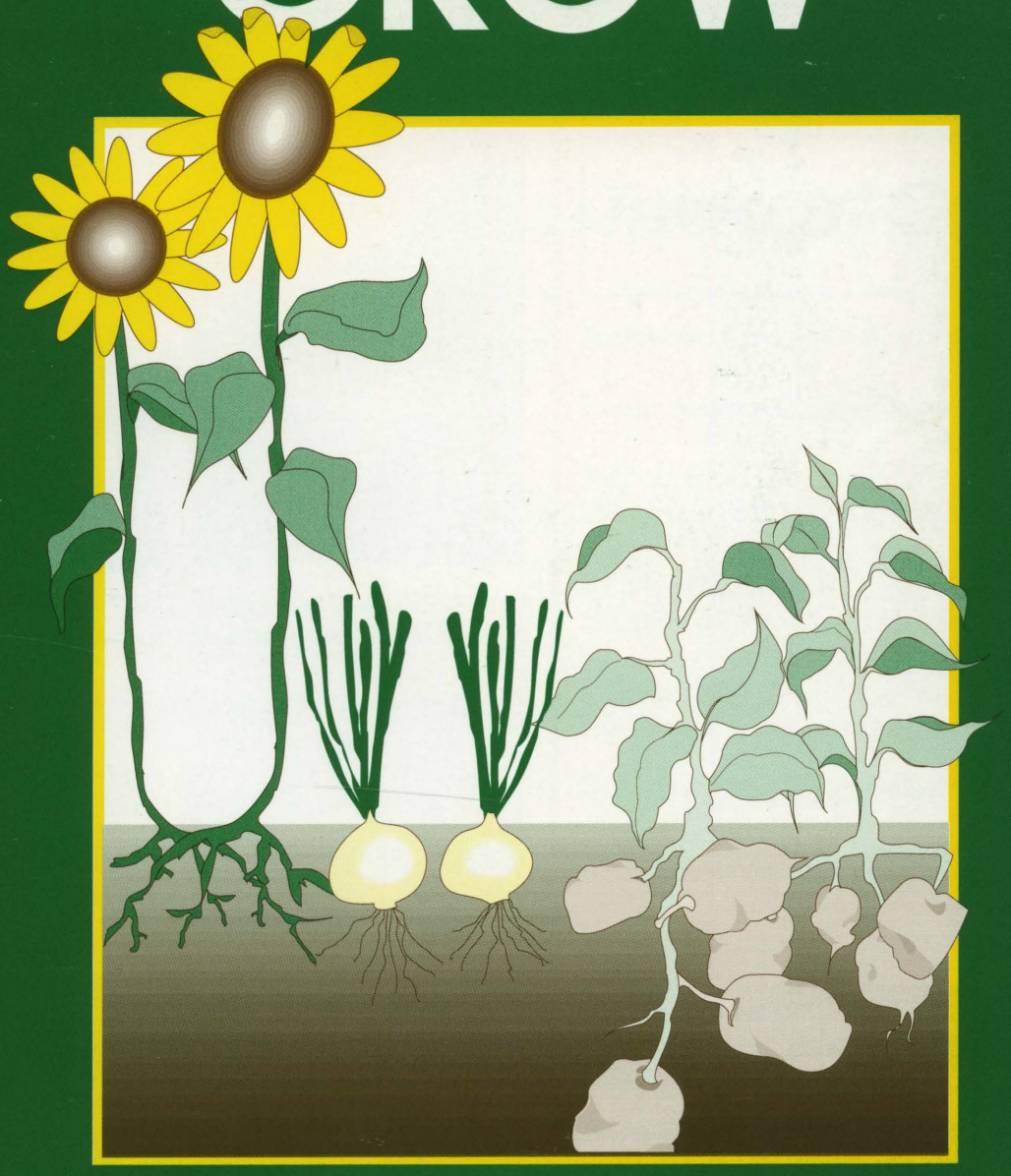
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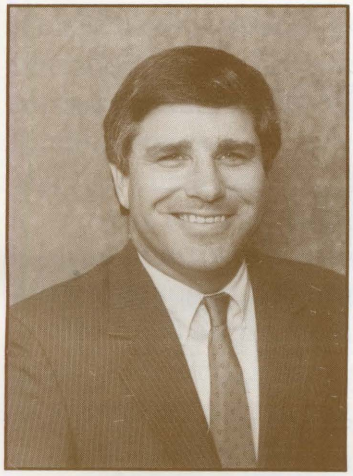
Watching Our GARDEN GROW



Deep East Texas Regional Mental Health Mental Retardation Services
Last Five Years: 1984 - 1988

Copied from the Collin County History Center, Dibol, Texas www.TheHistoryCenterOnline.com 2017.005

Administrators

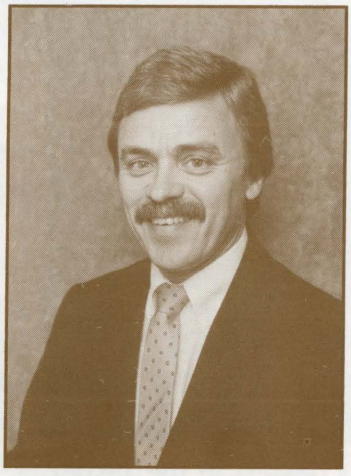


"The Administrative Staff Committee is the focal point of all major planning and operational decision for Deep East Texas MHMR. Our five-person team has more than 70 years combined experience in community center management. Committee members have provided the leadership that has successfully moved the center forward in its efforts to increase, strengthen and diversify our revenue base and to establish a position of excellence in quality of services."

Jim McDermott, Ph.D,
Executive Director



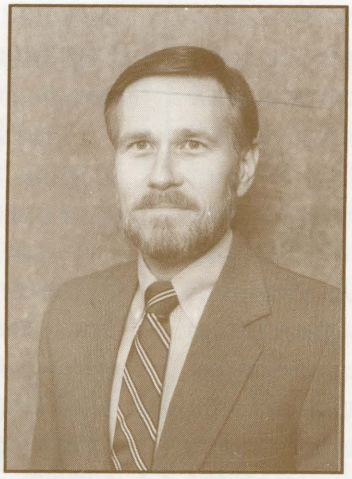
Susan Rushing, Director
Mental Retardation Services



Sandy Skelton, Director
Mental Health Services



Linda Naff, Director
Fiscal Services



George Patterson,
Director Quality Assurance,
Staff Development

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From the Executive Director's Desk

A TIME TO SOW

Agency pursues strategies for future growth

By Jim McDermott, Ph.D., Executive Director

As chronically mentally ill and severely mentally retarded individuals are moved out of state institutions and back into our communities, centers such as Deep East Texas Regional MHMR Services are assuming a more central role in Texas' mental health and mental retardation system. The people we serve are in dire need of our assistance, but we must be constantly aware that the objective of community-based programs is to encourage these individuals to assume as much control of their own lives as possible.



Joan Stribbling repots flowers at the Jasper County MHMR specialty nursery.

While we are moving clients, families and professionals away from over-reliance and dependency on state institutions, we must take care to develop a community model that promotes support systems that encourage independence, self-direction and integration.

I envision Deep East Texas MHMR services as a net or an upturned umbrella. Our presence allows the mentally ill and mentally retarded people of our region to climb as high as they possibly can toward independence secure in the knowledge that we will catch them if they fall.

In order to assist these individuals our net must be strong. We must provide a wide range of appropriate and accessible services as well as enhance their ability to secure meaningful work and appropriate housing.

We are proud of our existing array of mental health and mental retardation services but recognize that major gaps exist that must be filled before a strong community support network is complete.

Deep East Texas MHMR services are housed in 30 individually operated units spread throughout our 13-county service region. Our belief that mentally ill and mentally retarded persons deserve the dignity of receiving services in pleasant and functional surroundings is reflected in our on-going efforts to improve the physical appearance of our facilities. Over 90 percent of our programs are housed in buildings that are new or that have been renovated over the past five years.

Looks are important, but of greater concern is the provision of appropriate and effective services. I am particularly pleased with our in-patient psychiatric and substance abuse treatment facilities that offer a local, affordable alternative to placement in state institutions. Likewise, our case management services for the mentally ill and mentally retarded are quite successful; however, there is a continued need for expansion in this area.

While our outpatient clinics provide thorough screening, assessment, referral and medication services, our therapy services are minimal. Particularly lacking are mental health services for children and adolescents. The need for such services is staggering, yet public funding remains virtually nonexistent. Our challenge is to develop alternative revenue sources from both the public and private sectors to help fill these gaps.

The need to promote social activities and more varied vocational opportunitities for the chronically mentally ill has also become evident. Two programs that address these specific needs are currently in place in Angelina and Shelby counties, and as we chart our future course a strong emphasis will be placed on implementing similar programs throughout the region.

Deep East Texas MHMR also has a viable network of sheltered workshops: eleven programs serving both mentally ill and mentally retarded individuals throughout our 13-county region. But, here too, we see room for improvement. The wheels of change were put in motion this past year as two staff members were charged with finding ways to expand procurement of meaningful work contracts from both the public sector and private industry. In addition MHMR sheltered workshop employees in Houston County are producing vinyl and rubber hoses for sale to state agencies. Marketing efforts by staff will soon be drawing hose orders from city and county entities as well. While our sheltered workshops are effective means of providing employment and training for mentally handicapped individuals, we sense a growing need to find ways for these people to enter the "regular" work force of their communities. In an effort to meet this need we will pursue two goals: securing work stations within local industries and establishing off-site businesses. Such endeavors will provide employment outside the typical workshop setting so our clientele have the opportunity to work alongside non-handicapped employees. Securing work stations with local industries would provide assembly-line or piece work similar to that undertaken in sheltered workshops, but the work would be performed at industry-owned facilities and would, therefore, result in a closer integration into the community work force.

Our Board of Trustees, our staff, and community leaders must acknowledge the need and benefits of moving to an entrepreneurial model.

The idea of starting subsidiary businesses (either MHMR-owned or as a joint venture with the private sector or other agencies) is a not a new one. The concept has been successfully implemented by community centers in other states and is an option we intend to thoroughly explore.

Two key elements must be considered. First, the businesses should support an integrated work force wherein employment is offered to both handicapped and non-handicapped individuals. Second, it is essential that the businesses be located in free-standing facilities so they are viewed by community residents as "real businesses", not MHMR-supported work activities.

Another concern as we integrate the severely mentally handicapped back into their communities is the accessibility of housing. Currently MHMR's system of group homes and foster homes, coupled with privately owned board and care homes that utilize MHMR support services, are providing a variety of housing alternatives for these populations.

However, we cannot be satisfied merely with providing housing outside state facilities. In order to pursue our goal of helping these individuals achieve as much independence as possible, we must find ways to provide even less restrictive living situations.

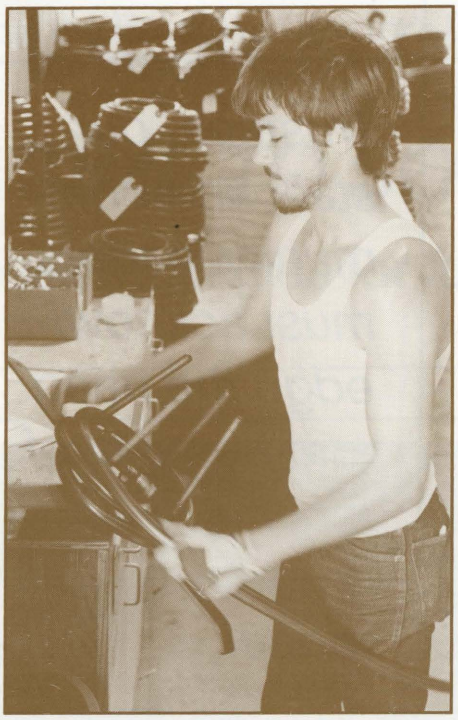
One alternative is for MHMR to enter the world of property management. Owning and managing our own apartments and duplexes would have several benefits. First, we could ensure housing integration by making rentals available to both mentally handicapped and non-handicapped individuals. Second, rent payments from non-

handicapped residents would be feeding income back into the rental properties; and, third, MHMR-employed rental managers would provide on-site support for handicapped residents.

Achieving these improvements in treatment services, work opportunities and housing for the mentally handicapped will require many things. We will need new and competitive pay and incentive strategies to recruit and retain skilled and dedicated staff. At the same time we will need to enhance our staff by adding employees with skills in the areas of product development, marketing, sales and business planning.

Our Board of Trustees, our staff, and community leaders must acknowledge the need and benefits of moving toward an entrepreneurial model. We must be prepared to work with the private sector in creative ways. An example of such productive working relations would be the development of Employee Assistance Programs (EAPS) through which MHMR enters into contracts with local businesses and industries to provide screening and assessment, short-term counseling, education and referral services for employees experiencing psychiatric and/or substance abuse problems. In addressing such problems, EAPs aid industry in containing treatment costs, reducing future medical costs and improving employees' overall work performance.

We must be willing to undergo internal changes such as the development of subsidiaries (possibly for-profit) and participation in joint ventures with other MHMR centers or organizations.



Chris Wilson coils hoses at the Houston County Sheltered Workshop.

And we must be willing to put our money on the table when it comes to financing such ventures.

We must, in essence, be willing to break from tradition and take well conceived and planned risks.

The future will see us working with severely disabled, and often less financially stable, individuals. At the same time, federal and state cutbacks and under funding will increase; philanthropic contributions will continue to decrease; and competition from the for-profit sector will not slacken. We can either sit back and allow our financial situation to deteriorate to crisis proportions, or we can take the offensive, enter the market place and put the practice of free enterprise to work for mentally impaired persons.

Committee protects rights of handicapped

Any client, relative of a client or representative of a client who has a complaint, comment or suggestion regarding confidentiality of records or the health, safety, welfare or legal and human rights of a patient or client of this center is invited and urged to submit them in writing to:

Chairperson
Public Responsibility Committee
P.O. Box 935
Lufkin, Texas 75901

The Public Responsibility Committee is an independent, impartial body. None of its members are employees of this center.

Copies of Deep East Texas MHMR's operating policies and procedures may be reviewed at Central Administration, 4101 South Medford Drive, Lufkin, Texas.

BOUNTIFUL HARVEST

Retardation services offer help, hope

By Susan Rushing, Division Director, and Marsha Ford, Family Support and Residential Programs Director

People are unique -- each one possessing special talents and struggling to overcome life's inevitable obstacles. The growth of MHMR's mental retardation division over the past five years reflects our continued efforts to help nurture the strengths and circumvent the weaknesses of those mentally retarded individuals living in Deep East Texas.

Our overall expansion is succinctly demonstrated by the growth of MHMR's Diagnosis & Evaluation and Interdisciplinary Teams, which are responsible for regulating access to and monitoring the effectiveness of our mental retardation services. These teams, composed of physicians, psychologists, social workers, case managers, nurses and educational specialists, have seen tremendous growth over the past five years, from a core membership of three in 1984 to 13 in 1988.

Texas' court-mandated emphasis on providing community-based services for mentally retarded individuals has had direct financial repercussions for agencies such as Deep East Texas MHMR. In 1985, our agency was able to open two group homes for mentally retarded individuals by utilizing funding incentives developed by the state that encouraged relocation of mentally retarded individuals from state schools to community homes.

The opening of the Kirbyville and Newton group homes, both six-bed facilities, raised to 39 the number of mentally retarded individuals who can be housed in Deep East Texas MHMR group homes for mentally retarded adults. Also in the past five years the Nacogdoches Group Home (a fifteen-bed facility) and the JoAnn Fries House in Silsbee (12 beds) relocated to new facilities



Hazel's Story

"Hi. I'm Hazel Delores Alexander. Isn't my hair pretty?"

The woman, smiling broadly and primping her newly permed brown hair,

(Continued on Page 7)

designed to meet the specific needs of a group home setting.

Community services were further expanded in 1986 with the development of Respite Care and In-Home Services, programs designed to give families a break from the continuous demands of caring for a mentally retarded family member. The Respite Care program operates out of a three-bedroom house in Lufkin and provides a home-like environment in which guests receive 24-hour care and supervision. In-Home Services operate on the same theory of offering respite to family members, but in this program services are provided in individuals' home on an hourly basis.



Tyson Smithhart, who is diagnosed as both autistic and mentally retarded, tackles a puzzle while his sister looks on. His mother uses and enthusiastically supports MHMR Respite Services. "Respite Care has improved the quality of Tyson's life, the quality of life for our whole family," she said.

By providing support for the family, Respite Care and In-Home Service make it possible for many mentally retarded individuals to remain at home rather than live in a state institution.

MHMR's Adult Foster Care Program, also implemented in 1986, provides another alternative to placement in a state school for the mentally retarded. Many of the thirteen mentally retarded individuals placed in area foster homes have been without family contact for a number of years. Foster parents are able to meet some of their most basic needs by providing a nurturing, caring, family-oriented environment. Currently MHMR has access to eight foster homes.

In order to meet the needs of the growing number of individuals with mental retardation that are served, Deep East Texas MHMR's Sheltered Workshops are constantly seeking ways to expand services. Sheltered workshops offer the mentally handicapped an opportunity to gain work experience, earn wages and develop a sense of independence.

The number of sheltered workshops has risen from eight to 11 in the past five years. And while workshops are not yet established in each of our 13 counties, improved transportation services have made existing workshops accessible to individuals from all counties. In addition, construction over the past five years has replaced outdated buildings in Kirbyville, Newton, Polk and Jasper with more functional sheltered workshop facilities.

It was approximately five years ago that our sheltered workshops landed their first contracts with the Texas Department of Highways and Transportation to provide litter pickup on highway right-of-ways and maintenance for roadside parks. Today, in addition to various contracts with private industry, we are fulfilling 31 highway department contracts for litter pickup, picnic and comfort station maintenance, curb and gutter maintenance and janitorial services. Examples of other innovative ways in which staff have secured vocational training opportunities for workshop employees include the operation of a speciality nursery at the Jasper/Newton County MHMR Center and the introduction of a business at the Houston County MHMR Center where workers assemble hoses for sale to state agencies.

Another example of MHMR's commitment to meeting the specialized needs of the mentally retarded was the recent development and implementation of Basic Skills Classes in three MHMR Centers. These programs address the special needs of low-functioning, mentally retarded adults who are incapable of reaping sufficient benefits from sheltered workshop programs. Basic Skills

Classes (currently offered in Angelina, Houston and Jasper counties) concentrate on raising students' level of independence by improving their motor, listening, visual and self-help skills.

Also, the addition of case management services for mentally retarded persons has facilitated a more effective means of service delivery.

Our most recent addition in the mental retardation services division has been the Home and Community Based Services program which opened in late 1987. The program is designed to assist mentally retarded individuals who are considered at high risk of being placed in a state facility. The help these individuals receive is dictated by their needs: residential care, classroom instruction, nursing, transportation, etc. In meeting the needs of this special population, Deep East Texas MHMR has established four Alternative Living Units in Lufkin to provide housing, basic care and supervision for 12 of this program's 30 participants.

Deep East Texas MHMR administrators and staff are committed to the belief that every individual, regardless of how severely disabled he or she may be, has the desire and the ability to learn and grow. We believe that when mentally retarded individuals fail to achieve their potential, the fault lies not with that individual but with the system that serves them. We are, therefore, committed to perpetual change as we strive to accommodate the mentally retarded residents of our region.

Hazel's Story

(Continued from Page 5)

gives the visitor a hearty handshake.

Three years ago Hazel entered the MHMR office for the first time. Head tucked down to her chest, she refused to look at, much less talk to, anyone.

Hazel was 34 years old when her elderly parents, realizing that soon they would be unable to care for their severely retarded daughter, brought her to MHMR's Diagnosis and Evaluation Team for an assessment. At that time the agency had no programs designed to assist low-functioning mentally retarded individuals like Hazel. The only assistance that could be offered locally was placement in a large, privately-owned residential facility. Her family was disheartened. They needed help but were adamantly opposed to placing Hazel in an institutional type setting.

Four months later, in December 1986, MHMR opened a local Basic Skills Class designed specifically to provide educational instruction for severely retarded adults. For Hazel, who had lived most of her life at home and in contact only with family members, going to school proved to be an exhilarating experience. Her class meets for five hours each weekday.

Hazel's ability to learn will always be impaired. Most likely she will never learn to read or write, but there are many things she can learn. For instance, Hazel can recognize a variety of signs and understands their meaning (Stop, Exit, etc.); she is learning to distingish between coins; she can identify household objects and has learned to complete most of her own grooming. Perhaps most importantly, Hazel has learned how to interact with others and has gained self confidence.

MHMR's new Respite Care program also offered assistance by giving family members reflief from the day-to-day strain of caring for Hazel .

Only recently a long-dreaded calamity struck. Hazel's parents became ill, moved into a nursing home and were no longer able to care for their daughter.

MHMR's Home and Community Services program came to the rescue. Hazel was moved to one of the agency's four local homes that were established specifically to provide a housing alternative for mentally retarded individuals who are in danger of being placed in a state school. These Alternative Living Units provide around-the-clock supervision for residents.

Hazel now resides in an MHMR home with two other mentally retarded females. She is an out-going, alert women who will proudly tell you about her school work, participation in Special Olympics, visits with family and friends, or new hairdo.



Francis Johnson and Basic Skills Educational Consultant Harold Wunderlich pose with second place trophy won in Special Olympics competition by an MHMR softball team.

From the Division of Mental Health

REAPING REWARDS

Progress yields benefits for chronically ill

By Sandy Skelton, Division Director

When asked about the accomplishments within Deep East Texas MHMR's mental health division over the past five years, my thoughts focus not on programs, but rather on the personal growth experienced by so many of those our programs have served.

Tom spent 42 years of his life in a state hospital. In 1985, at the age of 63, he moved to one of our community group homes and has blossomed in his new environment. Tom's days are spent in a psychosocial program that assists him with personal and social adjustment, provides prevocational training and encourages social activities such as field trips, shopping expeditions and gardening.

Martha, a mother of two children and a participant in our day treatment program, never believed she would feel as good about life as she now does. It was only a few years ago that Martha, lost in a world of seeming hopelessness, tried to take her own life.



Mildred Salter is on the job with the Angelina MHMR janitorial crew. The skills she acquired while working with the crew helped her land a job in the private sector.

Rick's self-satisfaction as he enters his second year of gainful employment, an accomplishment that eluded his grasp for years, is inspirational to all of us. Rick has battled schizophrenia for three-fourths of his young life.

For fifteen of his last twenty years Bob has struggled with alcoholism. The disease had stripped him of his family, his job, his joy in life. With guidance from our alcohol and substance abuse staff, Bob has found the courage and the strength to fight his addiction.

And what about those individuals served by a local MHMR program who have taken a new-found interest in singing? The group practices weekly and takes the time to reach out to others by singing at area nursing homes. Who of us will forget the pride and delight reflected in their faces when they drew a standing ovation after providing the entertainment at a recent volunteer banquet?

These very personal situations are but a few examples of the many accomplishments within Deep East Texas MHMR's mental health division.

Although we have always provided a wide variety of mental health serv-

ices, the focus of these services has shifted dramatically over the past five years. Today a much greater emphasis is placed on serving the chronically mentally ill, those persons suffering from long-term or life-time illnesses such as bipolar disorders, depression and schizophrenia. As a result of this shift in priority populations, the chronically mentally ill residents of our large region have more treatment and rehabilitation services available to them than ever before.

Our staff strongly believes that in order to successfully assist this special population, we must recognize that they are, first and foremost, people, and that their needs are basically the same as everyone else's. A safe and healthy home, a job, appropriate medical care, opportunities to learn and grow, and good relationships with family and friends are important to all of us, but for the mentally ill they are critical in the struggle for recovery.

During the past five years the number of residents from our region being treated in state hospitals has decreased from approximately 125 each day to 30.

Staff at our eight outpatient clinics embrace the philosophy that mentally ill people should be able to receive services within their local communities or region and that these services should be liberating rather than restrictive in nature. Easy access to services, courteous and well-trained staff, programs that encourage client-specific services as opposed to a systems approach, and the commitment to serve persons as long as is necessary are important objectives shared by all clinic staff. In keeping with these beliefs, greater sophistication has occurred in the areas of screening and assessment (a service designed to determine the type, severity and possible solutions to a given problem) and treatment services such as individual, group and family counseling as well as medication treatment and education.

Because of our commitment to chronically mentally ill individuals, MHMR staff members have recognized a growing need for comprehensive psychosocial programming. The emphasis on psychosocial programs provides access to a wide variety of services such as local club houses for the enhancement of personal and social adjustment, classroom instruction for the provision of basic educational needs, vocational training and employment assistance. During the recent past MHMR opened two psychosocial programs, one in Shelby County and the other in Angelina County. These two innovative programs will serve as models as we now prepare to expand these services to several other counties within our region. Our growth plan calls for the addition of at least two more psychosocial programs by September 1989.

As another means of meeting the needs of the chronic mentally ill population, Deep East Texas MHMR has employed ten full-time case managers to serve as links between our mentally ill clientele and the community. Basically, case managers are charged with helping these individuals find and utilize community resources that will allow them to attain the highest level of independent functioning possible. Each case manager carries a maximum load of 40 persons and is responsible for meeting their needs on a 24-hour, seven-days-a-week basis. Numerous clients are now receiving services never before provided and, as a result, are far less likely to need more restrictive care in the future. Because we view these services as vital for the mentally ill, we have a commitment to expand case management services as resources become available.

Our residential treatment services have experienced significant growth during the last five years as evidenced by the creation of three new mental health programs: the Shelby County Halfway House, Pineywoods Regional Treatment Center and Peavy Switch Farm.

The Shelby County Halfway House began serv-

ing the chronically mentally ill population in fiscal year 1985. The 28-bed program has provided respite and transitional living services for numerous clients, most of whom had been transferred from state hospitals where, in some cases, they had resided for many years.

Pineywoods, a 20-bed, licensed psychiatric hospital in Lufkin, also opened in fiscal year 1985. This high quality program has enabled numerous residents of our region to be treated locally, thereby reducing the need for these individuals to be institutionalized outside the region.



From the left, MHMR Board Chairman Allen Sturrock, State Treasurer Ann Richards, Executive Director of the Texas Commission on Alcohol and Drug Abuse Bob Dickson and Chairman Arthur Temple Jr. of the T.L.L. Temple Foundation join forces at the May 5 ribbon cutting for Peavy Switch Farm.

The combination of Shelby County Halfway House and Pineywoods Regional Treatment Center, as well as support services provided through outpatient and case management programs, has resulted in a dramatic decrease in the number admissions to state hospitals. During the past five years the number of residents from our region being treated in state hospitals has decreased from approximately 125 each day to 30.

Our newest facility, opened in fiscal year 1988, is Peavy Switch Farm, a 48-bed detoxification and treatment program for substance abusers. Although Peavy Switch Farm does not specifically treat the mentally ill, it represents a program which is designed to assist persons with chronic problems. Started with private funds, including a $1.8 million grant from the T.L.L. Temple Foundation, the program is well on its way to becoming financially self-sufficient. Like other residential programs operated by MHMR, Peavy Switch Farm provides an excellent alternative to receiving treatment in state hospitals outside our region.

Undoubtedly, Deep East Texas MHMR's mental health division has made great strides during the past five years. We anticipate that our future growth will prove even more impressive, especially in the areas of residential services, vocational training and job placements for the mentally ill.

In order to accurately assess the needs of the mentally ill in the late 1980's and early 1990's, our staff is committed to increased involvement with consumer and advocacy groups.

One trend we will continue to encourage and support is the development of local consumer groups like those now in place in Angelina and Shelby counties. As a result of psychosocial programs in these two locations, clients have organized themselves for the purpose of determining and satisfying their own needs, especially in relation to social and recreational activities. The emphasis upon this trend is that clients, not staff, plan, organize and carry out various activities developed to enhance their personal and social relationshhips.

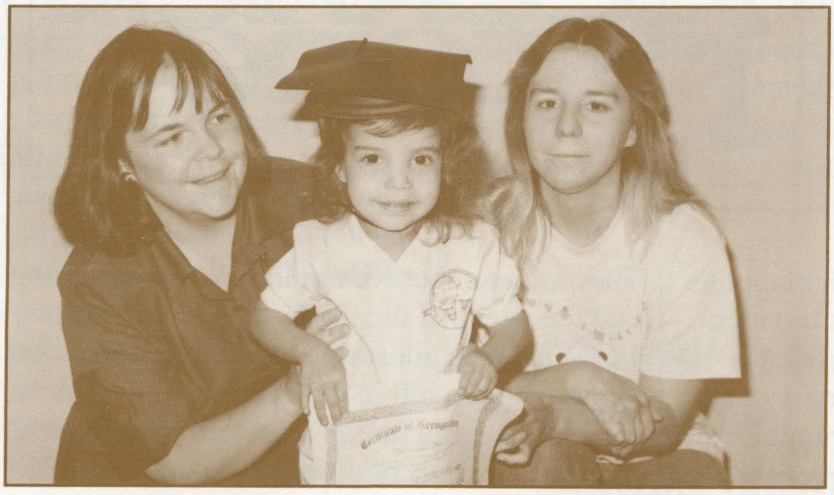
Advocacy groups, such as the national, state and local application of the Alliance for the Mentally Ill, will play a major role in the future development of our service system. As a result of conjunctive and joint ventures between Deep East Texas MHMR and consumer and advocacy groups, the future looks bright for our mentally ill residents.

BLOOMING SUCCESS

Teamwork works wonders in children's program

By Susan Rushing, Director of Mental Retardation

Watching a child acquire knowledge and use new-found skills is an uplifting experience. When the child is handicapped every achievement, no matter how small, assumes the magnitude of a miracle. MHMR's Cornerstone program provides developmentally delayed infants and their parents with the kind of guidance that can make miracles happen.



Happy graduate Amy Serna shows off her Cornerstone diploma while mom, Sandra Serna, right, and Cornerstone Service Director Barbara Holcomb watch. Amy was born at home prematurely, and she has a mild form of cerebral palsy. Cornerstone workers facilitated her transfer to a neonatal intensive care unit where she was treated for several months. When she returned home, Cornerstone was there to provide physical, occupational and speech therapy. She now functions at an age-appropriate level and even enjoys participating in gymnastic classes.

MHMR has offered services to handicapped infants for a number of years, starting with two small programs in Angelina and Newton counties. Our efforts were enhanced when, in 1982, Senate Bill 630 was enacted by the state legislature.

Senate Bill 630 called for the provision of statewide funding for infant services such as those then offered on a limited basis by MHMR. Within a year Texas' Early Childhood Intervention Council was established and had awarded MHMR a grant to provide home-based infant services in twelve counties. Thus the foundation for Deep East Texas MHMR's Cornerstone program was laid.

The field of early intervention for children with developmental delays was new at that time. There were no professional training courses, few books and even fewer assessment and curriculum guides available. MHMR's infant training staff used common sense, compassion and a knowledge of normal child development as a guide in establishing the Cornerstone program.

As the program grew, however, increasing numbers of children with serious physical and sensory handicaps were referred to our services; staff found themselves constantly challenged to find effective ways of helping these babies adapt and develop. We took advantage of every relevant training opportunity, pooled our research and other resources, and began to implement newly developed curricula and assessment

guides.

At first, each of our professionals worked independently: speech therapists worked on language development, physical therapists on motor development, nurses on medical needs, aides on parenting and care-taking issues. This system rapidly evolved into an interdisciplinary approach that encouraged the numerous disciplines to share ideas and coordinate treatment efforts. Today a transdisciplinary treatment model is emerging wherein each discipline teaches the other, thus broadening the knowledge base of all.

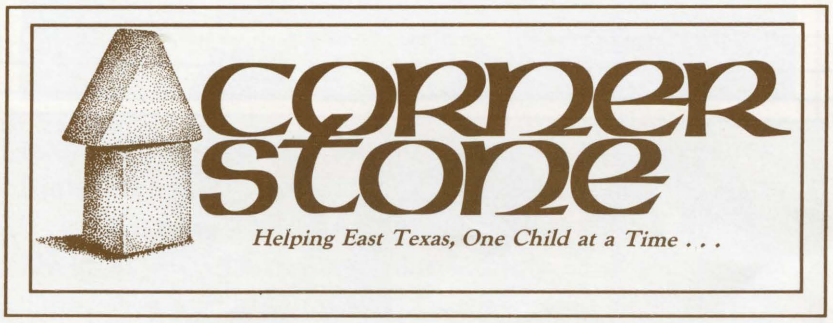
Over the years, the focus of the Cornerstone program has shifted, too. At first, it was a child-centered program. Staff would make home visits, work with the child, talk with the parents and return the following week. It was soon clear that, because each child needed daily assistance and encouragement, this strategy was yielding small returns. Our response was to switch the program's emphasis so that staff energies were devoted to empowering parents to work with their child. Staff visits became more instructional in nature as parents and caretakers were taught how to work with their child on a daily basis. Parents became an active and integral member of the transdisciplinary team model, and more emphasis was given to providing parents with support and coordinating services.

Parents and babies, however, cannot be served in isolation. They are members of families, and the needs of the family as a whole must be addressed. With another small shift in philosophy, we emerged as a family-oriented service that deals both with remediating the child's developmental delay and addressing the impact the child's problems have on the family as a whole. The loss of a job, the birth of a sibling, a divorce or death in the family all effect that family's ability to deal with their handicapped child. Each child's service plan is developed jointly with the family and Cornerstone professionals, and each plan is based on the child's needs, the family's priorities and staff members' strategies for meeting these needs and priorities. Program effectiveness has never been better.

While the "how" of providing services has changed with time, the types of problems we address have also grown. Through contracts with the Department of Human Services, Cornerstone has expanded its mission from serving families with developmentally delayed infants, to include services for abusive and neglectful families as well.

This aspect of the program focuses on helping parents manage their home environment more effectively. Again, each family's needs and priorities are jointly assessed and a plan is developed that addresses topics such as appropriate discipline, hygiene and household management. Staff make regular or, when a crisis arises, daily home visits to help these families cope. Staff provide "hands-on" training to enhance the self-esteem, self-worth and dignity of these parents.

Since its initiation, MHMR's infant services have grown from good to excellent, and the program consistently receives commendations during treatment audits. I have no doubt Cornerstone will continue to grow and improve. The reason for its excellence is simple -- the staff. Each is committed to helping East Texas, one child at a time.



A Brief Outline of MHMR

Who we are

Deep East Texas Regional Mental Health Mental Retardation Services is a nonprofit, community-based organization that serves mentally ill and mentally retarded adults, infants experiencing developmental delays or on-going health problems, and people who abuse alcohol and/or other drugs. The organization's primary goals are to provide community-based programs that enable those served to achieve their highest possible level of independence; to prevent or minimize incidences of mental illness or retardation, substance abuse and developmental delay through treatment and public education; and to improve the overall quality of life for mentally impaired persons.

MHMR was formed in 1973 at the request of county commissioners within the 13-county Deep East Texas region. Organizational control is vested in a governing board of nine trustees appointed by county commissioners.

Who we serve

MHMR services are extended to residents of those counties comprising the organization's service area: Angelina, Hardin, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity and Tyler.

The regional area comprises more than 11,000 square miles with a population of 370,000 of which an estimated 14 to 17 percent require some form of mental health or mental retardation services at any given time.

How we are funded

MHMR's funding comes primarily through contracts with federal, state and local agencies as well as private organizations. These entities, including the Texas Department of Mental Health and Mental Retardation, contract annually with Deep East Texas Regional MHMR to provide mental health and mental retardation services. Other sources of revenue come from participating county governments, contributions, foundation grants, business ventures and client fees.

"All that in this delightful garden grows
Should happy be, and have immortal bliss."

– Edmund Spenser –

Service Directory

Serving All Regions

Central Administration
4101 South Medford Drive
Lufkin, Texas 75901
(409)639-1141

Crisis Line, toll free
Operates 24 hours a day
1-800-392-8343
Crisis Intervention

Family Support Services
1915 Old Mill Road
Lufkin, Texas 75901
(409)639-1479
Diagnosis and Evaluation
Foster Care

Home and Community Based Services
4000 South Medford Drive
Lufkin, Texas 75901
(409)639-5380
Home and Community Based Services

JoAnn Fries House
190 East Avenue J
Silsbee, Texas 77656
(409)385-0822 or 385-6958
Group Home for mentally retarded adult females

Kirbyville Group Home
212 West Trout Street
Kirbyville, Texas 75956
(409)423-3671
Group Home for mentally retarded adult males

Nacogdoches Group Home
2712 Southeast Stallings Drive
Nacogdoches, Texas 75961
(409)564-3147
Group Home for mentally retarded adults; coeducational.

Newton Group Home
700 McMahan
P.O. Box 1146
Newton, Texas 75966
(409)379-3335
Group Home for mentally retarded adult females

Peavy Switch Farm
FM 2497 at Peavy Switch Road
Rt. 5, Box 5000
Lufkin, Texas 75901
(409)875-4910
Alcohol and Substance Abuse Treatment

Pineywoods Hospital
1201 Frank Street
(4th floor, Memorial Medical Center)
P.O. Box 1447
Lufkin, Texas 75901
(409)639-7590
If no answer, (409)639-7944 or -7941
Emergency Screening and Assessment
Psychiatric In-Patient

Respite Care Services
108 Raintree Court
Lufkin, Texas 75901
(409)639-5381
Respite Care

Shelby Halfway House
Rt. 1, Box 378
Center, Texas 75935
(409)598-6191
Group Home and Respite Services for mentally ill adults

Angelina County

Angelina County MHMR Center
4103 South Medford Drive
Lufkin, Texas 75901
(409)639-2384
Outpatient Services
Case Management
Psychosocial Program
Sheltered Workshop
Cornerstone: Infant Services

Angelina Basic Skills Unit
1915 Old Mill Road
Lufkin, Texas 75901
(409)639-1479
Basic Skills Program

Hardin County

Hardin County
Sheltered Workshop
835 Hwy 96 South
Silsbee, Texas 77656
(409)385-7463
Sheltered Work (MR Only)

JoAnn Fries House
(See Regional Services)

Houston/Trinity County

Houston County MHMR Center
1401 West Austin St.
P.O. Box 1406
Crockett, Texas 75835
(409)544-8627

Outpatient Services
Case Management
Sheltered Workshop
Cornerstone: Infant Services
Basic Skills Program

Trinity County MHMR Center
115 E. Front St.
P.O. Box 309
Groveton, Texas 75845
(409)642-1633
Outpatient Services
Case Management
Sheltered Workshop

Jasper/Newton County

Jasper/Newton County MHMR Center
FM777 Northwest
Rt. 2, Box 317
Jasper, Texas 75951
(409)384-6864
Outpatient Services
Case Management
Psychosocial
Sheltered Workshop
Basic Skills Program

Kirbyville Group Home
(See Regional Services)

Kirbyville/Newton MHMR Center
910 South Margaret
Kirbyville, Texas 75956
(409)423-2237
Sheltered Workshop
Cornerstone: Infant Services

Newton Group Home
(See Regional Services)

Nacogdoches County

Nacogdoches MHMR Center
302 South Mound St.
Nacogdoches, Texas 75961
(409)564-6605
Outpatient Services
Case Management
Sheltered Workshop
Cornerstone: Infant Services

Nacogdoches Group Home
(See Regional Services)

Polk/San Jacinto County

Polk/San Jacinto County MHMR Center
1114 Dogwood St.
Livingston, Texas 77351
(409)327-3786
Outpatient Services
Case Management
Sheltered Workshop
Cornerstone: Infant Services

Cornerstone
Hwy 150 East
P.O. Box 310
Coldspring, Texas 77331
(409)653-4410
Infant Services

Sabine/San Augustine County

Sabine/San Augustine Sheltered Workshop
204 West Main
San Augustine, Texas 75972
(409)275-3652
Sheltered Workshop

Cornerstone
Highway 96 South
P.O. Box 11
San Augustine, Texas 75972
(409)275-2458
Infant Services

Shelby County Services

Shelby County MHMR Center
East Loop 500 at Brown Road
Rt.1, Box 378
Center, Texas 75935
(409)598-6191
Outpatient Services
Case Management
Psychosocial Program
Sheltered Workshop
Cornerstone: Infant Services
Group Home for mentally ill adults.

Shelby County
Child Development Center
East Loop 500 at Brown Road
Rt.1, Box 378
Center, Texas 75935
(409)598-8277
Day Care for children

Tyler County Services

Tyler County MHMR Center
203 Willow St.
P.O. Box 217
Woodville, Texas 75979
(409)283-8171
Outpatient Services
Case Management
Sheltered Workshop
Cornerstone: Infant Services

"Visibly through his garden walketh God."

– Robert Browning –

Service Definitions

Basic Skills Classes
address the special needs of low-functioning, mentally retarded adults who are incapable of reaping sufficient benefits from sheltered workshop programs. By providing intensified training with a low staff-to-client ratio of 1:6 and under the supervision an educational consultant, Basic Skills teachers strive to help participants become as independent as possible by improving their motor, listening, visual and self-help skills.

Case Management Services
focus primarily on persons with a history of multiple or long-term placements in state hospitals or state schools and who, without case management services, would be at risk of readmission to such facilities. Each individual served in this program is assigned a permanent case manager who serves as his or her advocate. Case managers are a link between the mentally handicapped individual and the community, and they provide assistance in finding and utilizing community resources that will help the individual attain his or her highest possible level of independence.

Cornerstone
is a program for children up to three years old who are experiencing on-going health or developmental problems. A team of trained MHMR professionals assess each child's development and design an individualized comprehensive service plan that defines specific developmental goals. Cornerstone workers assist both the infant and the parents in finding ways to achieve these goals. When appropriate, Cornerstone can provide physical, speech and occupational therapy as well as nursing services.

Crisis Intervention:
MHMR's 24-hour, toll-free Crisis Line (1-800-392-8343) is manned by professional staff members from the Angelina County MHMR Center and Pineywoods Regional Treatment Center. The Crisis Team provides emergency screening and assessment, and functions as a crisis intervention team should the person making contact demonstrate a psychiatric safety risk. The Crisis Team works in conjunction with local courts, emergency rooms and jails.

Diagnosis and Evaluation:
Composed of a physician, psychologists, social workers and an educational specialist, the Diagnosis and Evaluation Team makes medical, psychological and educational assessments of all individuals before they enter MHMR's mental retardation service system. Based on these assessments and on a social history gathered from family members, the D&E Team develops a list of recommendations and makes referrals to those services deemed most appropriate for the individual. These services usually include, but are not limited to, MHMR programs.

Foster Care
is a program dedicated to finding foster families willing to provide safe and healthy home environments for mentally retarded and/or developmentally delayed adults. Foster families are carefully screened and their homes must meet specified safety standards before they can assume duties as foster parents. Foster families receive a standard rate of pay for the care they provide.

Group Homes
provide a home-like setting wherein mentally handicapped residents can achieve semi-independence and develop a sense of social responsibility. As in a natural family, residents assist in household chores such as meal planning and preparation, housecleaning and yard maintenance. Staff provide around-the-clock guidance and instruction. Clients' family members are requested to participate in program planning, and family visitation is encouraged. MHMR operates four homes for mentally retarded adults and one for chronically mentally ill adults.

Home and Community Based Services
offer special assistance to mentally retarded individuals who are at high risk of being placed in a state school. The program assists thirty individuals and their families by providing initial evaluations, nursing, transportation, day programming, residential placement and any other support services that will help maintain the individual within the community.

Outpatient Services
are a key element in reducing the number of mentally ill residents within MHMR's service area who receive treatment at state hospitals. Services include screening, evaluation and referrals; psychological testing, interdisciplinary assessments and treatment planning; and individual and group counseling. Instruction is provided in a number of areas including stress reduction, medication compliance, nutrition requirements and the availability of community resources.

Peavy Switch Farm

is a 48-bed, coeducational treatment facility for adult alcoholics and substance abusers. The program is set in a working farm environment where residents assist in raising crops for their own consumption and for sale to area markets. Traditional Alcoholics Anonymous orientation is combined with individual, group and family therapy, and alcohol and drug education. Peavy Switch Farm is located on 81 acres of land approximately seven miles southwest of Lufkin.

Pineywoods Hospital

is a 20-bed, locked psychiatric facility operated by MHMR and located on the fourth floor of Memorial Medical Center of East Texas in Lufkin. Pineywoods provides diagnosis and short-term treatment services for persons in the acute phase of mental illness who are unable to be treated in an outpatient setting. Highest priority is given to persons who are at significant risk of placement in a state hospital.

Psychosocial Programs

provide chronically mentally ill persons with companionship, social activities and a support safety net during times of stress. Social interaction is promoted through activities such as field trips, cooking classes and board games. In addition, the program provides a setting in which participants are involved in prevocational training, actual work activities, and other activities designed to enhance educational and job skills.

Respite Care and In-Home Services

give families and caretakers a reprieve from the daily care and supervision of individuals who are developmentally delayed as a result of mental retardation, autism, cerebral palsy, epilepsy or other health impairments. Respite Care operates out of a 3-bedroom home in Lufkin and provides guests with 24-hour care and supervision. In-Home Services also offer family respite but are provided in the individuals home on an hourly basis.



Cynthia Morgan, Shelby County Child Development Center employee, gives program participant Milton Polley some company during lunch.

Shelby County Child Development Center

provides quality day-care services for low income families. The program, which accommodates up to 65 children from birth to 5 years old, is financed through a grant from the Texas Department of Human Services.

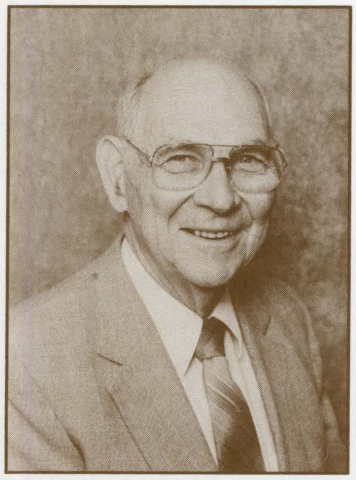
Sheltered Workshops

provide vocational training for mentally ill and mentally retarded people. Handicapped employees receive wages for their workshop involvement, which includes instruction in the basic use of tools and simple machinery, acceptable work habits and attitudes, on-task behavior, and job understanding and responsibilities. In fulfilling a variety of contracts with both local businesses and state agencies, MHMR workshop participants have access to a range of work and training opportunities that simulate, as nearly as possible, normal working conditions and expectations.

"Methinks my own soul must be a bright invisible green."

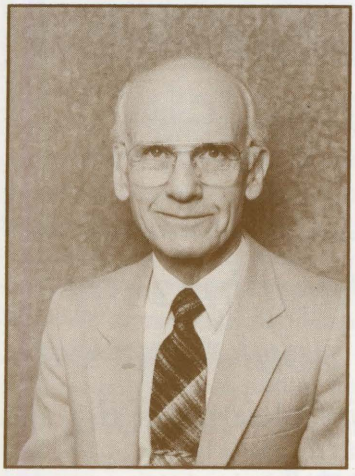
- Henry David Thoreau -

Board of Trustees



Board Chairman Allen Sturrock

Former Tyler County Judge Allen Sturrock is known throughout the region for his leadership in governmental affairs. He was named to the MHMR Board as Tyler County Representative in 1976 and has served as Board chairman for the past five years. Judge Sturrock was the recent recipient of the Dr. Ralph Steen East Texan of the Year Award, presented by the Deep East Texas Council of Governments in recognition of the significant impact he has had on the growth and prosperity of this region. He served as Tyler County Judge from 1976 until his retirement in May of 1987. He is actively involved in the Deep East Texas County Commissioners and Judges Association, the Deep East Texas Council of Governments, and the Tyler County Mental and Physical Handicapped Association.



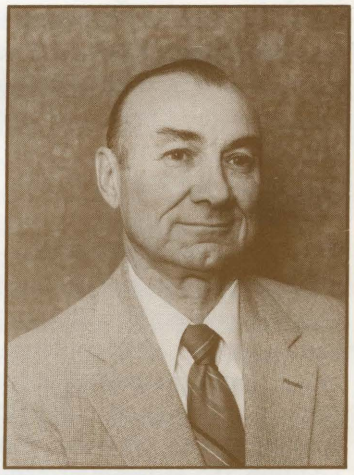
Ward R. Burke
Angelina County, 1974



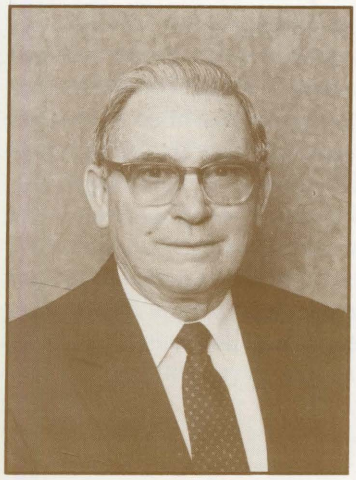
Nancy Speck, Ph.D.
Nacogdoches County, 1978



The Rev. Robert Carter
Hardin County, 1980



Dan D. Dominey,
Vice Chairman
Trinity County, 1985



Judge Charles English
Houston County, 1987



Bobbie Morgan
Jasper and Newton counties, 1987



Gaffney Phillips
Polk and San Jacinto counties, 1988



Nancy Fuller
Sabine, San Augustine and Shelby counties, 1988

Fiscal - Statistical Data

Comparison of Expenditures FY 1984 to FY 1988

	Mental Health	Substance Abuse	Mental Retardation	Administration	TOTAL
1984	1,364,236 (36%)	140,000 (4%)	1,828,996 (48%)	494,408 (12%)	3,827,640
1985	1,358,213 (30%)	496,409 (11%)	2,125,933 (48%)	491,979 (11%)	4,472,534
1986	2,558,947 (39%)	127,000 (2%)	3,126,879 (48%)	695,429 (11%)	6,508,255
1987	2,727,073 (36%)	233,470 (3%)	3,837,871 (50%)	807,069 (11%)	7,605,483
1988	3,642,108 (35%)	1,271,565 (12%)	4,629,631 (45%)	857,886 (8%)	10,401,190

Clients Served FY 1984 to FY 1988

	Mental Health	Substance Abuse	Mental Retardation	TOTAL
1984	2,430 (71%)	357 (10%)	639 (19%)	3,426
1985	2,112 (66%)	418 (13%)	655 (21%)	3,185
1986	2,417 (71%)	204 (6%)	817 (24%)	3,438
1987	2,397 (68%)	150 (4%)	977 (28%)	3,524
1988	2,373 (65%)	202 (6%)	1,048 (29%)	3,623

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SUMMARY OF REVENUE

FY 1984 to FY 1988
REVENUE

Source	FY84 Amount	% of Budget	FY85 Amount	% of Budget	FY86 Amount	% of Budget	FY87 Amount	% of Budget	FY88 Amount	% of Budget	% Change FY1984 - FY 1988
County Funds	112,729	3%	124,675	3%	124,675	2%	124,689	2%	124,689	1%	+11,960 11%
Client Fees	44,266	1%	127,450	3%	392,880	6%	1,111,920	14%	1,208,097	12%	+1,163,831 2,629%
Workshop Contracts	378,979	10%	448,156	10%	560,373	9%	658,648	8%	683,739	7%	+304,760 80%
Other Local	552,135	14%	592,527	13%	839,486	13%	1,026,062	13%	2,717,371	26%	+2,165,236 392%
State Hospital Reduction	0	0	82,241	2%	682,615	10%	829,610	10%	785,676	8%	+785,676 100%
State School/ Community Placement	0	0	114,628	3%	781,001	12%	1,217,925	15%	1,175,451	11%	+1,175,451 100%
TDMHMR Contract	1,759,101	45%	1,822,698	40%	1,822,698	28%	1,844,577	21%	2,052,710	20%	+293,609 17%
Other State	373,330	9%	427,038	10%	627,171	10%	669,493	8%	678,410	7%	+305,080 82%
Federal	731,601	18%	739,724	16%	731,141	10%	716,936	9%	976,577	9%	+244,976 33%
TOTAL FUNDS	3,952,141		4,479,137		6,562,040		8,199,860		10,402,720		+6,450,579 163%

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"We must cultivate our garden."

- Voltaire