

TO: LL Pres.; S.U. Chair; DPM; MALs
FROM: Rebecca Bergstresser, LWV-TX Director
[REDACTED]

LWV-Texas
February 1989
LLP Mailing; DPM
II. A. 2. k.
SSMI

UPDATE: SURVEY OF PERCEPTIONS OF COMMUNITY-BASED SERVICES

FOR PEOPLE WITH SERIOUS MENTAL ILLNESS (Hogg Foundation Project)

The results of the survey carried out last summer under our grant from the Hogg Foundation for Mental Health have been completed and are in print in two versions: a full report (118 pages of text, tables, and charts) and a three-page executive summary. A copy of the Executive Summary is in this mailing. Each local League that participated in the survey will receive under separate cover one copy of the full report. A press conference will be held on February 14 at the Capitol to announce the findings.

CONGRATULATIONS to all of you who participated! It was quite a feat to conduct this complex project in an extremely short time frame during summer vacation. Nevertheless, the quantity and quality of data that came back from across the state were outstanding. Our consultant, Linda Donelson of Health Consulting, assured us that both the percentage of usable data and the quality of the data itself were every bit as good as she would have expected from professional surveyors. Entering and coding the data took much longer than anticipated because the information came back in more diverse forms than would have been the case if gathered by a smaller number of teams; therefore, it took longer to compress the information into uniform coding categories. However, the result is a highly professional product which speaks very well indeed for the League.

PUBLICITY: A press conference is planned for February 14 at 1:00 p.m. at the Capitol, immediately following Legislative Days, to announce the results to the public. Feel free to attend if you wish. By then, presidents whose Leagues participated in the survey will each have a copy of the survey report and will be prepared to answer questions that may arise in local communities.

DISTRIBUTION: Alas, our grant funded only 100 copies of the full report. Distribution of these scarce copies is as follows:

LWV-TEF	5
Local Leagues	31
Health Consulting	3
TDMHMR	5
Hogg Foundation	3
Legislative leaders	5
Community MHMR centers	34
Mental Health Association	1
Texas Alliance for the Mentally Ill	1
LBJ School of Public Affairs	1
R.A.J. Review Panel	1
Judge Barefoot Sanders	1
Association of Community MHMR Centers	1

[REDACTED]
Pat Butler

[REDACTED]

*Send F+I
Consensus
Question*

Feel free to photocopy the report, or portions thereof, with the proviso that the League of Women Voters of Texas Education Fund copyright to the material must be acknowledged and the copies may not be sold for profit. (It is permissable to charge for actual copying and postage costs.)

Copies of the Executive Summary are included in this mailing. The same conditions apply for photocopies and distribution. The summary is also being mailed directly to all survey participants who signed the "Report Requested" form at the interview meetings; however, we received such requests from only 300 of the 625 participants. It is likely, therefore, that you will have inquiries from participants who have not received the report. You can help us by making photocopies available to them (at cost, if you wish but not for profit); or, if you prefer, refer them to the state League office.

We are already finding that the Executive Summary merely whets the appetite of readers for more specific data about their own areas. Please remind those who look at this detailed information that, while the survey is valid as a sample of the state as a whole, it is NOT valid for purposes of comparison among different areas. Its greatest usefulness for local areas will be as a first step toward identifying areas of potential strength or weakness and areas in which your community needs further education. (For example, if yours was one of the many communities in which leaders wanted families to carry a major share of the responsibility for funding, your leaders probably need more education about the financial impact on families of those with serious mental illness.) Also, remind your readers that the survey deals with perceptions, not facts, so this data needs to be used in the context of other kinds of information about your own communities. It is certainly a useful indication of what consumers and community leaders think about community-based services in your area (and this is important!), but it is not necessarily an accurate reflection of the actual range or quality of services.

THIS IS EDUCATION, NOT ADVOCACY! Please remember that the survey is an LWV-TEF project, funded by a charitable foundation (Hogg), and is an educational tool.

QUESTIONS? If you have questions, or want to refer questions from others, about interpretation of the results, distribution of the reports, or any other aspect of the survey, don't hesitate to contact me.

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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

December 16, 1988

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

DSW
LCW
MAP
RB
SAC


DEC 20 1988

Dear Ms. Sheridan,

On behalf of the Citizens' Planning Advisory Committee to the Texas Board of Mental Health and Mental Retardation, I would like to commend the League of Women Voters for their work on the document *Facts and Issues: Services for the Seriously Mentally Ill in Texas*.

This report, and the subsequent needs analysis, provides a valuable resource for addressing the problems in mental health services in Texas.

Sincerely,


Pauline Hefley, Chairman
Citizens' Planning Advisory Committee

cc: Pattilou Dawkins, Chairman, Texas Board of Mental Health
and Mental Retardation
Dennis Jones, Commissioner
Members, Citizens' Planning Advisory Committee

PH/ckw



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

December 22, 1988

Diane B. Sheridan
Chairman
League of Women Voters
1212 Guadalupe, Suite 107
Austin, TX 78701

Dear Ms. Sheridan:

The Department has recently initiated the development of operational planning models to supplement its other planning efforts. The purpose of these models will be to specify the implications of our strategic plan for the Department's priority populations, service utilization and resource allocation. These models will provide a framework of options given certain resources and constraints which can be used to inform the dialogue among the Department, legislators, advocates and service providers.

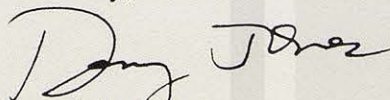
These models will also prove useful in making programming and budgetary decisions and in the identification of performance indicators. We feel that these models will help increase the accountability of the MHMR system, both externally and internally.

To develop this operational planning system, the Department has purchased software and associated services from Human Services Research Institute (HSRI), Cambridge, Massachusetts, a consulting group that has developed similar mental health and mental retardation models for other states.

We would like you to attend a presentation by HSRI staff of these models and their development at the Radisson Plaza Hotel, Capitol Ballroom, on January 12, 1989, 8:30 a.m.- 12:30 p.m.

The purpose of the meeting is to provide an overview of both the mental retardation and mental health models. There will also be a presentation of process and time frames with ample opportunity for discussion. We hope to see you there.

Sincerely,


Dennis R. Jones
Commissioner

DRJ/VG/cw

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EB

DEC 29 1988

December 9, 1988

To: Diane
Louise
Evelyn
Sally
Rebecca

From: Mary Alice

Item #1: A draft of the SSMI advocacy paper is enclosed for your collective review and editing. It is done earlier than expected because once I got started, I realized how much I wanted to finish it before we go to Berkeley on December 17. I would appreciate your comments ASAP so I can make changes before we leave. For the upper left visual, on Monday I am getting a stylized picture of a head in black with the brain highlighted in white from a medical illustrator at the TAMU College of Medicine and will send it along.

Item #2: As I have already discussed with Sally and Rebecca, I have decided that my student teaching situation will take all my time and energy starting January 16 and I will have to give up my plans to lobby on SSMI. My assignment is 12th grade British literature (three honors and two average level classes) for an older teacher who has had some health problems. Between reviewing the literature I haven't studied for 20 years and preparing to take three teacher certification exams on February 18, I plan to have my hands full. The good news is that I have spoken to Bonnie Bowman in Arlington about lobbying and she is interested, though she can't go to Austin. I invited her to TDMHMR's December 15 meeting for interest groups and hope she will join Sally and me in Austin that day. We also have a meeting with Commissioner Jones on January 12. She did an outstanding job on the study and is very committed to SSMI--she is a graduate student in physiology and plans to do research on schizophrenia.

After putting so much energy into this study, I am sorry that I can't help with advocacy, but I just think it is time for me to concentrate on teaching so I can get a good recommendation and hopefully get a job here (where the job market is very tight) or wherever we are next year.

Services for People With Serious Mental Illness

Catching Up With the Needs in Texas

Texas does not have enough public services for its citizens who suffer from serious mental illness. Most Texans with mental illness now live in their own communities, not in state hospitals. Many lack access to services that meet their basic human needs and provide up-to-date treatment and rehabilitation. To catch up with the needs of Texans who are seriously mentally ill, the League of Women Voters of Texas urges the 71st Legislature to fund accessible, up-to-date mental health services.

There are 2.5 million adults in Texas with a mental health disorder (including substance abuse). The Texas Department of Mental Health and Mental Retardation is mandated by state law to target its services to the 1.2 million of these who are most in need. The public mental health system has not been able to accommodate their needs. Individuals must often reach a state of psychiatric crisis before they can qualify for public mental health services. The League of Women Voters of Texas urges the legislature to increase funding for mental health services to a level which assures that people who are seriously mentally ill can obtain services before they reach the crisis stage.

Texas ranks 47th among states in per capita mental health expenditures. As a result of inadequate funding, many individuals and their families must endure psychiatric crises that could be prevented. Public costs for prisons will continue to grow as larger numbers of mentally ill persons enter the criminal justice system. Hospitalization costs will rise as people are repeatedly rehospitalized after brief periods in the community. The number of mentally ill people who are homeless will grow as they drop out of the public mental health system or never enter it.

The development of effective psychoactive medications and rehabilitation

programs now enables the large majority of people with serious mental illness to live in their own communities rather than in institutions. Programs that provide case management, education in community living and vocational skills, and training for families in managing their mentally ill members can help many mentally ill individuals become independent and productive members of society. Unfortunately the number of persons who can participate in these programs in Texas is limited by inadequate funding. Those who are least likely to be served are mentally ill individuals who are homeless, severely mentally disabled, minority, or who lack families to advocate for them.

The League of Women Voters of Texas strongly supports programs that serve the mental health needs of special populations including children and adolescents, persons in the criminal justice system, and the homeless. There are an estimated 100,000 children and adolescents in Texas with severe problems requiring professional treatment in the public sector. Only 20,000 of these children and adolescents are currently receiving services. As a state legislative report noted, "...children's mental health is a pay now or pay later problem. The problems of children with emotional disorders, for the most part, get worse without treatment. Those unserved as children grow up to be disabled adults, requiring extensive and expensive care" (Mental Health Services for Children and Youth).

Due to a shortage of preventive services to help seriously mentally ill persons avoid crisis and possibly violence, many Texans with mental illness end up in the criminal justice system. The probation and parole systems in Texas do not receive funds targeted specifically for community services such as outpatient treatment and housing for mentally ill persons. **The League of Women Voters of Texas urges the legislature to fund community services for mentally ill persons in the probation and parole systems in Texas.**

Texans who are mentally ill confront common obstacles to finding appropriate

housing--poverty, a shortage of affordable housing and community-based residential programs, and discrimination. Many mentally ill people in Texas live in "board and care" homes that offer little or no rehabilitative care. **The League of Women Voters of Texas** urges the legislature to fund community-based residential programs, regulation of housing providers, and technical assistance to providers to encourage the development of adequate long-term rehabilitative care for mentally ill Texans.

Nearly all persons who are seriously mentally ill must rely on public programs because they quickly exhaust their lifetime insurance reserves and often a major proportion of their family resources as well. Those who are able to work often do so part-time in low-paying jobs. An estimated 40,000 mentally disabled Texans receive Supplemental Security Income (SSI) (Social Security Administration). The SSI program is a federal subsistence income program for the aged, blind, and disabled that pays \$340 a month for single recipients living alone and \$232 for those living with their families. Texas is one of only 10 states that does not supplement the federal SSI payment. **The League of Women Voters of Texas** urges the legislature to fund supplementation of the federal SSI payment so that mentally disabled people in Texas who are not able to work can adequately meet their basic human needs.

Texas is not taking advantage of federal funds available for mental health services through the Medicaid program, the federal-state medical assistance program for low-income individuals. As a consequence, 96% of the Texas Department of Mental Health and Mental Retardation budget is made up of state general revenue funds. Among states, the average percentage of the state mental health agency budget derived from federal funds was 13% in 1981, with a range from 0.1% to 46% (Mental Health U.S.). **The League of Women Voters of Texas** supports the expansion of mental health services in Texas through an increase in federal Medicaid funds.

There are not enough mental health professionals in Texas who are trained to

work with people who are seriously mentally ill. Training and retraining programs are needed to develop more mental health professionals who can provide rehabilitative services to help mentally ill individuals live independently and productively. Recruiting and retaining qualified physicians in the public mental health system in Texas has been especially difficult but is essential for up-to-date mental health treatment. **The League of Women Voters of Texas urges the legislature to fund programs to attract and retain qualified personnel in the public mental health system.** These programs should increase the number of physicians who receive training in the public mental health system, expand academic and research opportunities in the public mental health system, and provide higher salaries and benefits as needed.

During the last decade, advances in brain research have produced strong evidence for the biological causation of serious mental illness, particularly brain diseases such as schizophrenia, manic-depression, and major depression. Medical researchers, funded primarily by the federal government, continue to make progress in understanding the neurological basis of mental disease. **The League of Women Voters of Texas supports state funding for research on the prevention, causes, treatment, and need for treatment of mental illness and mental retardation through joint research projects among Texas medical schools, state hospitals, and state schools.**

Mental illness is commonly perceived as a stigma. Negative public attitudes promote discrimination against persons who suffer from mental diseases. **The League of Women Voters of Texas urges the legislature to fund programs of community education to improve public understanding of serious mental illness.**

The League of Women Voters of Texas supports the right of all persons who are seriously mentally ill to have access to services designed to help them reach and maintain an optimal level of functioning in the least restrictive environment. We urge the 71st Legislature to fund accessible, up-to-date mental health services

to meet the needs of all Texans who suffer from these devastating diseases.

Statistics used in this paper were obtained from the Texas Department of Mental Health and Mental Retardation unless otherwise noted.

Sources

Craig, Rebecca. Mental Health Services for Children and Youth: Strengthening the Promise of the Future. Denver: National Conference of State Legislatures, 1986.

League of Women Voters of Texas Education Fund. Services for the Seriously Ill in Texas: Facts and Issues. 1988.

National Institute of Mental Health. Mental Health U.S. 1985. Washington: GPO, 1986.

Memo to LL Regarding SSMI Consensus

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SCo

The consensus on Services for the Seriously Mentally Ill in Texas approved by the state board on November 12, 1988, is attached. Three-quarters of local Leagues and 14% of members in the state participated in the consensus. There was broad agreement on the issues delineated in the consensus questions, with the exception of local government funding of research (question 3b) and financial incentives for local mental health authorities to serve mentally ill persons in the criminal justice system (question 5).

Rebecca Bergstresser, Sally Coughlin, and I would like to thank all members who participated in this study. We were gratified to see the many excellent speakers assembled to educate League members and interested citizens about this long-neglected and often misunderstood topic. Nearly all Leagues who participated in the consensus expressed their strong support for more community education about issues related to mental illness and the needs of people who suffer from it. We hope you will continue your efforts to educate your communities about these issues.

We look forward to working with you during the upcoming session of the Texas Legislature to educate elected representatives and their staffs about the needs identified in our study. We also encourage you to use the consensus as a basis for advocating increased local government and private sector funding for services for people in your communities who are seriously mentally ill.

Rebecca Bergstresser has spent the past several months preparing for publication the results of the Hogg Foundation survey of consumers and community leaders. She estimates that the report will be sent to local Leagues and community MHMR center directors in early January. The survey would not have been possible without the outstanding participation of many of you. Thank you!

Texas picks Indianian as mental health chief

By Melinda Henneberger
Staff Writer

Indiana's top mental health official — known as a reformer who overhauled that state's system — will take over the same job in Texas on June 1, the Texas Board of Mental Health and Mental Retardation announced Thursday.

Dennis R. Jones, 42, was selected from among 149 applicants for the \$82,000-a-year job as head of the mammoth Texas Department of Mental Health and Mental Retardation. The agency is Texas' largest, with more than 26,000 employees and an annual budget of \$750 mil-

lion.

During a board meeting in Beaumont Thursday afternoon, all six of the eight board members present chose Jones to succeed Dr. Gary Miller, who left the position in March.

"He's fantastic," said Pattilou Dawkins, chairwoman of the MHMR board. "He's got an inner confidence about him that instills trust. He's a leader."

"The people in Indiana are already petitioning to try to get him to stay. There's a lot of sadness in

Please see TEXAS on Page 10A.

Texas picks Indiana man as mental health director

Continued from Page 1A.

Indiana tonight," Ms. Dawkins said. "We've got us a star down here."

Jones resigned his Indiana post at noon Thursday, before the Texas board meeting convened, and was unavailable for comment Thursday afternoon. His wife, Judi Jones, said he would be out late "touching base with a bunch of his old superintendents."

In a prepared statement, Jones said: "I feel a real commitment to the mentally ill and mentally retarded citizens of this state. I'm looking forward to working with all the good people at the facilities, community centers and the central office of the Texas Department of Mental Health and Mental Retardation."

As Texas commissioner, Jones will assume responsibility for the country's poorest-funded mental health system. Both its hospitals and its schools for the mentally retarded are involved in long-running class-action suits over conditions and treatment.

A law passed by the Legislature last year allowed the board to hire a non-physician as commissioner. Jones, who holds a master's degree in business and a master's degree in social work, will be the state's first mental health commissioner who is not a doctor.

His appointment was seen as a victory for mental health advocates, who conducted a letter campaign to board members in Jones' behalf.

"I just say, 'Hallelujah!'" said Genevieve Hearon, executive director of the Texas Association for the Mentally Ill.

Ms. Hearon said her organization furnished Jones' name to the Seattle-based search firm hired to screen applicants for the job.

His national reputation as a reformer won him high marks with her group, she said.

"We wanted someone from out of state who would have a lot less baggage," she said. "We want a commissioner who will go to the Legislature and ask for money. That was



Dennis R. Jones . . . has a national reputation as a reformer.

our prior complaint" with Miller, Ms. Hearon said.

Miller was forced to submit his resignation last fall after a federal court found the department in contempt. U.S. District Judge Barefoot Sanders ruled that the agency had violated an agreement on conditions in schools for the mentally retarded.

Mental health advocates in Indiana said Jones faced — and overcame — similar problems when he took the Indiana post in 1981.

Jones was a controversial figure when he assumed the post of commissioner of the Indiana Department of Mental Health, said those familiar with his tenure. The Indiana agency oversees care for the mentally retarded as well as the mentally ill.

A change in Indiana law gave Gov. Robert Orr the power to appoint a new commissioner and to appoint a non-physician. When he appointed Jones to the \$72,000-a-year job, advocates for the mentally ill and the mentally retarded complained that the process had been politicized.

Later, his early critics became his staunchest supporters.

"When Denny Jones took over, our mental health system was really lacking. He has really moved us in the right direction . . ."

— Marilyn Schultz,
Indiana Mental
Health Association

"Denny Jones is a really good person," said Marilyn Schultz, executive director of the Mental Health Association in Indiana. "We feel a sense of loss at his going to Texas."

Early in his tenure, Jones conducted an internal review of a high number of patient deaths in Indiana mental hospitals and found that many of them were preventable. He fired hospital superintendents, initiated sweeping policy changes and went beyond Department of Justice mandates on staffing requirements in the hospitals.

"When Denny Jones took over, our mental health system was really lacking," Ms. Schultz said. "He has really moved us in the right direction," improving services for the chronically mentally ill in the community, she said.

Before he became Indiana's mental health commissioner, Jones was a clinical social worker at Midtown Community Mental Health Center in Indianapolis. He worked his way up to an administrative position and left to become executive director of Indiana community mental health centers in 1979.

Jones earned his MBA from Butler University in Indianapolis, and his social work master's from Indiana University in Indianapolis. He also holds a bachelor of arts degree from Wheaton College in Wheaton, Ill.

With his wife, a psychiatric social worker, and two daughters, Jones will move to Austin from Martinsville, Ind.

- ✓ Celi Bonte
- ✓ Carol Madison
- ✓ Maura McNeil
- ✓ Carol Schaper - [REDACTED]
- ✓ Linda Donelson
- ✓ Terry Paul
- ✓ Kay Peterson
- ✓ Mike Anderson - [REDACTED]
- ✓ Dr. Jim Craft
- ✓ Dr. Kenneth Altschuler
- ✓ Dr. Douglas Puryear
- Dr. Russ Deukley - [REDACTED] (page) [REDACTED]
- ✓ Stella Mullins
- ✓ Larry Miller
- ✓ Buddy Mattumica
- ✓ Sue Dillard
- ✓ Duane Hopson - [REDACTED]
- ✓ Spencer McClure
- Carolyn Blackburn
- John Johnson - Community Corrections
- Janet Coplin - Youth Corrections
- Sue Reed - Police - [REDACTED] (resource on mi)

Anshor Services [REDACTED]

pr 1 6 19 8

TO: Linda Donelson, Sally Coughlin, Mary Alice Pisani

ABOUT: Consultation and training dates

After conversation with all of you (Russ Dunkley representing Linda), the following dates have been set for consultation and training:

Sunday, April 17, 2:00 p.m. (or as soon as we can roll in from Sherman) until 5:45, at Linda's office, [REDACTED]: planning session.

Saturday, May 14, Austin, time and location to be announced: training session for survey volunteers.

Linda, let me know what information or materials you want us to bring to the April 17 meeting and generally what we need to do in the way of pre-meeting preparation.

Handwritten:
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and
8/48

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Linda Domelton, Sally Goughlin, Mary Alice Pasant

10:

Consultation and training dates

ABOUT:

After conversation with all of you (Miss Dinkley representing Linda), the following dates have been set for consultation and training:

Sunday, April 17, 3:00 p.m. (or as soon as we can get 14 from Sherman) until 5:45, at Linda's office, 3503 Prescott; planning session.

Saturday, May 14, Austin, time and location to be announced; training session for survey volunteers.

Linda, let me know what information or materials you want us to bring to the April 17 meeting and generally what we need to do in the way of pre-meeting preparation.

Tracy
948 - 7134

Rebecca:

Please add any sources you used to the Bibliography & return. Also, I am enclosing the edited sections you wrote for your review & addition of page #'s, dates, etc. to internal footnotes. I have now sent the F&I to Louise, Diane, Evelyn, Buddy M., Stella M., & Linda D. Whew!

Mary Alice

TO: LL Presidents; S.U. Chair; DPM

FROM: Mary Alice Pisani

LWV-Texas

February 1988

LL Pres. Mailing; DPM

II. A. 2. k.

MH/MR System

CONSENSUS QUESTIONS

STUDY OF SERVICES FOR THE SERIOUSLY MENTALLY ILL

Consensus questions for the state study of Services for the Seriously Mentally Ill (SSMI) are enclosed. Our state League committee has been working hard to prepare the Facts & Issues, which will be available in May. A Leader's Guide will also be prepared containing definitions of terms and explanations of the consensus questions, as well as a bibliography.

We hope that seeing the consensus questions will help local Leagues conduct their own research and plan meetings to address the issues covered.

Our committee has greatly appreciated the assistance of the Texas Department of Mental Health and Mental Retardation (TDMHMR) in providing information for the study. Your local committees will find that community MHMR centers are also an invaluable source of information.

The postmark deadline for SSMI consensus reports is November 1, 1988. Please contact me or one of the committee members listed below if you have any questions or comments about the study.

Rebecca Bergstresser

Sally Coughlin

#

Lou

- ① - not generic, but specific
- most of Council does not understand various steps in continuation of case issue
- acquainted w. jargon -

② What are short term responses that we need to consider implementing

③ What do we need to make sure not to lose does

Prisoner
Claus
Funding

} Like Taylor's
Criminal Justice
TF

Dallas took lead on things that could not be done only at local level

If we don't cook at next session we'll lose

Mon 8:00 a.m. Virginia's

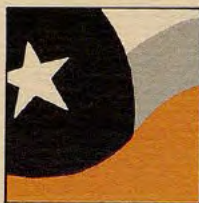
(4)

one or more orgs? - One is enough
discussion
should focus on those who
have fallen through cracks

danger - of overloading council
w. different mk agendas -

would ask for Mayor's
commission ~~on~~ rule

* Those who have dropped through
system - not ~~just~~ just shut
people - don't want to perpetuate
image of street people as
dangerous.



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

January 12, 1988

Kenneth Altschuler, M.D.
Department of Psychiatry
University of Texas
Southwestern Medical School
[REDACTED]

Dear Ken:

Thanks for taking time to talk with me about the mental health system in Texas. Your perspectives on training and on funding for research were extremely helpful to me and provoked considerable interest among the League's study committee members.

You asked to see the consensus questions our members will use to determine the League's lobbying position on mental health issues. I have enclosed a copy of the draft proposals, which will be considered at our Board meeting the weekend of January 22-24. I would certainly welcome any suggestions you might have. Please feel free to write or call me at the numbers below.

Rebecca Bergstresser
[REDACTED]



Kerrville State Hospital
Box 1468
Kerrville, Texas 78028
Mr. Luther W. Ross

CASE MANAGEMENT INFORMATION SYSTEM DEVELOPMENT
PROGRAM

\$19,460 for an automated information system to serve as a model for approximately 60 Texas Department of Mental Health and Mental Retardation case management sites in Texas by providing information on service costs, quality, and results for clients much more quickly than the present manual procedures and to furnish a major support tool for case managers in monitoring client progress, individual work performance, and system evaluation.

Laredo State Center
P. O. Box 1835
Laredo, Texas 78041
Ms. Delores V. Rodríguez

CHILDREN'S SERVICES FOR STARR COUNTY**

\$23,980 for support of mental health treatment and primary prevention services for children between the ages of three and sixteen at risk of serious psychological harm because of neglect, emotional disorders, extreme poverty, physical/sexual abuse, and other handicaps.

Mental Health Association—Austin Area
1111 West 24th Street
Austin, Texas 78705
Ms. Kathy Edwards

COMMUNITY RESIDENTIAL ALTERNATIVES BOARDING HOME
ENHANCEMENT PROGRAM

\$11,050 for a study of existing boarding homes which serve the mentally ill in the Austin area and the subsequent development of a training model for home personnel with the use of volunteers.

Mental Health Association in Greater San Antonio
1017 North Main Avenue, Suite 300
San Antonio, Texas 78212
Mr. Jaime Peña

SECOND ANNUAL HISPANIC PSYCHOTHERAPY CONFERENCE

\$1,300 to support the honoraria and travel expenses for resource consultants to this conference.

**The University of Texas at Austin, Department of
Physical and Health Education**
Austin, Texas 78713
Dr. Marvin B. Eisen

ADOLESCENT PREGNANCY PREVENTION PROGRAM

\$21,889 for partial support of a two-stage project to develop and evaluate an educational intervention designed to strengthen motivation for fertility control among teenagers.

**The University of Texas at Austin, Department of
Psychology**
Austin, Texas 78713
Dr. Abram Amsel

FETAL ALCOHOL AND THE ONTOGENY OF REACTIONS TO
FRUSTRATION AND DISCREPANCY

\$12,660 to support animal research on the effects of repeated alcohol intake by the mother upon the fetus, with particular reference to its effect upon later emotional functioning and associative learning, as well as damage to the hippocampal regions of the brain, thereby providing a basis for clinical investigations in the future using human subjects.

**The University of Texas at Austin, Department of
Sociology**
Austin, Texas 78713
Dr. Norval Glenn

GEOGRAPHIC VARIATION IN DIVORCE IN TEXAS

\$13,334 for research to identify the characteristics of cities and counties which are conducive to marital stability and the demographic and ecological factors related to divorce in Texas.

**The University of Texas at Austin, Department of
Sociology**
Austin, Texas 78713
Dr. David A. Snow

HOMELESSNESS IN A SUN-BELT CITY—ITS NATURE, CAUSES,
AND CONSEQUENCES

\$1,000 for supplementary funding and \$17,635 for second-year support of a field study involving intensive and systematic observations, interviews and use of agency records to describe the homeless in Austin, to examine their relationship to existing institutional structures, and to determine the nature of interactions between the homeless and other community members.

Rebecca:
Since you're
closer, could
you follow
up?
Thanks



MAP
Agri-Chemicals

Division of United States Steel

Quality Products From Quality People

Mary Alice -

LWR Plano has a member
whom their president recommends
as a resource on MHMR.
She's a former LWR president
from somewhere on the East
Coast &, after a few years of
rest, is now chairing Plano's
MHMR committee. Diane Karl
seen say the women is pres.
of a local MHMR organization
& that she lobbies at the state
& nat'l levels. Diane

Carol Schaper
LWR Plano

2709 Bedfordshire

Plano 75075

214/422-5296



MAP
Agri-Chemicals

Division of United States Steel

Quality Products

Mary Alice Rebecca:
LWR Plano Since you're
whom their p closer, could
as a resource on you follow
up?
She's a former LWR president
from somewhere on the East
Coast &, after a few years of
rest, is now chairing Plano's
MH/MR committee. Please Karl
even say the woman is pres.
of a local MH/MR organization
& that she lobbies at the state
& nat'l levels. Please

Carol Schaper
LWR Plano
2709 Bedfordshire
Plano 75075
214/422-5296



MEMORANDUM

LEAGUE OF WOMEN VOTERS OF TEXAS

1212 Guadalupe, No. 109 • Austin, Texas 78701 • Tel 512/472-1100

To: Mary Alice and Louise
From: Diane
Date: November 19, 1987 a.m.

Re: SSMI consensus

I've just finished reading the MBHN Leaders Guide, etc. (I'm the discussion leader today and was therefore forced to do the reading I'd postponed for months). (It's now p.m. and I'm adding to this memo before printing it.)

I think the MBHN Leaders Guide and consensus questions are both excellent and provide ideas for us. The Leaders Guide really has in it just the type of stuff I think we need, so I encourage you to consider imitating it from the introductory info right on down to the camera-ready info people can use in their VOTERS as teasers. The earlier articles supplied for use in VOTERS were also worth imitating. We referred constantly today to the Guide to the Consensus Questions and what national meant by most of the items in the questions.

[On the consensus form, I like printing the REMEMBER section about not voting, and I like listing "no consensus" as an option for each question. Maybe putting this right on the form will help prevent the usual confusion.]

I also like the ABCD system for financial responsibility, but I will see today whether it is hard to discuss. (Later: this was very easy to handle. Our League ended up saying the feds should be primary, the state secondary, and local government and private sector should also play a role. That didn't fit the request exactly, but it is easily reported and would be easy to compile.)

If we did this type of Leaders Guide, with info so directly related to consensus, it would be a T rather than a TEF publication, which is what is currently budgeted. It might be possible to do things like a bibliography separately from the other part if it would help the budget. However, I think it's better to put everything possible in one booklet and call it a T item.

Re: your questions, I wondered why you eliminated the generic SSMI consensus question. Was it because we already have a position that addressed some of it? Do we need to list that position at the top of the consensus form so

Leagues know what we already support??? I like the idea of starting with a generic question because it gets the group to agree on a goal before they move to specifics. (I didn't like it at the end because lack of agreement could obliterate the agreement that preceded.) It may not be needed for SSMI, but it would be good to consider for future consensus efforts.

The other thing that really helped discussion proceed quickly today was discussing the items you would exclude from a list. For example, it allowed us to talk about whether catastrophic care was basic--a tough issue--while we spent no time on things like maternal and child health, emergency, etc. on which there was no debate.

I appreciate the efforts you are making to review and revise these questions before the board must approve them. As we had mentioned, Linda Hanratty of Tarrant County may be interested in reviewing them.

I hope you had a safe trip home Sunday, Mary Alice. It was a pretty wild drive for you also, I imagine.

December 15, 1987

Dear Rebecca,

I am enclosing the consensus questions which have been revised based on suggestions made at the November board, as well as other items of interest. Please send any suggestions or additions to the questions to me by January 5, since the deadline for the preboard is January 8. Diane wants to include the general question on the rights of the mentally ill, whereas Evelyn doesn't, so I guess we'll have to discuss it at the board. What do you think?

I had a good meeting yesterday with the Adult Probation Director for Brazos County and it sounds like they are making a good effort to find services for the mentally ill on probation. He did say, however, that it would be better to have funds targeted specifically for the MI--they are now being served in the category of all those who need intensive supervision. And, of course, the biggest unmet need is residential alternatives.

Have you heard about the Texas Developmental Disabilities Program's project called "Texas Open the Door" to promote community-based residential alternatives for the mentally disabled? I saw a reference to it somewhere, but don't know what it is. Also, does Dallas have a mental health deputy program? I think this began in Galveston County but don't know how far it has spread.

I would appreciate your writing up a brief summary of anything you learn about the mentally ill in the criminal justice system in Dallas. Also, I think maybe we should aim for getting a half-dozen or so brief case studies for the Facts and Issues by February. Could you ask your friend if she would be willing to supply these?

Have a wonderful holiday.

Mary Alice

Draft Consensus Questions: Services for the Seriously Mentally Ill

1. What services, if any, should Texas state government be responsible for ensuring are accessible to the seriously mentally ill? Check one or more of the following:

- ☐ residential services with varying degrees of supervision and structure
- ☐ non-residential services (emergency screening and assessment, family support, psychosocial programs, etc.)
- ☐ continuity of care services (case management, etc.)
- ☐ outreach to those who cannot or will not seek assistance
- ☐ programs for special populations (children, adolescents, elderly, homeless, etc.)
- ☐ none of the above
- ☐ other (please explain)

2. Which of the following should be responsible for financing services for the seriously mentally ill? Check one or more of the following:

- ☐ state government
- ☐ state match for federal government funds
- ☐ local government
- ☐ private insurance
- ☐ individuals to the best of their ability
- ☐ none of the above
- ☐ other (please explain)

3. Should the state supplement federal Supplemental Security Income (SSI) payments for mentally disabled persons? ☐ yes ☐ no If so, how should this be done? Check one or more of the following:

- ☐ supplement for residential care
- ☐ supplement to individuals

4. What factors should be considered in allocating state funds to local mental health authorities? Check one or more of the following:

- ☐ need for services
- ☐ performance level and quality
- ☐ incentives for developing residential services for the most difficult to place
- ☐ incentives for serving mentally ill prisoners released to the community
- ☐ other (please explain)

5. What should be done to ensure that adequate numbers of trained mental health professionals and direct care staff are available to serve the seriously mentally ill? Check one or more of the following:

- ☐ development of residency programs for physicians
- ☐ expansion of academic and research opportunities
- ☐ continuing education and inservice requirements
- ☐ higher salaries and benefits as required to attract and retain qualified personnel
- ☐ diversification of clientele in community mental health centers
- ☐ other (please explain)

6. The federal government is the major funding source for research on mental disabilities. What other sectors should be responsible for financing research on the prevention, causes, treatment, and need for treatment of mental illness and mental retardation? Check one or more of the following:

- ☐ state government
- ☐ local government
- ☐ private sector
- ☐ other (please explain)

November 3, 1987

TO: Rebecca and Sally
FROM: Mary Alice

A revised F&I outline and consensus questions are enclosed. Please note your F&I contributions which are circled. I changed question #1 of the F&I based on a suggestion made by Carol Wilson received after the preboard deadline.

I cannot attend the family conference in Dallas but am planning to go to Austin on November 18 for the TDMHMR Citizen's Planning Advisory Committee Statewide Regional Council Hearing. I will write up a summary of the hearing for the LL mailing due November 27. Rebecca, could you do the same for the family conference? Sally, could you do a summary of the MR conference you attended for the mailing? Also, I spoke to Buddy M. today and he said he hoped the League could lobby for the MR prevention effort that TDMHMR hopes to keep alive. I told him I hoped we could fit that into our study. Sally, could you write up a short section on MR prevention for the F&I and devise a consensus question on the topic? It would be a shame to let this opportunity pass to put the League on record regarding prevention of this tragic disability.

Rebecca, thank you for the newspaper articles--they were very moving, especially the one about the young schizophrenic man. I have asked Buddy M. for information about TDMHMR's study of Medicaid options and will pass it along. I have also asked a lawyer with Advocacy, Inc. for a summary of legal issues involving the mentally ill. See you soon.

*Rebecca,
Do you have an estimate
of the number of MI
homeless in Texas for
the F&I?*



Texas Department of Mental Health and Mental Retardation
Central Office

P.O. Box 12668 • Austin, TX 78711-2668 • (512) 454-3761

November 16, 1987

Mary Alice Pisani
League of Women Voters of Texas
723 Mary Lake Drive
Bryan, Texas 77802

Dear Ms. Pisani:

Pursuant to your telephone call, we have gathered as much of the information you requested that is currently available.


We are enclosing a table which indicates the number of patients in residence at Texas state mental hospitals on the last day of each fiscal year for the years identified.

In addition, we are attaching a brief summary contained in Texas' application under Section 1915 (c) and 1902 (a) (1) and (10). You were interested in finding out more about the "Waiver Request." If you need more information on this, please let me know.

The final item you had requested concerned a 1986 study leading to a report on the Prospective Medicaid Project. This study is enormously large, and not available for public distribution at this time. I contacted Rush Russell, Director of the Revenue Office, and he explained that a summary of the report is being prepared and should be available around December 1, 1987. We will note your interest and share the summary when it becomes available.

I hope this is all the information you requested. If not, just give me a call at (512) 465-4582.

Sincerely,


Buddy Matthijetz
Director
Strategic Planning

cc: ✓ Rebecca Bergstresser
Sally Coughlin
Frankie E. Williams, M.D.

Enclosure
BM²/075/nk

- STATE HOSPITALS -

1950	14,100	*
1955	15,030	**
1960	15,952	
1965	15,652	
1970	12,287	
1975	6,820	
1980	5,573	
1985	4,332	
1987	3,722	

Note: These figures represent patients in residence at end of fiscal year.

* Does not include Vernon (which had not opened) and Kerrville (which was closed for renovation).

** Does not include Vernon which had not opened.

WAIVER REQUEST

*Community
based services*Sections 1915(c) and 1902 (a)(1) and (10)

The Texas Department of Human Resources (TDHR), as the single State agency for Medicaid, requests that the Secretary exercise his authority under Section 1915(c) of the Social Security Act to grant a waiver to the Department that would permit the inclusion in its definition of medical assistance that appears in its State Medicaid plan, of certain ~~community-based services for persons who have mental retardation or a related condition~~ and would otherwise require an ICF-MR level of care. The community-based service program that would be provided to such individuals is described herein and is called "~~Intermediate Community Services~~" (ICS). The ICS program includes the following services: ~~Respite, Case Management, Homemaker, Home Health Care/Personal Care, and Habilitation Services.~~

The State Medicaid Agency also requests that the Secretary exercise his authority under Section 1915 (c) to waive the requirements of Sections 1902 (a)(1) and (10) of the Social Security Act, as amended, regarding ~~statewideness, and duration and scope of service.~~ The State Medicaid Agency intends to phase-in the operation of the ICS Program during the waiver period. The waiver from statewideness and scope of services is requested in order to permit the orderly growth and development of the new program. The phase-in process will also allow the State to better assure the protection of the health and welfare of the ICS clients by only attempting to serve those clients for whom adequate programs are

available. It is anticipated that eight program sites will be chosen initially by selecting from "Requests for Proposals" (RFP) received. Proposals will be accepted from the private and public sectors. (Please see the Request for Proposal, pages IV-1-3, for the RFP criteria.)

The State Medicaid Agency has chosen to exclude those individuals for whom there is a reasonable expectation that the community-based services (ICS) would be more expensive than Medicaid services the individual would otherwise receive.

As a part of the Waiver request, the State Medicaid Agency also chooses to permit a modification in the traditional method for determining financial eligibility of applicants for the ICS program only. It is requested that the agency be allowed to not apply the usual SSI deeming rules regarding income or resources from parents or spouses to affected individuals, and to consider, instead, ~~only the individual's own income and resources in order to facilitate home and community-based care~~ (Medicaid Action Transmittals #82-8 and 82-13 of May and July, 1982).

TO: SSMI Chair/Prog VP/LL Pres.; S.U. Chairs; DPM LWV-Texas
December 1987
FROM: Sally Coughlin, LWV-T Director LL Pres, Mailing: DPM
208 Village Circle, San Antonio, 78232 II. A. 2. k.
512/494-6213 (except Tues. and Wed. daytime) SSMI

SERVICES FOR THE SERIOUSLY MENTALLY ILL STUDY

As part of our new study of mental health/mental retardation, I represented the League at a conference on Planning for the Prevention of Mental Retardation and Related Developmental Disabilities in Austin, October 28-29. The conference was also attended by legislators, health agency officials, and health care providers. It was sponsored by the Mental Retardation Advisory Committee to the Texas Department of Mental Health and Mental Retardation, and Volunteer Services State Council.

Attendees were people who recognize the need to coordinate a statewide effort to prevent mental retardation. This type of program could be responsible for preventing up to fifty percent of the 9000 cases of mental retardation and related developmental disabilities in Texas newborns each year. Many of the factors resulting in such births have been directly linked to lack of health care for mother and baby during and following pregnancy, lack of family planning information and resulting teen pregnancies, and the associated lack of access to health care for the low-income mother.

It is estimated that 25 babies with mental and physical disabilities are born daily in Texas. Presently there is no statewide policy to address this significant number. Providing genetic counseling, fetal monitoring, immunizations, newborn intensive care units, and early childhood prevention programs under one statewide organization may be one answer to assisting all areas of Texas. Prevention programs that address causes of mental retardation and related disabilities have been successful in other states. In economic terms, the savings are estimated to be \$2 million per lifetime for each mentally retarded person. In terms of savings in personal pain and suffering, it is impossible to estimate the value of preventing this human tragedy.

As a result of the consensus reached last year on health care for the medically indigent, LWV-TX members already support preventive care and maternal and child health care for those persons who are at risk of medical indigency. Making these services accessible and publicizing the importance of this kind of care may help to avoid the tragic consequence of mental retardation. While the focus of the study adopted at Convention '87 will be services for the seriously mentally ill, we will also give some attention to mental retardation issues.

#

Bonnie Bowman
Arlington LUV

Carol Shaper - Survey Instr.
- JCAN pubs

ADAPT -

- psychosocial services
- funding

DEMHHR

TDC

Dept of Education

- only takes from Terrell

would like

- AMI Dallas to contract
for 30 beds @ 307

- residential services
 - geriatric
 - adult - 24 beds

Fall Get-Together
of
The Inquirer's Class
—

Friday, November 20th, 7:30 P.M.
2533 Haynie Ave., home of Bob Beavers

(Bring your favorite snack)

TO: LL Presidents; S.U. Chairs; DPM
FROM: Mary Alice Pisani
723 Mary Lake Drive, Bryan 77802
409/ 846-5985

LWV-Texas
October 1987
LL Pres. Mailing; DPM
II. A. 2. k.
MH/MR System

THE NATIONAL/TEXAS ALLIANCE FOR THE MENTALLY ILL (NAMI and TEXAMI)

The National Alliance for the Mentally Ill is a self-help organization of families of mentally ill persons, of mentally ill persons themselves, and of friends. Composed of several hundred local and state AMI groups all across the country (including TEXAMI), its goals are mutual support, education, and advocacy for the victims of severe mental illness, especially schizophrenia and manic and other disabling depressions.

In the spring of 1986, the NAMI board set out to see if there was a consensus among the leaders in the mainstream of psychiatric research on what mental illness is. The July, 1987, NAMI newsletter reports that thirty such leaders were queried and after many drafts the following statement was agreed to by 27 of the 28 who responded:

There is widespread agreement among leading scientists and clinicians that a number of serious recurrent mental illnesses, including schizophrenia and manic depression, are associated with disturbances in brain physiology. Specific causal factors and treatment measures must be actively investigated through research, including research which examines the many interactions between biology and behavior.

In this mailing are listings of NAMI publications and local group contact persons in Texas. Our state committee has found many of the publications to be very helpful. We also encourage you to interview TEXAMI members in your communities. They live with mental illness on a daily basis and are a vital source of information as to how well our public mental health system in Texas is serving the needs of the seriously mentally ill.

#

TEXAMI

AFFILIATE
ADDRESS

CITY

STATE

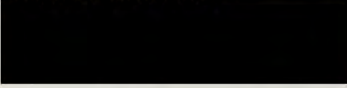
ZIP

CONTACT PERSON
PHONE

CODE

STATE ORGANIZATION

January 2, 1985

Carol Schaner


Dear Carol:

Enclosed is a copy of the report on the November 21 TEXAMI/TDMHMR Conference that I submitted for inclusion in LWV-T's January Local League mailing. Congratulations, again, on putting together an excellent meeting!

As the deadline for our Facts and Issues approaches, our study chair, Mary Alice Pisani, and I would like to ask for a favor from TEXAMI. You remember that we discussed the question of whether TEXAMI might furnish several brief, true case histories illustrating some of the difficulties faced by mentally ill individuals and their families trying to obtain services in Texas. We would like to include these in highlighted "boxes" in the Facts and Issues as a way of illustrating some major points and helping our readers develop a more personal interest in the subject. We would want to credit TEXAMI for these. It would not be necessary to print names or other identifying information as long as we could assure our readers that the stories are verifiably true.

May I ask you to present our request to the next TEXAMI board meeting for its approval? We would need the histories by early February in order to meet our printing deadline. A paragraph or two for each case would be about the right length.

Thank you for carrying this request for us, and for all your help with the study.

Sincerely,

Rebecca Bergstresser

cc: Mary Alice Pisani

O: ar Alice Sally Dine
FROM: Rebecca
SUBJECT: TEXAMI Conference, November 21, 1987
Report for January LL mailing

On November 21, 1987, I attended a conference entitled "Bridging the Gap: An Educational Forum for Families, Consumers, and Professionals" presented by the Texas Alliance for the Mentally Ill (TEXAMI) and the Texas Department of Mental Health and Mental Retardation (TDMHMR) at the D/FW Airport Hyatt Regency. The organizer was Plano League member - and TEXAMI Program Vice President - Carol Shaper. The audience of several hundred people included family members, mental health and rehabilitation professionals, and consumers.

The goal of the conference was to provide an opportunity for consumers, families and professionals to cooperate in addressing the questions: What can we do to make the system better? How have other states done it? How can we do it in Texas? A tremendous amount of valuable information emerged. Audience response was strongest to the following highlights:

Dr. Joaquim Raese, Associate Professor of Psychiatry at The University of Texas Southwestern Medical School in Dallas, reported recent research findings showing that schizophrenic individuals have significantly reduced blood flow to the frontal lobe of the brain in comparison with non-schizophrenics, possibly explaining their difficulties with motivational and cognitive processes. Both Dr. Raese and his colleague, Professor A. John Rush, Jr. of UT Southwestern, who reported progress in

diagnosis of depressive and mani-depressive disorders, stressed the need for accurate diagnosis in selecting effective treatment programs. Dr. Rush also pointed out that research on disorders of the brain receives a low proportion of federal medical research funding although mental illness affects a higher proportion of the population.

Dr. Leonard I. Stein, Professor of Psychiatry at the University of Wisconsin, generated tremendous interest with his report on a model program of community-based mental health care that has been successfully implemented in Wisconsin. Dr. Stein emphasized that effective mental health care must be continuous, not episodic (following the standard treatment strategy for other chronic diseases such as diabetes or arthritis). Any effective system must meet fundamental needs of mental patients for financial security, living arrangements, socialization, vocation or avocation ("a purpose in life"), crisis resolution, medical care, and mental health services. Dr. Stein reported how such a system has been implemented in Dune County, Wisconsin (population 350,000).

Also of major interest was the presentation by Dr. Sydney R. Platman, Chief of Psychiatry at the Charles North Hospital in Baltimore, Maryland, on administrative issues in moving a mental health system toward community-based care. Texas' most serious problem, according to Dr. Platman, is severe underfunding. Although Texas is 18th in per capita income, it is 47th in funding for mental health. Texas is among the handful of states that do not allow medicare/medicaid funding for mental illness and do not supplement Social Security Insurance (SSI), which is the principal financial support for most mentally ill adults.

The negative impact of inadequate funding is amplified by cutbacks in other social services.

Underfunding of the Texas mental health system in fact stood out as a dominant refrain of the conference. Texas spends \$15 per capita on mental health. Wisconsin (a good system) spends \$30 per person, which is still only two-thirds of the national average. (A thought-provoking point is that Texas and Wisconsin spend approximately the same proportions of their total state budgets on mental health.) Although high per capita expenditure does not necessarily guarantee a good system, underfunding makes it impossible for even a theoretically good system to deliver adequate services.

One perspective heard at this conference that is often absent from other forums was that of the client, who pointed out that client interests differ from those of others and therefore deserve their own hearing. One suggestion to emerge as a result was the inclusion of clients on service evaluation panels.

If you would like more information about these and the many other topics covered at this excellent conference, contact the nearest local affiliate of the Alliance for the Mentally Ill, which can make available relevant bibliographies and materials. Also, take note that the TEXAMI is planning a workshop on progress in research and rehabilitation, April 16 in Arlington as part of its State Convention.

December 1, 1987

TO: Mary Alice, Sally

FROM: Rebecca

I'm sending along a copy of an interview I did today with Janet Coplin, Director of Juvenile Corrections for Dallas County. She is an old friend whom I called for advice about who to go to for information about local corrections, and although she said most juveniles who end up with her department are not "seriously mentally ill" by our definition (they are generally too young for the common diagnoses, for one thing), she insisted that I come listen to her and her staff about their interactions with the MHMR system.

I dont know which of us is specifically looking at services for youth, but this may offer some material for thought and further questions.



TEXAS CONFERENCE ON PREVENTION OF MENTAL RETARDATION AND RELATED
DEVELOPMENTAL DISABILITIES
October 28-29 1987

The primary goal of this conference was evident right away. Starting with the fact that there are 9000 babies born each year in Texas with mental retardation and related developmental disabilities, speakers emphasized a possible 50% reduction goal of that figure. All speakers emphatically called for a prevention plan for this state. Prevention is now a piecemeal affair with responsibility farmed out to DHS, TDH, and MHMR. Above that there is a rather limited amount of money dedicated to prevention when a total program budget is examined.

The conference addressed several of the ways that prevention could be carried out. Because many legislators were present, it was gratifying to hear the call for expanded prenatal care programs, sex education in the schools starting before the middle school years, and including the TEA in any broad plan for prevention.

We will hear more about this planned statewide organization called the Texas Office of Prevention (TOP). The programs they will be looking at include prenatal care, perinatal care, parenting, education, and further research.

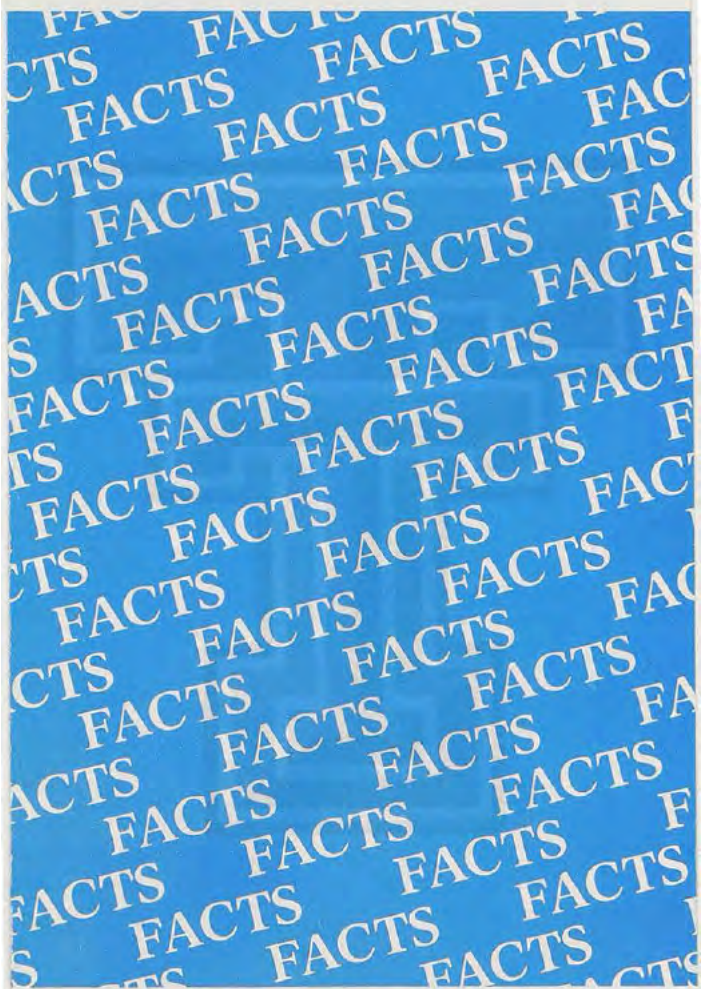
The conference certainly was an extension of health care needs of this state and I feel very comfortable about the HCMH position, for this certainly covers the need to provide for mothers and infants. The lower income individual is more likely to have a baby with mental retardation or related disabilities due to lack of prenatal care, poor nutrition, and a higher teen age pregnancy rate among the economically disadvantaged.

This conference was informative, well organized and I think a very important step in the MHMR system in Texas. I sent on the program brochure for your information about who's who. The speakers were all very good but Ann Richards was great. She announced that she does not want to be the next Texas governor, she wants to be the Queen!

Buddie Matthijetz evidently was the moving force behind this conference, his last words to me were a request that this conference be in our report. I made a good contact with a person who works with March of Dimes; they publish some good information on mental retardation, causes and treatment.

Rebecca

Facts About Community Centers



What you need to know about
community mental health and
mental retardation centers.

With Your Help: Community Care Works

Community centers can serve more people with fewer dollars than institutions but there is a minimal level of funding necessary. Individuals released from state hospitals and schools need follow-up care and comprehensive services to ensure that they don't return to the institutions.

A Future Look: Texas Follows National Trends

States across the country have steadily decreased the number of residents in institutions; many have done so by consolidating institutional care and redirecting funds to community programs. This trend, called deinstitutionalization, has the support of many advocacy groups, the court and legal systems and numerous legislatures. Texas is meeting the challenge through the concerted efforts of community mental health and mental retardation centers. We have a proven track record - we are and can continue to adequately provide for persons who are mentally and developmentally disabled at home where they belong.

**The Texas Council
of Community Mental Health and
Mental Retardation Centers, Inc.**
7700 Chevy Chase Dr., Suite 310
Austin, Texas 78752
Phone (512) 458-4159
(512) 458-4150



Community Centers are:

- Locally administered by boards of trustees appointed by city and county government.
- Responsive to both local and state needs.
- Accountable to state and local government.

Community Centers: Serving More With Less

Community centers annually serve more than 70 percent of persons who are mentally ill or mentally retarded in the public MHMR system with less than 20 percent of state's appropriation.

Developed in 1965 in response to the Texas Mental Health and Mental Retardation Act, community centers have worked diligently to bring individuals from state institutions back to their home communities and to develop services which would preclude institutionalization. The transition from an institutional care system to one which now emphasizes community care has been dramatic within the last decade, particularly the last five years. These centers have successfully assisted in the decrease of the population in state hospitals by 27 percent and the state schools by 23 percent since FY 1977. Local centers now serve annually more than 150,000 disabled Texans in their own communities, an increase of 150 percent since 1977: most of these individuals have severe and chronic problems. Centers have saved the state millions of dollars that would have been allocated to the construction of additional institutions, and have clearly exhibited their capability to provide cost effective services in the community.

Community Care: A Better Alternative

Studies show that most mentally handicapped individuals can be better served at home if support services are available. Many can become

vital community residents - taxpayers rather than tax recipients - if given the opportunity. While the cost savings of community care over institutionalization is substantial, there is also a very personal, human benefit. Family members and friends and generic community services are more accessible to persons who live in the community.

Accountable: State, Local and Private Monitors

Under contract with the Texas Department of Mental Health and Mental Retardation and other state agencies, community centers comply with rigorous and comprehensive treatment standards. Additionally, several federal, local and private grant sources monitor the delivery of care through regular review and auditing efforts. The community centers have advocated for improved monitoring procedures to ensure the highest quality of care.

Local Funding: Communities Carry Their Own

Community centers have continued to generate and increase local funding support. Local government and third party fee collections by centers have contributed over 30 percent of community center budgets.

Reaching Beyond: Substance Abuse Services

In addition to mental health and retardation concerns, community centers have been effective in serving individuals with substance abuse problems. Utilizing state and local funding amounting to over \$14 million, community centers annually have provided care to over 15,000 Texans with alcohol and drug problems. No other public organization has provided more services in the area of substance abuse.

October 12, 1987

To Mary Alice and Rebecca
From Sally

I can honestly say I am progressing thru the collected paperwork and cannot imagine needing anymore!

Your well organized outline looks good, Mary Alice and if something else is needed I can't think what it would be. As for my part I would like to address funding: 1. how the state uses its budget, 2. the Medicaid funds available and how they are used, also suggestions for expansion of this fund, 3. insurance plans, what they pay for in general and a more ideal solution.

Last week during Mental Illness Awareness Week I attended a dinner recognizing community leaders and the legislators. (Enclosed program may offer some ideas for LLs to contact for local program speakers). A tour on Thursday of the crisis center, Phoenix House and a residential program were very informative. Two points: need for local (county and city) funds to assist programs and housing availability is so limited as to be almost a joke. However, the fact that the LWV is involved in this study is apparently appreciated by many people in this field.

I have tried to work on the questions, I like the first question, but feel it should be last, and would like to address the issue of accessibility somehow in the questions. This is presumptive, but if a metropolitan area has so few resources how can other areas care for their seriously mentally ill?

I received the MHA newsletter..Rebecca that looks like a good meeting in Dallas, are you still planning on attending? I will definitely be in Austin for the Oct. 28-29 MR meeting and will try and collect some good info for the F&I.

October 10, 1967

TO: Mary Alice
FROM: Rebecca

I talked to both Maura McNeil, President of Dallas AMI, and Carol Shaper, Plano AMI President and TEXAMI Board member, about the issues you and I discussed last Monday. They both feel that AMI can cooperate with LWV but they raised some valid cautionary points about our arrangement with Hogg Foundation and TMHA.

Carol reported the following specific problems regarding TMHA handling of survey instruments and responses from TEXAMI members:

1. Be sure that organizations that participate are credited for the specific information they produce. Carol recommends Linda Donelson's survey on protection and advocacy as a model on this point. (Linda also produced Vol. II, the Community Residential Survey, of the Legislative Oversight Committee Report)
2. MHA wanted AMI to turn over its member list to mail questionnaires, which would be returned to MHA and correlated by MHA. AMI does not release list to any outside group - in order to protect confidentiality of families. Linda Donelson was willing to allow AMI to bring their own labels and mail out of her office.
3. MHA did not differentiate consistently between the responses of client consumers and family consumers. These often have differing points of view which are significant in assessing priorities.
4. MHA reported as priorities the items that they included in the survey that families responded to. Those are not what families would identify as top priorities if listing spontaneously.

What will Hogg Foundation do with data that League collects? Does League retain control over interpretation and correlation of data, and its publication?

TEXAMI would feel comfortable about cooperating with League if League controls survey design, credits, interpretation, and publication of the data that is collected. Advises that we not just collect data and turn it over to Hogg F. for interpretation and publication.

On case studies: Maura McNeil says they don't keep documented case studies - they just find relatives who are willing to go public and let them talk to the press. Carol says she would be willing to think in terms of systematically collecting case studies for the publication. I assured her that TEXAMI would receive credit.

Carol told me that the Model Programs Conference in Dallas in September was kind of a "show and tell" for TDMHMR centers, and she felt it was not very good. There was nothing from out of state. I called TDMHMR and asked for papers, which they promised to send.

Carol is TEXAMI's chief planner of the November 21 conference in Dallas. I will attend this, and invite you and/or Sally to be my guests for Friday and/or Saturday night(s) if you wish to attend. Program enclosed. I probably ought to attend the Fairweather conference in Houston, Oct. 17-18, on residential treatment programs, but I don't know if I can. I will see if I can get someone who is going to bring me the materials.

Carol calls attention to problems in the private mh system which she hopes we will deal with (though it is not at all clear to me how we would do this):

- insurance does not cover many mh and catastrophic costs
- family members and patients not included in treatment plan
- no long-term housing available to private patients
- no socialization programs available to private sector
- abuse of insurance by private psychiatric hospitals that encourage peripheral programs (Stella mentioned this)

Additional comments from Carol Shaper on consensus questions:

On #6: she would like to see all those who work with mi, including social workers and nurses, be required to have at least some credit hours/training relevant to mentally ill. She reports having tried to deal with social workers who have no concept of what the problem is.

Carol would like to see families considered part of the service delivery system, since most mi are with families.

She reports that under state law, the state can access the estate of deceased relatives of mi to recover costs of treatment through the state system. She says that in no other case can the state do this to recover costs.

AMI in general resists any kind of legislation that makes family members liable for costs of treatment, particularly when they generally have nothing to say about what treatment options are selected.

She says there are no services available through the state to mi who have not been treated in a state hospital. She cites the need for families who keep their mi in the private hospital system to have access to housing and psychosocial programs in the community. There are, of course, some private residential programs such as Herrin House in Dallas. But it is expensive and difficult to get these going and they house relatively few people. The need is greater.



October 3, 1987

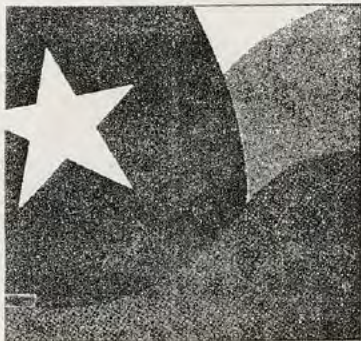
TO: Rebecca and Sally
FROM: Mary Alice

I hope you are both fine and progressing through the mound of paper we have collected for the study. I think I am finally ready to stop collecting information and to start the organizing and writing phase (although I haven't read or skimmed everything I've collected yet). I'm sure you heard that Gary Miller resigned--after our meeting with him and his infamous letter to employees I can't say I'm surprised. TDMHMR will now be on hold for quite a while until the reshuffling is over.

As you can see, I have redrafted the consensus questions and welcome your suggestions. Please review the outline for the F&I and let me know what sections you would like to write. Any suggestions for outline revisions or additions would also be appreciated. I plan to start with section I and work my way down the outline. I think the hard part will be choosing what to put in and leave out, since I have collected so much information. If we are able to get some case studies from TEXAMI or the MHA, I would like to intersperse them throughout the text (set apart in boxes).

In regard to the clipping about the ex-convict, the case came to my attention because the doctor he kidnapped and sexually assaulted is the daughter of a professor at A&M--the "system" certainly didn't work in his case. I ordered the publications from the National Conference of State Legislatures (which we found out about at board meeting) through interlibrary loan. There were several I couldn't obtain, however, so I ordered them directly--one is the 1986-87 MH Issues and Select State Responses which I am sending you excerpts from and the other is the one on housing (I will send you a xerox of this if you would like, Rebecca). The excerpt from the National Plan for the Chronically Mentally Ill is only a small part of the whole which is an excellent source on many issues and is available in the government documents sections of libraries (Sally, I am sending you the section on fiscal improvement strategy because it pertains to Medicaid and other federal programs).

I would appreciate your response in a week or so because I am supposed to send the consensus questions to the Citizen Education and Advocacy Committee by mid-October. Thanks.



MEMORANDUM

LEAGUE OF WOMEN VOTERS OF TEXAS

1212 Guadalupe, No. ¹⁰⁷ [REDACTED] • Austin, Texas 78701 • Tel 512/472-1100

RB
SAC
MAP
Dsh
SO

To: Rebecca and Sally cc: MAP, SO
From: Diane
Date: 9-23-87

Sally will go

*Sounds like a
command
performance*

Attached is an invitation to a conference on mental retardation that it sounds like we should attend. I talked to Mary Alice already, and she cannot. I realize that MR is only a small part of the study, but it will have to be a part since delegates adopted a study of MH/MR. This would perhaps supply the info for that part of the F&I, and it would put us in touch with people who probably deal in both MH and MR. I would prefer that one of you go rather than me. If I have to, I will go as long as I do not have to be in Washington those days. At the moment, I have promised to keep those days open to work in DC. Will you both consider, talk to each other, and let me know. The registration deadline is October 7. There is no reg. fee, and you could sleep at the office. I called the Austin info number to be sure a substitute was okay, and they will tell me tomorrow for sure. We do't have to know the subject to attend. Let me know ASAP if you are available.

Diane found out that a sub. is OK. 92

TEXAS HOUSE OF REPRESENTATIVES



GIBSON D. (GIB) LEWIS
SPEAKER

September 15, 1987

SEP 22 1987

DSW
LCW
MAP
-RB
Sal
EB
SO

Ms. Diane Sheridan, President
League of Women Voters of Texas
1212 Guadalupe, No. 109
Austin, Texas 78701

Dear Ms. Sheridan:

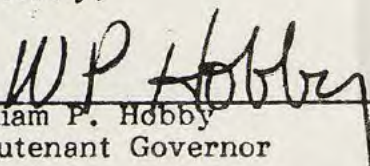
In recognition of your status as a professional leader, we have chosen you to participate at a statewide symposium addressing prevention of mental retardation. As you know, many forms of mental retardation and other developmental disabilities are preventable; yet, in Texas, very little is done in this area of prevention and early detection. That which is done seems to be bits and pieces, and lacks coordination and accessibility to those in need of services. We all as citizens have a responsibility, both moral and fiscal, to support prevention and early detection goals and objectives. It is on this basis that we are calling the "Texas Conference on the Prevention of Mental Retardation and Related Developmental Disabilities" which has been scheduled for October 28 - 29, 1987 in Austin.

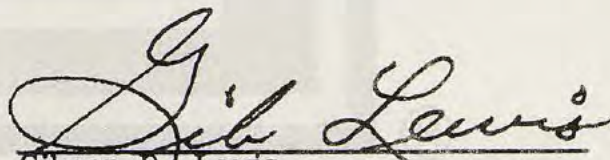
As Honorary Co-Chairmen, we believe that the business community, educators, governmental leaders and health professionals must join forces to meet the goal of reducing by twenty-five percent newly acquired cases of mental retardation by the year 2000. This is a conservative goal, as the President's Committee on Mental Retardation has established a fifty percent goal by the turn of the century. When we think of the approximately \$2 million it costs for the State to care for a mentally retarded person over a lifetime plus the incalculable human suffering, it puts in perspective the value of this project.

The Conference will be conducted at Austin La Mansion Hotel located at 6505 IH 35 North. For your convenience, registration will be from 11:00 A.M. to 1:00 P.M. with the program beginning at 1:00 P.M. on the 28th and concluding at noon on the 29th. Please use the attached form to indicate your participation.

In order to assure the success of this Conference, we have carefully chosen a limited number of Texas leaders to participate; therefore, your attendance and involvement is vital to this effort.

Sincerely,


William P. Hobby
Lieutenant Governor


Gibson D. Lewis
Speaker of the House

Attachment

* *PLEASE RESPOND BY OCTOBER 7, 1987* *

NAME: _____

TITLE: _____

MAILING ADDRESS: _____

TELEPHONE: (____) _____

I WILL BE PARTICIPATING IN THE:

CONFERENCE YES _____ NO _____

RECEPTION
(October 28 - 5:30-7:30 P.M.)

YES _____ NO _____

STAYING AT LA MANSION

YES _____ NO _____

I WILL BE UNABLE TO ATTEND; HOWEVER,
I WISH TO BE INFORMED OF ANY FUTURE
EFFORTS IN THIS REGARD.

YES _____ NO _____

PLEASE RETURN THIS FORM TO:

CONFERENCE ON MR
P. O. BOX 12668
AUSTIN, TEXAS 78711-2668

FOR INFORMATION CALL: RICHARD GRIFFIN, ED.D. (409) 760-7702
(CONROE)

BUDDY MATTHIJETZ (512) 465-4620
(AUSTIN)

October 3, 1987

Joyce Lockley
Greater Dallas Community
Relations Commission
1900 Pacific Suite 404
Dallas, Texas 75201

Dear Joyce:

I see by the morning paper that you are chairing the City Council's Half-way House Task Force, which is reviewing regulations governing halfway houses for prison parolees in Dallas.

I am researching community-based residential options for the seriously mentally ill in Texas. Local zoning has a major impact on this issue.

When we meet again, could we take a few minutes to discuss the proposed regulations with an eye to how they might or might not have a bearing on facilities for the mentally ill?

Thanks. It's great to finally know somebody with influence.

Sincerely,

Rebecca Bergstresser
Director



Planners seek revision of halfway-house rules

By Sherry Jacobson
Staff Writer of The News

City planners on Friday recommended new regulations governing halfway houses for prison parolees in Dallas, including a minimum 1,000-foot separation from schools and residential areas.

The proposed changes were reviewed by the City Council's Halfway House Task Force, which is expected to make final recommendations to the council later this month.

Joyce Lockley, acting chairwoman of the task force and a

member of the City Plan Commission, said she expects some debate on the proposals.

"We're going to take some time to think them over and then we'll have to talk it out," she said after a two-hour meeting with several organizations that operate halfway houses.

The task force was set up in August after the Volunteers of America applied to set up a 200-bed halfway house in South Dallas. Business owners in the area have vehemently opposed the plan, which was recommended for approval by the City Plan Commission.

The City Council postponed final consideration of the VOA proposal until the task force recommends a new policy regarding such facilities in Dallas.

"We know we need these halfway houses for parolees because of the state's policy of releasing prisoners early," Mayor Annette Strauss said Friday. "The problem is finding the best place for them."

The recommendations would require that halfway houses:

- Be located in one of six districts zoned for industrial and commercial uses. The facilities

Please see REVISED on Page 39A.

Revised halfway-house rules sought

Continued from Page 33A.

currently may be located in any office, commercial or industrial area.

- Be limited to 100 beds per facility. The current limit is 50 beds.

- Be located no less than 1,000 feet from a residential area or school and no less than one mile from another halfway house. The current restriction is 150 feet from

residential areas and no more than two halfway houses per census tract. There is no current restriction regarding the facilities' proximity to schools.

- Be accountable to neighbors through an appointed community liaison who would deal with any concerns of neighboring property owners. Currently, no liaison is required.

SO
DSH
EB
LCu
✓RB
SCo

TO: LL presidents; S.U. Chairs; DPM

FROM: Mary Alice Pisani

Services for the Seriously Mentally Ill (SSMI) Chair

THE NATIONAL/TEXAS ALLIANCE FOR THE MENTALLY ILL (NAMI AND TEXAMI)

The National Alliance for the Mentally Ill is a self-help organization of families of mentally ill persons, of mentally ill persons themselves, and of friends. Composed of several hundred local and state AMI groups all across the country (including TEXAMI), its goals are mutual support, education and advocacy for the victims of severe mental illness, especially schizophrenia and manic and other disabling depressions.

In the spring of 1986, the NAMI board set out to see if there was a consensus among the leaders in the mainstream of psychiatric research on what mental illness is. The July, 1987, NAMI newsletter reports that thirty such leaders were queried and after many drafts the following statement was agreed to by 27 of the 28 who responded:

There is widespread agreement among leading scientists and clinicians that a number of serious recurrent mental illnesses, including schizophrenia and manic depression, are associated with disturbances in brain physiology.

Specific causal factors and treatment measures must be actively investigated through research, including research which examines the many interactions between biology and behavior.

Enclosed in this mailing are listings of NAMI publications and local group contact persons in Texas. Our state committee has found many of the publications to be very helpful. We also encourage you to interview TEXAMI members in your communities. They live with mental illness on a daily basis and are a vital source of information as to how well our public mental health system in Texas is serving the needs of the seriously mentally ill.

✓
RB, SCo, DSh, EB, LCu: I would appreciate your comments/changes by 9/23 (I still need to read this to Stella Mullins of the Mental Health Association who returns 9/22.)

September 21, 1987

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

Dear Dr. Holtzman:

As the result of a recent meeting between Drs. Iscoe and Harris, Mr. Rodriguez, and members of the League's study committee, I am submitting to you a letter of intent to provide data gathering services for the Commission on Community Care of the Mentally Ill.

families & caregivers
The League of Women Voters of Texas Education Fund proposes to utilize our statewide network of *members* to collect data on the service needs of the seriously mentally ill and the ability of particular communities to meet these needs. Specifically, we propose to interview selected providers of mental health services and individuals who are seriously mentally ill to determine perceived needs for community support services. The purpose of these interviews would be to assess how well each community is meeting perceived needs and whether an integrated system of support services is available to selected individuals with mental illness. With back-up from the Mental Health Association in Texas and local medical auxiliaries, we propose to collect data in all local mental health service areas. All data collected from individuals would be strictly confidential and obtained only after written permission was secured.

The survey instruments would be developed jointly by Commission members and staff and members of the League's study committee on services for the seriously mentally ill--Mary Alice Pisani, Rebecca Bergstresser, and Sally Coughlin. A consultant would be employed to assist in survey design, training of local League members, and data analysis. In addition, an educational publication on policy issues related to the seriously mentally ill in Texas would be developed and distributed to League members and ~~sold to~~ the public.

Holtzman, p.2

We believe the data collected by League members will be useful to Commission members as they develop recommendations on community care for the seriously mentally ill in Texas. The League of Women Voters of Texas Education Fund will also find these data useful in educating our members about community support services for the seriously mentally ill. The data will help prepare our members to participate in our member-agreement process which is based on education and reasoned discussion.

As requested by Drs. Iscoe and Harris, I am enclosing a copy of the survey of local mental health services done by the League of Women Voters of Brazos County in 1985-86.

We look forward to working with the Commission on Community Care of the Mentally Ill on this project.

Sincerely,

Diane Sheridan
Chair

cc: Stella Mullins



Voter

So
DSH
EB
LCA
✓ RB
SCO

The Seriously Mentally Ill: Who Are They?

Several centuries ago, serious mental illness was thought to be caused by supernatural rather than natural forces, and its victims were viewed as somehow responsible for their own suffering. While science has advanced our understanding of mental illness, particularly in the last ten to twenty years, these attitudes linger. Consequently, mental illness is viewed differently by most people than physical illness, and often still seen as the result of a weak will, laziness, bad character, or bad upbringing.

What is serious mental illness? Schizophrenia and affective disorder are the most common forms of serious mental illness. Other disorders which can be so disabling as to be labeled serious mental illness are anxiety disorders, personality disorders, behavioral disorders, and the abuse of alcohol and drugs.

Schizophrenia affects approximately one person in a hundred and onset is usually in the late teens or early twenties. Affective disorder affects about six per cent of the population, and includes manic depressive illness (bi-polar) and persistent severe depression (uni-polar).

Recent research advances have changed many people's views about serious mental illness. Psychiatry now recognizes that the serious mental illnesses are diseases in the same sense that cancer or high blood pressure are diseases. Mental illnesses are diseases that affect the brain, and much research suggests biological causes for many of the major illnesses. A beneficial result of what has been called the "biological revolution in psychiatry" is a reduction in the stigmatization of, and anger toward, the mentally ill.

Another advance which has improved the reliability of psychiatric research is more effective diagnosis of mental illness. Epidemiological researchers have found that surprisingly large numbers of people suffer from the symptoms of mental illness. Recent estimates are that in 1987, nearly 1.3 million Texans suffer from some type of mental disorder; 400,000 suffer from affective disorder; 100,000 from

some type of schizophrenia; and 725,000 from substance abuse or dependence

TO: LL Presidents; S.U. Chairs; DPM

FROM: Mary Alice Pisani

LWV-Texas

August 1987

LL Pres. Mailing; DPM

II. A. 2. k.

MH/MR System

LISTING OF TEXAS DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
HOSPITALS AND COMMUNITY CENTERS

The enclosed listing of Texas Department of Mental Health and Mental Retardation (TDMHMR) hospitals, community centers, and other facilities is for the use of local League mental health committees in arranging visits and gathering information about local and regional services for the seriously mentally ill. TDMHMR administrators have been very helpful in supplying information to our state mental health committee, and they encourage visits to state and local MHMR facilities. Our committee welcomes comments and reports from these visits.

#



July 6, 1987

TO: Mary Alice Rebecca Sally

FROM: Lovelace

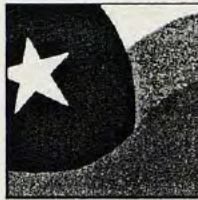
Killore
Lynne ~~Kilgore~~ heard about the MH/MR study at a meeting (I assume a meeting of community MH/MR members/staff/activists or some such.) She is VERY interested and wanted to know all that I told her in the letter. She particularly wanted youall to know about and, she hopes, use as a resource, the personnel at the Texas Council of Community MH/MR Centers. I know you'll bump in to them as you do research, and would have done that without needing this, but here they are.

Director: Spencer McClure [REDACTED]

Admin. Asst.: Janci Covington at same phone number

Lynn (whoever she is) praises them highly and hopes you'll visit with them.

If anyone ever wants to call Lynne, her phone number: [REDACTED]



MAP
RB-
Sac
SO

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

July 6, 1987

Ms. Lynne Killgore
Concho Valley Center for Human Advancement
[REDACTED]

Dear Lynne:

Enjoyed visiting with you on the phone this morning. I'll pass along the suggestions you gave regarding the Council of Community MH/MR Centers.

The adopted wording of our statewide study is

A study of the state mental health/mental retardation system, with emphasis on the mentally ill

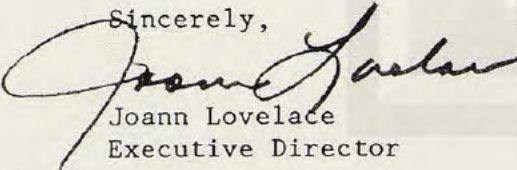
- who are they?
- where are they?
- what are the components of a good mental health system?
- how much is allocated and where does it go?

The study is being chaired by Mary Alice Pisani phone: [REDACTED]
[REDACTED]

Our LWV-Texas Education Fund will be publishing the background paper by May of 1988, and our local Leagues will have to postmark the results of their local study/consensus meetings by November 1, 1988. All of our chapters will be using identical consensus questions for the study so that only "apples and apples" will be compared. Their answers will be studied and compiled into a proposed position statement which the state board will consider and adopt at its meeting later in November of 1988.

As you can see from the time frame, this will take a while but, assuming there is consensus among our local Leagues on the issues addressed, we will have a position in place for the 71st Legislature in 1989.

Sincerely,


Joann Lovelace
Executive Director

cc: Mary Alice Pisani

TO: LL Presidents, S.U. Chairs, DPM

LWV-Texas

July 1987

FROM: Mary Alice Pisani

LL Pres. Mailing; DPM

II. A. 2. k.

MH/MR System

NEW STATE STUDY OF SERVICES FOR THE SERIOUSLY MENTALLY ILL

The new state study of the Texas Department of Mental Health and Mental Retardation (TDMHMR) with emphasis on the mentally ill is taking shape and will focus on services for the seriously mentally ill, one of the groups which the TDMHMR has designated as a "priority population." State study committee members are Mary Alice Pisani (Bryan), Chair; Rebecca Bergstresser (Dallas); and Sally Coughlin (San Antonio). We will be spending the summer and fall doing research and interviews, and welcome ideas from local League members with special interest and/or expertise on the topic (addresses and phone numbers are listed below). Our goal is to publish a Facts & Issues on the subject in May, 1988. Consensus meetings should be scheduled for September or October, 1988. The consensus postmark deadline will be November 1, 1988.

Once local study committees have been assembled, a good way for them to begin learning about services for the mentally ill is to visit local MHMR authorities and interview administrators about local needs, services, and funding. The state committee would appreciate feedback from these visits, such as interview summaries, needs assessments, etc. Other good sources of information are local affiliates of the Mental Health Association of Texas and the Texas Alliance for the Mentally Ill (TEXAMI).

The state committee looks forward to helping prepare League members to become informed and active in the area of services for the seriously mentally ill in Texas. Let us know how we can help you.

Mary Alice Pisani, Chair

Rebecca Bergstresser

Sally Coughlin

#

WORTHINGTON



Virginia Morris

- Linda Donelson - study of housing for state of Texas
- [REDACTED]
- Tour of downtown at night
- DASH
Dallas Association for
Services for the Homeless
- Community Outreach Coalitions
- — Mentally Ill of Dallas
Homeless " "
- Russ Dunkley —
Chairman C.O.C.

Aug. 27

Rebecca:

So far I have made 2 appointments on Sept. 10 — 11 a.m. with Spencer McClure of the Texas Council of Community MHMR Centers and 1:30 with Baddy Matthijetz. I forgot to tell you that you should have the R.A.T. Review Panel (David Pharis 512-474-6734) 10th Report to the Court — they will send it to you. It gives the less "glowing" side of the picture & describes the existing problems in the system. I recommend The Broken Brain as a good overview of recent advances.

Mary Alice

Carol Madison
Cecile Bonte
Maura McNeel

To: Louise, Mary Alice, Rebecca, Barb, Modelle cc: Karen, SO
From: Diane
Date: May 12, 1987

Re: MH/MR Study

Today I spoke to Stella Mullins, head of the Texas Mental Health Association, who offered to help us in any way she can, including the search for funding. Karen Miller put me in touch with her after she called Karen, whose husband heads TDMHMR. Stella heard of our study from one of her board members who belongs to the LWV-Tarrant County-- Linda Miller, I think she said. Stella used to belong to LWV-Dallas. Karen said Stella's husband heads the UT medical school system.

Stella has contacts with the Austin-based Hogg Foundation, which she feels we could approach for funding. She thinks we might even be able to do research for them under contract for three projects they have coming up this year.

I told her that our board would decide in June how extensive our project proposal would be and would appoint a study director/committee. I thanked her for her interest and said that someone from the board would be in touch after June re: funding as well as to discuss other help we might be able to get from TMHA. The Hogg Foundation is partial to groups who work with other groups, so it probably behooves us to figure out how to work with this group as well as others.

I told her how we adopted the focus of the study, and I asked her, from her position, what she thought would be a useful approach for the League to take. She felt that it would be very helpful to have LLS examine the delivery of services locally while we simultaneously assessed the role of the state--sounds much like what we adopted.

What I hope I have done is to show our appreciation for Stella's interest and given her a timeframe during which we will be making some decisions before anyone calls her again.

We should have some good contacts on this issue. Karen obviously won't be participating in the study but she will help put us in touch with a broad range of entities/individuals to whom we should speak regarding research and funding. Karen said Mrs. Jess Hay currently head the national mental health association, and Helen Farabee was last year's state president.

I would like us to consider a range of ways to do this study, but I don't have any firm ideas of what we should do. Should we just do a simple study? publish something to sell? build in a local survey component? use the MBHN data in any way? sponsor a statewide conference and fund one or two participants from each LL to interest them in actively participating in the study???

Karen Hale - Sheila is staff person /
Associate Director

June 30
July ①

②
③
④
⑤
⑥
⑦

27-31

⑧
⑨
⑩
⑪
⑫

Set up with Gary Miller,
She & Karen will try to
accommodate. Anytime
after 10:00 a.m.

Tom Suetter - MHMR

We should get legislative oversight committee
report

Community passes back to State & vice versa
would like to see responsibility established
for overall system and for each of its
components.

(Gary Miller has been more responsible
than most)

TD MHMR plan due Jan 1, 1988

SB 633

Please!
Send

7-16-87

TO: Rebecca and Sally
FROM: Mary Alice

I had a good meeting with Genevieve Hearon, President of TEXAMI, on Sunday after taking my husband to the airport. She gave me the enclosed compilation of TEXAMI positions on various issues (somewhat repetitious) and explained them to me. One of her major points was the need for all human service agencies to be more responsive to the needs of the seriously mentally ill (DHS, Rehab Commission, TDC, etc., as well as TDMHMR). She said that the Rehab Commission has federal money for a program of supported employment for the disabled, and they need to be more alert to the needs of the MI population. She said they have a pilot study of supported employment in Dallas at something called Herron House (contact: Bill Pyle)--Rebecca, could you check this out? I plan to call the Commissioner of the Rehab Commission and inquire about the regs on this program.

She also said that TDMHMR and DHS are working on a joint long-range plan for closer cooperation. Better Medicaid benefits for the MI have been talked about alot, but so far no action because the state would have to allocate money to qualify for federal matching. Sally, could you contact DHS and ask them about programs which affect the mentally ill such as Medicaid, and also about cooperation with TDMHMR?--I imagine you have contacts there from the HCMI study.

Genevieve Hearon said she would alert local TEXAMI members about our study and encourage them to help us. Their position is that the core services are a start but do not go far enough to create real continuity of care in the community. They pushed for more money for TDMHMR than the agency had requested and it appears that their efforts will be successful. The money is to support the recommended 60 beds per 100,000 population and to provide a full range of services in the community.

I have spoken to Buddy Malthijetz, our contact at TDMHMR, and requested a long list of items of information to be sent to all three of us. He was very accommodating. I also spoke to Diane about finding money to publish and distribute the Facts and Issues, and she suggested asking Stella Mullins about the Hogg Foundation, which I plan to do. Spencer McClure from the Texas Council of Community MHMR Centers is also sending information which I will pass along if it looks helpful.

I will be on vacation in California July 24-August 11 and will talk to you when I return.

Mary Alice

Rebecca,

I have enclosed 2 pages from the Hogg Foundation Annual Report with 2 projects on boarding homes & homelessness which might be interesting to find out more about.

TO: LL Presidents; S.U. Chairs; DPM

LWV-Texas

January 1988

FROM: Rebecca Bergstresser

LL Pres. Mailing; DPM

II. A. 2. k.

MH/MR System

TEXAMI CONFERENCE SUMMARY

On November 21, 1987, I attended a conference entitled "Bridging the Gap: An Educational Forum for Families, Consumers, and Professionals" presented by the Texas Alliance for the Mentally Ill (TEXAMI) and the Texas Department of Mental Health and Mental Retardation (TDMHMR) at the D/FW Airport Hyatt Regency. The organizer was Plano League member - and TEXAMI Program Vice President - Carol Shaper. The audience of several hundred people included family members, mental health and rehabilitation professionals, and consumers.

The goal of the conference was to provide an opportunity for consumers, families, and professionals to cooperate in addressing the questions: What can we do to make the system better? How have other states done it? How can we do it in Texas? A tremendous amount of valuable information emerged. Audience response was strongest to the following highlights.

Dr. Joaquim Raese, Associate Professor of Psychiatry at The University of Texas Southwestern Medical School in Dallas, reported recent research findings showing that schizophrenic individuals have significantly reduced blood flow to the frontal lobe of the brain in comparison with non-schizophrenics, possibly explaining their difficulties with motivational and cognitive processes. Both Dr. Raese and his colleague, Professor A. John Rush, Jr. of UT-Southwestern, who reported progress in diagnosis of depressive and manic-depressive disorders, stressed the need for accurate diagnosis in selecting effective treatment programs. Dr. Rush also pointed out that research on disorders of the brain receives a low proportion of federal medical research funding although mental illness affects a higher proportion of the population.

Dr. Leonard I. Stein, Professor of Psychiatry at the University of Wisconsin, generated tremendous interest with his report on a model program of community-based mental health care that has been successfully implemented in Wisconsin. Dr. Stein emphasized that effective mental health care must be continuous, not episodic, thereby following the standard treatment strategy for other chronic diseases such as diabetes or arthritis. Any effective system must meet fundamental needs of mental patients for financial security, living arrangements, socialization, vocation or avocation ("a purpose in life"), crisis resolution, medical care, and mental health services. Dr. Stein reported how such a system has been implemented in Dune County, Wisconsin (population 350,000).

Also of major interest was the presentation by Dr. Sydney R. Platman, Chief of Psychiatry at the Charles North Hospital in Baltimore, Maryland, on administrative issues in moving a mental health system toward community-based care. Texas' most serious problem, according to Dr. Platman, is severe underfunding. Although Texas is 18th in per capita income, it is 47th in funding for mental health. Texas is among the handful of states that do not allow Medicare/Medicaid funding for mental illness and do not supplement Social Security Insurance (SSI), which is the principal financial support for most mentally ill adults. The negative impact of inadequate funding is amplified by cutbacks in other social services.

Underfunding of the Texas mental health system in fact stood out as a dominant refrain of the conference. Texas spends \$15 per capita on mental health. Wisconsin (a good system) spends \$30 per person, which is still only two-thirds of the national average. (A thought-provoking point is that Texas and Wisconsin spend approximately the same proportions of their total state budgets on mental health.) Although high per capita expenditure does not necessarily guarantee a good system, underfunding makes it impossible for even a theoretically good system to deliver adequate services.

One perspective heard at this conference that is often absent from other forums was that of the client, who pointed out that client interests differ from those of others and therefore deserve their own hearing. One suggestion to emerge as a result was the inclusion of clients on service evaluation panels.

If you would like more information about these and the many other topics covered at this excellent conference, contact the nearest local affiliate of the Alliance for the Mentally Ill, which can make available relevant bibliographies and materials. Also, take note that TEXAMI is planning a workshop on progress in research and rehabilitation, April 16 in Arlington as part of its state convention. If you have members who are not involved in April 16-17 LWV-Texas Council, you may want to inform them of this event.

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Dr. Leonard L. Stein, Professor of Psychiatry at the University of Wisconsin, presented a manuscript in which he reported on a model program of community-based mental health care that has been successfully implemented in Wisconsin. Dr. Stein emphasized that effective mental health care must be continuous, not episodic, following the chronic treatment approach for other chronic diseases such as diabetes or arthritis. Any effective system must meet the fundamental needs of mental patients for financial security, living arrangements, vocational or educational opportunities, etc. Dr. Stein stated that a system has been implemented in Dane County, Wisconsin (population 250,000).

Also of major interest was the presentation by Dr. Sydney E. Rickman, Chief of Psychiatry at the Charles North Hospital in Baltimore, Maryland, on comparative issues in moving a mental health system toward community-based care. Dr. Rickman pointed out serious problems, noting that in severe cases, Texas is in fact in a better position than most states that do not attempt to deal with mental illness and do not supplement social security benefits (SSI), which is the principal financial support for most mentally ill adults. The negative impact of inadequate funding is amplified by cuts in other social services.