTION 4: WHICH SERVICES YOU ARE GETTING FROM THE MENTAL HEALTH SYSTEM WORK BEST FOR YOU?



QUESTION 5: WHICH SERVICES YOU ARE GETTING FROM THE MENTAL HEALTH SYSTEM DON'T WORK FOR YOU?

This question addressed the weaknesses of the community-based mental health system from the consumers' point of view (Table 5; Figure 5). It generated 60 items, which were ranked by 223 respondents. The response pattern is similar to that in Question 4 in that no individual answers generated marked agreement. Furthermore, several of the same items that were reported as working well in Question 4 are listed here as not working well. It is not uncommon for people to view some of the same things that are strengths as weaknesses also. This usually reflects one of three things: 1) What works for some people does not work for others; 2) How something is done is as important as what is done; and 3) Something may be working but the person feels the amount or quality needs significant improvement.

The individual service most frequently cited as not working well was medication. Approximately a third of the respondents cited this and it received the highest number of priority points (10%) of any response to this question. Although slightly fewer respondents ranked it than ranked problems with the way in which services are provided, those that did rank it identified it as an important issue. Among the problems that consumers reported were overly severe side effects, difficulty in finding medication that works, incorrectly prescribed medication, difficulty of getting medications when needed, and being overmedicated.

There is considerable continuity of concern about the way in which services are provided and the attitude of caregivers. Eight-five consumers reported problems in the way services are provided, and 71 again referred to service providers

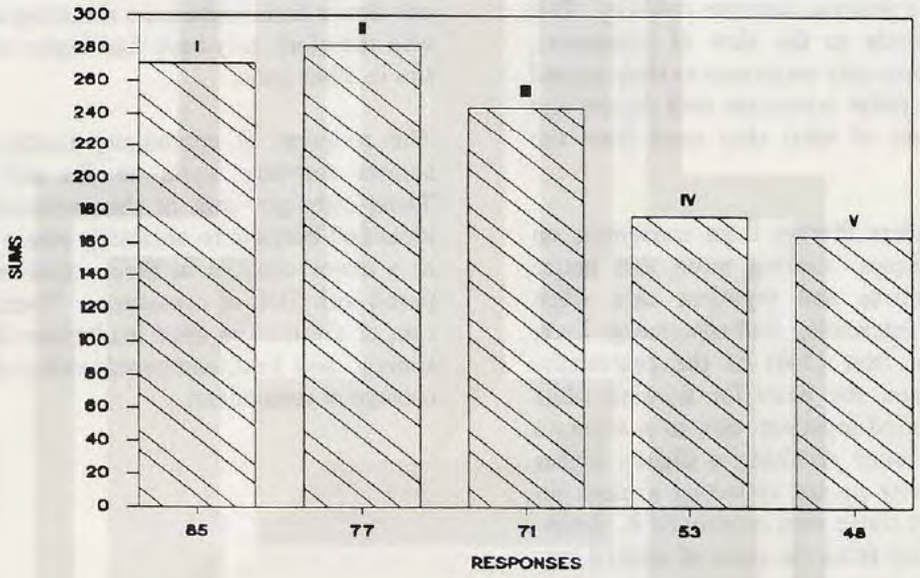
Table 5

RESPONSES AND PRIORITY RANKINGS FOR CONSUMER QUESTION 5: WHICH SERVICES YOU ARE GETTING FROM THE MENTAL HEALTH SYSTEM DON'T WORK FOR YOU?

Response Category	No.	Sum	Mean	Min.	Max.
I. There are problems in the way in which services are provided	85	271	3.188	1	5
II. Problems with medications	77	282	3.662	1	5
III. Service providers seem unqualified, uncaring, unhelpful and/or disrespectful	71	244	3.437	1	5
IV. Need for more counselling services	53	177	3.340	1	5
V. Psychiatric services are ineffective, unavailable, or need improvement	48	165	3.438	1	5

Figure 5

SUMS OF PRIORITY RANKINGS FOR FIVE CATEGORIZED RESPONSES TO CONSUMER QUESTION 5: WHICH SERVICES YOU ARE GETTING FROM THE MENTAL HEALTH SYSTEM DON'T WORK FOR YOU?



who seem unqualified, uncaring, unhelpful, and/or disrespectful.

Nearly a third of the respondents cited a need for more counselling and therapy services, both in general and for dealing with specific problems such as managing stress, feeling suicidal, self-esteem and self-acceptance. Approximately a fifth of the consumers reported that psychiatric services are ineffective, unavailable, or need improvement.

Results: Community Leaders

Community leaders tended to focus more on general issues in community-based mental health care than did consumers, who, not surprisingly, were able to specify more distinct service needs. As with consumers, certain themes recurred in response to each of the questions given to community leaders.

QUESTION 1: WHAT ARE THE NEEDS OF PEOPLE IN THIS COMMUNITY WHO HAVE A LONG-TERM MENTAL ILLNESS?

The need for community awareness was ranked by community leaders as the top priority need of people with long-term mental illness (Table 6, Figure 6). Forty-eight per cent (179) of the leaders cited this, mentioning as its components more education, prominent advocates for mental health issues, and more positive, accurate publicity. This corresponds closely to the view of consumers, who ranked community awareness as their second highest priority (after treatment with dignity and respect) in terms of what they need from the community.

Community leaders diverge from consumers on the next two items, ranking more and better housing alternatives and inpatient care when needed. Some interesting findings emerge here. Thirty-eight per cent (140) of the community leaders mentioned the need for housing while 26% (97) identified inpatient care as a separate need, with the latter receiving a slightly higher number of priority points, reflecting a more intense concern by those who mentioned it. Looking at the question from the point of view of center areas, there were only two areas in which leaders did not cite either issue. It is not clear how well informed respondents may have been about the potential variety of housing programs, residential treatment alternatives, and inpatient care options, but what is clear is that community leaders in almost all center areas are concerned that people with serious mental illness need a place to live.

The leaders' emphasis is consistent with the findings of a 1984 survey of state mental health program directors which identified housing as the most significant need unmet by mental health systems. Community leaders placed considerably more emphasis on the issues of housing and inpatient care than did the consumers in this study. Consumers ranked housing eighth in their order of priority, with only 13% mentioning it, while inpatient care was mentioned by only 11%. This may reflect characteristics of the sample, which was drawn from consumers receiving services and who therefore may have had higher need priorities in other areas.

The concerns of community leaders and consumers converge again on the next priorities. Thirty-eight per cent of the community leaders identified barriers to obtaining access to services as a major concern in their communities, compared with 51% of consumers. Twenty-four per cent of the leaders cited inadequate funding, resources, and staff, compared with a similar percentage of consumers.

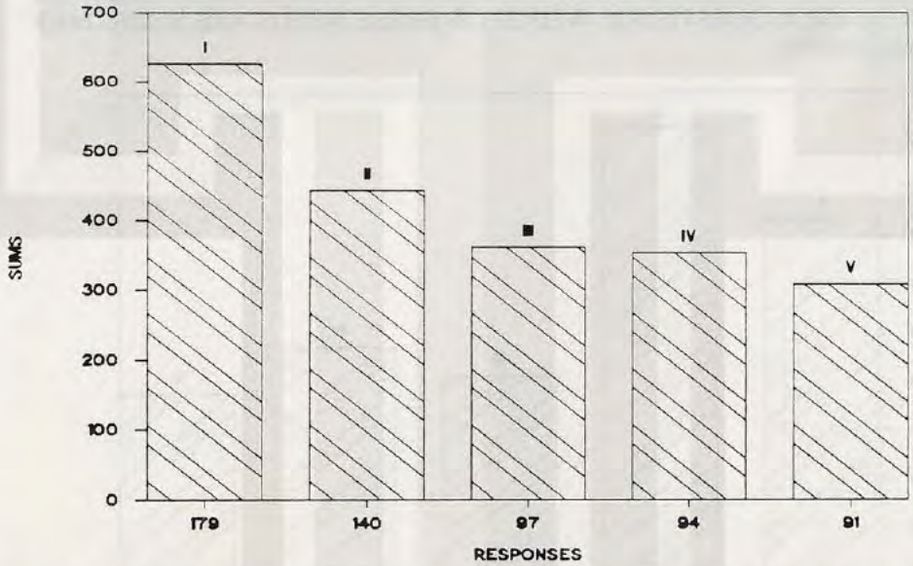
Table 6

RESPONSES AND PRIORITY RANKINGS FOR COMMUNITY LEADER QUESTION 1: WHAT ARE THE NEEDS OF PEOPLE IN THE COMMUNITY WHO HAVE A LONG-TERM MENTAL ILLNESS?

Response Category	No.	Sum	Mean	Min.	Max.
I. More community awareness	179	626	3.497	1	5
II. Adequate housing alternatives	140	444	3.171	1	5
III. Inpatient care when needed	97	362	3.732	1	5
IV. Easily accessible services	94	354	3.766	1	5
V. Adequate funding, resources, or staffing for services	91	309	3.396	1	5

Figure 6

SUMS OF PRIORITY RANKINGS FOR FIVE CATEGORIZED RESPONSES TO COMMUNITY LEADER QUESTION 1: WHAT ARE THE NEEDS OF PEOPLE IN THE COMMUNITY WHO HAVE A LONG-TERM MENTAL ILLNESS?



QUESTION 2: WHICH OF THESE NEEDS ARE BEING MET IN THIS COMMUNITY?

The responses to this question offer some marked variations to response patterns for other questions (Table 7; Figure 7). There is less agreement, indicated by the relatively low numbers of respondents selecting any one item for priority points. There is also greater inconsistency between the number of respondents and priority ranking of response than for any other question. However, there is a good deal of continuity in terms of those items which are identified as needs.

Community leaders ranked housing and inpatient programs at the top of their list of needs that are being met in their communities. Of the 327 who responded to this question, 121 mentioned housing and 114 identified inpatient services, although leaders felt more strongly about the latter and awarded it substantially more priority points. The same is true of the next two items; casework and case management services are cited by slightly more respondents (63) than counselling and therapy services (57) as examples of needs that are being met in their communities, but the latter was ranked higher by those who mentioned it and received more priority points. Seventeen

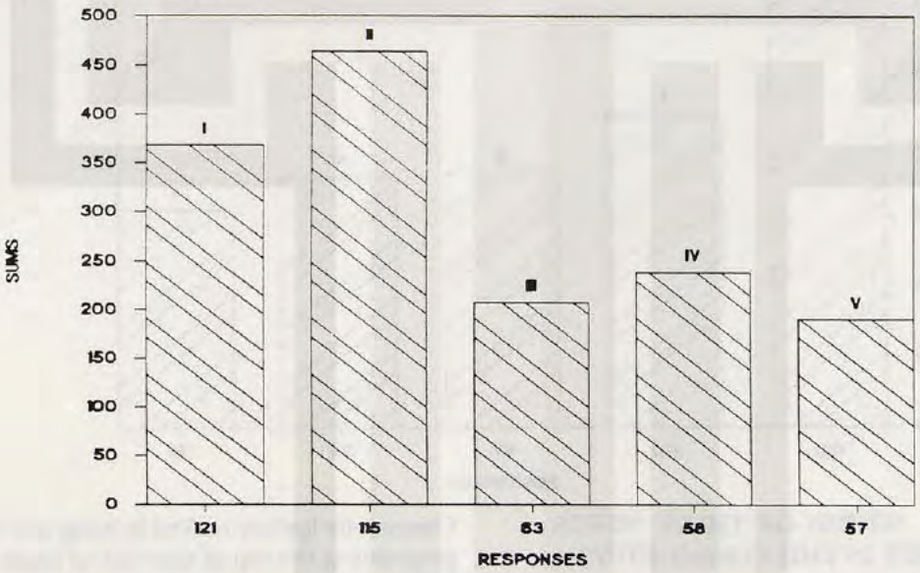
Table 7

RESPONSES AND PRIORITY RANKINGS FOR COMMUNITY LEADER QUESTION 2: WHICH OF THESE NEEDS ARE BEING MET IN THIS COMMUNITY?

Response Category	No.	Sum	Mean	Min.	Max.
I. Housing, residential programs work well	121	368	3.041	1	5
II. State hospitals, psychiatric inpatient units are available and effective	115	464	4.035	1	5
III. Casework/case management services work well	63	207	3.286	1	5
IV. Counselling/therapy services work well	58	238	4.103	1	5
V. Understanding and support from the community is good or has improved	57	190	3.333	1	5

Figure 7

SUMS OF PRIORITY RANKINGS FOR FIVE CATEGORIZED RESPONSES TO COMMUNITY LEADER QUESTION 2: WHICH OF THESE NEEDS ARE BEING MET IN THIS COMMUNITY?



per cent of the leaders (57) believed that understanding and support from the community was good or had improved.

QUESTION 3: WHICH OF THESE NEEDS ARE NOT BEING MET IN THIS COMMUNITY?

There is a considerably higher degree of agreement on the top two responses to this question than on the previous one (Table 8; Figure 8). Fifty-three per cent of the 346 respondents to this question ranked the need for community awareness as their principal unmet need. Funding, resources and staffing were identified by 39%, while 28% cited barriers to obtaining access to services. Housing and inpatient services were mentioned by 26% and 20% respectively.

QUESTION 4: WHAT ARE THE BARRIERS IN THIS COMMUNITY THAT KEEP THOSE NEEDS FROM BEING MET?

This question evoked the highest degree of agreement of any question addressed to their group (Table 9; Figure 9). More than 70% of the

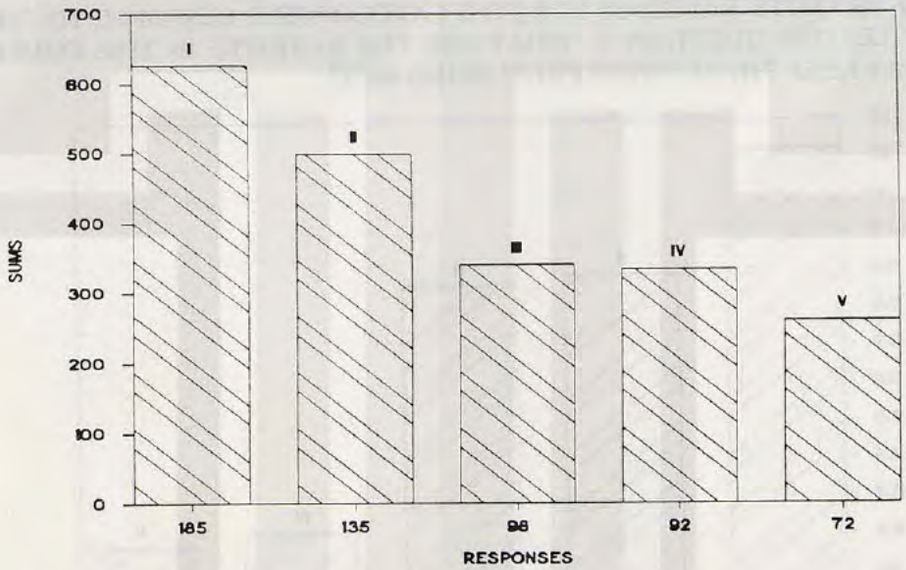
Table 8

RESPONSE AND PRIORITY RANKINGS FOR COMMUNITY LEADER QUESTION 3: WHICH OF THESE NEEDS ARE NOT BEING MET IN THIS COMMUNITY?

Response Category	No.	Sum	Mean	Min.	Max.
I. Need for more community awareness	185	627	3.389	1	5
II. Funding, resources, or staffing for services are inadequate	135	499	3.696	1	5
III. Barriers to accessing services	98	340	3.469	1	5
IV. Inadequate housing alternatives	92	333	3.620	1	5
V. Need for or lack of inpatient care when needed	72	260	3.611	1	5

Figure 8

SUM OF PRIORITY RANKINGS FOR FIVE CATEGORIZED RESPONSES TO COMMUNITY LEADER QUESTION 3: WHICH OF THESE NEEDS ARE NOT BEING MET IN THIS COMMUNITY?



335 respondents named each of the top three items among their top five priorities. The same high level of agreement characterized responses by centers (see Appendix H): 18 of 27 participating centers ranked the same three items as priorities, and an additional 8 agreed on two out of the top three.

Inadequate funding was cited by 86.3% (290) of the respondents as the most significant obstacle to meeting the needs of mentally ill people in their communities. Lack of community awareness and lack of community involvement, advocacy, and support were overwhelmingly cited as the next two obstacles to meeting needs, with 74% (250) of the respondents citing each. Barriers to obtaining access to services were mentioned by 22% of the respondents, and 17% mentioned the lack of communication and coordination among service components.

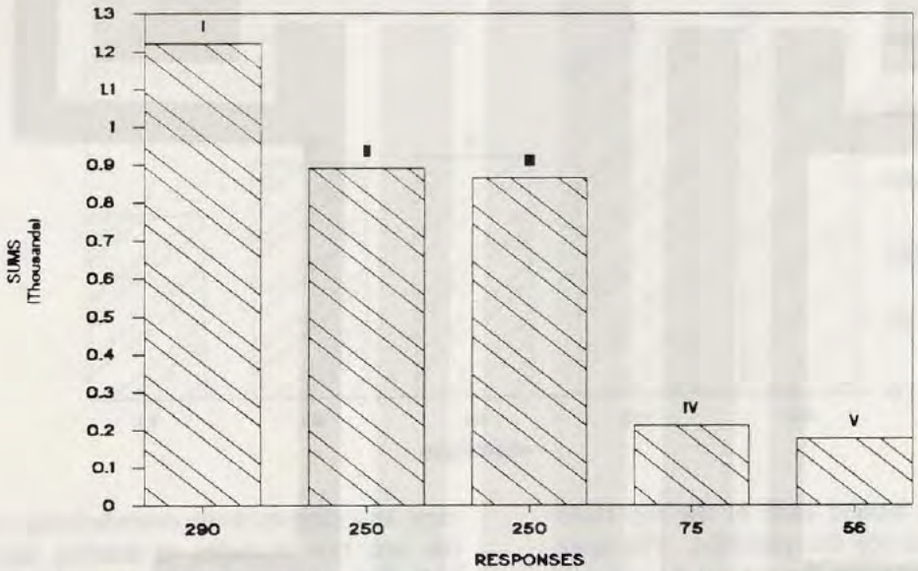
Table 9

RESPONSES AND PRIORITY RANKINGS FOR COMMUNITY LEADER QUESTION 4: WHAT ARE THE BARRIERS IN THIS COMMUNITY THAT KEEP THOSE NEEDS FROM BEING MET?

Response Category	No.	Sum	Mean	Min.	Max.
I. Funding, resources, or staffing for services are inadequate	290	1222	4.214	1	5
II. Need for more community awareness	250	890	3.560	1	5
III. Need for more involvement, advocacy, support from the community	250	865	3.460	1	5
IV. Barriers to gaining access to services	75	212	2.827	1	5
V. Lack of communication/coordination between service components	56	176	3.143	1	5

Figure 9

SUMS OF PRIORITY RANKINGS FOR FIVE CATEGORIZED RESPONSE TO COMMUNITY LEADER QUESTION 4: WHAT ARE THE BARRIERS IN THIS COMMUNITY THAT KEEP THOSE NEEDS FROM BEING MET?



QUESTION 5: WHO SHOULD HAVE PRIMARY RESPONSIBILITY FOR MEETING THOSE NEEDS?

This question asked community leaders to address the question of where responsibility--primarily financial responsibility--for meeting the needs of seriously mentally ill people should rest (Table 10, Figure 10). In view of the overwhelming agreement in the previous question that inadequacies in funding, staffing, and resources are primary obstacles to meeting these needs in their communities, the response to this question takes on added significance.

Sixty-one percent cited the view that responsibility should be shared by a coalition of public and private groups, including families and consumers themselves. Fifty-one per cent identified the family as having major responsibility. Forty-eight per cent assigned responsibility to a coalition of different levels of government. Forty per cent identified state government, and thirty-one per cent mentioned other entities such as universities and private philanthropy.

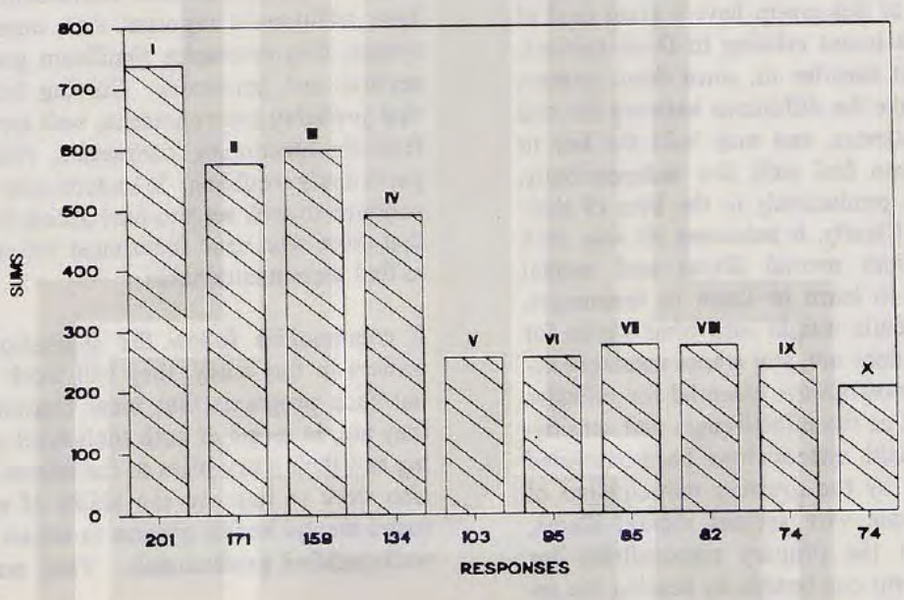
Table 10

FIFTEEN RESPONSES AND PRIORITY RANKINGS FOR COMMUNITY LEADER QUESTION 5: WHO SHOULD HAVE PRIMARY RESPONSIBILITY FOR MEETING THOSE NEEDS?

Response Category	No.	Sum	Mean	Min.	Max.
I. Coalition of various groups: private/public/family/consumer/community	201	739	3.677	1	5
II. Families	171	577	3.374	1	5
III. Coalition of different levels of government	159	598	3.761	1	5
IV. State government	134	491	3.664	1	5
V. Other (includes school, university, private donations, etc.)	103	254	2.466	1	5
VI. Private sector	95	255	2.684	1	5
VII. Federal government	85	273	3.212	1	5
VIII. Mental Health Authority	82	271	3.305	1	5
IX. City government	74	236	3.189	1	5
X. Medical community	74	203	2.743	1	5
XI. Churches	61	133	2.180	1	5
XII. County Government	53	156	2.943	1	5
XIII. Consumers	37	130	3.514	1	5
XIV. Employers/unions/insurers	29	66	2.276	1	5
XV. Court System	14	26	1.857	1	5

Figure 10

SUMS OR PRIORITY RANKINGS FOR THE TOP TEN CATEGORIZED RESPONSES TO COMMUNITY LEADER QUESTION 5: WHO SHOULD HAVE PRIMARY RESPONSIBILITY FOR MEETING THOSE NEEDS?



This question generated 15 responses with relatively high rankings for all but the last three (consumers, employers/unions/insurers, and the court system). Leaders spoke for local communities, and it seems significant that all specific references to local entities as funding sources appeared in the bottom half of the list. The local mental health authority, in eighth position, received most frequent ranking as a possible local funding source, with city government in ninth place and county government in twelfth.

There appears to be a reluctance to assign clear responsibility to any single entity other than families, perhaps reflecting the state's traditional emphasis on self-reliance. It is also apparent that respondents want the private sector to carry a major part of the responsibility.

The view that funding for mental health services should be approached through cooperation between public and private sectors and the various levels of government is one that is gaining currency nationwide.[2] However, the high degree of emphasis on financial responsibility of families for their mentally ill members suggests that community leaders lack information about the often catastrophic costs of care for seriously mentally ill individuals.

Conclusions

This study brings to bear the perspectives of two groups who are relatively recent entrants into discussions about community-based mental health systems in Texas. For both consumers of services for the seriously mentally ill and for community leaders, this subject has been regarded as a private, almost taboo, issue. Consumers in particular must overcome a heavy burden of stigma in order to participate in policy discussions.

In the case of consumers, the results demonstrate that members of this group have a great deal of insight into the issues relating to these systems. This should not surprise us, since these systems can literally make the difference between life and death for consumers, and may hold the key to whether they can feel well, live independently, and participate productively in the lives of their communities. Clearly, it behooves all who seek information about mental illness and mental health systems to learn to listen to consumers, who have authentic insight into what works for them and what does not, and whose voluntary cooperation is almost always essential for effective treatment. Just as the effectiveness and sensitivity of mental health systems have been expanded in recent years by the growing participation of families of people with serious mental illness, who often bear the primary responsibility for care, these systems can benefit by hearing the seriously mentally ill people themselves.

Community leaders have overwhelmingly identified the greatest need in their communities as the need for better awareness of issues relating to mental illness, more education, and more involvement and advocacy on these issues.

Consumers in this study have sent a mixed message. Many of them have encountered good care from qualified professionals. But many others have emphasized that it is often difficult to gain access to services in their communities, and they have additionally reported that, once within the system, they encounter significant problems with services and personnel. Coming from a group that probably overrepresents well-served and effectively functioning consumers, this finding is particularly troubling. It underscores the need to continue to seek ways to ease access to services so that those who need them most will not continue to find them unattainable.

If communities follow the suggestions of consumers in this study, they will work to develop outreach programs that meet consumers where they are, in terms of both their level of functioning and their entry point to the system. They will also work to improve the ability of community-based mental health systems to attract and retain well-qualified professionals. They may also en-

2 Rebecca T. Craig, *Making Ends Meet: Maximizing the Mental Health Dollar*, National Conference of State Legislatures, July 1986, p. 9.

dorse programs that improve the communication and care-giving skills of providers in dealing with people with serious mental illness, so that consumers are less likely to feel rebuffed by systems intended to serve them. Communities could also respond to the desire expressed by consumers for help in finding and keeping employment, which not only offers financial support (and reduces costs to taxpayers) but also bolsters self-esteem.

Although the survey findings identify problems in community-based services, there are also notable successes. Many consumers report positive experiences with services and personnel in their community systems. Consumers in a number of communities give positive reports on support services such as housing, case management, job-related services, and education and training programs. Communities will want to look closely at what works in their areas and in others in order to expand and replicate those programs that are successful.

Leaders in a number of communities were able to identify programs they regarded as successful, particularly in the area of housing and inpatient programs. In those communities where consumers and community leaders agree on the success of such programs, it will be worthwhile to analyze the success of these programs and expand upon them. This may offer a productive route to increase community acceptance for local mental health services, because these success stories offer reassurance that community-based solutions can and do work.

The lists of needs, strengths, and weaknesses generated by this study should be evaluated in the context of state legislation that establishes the statewide mental health system and mandates core services that should be available in each local services area.[3] Many of the issues cited by consumers and community leaders alike are addressed by existing legislation, but full implementation in many local areas awaits adequate funding.

Community leaders join many other observers of services for the seriously mentally ill in Texas in blaming the problems with their community-based systems on lack of funding. Whether this suggests that there is a broader base of support at the local level for increased funding for community-based services is a question that merits further examination. Support for funding is often a matter of priorities, and a study such as this one that focuses on a single issue may be more accurate at identifying needs than at measuring the level of commitment to funding them. Priorities may in turn reflect the level of awareness and understanding of the issue, so commitment to increased funding may await a better understanding by community leaders of issues relating to mental illness.

One fact that seems abundantly clear from this study is that, at the present time, local leaders show little inclination for local jurisdictions to absorb increased costs for community-based care. Their initial impulse is to spread the costs as widely as possible, with minimal definition of responsibility, while the second most acceptable choice for community leaders is to place financial responsibility with families. This latter option suggests that many community leaders are either uninformed about the crushing financial burden imposed on families and individuals by serious mental illness, or are reluctant to increase the level of public responsibility for bearing that burden. They may also be unaware of the costs to their communities of untreated serious mental illness in terms of public health, welfare, and criminal justice expenditures. There is clearly a need to educate local communities about costs and benefits of various types of programs, about the variety of available funding mechanisms, and about the catastrophic financial impact of serious mental illness on individuals and their families.

3 *Services for the Seriously Mentally Ill in Texas,* 12-18.

APPENDIX A

COMMUNITY LEADERS BY CATEGORY

Table 11

Table 11
COMMUNITY LEADERS BY CATEGORY

Community Leaders	Subtotal	Total
County Officials		32
County Judge	6	
Commissioners	8	
Other	18	
City Officials		46
Mayor	8	
Council/Commission	18	
School Board	12	
Other	8	
Business Leaders		29
Religious Leaders		37
State Senator or Representative		12
Civic Leaders/Community Volunteers		55
League of Women Voters	17	
Junior League	8	
United Way	7	
Other	23	
Issue Groups		30
Alliance for the Mentally Ill	7	
Neighborhood associations	5	
Senior citizens	5	
Other	13	
Occupational and Professional Groups		86
Social Service professionals	26	
Health professionals	8	
Real Estate	8	
University professors	8	
Mental health professionals	7	
Attorneys	7	
Teachers	7	
Journalist/Publisher	5	
Other	10	
Unknown		42
TOTAL		**369**

APPENDIX B

SUMMARY OF SURVEY PARTICIPATION

BY

MENTAL HEALTH AND MENTAL RETARDATION CENTER AREA

Table 12

Table 12

SUMMARY OF SURVEY PARTICIPATION BY MENTAL HEALTH AND MENTAL RETARDATION CENTER AREA

CENTER SURVEY #	TDMHMR MHSA*	CENTER NAME	NUMBER CONSUMERS	NUMBER LEADERS
1	1	Abilene Regional MHMR Center	-	-
2	3	Austin Travis County MHMR	-	-
3	4	Bexar Counnty MHMR Center	17	20
4	6	Central Counties Center MHMR	-	-
5	7	Central Plains Comprehensive MHMR	15	7
6	8	Central Texas MHMR	-	-
7	20	Collin County MHMR Center	8	7
8	9	Concho Valley Center	10	13
9	10	Dallas County MHMR	23	25
10	11	Deep East Texas MHMR	5	14
11	61	Denton County MHMR Center	13	14
12	14	Gulf Bend MHMR Center	6	7
13	15	Gulf Coast Regional MHMR	9	7
14	17	Heart of Texas Region	6	16
15	62	Hunt County Family Services	8	12
16	34	Johnson County	-	13
17	13	Life Management Center	4	3
18	18	Lubbock Regional MHMR Center	10	16
19	5	MHMR Authority Brazos Valley	12	15
20	16	MHMR Authority Harris Cnty	13	21
21	12	MHMR Reg Center East Texas	9	10
22	28	MHMR Services Texoma	-	-
23	26	Southeast Texas Area	14	12
24	19	Navarro County	15	11
25	21	Northeast Texas MHMR Center	-	-
26	22	Nueces County MHMR	10	17
27	23	Pecan Valley MHMR Regional	-	-
28	24	Permian Basin Community Center	9	15
29	25	Sabine Valley Regional MHMR	5	11
30	27	Tarrant County MHMR	14	15
31	2	Texas Panhandle Area	-	13
32	29	Tri-County MHMR Services	4	12
33	30	Tropical Texas Center MHMR	7	26
34	31	Wichita Falls Community	10	17

SUMMARY INFORMATION:

Centers Reporting: 30
Total Consumers: 256
Total Leaders: 369

There were four mental health service areas where no data was obtained. For a variety of reasons data was not utilized from 3 community leader groups and from 4 consumer groups. These groups are designated by a hyphen (-) in the data above.

* MHSA = Mental Health Service Area

APPENDIX C

CODING SUMMARY FOR CONSUMERS

Note: This document is an internal technical document prepared by Health Consulting for use in coding consumer responses for computer input and analysis. It has not been edited or altered by the League of Women Voters of Texas Education Fund.

Table 13

Table 13
CODING CATEGORIES FOR CONSUMER DATA

GENERAL ISSUES

Services seem generally good (includes general statements such as "good," "great" and "all right" and similar general endorsements, as well as general positive comments such as "puts one's mind at ease," provides good support like a family, care in community better than in state hospitals, it's easy to access the system, etc.)

Funding, resources, or staffing for services are inadequate (includes "more help", "more state funds," "more staff", "more caseworkers," "getting all the help that can be handled," lack of staff, staff not having enough time, etc.)

Need better facilities/environment (includes healthier facility environs-not this ghettoistic high crime area)

COORDINATION/CONTINUITY OF SERVICES

Services are coordinated well

Lack of communication/coordination between service components (e.g., using hospital records rather than TRC records, lack of communication between MHMR/housing/family/job, better communication needed between state and local, "put all MH together", "need for centralized service center," "Need to balance priorities", fear of services being discontinued, etc.)

ABILITY TO ACCESS SERVICES

Ability to access services is good (includes "always able to return/availability")

Barriers to accessing services (includes inappropriate admission procedures, red tape, long waiting lists, it's difficult to access and use the system, don't know where to go, services that are available are not clear, not aware of services, hard to get services if you don't know someone, slow process, long waits, lots of red tape, have to go to ER first, long waits in ER, services don't seem appropriate, services too expensive, lack of equity in who gets some services, need for outreach programs, difficulties with access to doctors, problems getting in touch with caseworker, people in charge don't listen, etc.)

Table 13 (Continued)
CODING CATEGORIES FOR CONSUMER DATA

THE WAY IN WHICH SERVICES ARE PROVIDED

Services are provided in a prompt, professional, caring manner (include staff seem good, interested in patients, qualified, caring, helpful).

Problems with the way in which services are provided (include long waits at pharmacy; seeing different physicians all the time; sent to different places for money, food stamps, etc.; have to go out of town to get exam for Soc. Security; lost or shuffled around in the system; each component has their own rules; conflicts between service providers interfere with treatment; psychiatrist depends on staff, doesn't talk to patient; etc.)

Service providers seem unqualified, uncaring, unhelpful, and/or disrespectful (includes talking may not always help, need to recognize when need to talk, inadequate or inappropriate guidance, helping when it is not necessary, psychiatrist made me worse, some staff won't talk with you, attitude of pharmacy staff, authoritarian control, psychiatrist frequently late for appointments, need better educated personnel, etc.)

Lack of or need for bilingual/bicultural services

FAMILY SUPPORT

Support from family is good

Support available to families is good

Problems in relationship with family (family not supportive, problems when family comes to visit, etc.)

Lack of or need assistance in improving relationships with family (counselling and support for family, help w/ family problems, more contact with family, learning to get along w/ family members, help solving problems at home, etc.)

SUPPORT FROM FRIENDS

Support from friends or support groups is good

Problems with, or need assistance with friends, relationships with friends, need for help/care/love from friends

Need for support groups, contact with other mentally ill people

Table 13 (Continued)
CODING CATEGORIES FOR CONSUMER DATA

SUPPORT FROM THE CHURCH

Support and involvement of churches is good

Need more support and involvement of churches (includes spiritual support)

COMMUNITY AWARENESS/ACCEPTANCE

Understanding and support from the community is good or has improved

Need for more community awareness (includes more education for community, speakers-topics of MI, prominent person as advocate or interpreter of MH problem, more positive, accurate publicity, newsletters from M.H. organizations to community)

Need for more involvement/advocacy from the community (includes attending mental health organizations)

Need to be treated with dignity and respect (includes treat us like equals/not outcasts; positive, non-judgmental attitude; trust; respect/self-esteem/dignity/pride; love,help,support; acc eptance; not to be treated as handicapped; to be taken seriously; treat us like a normal person; stop criticizing; not to be called crazy; more tolerant; more believing/honest/acceptance; less fear; place to be trusted; smile every now and then: allowed to achieve a lot/succeed; support for building self-confidence, more understanding, honesty, take illness seriously--don't label me, etc.)

ADVOCACY/CIVIL RIGHTS

Problems with laws or legal procedures (court commitment processes, confidentiality rules, visitation rights, etc.)

Need for legislative advocacy (continuation of involvement in the government, lobby for the mental health field)

Discrimination, lack of freedom/privacy (includes imposition of values, loss of individuality, being manipulated by others, etc.)

CONSUMER INPUT

Consumer input into treatment is good (treatments are explained, consumer input is sought)

Consumer input into treatment is discouraged (treatments are not explained, consumer input is not solicited)

Table 13 (Continued)
CODING CATEGORIES FOR CONSUMER DATA

MEDICATIONS

Medications are working well (found right medication, medication helps functioning, etc.)

Problems with medications (side effects too severe, difficulty finding a medication that works, being overmedicated, medications prescribed incorrectly, hard to get medications when needed, medication prescribed too soon, etc.)

Lack of medication education (including explanation of side effects, more information about how and when to take medications, etc.)

EMPLOYMENT ISSUES

Job training/placement/support system is good

More support from employers (includes less job discrimination, prospective employers need to know why we have been unemployed, time from job for mental health appointments)

Better employment opportunities (more jobs, better pay, jobs available that don't require hard labor, or are degrading [includes "need more self-respect in jobs"])

Better job training (job training/retraining, job information system, problems with TRC)

Better job placement, assistance in getting jobs

TRANSPORTATION

Public transportation is good (in general or mention of specific program)

Problems with transportation (not available, too expensive, inadequate, in need of improvement/too expensive, includes transportation in general or mention of specific transportation program)

Table 13 (Continued)
CODING CATEGORIES FOR CONSUMER DATA

ENTITLEMENTS/FINANCIAL ASSISTANCE

Entitlement programs are good (either in general, or mention of a specific program)

Entitlements are difficult to obtain (include documentation to help me obtain SSI, problems getting financial assistance)

More entitlements are needed (need more Social Security benefits, more food stamps, need help paying for treatment, help paying for medications, help paying for food stamps, or other general financial assistance to the client, etc.)

Entitlements can be jeopardized (include freedom to work and draw financial aid and not hurt food stamp allowance)

Other money or financial help, including credit assistance, retirement planning and benefits, etc.

RESIDENTIAL/HOUSING SERVICES

Housing/residential programs work well (either in general, or mention of a specific program)

Inadequate housing alternatives (need for halfway houses, boarding homes, better places to live, need for more or better quality housing alternatives)

Problems with specific housing programs other than boarding homes (includes poor food, as well as complaints about how particular programs are run)

Problems with boarding homes (lack of boarding home regulations, boarding homes don't permit freedom of choice, poor food)

Difficult to obtain housing, or need assistance with (placement process slow, difficult to access, difficulty in finding housing or making living arrangements)

OPPORTUNITIES FOR SOCIALIZATION/RECREATION

Opportunities for socialization and recreation are good

Inadequate opportunities for, or need for socialization, social programs, activities, recreation

Table 13 (Continued)
CODING CATEGORIES FOR CONSUMER DATA

COMMUNITY SUPPORT PROGRAMS

Community Support Program is Helpful

Need a community support program, or problems with existing program

EMERGENCY SERVICES

Emergency services work well

Lack of or need for better emergency services (inpatient, outpatient, 24-hour central facility, walk-in place for help, access to hospital when needed, etc.)

COUNSELLING/THERAPY SERVICES

Counselling/therapy services work well (includes individual, group, talking with supervisor, talking with caseworker, opportunity to talk about problems, or the ways in which these groups are run—e.g., "bringing in people from Houston")

Need for more counselling services (in general, or for specific issues such as managing stress, handling anger, feeling suicidal, handling the children, death in the family, self esteem, understanding feelings, accepting what is wrong with me, etc.)

SKILLS TRAINING/EDUCATION PROGRAMS

Available training/education programs are good

Lack of or need for more skill training programs (includes daily living skills, self-improvement, etc.)

Lack of or need for more educational program (includes formal education, classes specifically structured for MI, classes to learn about MI, as well as classes about feeling good about self, etc.)

Table 13 (Continued)
CODING CATEGORIES FOR CONSUMER DATA

INPATIENT/HOSPITALIZATION

State hospitals, psychiatric inpatient units are available and effective

Need for or lack of inpatient care when needed (includes difficulty accessing existing programs, or programs don't exist)

CASEWORK/CASE MANAGEMENT SERVICES

Casework/case management services work well (includes endorsements of specific caseworkers or case managers)

Need for or lack of caseworker/case management services (includes assistance in navigating the system; getting references for obtaining financial, food, medical, or dental needs; caseworkers for advocacy assistance; guidance in how to navigate the system; help getting back to the community from the hospital; someone present when they see the doctor, etc.)

PSYCHIATRIC SERVICES

Psychiatric services are available and/or effective

Psychiatric services are ineffective, unavailable, or need improvement

DAY CARE

Day care programs are available/effective

Day care programs do not exist or need improvement

OUTPATIENT SERVICES

Outpatient services are available/effective

Need more outpatient services

Table 13 (Continued)
CODING CATEGORIES FOR CONSUMER DATA

MEDICAL/DENTAL SERVICES

Medical/dental services are available and/or effective

Need for or lack of medical/dental services (includes help with specific medical conditions, as well as general need for more services)

OTHER SERVICES

Postal service

Guardian-advisory program

Specific state hospital programs (include Terrell Progressive Program)

Commodities

PERSONAL ISSUES

Need improvement in quality of life (peace of mind, how to be happy), or in specific issues (e.g., isolation from children, help to be independent, weight problems, etc.)

Self-acceptance issues, including embarrassment about obtaining services, need to accept illness, etc.

APPENDIX D

STATEWIDE CONSUMER RESPONSES

TABLES 14 THROUGH 18

Key to Column Headings

N	=	Number of Respondents
Sum	=	Sum of priority points awarded
Mean	=	Sum divided by Number of Respondents
Minimum	=	Minimum score awarded
Maximum	=	Maximum score awarded

TABLE 14

DATA SUMMARY FOR RESPONSES TO CONSUMER QUESTION 1: WHAT IS IT LIKE IN THIS COMMUNITY TO GET HELP WHEN YOU HAVE MENTAL ILLNESS?

NUMBER OF RESPONSES: 256

	N	SUM	MEAN	MIN.	MAX.
THERE ARE BARRIERS TO ACCESSING SERVICES	131	513	3.916	1.000	5.000
SERVICES SEEM GENERALLY GOOD	107	404	3.776	1.000	5.000
THERE ARE PROBLEMS IN THE WAY IN WHICH SERVICES ARE PROVIDED	99	340	3.434	1.000	5.000
ABILITY TO ACCESS SERVICES IS GOOD	47	170	3.617	1.000	5.000
FUNDING, RESOURCES, OR STAFFING FOR SERVICES ARE INADEQUATE	43	145	3.372	1.000	5.000
SERVICES ARE PROVIDED IN A PROMPT, PROFESSIONAL, CARING MANNER	41	134	3.268	1.000	5.000
SERVICE PROVIDERS SEEM UNQUALIFIED, UNCARING, UNHELPFUL, AND/OR DISRESPECTFUL	37	110	2.973	1.000	5.000
PROBLEMS WITH MEDICATIONS	30	86	2.867	1.000	5.000
BETTER EMPLOYMENT OPPORTUNITIES ARE NEEDED	28	81	2.893	1.000	5.000
MEDICATIONS ARE WORKING WELL	20	63	3.150	1.000	5.000
THERE ARE PROBLEMS WITH TRANSPORTATION	19	49	2.579	1.000	5.000
LACK OF COMMUNICATION/COORDINATION BETWEEN SERVICE COMPONENTS	15	35	2.333	1.000	5.000
SUPPORT FROM FAMILY IS GOOD	15	35	2.333	1.000	5.000
ENTITLEMENTS CAN BE JEOPARDIZED	15	41	2.733	1.000	5.000
CASEWORK/CASE MANAGEMENT SERVICES WORK WELL	13	44	3.385	1.000	5.000
NEED BETTER JOB PLACEMENT, ASSISTANCE IN GETTING JOBS	12	45	3.750	1.000	5.000
HOUSING ALTERNATIVES ARE INADEQUATE	12	33	2.750	1.000	5.000
DISCRIMINATION, LACK OF FREEDOM/PRIVACY	11	31	2.818	1.000	5.000
COMMUNITY SUPPORT PROGRAM IS HELPFUL	11	39	3.545	1.000	5.000
NEED FOR MORE COMMUNITY AWARENESS	9	33	3.667	1.000	5.000
NEED TO BE TREATED WITH DIGNITY AND RESPECT	9	30	3.333	1.000	5.000
EMERGENCY SERVICES WORK WELL	9	22	2.444	1.000	5.000
LACK OF OR NEED FOR MORE SKILL TRAINING PROGRAMS	9	22	2.444	2.000	4.000
PSYCHIATRIC SERVICES ARE INEFFECTIVE, UNAVAILABLE, OR NEED IMPROVEMENT	9	28	3.111	1.000	5.000
NEED MORE SUPPORT FROM EMPLOYERS	8	27	3.375	1.000	5.000
INADEQUATE OPPORTUNITIES FOR, OR NEED FOR SOCIALIZATION, SOCIAL PROGRAMS, ACTIVITIES, RECREATION	8	24	3.000	1.000	5.000
UNDERSTANDING AND SUPPORT FROM THE COMMUNITY IS GOOD/IMPROVED	7	21	3.000	1.000	5.000
NEED FOR OR LACK OF MEDICAL/DENTAL SERVICES	7	21	3.000	1.000	5.000
NEED IMPROVEMENT IN QUALITY OF LIFE	7	20	2.857	1.000	5.000
CONSUMER INPUT INTO TREATMENT IS GOOD	6	11	1.830	1.000	3.000

TABLE 14 (Continued)

DATA SUMMARY FOR RESPONSES TO CONSUMER QUESTION 1: WHAT IS IT LIKE IN THIS COMMUNITY TO GET HELP WHEN YOU HAVE MENTAL ILLNESS?

NUMBER OF RESPONSES: 256

	N	SUM	MEAN	MIN.	MAX.
CONSUMER INPUT INTO TREATMENT IS DISCOURAGED	6	11	1.833	1.000	4.000
PROBLEMS WITH SPECIFIC HOUSING PROGRAMS OTHER THAN BOARDING HOMES	6	18	3.000	2.000	4.000
COUNSELLING/THERAPY SERVICES WORK WELL	6	19	3.167	1.000	5.000
NEED FOR MORE COUNSELLING SERVICES	6	18	3.000	1.000	5.000
NEED FOR OR LACK OF INPATIENT CARE WHEN NEEDED	6	17	2.833	1.000	5.000
NEED BETTER FACILITIES/ENVIRONMENT	5	16	3.200	2.000	5.000
PROBLEMS IN RELATIONSHIP WITH FAMILY	5	18	3.600	2.000	5.000
JOB TRAINING/PLACEMENT/SUPPORT SYSTEM IS GOOD	5	16	3.200	1.000	5.000
NEED BETTER JOB TRAINING	5	12	2.400	1.000	4.000
ENTITLEMENT PROGRAMS ARE GOOD	5	17	3.400	2.000	5.000
PSYCHIATRIC SERVICES ARE AVAILABLE/EFFECTIVE	5	11	2.200	1.000	5.000
PROBLEMS WITH LAWS OR LEGAL PROCEDURES	4	16	4.000	2.000	5.000
NEED FOR OR LACK OF CASEWORKER/CASE MANAGEMENT SERVICES	4	10	2.500	1.000	4.000
DAY PROGRAMS ARE AVAILABLE/EFFECTIVE	4	12	3.000	1.000	5.000
OUTPATIENT SERVICES ARE AVAILABLE/EFFECTIVE	4	14	3.500	3.000	5.000
PUBLIC TRANSPORTATION IS GOOD	3	14	4.667	4.000	5.000
STATE HOSPITALS, PSYCHIATRIC INPATIENT UNITS ARE AVAILABLE AND EFFECTIVE	3	10	3.333	3.000	4.000
SELF-ACCEPTANCE ISSUES, INCLUDING EMBARRASSMENT ABOUT OBTAINING SERVICES, NEED TO ACCEPT ILLNESS, ETC.	3	14	4.667	4.000	5.000
LACK OF OR NEED ASSISTANCE IN IMPROVING RELATIONSHIPS WITH FAMILY	2	8	4.000	3.000	5.000
PROBLEMS WITH, OR NEED ASSISTANCE WITH FRIENDS, RELATIONSHIPS WITH FRIENDS, NEED FOR HELP/CARE/LOVE FROM FRIENDS	2	2	1.000	1.000	1.000
SUPPORT AND INVOLVEMENT OF CHURCHES IS GOOD	2	5	2.500	1.000	4.000
NEED FOR MORE INVOLVEMENT/ADVOCACY FROM THE COMMUNITY	2	6	3.000	2.000	4.000
HOUSING/RESIDENTIAL PROGRAMS WORK WELL	2	8	4.000	3.000	5.000
LACK OF OR NEED FOR BETTER EMERGENCY SERVICES	2	8	4.000	3.000	5.000
AVAILABLE TRAINING/EDUCATION PROGRAMS ARE GOOD	2	6	3.000	1.000	5.000
SUPPORT AVAILABLE TO FAMILIES IS GOOD	1	1	1.000	1.000	1.000
SUPPORT FROM FRIENDS OR SUPPORT GROUPS IS GOOD	1	2	2.000	2.000	2.000
ENTITLEMENTS ARE DIFFICULT TO OBTAIN	1	3	3.000	3.000	3.000
DIFFICULT TO OBTAIN HOUSING, OR NEED ASSISTANCE WITH HOUSING	1	1	1.000	1.000	1.000
OPPORTUNITIES FOR SOCIALIZATION AND RECREATION ARE GOOD	1	4	4.000	4.000	4.000
NEED MORE OUTPATIENT SERVICES	1	3	3.000	3.000	3.000

TABLE 15

DATA SUMMARY FOR RESPONSES TO CONSUMER QUESTION 2: WHAT DO YOU WANT OR NEED FROM THE MENTAL HEALTH SYSTEM?

NUMBER OF RESPONSES: 246

	N	SUM	MEAN	MIN.	MAX.
NEED FOR MORE COUNSELLING SERVICES	85	269	3.165	1.000	5.000
SERVICE PROVIDERS SEEM UNQUALIFIED, UNCARING, UNHELPFUL, AND/OR DISRESPECTFUL	65	216	3.323	1.000	5.000
PROBLEMS WITH MEDICATIONS	62	235	3.790	1.000	5.000
FUNDING, RESOURCES, OR STAFFING FOR SERVICES ARE INADEQUATE	57	167	2.920	1.000	5.000
ENTITLEMENTS CAN BE JEOPARDIZED	53	179	3.377	1.000	5.000
THERE ARE PROBLEMS IN THE WAY IN WHICH SERVICES ARE PROVIDED	45	154	3.422	1.000	5.000
BETTER EMPLOYMENT OPPORTUNITIES ARE NEEDED	36	98	2.722	1.000	5.000
LACK OF OR NEED FOR MORE SKILL TRAINING PROGRAMS	35	102	2.914	1.000	5.000
PSYCHIATRIC SERVICES ARE INEFFECTIVE, UNAVAILABLE, OR NEED IMPROVEMENT	35	116	3.314	1.000	5.000
THERE ARE PROBLEMS WITH TRANSPORTATION	34	102	3.000	1.000	5.000
NEED BETTER JOB TRAINING	33	104	3.152	1.000	5.000
HOUSING ALTERNATIVES ARE INADEQUATE	30	99	3.300	1.000	5.000
NEED FOR OR LACK OF CASEWORKER/CASE MANAGEMENT SERVICES	29	97	3.345	1.000	5.000
NEED FOR OR LACK OF INPATIENT CARE WHEN NEEDED	28	83	2.964	1.000	5.000
NEED FOR OR LACK OF MEDICAL/DENTAL SERVICES	26	102	3.923	1.000	5.000
NEED TO BE TREATED WITH DIGNITY AND RESPECT	21	64	3.048	1.000	5.000
LACK OF OR NEED ASSISTANCE IN IMPROVING RELATIONSHIPS WITH FAMILY	19	59	3.105	1.000	5.000
INADEQUATE OPPORTUNITIES FOR, OR NEED FOR SOCIALIZATION, SOCIAL PROGRAMS, ACTIVITIES, RECREATION	19	55	2.895	1.000	5.000
SERVICES SEEM GENERALLY GOOD	18	77	4.278	1.000	5.000
NEED FOR SUPPORT GROUPS, CONTACT WITH OTHER MENTALLY ILL PEOPLE	16	42	2.625	1.000	5.000
NEED IMPROVEMENT IN QUALITY OF LIFE	16	53	3.313	1.000	5.000
THERE ARE BARRIERS TO ACCESSING SERVICES	14	34	2.429	1.000	5.000
NEED A COMMUNITY SUPPORT PROGRAM/PROBLEMS WITH EXISTING PROGRAM	14	47	3.357	1.000	5.000
DAY CARE PROGRAMS DO NOT EXIST OR NEED IMPROVEMENT	14	34	2.429	1.000	
NEED BETTER FACILITIES/ENVIRONMENT	13	38	2.923	1.000	5.000
LACK OF COMMUNICATION/COORDINATION BETWEEN SERVICE COMPONENTS	13	38	2.923	1.000	5.000
NEED FOR MORE COMMUNITY AWARENESS	13	34	2.615	1.000	5.000
DISCRIMINATION, LACK OF FREEDOM/PRIVACY	12	45	3.750	1.000	5.000
PROBLEMS WITH, OR NEED ASSISTANCE WITH FRIENDS, RELATIONSHIPS WITH FRIENDS, NEED FOR HELP/CARE/LOVE FROM FRIENDS	11	30	2.727	1.000	5.000
CONSUMER INPUT INTO TREATMENT IS DISCOURAGED	11	32	2.909	1.000	5.000

TABLE 15 (Continued)

DATA SUMMARY FOR RESPONSES TO CONSUMER QUESTION 2: WHAT DO YOU WANT OR NEED FROM THE MENTAL HEALTH SYSTEM?

NUMBER OF RESPONSES: 246

	N	SUM	MEAN	MIN.	MAX.
MEDICATIONS ARE WORKING WELL	11	41	3.727	2.000	5.000
NEED BETTER JOB PLACEMENT, ASSISTANCE IN GETTING JOBS	10	28	2.800	1.000	5.000
NEED MORE SUPPORT FROM EMPLOYERS	5	20	4.000	2.000	5.000
PROBLEMS WITH SPECIFIC HOUSING PROGRAMS OTHER THAN BOARDING HOMES	5	12	2.400	1.000	4.000
DIFFICULT TO OBTAIN HOUSING, OR NEED ASSISTANCE WITH HOUSING	5	12	2.400	1.000	4.000
LACK OF OR NEED FOR BETTER EMERGENCY SERVICES	5	20	4.000	1.000	5.000
LACK OF OR NEED FOR MORE EDUCATIONAL PROGRAMS	5	20	4.000	3.000	5.000
SERVICES ARE PROVIDED IN A PROMPT, PROFESSIONAL, CARING MANNER	4	12	3.000	1.000	5.000
NEED MORE OUTPATIENT SERVICES	4	13	3.250	2.000	4.000
COMMODITIES	4	10	2.500	1.000	4.000
NEED MORE SUPPORT AND INVOLVEMENT OF CHURCHES	3	10	3.333	1.000	5.000
COUNSELLING/THERAPY SERVICES WORK WELL	3	6	2.000	1.000	3.000
SELF-ACCEPTANCE ISSUES, INCLUDING EMBARRASSMENT ABOUT OBTAINING SERVICES, NEED TO ACCEPT ILLNESS, ETC.	3	12	4.000	3.000	5.000
LACK OF MEDICATION EDUCATION	2	3	1.500	1.000	2.000
LACK OF OR NEED FOR BILINGUAL SERVICES	2	5	2.500	1.000	4.000
ABILITY TO ACCESS SERVICES IS GOOD	2	6	3.000	1.000	5.000
NEED FOR MORE INVOLVEMENT/ADVOCACY FROM THE COMMUNITY	2	6	3.000	1.000	5.000
COMMUNITY SUPPORT PROGRAM IS HELPFUL	2	7	3.500	2.000	5.000
PSYCHIATRIC SERVICES ARE AVAILABLE/EFFECTIVE	2	9	4.500	4.000	5.000
PROBLEMS WITH LAWS OR LEGAL PROCEDURES	1	2	2.000	2.000	2.000
ENTITLEMENTS ARE DIFFICULT TO OBTAIN	1	4	4.000	4.000	4.000
OPPORTUNITIES FOR SOCIALIZATION AND RECREATION ARE GOOD	1	2	2.000	2.000	2.000
AVAILABLE TRAINING/EDUCATION PROGRAMS ARE GOOD	1	3	3.000	3.000	3.000
STATE HOSPITALS, PSYCHIATRIC INPATIENT UNITS ARE AVAILABLE AND EFFECTIVE	1	1	1.000	1.000	1.000
SPECIFIC STATE HOSPITAL PROGRAMS	1	1	1.000	1.000	1.000
OTHER MONEY OR FINANCIAL HELP, INCLUDING CREDIT INSURANCE, RETIREMENT PLANNING AND BENEFITS, ETC.	1	3	3.000	3.000	3.000

TABLE 16

DATA SUMMARY FOR RESPONSES TO CONSUMER QUESTION 3: WHAT DO YOU WANT OR NEED FROM THE COMMUNITY?

NUMBER OF RESPONSES: 244

	N	SUM	MEAN	MIN.	MAX.
NEED TO BE TREATED WITH DIGNITY AND RESPECT	160	616	3.850	1.000	5.000
NEED FOR MORE COMMUNITY AWARENESS	136	498	3.662	1.000	5.000
NEED FOR MORE INVOLVEMENT/ADVOCACY FROM THE COMMUNITY	84	275	3.274	1.000	5.000
BETTER EMPLOYMENT OPPORTUNITIES ARE NEEDED	84	264	3.143	1.000	5.000
NEED MORE SUPPORT FROM EMPLOYERS	59	183	3.102	1.000	5.000
ENTITLEMENTS CAN BE JEOPARDIZED	39	137	3.513	1.000	5.000
INADEQUATE OPPORTUNITIES FOR, OR NEED FOR SOCIALIZATION, SOCIAL PROGRAMS, ACTIVITIES, RECREATION	35	95	2.714	1.000	5.000
HOUSING ALTERNATIVES ARE INADEQUATE	33	102	3.091	1.000	5.000
PROBLEMS WITH, OR NEED ASSISTANCE WITH FRIENDS, RELATIONSHIPS WITH FRIENDS, NEED FOR HELP/CARE/LOVE FROM FRIENDS	26	96	3.692	1.000	5.000
FUNDING, RESOURCES, OR STAFFING FOR SERVICES ARE INADEQUATE	25	64	2.560	1.000	5.000
THERE ARE PROBLEMS WITH TRANSPORTATION	24	83	3.458	1.000	5.000
NEED BETTER FACILITIES/ENVIRONMENT	17	42	2.471	1.000	5.000
DISCRIMINATION, LACK OF FREEDOM/PRIVACY	17	53	3.118	1.000	5.000
NEED BETTER JOB TRAINING	14	39	2.786	1.000	5.000
LACK OF COMMUNICATION/COORDINATION BETWEEN SERVICE COMPONENTS	12	29	2.417	1.000	5.000
NEED MORE SUPPORT AND INVOLVEMENT OF CHURCHES	10	37	3.700	1.000	5.000
NEED FOR LEGISLATIVE ADVOCACY	10	2	11.800	1.000	5.000
NEED BETTER JOB PLACEMENT, ASSISTANCE IN GETTING JOBS	10	25	2.500	1.000	5.000
LACK OF OR NEED FOR MORE EDUCATIONAL PROGRAMS	9	27	3.000	1.000	5.000
PROBLEMS WITH LAWS OR LEGAL PROCEDURES	8	24	3.000	1.000	5.000
NEED FOR SUPPORT GROUPS, CONTACT WITH OTHER MENTALLY ILL PEOPLE	8	19	2.375	1.000	4.000
THERE ARE PROBLEMS IN THE WAY IN WHICH SERVICES ARE PROVIDED	6	10	1.667	1.000	3.000
PSYCHIATRIC SERVICES ARE INEFFECTIVE, UNAVAILABLE, OR NEED IMPROVEMENT	6	22	3.667	1.000	5.000
DAY CARE PROGRAMS DO NOT EXIST OR NEED IMPROVEMENT	6	22	3.667	2.000	5.000
NEED IMPROVEMENT IN QUALITY OF LIFE	6	14	2.333	1.000	5.000
LACK OF OR NEED FOR BETTER EMERGENCY SERVICES	5	19	3.800	1.000	5.000
NEED FOR MORE COUNSELLING SERVICES	5	14	2.800	1.000	4.000
SERVICE PROVIDERS SEEM UNQUALIFIED, UNCARING, UNHELPFUL, AND/OR DISRESPECTFUL	3	11	3.667	3.000	5.000
PROBLEMS WITH MEDICATIONS	3	9	3.000	1.000	5.000
ENTITLEMENTS ARE DIFFICULT TO OBTAIN	3	8	2.667	2.000	4.000

TABLE 16 (Continued)

DATA SUMMARY FOR RESPONSES TO CONSUMER QUESTION 3: WHAT DO YOU WANT OR NEED FROM THE COMMUNITY?

NUMBER OF RESPONSES: 244

	N	SUM	MEAN	MIN.	MAX.
NEED FOR OR LACK OF INPATIENT CARE WHEN NEEDED	3	9	3.000	1.000	5.000
THERE ARE BARRIERS TO ACCESSING SERVICES	2	8	4.000	4.000	4.000
PROBLEMS IN RELATIONSHIP WITH FAMILY	2	10	5.000	5.000	5.000
NEED A COMMUNITY SUPPORT PROGRAM, OR PROBLEMS WITH EXISTING PROGRAM	2	3	1.500	1.000	2.000
SERVICES SEEM GENERALLY GOOD	1	5	5.000	5.000	5.000
ABILITY TO ACCESS SERVICES IS GOOD	1	1	1.000	1.000	1.000
SERVICES ARE PROVIDED IN A PROMPT, PROFESSIONAL, CARING MANNER	1	3	3.000	3.000	3.000
LACK OF OR NEED ASSISTANCE IN IMPROVING RELATIONSHIPS WITH FAMILY	1	3	3.000	3.000	3.000
DIFFICULT TO OBTAIN HOUSING, OR NEED ASSISTANCE WITH HOUSING	1	2	2.000	2.000	2.000
OPPORTUNITIES FOR SOCIALIZATION AND RECREATION ARE GOOD	1	4	4.000	4.000	4.000
COUNSELLING/THERAPY SERVICES WORK WELL	1	2	2.000	2.000	2.000
DAY PROGRAMS ARE AVAILABLE/EFFECTIVE	1	4	4.000	4.000	4.000
GUARDIAN-ADVISORY PROGRAM	1	5	5.000	5.000	5.000

TABLE 17

DATA SUMMARY FOR RESPONSES TO CONSUMER QUESTION 4: WHICH SERVICES YOU ARE GETTING FROM THE MENTAL HEALTH SYSTEM WORK BEST FOR YOU?

NUMBER OF RESPONSES: 246

	N	SUM	MEAN	MIN.	MAX.
COUNSELLING/THERAPY SERVICES WORK WELL	98	348	3.551	1.000	5.000
MEDICATIONS ARE WORKING WELL	96	348	3.625	1.000	5.000
HOUSING/RESIDENTIAL PROGRAMS WORK WELL	88	299	3.398	1.000	5.000
SERVICES ARE PROVIDED IN A PROMPT, PROFESSIONAL, CARING MANNER	82	253	3.085	1.000	5.000
CASEWORK/CASE MANAGEMENT SERVICES WORK WELL	66	224	3.394	1.000	5.000
PSYCHIATRIC SERVICES ARE AVAILABLE/EFFECTIVE	54	176	3.259	1.000	
JOB TRAINING/PLACEMENT/SUPPORT SYSTEM IS GOOD	52	149	2.865	1.000	5.000
ENTITLEMENT PROGRAMS ARE GOOD	48	165	3.438	1.000	5.000
OPPORTUNITIES FOR SOCIALIZATION AND RECREATION ARE GOOD	44	140	3.182	1.000	5.000
AVAILABLE TRAINING/EDUCATION PROGRAMS ARE GOOD	44	133	3.023	1.000	5.000
COMMUNITY SUPPORT PROGRAM IS HELPFUL	39	115	2.949	1.000	5.000
PUBLIC TRANSPORTATION IS GOOD	33	84	2.545	1.000	5.000
OUTPATIENT SERVICES ARE AVAILABLE/EFFECTIVE	32	99	3.094	1.000	5.000
SERVICES SEEM GENERALLY GOOD	24	96	4.000	1.000	5.000
DAY PROGRAMS ARE AVAILABLE/EFFECTIVE	23	82	3.565	1.000	5.000
SUPPORT FROM FRIENDS OR SUPPORT GROUPS IS GOOD	20	49	2.450	1.000	5.000
STATE HOSPITALS, PSYCHIATRIC INPATIENT UNITS ARE AVAILABLE AND EFFECTIVE	19	42	2.211	1.000	5.000
SUPPORT FROM FAMILY IS GOOD	13	41	3.154	1.000	5.000
MEDICAL/DENTAL SERVICES ARE AVAILABLE AND/OR EFFECTIVE	11	29	2.636	1.000	5.000
ENTITLEMENTS CAN BE JEOPARDIZED	7	22	3.143	1.000	5.000
ABILITY TO ACCESS SERVICES IS GOOD	6	17	2.833	1.000	5.000
SUPPORT AND INVOLVEMENT OF CHURCHES IS GOOD	5	19	3.800	1.000	5.000
SUPPORT AVAILABLE TO FAMILIES IS GOOD	4	14	3.500	2.000	5.000
NEED FOR OR LACK OF INPATIENT CARE WHEN NEEDED	4	5	1.250	1.000	2.000
GUARDIAN-ADVISORY PROGRAM	4	14	3.500	1.000	5.000
FUNDING, RESOURCES, OR STAFFING FOR SERVICES ARE INADEQUATE	3	10	3.333	1.000	5.000
UNDERSTANDING AND SUPPORT FROM THE COMMUNITY IS GOOD OR HAS IMPROVED	3	9	3.000	2.000	4.000
NEED BETTER JOB TRAINING	3	7	2.333	1.000	4.000
POSTAL SERVICE	3	8	2.667	2.000	3.000
NEED IMPROVEMENT IN QUALITY OF LIFE	3	9	3.000	1.000	4.000
BETTER EMPLOYMENT OPPORTUNITIES ARE NEEDED	2	9	4.500	4.000	5.000
DIFFICULT TO OBTAIN HOUSING, OR NEED ASSISTANCE WITH HOUSING	2	4	2.000	1.000	3.000

TABLE 17 (Continued)

DATA SUMMARY FOR RESPONSES TO CONSUMER QUESTION 4: WHICH SERVICES YOU ARE GETTING FROM THE MENTAL HEALTH SYSTEM WORK BEST FOR YOU?

NUMBER OF RESPONSES: 246

	N	SUM	MEAN	MIN.	MAX.
NEED FOR MORE COUNSELLING SERVICES	2	7	3.500	3.000	4.000
LACK OF OR NEED FOR MORE SKILL TRAINING PROGRAMS	2	4	2.000	2.000	2.000
PSYCHIATRIC SERVICES ARE INEFFECTIVE, UNAVAILABLE, OR NEED IMPROVEMENT	2	5	2.500	2.000	3.000
NEED FOR MORE COMMUNITY AWARENESS	1	1	1.000	1.000	1.000
PROBLEMS WITH MEDICATIONS	1	4	4.000	4.000	4.000
LACK OF MEDICATION EDUCATION	1	4	4.000	4.000	4.000
NEED MORE SUPPORT FROM EMPLOYERS	1	3	3.000	3.000	3.000
INADEQUATE OPPORTUNITIES FOR, OR NEED FOR SOCIALIZATION, SOCIAL PROGRAMS, ACTIVITIES, RECREATION	1	2	2.000	2.000	2.000
NEED MORE OUTPATIENT SERVICES	1	4	4.000	4.000	4.000
SPECIFIC STATE HOSPITAL PROGRAMS	1	3	3.000	3.000	3.000

TABLE 18

DATA SUMMARY FOR RESPONSES TO CONSUMER QUESTION 5: WHICH SERVICES YOU ARE GETTING FROM THE MENTAL HEALTH SYSTEM DON'T WORK FOR YOU?

NUMBER OF RESPONSES: 223

	N	SUM	MEAN	MIN.	MAX.
THERE ARE PROBLEMS IN THE WAY IN WHICH SERVICES ARE PROVIDED	85	271	3.188	1.000	5.000
PROBLEMS WITH MEDICATIONS	77	282	3.662	1.000	5.000
SERVICE PROVIDERS SEEM UNQUALIFIED, UNCARING, UNHELPFUL, AND/OR DISRESPECTFUL	71	244	3.437	1.000	5.000
NEED FOR MORE COUNSELLING SERVICES	53	177	3.340	1.000	5.000
PSYCHIATRIC SERVICES ARE INEFFECTIVE, UNAVAILABLE, OR NEED IMPROVEMENT	48	165	3.438	1.000	5.000
NEED BETTER JOB TRAINING	37	115	3.108	1.000	5.000
NEED FOR OR LACK OF CASEWORKER/CASE MANAGEMENT SERVICES	36	100	2.778	1.000	5.000
FUNDING, RESOURCES, OR STAFFING FOR SERVICES ARE INADEQUATE	33	98	2.970	1.000	5.000
PROBLEMS WITH SPECIFIC HOUSING PROGRAMS OTHER THAN BOARDING HOMES	29	93	3.207	1.000	5.000
NEED FOR OR LACK OF INPATIENT CARE WHEN NEEDED	28	75	2.679	1.000	5.000
DISCRIMINATION, LACK OF FREEDOM/PRIVACY	24	64	2.667	1.000	5.000
BETTER EMPLOYMENT OPPORTUNITIES ARE NEEDED	24	70	2.917	1.000	5.000
CONSUMER INPUT INTO TREATMENT IS DISCOURAGED	21	69	3.286	1.000	5.000
ENTITLEMENTS CAN BE JEOPARDIZED	21	69	3.286	1.000	5.000
INADEQUATE OPPORTUNITIES FOR, OR NEED FOR SOCIALIZATION, SOCIAL PROGRAMS, ACTIVITIES, RECREATION	17	55	3.235	1.000	5.000
LACK OF OR NEED FOR MORE SKILL TRAINING PROGRAMS	17	65	3.824	2.000	5.000
NEED FOR OR LACK OF MEDICAL/DENTAL SERVICES	17	43	2.529	2.000	5.000
SERVICES SEEM GENERALLY GOOD	16	70	4.375	1.000	5.000
LACK OF OR NEED FOR BETTER EMERGENCY SERVICES	16	46	2.875	1.000	5.000
LACK OF COMMUNICATION/COORDINATION BETWEEN SERVICE COMPONENTS	15	36	2.400	1.000	5.000
DAY CARE PROGRAMS DO NOT EXIST OR NEED IMPROVEMENT	15	46	3.067	1.000	5.000
THERE ARE BARRIERS TO ACCESSING SERVICES	14	56	4.000	1.000	5.000
NEED BETTER JOB PLACEMENT, ASSISTANCE IN GETTING JOBS	14	57	4.071	1.000	5.000
NEED IMPROVEMENT IN QUALITY OF LIFE	13	33	2.538	1.000	5.000
THERE ARE PROBLEMS WITH TRANSPORTATION	12	31	2.583	1.000	5.000
LACK OF OR NEED FOR MORE EDUCATIONAL PROGRAMS	10	26	2.600	1.000	5.000
ENTITLEMENTS ARE DIFFICULT TO OBTAIN	8	29	3.625	1.000	5.000
OTHER MONEY OR FINANCIAL HELP, INCLUDING CREDIT INSURANCE, RETIREMENT PLANNING AND BENEFITS, ETC.	7	21	3.000	1.000	5.000
PROBLEMS WITH BOARDING HOMES	6	21	3.500	1.000	5.000
NEED A COMMUNITY SUPPORT PROGRAM, OR PROBLEMS WITH EXISTING PROGRAM	6	16	2.667	1.000	4.000

TABLE 18 (Continued)

DATA SUMMARY FOR RESPONSES TO CONSUMER QUESTION 5: WHICH SERVICES YOU ARE GETTING FROM THE MENTAL HEALTH SYSTEM DON'T WORK FOR YOU?

NUMBER OF RESPONSES: 223

	N	SUM	MEAN	MIN.	MAX.
STATE HOSPITALS, PSYCHIATRIC INPATIENT UNITS ARE AVAILABLE AND EFFECTIVE	6	24	4.000	2.000	5.000
MORE ENTITLEMENTS ARE NEEDED	5	17	3.400	2.000	5.000
NEED MORE OUTPATIENT SERVICES	5	9	1.800	1.000	3.000
SELF-ACCEPTANCE ISSUES, INCLUDING EMBARRASSMENT ABOUT OBTAINING SERVICES, NEED TO ACCEPT ILLNESS, ETC.	5	16	3.200	2.000	5.000
LACK OF OR NEED ASSISTANCE IN IMPROVING RELATIONSHIPS WITH FAMILY	4	14	3.500	3.000	4.000
PROBLEMS WITH LAWS OR LEGAL PROCEDURES	4	14	3.500	1.000	5.000
LACK OF MEDICATION EDUCATION	4	14	3.500	2.000	5.000
DIFFICULT TO OBTAIN HOUSING, OR NEED ASSISTANCE WITH HOUSING	4	12	3.000	1.000	5.000
NEED MORE SUPPORT AND INVOLVEMENT OF CHURCHES	3	9	3.000	1.000	5.000
NEED FOR MORE COMMUNITY AWARENESS	3	11	3.667	3.000	4.000
MEDICATIONS ARE WORKING WELL	3	12	4.000	2.000	5.000
HOUSING ALTERNATIVES ARE INADEQUATE	3	14	4.667	4.000	5.000
CASEWORK/CASE MANAGEMENT SERVICES WORK WELL	2	8	4.000	3.000	5.000
NEED BETTER FACILITIES/ENVIRONMENT	2	7	3.500	2.000	5.000
SERVICES ARE PROVIDED IN A PROMPT, PROFESSIONAL, CARING MANNER	2	8	4.000	3.000	5.000
NEED MORE SUPPORT FROM EMPLOYERS	2	3	1.500	1.000	2.000
PUBLIC TRANSPORTATION IS GOOD	2	6	3.000	2.000	4.000
HOUSING/RESIDENTIAL PROGRAMS WORK WELL	2	10	5.000	5.000	5.000
COMMUNITY SUPPORT PROGRAM IS HELPFUL	2	6	3.000	1.000	5.000
JOB TRAINING/PLACEMENT/SUPPORT SYSTEM IS GOOD	1	1	1.000	1.000	1.000
LACK OF OR NEED FOR BILINGUAL SERVICES	1	4	4.000	4.000	4.000
PROBLEMS IN RELATIONSHIP WITH FAMILY	1	4	4.000	4.000	4.000
OPPORTUNITIES FOR SOCIALIZATION AND RECREATION ARE GOOD	1	2	2.000	2.000	2.000
COUNSELLING/THERAPY SERVICES WORK WELL	1	3	3.000	3.000	3.000
AVAILABLE TRAINING/EDUCATION PROGRAMS ARE GOOD	1	4	4.000	4.000	4.000
PSYCHIATRIC SERVICES ARE AVAILABLE/EFFECTIVE	1	2	2.000	2.000	2.000
DAY PROGRAMS ARE AVAILABLE/EFFECTIVE	1	4	4.000	4.000	4.000
SPECIFIC STATE HOSPITAL PROGRAMS	1	4	4.000	4.000	4.000
COMMODITIES	1	5	5.000	5.000	5.000

TABLE 18

DATA SUMMARY FOR RESPONSES TO CONSUMER QUESTION 5: WHICH SERVICES YOU ARE GETTING FROM THE MENTAL HEALTH SYSTEM DON'T WORK FOR YOU?

NUMBER OF RESPONSES: 223

	N	SUM	MEAN	MIN.	MAX.
THERE ARE PROBLEMS IN THE WAY IN WHICH SERVICES ARE PROVIDED	85	271	3.188	1.000	5.000
PROBLEMS WITH MEDICATIONS	77	282	3.662	1.000	5.000
SERVICE PROVIDERS SEEM UNQUALIFIED, UNCARING, UNHELPFUL, AND/OR DISRESPECTFUL	71	244	3.437	1.000	5.000
NEED FOR MORE COUNSELLING SERVICES	53	177	3.340	1.000	5.000
PSYCHIATRIC SERVICES ARE INEFFECTIVE, UNAVAILABLE, OR NEED IMPROVEMENT	48	165	3.438	1.000	5.000
NEED BETTER JOB TRAINING	37	115	3.108	1.000	5.000
NEED FOR OR LACK OF CASEWORKER/CASE MANAGEMENT SERVICES	36	100	2.778	1.000	5.000
FUNDING, RESOURCES, OR STAFFING FOR SERVICES ARE INADEQUATE	33	98	2.970	1.000	5.000
PROBLEMS WITH SPECIFIC HOUSING PROGRAMS OTHER THAN BOARDING HOMES	29	93	3.207	1.000	5.000
NEED FOR OR LACK OF INPATIENT CARE WHEN NEEDED	28	75	2.679	1.000	5.000
DISCRIMINATION, LACK OF FREEDOM/PRIVACY	24	64	2.667	1.000	5.000
BETTER EMPLOYMENT OPPORTUNITIES ARE NEEDED	24	70	2.917	1.000	5.000
CONSUMER INPUT INTO TREATMENT IS DISCOURAGED	21	69	3.286	1.000	5.000
ENTITLEMENTS CAN BE JEOPARDIZED	21	69	3.286	1.000	5.000
INADEQUATE OPPORTUNITIES FOR, OR NEED FOR SOCIALIZATION, SOCIAL PROGRAMS, ACTIVITIES, RECREATION	17	55	3.235	1.000	5.000
LACK OF OR NEED FOR MORE SKILL TRAINING PROGRAMS	17	65	3.824	2.000	5.000
NEED FOR OR LACK OF MEDICAL/DENTAL SERVICES	17	43	2.529	2.000	5.000
SERVICES SEEM GENERALLY GOOD	16	70	4.375	1.000	5.000
LACK OF OR NEED FOR BETTER EMERGENCY SERVICES	16	46	2.875	1.000	5.000
LACK OF COMMUNICATION/COORDINATION BETWEEN SERVICE COMPONENTS	15	36	2.400	1.000	5.000
DAY CARE PROGRAMS DO NOT EXIST OR NEED IMPROVEMENT	15	46	3.067	1.000	5.000
THERE ARE BARRIERS TO ACCESSING SERVICES	14	56	4.000	1.000	5.000
NEED BETTER JOB PLACEMENT, ASSISTANCE IN GETTING JOBS	14	57	4.071	1.000	5.000
NEED IMPROVEMENT IN QUALITY OF LIFE	13	33	2.538	1.000	5.000
THERE ARE PROBLEMS WITH TRANSPORTATION	12	31	2.583	1.000	5.000
LACK OF OR NEED FOR MORE EDUCATIONAL PROGRAMS	10	26	2.600	1.000	5.000
ENTITLEMENTS ARE DIFFICULT TO OBTAIN	8	29	3.625	1.000	5.000
OTHER MONEY OR FINANCIAL HELP, INCLUDING CREDIT INSURANCE, RETIREMENT PLANNING AND BENEFITS, ETC.	7	21	3.000	1.000	5.000
PROBLEMS WITH BOARDING HOMES	6	21	3.500	1.000	5.000
NEED A COMMUNITY SUPPORT PROGRAM, OR PROBLEMS WITH EXISTING PROGRAM	6	16	2.667	1.000	4.000

TABLE 18 (Continued)

DATA SUMMARY FOR RESPONSES TO CONSUMER QUESTION 5: WHICH SERVICES YOU ARE GETTING FROM THE MENTAL HEALTH SYSTEM DON'T WORK FOR YOU?

NUMBER OF RESPONSES: 223

	N	SUM	MEAN	MIN.	MAX.
STATE HOSPITALS, PSYCHIATRIC INPATIENT UNITS ARE AVAILABLE AND EFFECTIVE	6	24	4.000	2.000	5.000
MORE ENTITLEMENTS ARE NEEDED	5	17	3.400	2.000	5.000
NEED MORE OUTPATIENT SERVICES	5	9	1.800	1.000	3.000
SELF-ACCEPTANCE ISSUES, INCLUDING EMBARRASSMENT ABOUT OBTAINING SERVICES, NEED TO ACCEPT ILLNESS, ETC.	5	16	3.200	2.000	5.000
LACK OF OR NEED ASSISTANCE IN IMPROVING RELATIONSHIPS WITH FAMILY	4	14	3.500	3.000	4.000
PROBLEMS WITH LAWS OR LEGAL PROCEDURES	4	14	3.500	1.000	5.000
LACK OF MEDICATION EDUCATION	4	14	3.500	2.000	5.000
DIFFICULT TO OBTAIN HOUSING, OR NEED ASSISTANCE WITH HOUSING	4	12	3.000	1.000	5.000
NEED MORE SUPPORT AND INVOLVEMENT OF CHURCHES	3	9	3.000	1.000	5.000
NEED FOR MORE COMMUNITY AWARENESS	3	11	3.667	3.000	4.000
MEDICATIONS ARE WORKING WELL	3	12	4.000	2.000	5.000
HOUSING ALTERNATIVES ARE INADEQUATE	3	14	4.667	4.000	5.000
CASEWORK/CASE MANAGEMENT SERVICES WORK WELL	2	8	4.000	3.000	5.000
NEED BETTER FACILITIES/ENVIRONMENT	2	7	3.500	2.000	5.000
SERVICES ARE PROVIDED IN A PROMPT, PROFESSIONAL, CARING MANNER	2	8	4.000	3.000	5.000
NEED MORE SUPPORT FROM EMPLOYERS	2	3	1.500	1.000	2.000
PUBLIC TRANSPORTATION IS GOOD	2	6	3.000	2.000	4.000
HOUSING/RESIDENTIAL PROGRAMS WORK WELL	2	10	5.000	5.000	5.000
COMMUNITY SUPPORT PROGRAM IS HELPFUL	2	6	3.000	1.000	5.000
JOB TRAINING/PLACEMENT/SUPPORT SYSTEM IS GOOD	1	1	1.000	1.000	1.000
LACK OF OR NEED FOR BILINGUAL SERVICES	1	4	4.000	4.000	4.000
PROBLEMS IN RELATIONSHIP WITH FAMILY	1	4	4.000	4.000	4.000
OPPORTUNITIES FOR SOCIALIZATION AND RECREATION ARE GOOD	1	2	2.000	2.000	2.000
COUNSELLING/THERAPY SERVICES WORK WELL	1	3	3.000	3.000	3.000
AVAILABLE TRAINING/EDUCATION PROGRAMS ARE GOOD	1	4	4.000	4.000	4.000
PSYCHIATRIC SERVICES ARE AVAILABLE/EFFECTIVE	1	2	2.000	2.000	2.000
DAY PROGRAMS ARE AVAILABLE/EFFECTIVE	1	4	4.000	4.000	4.000
SPECIFIC STATE HOSPITAL PROGRAMS	1	4	4.000	4.000	4.000
COMMODITIES	1	5	5.000	5.000	5.000

APPENDIX E

CONSUMER RESPONSES

BY

MENTAL HEALTH AND MENTAL RETARDATION CENTER AREA

TABLES 19 THROUGH 23

Note: This table reports sums of priority points for each response, statewide, and by MHMR Center area. For total numbers of respondents in each area, see Appendix B. For discussion of scoring system, see section on "Method."

TABLE 19

SUM OF SCORES BY CENTER FOR RESPONSES TO CONSUMER QUESTION 1: WHAT IS IT LIKE IN THIS COMMUNITY TO GET HELP WHEN YOU HAVE MENTAL ILLNESS?

TDMHMR MHSA		4	7	20	9	10	11	61	14	15	19	62	13	18	5	16	12	26	19	22	24	25	27	29	30	31
CENTER SURVEY NUMBER	ALL	3	5	7	8	9	10	11	12	13	14	15	17	18	19	20	21	23	24	26	28	29	30	32	33	34
BARRIERS TO ACCESS SVCS	513	33	15	7	5	73		33		20	19		20	10	17	43		45	18	23	27	14	34	5	15	37
SVCS GENERALLY GOOD	404	13	45	28	23		8	24	10	23	10			17	18	12	18	31	33	12	21			11	13	34
PROBS W/ SERVICES	340	22	4	10		30		6			16	12		5	45	27	10	43	4	30		8	43	8	17	
ACCESS TO SVCS GOOD	170		4	14	14			32		21			5		8			11	32	8		5	1	5	10	
RESOURCES INADEQUATE	145	18	14			19			16					11		13			7		22	10	5		9	1
SERVICES ARE PROFESSIONAL	134	27		4					8		7			4	9		9		25		8			3	5	25
PROBS W/ SVC PROVIDERS	110	9	3	1		17						29			23	2							15		6	5
PROBS W/ MEDS	86					11			5								14	23	13	3	2	6		9		
NEED BETTER JOBS	81		17			19			2			12	4	18									6	3		
MEDS WORKING WELL	63	7		15	15		22																	4		
PROBS W/ TRANSP.	49	9							12							9					18		1			
NEED BETTER FACILITIES	46	10							33																3	
NEED JOB PLACEMENT	45			5		14		14									4						5	3		
CASEWORK SVCS GOOD	44		14		19		4				7															
ENTITLEMENTS JEOPARDIZED	41		1				4		6				4			3	3		8			12				
CSP IS HELPFUL	39				23		3										10				3					
LACK OF SVC COORD.	35					16								4	3								6		6	
SUPPORT FROM FAMILY GOOD	35				11					1			3						4	10		5	1			
NEED COMMUNITY AWARENESS	33														1	8					24					
INADEQUATE HOUSING	33										13	17		3												
DISCRIMINATION	31							16											5			10				
NEED DIGNITY AND RESPECT	30											15				15										
PROBS W/ PSYCH. SVCS	28				3	3								9									13			
NEED EMPLOYER SUPPORT	27							15	3						9											
NEED SOCIAL SUPPORT.	24	3	10						1					10												
EMERGENCY SVCS GOOD	22									3			4										15			
NEED TRAINING PROG.	22		8				5						2	4									3			
COMMUNITY UNDERSTANDG GOOD	21				7												12						2			
NEED MED/DENT SERVICES	21		16																5							
IMPROVE QUAL. OF LIFE	20						3									15	2									

TABLE 19 (Continued)

SUM OF SCORES BY CENTER FOR RESPONSES TO CONSUMER QUESTION 1: WHAT IS IT LIKE IN THIS COMMUNITY TO GET HELP WHEN YOU HAVE MENTAL ILLNESS?

TDMHMR MHSA		4	7	20	9	10	11	61	14	15	19	62	13	18	5	16	12	26	19	22	24	25	27	29	30	31
CENTER SURVEY NUMBER	ALL	3	5	7	8	9	10	11	12	13	14	15	17	18	19	20	21	23	24	26	28	29	30	32	33	34
COUNSELLING IS GOOD	19											4					4	11								
PROBS W/ FAMILY	18																			16			2			
PROBS W/ HOUSING PROGRAMS	18		9											9												
NEED COUNSELLING SVCS	18										5	5					8									
ENTITLEMENTS GOOD	17						6			11																
NEED IP CARE	17	4																					13			
PROBS W/ LAWS	16								16																	
JOB TRAINING GOOD	16	1			5	10																				
TRANSP. IS GOOD	14	14																								
OP SVCS GOOD	14	9																		5						
SELF-ACCEPTANCE	14															14										
NEED JOB TRAINING	12						4										4						4			
DAY CARE IS GOOD	12				5														7							
CONSUMER INPUT GOOD	11																									11
CONSUMER INPUT DISCOURAGED	11											4						6					1			
PSYCHIATRIC SVCS GOOD	11	5			5																1					
IP CARE IS GOOD	10			4																					6	
NEED CASEWORK SVCS	10		9				1																			
IMPROVE RELAT W/ FAMILY	8																8									
HOUSING IS GOOD	8			5							3															
NEED EMERGENCY SVCS	8																						8			
NEED COMMUNITY ADVOCACY	6											2				4										
TRAINING PROG. GOOD	6						6																			
OTHER MONEY OR FIN. HELP	6													6												
SUPPORT OF CHURCHES GOOD	5						5																			
SOCIAL OPPORT. GOOD	4	4																								
ENTITLEMENTS HARD TO GET	3													3												
NEED OP SVCS	3															3										
SUPPORT FROM FRIENDS GOOD	2																		2							
PROBS W/ FRIENDS	2								1				1													
SUPPORT FOR FAMILIES GOOD	1			1																						
HARD TO GET HOUSING	1																								1	

TABLE 20

SUM OF SCORES BY CENTER FOR RESPONSES TO CONSUMER QUESTION 2: WHAT DO YOU WANT OR NEED FROM THE MENTAL HEALTH SYSTEM?

TDMHMR MHSA		4	7	20	9	10	11	61	14	15	19	62	13	18	5	16	12	26	19	22	24	25	27	29	30	31
CENTER SURVEY NUMBER	**ALL**	**3**	**5**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**17**	**18**	**19**	**20**	**21**	**23**	**24**	**26**	**28**	**29**	**30**	**32**	**33**	**34**
NEED COUNSELLING SVCS	269	13	12	19	14	12		29	15	4	16		7	4	19	16		4	11	34	14			3	7	16
RESOURCES INADEQUATE	235	5				14	24	16			17	26		7		30					16		3	4	10	5
PROBS W/ MEDS	235	4	30		25	21		36	4		13		9	32	12	10	3		6		5		13	2	10	
PROBS W/ SVC PROVIDERS	216	3	6	12	24	47		3		5	10		13	12	1	7	6	10	9				28			20
ENTITLEMENTS JEOPARDIZED	179	21			20	14		25	9	1					15		9		4	40		13	8			
PROBS W/ SERVICES	154	3				40	16	21		12	7		3		6				4			23		7		12
NEED DIGNITY AND RESPECT	137	10									5	4			10			2				12				21
PROBS W/ PSYCH. SVCS	116	23		4	4				2	14						17							40			12
NEED JOB TRAINING	104	16				5			7				5		9		2			24	13		3	5	15	
PROBS W/ TRANSP.	102		22								4	34		12		7	8			5	6		3	1		
NEED TRAINING PROG.	102	3	2				10				4	4		8	7	7		21	14			18	4			
NEED MED/DENT SERVICES	102		26	3						3				33		16	1		9						11	
INADEQUATE HOUSING	99	6			5	3			9	9	10					18				25		6		1	7	
NEED BETTER JOBS	98		16		4	16			4		1	3	2	6		5		14				8	11	8		
NEED CASEWORK SVCS	97		13	22		8		21						6		8	8		11							
NEED IP CARE	83	5	4							3				13		10			3		20	12	4		9	
SVCS GENERALLY GOOD	77	5	5	5						5							9	5	28	5						10
IMPROVE RELAT W/ FAMILY	59								1						5		31			12						10
NEED SOCIAL OPPORT.	55		9				9	14		14			3					6								
IMPROVE QUAL. OF LIFE	53						16			3							5	18				11				
NEED CSP	47	8	15												1		11		9							3
DISCRIMINATION	45					23			4													18				
NEED SUPPORT GROUPS	42			8												6		15		13						
MEDS WORKING WELL	41	20			5			4	4												8					
NEED BETTER FACILITIES	38											15	7			13								3		
LACK OF SVC COORD.	38		9			16																		13		
BARRIERS TO ACCESS SVCS	34					19				3			3		1	6							2			
NEED COMMUNITY AWARENESS	34					6					11				5						12					
NEED CAY CARE PROGS.	34	11		6								5		1						5						6
CONSUMER INPUT DISCOURAGED	32					12																6	6		8	

TABLE 20 (Continued)

SUM OF SCORES BY CENTER FOR RESPONSES TO CONSUMER QUESTION 2: WHAT DO YOU WANT OR NEED FROM THE MENTAL HEALTH SYSTEM?

TDMHMR MHSA		4	7	20	9	10	11	61	14	15	19	62	13	18	5	16	12	26	19	22	24	25	27	29	30	31
CENTER SURVEY NUMBER	ALL	3	5	7	8	9	10	11	12	13	14	15	17	18	19	20	21	23	24	26	28	29	30	32	33	34
PROBS W/ FRIENDS	30				8				12	2							6			2						
NEED JOB PLACEMENT	28	8							3				5						10				2			
NEED EMPLOYER SUPPORT	20	4						16																		
NEED EMERGENCY SVCS	20															15									5	
NEED EDUC. PROG.	20									5		3											12			
NEED OP SVCS	13														4										9	
SERVICES ARE PROFESSIONAL	12	7																	5							
PROBS W/ HOUSING PROGRAMS	12	5		7																						
HARD TO GET HOUSING	12	4		2					6																	
SELF-ACCEPTANCE	12																9						3			
NEED MORE CHURCH INVOLV.	10																			10						
COMMODITIES	10		4											6												
PSYCHIATRIC SVCS GOOD	9				4				5																	
CSP IS HELPFUL	7					7																				
ACCESS TO SVCS GOOD	6			5											1											
NEED COMMUNITY ADVOCACY	6											1														5
COUNSELLING IS GOOD	6	3							2									1								
NEED BILINGUAL SVCS	5																			5						
ENTITLEMENTS HARD TO GET	4									4																
NEED MED. EDUC.	3					3																				
TRAINING PROG. GOOD	3																		3							
OTHER MONEY OR FIN. HELP	3																3									
PROBS W/ LAWS	2								2																	
SOCIAL OPPORT. GOOD	2		2																							
IP CARE IS GOOD	1														1											
STATE HOSPITAL PROGRAMS	1		1																							

TABLE 21

SUM OF SCORES BY CENTER FOR RESPONSES TO CONSUMER QUESTION 3: WHAT DO YOU WANT OR NEED FROM THE COMMUNITY?

TDMHMR MHSA		4	7	20	9	10	11	61	14	15	19	62	13	18	5	16	12	26	19	22	24	25	27	29	30	31
CENTER SURVEY NUMBER	ALL	3	5	7	8	9	10	11	12	13	14	15	17	18	19	20	21	23	24	26	28	29	30	32	33	34
NEED DIGNITY AND RESPECT	616	52	22	38	23	28	26	11		21	19	18	2	29	8	52	12	53	50	31	33	29	33	7	14	5
NEED COMMUNITY AWARENESS	498	16	18	20	27	60	1	29	7		4	5	16	27	15	37	10	27	4	35	28		34	9	30	39
NEED COMMUNITY ADVOCACY	275		16		26	46		25	10		18	6	9	9	8	19	12				6		8	6	24	27
NEED BETTER JOBS	264		29		2	19	8	28		20	13			14	8	18		22		31	18	32	2			
NEED EMPLOYER SUPPORT	183	13	4		17	23		5			12				16				6	13		13	27	6		28
ENTITLEMENTS JEOPARDIZED	137	5	22			31	7		11				17	28		6	10									
NEED LEGIS. ADVOCACY	118					1			5							17							95			
INADEQUATE HOUSING	102				25			18	4						5	12	5					24			9	
PROBS W/ FRIENDS	96		22	6			18					15					13			22						
NEED SOCIAL OPPORT.	95				9	10			6	10		13	7				12				14	5		9		
PROBS W/ TRANSP.	83							13	10			27			16		5			12						
RESOURCES INADEQUATE	64	6	4			16		4		3	13			13									5			
DISCRIMINATION	53					3		18										3	9			16	4			
NEED BETTER FACILITIES	42		13			3		6	12				1					7								
NEED JOB TRAINING	39					6		2				8	4		10					9						
NEED MORE CHURCH INVOLV.	37					11											4			22						
LACK OF SVC COORD.	29	3	15												3			8								
NEED EDUC. PROG.	27		9											4	7							7				
NEED JOB PLACEMENT	25					11														9				5		
PROBS W/ LAWS	24								13														11			
PROBS W/ PSYCH. SVCS	22	22																								
NEED CAY CARE PROGS.	22	22																								
NEED SUPPORT GROUPS	19						10									5	3							1		
NEED EMERGENCY SVCS	19																						19			
NEED COUNSELLING SVCS	14												3		1		10									
IMPROVE QUAL. OF LIFE	14					6											8									
PROBS W/ SVC PROVIDERS	11									11																
PROBS W/ SERVICES	10					2		1		1						4		2								
PROBS W/ FAMILY	10									5		5														
PROBS W/ MEDS	9	4											5													

TABLE 21

SUM OF SCORES BY CENTER FOR RESPONSES TO CONSUMER QUESTION 3: WHAT DO YOU WANT OR NEED FROM THE COMMUNITY?

TDMHMR MHSA		4	7	20	9	10	11	61	14	15	19	62	13	18	5	16	12	26	19	22	24	25	27	29	30	31
CENTER SURVEY NUMBER	ALL	3	5	7	8	9	10	11	12	13	14	15	17	18	19	20	21	23	24	26	28	29	30	32	33	34
NEED IP CARE	9															9										
BARRIERS TO ACCESS SVCS	8	4																4								
ENTITLEMENTS HARD TO GET	8												8													
SVCS GENERALLY GOOD	5																				5					
GUARDIAN/ADVISORY PROG.	5	5																								
SOCIAL OPPORT. GOOD	4									4																
DAY CARE IS GOOD	4	4																								
SERVICES ARE PROFESSIONAL	3	3																								
IMPROVE RELAT W/ FAMILY	3															3										
NEED CSP	3																								3	
HARD TO GET HOUSING	2																					2				
COUNSELLING IS GOOD	2	2																								
ACCESS TO SVCS GOOD	1	1																								

TABLE 22

SUM OF SCORES BY CENTER FOR RESPONSES TO CONSUMER QUESTION 4: WHICH SERVICES YOU ARE GETTING FROM THE MENTAL HEALTH SYSTEM WORK BEST FOR YOU?

TDMHMR MHSA		4	7	20	9	10	11	61	14	15	19	62	13	18	5	16	12	26	19	22	24	25	27	29	30	31
CENTER SURVEY NUMBER	ALL	3	5	7	8	9	10	11	12	13	14	15	17	18	19	20	21	23	24	26	28	29	30	32	33	34
MEDS WORKING WELL	348	10	30	19	6	33	12	39	7		20	5	4	29	19	24	7	26			3	23	1	6		25
COUNSELLING IS GOOD	348	32	9	7	15	30		7	13	5	14		10		15		6		36	39	30	35		8		37
HOUSING IS GOOD	299	18	3	29	8	55		9			18				28	12	23	24		15	11		33		13	
SERVICES ARE PROFESSIONAL	253	17	19			5	15	27		14		24		14	10	39		22				18	12	2		15
CASEWORK SVCS GOOD	224		37	10			9	25				4		35			3	42		4	21	34				
PSYCHIATRIC SVCS GOOD	176	5	27	8	14		9		5		7		5	22		7	7		6		17		30		7	
ENTITLEMENTS GOOD	165	16	8		21	19		18					6	12			31						34			
JOB TRAINING GOOD	149		16		27	5			6	8	15	5			5	25	9		2	6			15	5		
SOCIAL OPPORT. GOOD	140	1			13	7	7		17	6	8				5				60			9		7		
TRAINING PROG. GOOD	133	2		10					8	5	6					18	1	4	35					11	8	25
CSP IS HELPFUL	115					44		19					3		12	9	13				6		9			
OP SVCS GOOD	99	3	8	11		16								8		5		35							13	
SVCS GENERALLY GOOD	96	23	13	5		5				1		23			10							16				
TRANSP. IS GOOD	84		10				16	12	8					12								12		6	8	
DAY CARE IS GOOD	82	19					10			14										8	18				13	
SUPPORT FROM FRIENDS GOOD	49														8	15							22	4		
IP CARE IS GOOD	42					14												8					6		14	
SUPPORT FROM FAMILY GOOD	41					11										13				11					6	
MED/DENT SVCS GOOD	29		13			16																				
ENTITLEMENTS JEOPARDIZED	22		5						5					1			8						3			
SUPPORT OF CHURCHES GOOD	19					19																				
ACCESS TO SVCS GOOD	17	10										7														
SUPPORT FOR FAMILIES GOOD	14											11								3						
GUARDIAN/ADVISORY PROG.	14	14																								
RESOURCES INADEQUATE	10					5						1											4			
COMMUNITY UNDERSTANDG GOOD	9															9										
NEED BETTER JOBS	9																			9						
IMPROVE QUAL. OF LIFE	9				5							4														
POSTAL SVC	8																8									
NEED JOB TRAINING	7							2												5						

TABLE 22 (Continued)

SUM OF SCORES BY CENTER FOR RESPONSES TO CONSUMER QUESTION 4: WHICH SERVICES YOU ARE GETTING FROM THE MENTAL HEALTH SYSTEM WORK BEST FOR YOU?

TDMHMR MHSA		4	7	20	9	10	11	61	14	15	19	62	13	18	5	16	12	26	19	22	24	25	27	29	30	31
CENTER SURVEY NUMBER	ALL	3	5	7	8	9	10	11	12	13	14	15	17	18	19	20	21	23	24	26	28	29	30	32	33	34
NEED COUNSELLING SVCS	7			4									3													
NEED CSP	5														5											
NEED IP CARE	5																	5								
PROBS W/ PSYCH. SVCS	5	2																	3							
PROBS W/ MEDS	4												4													
NEED MED. EDUC.	4												4													
HARD TO GET HOUSING	4	3	1																							
NEED TRAINING PROG.	4	4																								
NEED OP SVCS		4																								4
NEED EMPLOYER SUPPORT	3																			3						
STATE HOSPITAL PROGRAMS	3					3																				
NEED SOCIAL OPPORT.	2											2														
NEED COMMUNITY AWARENESS	1											1														

TABLE 23

SUM OF SCORES BY CENTER FOR RESPONSES TO CONSUMER QUESTION 5: WHICH SERVICES YOU ARE GETTING FROM THE MENTAL HEALTH SYSTEM DON'T WORK FOR YOU?

TDMHMR MHSA		4	7	20	9	10	11	61	14	15	19	62	13	18	5	16	12	26	19	22	24	25	27	29	30	31
CENTER SURVEY NUMBER	ALL	3	5	7	8	9	10	11	12	13	14	15	17	18	19	20	21	23	24	26	28	29	30	32	33	34
PROBS W/ MEDS	282	32	16	24	14	14		10	18		21	11			21	22	14	20		29		13	3			
PROBS W/ SERVICES	271	14	18		25	18			14	9	13			11	10	8	12		23	22	32	2	2	23	22	
PROBS W/ SVC PROVIDERS	244	23			25	19	10	12		5					22	21	23		28					17	28	
NEED COUNSELLING SVCS	177			16	11	21	13		16		5							25	25	19			8			
PROBS W/ PSYCH. SVCS	165	13	12			2		19					15		41			19				8		11	25	
NEED JOB TRAINING	115					10			17		13		17		3				8		3	42				
NEED CASEWORK SVCS	100		16	13		24							28									15	4			
RESOURCES INADEQUATE	98	15	7			20	6	4															4		27	
PROBS W/ HOUSING PROGRAMS	93		15	5	3								18		2		15		13			17	5			
NEED IP CARE	75			8		6					15						9				15	13	4	5		
SVCS GENERALLY GOOD	70	10				16		5						15		5					34					
NEED BETTER JOBS	70			1		19						7		2	2						22		3			
CONSUMER INPUT DISCOURAGED	69			25	7						19							18								
ENTITLEMENTS JEOPARDIZED	69	14				16		30				8				1										
NEED TRAINING PROG.	65				5									18				31		21						
DISCRIMINATION	64					10		14							25						15					
NEED JOB PLACEMENT	57		22			16							5		6							8				
BARRIERS TO ACCESS SVCS	56	6													13	10	4					23				
NEED SOCIAL OPPORT.	55				22		8										13									
NEED EMERGENCY SVCS	46					5											15					26				
NEED CAY CARE PROGS.	46		16		2								20													
NEED MED/DENT SERVICES	43	12	7										7						17							
NEED EDUC. PROG.	41															4				16		3				
LACK OF SVC COORD.	36		9				4								12	1							4	6		
IMPROVE QUAL. OF LIFE	33						8								8		1				16					
PROBS W/ TRANSP.	31		7					9					11										4			
ENTITLEMENTS HARD TO GET	29	8				6									8	7										
IP CARE IS GOOD	24			9		4											11									
PROBS W/ BOARDING HOMES	21					21																				
OTHER MONEY OR FIN. HELP	21	7						8								6										

TABLE 23 (Continued)

SUM OF SCORES BY CENTER FOR RESPONSES TO CONSUMER QUESTION 5: WHICH SERVICES YOU ARE GETTING FROM THE MENTAL HEALTH SYSTEM DON'T WORK FOR YOU?

TDMHMR MHSA		4	7	20	9	10	11	61	14	15	19	62	13	18	5	16	12	26	19	22	24	25	27	29	30	31
CENTER SURVEY NUMBER	ALL	3	5	7	8	9	10	11	12	13	14	15	17	18	19	20	21	23	24	26	28	29	30	32	33	34
MORE ENTITLEMENTS	17							15								2										
NEED CSP	16		12					4																		
SELF-ACCEPTANCE	16															5			11							
IMPROVE RELAT W/ FAMILY	14																14									
PROBS W/ LAWS	14																		14							
NEED MED. EDUC.	14															7								7		
INADEQUATE HOUSING	14											14														
MEDS WORKING WELL	12				2				5									5								
HARD TO GET HOUSING	12		10					2																		
NEED COMMUNITY AWARENESS	11						11																			
HOUSING IS GOOD	10																		5			5				
NEED MORE CHURCH INVOLV.	9																					9				
NEED OP SVCS	9					1																8				
SERVICES ARE PROFESSIONAL	8				5									4	3											
CASEWORK SVCS GOOD	8		5	3																						
NEED BETTER FACILITIES	7					7																				
TRANSP. IS GOOD	6		4						2																	
CSP IS HELPFUL	6							6																		
COMMODITIES	5																						5			
NEED BILINGUAL SVCS	4									4																
PROBS W/ FAMILY	4																4									
TRAINING PROG. GOOD	4								4					8												
DAY CARE IS GOOD	4		4											8												
STATE HOSPITAL PROGRAMS	4	4																								
NEED EMPLOYER SUPPORT	3							3						16												
COUNSELLING IS GOOD	3								3					18												
SOCIAL OPPORT. GOOD	2													12			2									
PSYCHIATRIC SVCS GOOD	2					2																				
JOB TRAINING GOOD	1								1																	

APPENDIX F

CODING SUMMARY FOR COMMUNITY LEADERS

Note: This document is an internal technical document prepared by Health Consulting for use in coding community leader responses for computer input and analysis. It has not been edited or altered by the League of Women Voters of Texas Education Fund.

Table 24

Table 24
CODING CATEGORIES FOR COMMUNITY LEADER DATA

GENERAL ISSUES

Services seem generally good (includes general statements such as "good," "great" and "all right" and similar general endorsements, as well as general positive comments such as "puts one's mind at ease," provides good support like a family, care in community better than in state hospitals, it's easy to access the system, etc.)

Funding, resources, or staffing for services are inadequate (includes "more help", "more state funds," "more staff", "more caseworkers," "getting all the help that can be handled," lack of staff, staff not having enough time, need new state funds for people who have not been hospitalized, Lelsz funds for families of MI, etc.)

Need better facilities/environment (includes healthier facility environs-not this ghettoistic high crime area)

Need for needs assessment/planning (need for survey to determine characteristics of population, # needing care, treatments levels and # in each.

Problems with accessing, using federal funds

COORDINATION/CONTINUITY OF SERVICES

Services are coordinated well

Lack of communication/coordination between service components (e.g., using hospital records rather than TRC records, lack of communication between MHMR/housing/family/job, better communication needed between state and local, "put all MH together", "need for centralized service center," "Need to balance priorities", fear of services being discontinued, etc.)

ABILITY TO ACCESS SERVICES

Ability to access services is good (includes "always able to return/availability")

Barriers to accessing services (includes inappropriate admission procedures, red tape, long waiting lists, it's difficult to access and use the system, don't know where to go, services that are available are not clear, not aware of services, hard to get services if you don't know someone, slow process, long waits, lots of red tape, have to go to ER first, long waits in ER, services don't seem appropriate, services too expensive, lack of equity in who gets some services, need for outreach programs, difficulties with access to doctors, problems getting in touch with caseworker, people in charge don't listen, etc.)

Legal issues complicate accessing services (Psychiatrist and MDs don't want to sign certificates because of court time, complexity of legal system, etc.)

Table 24 (Continued)
CODING CATEGORIES FOR COMMUNITY LEADER DATA

THE WAY IN WHICH SERVICES ARE PROVIDED

Services are provided in a prompt, professional, caring manner (include staff seem good, interested in patients, qualified, caring, helpful).

Problems with the way in which services are provided (include long waits at pharmacy; seeing different physicians all the time; sent to different places for money, food stamps, etc.; have to go out of town to get exam for Soc. Security; lost or shuffled around in the system; each component has their own rules; conflicts between service providers interfere with treatment; psychiatrist depends on staff, doesn't talk to patient; etc.)

Service providers seem unqualified, uncaring, unhelpful, and/or disrespectful (includes talking may not always help, need to recognize when need to talk, inadequate or inappropriate guidance, helping when it is not necessary, psychiatrist made me worse, some staff won't talk with you, attitude of pharmacy staff, authoritarian control, psychiatrist frequently late for appointments, need better educated personnel, etc.)

Lack of or need for bilingual/bicultural services

Lack of or need for services to be provided in local neighborhoods

Lack of or need for service providers of the same sex (need for female deputies, need for females to be present in examining room, etc.)

FAMILY SUPPORT

Support from family is good

Support available to families is good

Problems in relationship with family (family not supportive, problems when family comes to visit, etc.)

Lack of or need assistance in improving relationships with or support from family (counselling and support for family, help w/ family problems, more contact with family, learning to get along w/ family members, help solving problems at home, etc.)

SUPPORT FROM FRIENDS

Support from friends or support groups is good

Problems with, or need assistance with friends, relationships with friends, need for help/care/love from friends

Need for support groups, contact with other mentally ill people

Table 24 (Continued)
CODING CATEGORIES FOR COMMUNITY LEADER DATA

SUPPORT FROM THE CHURCH

Support and involvement of churches is good

Need more support and involvement of churches (includes spiritual support)

COMMUNITY AWARENESS/ACCEPTANCE

Understanding and support from the community is good or has improved

Need for more community awareness (includes more education for community, speakers-topics of MI, prominent person as advocate or interpreter of MH problem, more positive, accurate publicity, newsletters from M.H. organizations to community, dealing with stereotypes of dangerousness, etc.)

Need for more involvement/advocacy/support from the community (includes attending mental health organizations, neighborhood resistance to facilities, etc.)

Need to be treated with dignity and respect (includes treat us like equals/not outcasts; positive, non-judgmental attitude; trust; respect/self-esteem/dignity/pride; love,help,support; acceptance; not to be treated as handicapped; to be taken seriously; treat us like a normal person; stop criticizing; not to be called crazy; more tolerant; more believing/honest/acceptance; less fear; place to be trusted; smile every now and then: allowed to achieve a lot/succeed; support for building self-confidence, more understanding, honesty, take illness seriously--don't label me, etc.)

Need to educate legislators

Need for specialized training for police

PROFESSIONAL SUPPORT/AWARENESS

Support and involvement of health professions is good

Need for better education of, involvement of health professions

Table 24 (Continued)
CODING CATEGORIES FOR COMMUNITY LEADER DATA

ADVOCACY/CIVIL RIGHTS

Problems with laws or legal procedures (court commitment processes, confidentiality rules, visitation rights, etc.)

Need for legislative advocacy (continuation of involvement in the government, lobby for the mental health field)

Discrimination, lack of freedom/privacy (includes imposition of values, loss of individuality, being manipulated by others, etc.)

CONSUMER INPUT

Consumer input into treatment is good (treatments are explained, consumer input is sought)

Consumer input into treatment is discouraged (treatments are not explained, consumer input is not solicited)

SELF-HELP GROUPS

Self-Help groups/consumer responsibility for care is good

Need for or inadequate self-help groups, or consumers assuming responsibility for own care

MEDICATIONS

Medications are working well (found right medication, medication helps functioning, etc.)

Problems with medications (side effects too severe, difficulty finding a medication that works, being overmedicated, medications prescribed incorrectly, hard to get medications when needed, medication prescribed too soon, lack of adequate evaluations for medications, etc.)

Lack of medication education (including explanation of side effects, more information about how and when to take medications, etc.)

Table 24 (Continued)
CODING CATEGORIES FOR COMMUNITY LEADER DATA

EMPLOYMENT ISSUES

Job training/placement/support system is good

More support from employers (includes less job discrimination, prospective employers need to know why we have been unemployed, time from job for mental health appointments)

Better employment opportunities (more jobs, better pay, jobs available that don't require hard labor, or are degrading [includes "need more self-respect in jobs"])

Better job training (job training/retraining, job information system, problems with TRC)

Better job placement, assistance in getting jobs

TRANSPORTATION

Public transportation is good (in general or mention of specific program)

Problems with transportation (not available, too expensive, inadequate, in need of improvement/too expensive, includes transportation in general or mention of specific transportation program)

ENTITLEMENTS/FINANCIAL ASSISTANCE

Entitlement programs are good (either in general, or mention of a specific program)

Entitlements are difficult to obtain (include documentation to help me obtain SSI, problems getting financial assistance)

More entitlements are needed (need more Social Security benefits, more food stamps, need help paying for treatment, help paying for medications, help paying for food stamps, or other general financial assistance to the client, etc.)

Entitlements can be jeopardized (include freedom to work and draw financial aid and not hurt food stamp allowance)

Other money or financial help (including credit assistance, retirement planning and benefits, etc.)

Problems with insurance coverage (coverage inadequate, not enough people are covered, services are not covered, etc.)

Table 24 (Continued)
CODING CATEGORIES FOR COMMUNITY LEADER DATA

RESIDENTIAL/HOUSING SERVICES

Housing/residential programs work well (either in general, or mention of a specific program)

Inadequate housing alternatives (need for halfway houses, boarding homes, better places to live, need for more or better quality housing alternatives)

Problems with specific housing programs other than boarding homes (includes poor food, as well as complaints about how particular programs are run)

Problems with boarding homes (lack of boarding home regulations, boarding homes don't permit freedom of choice, poor food)

Difficult to obtain housing, or need assistance with (placement process slow, difficult to access, difficulty in finding housing or making living arrangements)

Need for in-home personal care (to prevent those with MI from being institutionalized)

Need for facilities that will provided extended residential care at affordable rates

OPPORTUNITIES FOR SOCIALIZATION/RECREATION

Opportunities for socialization and recreation are good

Inadequate opportunities for, or need for socialization, social programs, activities, recreation

COMMUNITY SUPPORT PROGRAMS

Community Support Program is Helpful

Need a community support program, or problems with existing program

Table 24 (Continued)
CODING CATEGORIES FOR COMMUNITY LEADER DATA

EMERGENCY SERVICES

Emergency services work well

Lack of or need for better emergency services (inpatient, outpatient, 24-hour central facility, walk-in place for help, access to hospital when needed, respite care, 24-hour mobile crisis response, facilitator during crisis, crisis line, etc.)

COUNSELLING/THERAPY SERVICES

Counselling/therapy services work well (includes individual, group, talking with supervisor, talking with caseworker, opportunity to talk about problems, or the ways in which these groups are run--e.g., "bringing in people from Houston")

Need for more counselling services (in general, or for specific issues such as managing stress, handling anger, feeling suicidal, handling the children, death in the family, self esteem, understanding feelings, accepting what is wrong with me, etc.)

SKILLS TRAINING/EDUCATION PROGRAMS

Available training/education programs are good

Lack of or need for more skill training programs (includes daily living skills, self-improvement, etc.)

Lack of or need for more educational program (includes formal education, classes specifically structured for MI, classes to learn about MI, as well as classes about feeling good about self, etc.)

INPATIENT/HOSPITALIZATION

State hospitals, psychiatric inpatient units are available and effective

Need for or lack of inpatient care when needed (includes difficulty accessing existing programs, or programs don't exist, allow mentally ill to stay in institution until cured)

Table 24 (Continued)
CODING CATEGORIES FOR COMMUNITY LEADER DATA

CASEWORK/CASE MANAGEMENT SERVICES

Casework/case management services work well (includes endorsements of specific caseworkers or case managers)

Need for or lack of caseworker/case management services (includes assistance in navigating the system; getting references for obtaining financial, food, medical, or dental needs; caseworkers for advocacy assistance; guidance in how to navigate the system; help getting back to the community from the hospital; someone present when they see the doctor, etc.)

Need for client tracking system

PSYCHIATRIC SERVICES

Psychiatric services are available and/or effective

Psychiatric services are ineffective, unavailable, or need improvement

DAY CARE

Day care programs are available/effective

Day care programs do not exist or need improvement

OUTPATIENT SERVICES

Outpatient services are available/effective

Need more outpatient services

Table 24 (Continued)
CODING CATEGORIES FOR COMMUNITY LEADER DATA

SERVICES TO SPECIAL POPULATIONS

Services to specialized populations are good (includes MR-ED, MI-SA, criminal mentally ill, "unruly" MI)

Need specialized services for MI who are substance abusers

Need specialized services for MI who present management problems (e.g., unruly, criminals, etc.)

Need specialized services for MR-MR

MEETING BASIC NEEDS

Services to meet basic needs of food, clothing, and shelter are adequate.

Need additional services to meet basic needs of food, clothing, shelter, etc.

TECHNOLOGICAL ADVANCES

Advances in technology have been beneficial, tremendous strides have been made, etc.

Current state of the art makes treatment/management of the illness difficult, or further advances are needed.

MEDICAL/DENTAL SERVICES

Medical/dental services are available and/or effective

Need for or lack of medical/dental services (includes help with specific medical conditions, as well as general need for more services)

Table 24 (Continued)
CODING CATEGORIES FOR COMMUNITY LEADER DATA

OTHER SERVICES

Postal service

Guardian-advisory program

Specific state hospital programs (include Terrell Progressive Program)

Commodities

Use of volunteers to reduce cost

Child care at MHMR Center

PERSONAL ISSUES

Need improvement in quality of life (peace of mind, how to be happy), or in specific issues (e.g., isolation from children, help to be independent, weight problems, etc.)

Self-acceptance issues, including embarrassment about obtaining services, need to accept illness, etc.

WHO SHOULD HAVE PRIMARY RESPONSIBILITY FOR MEETING THOSE NEEDS?

Federal Government
State Government
County Government
City Government
Coalition of different levels of government
Mental Health Authority
Consumers
Families
Employers/unions/insurers
Private Sector
medical community
Court System
Churches
Coalition of various private/public/family/consumer/community groups
Other (includes school, university, private donations, etc.)

APPENDIX G

STATEWIDE COMMUNITY LEADER RESPONSES

TABLES 25 THROUGH 29

Key to Column Headings

N	=	Number of Respondents
Sum	=	Sum of priority points awarded
Mean	=	Sum divided by Number of Respondents
Minimum	=	Minimum score awarded
Maximum	=	Maximum score awarded

TABLE 25

DATA SUMMARY FOR RESPONSES TO COMMUNITY LEADER QUESTION 1: WHAT ARE THE NEEDS OF PEOPLE IN THIS COMMUNITY WHO HAVE A LONG-TERM MENTAL ILLNESS?

NUMBER OF RESPONSES: 369

	N	SUM	MEAN	MIN.	MAX.
NEED FOR MORE COMMUNITY AWARENESS	179	626	3.497	1.000	5.000
INADEQUATE HOUSING ALTERNATIVES	140	444	3.171	1.000	5.000
NEED FOR OR LACK OF INPATIENT CARE WHEN NEEDED	97	362	3.732	1.000	5.000
BARRIERS TO ACCESSING SERVICES	94	354	3.766	1.000	5.000
FUNDING, RESOURCES, OR STAFFING FOR SERVICES ARE INADEQUATE	91	309	3.396	1.000	5.000
LACK OF OR NEED ASSISTANCE IN IMPROVING RELATIONSHIPS WITH OR SUPPORT FROM FAMILY	66	185	2.803	1.000	5.000
NEED FOR MORE COUNSELLING SERVICES	57	176	3.088	1.000	5.000
NEED FOR OR LACK OF MEDICAL/DENTAL SERVICES	57	182	3.193	1.000	5.000
LACK OF COMMUNICATION/COORDINATION BETWEEN SERVICE COMPONENTS	55	167	3.036	1.000	5.000
NEED A COMMUNITY SUPPORT PROGRAM, OR PROBLEMS WITH EXISTING PROGRAM	52	157	3.019	1.000	5.000
CASEWORK/CASE MANAGEMENT SERVICES WORK WELL	50	150	3.000	1.000	5.000
NEED FOR MORE INVOLVEMENT, ADVOCACY, SUPPORT FROM THE COMMUNITY	49	151	3.082	1.000	5.000
NEED FOR CLIENT TRACKING SYSTEM	47	160	3.404	1.000	5.000
NEED MORE OUTPATIENT SERVICES	45	127	2.822	1.000	5.000
BETTER EMPLOYMENT OPPORTUNITIES	42	96	2.286	1.000	5.000
LACK OF OR NEED FOR BETTER EMERGENCY SERVICES	36	120	3.333	1.000	5.000
NEED ADDITIONAL SERVICES TO MEET BASIC NEEDS OF FOOD, CLOTHING, SHELTER, ETC.	32	113	3.531	1.000	5.000
NEED FOR BETTER EDUCATION OF, INVOLVEMENT OF HEALTH PROFESSIONS	30	103	3.433	1.000	5.000
INADEQUATE OPPORTUNITIES FOR, OR NEED FOR SOCIALIZATION, SOCIAL PROGRAMS, ACTIVITIES, RECREATION	27	56	2.074	1.000	4.000
LACK OF OR NEED FOR MORE EDUCATIONAL PROGRAMS	27	90	3.333	1.000	5.000
NEED BETTER FACILITIES/ENVIRONMENT	24	77	3.208	1.000	5.000
PROBLEMS WITH MEDICATIONS	23	65	2.826	1.000	5.000
BETTER JOB TRAINING	22	53	2.409	1.000	5.000
PROBLEMS WITH SPECIFIC HOUSING PROGRAMS OTHER THAN BOARDING HOMES	22	58	2.636	1.000	5.000
LACK OF OR NEED FOR SERVICES TO BE PROVIDED IN LOCAL NEIGHBORHOODS	19	57	3.000	1.000	5.000

TABLE 25 (Continued)

DATA SUMMARY FOR RESPONSES TO COMMUNITY LEADER QUESTION 1: WHAT ARE THE NEEDS OF PEOPLE IN THIS COMMUNITY WHO HAVE A LONG-TERM MENTAL ILLNESS?

NUMBER OF RESPONSES: 369

	N	SUM	MEAN	MIN.	MAX.
NEED FOR LEGISLATIVE ADVOCACY	19	55	2.895	1.000	5.000
PROBLEMS WITH THE WAY IN WHICH SERVICES ARE PROVIDED	17	48	2.824	1.000	5.000
MORE ENTITLEMENTS ARE NEEDED	17	49	2.882	1.000	5.000
PROBLEMS WITH TRANSPORTATION	16	35	2.188	1.000	4.000
PROBLEMS WITH INSURANCE COVERAGE	16	49	3.063	1.000	5.000
OTHER MONEY OR FINANCIAL HELP	14	45	3.214	1.000	5.000
LACK OF OR NEED FOR MORE SKILL TRAINING PROGRAMS	14	36	2.571	1.000	5.000
NEED SPECIALIZED SERVICES FOR MI WHO PRESENT MANGEMENT PROBLEMS (E.G., UNRULY, CRIMINALS, ETC.)	14	35	2.500	1.000	4.000
NEED FOR FACILITIES THAT WILL PROVIDE EXTENDED RESIDENTIAL CARE AT AFFORDABLE RATES	13	45	3.462	2.000	5.000
NEED FOR SPECIALIZED TRAINING FOR THE POLICE	12	26	2.167	1.000	4.000
BETTER JOB PLACEMENT, ASSISTANCE IN GETTING JOBS	12	21	1.750	1.000	3.000
DAY CARE PROGRAMS DO NOT EXISST OR NEED IMPROVEMENT	11	36	3.273	1.000	5.000
NEED FOR NEEDS ASSESSMENT/PLANNING	9	31	3.444	1.000	5.000
SERVICE PROVIDERS SEEM UNQUALIFIED, UNCARING, UNHELPFUL, AND/OR DISRESPECTFUL	9	27	3.000	1.000	4.000
NEED IMPROVEMENT IN QUALITY OF LIFE	9	25	2.778	1.000	5.000
PROBLEMS IN RELATIONSHIP WITH FAMILY	8	23	2.875	1.000	5.000
NEED TO BE TREATED WITH DIGNITY AND RESPECT	8	29	3.625	2.000	5.000
PSYCHIATRIC SERVICES ARE INEFFECTIVE, UNAVAILABLE, OR NEED IMPROVEMENT	8	28	3.500	1.000	5.000
NEED TO EDUCATE LEGISLATORS	6	21	3.500	2.000	5.000
NEED FOR IN-HOME PERSONAL CARE	6	12	2.000	1.000	4.000
NEED FOR SUPPORT GROUPS, CONTACT WITH OTHER MENTALLY ILL PEOPLE	5	12	2.400	1.000	4.000
PROBLEMS WITH LAWS OR LEGAL PROCEDURES	5	14	2.800	1.000	5.000
SERVICES SEEM GENERALLY GOOD	4	20	5.000	5.000	5.000
LEGAL ISSUES COMPLICATE ACCESSING SERVICES	4	8	2.000	2.000	2.000
GUARDIAN-ADVISORY PROGRAM	4	6	1.500	1.000	2.000
SELF-ACCEPTANCE ISSUES, INCLUDING EMBARRASSMENT ABOUT OBTAINING SERVICES, NEED TO ACCEPT ILLNESS, ETC.	4	14	3.500	1.000	5.000
NEED MORE SUPPORT AND INVOLVEMENT OF CHURCHES	3	5	1.667	1.000	3.000
ENTITLEMENTS ARE DIFFICULT TO OBTAIN	3	8	2.667	1.000	4.000
HOUSING/RESIDENTIAL PROGRAMS WORK WELL	3	13	4.333	4.000	5.000

TABLE 25 (Continued)

DATA SUMMARY FOR RESPONSES TO COMMUNITY LEADER QUESTION 1: WHAT ARE THE NEEDS OF PEOPLE IN THIS COMMUNITY WHO HAVE A LONG-TERM MENTAL ILLNESS?

NUMBER OF RESPONSES: 369

	N	SUM	MEAN	MIN.	MAX.
STATE HOSPITALS, PSYCHIATRIC INPATIENT UNITS ARE AVAILABLE AND EFFECTIVE	3	8	2.667	1.000	5.000
DISCRIMINATION, LACK OF FREEDOM/PRIVACY	2	5	2.500	1.000	4.000
NEED FOR OR INADEQUATE SELF-HELP GROUPS, OR CONSUMERS ASSUMING RESPONSIBILITY FOR OWN CARE	2	2	1.000	1.000	1.000
LACK OF OR NEED FOR BILINGUAL/BICULTURAL SERVICES	1	1	1.000	1.000	1.000
PROBLEMS WITH, OR NEED ASSISTANCE WITH FRIENDS, RELATIONSHIPS WITH FRIENDS, NEED FOR HELP/CARE/LOVE FROM FRIENDS	1	2	2.000	2.000	2.000
SUPPORT AND INVOLVEMENT OF HEALTH PROFESSIONS IS GOOD	1	1	1.000	1.000	1.000
LACK OF MEDICATION EDUCATION	1	5	5.000	5.000	5.000
MORE SUPPORT FROM EMPLOYERS	1	2	2.000	2.000	2.000
COUNSELLING/THERAPY SERVICES WORK WELL	1	3	3.000	3.000	3.000
SERVICES TO MEET BASIC NEEDS OF FOOD, CLOTHING, AND SHELTER ARE ADEQUATE	1	3	3.000	3.000	3.000

TABLE 26

DATA SUMMARY FOR RESPONSES TO COMMUNITY LEADER QUESTION 2: WHICH OF THESE NEEDS ARE BEING MET IN THIS COMMUNITY?

NUMBER OF RESPONSES: 327

	N	SUM	MEAN	MIN.	MAX.
HOUSING/RESIDENTIAL PROGRAMS WORK WELL	121	368	3.041	1.000	5.000
STATE HOSPITALS, PSYCHIATRIC INPATIENT UNITS ARE AVAILABLE AND EFFECTIVE	115	464	4.035	1.000	5.000
CASEWORK/CASE MANAGEMENT SERVICES WORK WELL	63	207	3.286	1.000	5.000
COUNSELLING/THERAPY SERVICES WORK WELL	58	238	4.103	1.000	5.000
UNDERSTANDING AND SUPPORT FROM THE COMMUNITY IS GOOD OR HAS IMPROVED	57	190	3.333	1.000	5.000
MEDICATIONS ARE WORKING WELL	52	161	3.096	1.000	5.000
JOB TRAINING/PLACEMENT/SUPPORT SYSTEM IS GOOD	49	157	3.204	1.000	5.000
ABILITY TO ACCESS SERVICES IS GOOD	42	131	3.119	1.000	5.000
EMERGENCY SERVICES WORK WELL	41	143	3.488	1.000	5.000
SERVICES SEEM GENERALLY GOOD	40	147	3.675	1.000	5.000
AVAILABLE TRAINING/EDUCATION PROGRAMS ARE GOOD	39	134	3.436	1.000	5.000
MEDICAL/DENTAL SERVICES ARE AVAILABLE AND/OR EFFECTIVE	39	148	3.795	1.000	5.000
OPPORTUNITIES FOR SOCIALIZATION AND RECREATION ARE GOOD	36	90	2.500	1.000	5.000
FUNDING, RESOURCES, OR STAFFING FOR SERVICES ARE INADEQUATE	35	129	3.686	1.000	5.000
BARRIERS TO ACCESSING SERVICES	34	128	3.765	1.000	5.000
COMMUNITY SUPPORT PROGRAM IS HELPFUL	33	89	2.697	1.000	5.000
SERVICES TO SPECIALIZED POPULATIONS ARE GOOD	28	117	4.179	2.000	5.000
NEED FOR MORE COMMUNITY AWARENESS	24	73	3.042	2.000	4.000
OUTPATIENT SERVICES ARE AVAILABLE/EFFECTIVE	21	63	3.000	1.000	5.000
PUBLIC TRANSPORTATION IS GOOD	20	53	2.650	1.000	5.000
SERVICES TO MEET BASIC NEEDS OF FOOD, CLOTHING, AND SHELTER ARE ADEQUATE	19	55	2.895	2.000	5.000
ENTITLEMENT PROGRAMS ARE GOOD	18	48	2.667	1.000	5.000
NEED FOR OR LACK OF INPATIENT CARE WHEN NEEDED	17	62	3.647	1.000	5.000
PSYCHIATRIC SERVICES ARE AVAILABLE AND/OR EFFECTIVE	17	54	3.176	1.000	5.000
SUPPORT AND INVOLVEMENT OF HEALTH PROFESSIONS IS GOOD	16	62	3.875	1.000	5.000
SUPPORT AND INVOLVEMENT OF CHURCHES IS GOOD	14	42	3.000	1.000	5.000
SUPPORT FROM FAMILY IS GOOD	11	27	2.455	1.000	5.000
SUPPORT AVAILABLE TO FAMILIES IS GOOD	11	38	3.455	1.000	5.000
SERVICES ARE COORDINATED WELL	9	32	3.556	2.000	5.000
SUPPORT FROM FRIENDS OR SUPPORT GROUPS IS GOOD	9	25	2.778	1.000	5.000

TABLE 26 (Continued)

DATA SUMMARY FOR RESPONSES TO COMMUNITY LEADER QUESTION 2: WHICH OF THESE NEEDS ARE BEING MET IN THIS COMMUNITY?

NUMBER OF RESPONSES: 327

	N	SUM	MEAN	MIN.	MAX.
LACK OF OR NEED FOR MORE EDUCATIONAL PROGRAMS	8	34	4.250	2.000	5.000
DAY CARE PROGRAMS ARE AVAILABLE/EFFECTIVE	8	22	2.750	1.000	4.000
INADEQUATE HOUSING ALTERNATIVES	7	24	3.429	1.000	5.000
SELF-HELP GROUPS/CONSUMER RESPONSIBILITY FOR CARE IS GOOD	6	23	3.833	3.000	5.000
NEED ADDITIONAL SERVICES TO MEET BASIC NEEDS OF FOOD, CLOTHING, SHELTER, ETC.	6	12	2.000	1.000	4.000
NEED BETTER FACILITIES/ENVIRONMENT	5	21	4.200	4.000	5.000
NEED FOR BETTER EDUCATION OF, INVOLVEMENT OF HEALTH PROFESSIONS	5	16	3.200	1.000	5.000
PROBLEMS WITH TRANSPORTATION	5	14	2.800	1.000	4.000
PROBLEMS WITH BOARDING HOMES	5	9	1.800	1.000	3.000
NEED A COMMUNITY SUPPORT PROGRAM, OR PROBLEMS WITH EXISTING PROGRAM	5	13	2.600	1.000	4.000
CASEWORK/CASE MANAGEMENT SERVICES WORK WELL	5	21	4.200	3.000	5.000
NEED FOR CLIENT TRACKING SYSTEM	5	14	2.800	1.000	5.000
LACK OF COMMUNICATION/COORDINATION BETWEEN SERVICE COMPONENTS	4	13	3.250	3.000	4.000
NEED FOR OR LACK OF MEDICAL/DENTAL SERVICES	4	13	3.250	1.000	5.000
PROBLEMS WITH THE WAY IN WHICH SERVICES ARE PROVIDED	3	10	3.333	2.000	5.000
NEED FOR SPECIALIZED TRAINING FOR THE POLICE	3	11	3.667	3.000	4.000
LACK OF OR NEED FOR BETTER EMERGENCY SERVICES	3	11	3.667	1.000	5.000
NEED SPECIALIZED SERVICES FOR MI WHO PRESENT MANGEMENT PROBLEMS (E.G., UNRULY, CRIMINALS, ETC.)	3	11	3.667	2.000	5.000
PROBLEMS IN RELATIONSHIP WITH FAMILY	2	5	2.500	2.000	3.000
LACK OF OR NEED ASSISTANCE IN IMPROVING RELATIONSHIPS WITH OR SUPPORT FROM FAMILY	2	7	3.500	2.000	5.000
PROBLEMS WITH MEDICATIONS	2	3	1.500	1.000	2.000
BETTER EMPLOYMENT OPPORTUNITIES	2	6	3.000	2.000	4.000
INADEQUATE OPPORTUNITIES FOR, OR NEED FOR SOCIALIZATION, SOCIAL PROGRAMS, ACTIVITIES, RECREATION	2	6	3.000	3.000	3.000
LACK OF OR NEED FOR MORE SKILL TRAINING PROGRAMS	2	7	3.500	3.000	4.000
USE OF VOLUNTEERS TO REDUCE COST	2	7	3.500	2.000	5.000

TABLE 26 (Continued)

DATA SUMMARY FOR RESPONSES TO COMMUNITY LEADER QUESTION 2: WHICH OF THESE NEEDS ARE BEING MET IN THIS COMMUNITY?

NUMBER OF RESPONSES: 327

	N	SUM	MEAN	MIN.	MAX.
NEED FOR NEEDS ASSESSMENT/PLANNING	1	1	1.000	1.000	1.000
SERVICES ARE PROVIDED IN A PROMPT, PROFESSIONAL, CARING MANNER	1	4	4.000	4.000	4.000
LACK OF OR NEED FOR SERVICES TO BE PROVIDED IN LOCAL NEIGHBORHOODS	1	2	2.000	2.000	2.000
NEED FOR SUPPORT GROUPS, CONTACT WITH OTHER MENTALLY ILL PEOPLE	1	4	4.000	4.000	4.000
NEED MORE SUPPORT AND INVOLVEMENT OF CHURCHES	1	1	1.000	1.000	1.000
NEED TO EDUCATE LEGISLATORS	1	3	3.000	3.000	3.000
PROBLEMS WITH INSURANCE COVERAGE	1	2	2.000	2.000	2.000
PROBLEMS WITH SPECIFIC HOUSING PROGRAMS OTHER THAN BOARDING HOMES	1	5	5.000	5.000	5.000
NEED FOR MORE COUNSELLING SERVICES	1	2	2.000	2.000	2.000
SPECIFIC STATE HOSPITAL PROGRAMS	1	5	5.000	5.000	5.000

TABLE 26 (Continued)

DATA SUMMARY FOR RESPONSES TO COMMUNITY LEADER QUESTION 2: WHICH OF THESE NEEDS ARE BEING MET IN THIS COMMUNITY?

NUMBER OF RESPONSES: 327

	N	SUM	MEAN	MIN.	MAX.
LACK OF OR NEED FOR MORE EDUCATIONAL PROGRAMS	8	34	4.250	2.000	5.000
DAY CARE PROGRAMS ARE AVAILABLE/EFFECTIVE	8	22	2.750	1.000	4.000
INADEQUATE HOUSING ALTERNATIVES	7	24	3.429	1.000	5.000
SELF-HELP GROUPS/CONSUMER RESPONSIBILITY FOR CARE IS GOOD	6	23	3.833	3.000	5.000
NEED ADDITIONAL SERVICES TO MEET BASIC NEEDS OF FOOD, CLOTHING, SHELTER, ETC.	6	12	2.000	1.000	4.000
NEED BETTER FACILITIES/ENVIRONMENT	5	21	4.200	4.000	5.000
NEED FOR BETTER EDUCATION OF, INVOLVEMENT OF HEALTH PROFESSIONS	5	16	3.200	1.000	5.000
PROBLEMS WITH TRANSPORTATION	5	14	2.800	1.000	4.000
PROBLEMS WITH BOARDING HOMES	5	9	1.800	1.000	3.000
NEED A COMMUNITY SUPPORT PROGRAM, OR PROBLEMS WITH EXISTING PROGRAM	5	13	2.600	1.000	4.000
CASEWORK/CASE MANAGEMENT SERVICES WORK WELL	5	21	4.200	3.000	5.000
NEED FOR CLIENT TRACKING SYSTEM	5	14	2.800	1.000	5.000
LACK OF COMMUNICATION/COORDINATION BETWEEN SERVICE COMPONENTS	4	13	3.250	3.000	4.000
NEED FOR OR LACK OF MEDICAL/DENTAL SERVICES	4	13	3.250	1.000	5.000
PROBLEMS WITH THE WAY IN WHICH SERVICES ARE PROVIDED	3	10	3.333	2.000	5.000
NEED FOR SPECIALIZED TRAINING FOR THE POLICE	3	11	3.667	3.000	4.000
LACK OF OR NEED FOR BETTER EMERGENCY SERVICES	3	11	3.667	1.000	5.000
NEED SPECIALIZED SERVICES FOR MI WHO PRESENT MANGEMENT PROBLEMS (E.G., UNRULY, CRIMINALS, ETC.)	3	11	3.667	2.000	5.000
PROBLEMS IN RELATIONSHIP WITH FAMILY	2	5	2.500	2.000	3.000
LACK OF OR NEED ASSISTANCE IN IMPROVING RELATIONSHIPS WITH OR SUPPORT FROM FAMILY	2	7	3.500	2.000	5.000
PROBLEMS WITH MEDICATIONS	2	3	1.500	1.000	2.000
BETTER EMPLOYMENT OPPORTUNITIES	2	6	3.000	2.000	4.000
INADEQUATE OPPORTUNITIES FOR, OR NEED FOR SOCIALIZATION, SOCIAL PROGRAMS, ACTIVITIES, RECREATION	2	6	3.000	3.000	3.000
LACK OF OR NEED FOR MORE SKILL TRAINING PROGRAMS	2	7	3.500	3.000	4.000
USE OF VOLUNTEERS TO REDUCE COST	2	7	3.500	2.000	5.000

TABLE 26 (Continued)

DATA SUMMARY FOR RESPONSES TO COMMUNITY LEADER QUESTION 2: WHICH OF THESE NEEDS ARE BEING MET IN THIS COMMUNITY?

NUMBER OF RESPONSES: 327

	N	SUM	MEAN	MIN.	MAX.
NEED FOR NEEDS ASSESSMENT/PLANNING	1	1	1.000	1.000	1.000
SERVICES ARE PROVIDED IN A PROMPT, PROFESSIONAL, CARING MANNER	1	4	4.000	4.000	4.000
LACK OF OR NEED FOR SERVICES TO BE PROVIDED IN LOCAL NEIGHBORHOODS	1	2	2.000	2.000	2.000
NEED FOR SUPPORT GROUPS, CONTACT WITH OTHER MENTALLY ILL PEOPLE	1	4	4.000	4.000	4.000
NEED MORE SUPPORT AND INVOLVEMENT OF CHURCHES	1	1	1.000	1.000	1.000
NEED TO EDUCATE LEGISLATORS	1	3	3.000	3.000	3.000
PROBLEMS WITH INSURANCE COVERAGE	1	2	2.000	2.000	2.000
PROBLEMS WITH SPECIFIC HOUSING PROGRAMS OTHER THAN BOARDING HOMES	1	5	5.000	5.000	5.000
NEED FOR MORE COUNSELLING SERVICES	1	2	2.000	2.000	2.000
SPECIFIC STATE HOSPITAL PROGRAMS	1	5	5.000	5.000	5.000

TABLE 27

DATA SUMMARY FOR RESPONSES TO COMMUNITY LEADER QUESTION 3: WHICH OF THESE NEEDS ARE NOT BEING MET IN THIS COMMUNITY?

NUMBER OF RESPONSES: 346

	N	SUM	MEAN	MIN.	MAX.
NEED FOR MORE COMMUNITY AWARENESS	185	627	3.389	1.000	5.000
FUNDING, RESOURCES, OR STAFFING FOR SERVICES ARE INADEQUATE	135	499	3.696	1.000	5.000
BARRIERS TO ACCESSING SERVICES	98	340	3.469	1.000	5.000
INADEQUATE HOUSING ALTERNATIVES	92	333	3.620	1.000	5.000
NEED FOR OR LACK OF INPATIENT CARE WHEN NEEDED	72	260	3.611	1.000	5.000
NEED MORE OUTPATIENT SERVICES	61	194	3.180	1.000	5.000
NEED FOR MORE INVOLVEMENT, ADVOCACY, SUPPORT FROM THE COMMUNITY	60	187	3.117	1.000	5.000
NEED FOR CLIENT TRACKING SYSTEM	58	191	3.293	1.000	5.000
NEED A COMMUNITY SUPPORT PROGRAM, OR PROBLEMS WITH EXISTING PROGRAM	54	142	2.630	1.000	5.000
CASEWORK/CASE MANAGEMENT SERVICES WORK WELL	52	146	2.808	1.000	5.000
LACK OF COMMUNICATION/COORDINATION BETWEEN SERVICE COMPONENTS	47	139	2.957	1.000	5.000
LACK OF OR NEED ASSISTANCE IN IMPROVING RELATIONSHIPS WITH OR SUPPORT FROM FAMILY	44	125	2.841	1.000	5.000
LACK OF OR NEED FOR BETTER EMERGENCY SERVICES	42	129	3.071	1.000	5.000
BETTER EMPLOYMENT OPPORTUNITIES	32	79	2.469	1.000	5.000
NEED FOR OR LACK OF MEDICAL/DENTAL SERVICES	32	94	2.938	1.000	5.000
PROBLEMS WITH THE WAY IN WHICH SERVICES ARE PROVIDED	30	93	3.100	1.000	5.000
PROBLEMS WITH INSURANCE COVERAGE	27	90	3.333	1.000	5.000
NEED FOR MORE COUNSELLING SERVICES	27	65	2.407	1.000	5.000
NEED SPECIALIZED SERVICES FOR MI WHO PRESENT MANAGEMENT PROBLEMS (E.G., UNRULY, CRIMINALS, ETC.)	27	76	2.815	1.000	5.000
INADEQUATE OPPORTUNITIES FOR, OR NEED FOR SOCIALIZATION, SOCIAL PROGRAMS, ACTIVITIES, RECREATION	25	65	2.600	1.000	4.000
NEED ADDITIONAL SERVICES TO MEET BASIC NEEDS OF FOOD, CLOTHING, SHELTER, ETC.	22	67	3.045	1.000	5.000
PROBLEMS WITH MEDICATIONS	19	53	2.789	1.000	4.000
PROBLEMS WITH SPECIFIC HOUSING PROGRAMS OTHER THAN BOARDING HOMES	19	52	2.737	1.000	5.000
NEED BETTER FACILITIES/ENVIRONMENT	18	53	2.944	1.000	5.000
LACK OF OR NEED FOR SERVICES TO BE PROVIDED IN LOCAL NEIGHBORHOODS	16	57	3.563	1.000	5.000

TABLE 27 (Continued)

DATA SUMMARY FOR RESPONSES TO COMMUNITY LEADER QUESTION 3: WHICH OF THESE NEEDS ARE NOT BEING MET IN THIS COMMUNITY?

NUMBER OF RESPONSES: 346

	N	SUM	MEAN	MIN.	MAX.
NEED FOR BETTER EDUCATION OF, INVOLVEMENT OF HEALTH PROFESSIONS	16	53	3.313	1.000	5.000
BETTER JOB PLACEMENT, ASSISTANCE IN GETTING JOBS	15	33	2.200	1.000	3.000
NEED FOR NEEDS ASSESSMENT/PLANNING	14	50	3.571	1.000	5.000
LACK OF OR NEED FOR MORE EDUCATIONAL PROGRAMS	14	41	2.929	1.000	5.000
NEED FOR LEGISLATIVE ADVOCACY	13	42	3.231	1.000	5.000
USE OF VOLUNTEERS TO REDUCE COST	13	34	2.615	1.000	5.000
OTHER MONEY OR FINANCIAL HELP	11	29	2.636	1.000	5.000
SERVICES SEEM GENERALLY GOOD	10	50	5.000	5.000	5.000
NEED TO BE TREATED WITH DIGNITY AND RESPECT	9	19	2.111	1.000	4.000
BETTER JOB TRAINING	9	31	3.444	1.000	5.000
PROBLEMS WITH TRANSPORTATION	8	23	2.875	1.000	4.000
MORE ENTITLEMENTS ARE NEEDED	8	26	3.250	1.000	5.000
NEED MORE SUPPORT AND INVOLVEMENT OF CHURCHES	7	25	3.571	1.000	5.000
NEED TO EDUCATE LEGISLATORS	7	15	2.143	1.000	4.000
SELF-ACCEPTANCE ISSUES, INCLUDING EMBARRASSMENT ABOUT OBTAINING SERVICES, NEED TO ACCEPT ILLNESS, ETC.	7	20	2.857	1.000	5.000
PROBLEMS WITH LAWS OR LEGAL PROCEDURES	6	20	3.333	1.000	5.000
NEED FOR IN-HOME PERSONAL CARE	6	14	2.333	1.000	3.000
LEGAL ISSUES COMPLICATE ACCESSING SERVICES	5	11	2.200	1.000	5.000
NEED SPECIALIZED SERVICES FOR MI WHO ARE SUBSTANCE ABUSERS	5	12	2.400	1.000	4.000
NEED IMPROVEMENT IN QUALITY OF LIFE	5	15	3.000	1.000	5.000
NEED FOR OR INADEQUATE SELF-HELP GROUPS, OR CONSUMERS ASSUMING RESPONSIBILITY FOR OWN CARE	4	15	3.750	2.000	5.000
SUPPORT AVAILABLE TO FAMILIES IS GOOD	3	10	3.333	2.000	5.000
DAY CARE PROGRAMS DO NOT EXISST OR NEED IMPROVEMENT	3	12	4.000	3.000	5.000
PROBLEMS WITH ACCESSING/USING FEDERAL FUNDS	2	5	2.500	2.000	3.000
ABILITY TO ACCESS SERVICES IS GOOD	2	8	4.000	3.000	5.000
LACK OF OR NEED FOR BILINGUAL/BICULTURAL SERVICES	2	5	2.500	2.000	3.000
PROBLEMS IN RELATIONSHIP WITH FAMILY	2	3	1.500	1.000	2.000

TABLE 27 (Continued)

DATA SUMMARY FOR RESPONSES TO COMMUNITY LEADER QUESTION 3: WHICH OF THESE NEEDS ARE NOT BEING MET IN THIS COMMUNITY?

NUMBER OF RESPONSES: 346

	N	SUM	MEAN	MIN.	MAX.
PROBLEMS WITH, OR NEED ASSISTANCE WITH FRIENDS, RELATIONSHIPS WITH FRIENDS, NEED FOR HELP/CARE/LOVE FROM FRIENDS	2	3	1.500	1.000	2.000
LACK OF MEDICATION EDUCATION	2	7	3.500	3.000	4.000
LACK OF OR NEED FOR MORE SKILL TRAINING PROGRAMS	2	9	4.500	4.000	5.000
PSYCHIATRIC SERVICES ARE INEFFECTIVE, UNAVAILABLE, OR NEED IMPROVEMENT	2	7	3.500	2.000	5.000
SUPPORT FROM FAMILY IS GOOD	1	4	4.000	4.000	4.000
JOB TRAINING/PLACEMENT/SUPPORT SYSTEM IS GOOD	1	4	4.000	4.000	4.000
ENTITLEMENT PROGRAMS ARE GOOD	1	2	2.000	2.000	2.000
COUNSELLING/THERAPY SERVICES WORK WELL	1	4	4.000	4.000	4.000
AVAILABLE TRAINING/EDUCATION PROGRAMS ARE GOOD	1	85	5.000	5.000	5.000
PSYCHIATRIC SERVICES ARE AVAILABLE AND/OR EFFECTIVE	1	5	5.000	5.000	5.000
OUTPATIENT SERVICES ARE AVAILABLE/EFFECTIVE	1	5	5.000	5.000	5.000
CURRENT STATE OF THE ART MAKES TREATMENT/MANAGEMENT OF THE ILLNESS DIFFICULT, OR FURTHER ADVANCES ARE NEEDED	1	2	2.000	2.000	2.000
MEDICAL/DENTAL SERVICES ARE AVAILABLE AND/OR EFFECTIVE	1	4	4.000	4.000	4.000
CHILD CARE AT MHMR CENTER	1	3	3.000	3.000	3.000

TABLE 28

DATA SUMMARY FOR RESPONSES TO COMMUNITY LEADER QUESTION 4: WHAT ARE THE BARRIERS IN THIS COMMUNITY THAT KEEP THOSE NEEDS FROM BEING MET?

NUMBER OF RESPONSES: 335

	N	SUM	MEAN	MIN.	MAX.
FUNDING, RESOURCES, OR STAFFING FOR SERVICES ARE INADEQUATE	290	1222	4.214	1.000	5.000
NEED FOR MORE COMMUNITY AWARENESS	250	890	3.560	1.000	5.000
NEED FOR MORE INVOLVEMENT, ADVOCACY, SUPPORT FROM THE COMMUNITY	250	865	3.460	1.000	5.000
BARRIERS TO ACCESSING SERVICES	75	212	2.827	1.000	5.000
LACK OF COMMUNICATION/COORDINATION BETWEEN SERVICE COMPONENTS	56	176	3.143	1.000	5.000
NEED BETTER FACILITIES/ENVIRONMENT	39	95	2.436	1.000	5.000
NEED FOR LEGISLATIVE ADVOCACY	34	108	3.176	1.000	5.000
NEED TO EDUCATE LEGISLATORS	33	92	2.788	1.000	5.000
DISCRIMINATION, LACK OF FREEDOM/PRIVACY	23	70	3.043	1.000	5.000
LEGAL ISSUES COMPLICATE ACCESSING SERVICES	21	67	3.190	2.000	4.000
PROBLEMS WITH THE WAY IN WHICH SERVICES ARE PROVIDED	21	62	2.952	1.000	4.000
NEED FOR BETTER EDUCATION OF, INVOLVEMENT OF HEALTH PROFESSIONS	19	41	2.158	1.000	4.000
PROBLEMS WITH TRANSPORTATION	18	40	2.222	1.000	4.000
SELF-ACCEPTANCE ISSUES, INCLUDING EMBARRASSMENT ABOUT OBTAINING SERVICES, NEED TO ACCEPT ILLNESS, ETC.	18	54	3.000	1.000	5.000
NEED FOR NEEDS ASSESSMENT/PLANNING	17	54	3.176	1.000	5.000
LACK OF OR NEED ASSISTANCE IN IMPROVING RELATIONSHIPS WITH OR SUPPORT FROM FAMILY	15	47	3.133	2.000	5.000
BETTER EMPLOYMENT OPPORTUNITIES	15	35	2.333	1.000	5.000
NEED FOR OR INADEQUATE SELF-HELP GROUPS, OR CONSUMERS ASSUMING RESPONSIBILITY FOR OWN CARE	9	24	2.667	1.000	5.000
LACK OF OR NEED FOR MORE EDUCATIONAL PROGRAMS	8	33	4.125	2.000	5.000
CURRENT STATE OF THE ART MAKES TREATMENT/MANAGEMENT OF THE ILLNESS DIFFICULT, OR FURTHER ADVANCES ARE NEEDED	8	24	3.000	1.000	5.000
PROBLEMS WITH INSURANCE COVERAGE	7	20	2.857	1.000	5.000
SERVICES SEEM GENERALLY GOOD	6	28	4.667	3.000	5.000
NEED FOR MORE COUNSELLING SERVICES	6	14	2.333	1.000	4.000
NEED MORE SUPPORT AND INVOLVEMENT OF CHURCHES	5	7	1.400	1.000	2.000
NEED FOR CLIENT TRACKING SYSTEM	5	11	2.200	1.000	5.000
PROBLEMS WITH ACCESSING/USING FEDERAL FUNDS	4	11	2.750	1.000	4.000

TABLE 28 (Continued)

DATA SUMMARY FOR RESPONSES TO COMMUNITY LEADER QUESTION 4: WHAT ARE THE BARRIERS IN THIS COMMUNITY THAT KEEP THOSE NEEDS FROM BEING MET?

NUMBER OF RESPONSES: 335

	N	SUM	MEAN	MIN.	MAX.
PROBLEMS IN RELATIONSHIP WITH FAMILY	4	15	3.750	2.000	5.000
NEED TO BE TREATED WITH DIGNITY AND RESPECT	4	9	2.250	1.000	3.000
NEED A COMMUNITY SUPPORT PROGRAM, OR PROBLEMS WITH EXISTING PROGRAM	4	8	2.000	1.000	3.000
CASEWORK/CASE MANAGEMENT SERVICES WORK WELL	4	11	2.750	1.000	5.000
LACK OF OR NEED FOR BILINGUAL/BICULTURAL SERVICES	3	7	2.333	1.000	4.000
PROBLEMS WITH SPECIFIC HOUSING PROGRAMS OTHER THAN BOARDING HOMES	3	7	2.333	2.000	3.000
NEED FOR OR LACK OF MEDICAL/DENTAL SERVICES	3	7	2.333	2.000	3.000
USE OF VOLUNTEERS TO REDUCE COST	3	6	2.000	1.000	3.000
LACK OF OR NEED FOR SERVICES TO BE PROVIDED IN LOCAL NEIGHBORHOODS	2	4	2.000	1.000	3.000
SUPPORT AVAILABLE TO FAMILIES IS GOOD	2	8	4.000	3.000	5.000
PROBLEMS WITH LAWS OR LEGAL PROCEDURES	2	7	3.500	3.000	4.000
BETTER JOB PLACEMENT, ASSISTANCE IN GETTING JOBS	2	3	1.500	1.000	2.000
NEED SPECIALIZED SERVICES FOR MI WHO PRESENT MANGEMENT PROBLEMS (E.G., UNRULY, CRIMINALS, ETC.)	2	5	2.500	2.000	3.000
NEED IMPROVEMENT IN QUALITY OF LIFE	2	5	2.500	2.000	3.000
SERVICE PROVIDERS SEEM UNQUALIFIED, UNCARING, UNHELPFUL, AND/OR DISRESPECTFUL	1	5	5.000	5.000	5.000
PUBLIC TRANSPORTATION IS GOOD	1	5	5.000	5.000	5.000
HOUSING/RESIDENTIAL PROGRAMS WORK WELL	1	1	1.000	1.000	1.000
INADEQUATE HOUSING ALTERNATIVES	1	2	2.000	2.000	2.000
COMMUNITY SUPPORT PROGRAM IS HELPFUL	1	2	2.000	2.000	2.000
NEED MORE OUTPATIENT SERVICES	1	2	2.000	2.000	2.000

TABLE 29

DATA SUMMARY FOR RESPONSES TO COMMUNITY LEADER QUESTION 5: WHO SHOULD HAVE PRIMARY RESPONSIBILITY FOR MEETING THOSE NEEDS?

NUMBER OF RESPONSES: 329

	N	SUM	MEAN	MIN.	MAX.
COALITION OF VARIOUS GROUPS: PRIVATE/PUBLIC/FAMILY/CONSUMER/COMMUNITY	201	739	3.677	1.000	5.000
FAMILIES	171	577	3.374	1.000	5.000
COALITION OF DIFFERENT LEVELS OF GOVERNMENT	159	598	3.761	1.000	5.000
STATE GOVERNMENT	134	491	3.664	1.000	5.000
OTHER (INCLUDES SCHOOL, UNIVERSITY, PRIVATE DONATIONS, ETC.)	103	254	2.466	1.000	5.000
PRIVATE SECTOR	95	255	2.684	1.000	5.000
FEDERAL GOVERNMENT	85	273	3.212	1.000	5.000
MENTAL HEALTH AUTHORITY	82	271	3.305	1.000	5.000
CITY GOVERNMENT	74	236	3.189	1.000	5.000
MEDICAL COMMUNITY	74	203	2.743	1.000	5.000
CHURCHES	61	133	2.180	1.000	5.000
COUNTY GOVERNMENT	53	156	2.943	1.000	5.000
CONSUMERS	37	130	3.514	1.000	5.000
EMPLOYERS/UNIONS/INSURORS	29	66	2.276	1.000	5.000
COURT SYSTEM	14	26	1.857	1.000	3.000

APPENDIX H

COMMUNITY LEADER RESPONSES

BY

MENTAL HEALTH AND MENTAL RETARDATION CENTER AREA

TABLES 30 THROUGH 34

Note: This table reports sums of priority points for each response, statewide, and by MHMR Center area. For total numbers of respondents in each area, see Appendix B. For discussion of scoring system, see section on "Method."

TABLE 30

SUM OF SCORES BY CENTER FOR RESPONSES TO COMMUNITY LEADER QUESTION 1: WHAT ARE THE NEEDS OF PEOPLE IN THIS COMMUNITY WHO HAVE A LONG-TERM MENTAL ILLNESS?.

TDMHMR MSA		4	7	20	9	10	11	61	14	15	17	62	34	13	18	5	16	12	26	19	22	24	25	27	2	29	30	31
CENTER SURVEY NUMBER	ALL	3	5	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	23	24	26	28	29	30	31	32	33	34
NEED COMMUNITY AWARENESS	626	31	34	15	14	16		38	15	2	25		47	5	31	25	19	19	31	39	16	44	26	32	23	27	35	17
INADEQUATE HOUSING	444	54	2		31	21	39	19	9	7	39		16				40	11	12	10	38	8	24	6		21	27	10
NEED IP CARE	362	10			16	19		46		14	18	37		2	28	13	15	23			30					21	46	24
BARRIERS TO ACCESS SVCS	354	3	10	14	6	22	6	32		21	13				8	48	19	17			3	71		49			12	
RESOURCES INADEQUATE	309	31	7	6		29	5	3	10		3		11		1	41	43		10		7	2	3	4	34	9	46	4
IMPROVE RELAT W/ FAMILY	185	2	13	14		23			2		14				6	30								7	9	2	32	31
NEED MED/DENT SERVICES	182	6			9	5	13	8	11	5	8	19					5	31			25	1	14	7	11		4	
NEED COUNSELLING SVCS	176	10				13			7			14	34		14				36					10		18	20	
LACK OF SVC COORD.	167	8				26							23	2		20	8		8	20	15	8	20				9	
NEED TRACKING SYSTEM	160	6				5					37				20		3		8	12	29		11		3	14		12
NEED CSP	157	8	12		8	42	8			10	10				2		3				1	30		12	7		4	
NEED COMMUNITY ADVOCACY	151	1	4	3	9	5	20	10					12	4	14		10	2		8	16		4	1	19		4	5
NEED CASEWORK SVCS	150	18		7		4	6	23	15		5		18		20		7		4		18		4			1		
NEED OP SVCS	127	6				4	18		12		14	6					5		1		2	33		8			18	
NEED EMERGENCY SVCS	120			5			25						13				31		6	5	4							31
NEED SVCS FOR BASIC NEEDS	113	9				5	6			24	7				11	14	20			3	3				11			
NEED TO INVOLVE HEALTH PROF	103	3	4		37	43							2						2					1			7	4
NEED BETTER JOBS	96	8	8	3	8		11				9						5		2		5		8	7	9			13
NEED EDUC. PROG.	90	5				4	14		16		4		2		8			1		18				3	15			
NEED BETTER FACILITIES	77	3				20					4	16				6			2					5		3	18	
PROBS W/ MEDS	65	7		8	16	7									12				2		2			3	8			
PROBS W/ HOUSING PROGRAMS	58					11								5	15	7	4			6		5		5				
NEED SVCS IN NEIGHBORHOOD	57			13			2																14		5			23
NEED SOCIAL OPPORT.	56	1					18								4		2	2		6				2	5	10		6
NEED LEGIS. ADVOCACY	55	11			2	8			7		5								18			4						
NEED JOB TRAINING	53	1		2		2														17	8		10	5			6	2
MORE ENTITLEMENTS	49											18					29							1				1
PROBS W/ INSURANCE COV.	49	6		5								31							4						3			
PROBS W/ SERVICES	48	5		6														7	6					4	3	3		14
OTHER MONEY OR FIN. HELP	45																	9					24	5				7

TABLE 30 (Continued)

SUM OF SCORES BY CENTER FOR RESPONSES TO COMMUNITY LEADER QUESTION 1: WHAT ARE THE NEEDS OF PEOPLE IN THIS COMMUNITY WHO HAVE A LONG-TERM MENTAL ILLNESS?.

TDMHMR MSA		4	7	20	9	10	11	61	14	15	17	62	34	13	18	5	16	12	26	19	22	24	25	27	2	29	30	31
CENTER SURVEY NUMBER	ALL	3	5	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	23	24	26	28	29	30	31	32	33	34
NEED EXTENDED RES. CARE	45													3										29		3	10	
NEED TRAINING PROG.	36				15																2						19	
NEED CAY CARE PROGS.	36		3																							33		
PROBS W/ TRANSP.	35		1			3		2		10	8		7											4				
NEED MI-CRIMINAL SVCS	35				2						6	6		4	3												14	
NEED NEEDS ASSESSMENT	31	5															4							1			21	
NEED DIGNITY AND RESPECT	29														5													24
PROBS W/ PSYCHIATRIC SVCS	28	15										5			7												1	
PROBS W/ SVC PROVIDERS	27																4										14	9
NEED POLICE TRAINING	26											12					3	7										4
IMPROVE QUAL. OF LIFE	25					13												1	11									
PROBS W/ FAMILY	23									5					14				4									
NEED TO EDUCATE LEGIS.	21													11								3			7			
NEED JOB PLACEMENT	21	3			1										4	8												5
SVCS GENERALLY GOOD	20											5			5					5	5							
PROBS W/ LAWS	14					5								9														
SELF-ACCEPTANCE	14					5				4			5															
HOUSING IS GOOD	13																											
NEED SUPPORT GROUPS	12																4								5		4	
NEED IN-HOME CARE	12																	11									1	
	5						4	3																				
LEGAL ISSUES ARE BARRIER	8											4									2						2	
ENTITLEMENTS HARD TO GET	8							8																				
IP CARE IS GOOD	8					2		1													5							
GUARDIAN/ADVISORY PROG.	6																										6	
NEED MORE CHURCH INVOLV.	5	1					3																			1		
DISCRIMINATION	5																								5			
NEED MED. EDUC.	5																				5							
COUNSELLING IS GOOD	3																									3		
MEET BASIC NEEDS WELL	3										3																	
PROBS W/ FRIENDS	2														2													

TABLE 30 (Continued)

SUM OF SCORES BY CENTER FOR RESPONSES TO COMMUNITY LEADER QUESTION 1: WHAT ARE THE NEEDS OF PEOPLE IN THIS COMMUNITY WHO HAVE A LONG-TERM MENTAL ILLNESS?.

TDMHMR MSA		4	7	20	9	10	11	61	14	15	17	62	34	13	18	5	16	12	26	19	22	24	25	27	2	29	30	31
CENTER SURVEY NUMBER	ALL	3	5	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	23	24	26	28	29	30	31	32	33	34
NEED SELF-HELP GROUPS	2			2																								
NEED EMPLOYER SUPPORT	2																	2										
NEED BILINGUAL SVCS	1																1											
SUPPORT OF HEALTH PROF GOOD	1																										1	

TABLE 31

SUM OF SCORES BY CENTER FOR RESPONSES TO COMMUNITY LEADER QUESTION 2: WHICH OF THESE NEEDS ARE BEING MET IN THIS COMMUNITY?

TDMHMR MSA		4	7	20	9	10	11	61	14	15	17	62	34	13	18	5	16	12	26	19	22	24	25	27	2	29	30	31
CENTER SURVEY NUMBER	ALL	3	5	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	23	24	26	28	29	30	31	32	33	34
IP CARE IS GOOD	464	51			25	43		28	19	25		23		6	73	48	42	27								7	47	
HOUSING IS GOOD	368	11	14		22	36		11			44			5	9		40	6	16		4	25	19	15	17	4	27	43
COUNSELLING IS GOOD	238					4						3	65		32			8	37	20	10			10		49		
CASEWORK SVCS GOOD	207	38				20	30				39				10				2	2		45					21	
COMMUN. UNDERSTANDG GOOD	190	3		17				8				6		4		15		11	4	18		30		12	4		13	45
MEDS WORKING WELL	161			17	22	9									23		2		28					29			11	20
JOB TRAINING GOOD	157	18	7		17		1				39								1	31					3			40
MED/DENT SVCS GOOD	148	11				5	44	26		4		6									9		5	29	9			
SVCS GENERALLY GOOD	147	7								2		7				14	5	2	13	21			23	10	13		30	
EMERGENCY SVCS GOOD	143			3	4	23	43					9					8	13	15					13	12			
TRAINING PROG. GOOD	134	9						25			35									39		11		5			10	
ACCESS TO SVCS GOOD	131		30					19		4						5		13				9	17				9	25
RESOURCES INADEQUATE	129	25		5	11	10				1							33			9			4	23	8			
BARRIERS TO ACCESS SVCS	128							5		11			3			44	5					13			3		44	
SVCS TO SPEC. POP. GOOD	117	26			5	26					60																	
SOCIAL OPPORT. GOOD	90		7				33			6										9					1	6		28
CSP IS HELPFUL	89	22				4						5					15					26		17				
NEED COMMUNITY AWARENESS	73			7					19	2						2				3				17	13		6	4
OP SVCS GOOD	63	3							23													36		1				
SUPPORT OF HEALTH PROF GD	62		18		38														3						1		2	
NEED IP CARE	62	2								10				5				3								2	13	27
MEET BASIC NEEDS WELL	55	3				4				16					20						6				6			
PSYCHIATRIC SVCS GOOD	54														28												26	
TRANSP. IS GOOD	53	4	3		2			9	3	4													24	4				
ENTITLEMENTS GOOD	48																27	7										14
SUPPORT OF CHURCHES GOOD	42					32												10										
SUPPORT FOR FAMILIES GOOD	38			5						2							14		1								16	
NEED EDUC. PROG.	34								32																2			
SVCS COORDINATED WELL	32	10				11													7			4						
SUPPORT FROM FAMILY GOOD	27			9						3					12										3			

TABLE 31 (Continued)

SUM OF SCORES BY CENTER FOR RESPONSES TO COMMUNITY LEADER QUESTION 2: WHICH OF THESE NEEDS ARE BEING MET IN THIS COMMUNITY?

TDMHMR MSA		4	7	20	9	10	11	61	14	15	17	62	34	13	18	5	16	12	26	19	22	24	25	27	2	29	30	31
CENTER SURVEY NUMBER	ALL	3	5	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	23	24	26	28	29	30	31	32	33	34
SUPPORT FROM FRIENDS GOOD	25														4		17	4										
INADEQUATE HOUSING	24										3			9											12			
SELF-HELP GROUPS GOOD	23			23																								
DAY CARE IS GOOD	22																						13			9		
NEED BETTER FACILITIES	21													4							5			12				
NEED CASEWORK SVCS	21					16																			5			
NEED INVOLVE HEALTH PROF	16	1			4														4						5		2	
PROBS W/ TRANSP.	14							11		3																		
NEED TRACKING SYSTEM	14																				5				3	6		
LACK OF SVC COORD.	13					3													10									
NEED CSP	13					7												4										2
NEED MED/DENT SERVICES	13							3										1							9			
N/A	12																		11						1			
NEED SVCS FOR BASIC NEEDS	12	1				4				5					1										1			
NEED POLICE TRAINING	11													11														
NEED EMERGENCY SVCS	11																1								10			
NEED MI-CRIMINAL SVCS	11	11																										
PROBS W/ SERVICES	10																		3						2		5	
PROBS W/ BOARDING HOMES	9																9											
IMPROVE RELAT W/ FAMILY	7																		2								5	
NEED TRAINING PROG.	7				3																						4	
USE VOLUNTEERS	7																	7										
NEED BETTER JOBS	6									4															2			
NEED SOCIAL OPPORT.	6									3																3		
PROBS W/ FAMILY	5									5																		
PROBS W/ HOUSING PROGRAMS	5					5																						
STATE HOSPITAL PROGRAMS	5	5																										
SERVICES ARE PROFESSIONAL	4					4																						
NEED SUPPORT GROUPS	4																	4										
NEED TO EDUCATE LEGIS.	3																								3			

TABLE 31 (Continued)

SUM OF SCORES BY CENTER FOR RESPONSES TO COMMUNITY LEADER QUESTION 2: WHICH OF THESE NEEDS ARE BEING MET IN THIS COMMUNITY?

TDMHMR MSA		4	7	20	9	10	11	61	14	15	17	62	34	13	18	5	16	12	26	19	22	24	25	27	2	29	30	31
CENTER SURVEY NUMBER	ALL	3	5	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	23	24	26	28	29	30	31	32	33	34
PROBS W/ MEDS	3					1																2						
NEED SVCS IN NEIGHBORHOOD	2																								2			
PROBS W/ INSURANCE COV.	2																								2			
NEED COUNSELLING SVCS	2																							2				
NEED NEEDS ASSESSMENT	1																										1	
NEED MORE CHURCH INVOLV.	1																	1										

TABLE 32

SUM OF SCORES BY CENTER FOR RESPONSES TO COMMUNITY LEADER QUESTION 3: WHICH OF THESE NEEDS ARE NOT BEING MET IN THIS COMMUNITY?

TDMHMR MSA		4	7	20	9	10	11	61	14	15	17	62	34	13	18	5	16	12	26	19	22	24	25	27	2	29	30	31
CENTER SURVEY NUMBER	ALL	3	5	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	23	24	26	28	29	30	31	32	33	34
NEED COMMUNITY AWARENESS	627	32	22	11	42	77		27	18		32	2	56		16	53	15	9	36	23	7	26		18	17	39	19	30
RESOURCES INADEQUATE	499	35	14	22	10	1		38	17		37	7	12	5	4	13	1	43	12	33	1	38	41	12	28		75	
BARRIERS TO ACCESS SVCS	340	12	7	29		41		16		31		23				14	18	16				62	10	38	2		19	2
INADEQUATE HOUSING	333	34			14	14	41		19	27	11				22		34	12		17	21	21	3	24	4		15	
NEED IP CARE	260	26				10		39			22	28	16	3			8				33			4	9	25	19	18
NEED OP SVCS	194	26				3	33										16		21			35	3	12			45	
NEED TRACKING SYSTEM	191	13			24	2					26				30		11		25		35		14				11	
NEED COMMUNITY ADVOCACY	187				23	18	10	21							35						34				22			24
NEED CASEWORK SVCS	146	1		13		12		14	4			12			7		17		9	20	22	2	4	7			2	
NEED CSP	142			3	3	35	3		5	16	29				6	2		13				17		4	6			
LACK OF SVC COORD.	139								2				25	8		20	18	11			14		16	5	3		17	
NEED EMERGENCY SVCS	129	4		12		23						3					37			13	4						14	19
IMPROVE RELAT W/ FAMILY	125	5	6			18					23				5	27									14	1	26	
NEED MED/DENT SERVICES	94	8				3			8			7	11				2				18		12				25	
PROBS W/ SERVICES	93	11															7	18	13					11			6	27
PROBS W/ INSURANCE COV.	90	35		9													13		17			11			5			
TRAINING PROG. GOOD	85																										85	
NEED BETTER JOBS	79			3		14	2				2				19						8		17	3	11			
NEED MI-CRIMINAL SVCS	76	12			42							4		5				10									3	
NEED SVCS FOR BASIC NEEDS	67					1	27				5				10	14	6				4							
NEED SOCIAL OPPORT.	65	3				4	19				6													4	4	25		
NEED COUNSELLING SVCS	65												18		21			9						7			10	
NEED SVCS IN NEIGHBORHOOD	57			2																				1				54
NEED BETTER FACILITIES	53	11		2												20	9		8							3		
NEED INVOLVE HEALTH PROF	53	4	7		2								30							10								
PROBS W/ MEDS	53			4	20	2									10				3									14
PROBS W/ HOUSING PROGRAMS	52					9									10	25								8				
SVCS GENERALLY GOOD	50		5			10										5	15			10						5		
NEED NEEDS ASSESSMENT	50																11							7		32		
NEED LEGIS. ADVOCACY	42	17				1					4				3							4					13	

TABLE 32 (Continued)

SUM OF SCORES BY CENTER FOR RESPONSES TO COMMUNITY LEADER QUESTION 3: WHICH OF THESE NEEDS ARE NOT BEING MET IN THIS COMMUNITY?

TDMHMR MSA		4	7	20	9	10	11	61	14	15	17	62	34	13	18	5	16	12	26	19	22	24	25	27	2	29	30	31
CENTER SURVEY NUMBER	ALL	3	5	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	23	24	26	28	29	30	31	32	33	34
NEED EDUC. PROG.	41					5			6				5				1					2	3	2	17			
USE VOLUNTEERS	34																	2					12		10		10	
NEED JOB PLACEMENT	33	1				3					12			3		13								1				
NEED JOB TRAINING	31			4	7	5															15							
OTHER MONEY OR FIN. HELP	29					5											17	7										
MORE ENTITLEMENTS	26																											26
NEED MORE CHURCH INVOLV.	25					4									21													
PROBS W/ TRANSP.	23			1				10			8												4					
PROBS W/ LAWS	20					4			11					5														
SELF-ACCEPTANCE	20									20																		
NEED DIGNITY AND RESPECT	19																											19
NEED TO EDUCATE LEGIS.	15																								4		4	7
NEED SELF-HELP GROUPS	15			2																							13	
IMPROVE QUAL. OF LIFE	15																		15									
NEED IN-HOME CARE	14																						7	7				
NEED CAY CARE PROGS.	12		9							3																		
NEED MI-SA SVCS	12																	12										
LEGAL ISSUES ARE BARRIER	11	2				8						1																
SUPPORT FOR FAMILIES GOOD	10	2	8																									
NEED TRAINING PROG.	9																				9							
ACCESS TO SVCS GOOD	8																	3						5				
NEED MED. EDUC.	7																				7							
PROBS W/ PSYCH. SVCS	7														5												2	
PROBS GETTING FED $	5																5											
NEED BILINGUAL SVCS	5																							5				
PSYCHIATRIC SVCS GOOD	5														5													
OP SVCS GOOD	5		5																									
SUPPORT FROM FAMILY GOOD	4		4																									
JOB TRAINING GOOD	4	4																										
COUNSELLING IS GOOD	4												4															

TABLE 32 (Continued)

SUM OF SCORES BY CENTER FOR RESPONSES TO COMMUNITY LEADER QUESTION 3: WHICH OF THESE NEEDS ARE NOT BEING MET IN THIS COMMUNITY?

TDMHMR MSA		4	7	20	9	10	11	61	14	15	17	62	34	13	18	5	16	12	26	19	22	24	25	27	2	29	30	31
CENTER SURVEY NUMBER	ALL	3	5	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	23	24	26	28	29	30	31	32	33	34
MED/DENT SVCS GOOD	4																				4							
PROBS W/ FAMILY	3									2															1			
PROBS W/ FRIENDS	3														3													
CHILD CARE	3											3																
ENTITLEMENTS GOOD	2																											2
NEED TECHNOL. ADVANCES	2										2																	

TABLE 33

SUM OF SCORES BY CENTER FOR RESPONSES TO COMMUNITY LEADER QUESTION 4: WHAT ARE THE BARRIERS IN THIS COMMUNITY THAT KEEP THOSE NEEDS FROM BEING MET?

TDMHMR MSA		4	7	20	9	10	11	61	14	15	17	62	34	13	18	5	16	12	26	19	22	24	25	27	2	29	30	31
CENTER SURVEY NUMBER	ALL	3	5	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	23	24	26	28	29	30	31	32	33	34
RESOURCES INADEQUATE	1222	68	20	4	33	86	38	56	21	17	39	25	62	7	66	46	76	41	42	43	53	70	41	34	42	19	99	74
NEED COMMUNITY AWARENESS	890	40	26	18	56	53	20	49		25	25	24	36		38	57	58	26	29	25	8	48	24	49	17	45	54	40
NEED COMMUNITY ADVOCACY	865	60	24	10	55	88	20	33	20	19	33		32		27	42	40	23	17	30	36	5	23	47	34	35	72	40
BARRIERS TO ACCESS SVCS	212	24	11	18		28				12						3			25		1	11	14	27	19	2	1	16
LACK OF SVC COORD.	176	15		8		11				21	16			9	16			5				35	31		9			
NEED LEGIS. ADVOCACY	108	11			2	4	27				23										21						20	
NEED BETTER FACILITIES	95	9		2		3		11											13	6		16					20	15
NEED TO EDUCATE LEGIS.	92			2		25								9	4		13				20			3			16	
DISCRIMINATION	70										8		31						7						19		5	
LEGAL ISSUES ARE BARRIER	67					8		21				17									19			2				
PROBS W/ SERVICES	62	9							6					7														40
NEED NEEDS ASSESSMENT	54					17												23								14		
SELF-ACCEPTANCE	54	3	10				5								10					4	6			16				
IMPROVE RELAT W/ FAMILY	47			4											16					22					5			
NEED INVOLVE HEALTH PROF	41											10										21			1		9	
PROBS W/ TRANSP.	40												11				6							3			20	
NEED BETTER JOBS	35							1	7				14		2													11
NEED EDUC. PROG.	33	7						13						13														
SVCS GENERALLY GOOD	28	5	5									5					3			5				5				
NEED SELF-HELP GROUPS	24																										24	
NEED TECHNOL. ADVANCES	24																14						10					
PROBS W/ INSURANCE COV.	20										15												5					
PROBS W/ FAMILY	15	5													10													
NEED COUNSELLING SVCS	14					7									7													
PROBS GETTING FED $	11																5		6									
NEED CASEWORK SVCS	11	1		10																								
NEED TRACKING SYSTEM	11					11																						
NEED DIGNITY AND RESPECT	9							9																				
SUPPORT FOR FAMILIES GOOD	8															8												
NEED CSP	8						6											2										

TABLE 33 (Continued)

SUM OF SCORES BY CENTER FOR RESPONSES TO COMMUNITY LEADER QUESTION 4: WHAT ARE THE BARRIERS IN THIS COMMUNITY THAT KEEP THOSE NEEDS FROM BEING MET?

TDMHMR MSA		4	7	20	9	10	11	61	14	15	17	62	34	13	18	5	16	12	26	19	22	24	25	27	2	29	30	31
CENTER SURVEY NUMBER	ALL	3	5	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	23	24	26	28	29	30	31	32	33	34
NEED BILINGUAL SVCS	7																	2							5			
NEED MORE CHURCH INVOLV.	7						7																					
PROBS W/ LAWS	7					4		3																				
PROBS W/ HOUSING PROGRAMS	7																7											
NEED MED/DENT SERVICES	7								4																	3		
USE VOLUNTEERS	6																											6
PROBS W/ SVC PROVIDERS	5	5																										
TRANSP. IS GOOD	5						5																					
NEED MI-CRIMINAL SVCS	5					5																						
IMPROVE QUAL. OF LIFE	5																			2								3
NEED SVCS IN NEIGHBORHOOD	4			4																								
NEED JOB PLACEMENT	3							3																				
INADEQUATE HOUSING	2															2												
CSP IS HELPFUL	2					2																						
NEED OP SVCS	2																2											
HOUSING IS GOOD	1					1																						

TABLE 34

SUM OF SCORES BY CENTER FOR RESPONSES TO COMMUNITY LEADER QUESTION 5: WHO SHOULD HAVE PRIMARY RESPONSIBILITY FOR MEETING THOSE NEEDS?

TDMHMR MSA		4	7	20	9	10	11	61	14	15	17	62	34	13	18	5	16	12	26	19	22	24	25	27	2	29	30	31
CENTER SURVEY NUMBER	**ALL**	**3**	**5**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**23**	**24**	**26**	**28**	**29**	**30**	**31**	**32**	**33**	**34**
COALITION OF GROUPS	739	57	9	13	45	78	5	42		5	22	27	40	14	22	33	37	21	4	30	1	42	15	41	37	19	73	7
COALITION OF GOV'TS	598	42	3		24	63	5	34	3	5	18	15	15	13	66		19	11	28	35	14	23	17	15	4		35	41
FAMILIES	577	60	17	11	58	34	10	17		14		17	25	6	4	20	31	17	20		15	57	43	48	25	29	5	44
STATE GOVERNMENT	491	19	7	16		57	39		25	8	38				33	5	27	20	23		41			13	12		57	51
FEDERAL GOVERNMENT	273			6			10	23	6	4	50		12		25	3	2		12	19	23	27	6	7	14		21	
MENTAL HEALTH AUTH.	271		26		15	11	24	27			13		33				14	13	27		6	21		12	7		26	31
PRIVATE SECTOR	255	8	6	9	7	21		16	6	17	3		5		10	11	20	27	12	14		5			2		32	14
OTHER	254	20	6		6	4	11	5	7	6	17	3	10			16			3		22	5	12	14	3	5	42	
CITY GOVERNMENT	236	4				5	30	8	15	3	30		22		7	4	17		13		41		5	5	14	13		
MEDICAL COMMUNITY	203	4	18	5		21		6					3		16		7		4	8		17	13	36	4	27	14	
COUNTY GOVERNMENT	156			18		5		9					14		14		7		2	9	18	11		4		12		14
CHURCHES	133	4	5	5		20					3	1	4			20	2	19	12	22				8		16	11	
CONSUMERS	130	57													11		11	10						9	1			31
EMPLOYERS/INS.	66	6			10				13				12				5				6						14	
COURT SYSTEM	26											10		5			9							2				

APPENDIX I

VOLUNTEER SURVEYORS

Table 35

Table 35
LOCAL SURVEY VOLUNTEERS

Teresa Anderson
Janet Avner
Angie Ballard
Rachel Beard
Rebecca Bergstresser
Helen Blackwood
Paulette Bogert
Bonnie Bowman
Virginia Brock
Jeanette Brown
Naomi Chandler
Rachel Cheyney
Deborah Christopher
Patsy Clapper
Sherry Clarkson
Ronnie Cohee
Betty Condra
Louise Cummins
Janice Davis
Virginia Dorris
Elizabeth Erkel
Toni Ferrell
Jackie Friedman
Barbara Halsey
Anne Hazen
Priscilla Heyrich
Ruby Hinz
Mellie Howard
Barbara Hudson
Pat Jacobs
Nancy Johnson
Lois Jones
Mattie Mae Jones
Yvonne Jones
Emmalou Keyes
Peg Knapp
Carole Kronenberg
Alisa Larson
Joan Levy
Annette Linsey
Marilyn Maas
Ellen Markey
Julie Martineau
Mildred Mason
Beverly Maxwell
Judy McKee
Pamela Moore
Frances Moritz
Diane Muncie
Ann Munn
Donna Murry
Mary Pieper
Mary Alice Pisani
Charlotte Poehner
Sandy Scarboro
Carol Schaper
Regina Skoda
Genevieve Scott
Charley Shannon
Jacqueline Shannon
Gelene Simpson
Patricia Smith
Todd Stann
Nancy Stout
Sandy Tucker
Helen Ulzovic
Mary Vines
Nancy Wilson

MAP
RB
SC
JO
DS

League of Women Voters of Texas • League of Women Voters of Texas Education Fund
1212 Guadalupe Suite 109 • Austin, Texas 78701 • Tel. 512/472-1100

December 22, 1988

Mr. Reymundo Rodriguez
Executive Associate
Hogg Foundation for Mental Health
The University of Texas
Austin TX 78712

Dear Mr. Rodriguez:

The League of Women Voters of Texas Education Fund trustees sincerely appreciate receiving a supplemental grant to allow us to cover expenses related to data analysis and completion of our report on attitudes toward community support services for people with serious mental illness.

The report is nearing completion, as you know. I forwarded your suggestions on wording of disclaimers to Dr. Rebecca Bergstresser, and we both agree that the second wording makes the responsibility for the data analysis and interpretation clear.

We greatly appreciate your assistance--financial and otherwise--with this project.

Sincerely,

Diane B. Sheridan, Chair
League of Women Voters of Texas Education Fund

DEC 15 1988

HOGG FOUNDATION
FOR MENTAL HEALTH

THE UNIVERSITY OF TEXAS · AUSTIN, TEXAS 78712 / AREA CODE 512 PH. 471-5041

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MMc
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December 13, 1988

Ms. Diane B. Sheridan
League of Women Voters of Texas Education Fund
1212 Guadalupe Street, #107
Austin, Texas 78701

Dear Ms. Sheridan:

We are pleased to forward the enclosed University of Texas check in the amount of $2,500 for the period November 1 to December 31, 1988. This supplemental grant will allow the League to cover expenses related to analyzing the extensive data collected in the survey and to complete the final report. We look forward to receiving a final copy of your report on perceptions, beliefs, and attitudes that consumers and community leaders hold about community support services for people with chronic mental illness. As stated in previous correspondence, we should expect a fiscal accounting statement and narrative report of the survey results by January 15, 1989. Meanwhile, if there is any way we can be of further assistance, do not hesitate to call.

Cordially yours,

Reymundo Rodríguez
Executive Associate

cms
Enc.: [redacted]

[redacted]

0744514

THE UNIVERSITY OF TEXAS AT AUSTIN
AUSTIN, TEXAS

[redacted]

DATE		
MO	DAY	YR
	12/09/1988	

PAY $2,500.00

VOID ONE YEAR FROM DATE OF CHECK

James C Werchan
Director of Accounting

Vice President for Business Affairs

PAY TO LEAGUE OF WOMEN VOTERS OF
TEXAS EDUCATION FUND
C/O HOGG FDN
WCH 305
CAMPUS MAIL

NCNB TEXAS NATIONAL BANK
AUSTIN, TEXAS

[redacted]

HOGG FOUNDATION
FOR MENTAL HEALTH

THE UNIVERSITY OF TEXAS · AUSTIN, TEXAS 78712 / AREA CODE 512 PH. 471-5041

DEC 9 1988

December 7, 1988

DSW
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Ms. Diane B. Sheridan
League of Women Voters
of Texas Education Fund
1212 Guadalupe Street, #107
Austin, Texas 78701

Dear Ms. Sheridan:

We are pleased to inform you that the Hogg Foundation has approved a supplemental grant of $2,500 to the League of Women Voters of Texas Education Fund (LWVTEF) to support the research project titled, "A Survey of Community Support Services," for the period November 1 to December 31, 1988. We understand that the Foundation's funds will be used to pay consultants to further analyze the extensive data collected in the survey and to complete the final report. As stated in previous correspondence, a smaller supplemental grant may be considered by the Foundation, contingent upon the quality of the research data and the potential utility of such data in report form by mental health authorities and other interested groups.

Based on a careful review of the preliminary draft of your report, we feel that this information should be most helpful to determine the perceptions, beliefs, and attitudes that consumers and community leaders hold about community support services for people with long-term illness. These data sets are of help to our Commission on Community Care of the Mentally Ill and to mental health officials in assessing the service gaps which may exist within the mental health care system and the quality and quantity of community-based services for the chronically mentally ill. Also, we understand that you will share the data tapes with the policy research project at the Lyndon B. Johnson School of Public Affairs. The students involved with that policy research project will conduct further analyses of your data sets.

We look forward to receiving a fiscal accounting statement and narrative report of the survey results by January 15, 1989. If you have any questions or need additional information, please feel free to contact Mr. Reymundo Rodríguez or Dr. Charles M. Bonjean of our staff.

Cordially yours,

Wayne H. Holtzman
President

cms

Hogg
Foundation
For
Mental
Health

President
Wayne H. Holtzman
Vice President
Charles M. Bonjean
Executive Associates
Reymundo Rodriguez
Adrian Rhae Fowler
Ralph E. Cuter III
Manon Tolbert Coleman
Special Consultant
Bert Kruger Smith

SEP 11 1989

September 7, 1989

DSW
BSW
EB
RB
SD

Ms. Diane Sheridan, Chair
League of Women Voters of Texas
Education Fund
1212 Guadalupe, #107
Austin, Texas 78701

Dear Ms. Sheridan:

Thank you very much for your prompt response to our request for a final fiscal accounting statement on our grant to support a study of perceptions of communty-based services for people with serious mental illness in various community mental health catchment areas in the state. Your staff and cadre of volunteers did an excellent job of conducting the survey and in publishing the Facts and Issues document.

Keep up the good work, and best wishes.

Cordially yours,

Reymundo Rodríguez

cms

The University of Texas
Austin, Texas 78713-7998
(512) 471-5041
FAX (512) 471-9608

V712	SONDRA FERSTL					($4.80)						($4.80)
V716	MARY ALICE PISANI					($30.06)						($30.06)
V717	REBECCA BERGSTRESSER			($20.94)		($62.78)				($4.85)		($88.57)
V718	HEALTH CONSULTING				($2,500.00)							($2,500.00)
V725	DIANE B. SHERIDAN					($11.96)						($11.96)
I293	LD CALLS-S.O.					($5.04)						($5.04)
I332	MAILING OF SURVEY-S.O.									($64.25)	($10.14)	($74.39)
I336	MAILING OF SURVEY-S.O.									($44.39)	($1.17)	($45.56)
V728	PDQ PRESS								($741.00)			($741.00)
V730	HEALTH CONSULTIN	($600.00)										($600.00)
V734	MARY ALICE PISANI					($31.54)						($31.54)
J091	OFFICE EXPENSE		($124.25)									($124.25)
V742	REBECCA BERGSTRESSER					($68.15)				($21.51)		($89.66)
I372	COPIES/POSTAGE-S.O.									($10.10)	($58.63)	($68.73)
I511	POSTAGE aPRIL									($4.34)		($4.34)
J121	OFFICE CHARGES		($3.60)									($3.60)
		($2,610.00)	($924.80)	($150.85)	($5,874.43)	($721.18)	($4,757.66)	($445.80)	($3,455.00)	($643.76)	($636.71)	($17,720.19)
LEFT TO SPEND		($110.00)	($224.80)	$849.15	($2,882.43)	($421.18)	$242.34	($245.80)	($455.00)	$536.24	$43.29	($168.19)

V577	6/3/88-Health Co ($1,793.00)									($1,793.00)
V581	6/5/88 M.A.PISANI			($54.79)						($54.79)
V582	6/19/88-R. BERGSTRESSER			($136.06)						($136.06)
V588	6/23/88-D.B.SHERIDAN			($4.66)						($4.66)
V590	7/14/88-HELEN DRAKELEY			($16.45)				($8.70)	($1.28)	($26.43)
V591	7/14/88-NANCY JOHNSON				($60.00)					($60.00)
V592	7/14/88-DOUBLETREE HOTEL, AUSTIN				($55.37)					($55.37)
V595	7/21/88-D.B.SHERIDAN			($0.09)						($0.09)
V596	7/21/88-BARBARA BLEECK			($15.11)					($2.25)	($17.36)
V597	7/25/88-CHARLOTTE POEHNER			($15.29)						($15.29)
V598	7/25/88-POSTMASTER, AUSTIN							($500.00)		($500.00)
V599	'7/27/88-CP GRAPHICS					($445.80)				($445.80)
V600	7/27/88-MARY ALICE PISANI			($39.95)				($32.15)	($11.79)	($83.89)
J022	CLERICAL ASS.-JUNE	($73.50)								($73.50)
J022	CLERICAL ASS-JULY	($61.25)								($61.25)
J022	CLERICAL ASS-AUGUST	($112.00)								($112.00)
I092	L.D. CALLS SO-JULY			($11.33)						($11.33)
I111	REIMBURSEMENT POSTAGE-UNUSED							$182.80		$182.80
V604	TERESA ANDERSPM							($4.25)		($4.25)
V608	NANCY WILSON			($33.42)				($3.00)	($40.53)	($76.95)
V609	SARA COUGHLIN		($51.04)							($51.04)
V611	JOANN LOVELACE		($10.55)							($10.55)
V616	DOUBLETREE HOTEL AUSTIN				($166.11)					($166.11)
V619	FUTURA COMMUNICATIONS						($1,889.00)			($1,889.00)
V618	JOANN LOVELACE								($9.25)	($9.25)
V621	RHEY NOLAN		($36.00)							($36.00)
V626	DOUBLETREE HOTEL AUSTIN				($550.93)					($550.93)
V627	LWVUS								($54.00)	($54.00)
V629	B&L VBJ								($12.20)	($12.20)
V640	HEALTH CONSULTIN	($217.00)	($360.50)			($3,374.43)	($296.05)	($41.15)	($417.87)	($4,707.00)
V641	ANNETE L.LINDSEY			($10.02)						($10.02)
V645	DIANE B. SHERIDAN			($2.52)						($2.52)
I123	LWV TX -LONG DISTANCE			($24.40)						($24.40)
J042	OFFICE CHARGES	($28.00)								($28.00)
J042	OFFICE CHARGES	($35.00)								($35.00)
J042	OFFICE CHARGES	($49.00)								($49.00)
J055	OFFICE CHARGES	($70.00)								($70.00)
NOVEMBER & DECEMBER										
I160	LD CALLS-S.O.			($5.50)						($5.50)
I184	LD CALLS-S.O.			($2.32)						($2.32)
I193	COPIES-S.O.	($7.70)								($7.70)
I195	POSTAGE							($12.00)		($12.00)
I215	POSTAGE							($40.78)		($40.78)
V665	DIANE SHERIDANLD CALLS			($0.43)						($0.43)
V671	MARY ALICE PISANI- LD CALLS			($27.40)						($27.40)
V673	REBECCA BERGSTRESSER		($32.32)	($37.99)				($7.12)		($77.43)
V708	DIANE B. SHERIDAN- L.D. CALLS			($17.24)						($17.24)
DEPOSIT										$2,500.00
JANUARY, FEBRUARY & MARCH										
J085	F & I (correctio 5/31/89)						($825.00)			($825.00)

HOGG FOUNDATION GRANT OCTOBER 31, 1988

		HEALTH CONSULTING	CLERICAL ASSISTANC	RESOURCE COMMITTEE	COMPUTER STAT. ANA.	TELEPHONE	TRAINING	TYPESETTI	PRINTING	POSTAGE	SUPPLIES	TOTAL
		$2,500.00	$700.00	$1,000.00	$2,992.00	$300.00	$5,000.00	$200.00	$3,000.00	$1,180.00	$680.00	$17,552.00
	EXPENDITURES:											
j077	4/18-REBECCA BERGSTRESSER					($45.72)				($17.97)	($6.38)	($70.07)
V530	5/21-LOUISE CUMMINS						($141.50)					($141.50)
V531	BETTY M. CONDRA						($133.50)					($133.50)
V532	CAROLE KRONSENBERG						($70.50)					($70.50)
V533	VIRGINIA K. BROCK						($86.00)					($86.00)
V534	EMMALOU KEYES						($96.24)					($96.24)
V535	ELIZABETH A. ERKEL						($60.00)					($60.00)
V536	PAULETTE BOGART						($53.35)					($53.35)
V537	JOAN S.LEVY						($118.00)					($118.00)
V538	NANCY STOUT						($65.00)					($65.00)
V539	PRISCILLA HEYRICH						($118.00)					($118.00)
V540	MARY ALICE PISANI						($30.00)					($30.00)
V541	GENEVIEVE SCOTT						($30.00)					($30.00)
V542	HELEN Z. ULAKOVIC						($86.00)					($86.00)
V543	SHERIE CLARKSON						($30.00)					($30.00)
V544	CAROL R. SCHAFER						($65.30)					($65.30)
V545	JACKIE FRIEDMAN						($48.00)					($48.00)
V546	MILDRED MASON						($80.00)					($80.00)
V547	DEBORAH CHRISTOPHER						($90.00)					($90.00)
V548	JUDY MCKEE						($86.00)					($86.00)
V549	CHARLEY H. SHANNON						($45.15)					($45.15)
V550	SARA COUGHLIN						($24.00)					($24.00)
V551	RONNIE J. COHEE						($100.00)					($100.00)
V552	REGINA WHELAN SKODA						($84.00)					($84.00)
V553	MARY M. VINES						($98.00)					($98.00)
V554	LWV-IRVING(HALSEY,SIMPON)						($96.00)					($96.00)
V555	ANNE MUNN						($86.00)					($86.00)
V556	SANDRA SCARBORO						($118.00)					($118.00)
V557	JANET K. AVNER						($101.50)					($101.50)
V558	REBECCA BERGSTRESSER						($48.00)					($48.00)
V559	NAOMI CHANDLER						($128.37)					($128.37)
V560	RACHEL BEARD						($171.37)					($171.37)
V561	PATRICIA SMITH						($115.97)					($115.97)
V562	NANCY WILSON						($194.00)					($194.00)
V563	TERESA ANDERSON						($80.28)					($80.28)
0	PEG KNAPP						($60.00)					($60.00)
V565	5/23-US POST OFFICE,FORT WORTH									($10.00)		($10.00)
V564	ALISA LARSEN						($150.96)					($150.96)
V567	ELLEN MARKEY						($97.00)					($97.00)
V571	SARA COUGHLIN						($312.20)					($312.20)
I028	LWV OF TEXAS						($31.01)					($31.01)
I066	LWV OF TEXAS					($6.16)						($6.16)
I061	LWV OF TEXAS										($11.22)	($11.22)

U

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DSh
MMc SO

League of Women Voters of Texas Education Fund
1212 Guadalupe, #107 • Austin, Texas 78701 • Tel.512/47

PROFESSIONAL SERVICES CONTRACT

between

LEAGUE OF WOMEN VOTERS OF TEXAS EDUCATION FUND

and

HEALTH CONSULTING

STATE OF TEXAS
COUNTY OF TRAVIS

SECTION 1. PARTIES TO THE CONTRACT

This contract and agreement is made and entered into by and between the League of Women Voters of Texas Education Fund, hereinafter referred to as the "Fund," and Health Consulting, herinafter referred to as "Performing Contractor." The parties hereto have severally and collectively agreed and by the execution hereof are bound to the mutual obligations and to the performance and accomplishments of the tasks hereinafter described.

SECTION 2. PERIOD OF THE CONTRACT

This contract shall commence on November 30, 1988 and shall terminate on January 31, 1989. This contract may be terminated upon written notice by either party.

SECTION 3. STATEMENT OF SERVICES TO BE PERFORMED

The Performing Contractor shall make such changes in the manuscripts as are necessary to produce camer-ready copy with uniform formats, headings, and typeface in the tables, coding summaries, and text; produce illustrations (bar graphs) for text; review and revise text as necessary to accurately reflect findings; and subcontract for word processing of remaining text.

SECTION 4. BASES FOR CALULATING COST

The Performing Contractor shall be compensated at the rate of $30.00/hour for up to 15 hours at $450.00. In addition, word processing at $10.00/hour for up to 15 hours at $150.00 may be compensated. In no case shall the amount of this contract exceed SIX HUNDRED DOLLARS.

SECTION 5. PAYMENT FOR SERVICES

Payment for services shall be made upon completion upon submission of invoices detailing services provided. Taxes due are the responsibility of the Performing Contractor. The Fund shall not be liable for any costs incurred by the Performing Contractor that have not been billed within sixty (60) days following termination of this contract.

SECTION 6. REPORTING REQUIREMENTS

Performing Contractor shall submit such reports on performance of this contract as may be required by the Fund. The Fund may use any reports, information, and/or products submitted by Performing Contracto to measure accomplishment in achieving objectives stated herein.

The Performing Contractor shall wok under the supervision of the Project Supervisor assigned by the Fund to this project, Louise Cummins, and shall report directly to the Project Director, Rebecca Bergstresser.

SECTION 7. INDEPENDENT CONTRACTOR

It is expressly understood and agreed by both parties hereto that the Fund is contracting with Performing Contractor as an independent contractor and not as an employee of the Fund.

SECTION 8. ORAL AND WRITTEN AGREEMENTS

All oral and written agreements between the parties hereto relating to the subject matter of this contract that were made prior to the execution of this contract have been reduced to sriting and are contained herein.

WITNESS our hands effective this 11 day of Jan, 1977.

PERFORMING CONTRACTOR

Health Consulting
Address
P.O. Box 19077
Dallas Tx 75219

LEAGUE OF WOMEN VOTERS OF TEXAS EDUCATION FUND

Diane B. Sheridan
Chairman

February 8, 1989

Dr. Wayne H. Holtzman, President
Hogg Foundation for Mental Health
P. O. Box 7998
University Station
Austin, Texas 78712

Dear Dr. Holtzman:

I am pleased to send herewith a copy of "Perceptions of Community-Based Services for People with Serious Mental Illness in Texas: A Survey of Consumers and Community Leaders in Texas Mental Health and Mental Retardation Center Areas."

The results of the survey will be released officially on Tuesday, February 14 at a press conference at the Capitol in Austin. Approximately 100 copies of the full report and 400 copies of the Executive Summary will be mailed from our office Monday, February 13. You will received additional copies in that mailing; however, we would like you to have this in advance of the press conference.

The League is truly grateful for the support of the Hogg Foundation for this project.

Sincerely,

Rebecca Bergstresser
Project Director

RB
MAP
LCu
DS

To: Rebecca and Mary Alice
From: Diane
Date: May 17, 1988

Re: Contract for Health Consulting

Please review this ASAP and consult with each other to answer the questions I've scribbled on it. If one of you will call me with the answers, I will correct the contract and send it to Linda immediately.

There is no problem paying her for services provided within the dates set by the Hogg grant. We should have her sign the contract, however, before we issue the check. Since she is away, we should be able to get a contract to her before she returns.

Thank you both for your work on this as well as the whole project!

IF EITHER OF YOU HAVE ANY CALENDAR ITEMS TO LIST RE: THIS SURVEY, please tell Louise or me. I will talk to the committee chairs this weekend to get both firm and tentative dates for the draft calendar to be mailed with the preboard.

It would be good to list in the preboard the timeline under which you are now working and a bit about the May 14 meeting. It would inform the board without taking up board time to do so.

PROFESSIONAL SERVICES CONTRACT

between

LEAGUE OF WOMEN VOTERS OF TEXAS EDUCATION FUND

and

HEALTH CONSULTING

Incorporated? If so, list. It affects what we provide on IRS Form 1099.

STATE OF TEXAS

COUNTY OF TRAVIS

SECTION 1. PARTIES TO THE CONTRACT

This contract and agreement is made and entered into by and between the League of Women Voters of Texas Education Fund, hereinafter referred to as the "Fund," and Health Consulting, hereinafter referred to as "Performing Contractor." The parties hereto have severally and collectively agreed and by the execution hereof are bound to the mutual obligations and to the performance and accomplishments of the tasks hereinafter described.

SECTION 2. PERIOD OF THE CONTRACT

This contract and agreement shall commence on April 1, 1988 and shall terminate on December 31, 1988. This contract may be terminated upon written notice by either party.

Is this OK?

if they assist, do you guys actually write it? If you are not, it would be better to describe this as prep of...

SECTION 3. STATEMENT OF SERVICES TO BE PERFORMED

The Performing Contractor shall provide consulting services regarding the Fund's survey of community mental health support systems. Specific activities include the following: training those who will perform surveys, consultation regarding the surveys, review and comment on facts and issues publication, analysis of results of the surveys, and assistance in preparation of a final report. Final editing shall be performed by the Fund trustees to ensure compliance with Fund guidelines.

Needs to capture the max. she can bill us for + the line items upon which she can draw when doing so.

SECTION 4. BASES FOR CALCULATING COST

No figures

See attached budget for questions.

The Performing Contractor shall be compensated at the rate of $250/day plus direct costs including computer time, statistical analysis, and other data input at $2922 plus supplies at $680. In no case shall the total amount of this contract exceed SIX THOUSAND ONE HUNDRED SEVENTY-TWO DOLLARS.

SECTION 5. PAYMENT FOR SERVICES

Payment for services shall be made monthly upon submission to the Fund office of invoices detailing services provided. Taxes due are the responsibility of the Performing Contractor. The Fund shall not be liable for any costs incurred by the Performing Contractor ~~which~~ that have not been billed within sixty (60) days following termination of this contract.

SECTION 6. REPORTING REQUIREMENTS

Performing Contractor shall submit such reports on performance of this contract as may be required by the Fund. The Fund may use any reports, information, and/or products submitted by Performing Contractor to measure accomplishment in achieving objectives stated herein.

The Performing Contractor shall work under the supervision of the Project Supervisor assigned by the Fund to this project, Louise Cummins, ~~and shall~~ report directly to the Project Director, Mary Alice Pisani, or Trustee Rebecca Bergstresser. true?

SECTION 7. INDEPENDENT CONTRACTOR

It is expressly understood and agreed by both parties hereto that the Fund is contracting with Performing Contractor as an independent contractor and not as an employee of the Fund.

SECTION 8. ORAL AND WRITTEN AGREEMENTS

All oral and written agreements between the parties hereto relating to the subject matter of this contract that were made prior to the execution of this contract have been reduced to writing and are contained herein.

WITNESS our hands effective this ____ day of May, 1988.

I didn't copy the signature page that follows.

H/C = Health Consulting

BUDGET
February 1 - September 30, 1988

PERSONNEL

LWVTEF Resource Committee	-0-
Health Consulting 10 days $250.00/day	$2,500.00
Clerical Assistance 100 Hrs @ $7/Hr	$700.00
Sub-Total Personnel	$3,200.00

is this part of Health Consulting or is it for the Ed Fund to hire someone?

OTHER DIRECT COSTS

Expenses of Resource Committee	$1000.00
Computer Time, Statistical Analysis and Data Input	$2,992.00 all for Health Cons.
Telephone	$300.00
Training 34 volunteers for survey	$5,000.00 any for H/C? if so, how much
Typesetting	$200.00
Printing 6,000 copies Facts and Issues 500 copies report	$3000.00
Postage	$1180.00 any for H/C
Supplies	$680.00
Sub-Total Other Direct Costs	$14,352.00
TOTAL DIRECT COSTS	$17,552.00

Linda listed this in her letter as all for her. Are none of the supplies for us?

LINDA
Postage
Telephone

HEALTH CONSULTING

September 2, 1988

Diane B. Sheridan
League of Women Voters of
Texas Education Fund
1212 Guadalupe, #107
Austin, Texas 78701

Dear Ms. Sheridan

Enclosed is a final billing and accounting for our contract work on the survey of community mental health support systems. As you can see we were unable to remain within the contracted amount. Our final costs were $9,149.07. This is $2,649.07 over the contract amount of $6,500.

All of our overrun occured in the area of coding design, coding and data input. One major problem produced this overrun: We had proposed a process where each group would generate answers to 2 questions 1) What are the strengths of the community mental health support system, and 2) What are the weaknesses of the community mental health support system. Assuming we would have roughly 350-400 community leader participants and 200 - 250 consumer the survey would generate 7,000 rankings to be coded and input. (600 participants x 2 questions x 5 choice rankings = 6,000.) However, as we got into the study and after discussion with Rebecca Bergstresser, Sally Coughlin, and Mary Alice Pisani we decided to ask five questions to each group. With 369 leaders and 256 consumers we ended up with 15,625 items to code and input. (625 participants x 5 questions x 5 choices for ranking = 15,625) This change significantly increased our work load 2.6 times. The coding on this type of survey is extremely tedious and demanding.

The choice to be more specific in the questions and ask more questions was one in which I fully participated. However, in my desire to produce a more meaningful end product and to meet the needs of the league - I really did not anticipate what the effect of adding three additional questions was going to be on our time demands. It was not

P.O. BOX 191148 DALLAS, TEXAS 75219 (214) 522-8602

until we were well into the coding and I was trying to understand what was taking us so long that it hit me that the alteration we had made had more than doubled our coding and input demand.

If there is any way we can be reimbursed for our additional expenditures, I would be most grateful. Since this contract has no overhead built into it and yet we must pay rent, utilities, liability and other fixed costs it is already a marginal contract at best. The hourly consultation wage is significantly below our normal consultant fee of $50.00 an hour which meets over head, and allows some time estimation errors. We were able to hire some input and coding people at much lower rates than anticipated, which helped to keep our costs from being even higher than they were.

I look forward to hearing from you and understand that you are under no legal obligation to assist us in resolving this problem. Any deficit, of course, in the contract comes directly out of my own pocket so I hope there may be some funds within the overall contract which could be moved around. Thank you for your consideration.

Sincerely,

Linda Donelson

Linda Donelson

cc. Mary Alice Pisani
Rebecca Bergstresser

SURVEY PREPARATION, TRAINING, AND ADMINISTRATION CONSULTATION AND EXPENSES

Consulting	Hours	Costs
Kathy Edwards	12.0	$300.00
Linda Donelson	54.0	$1,350.00
	1.0	$30.00
Russell Dunckley	9.0	$225.00
	3.5	$105.00
	Total Consulting	$2,010.00
Clerical		
Sharon Booton	21.5	$150.50
Amy Marx	42.0	$210.00
	Total Clerical	$360.50
Transportation		$67.50
Supplies		$384.39
Copying		$296.05
Postage		$41.15
	TOTAL	**$3,159.59**

CODING DEVELOPMENT, CODING, INPUT, ANAYLSIS DEVELOPMENT, ANALYSIS AND INTERPRETATION

Russell Dunckley	103.5	$3,105.00
Linda Donelson	43.0	$1,290.00
Sharon Booton	197.0	$1,379.00
Howard Garb	26.0	$182.00
Computer Disks		$33.48
	TOTAL	**$5,989.48**

DSW LCW (RB) MAP SaC EB

League poll finds discontent among mentally ill in state

Lubbock AJ 2-15-89

By MARY ALICE ROBBINS
Morris News Service

AUSTIN – More than half of 256 mentally ill persons interviewed in a League of Women Voters of Texas Education Fund survey last summer said they encounter "red tape" and other barriers in obtaining services they need in community-based programs.

The survey, which was released Tuesday at the State Capitol, was funded by a grant from the Hogg Foundation for Mental Health. It focused on the perception of community-based services for people suffering from serious mental illness.

In the past, most Texans who depended on public resources for treatment of mental illness were placed in state hospitals. With the advent of medications that control symptoms and legislation that protects the right to refuse hospitalization, more mentally ill people are living with their families or on their own in communities around the state, placing a heavier demand on locally operated mental health programs.

Diane Sheridan, chair of the league's education fund, said both consumers and community leaders in 27 local mental health and mental retardation center areas in the state were interviewed to determine their perceptions of the services available. Ten consumers and 16 community leaders in the Lubbock Regional MHMR Center area were among the 625 people who participated in the survey.

"When consumers were asked to identify the five top issues related to getting help in their communities, 51 percent reported that they encounter barriers to obtaining the services that they need," Sheridan said.

"The kind of barriers mentioned were red tape, long waiting lists, difficulty in getting information about what services are available and where to go for them and the cost of services," she added.

Sheridan said 42 percent of the consumers said they were generally pleased with the quality of services in community programs, but 39 percent reported that service providers seem unqualified, uncaring or unhelpful and 43 percent reported that services were inadequate.

"When asked what they need from their communities, consumers overwhelmingly – 65 percent – asked to be treated with dignity and respect," Sheridan said. "They wanted to be accepted, they wanted not to be feared and a fairly poignant plea to see a smile every now and then."

Sheridan said 86 percent of the community leaders cited a lack of funding as the major obstacle to meeting the needs of mentally ill persons in their communities and proposed that funding should come from both public and private sources.

According to Sheridan, the survey seems to give at least partial answers to the question of why so many seriously mentally ill people are in communities.

from Ruth L.

The AP article ran in Dallas Morning News on 2/15/89 and also the Houston Post, same day

DS
RB
SaC
MAP
SO

LYNDON B. JOHNSON SCHOOL OF PUBLIC AFFAIRS
THE UNIVERSITY OF TEXAS AT AUSTIN

Drawer Y · University Station · Austin, Texas 78713-7450 · (512) 471-4962

AGREEMENT

The Trustees of the League of Women Voters of Texas Education Fund (LWV-TEF) give consent to David C. Warner to use data from the LWV-TEF study, "Perceptions of Community-Based Care for People with Serious Mental Illness in Texas: A Survey of Consumers and Community Leaders," in connection with a study on financing community care for people with serious mental illness in Texas, and for no other purpose without prior written agreement of LWV-TEF. Any documents, published or otherwise, using this material will cite the work of the League and its consultants and acknowledge the following as co-authors: Linda Donelson, R.N., M.S., S.M., Hyg.; Russell A. Dunckley, Ph.D.; Rebecca B. Bergstresser, Ph.D.; Sara Coughlin, R.N.; Mary Alice Pisani, M.P.A.; and will specifically acknowledge that the data were gathered under the auspices of the League of Women Voters of Texas Education Fund. The Trustees of LWV-TEF and Linda Donelson of Health Consulting reserve the right of prior review of any proposed citation of this data or use of it beyond citation of studies which the League has already published. This does not constitute permission to use the data in any work other than the collective work, nor is anything in this contract to be construed to mean that the data constitute a work for hire.

D. C. Warner
Dr. David C. Warner

Date 2/8/89

Diane B. Sheridan
Diane B. Sheridan, Chair
LWV-TEF

Date 4/30/89

originals: Sheridan
Warner

Rebecca —
FYI —
Once the agreement is signed, you'll get a real copy w/ cover MAP, SAC, etc.

RB
SO
DS

January 24, 1989

Dr. David C. Warner
The University of Texas at Austin
LBJ School of Public Affairs
Austin TX 78712

Dear Dr. Warner:

The trustees of the League of Women Voters of Texas Education Fund have considered your request for the data tapes of our study, "Perceptions of Community-Based Services for People with Serious Mental Illness in Texas: A Survey of Consumers and Community Leaders," carried out with the assistance of Health Consulting. The trustees understand that you wish to conduct further analysis of the data.

Our trustees believe that the data indeed merit further analysis than we were able to complete in our short time frame. We would like to see such analysis carried out, providing that any resulting papers or publications acknowledge the participation of LWV-TEF and Health Consulting.

The attached agreement stipulates the form and circumstances of such acknowledgement. We are proceeding with the consent of Linda Donelson and Russell A. Dunckley of Health Consulting and the advice of our attorney.

We will be pleased to release the tapes to you upon receipt of two signed and dated original copies of the enclosed document, one copy of which shall be returned to you once I have signed it, the other to be kept in the LWV-TEF files.

The trustees are all very pleased by your interest in the material, and we look forward to working with you.

Sincerely,

Diane B. Sheridan, Chair
League of Women Voters of Texas
Education Fund

cc: Rebecca Bergstresser

League of Women Voters of Texas Education Fund
1212 Guadalupe, #107 • Austin, Texas 78701 • Tel.512/472-1100

AGREEMENT

The Trustees of the League of Women Voters of Texas Education Fund (LWV-TEF) give consent to David C. Warner to use data from the LWV-TEF study, "Perceptions of Community-Based Care for People with Serious Mental Illness in Texas: A Survey of Consumers and Community Leaders," in connection with a study on financing community care for people with serious mental illness in Texas, and for no other purpose without prior written agreement of LWV-TEF. Any documents, published or otherwise, using this material will acknowledge the following as co-authors: Linda Donelson, R.N., M.S., S.M., Hyg.; Russell A. Dunckley, Ph.D.; Rebecca B. Bergstresser, Ph.D.; Sara Coughlin, R.N.; Mary Alice Pisani, M.P.A.; and will specifically acknowledge that the data were gathered under the auspices of the League of Women Voters of Texas Education Fund. [Dr. Warner will file a copyright with the U. S. Copyright Office in Washington, D. C. listing the above as co-authors.] The Trustees of LWV-TEF and Linda Donelson of Health Consulting reserve the right of prior review of any proposed publications. This does not constitute permission to use the data in any work other than the collective work, nor is anything in this contract to be construed to mean that the data constitute a work for hire.

_____
Dr. David C. Warner

Date_____

_____
Diane B. Sheridan, Chair
LWV-TEF

Date_____

DSh LCu RB MAP SaC EB

Mentally ill seek community respect, additional funds

By Denise Gamino
American-Statesman Staff

The majority of mentally ill Texans recently surveyed have trouble getting help because of red tape, long waiting lists and high costs, but community leaders cite funding shortages as the biggest problem in the mental health system.

Mentally ill people and community leaders, however, strongly agree that more respect for the mentally ill in Texas and better public awareness of their problems would improve lives, according to the survey.

The League of Women Voters of Texas released the study of community services Tuesday. It will be submitted to the Texas Department of Mental Health and Mental Retardation, the Legislature and advocacy groups.

"The survey seems to give at least partial answers to the question of 'Why are all these seriously mentally ill people walking the streets?'" said Diane Sheridan, chairwoman of the league's Texas Education Fund.

Fifty-one percent of the mentally ill citizens surveyed complained that treatment was difficult to obtain in Texas because of barriers such as red tape, confusion about where to obtain services, costs and a shortage of services.

More than 40 percent of those who obtained services were pleased generally with the quality of care, including counseling and medication aid, the survey shows. But 43 percent said available services were inadequate, and 39 percent complained that mental health professionals were unqualified, uncaring or unhelpful, the survey found.

A lack of funding was named by 86 percent of the community leaders as the most significant obstacle to meeting the needs of mentally ill people in their community. More than half the leaders said families have the major responsibility for paying for mental health services, although 61 percent said a combination of public and private money is needed.

"Their high degree of emphasis on financial responsibility of families suggests that community leaders lack information about the often catastrophic costs of care for seriously mentally ill individuals," the league's report said.

Sheridan said the report contains no policy recommendations because the survey was intended to be an information tool.

The survey questioned 256 people who have a serious mental illness and 369 community leaders. The survey was conducted last summer in areas served by 27 of the 34 community mental health centers in Texas.

Information was gathered from the area served by the Austin-Travis County Community Mental Health-Mental Retardation Center, but was not included in the report because of technical errors, said project director Rebecca Bergstresser.

The mentally ill people surveyed around the state were enrolled in programs offered by community mental health centers, indicating they belonged to "a pretty high-functioning group" that "was generally well-served," Bergstresser said.

"The fact that 51 percent of them reported they had encountered various kinds of barriers to obtaining the services . . . indicated that, just by default, an awful lot of people who were not getting services or were not functioning as well as they were, would find those obstacles insuperable," Bergstresser said.

Although responses varied from area to area, those surveyed overwhelmingly called for more education, public awareness and respect for mental health problems.

Almost half of the community leaders surveyed said community awareness was a principal need of mentally ill people, and 74 percent said a lack of such awareness was an obstacle to providing services in their communities.

When asked what they need from their communities, 65 percent of the mentally ill people said they want to be treated with dignity and respect.

Mental health "consumers included requests 'to be accepted, not to be feared,' and a plea 'to see a smile every now and then,'" Sheridan said.

Mitsubishi deal ethical, witness says

By Pete Szilagyi
American-Statesman Staff

Austin attorney Tom Watkins, chairman of the district lawyer's grievance committee, testified Tuesday that Fulbright & Jaworski law partners Pike Powers and George Henderson did not act un-

Although Fulbright & Jaworski had represented Mitsubishi in numerous matters for 18 years when the controversial jet purchase contract was drawn in 1984, Mitsubishi clearly hadn't hired the law firm for advice on the deal with Powers and his associates, Watkins said. The aircraft company, a Dallas

Pete Lowry.

Earlier testimony showed that the aircraft firm had hired numerous law firms through the years but considered Fulbright & Jaworski its primary law firm.

Mitsubishi is alleging that Ful-

company, according to contentions by Mitsubishi's lawyers.

He should not have drafted the contract because of the law firm's "special and confidential knowledge of Mitsubishi's business and legal positions," a pleading in the case states.

Jury to continue weighing penalty in murder-for-hire

By David Matustik
American-Statesman Staff

LOCKHART — A jury today will continue to deliberate whether Martin Vega

collect $250,000 in insurance and other benefits and the two could get married.

Vega married and later divorced Linda Mims.

League of Women Voters of Texas Education Fund
1212 Guadalupe, #107 • Austin, Texas 78701 • Tel.512/472-1100

FEBRUARY 9, 1989

NOTICE OF PRESS CONFERENCE

CONTACT: Ruth Lauer, Public Relations, 512/472-1100

PURPOSE: To announce results of a statewide survey of consumers' and community leaders' perceptions of community-based services for people with serious mental illness

DAY: Tuesday, February 14, 1989

TIME: 1:00 p.m.

PLACE: Senate Reception Room (Room 214), State Capitol

PRESIDING: Diane Sheridan, Chair, League of Women Voters of Texas Education Fund

Rebecca Bergstresser, Project Supervisor and Trustee, League of Women Voters of Texas Education Fund

# # # # #

League of Women Voters of Texas Education Fund
1212 Guadalupe, #107 • Austin, Texas 78701 • Tel.512/472-1100

FOR IMMEDIATE RELEASE FEBRUARY 14, 1989

CONTACT: Rebecca Bergstresser, Project Director 214/350-2167

Diane Sheridan, Chair, LWV-Texas Education Fund 512/472-1100

A survey of perceptions of community-based services for people with serious mental illness, carried out by local League volunteers last summer, has yielded significant information about how such systems are regarded by consumers of these services and by community leaders in local mental health and mental retardation center areas across Texas. The survey was funded by a grant from the Hogg Foundation for Mental Health to the League of Women Voters of Texas Education Fund in conjunction with, and as part of the League's study of, Services for the Seriously Mentally Ill. Information was gathered in 27 of the state's 34 MHMR Center areas from individuals with serious mental illness and from community leaders.

When asked to identify five top issues related to getting help in their communities, over half (51%) of consumers reported that they encounter barriers to obtaining the services they need. Among the barriers reported were "red tape," long waiting lists, difficulty in getting information about what services are available and where to go for them, and cost of services. Although more than a third (42%) of consumers were generally pleased with the quality of services they receive, almost as many (39%) reported that service providers seem

- MORE -

unqualified, uncaring, or unhelpful, and many (43%) reported available resources seem inadequate.

Among the services that consumers singled out for positive comment were counseling (40%), medication services (39%), and housing programs (35%). Consumers made it clear that the success of a service or program is closely linked to the manner in which that service is provided. Thirty-three percent reported that service provided in a prompt, professional, caring manner worked well for them.

When asked what they need from their communities, consumers overwhelmingly (65%) asked to be treated with dignity and respect. This single response category commanded more agreement from consumers statewide than any other. Consumers included requests "to be accepted," "not to be feared," and a plea "to see a smile every now and then."

In addition to surveying the perceptions of consumers, League volunteers also interviewed community leaders. Across the state they expressed a need for greater community awareness of issues surrounding serious mental illness, including more education, more prominent advocates for mental health issues, and more positive and accurate publicity. Forty-eight percent of the leaders surveyed identified community awareness as a principal need of people with mental illness in their communities, and 74% cited lack of such awareness as an obstacle to meeting needs in their communities. Leaders in a number of communities identified housing and inpatient programs that they believed were working well in their areas; however, many others cited these same services as unmet needs in their communities. Lack of funding was overwhelmingly identified by community leaders (86%) as the major obstacle to meeting needs in their communities. Lack of community awareness and advocacy were seen as other major obstacles. Leaders (61%) placed greatest responsibility for

- MORE -

funding with a coalition which should include public and private groups.

The survey illustrates that community leaders want and need more information about community costs for untreated serious mental illness, as well as the catastrophic financial impact of such illness upon individuals and their families. The findings also demonstrate that consumers are a valuable source of information about the effectiveness of community-based services. The survey seems to give at least partial answers to the question of "Why are all these seriously mentally ill people walking the streets?" Since the care system is a voluntary one, people have to choose to seek out the services. Over half of those interviewed who were receiving the services report that although they are getting services, difficulties abound. Services have to be both available and attractive in order for the seriously mentally ill to choose to use the services.

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League of Women Voters of Texas Education Fund
1212 Guadalupe, #107 • Austin, Texas 78701 • Tel.512/472-1100

September 22, 1988

Linda Donelson
Health Consulting
P. O. Box 191148
Dallas TX 75219

Dear Ms. Donelson:

The trustees of the League of Women Voters of Texas Education Fund discussed your September 2 letter at our board meeting last weekend and have asked me to convey the following to you.

We are very impressed with what we have heard about the survey. Local League members who surveyed community mental health support systems found the process very educational, and we look forward to reading the final report.

We are enclosing a check for $4707, the balance due under our $6500 contract with Health Consulting. The LWV-TEF trustees are willing to pay expenses incurred beyond the original contract only if we can obtain a supplemental grant from the Hogg Foundation. We are presently preparing a request to the foundation, and may need some information from you as we write the grant proposal. Until we receive a reply from the Hogg Foundation, we are not able to respond further to your request that we pay the cost overrun.

At this time, we are also exploring the production of the final report, including tables, correlations, and camera-ready copy.

Thank you for your assistance with this project. Rebecca Bergstresser will keep you informed about the second grant proposal and the final report. If you have any questions, please contact Rebecca or me.

Sincerely,

Diane B. Sheridan
Chair

cc: Rebecca Bergstresser

HOGG FOUNDATION
FOR MENTAL HEALTH

THE UNIVERSITY OF TEXAS • AUSTIN, TEXAS 78713-7998 (512) 471-5041

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Ms. Diane Sheridan
Chair
League of Women Voters
of Texas Education Fund
1212 Guadalupe, #107
Austin, Texas 78701

Dear Ms. Sheridan:

Thank you very much for sharing with us a copy of the publication entitled, "Facts and Issues: Services for the Seriously Mentally Ill in Texas." The League is to be commended for developing such a useful educational tool to create an awareness of public policies affecting Texans who are severely emotionally disabled. We understand that you are in the process of coding and analyzing data from the statewide survey of mental health consumers and community leaders. We were delighted to note that you received excellent participation from local League members and other volunteers during the training and data collection phase.

We look forward to receiving a copy of the survey results in the fall. In the meanwhile, if we may be of further assistance, please do not hesitate to call on Dr. Charles Bonjean or me.

Cordially yours,

Reymundo Rodríguez

Reymundo Rodríguez
Executive Associate

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League of Women Voters of Texas Education Fund
1212 Guadalupe, #107 • Austin, Texas 78701 • Tel.512/472-1

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August 25, 1988

Dr. Wayne H. Holtzman, President
Hogg Foundation for Mental Health
University of Texas - Austin
Austin, Texas 78713-7998

Dear Dr. Holtzman:

We are pleased to send you the enclosed Facts and Issues publication which is the educational component of our project to survey mental health consumers and community leaders. We have sent this publication to members of the League of Women Voters throughout Texas, as well as to government agencies, professional and volunteer organizations, and other interested organizations and individuals. The publication is designed to educate League members and others about public policies affecting Texans who suffer from serious mental illness and the families of these persons.

The statewide survey of mental health consumers and community leaders was completed in June and data are currently being coded and analyzed. We are pleased to report that the data collection phase progressed very smoothly with excellent participation from local League volunteers around the state.

Sincerely,

Diane Sheridan

Diane Sheridan
Chair

Enclosures

Tri-County
Mental Health
Mental Retardation
Services

Administrative Offices
610 Loop 336 East
Conroe, Texas 77301-1437
(409) 756-8331

Mailing Address:
P.O. Box 3067
Conroe, Texas 77305

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August 18, 1988

Diane B. Sheridan
League of Women Voters
1212 Guadalupe #107
Austin, TX 78701

Dear Ms. Sheridan:

The leadership demonstrated by the League in researching the facts and issues facing Texas and Texans regarding services for the seriously mentally ill is greatly appreciated by the persons, families and professionals struggling with the issues you reflected in your document. Your sensitivity gives us all hope and reassurance that the leadership of Texas is aware of the resource, system and design problems needing attention. Progress is being made, but in my opinion the issues your document brought forth need study and strong advocacy to keep the Texas system moving in the right direction!

The Montgomery County League studied our local resources and systgem four years ago. Their study has been used by us for planning and budgeting.

Please accept my graditude for the League's leadership and sensitivity regarding this real public issue.

Sincerely,

Leon Evans

Leon Evans
Executive Director

LE:lg

working toward brighter tomorrows.

HOGG FOUNDATION
FOR MENTAL HEALTH

THE UNIVERSITY OF TEXAS • AUSTIN, TEXAS 78713-7998 (512) 471-5041

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April 19, 1988

Ms. Diane B. Sheridan
League of Women Voters of Texas Education Fund
1212 Guadalupe Street, #107
Austin, Texas 78701

Dear Ms. Sheridan:

We are pleased to inform you that the Hogg Foundation has approved a grant of $17,552 to the League of Women Voters of Texas Education Fund (LWVTEF) to support the research project titled "A Survey of Community Support Services" for the period April 1 to December 31, 1988. We understand that the Foundation's funds will be used to pay for consultants to design the survey, train the volunteers, analyze the data, and develop written reports; clerical assistance; consumable supplies; computer usage; telephone; travel; postage, printing; and other miscellaneous expenses. A smaller supplemental grant may be considered by the Foundation, contingent upon the quality of the research data and the potential utility of such data in report form by mental health authorities and other interested groups.

Based on your careful response to our questions and concerns, we feel that this survey should yield good results to determine the perceptions, beliefs, and attitudes that consumers and community leaders hold about community support services for people with long-term illness. Once available, these new data sets will be of tremendous help to our Commission on Community Care of the Mentally Ill and to mental health officials in assessing the service gaps which may exist within the mental health care system and the quality and quantity of community-based services for the chronically mentally ill. We are impressed with the detailed plan of action prepared by members of the League of Women Voters of Texas Education Fund in consultation with representatives of the Mental Health Association of Texas and Health Consulting, Inc.

Enclosed are two copies of a Statement of Policy form, which is required of us for any grant which does not go to unit of The University of Texas System or to a state or governmental agency. One copy of the form should be signed by you and returned to us; the other copy is for your files. Once this statement is returned, you can expect to receive a check in approximately two weeks.

We wish you success in carrying out this research endeavor and look forward to receiving a fiscal accounting statement and narrative reports of the survey results at the close of the grant period. If you have any questions or need additional information, please feel free to contact Mr. Reymundo Rodriguez or me.

Cordially,

Wayne H. Holtzman
President

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Encls.

This is a copy
Diane has originals

HOGG FOUNDATION FOR MENTAL HEALTH

STATEMENT OF POLICY

The Hogg Foundation for Mental Health of The University of Texas System has accepted, as its policy, compliance with the following restrictions on foundation grants as set forth in Section 4945 (e) and Section 4945 (d) (2) of the Foundations Tax Reform Act of 1969.

Section 4945 (e) prohibits foundations from carrying on propaganda or otherwise attempting to influence legislation directly or indirectly through grants at any level of government.

Section 4945 (d) (2) prohibits foundation grant funds from being used to influence directly or indirectly the outcome of any specific public election or to carry on directly or indirectly any voter registration drive to support candidates of a given political party.

As a prior condition for completion of a grant from the Hogg Foundation, it will be necessary to receive a certification of compliance with the above regulations. Please retain one copy of the attached statement and return the original duly signed by the person or persons responsible for administration of the grant

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STATEMENT OF COMPLIANCE

We, the undersigned, have read, understand, and agree to comply with the policy of the Hogg Foundation for Mental Health as it relates to the Foundations Tax Reform Act of 1969 as described above. This compliance is accepted as an integral part of this grant from the Hogg Foundation.

Project Number: 2289

Project Name: Survey of Community Support Services

Signatures:

_____

_____

_____

_____

Date of Signatures: _____

RESUME

RUSSELL A. DUNCKLEY, PH.D.

1987

EDUCATION

Degree		Date	Institution
B.S.	(Psychology)	June, 1970	Colorado State University
M.S.	(Psychology)	June, 1973	Southern Illinois University
Ph.D.	(APA approved program)	Aug., 1975	Southern Illinois University
	Major: Clinical Psychology		
	Minors: Personality		
	Physiological Psychology		
Internship (APA approved)		Aug., 1975	Camarillo State Hospital

PROFESSIONAL QUALIFICATIONS

Appointed to Graduate Faculty, Texas A&M University, September, 1976.
Certified Psychologist, State of Texas, March, 1977 (Certificate # 1515)
Licensed Psychologist, State of Texas, May, 1977 (License # 2-1515-2)

PROFESSIONAL EXPERIENCE

Health Consulting - October, 1986 to present. Program development, organizational consultation, planning, and research projects primarily concerning programs for the long-term mentally ill.

Clinical Psychologist in Private Practice - September, 1977 to present. Consultation with organizations (program reviews, administrative issues, implementation of ethical review procedures, etc.), workshops and training groups on stress management and maintenance of psychological health, and general outpatient practice oriented primarily towards relationship and stress management issues, but also involving psychodiagnostics and court-related testimony and consultation.

Director of Child and Adolescent Services, Dallas County Mental Health and Mental Retardation Center - March, 1985 to present. Following administrative re-organization of the Center, assumed responsibility for all Center mental health services to children and adolescents, including inpatient, partial care, crisis intervention, and outpatient services.

1. Re-organized the mental health service delivery system for children and adolescents offered by the Center, to provide a more complete continuum of services (inpatient, partial care, and outpatient services), and to make these services available to all age groups of children and adolescents. This included expanding inpatient services to include adolescents in addition to children, and expanding the day-treatment programs to include children and adolescents in addition to infants and pre-schoolers.

2. Organized and maintained two advisory committees in support of Child & Adolescent Services--a Citizen's Advisory Committee for advocacy and political purposes, and a Professional Advisory Committee for assistance in planning, program evaluation, etc.

3. Following the withdrawal of state funds from services to children and adolescents, obtained ongoing funding for Child & Adolescent Services from the County of Dallas--an increase in county funding from $500,000 per annum to $2.1 million per annum. This represented the first time in twelve years that the County of Dallas had increased its monetary contribution to mental health services.

4. Obtained ongoing operating funds for a 15-bed inpatient crisis stabilization unit for children and adolescents (operating budget of approximately $1 million per year)

5. Obtained funding from private foundations of approximately $.5 million to rehabilitate a building to house the inpatient crisis stabilization unit, and completed the rehabilitation project on-time and under budget.

6. Instituted 24-hour mental health crisis intervention capabilities for English-speaking children and their families.

7. Instituted 24-hour mental health crisis intervention services for Spanish-speaking children and their families.

8. Instituted English-speaking and Spanish-speaking Family Crisis Intervention teams that worked intensively with families with severely emotionally disturbed children who were seeking inpatient or residential treatment for their children. The Family Crisis Teams were successful in 60% of cases in preventing any admission to inpatient or residential treatment, and in an additional 30% of cases were successful in significantly shortening the length of treatment provided in an inpatient or residential setting.

Director of Outpatient Services, Dallas County Mental Health and Mental Retardation Center - September, 1981 to March, 1985. Responsibility for outpatient and partial care mental health programs for adults, children, aged, and substance-abuse clients. Budget of approximately $4.5 million, staff of approximately 150.

1. Re-organized and expanded the delivery of mental health services to adults with long-term mental illness, to insure that services were available and accessible in the neighborhoods where clients lived.

2. Doubled the availability of psychiatrists and expanded the availability of casework services to adults with long-term mental illness.

3. Established a model program in South Dallas (a section of Dallas primarily inhabited by poor Black and Hispanic families) to provide medication services, rehabilitation-focused outpatient services, and a psycho-social rehabilitation model day-treatment program for adults with long-term mental illness. The model program was successful in producing a significant reduction of state hospital admissions from this section of Dallas, which previously had the highest rate of admissions to the state hospital in the County.

Director of Adult Outpatient Services, Dallas County Mental Health and Mental Retardation Center - March, 1981 to September, 1981. Responsibility for outpatient and day/evening services for chronically mentally ill adults discharged from state hospitals. Budgetary responsibility of approximately $1.5 million, staff of approximately 50.

Director of Mental Health, Alcohol, and Drug Abuse Services, Brazos Valley Mental Health and Mental Retardation Center - May, 1979 to March, 1981. Responsibility for provision of general outpatient services to mental health, alcohol, and drug-abuse clients in a seven-county region. Budgetary responsibility of approximately $600,000.00, staff of 27.

1. Implemented a new system of mental health care provided in a 7-county region that I had previously designed while consulting for the Center.

2. Expanded alcohol counseling, aftercare and medication clinic services, and services to abused and neglected children to six counties in the region which had not previously received these services.

Consultant with Brazos Valley Mental Health and Mental Retardation Center - January, 1979 to June, 1979. Designed a new system of providing mental health services for the Brazos Valley Region. This involved evaluating the adequacy with which mental health needs were being met in the region, establishing standards of quality and priorities for the delivery of mental health services given the availability of resources. I designed the model for the delivery of mental health services that was adopted and implemented by the Board of Directors.

Consultant on Ethical Review Procedures, Brazos Valley Mental Health and Mental Retardation Center - May, 1978 to August, 1978. Designed and implemented a code of ethics for employees of the Center. This involved designing the code of ethics to be adopted by the Center, consulting with the Center on establishing procedures to insure compliance with the code of ethics, and training staff on recognizing and dealing with ethical issues.

Consultant with the Austin-Waller Outreach Mental Health Clinic - April, 1977 to June, 1979. Provided direct services to outpatients at the clinic with patients ranging from the chronically mentally ill to family/marital problems. Implemented a treatment program at the clinic in conjunction with the Department of Human Resources for abused/neglected children and their families.

Assistant Professor in Psychology, Texas A & M University - September, 1975 to June, 1979. Taught graduate level courses in psychodiagnostics, psychopathology, and assessment; supervised therapy and diagnostics practica; supervised master's and doctoral level research; chaired a variety of departmental committees and projects. Wrote the proposal to the State Coordinating Board to establish a Ph.D. program in the Department in Community Psychology, which received final approval in 1982.

PROFESSIONAL AFFILIATIONS

American Psychological Association
Texas Psychological Association
Dallas Psychological Association

CURRENT COMMUNITY SERVICE

Community Outreach Coalition - A founder and current Chairman of a group that sponsors one of the first projects in the nation to provide psychiatric and social work services to the Homeless Mentally Ill.

City of Dallas Coalition for Health Care to the Homeless - A Task Force operating under the auspices of the City of Dallas Health and Human Services Division.

Children's Mental Health Committee - A planning/policy making group regarding the provision of services to children and adolescents in Dallas County operating under the auspices of the Mental Health Association.

North Dallas Shared Ministries Coalition for the Homeless Mentally Ill - A member of the Steering Committee for a coalition of churches, synagogues, and agencies which advocates for, and provides direct services for, the homeless mentally ill. The Coalition includes representation from 34 churches in North Dallas, with congregations numbering in excess of 40,000.

PUBLICATIONS AND PRESENTATIONS

Dunckley, R.A., and Hill, J. "Establishing new programs for the Homeless Mentally Ill," Texas IAPSRS Conference, Dallas, April, 1987.

Dunckley, R. A. "Insuring access of minorities to mental health services," Annual Conference of the Texas Coalition for Juvenile Justice, Dallas, June, 1987.

Dunckley, R. A., and Bonte, C. "Residential Services for the Long-Term Mentally Ill", Mental Health Association of Dallas County, October, 1983.

Dunckley, R. A. "Mental Health Services for Juvenile Offenders," Annual Meeting of the Texas Coalition for Juvenile Justice, Dallas, Texas, June, 1982.

Dunckley, R. A. Workshop on nontraditional approaches to therapy with the rural aged, presented at the annual meeting of the Western Gerontological Society, Anaheim, March, 1980.

Dunckley, R. A., Lutes, C. J., Wooten, J., & Kooken, R. Nontraditional approaaches to therapy with the aged, in S. Sargent (Ed.), *Non-traditional Approaches to Psychotherapy with the Aged,* Springer Publishing, Inc., 1980.

Lutes, C. J., & Dunckley, R. A. Developmental tasks in old age as a function of age, sex, race, and marital status. Paper presented at the annual meeting of the Midwestern Psychological Association, Chicago, May, 1979.

Dunckley, R. A., and Lutes, C. J. Confidant relationships among the aged poor. Paper presented at the annual meeting of the Gerontological Society, Washington, D. C., 1979.

Dunckley, R. A., & Lutes, C. J. *Psychological Factors in Adjustment for Providers and Recipients of Social Services - Final Report,* Texas Department of Human Resources, 1979.

Dunckley, R. A. Conflict Performance as a function of instructional set and absolute strength. *Journal of Research in Personality,* 1977, *11*, 243-250.

HOGG FOUNDATION
FOR MENTAL HEALTH

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April 26, 1988

Ms. Diane B. Sheridan, Chair
League of Women Voters of Texas Education Fund
1212 Guadalupe, #107
Austin, Texas 78701

Dear Ms. Sheridan:

It is a pleasure to forward the enclosed University of Texas check in the amount of $17,552.00 for support of the survey of community support services for the period April 1 to December 31, 1988. As indicated in our earlier correspondence, this grant will be used to cover expenses for consultants to design the survey, train the volunteers, analyze the data, and develop written reports; clerical assistance; consumable supplies; telephone; travel; postage; printing; and other miscellaneous expenditures.

We wish you every success during the ensuing eight months of survey work. Please submit summary and fiscal accounting reports by the end of December. If there is any way we can be of further assistance, please call either Dr. Charles M. Bonjean or me.

Cordially yours,

Reymundo Rodriguez
Executive Associate

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Enc.: [redacted]

[redacted]

THE UNIVERSITY OF TEXAS AT AUSTIN
AUSTIN, TEXAS

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DATE		
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04/21/1988		

PAY $17,552.00

VOID ONE YEAR FROM DATE OF CHECK

PAY TO LEAGUE OF WOMEN VOTERS OF
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WCH 305
CAMPUS MAIL

Director of Accounting

Vice President for Business Affairs

FIRST REPUBLICBANK AUSTIN
AUSTIN, TEXAS

HEALTH CONSULTING

Linda Donelson, R.N., M.S., S.M.Hyg.
Mental Health Systems Consultant

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January 22, 1989

Diane B. Sheridan
League of Women Voters of
Texas Education Fund
1212 Guadalupe, #107
Austin, Texas 78701

Dear Ms. Sheridan

Enclosed is a billing for the preparation of the print ready report on the statewide survey. It is also my understanding that the Hogg foundation has agreed to increase the contract to allow us to be reimbursed for $2,649.07 which was over the original contract amount of $6,500. I appreciate your efforts in obtaining the additional funding.

It has certainly been a pleasure working on this contract with the League of Women Voters. I hope it serves you well in this legislative year.

Sincerely,

Linda Donelson

Linda Donelson

P.O. BOX 191148 DALLAS, TEXAS 75219 (214)522-8602

March 1, 1988

Dr. Wayne H. Holtzman, President
Hogg Foundation for Mental Health
P.O. Box 7998
University Station
Austin, Texas 78712

Dear Dr. Holtzman:

This letter is in response to additional concerns and points of clarification to our proposal for an education project and survey of community support systems as requested by Doctors Charles Bonjean and Reymundo Rodriquez.

1. Lack of resumes on key staff. We have attached the resumes of the three group leaders of this project: Project Director, Mary Alice Pisani; LWVTEF Resource Committee, Rebecca Bergstresser; and LWFTEF Project Supervisor, Louise Cummins.

2. Use of consultants. Linda Donelson and Russell Dunckley, Ph.D. of Health Consulting will provide the following consultation and assistance:

a. Training of the surveyors: 2 consultants 2 days each. A full day of training and 1 full day of preparation.
b. Consult with problems that arise during implementation of the nominal groups.
c. Reviewing and commenting on the educational facts and issues document.
d. Consult on data interpretation
e. Assist in preparing and review of the final report.

3. Computer time: The computer costs will break down as follows:

a. 40 Hours of coding $10/Hour $400.00
b. 24 Hours of input $8 / Hour $192.00
c. 80 Hours of Analysis Time $30/Hr $2,400.00
- Establishing design for statistical evaluation
- Developing format for coding and input of data
- Review of results of initial analysis
- Design supplementary analysis if needed
- Computer time for statistical analysis
- Implement supplementary analysis
- Interpret data analysis
- Provide written draft of results

4. Data Analysis: The objectives of the anaysis of data will be:

1) To determine a "typical" ranking of the strengths and weaknesses of the items generated during the nominal group process for both clients and community leaders by sub-group and for the overall population as well as by mental health service area and statewide; and

2) to identify any meaningful differences among population sub-groups, areas, and statewide ranking in importance of specific items.

The precise method of analyzing data will be completed after we receive funding and before we train the surveyors in the nominal group process. All items from each group will be clustered into areas of weakness and strengths of the system and then data will be coded to allow for comparison between different nominal groups. At a minimum, the data analysis will include measurements of central tendency as well as range of response in terms of consistency and differences among respondents and between groups.

5. Training of two people from each Community Mental Health Mental Retardation Center Service area: We will add an additional person from each area in order to give us back up people and additional resources as needed. This will require additional funds ($1,600) to bring them in for the training session.

6. Selection Process for Community Leaders: The objective will be to obtain a sampling of views from local decision-

makers, including elected officials as well as representatives of groups that influence local public opinion. Since the leadership configuration varies among localities, the method will be to identify a number of categories and instruct surveyors to select one individual from each category for a total of at least 10 but not more than 20 in any one group. Large urban centers (Dallas, Houston, El Paso, Fort Worth, and Austin) will require two groups of community leaders since it is anticipated that each category of leader would be present in those locales.

Categories will include:

- county commissioner
- elected municipal officials (number to correlate with number of municipalities in MHMRC area)
- local Chamber of Commerce
- religious community (several if area is diverse)
- elected state senator or representative
- civic organization leaders (including League of Women Voters)
- neighborhood organizations
- locally influential occupational or professional groups

7. Selection Process for Clients: The client groups will be convened from several sources. The local MHA FAIR groups will constitute one group of clients. The local Alliance for the Mentally Ill groups will be contacted to help put together a group of clients from their membership. The local MHMR Center Director's of Case Management will be contacted to provide clients who are being served by the MHMR Centers. This will give us clients who are in the local service system as well as some clients who are not being served by the local center. Each group will have 10-15 participants.

8. Concerns regarding reports and postage: The final report costs can be reduced by producing a 7-10 page summary and making the total report available by request only. This will reduce postage costs by $224.00.

9. Collaboration with the Mental Health Association: The MHA of Texas will be involved in this project in several ways: First they will review and comment on the Facts and Issues Document; Project FAIR will assist in providing clients for the nominal groups as will the client advocates program; in

addition the MHA will help to access the Women's Auxillary of the Medical Society for additional suveyors as needed.

Thank you for your help and consideration in making this project possible. We continue to hope we can complete the research portion of this project by September in order to meet deadlines for study by the local Leagues. We look forward to hearing from you as soon as possible.

Sincerely,

Diane Sheridan
Chair

BUDGET
February 1 - September 30, 1988

PERSONNEL	
LWVTEF Resource Committee	-0-
Health Consulting 10 days $250.00/day	$2,500.00
Clerical Assistance 100 Hrs @ $7/Hr	$700.00
Sub-Total Personnel	$3,200.00
OTHER DIRECT COSTS	
Expenses of Resource Committee	$1000.00
Computer Time, Statistical Analysis and Data Input	$2,992.00
Telephone	$300.00
Training 34 volunteers for survey	$5,000.00
Typesetting	$200.00
Printing 6,000 copies Facts and Issues 500 copies report	$3000.00
Postage	$1180.00
Supplies	$680.00
Sub-Total Other Direct Costs	$14,352.00
TOTAL DIRECT COSTS	$17,552.00

MARY ALICE PISANI

Address: 723 Mary Lake Drive
Bryan, Texas 77802

Telephone: 409-846-5985

PROFESSIONAL EXPERIENCE

Assistant to the Dean, College of Medicine, Texas A&M University, 1984-1987.

Provided administrative support to the Dean and Assistant Dean. Represented the College in relationships with faculty and administrators throughout the University. Managed an interdisciplinary faculty research group in the area of gerontology. Assisted in development efforts. Initiated efforts to establish hospice and home sharing programs in the local community. Wrote copy for informational brochures on the College. Managed exhibits of local art.

International Coordinator, Office of International Coordination, Texas A&M University, 1982-1984.

Designed short-term non-academic training programs and served as campus escort for international visitors. Collected and supervised publication of data on international activities of faculty. Edited quarterly newsletter and pamphlet series.

Research Associate, Survey Research Center, Department of Rural Sociology, Texas A&M University, January-August, 1982.

Assisted in the administration of the Survey Research Center which conducted telephone surveys for state agencies and university clients. Responsible for hiring and supervising 25 student interviewers and coders.

Program Analyst, California State Department of Health, 1972-1977.

Began at the administrative trainee level and assumed increasing responsibility in major areas of public administration, including personnel; budgeting; contract management; planning health programs; conducting special studies; monitoring and providing technical assistance to local health departments; and representing and interpreting an innovative health program to providers of health services,

professional societies, and other interested persons. Received promotions to the level of supervisor of an administrative unit responsible for fiscal, statistical, and general administrative support to a statewide health program.

VOLUNTEER EXPERIENCE

League of Women Voters of Texas, Director and Chair of Study Committee on Services for the Seriously Mentally Ill, 1987 to present.

League of Women Voters of Brazos County
- President, 1985-1987
- Community Relations-Action Vice President, 1984
- Local Program Chair (Emergency Medical Services), 1983
- Newsletter Editor, 1979

Participated in study committees on the following topics: national energy policy, Texas groundwater, national security, mental health services in Brazos County, and national health and welfare policy. Managed advocacy efforts on emergency medical services, mental health services, public health services, and library services.

People First Campaign, Brazos County Coordinator, 1987.

Bryan Forward!, Member of Water and Utilities Committee, 1987.

Sierra Club, Brazos Valley Group Chair, 1979-1983.

EDUCATION

M.P.A., Texas A&M University, 1981*

B.A., Stanford University, History, 1968

Graduate work in English, Arizona State University (1968-69) and University of California at Davis (1971)

Began coursework at Texas A&M University toward a secondary teaching credential in Government and English in 1987.

*Program included courses in research methodology.

REBECCA BAIRD BERGSTRESSER
3758 Pallos Verdas Drive
Dallas, Texas 75229
214-350-2167

CURRENT ACTIVITIES

League of Women Voters of Texas, State Board of Directors
Women's Council of Dallas County, Texas, Inc., Board of Directors
Dallas Alliance, Board of Directors
Greater Dallas Community of Churches, Board of Directors
Community Housing Resources Board
Downtown Dallas Family Shelter, Advisory Board
Dallas Independent School District Organization Task Force, Chair

RECENT CIVIC EXPERIENCE

President, League of Women Voters of Dallas 1985-87
Chair, Administrative Council, Northaven United Methodist Church
Dallas County Community Action Committee, Board of Directors
Grievance Committee of Dallas Bar Association

PUBLICATIONS

Dallas: A Guide to City Services, League of Women Voters of Dallas/ City of Dallas (Project Director and Editor), 1984.
"No Room in the Apartment Complex? Families with Children in Dallas Apartments," LWV-D, 1982.
"New Initiatives in Housing at City Hall, LWV-D, 1982.
"Putting Your Mark on the Budget Blueprint: Citizens and the City Budget," LWV-D, 1980.
Government By The People: Citizen Participation in Dallas, (editor), LWV-D, 1980. Supported by Texas Committee for the Humanities.
"Budget Blueprint," LWV-D 1979.
"Abolitionists, Republicans, and the Black Guard: Race in the Post-Abolition Politics of Brazil," in Collected Papers of the Joint Meeting of the African Studies Association and the Latin American Studies Association, 1977: Brandeis Univ., 1978.
"The Movement for the Abolition of Slavery in Rio de Janeiro, Brazil, 1880-1889" Ph.D. Dissertation, Stanford University, 1973.

EDUCATION

Stanford University	Ph.D.	1973	History
Duke University	M.A.T.	1964	Education
College of Wooster	B.A.	1962	History

EMPLOYMENT HISTORY

Adjunct Instructor, Florida International University, 1974-1975
Visiting Asst. Professor, University of Kansas, 1971-72
Visiting Asst. Professor, Kansas State University, 1980
Lecturer, Stanford University, 1970
Assistant to the Director, Latin American Studies, Stanford University, 1966-1967

Resume

Sara (Sally) Coughlin
208 Village Circle
San Antonio, TX. 78232
(512) 494-6213

EXPERIENCE:

Present: Member, State Board of Directors, League of Women Voters
Member, Senior Community Services Board. Secretary 1987 and 1988.
1983-1985: President San Antonio League of Women Voters
1972-1983: League of Women Voters San Antonio Area: Voting Rights Chairman, Participation Chairman, Secretary, First Vice President.
1982: B.A. Degree in Political Science from University of Texas at San Antonio.

Nursing Experience:
1988: Home Health Coordinator, Medical Center Hospital
1987: Consultant, Southwest Texas Geriatric Center, Discharge Planning.
1986: Completed RN update course at Medical Center Hospital, San Antonio. Licensed RN in Texas.
1985-86: Certified to teach CPR. Employed by Visiting Nurses Assoc.
1970-72: Office Nurse, Akron, Ohio
1966-67: Nurse, Newborn Nursery, St. Thomas Hospital, Akron, Ohio.
1962-1966: Post-op. Nursing, Kenmore Mercy Hospital, Kenmore, N.Y.
1961-1962: Research Assistant Sloan-Kettering laboratory, Nairobi, Kenya.
1960-1961: Intensive Care And Post-op. Surgical Nurse, Mount Vernon Hospital, Mt. Vernon, N.Y.
1959-1960: Intensive Care Nurse, Albany Hospital, Albany, NY
1956-1958: Registered Nurse Degree St Luke's-Memorial Hospital, Utica, N.Y.

Memberships:
Bexar County Medical Auxillary
The League of Women Voters
American Association for Continuity of Care
American Gerontological Society

Publication:
Health Care for the Medically Indigent, League of Women Voters of Texas Education Fund, July 1986.

February 1, 1988

Dr. Wayne H. Holtzman, President
Hogg Foundation for Mental Health
P. O. Box 7998
University Station
Austin, Texas 78712n

Dear Dr. Holtzman:

In response to questions from Mr. Reymundo Rodriguez, Mary Alice Pisani and Rebecca Bergstresser have prepared the following clarifications and additions to our proposal for an educational project and survey of community support systems:

1. Relation between the League of Women Voters of Texas Education Fund (LWVTEF) two-year study and the six-month survey of local perceptions of community support systems for mentally ill individuals: Each biennium the LWVTEF selects a study focus on one or more state public policy issues. LWVTEF's study focus for the 1987-89 biennium is the public mental health system in Texas. As part of this study, a Facts and Issues publication is being prepared for distribution to the public and to local members of the League of Women Voters of Texas (LWVT) for their use in educating themselves and the public about the mental health system in Texas. The Facts and Issues will be ready for distribution in May, 1988. It is anticipated that many local Leagues will use it as a resource for planning and carrying out studies of mental health services and issues in their own local communities. The mental health system in Texas will continue to be LWVTEF's study and education focus through May, 1989.

In connection with the study, LWVTEF proposes to use the network of local League members to conduct a survey of local perceptions of community support systems for mentally ill individuals. This will result in a separate report of findings, to be distributed in September.

2. Relation between the proposed LWVTEF survey and the surveys being carried out by the Mental Health Association in Texas and the R.A.J. Review panel: The MHA survey will use volunteers to interview providers, families and clients to assess the extent to which mandated core services are in place in communities. The R.A.J. Review Panel survey will use client records to determine whether clients who have been discharged from state hospitals are being provided the services determined by their aftercare agency to be needed for support after discharge. Both of these studies will provide factual information about the availability of community-based services. The LWVTEF survey, by contrast, will focus on perceptions by community leaders and clients of the strengths and weaknesses of community-based care in their areas. Together, the three surveys should provide a strong data basis for examining relationships between the quantity and quality of local services and local attitudes toward community based mental health care.

3. Cooperation between LWVTEF, MHA and local medical auxiliaries: We expect the survey to be administered by volunteers from LWVT. However, participation on their part is entirely voluntary. Conceivably there could be MHMR center areas in which there is no LWVT member willing to participate. In this event, Stella Mullins, Executive Director of MHA in Texas, has offered to help locate local MHA volunteers or members of local medical auxiliaries to administer the survey.

4. Computer costs: According to Linda Donelson, who will provide computer services for the survey, costs break down as follows:

40 hours of coding - 20$/hour	$800.00
24 hours of input - $8/hour	$192.00
80 hours of analysis - $30/hour	$2,400.00
TOTAL	$3,392.00

She believes the sum of $3,500 is a reasonable estimate of her probable expenses.

5. Postage: Postage for mailing the Facts and Issues publication is estimated on the basis of actual bulk rate mailing costs for the sample included with our proposal ("Health Care for the Medically Indigent"), although it is likely that the projected Facts and Issues on mental health will be longer and therefore somewhat more expensive to mail.

We anticipate that the survey will generate findings worthy of publication. The report of these results will be a separate publication, mailed separately to a much shorter list. The estimate covers first-class postage on a 35-page (plus appendices) offset publication. First-class postage seems appropriate since it will enable us to mail promptly and in a targeted fashion.

It is essential also to cover mailing costs to our volunteers participating in the survey, since failure to do so could adversely affect their participation and LWVTEF does not have resources to cover these expenses out of its budget.

6. Resumes: The resume of Linda Donelson, our principal consultant for the project, accompanied our proposal. That of her associate, Russell Dunkley, is enclosed. Project Supervisor Louise Cummins will send hers under separate cover.

7. Advisability of training more than one person from each area to administer the survey: We agree that it would be preferable to train at least two persons from each area to administer the survey. We plan to encourage additional LWVT members to take the training. LWVT members who live within driving distance may do so, but for those living in the ten more distant areas, cost will be an obstacle. Covering this cost would add approximately $1100.00 to the expense of travel. LWVTEF does not have the resources to absorb this.

8. Grant administration fee: Mr. Rodriguez has explained that the Hogg Foundation does not cover the costs of grant administration. Accordingly, we have dropped this from our proposal but have made some adjustments in other line items to reflect anticipated expenses.

The long distances over which our trustees work, coupled with our commitment to maintain accurate records and good lines of communication, make it necessary to budget adequately for photocopying, postage, telephone, supplies, and (to a lesser extent) travel, as well as to cover the important coordinating role performed by our state office. Therefore we have increased the line items which cover supplies and expenses of our office and the expenses incurred by trustees who serve on the resource committee. We think it is important to emphasize that the services and time of these trustees are donated, as are the services and time of the Board of Trustees who will oversee the project.

It is extremely important to our trustees that we allot ourselves adequate resources to carry out this project effectively. It is of paramount importance to us that we not incur costs in connection with the project that are not covered by the grant, since LWVTEF does not have the resources to absorb these.

We appreciate the opportunity to pursue this with you.

Sincerely,

Diane Sheridan
Chair

BUDGET
February 1-September 30, 1988

PERSONNEL	
LWVTEF Resource Committee	-0-
Health Consulting 10 days $250/day	$2,500.00
Clerical Assistance 100 hours $7/hour	$700.00
Subtotal Personnel	$3,200.00
OTHER DIRECT COSTS	
Expenses of Resource Committee	$1,000.00
Computer Time, Statistical Analysis and Data Input	$3,500.00
Office Supplies and Expenses	$300.00
Telephone	$300.00
Training 34 volunteers for survey	$3,400.00
Typesetting	$200.00
Printing 6,000 copies Facts and Issues 500 copies report	$3,000.00
Postage	$1,450.00
Supplies	$680.00
Subtotal Other Direct Costs	$13,830.00
TOTAL	$17,030.00