Winter 1999

# **Briefing Suggests Improvements** for Managed Mental Health Care

ecent changes in the provision of mental health care services, wrought under the auspices of managed care, have exposed an array of opportunities for grantmakers to help improve treatment and delivery.

At an October conference entitled "Mental Health and Managed Care: A Briefing for Foundations," grantmakers were urged to improve managed mental health care services by facilitating access to the underserved, pushing for improvements to managed care systems, tracking changes, illuminating successes, and educating the public about what these changes mean to them.

Supported in part by the Hogg Foundation for Mental Health, Grantmakers In Health, and the Meadows Foundation, the conference attracted representatives from foundations, government agencies, service providers, and managed care companies.

"The goal of this conference was not to catalogue managed mental health care's deficiencies, but to find ways for funders to help managed care providers improve their quality, scope, and effectiveness," said Charles M. Bonjean, Ph.D., executive director of the Hogg Foundation.

Mary Jane England, M.D., president of the non-profit Washington Business Group on Health, started the conference by putting the recent changes of managed care into a broader context. England noted that the health care industry has never been particularly attentive to the problems of the mentally ill, and that

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## Pilot Mediation Project Eases Foster Child Placement Process

or kids in foster care, the psychological wounds of abuse and neglect are painful enough without the anguish and uncertainty of not knowing where they will go or who will care for them. In many cases, the risks to the child's health and safety are so egregious that custody of the child must be decided in family courts—along with the Texas Department of Protective and Regulatory Services—through the "permanency planning" process.

This already heart-rending process is made more painful by frequently adversarial court proceedings that can drag on for years. After witnessing the effect of this child placement process on the children and families that came before her court, Judge Mary Craft of Harris County's 314th Family District Court two years ago sought to adapt a relatively new concept known as mediated permanency planning into her courtroom.

Craft teamed up with a number of Houston child service agencies—including the DePelchin Children's Center, Spaulding for Children, Associated Catholic Charities, Child Advocates, Inc., the United Way of the Texas Gulf Coast, Casa de Esperanza de los Niños, Metropolitan One Church-One Child and the Hogg Foundation for Mental Health—for a project called Fast Forward to Permanency.

The Hogg Foundation committed \$100,000 over two years to fund 20

See Project, Page 7

# Healthy Steps for Young Children

Four Texas Sites Testing
Program to Increase
Child Development's Role in
Pediatric Care



## **Assessing Mental**

### Health Needs

New Manual Seeks to Help Communities Gather Resources



See Page 2

# HF Receives Founders Honor



Conference of Southwest Foundations Recognizes Leadership Contributions

See Page 2

### Hogg Foundation Honored With CSF Founders Award

very special honor was bestowed on the Hogg Foundation for Mental Health in October, when the Conference of Southwest Foundations (CSF) presented it with the 1998 Founders Spirit Award.

Each year since 1985, the CSF has presented this honor to individuals that the conference believes

have embodied the spirit of philanthropy envisioned by its founders.
Paul Harris, spokesperson for the conference's Committee for Resolutions and

Recognitions, noted that it is rare that the award is given to an organization.

The award itself is a large Waterford crystal vase etched with the CSF and Hogg Foundation logos. It now rests in a place of honor in the Foundation's Robert Lee Sutherland Conference Room.

"We were both surprised and deeply touched by this generous tribute," said Hogg Foundation Executive Director Charles M. Bonjean, Ph.D. "Over the last half century our professional growth and philanthropic achievements have been greatly facilitated by the Conference of Southwest Foundations and its members."

The award was especially fitting for the Hogg Foundation, since its first director, Dr. Robert L. Sutherland, was the principal architect of the CSF in the 1940s. Back then, Dr. Sutherland envisioned a forum in which foundations could share experiences and information. In 1949, Dr. Sutherland and others convened the Conference of Texas Foundations and Trust Funds, which, in 1956, became the Conference of Southwest Foundations.

The award was presented in Austin during the CSF's annual meeting.

# New and Noteworthy

#### Help for Sufferers of Chronic Illness

For many afflicted with a chronic illness, the psychological pressures can often be as painful and debilitating as the physical ailment.

Bert Kruger Smith, one of Texas' most respected authors on aging and mental health, provides a personal account of coping with chronic respiratory illness, and the ways to avoid the despair that can accompany long-term afflictions.

Chronic Illness and Mental Health will benefit anyone coping with a chronic illness—as well as families, physicians, hospitals, hospices, or any caregivers working with the chronically ill.

This publication is now available free from the Hogg Foundation for Mental Health by calling the Communications Office at 512-471-5041.

## Manual Helps Assess Communities' Mental Health Needs

The Hogg Foundation has announced the publication of Assessing Mental Health Needs in Local Communities, a "how-to" manual that provides civic leaders, planners, and service providers with simple and user-friendly suggestions on how to organize, evaluate, and conduct mental health assessments in their communities.

Authored by Delia Saldaña, Ph.D., a clinical associate professor at The University of Texas Health Science Center at San Antonio, Assessing Mental Health Needs in Local Communities provides an overview of assessment methods, community involvement, data collection, and analysis.

This publication is now available free from the Hogg Foundation for Mental Health by calling the Communications Office at 512-471-5041.

# Event to Illustrate University's Role in Shaping Future

The Hogg Foundation is joining with other units and academic departments of The University of Texas at Austin for UT Interactive: A Campus-Wide Exploration on March 6.

This day-long event will demonstrate the vibrancy of the University and its contributions to Texas through education, research, and service. The event will involve all aspects of the University, including model classes, museum exhibits, concerts, and plays. The Hogg Foundation will present a display documenting its contributions to providing "a broad mental health program of great benefit for all Texans" through its grantmaking and operating programs.

"We want people to come to UT to experience the future; to see how our teaching and research make a real difference to Texas and the world," said Dr. Michael Starbird, professor of mathematics and an organizer of the event.

UT officials hope thousands of Texans will attend the event, including future students, parents, current students, alumni, faculty, legislators and others.

For more information about UT Interactive, contact the University's Office of Public Affairs at 512-471-3151.

## Managed Mental Health Care Opportunities Outlined

From Page 1

mental health services have traditionally lacked parity with medical care—and still do-because insurers consider mental health care too costly and difficult to measure. When the HMO movement began in the 1970s, there existed little institutional incentive to cover mental health services. Instead, most HMOs began "carving out" mental health services from their plans, leaving it to new entrepreneurial managed behavioral care companies to contract separately with employers. Currently, about 150 million Americans are enrolled in a managed behavioral health care program.

By applying the medical model to

behavioral care, many of these able to boast of lowering costs and increasing outpatient services. came from capping benefits,

limiting treatments, and charging higher premiums and deductibles. As a result, many conference participants noted that managed care has

only exacerbated existing gaps in quality, access and efficacy of mental health services.

Nonetheless, most agreed that managed behavioral care's ostensible success in containing costs has secured its place in the health care industry for the foreseeable future. Even now, public mental health authorities and Medicaid agencies across the country—including Texas—are rushing to achieve their own cost savings by contracting with private managed care companies in their states.

In the absence of viable alternatives, conferees called upon foundations, policymakers and advocates to improve managed mental health care by identifying and promoting methods that increase access, quality, and efficacy.

Top priority was given to developing quality performance standards for mental health services. Measuring performance outcomes has long been a contentious issue among mental health professionals, largely centered on what those standards should be and who should provide the accreditation. Managed care's move toward standardizing treatments has only

heightened the need for recognized standards to measure outcomes, particularly those measurement tools that integrate consumer concerns, said Carol Schaper of the Texas Alliance for the Mentally Ill.

"What consumers and families want is improved functioning of the person as an outcome; that the impairments in social, educational, and vocational areas of life will be reduced," said Schaper. "In this sense, performance standards have been terribly underdeveloped and are badly in need of the support of the philanthropic community."

Closely related to the question of outcome standards is the issue of whether cultural factors are sufficiently recognized

carve-out companies were soon This is ". . . certainly what an increasing number of grantmakers are committed to-However, most of the cost savings helping communities deal with changes that are being thrust upon them."

--Kenneth Segel, Jewish Health Care Foundation ical and operational challenges

as a component of mental health care. Despite the growing proportion of racial and ethnic minorities in the United States, many minority patients are frequently neglected or inappropriately treated due to a lack of knowledge and a systematic inattention to cultural factors, said Dr. King Davis, William and Camille Cosby Professor at Howard University.

Davis argued that improving the cultural competency of mental health professionals and managed care companies would enrich the quality of care and diminish financial and social costs by reducing the frequency of institutionalization and permitting the earlier diagnosis and treatment of minorities.

Foundations were advised also to fund research and demonstration projects on new medications and treatmentsincluding alternative therapies-so as to demonstrate that the "investment in atypical therapies can have a significant impact fiscally and for patient efficacy," said Brenda Coleman-Beattie, vice president for ValueOptions, a national managed care company.

Public mental health authorities' shift to managed behavioral care also provides foundations with a tremendous opportunity to bring about systemic improvements in the provision of care.

Elizabeth Pattullo, president of the managed care company Beacon Health Strategies, said she suspects some public service providers are placing unreasonable expectations on managed care providers without supplying adequate resources.

"It's important that we establish clear goals when shifting our public systems to managed care. In some instances, mental health authorities are simply saying, 'Gee, we've got a lot of problems that we've been struggling with, let's just give it all to a private entity in one big, fat contract, "said Pattullo. "If they have a chron-

> ically under-funded system to begin with, laying a managed care system over it won't create new resources."

> "The philanthropic community has an opportunity to convene an informed discussion about the ethinvolved in these massive over-

hauls and to explore the responsibilities of state authorities and managed care providers. I would say to shine a light on best practices. Who's done it right? Where are their models?" said Pattullo.

The idea of foundations helping to identify and publicize best practices in managed mental health services was echoed by Kenneth Segel of the Jewish Health Care Foundation.

"I think improving managed mental health services is about helping communities adapt to change," said Segel. "That's certainly what an increasing number of local grantmakers are committed tohelping communities deal with changes that are being thrust upon them."

In addition to the Hogg Foundation, conference was supported by Grantmakers In Health, The Meadows Foundation, Texas Grantmakers In Health and Human Services, The California Wellness Foundation, The John D. and Catherine T. MacArthur Foundation, the Paso Del Norte Health Foundation, and the U.S. Department of Health and Human Services' Center for Mental Health Services.

# **Healthy Steps** for Young Children

Four Texas Sites Part of National Project to Reorient Pediatric Care Toward a Greater Awareness of Child Development

s Mary Garza will tell you, caring for a newborn child is filled with uncertainties. Although she already has two other children ages 14 and eight, she admits that prior experiences are small comfort when she has questions about 17-month-old Rheana's physical, emotional or cognitive development.

"All kids are different," she says. "What worked for (her other children) won't necessarily work for Rheana."

In the past, Garza would have taken her questions to her own mother, or perhaps a neighbor or friend, and would have received an array of advice. Now when she has a question about her daughter's health, behavior, or learning patterns, she turns to the child development experts available at her pediatrician's office.

Garza is not part of some expensive, premium health care plan. She and her family are participants in Healthy Steps for Young Children, a pilot project seeking to expand the focus of pediatric care to include children's mental and developfirst three years. The program focuses on two simple objectives: to help health care providers understand and satisfy parents' questions and needs, and to reorient the practice of pediatric medicine toward a greater awareness of child development. Pilot sites are located in a variety of settings: group pediatric or family practices, community-based clinics, and managed care networks. Approximately

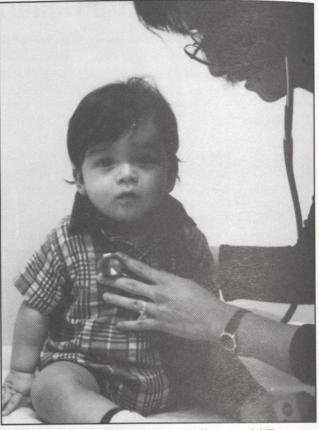
3,700 families are participating nationwide, roughly 600 of whom are at the Texas sites.

The Hogg Foundation for Mental Health joined the project in 1997, and helped secure other local funders in order to locate four Healthy Steps sites in Texas: at the Fort Bend Family Health Center in Richmond, at Healthcare Professional Associates in Amarillo, at Texas

Children's Hospital in Houston and at the private practice of Dr. Daniel Trevino in San Antonio. The Hogg -Mother of a Healthy Steps child Foundation has committed more than

\$700,000 in funding and technical assistance to the four Texas pilot sites and provided Spanish translations for most of the program and evaluation materials.

"Healthy Steps is remarkable largely because its innovative approach is so fundamentally logical," said Charles M.



San Antonio Pediatrician Veronica Zamora, M.D., listens to the heart of 10-month-old Charles Ryan McGuire during his recent Healthy Steps checkup. Charles' mother Laverne also met with Healthy Steps Specialist Patricia Garza to discuss his development.

Bonjean, Ph.D., executive director of the Hogg Foundation.

Research shows rather definitively that a child's physical and cognitive development is more pronounced and important during his first three years than at any other time in his life. Within that short span of time a child matures from a wholly dependent infant into a walking, talking, reasoning toddler. The attention and support he gets during those 36 months is crucial. The Healthy Steps approach argues that if parents can be educated about their child's development-on everything from well-baby checkups to early learning-and can foster a closer relationship with their pediatrician, then the health and well-being of their child can be dramatically improved.

The most logical place to access this "whole-child" approach is in the pediatrician's office, where the pediatric model can be reoriented toward a greater awareness of child development.

"Being in the program has made me want to know more. . . How can I teach my child so she can have the best life she can?"

mental well-being as much as their physical health.

Initiated in 1994 with a \$4.5 million grant from The Commonwealth Fund of New York, Healthy Steps is being conducted at 21 sites nationwide to test a new approach to pediatric care during a child's

The Healthy Steps model consists of a team of professionals-physicians, nurses, and Healthy Steps specialists-intensively trained in a comprehensive child development curriculum developed by a multidisciplinary team of experts. Parents are most often enrolled in the project during prenatal visits, although the project officially begins with the infant's first pediatric checkup. A Healthy Steps specialist and a pediatrician are both assigned to the child and serve as his primary caregivers for the duration of the program. During checkups, the pediatrician and the developmental specialist assess the child individually, talk with the family, and answer any questions the parents may want to ask.

The emphasis on maintaining close contact with families is a hallmark of the Healthy Steps program. Parents are not left to feel as if they are on their own. In addition to enhanced primary care visits, Healthy Steps families are also offered periodic developmental assessments, inhome visits, a comprehensive health and development record, a telephone information line, parental seminars, informational materials, and access to other community resources.

The Healthy Steps specialists' visits and supporting materials are age and developmentally appropriate for the child's different stages of growth. For instance, parents are taught how to anticipate developmental milestones, to measure their child's progress (e.g., keeping diaries about sleep patterns, noticing advances in motor skills or perceptions, etc.), and to deal with a host of other issues and stressors that accompany raising a child.

For some parents, this dependable flow of information and support has been the most resonate part of the program.

"When my baby was born, I didn't know anything as far as that baby was concerned," said one mother at a recent Healthy Steps State Advisory Committee meeting in Richmond, Texas. "From the time I was pregnant, I had to start learning all the things my child would need as he grows. When I entered the Healthy Steps program, everything they told me was important for me to learn."

As the project reaches its midway point, the Hogg Foundation has agreed to

partially fund an evaluation of the program's clinical effectiveness, its impact on children and families, its cost, and its potential for expansion. The Amarillo and Richmond sites are included in the evaluation, while the Houston and San Antonio sites are considered affiliates.

Once the national project ends in 2000, experts from the Johns Hopkins University School of Public Health will collect all the data in order to document the effectiveness of the Healthy Steps approach to pediatric care.

It's expected that the data will convince private managed care companies of the benefits of the Healthy Steps approach—not only in improving the health and development of their young patients, but also in reducing long-term costs and in attracting new clients in an increasingly competitive market.

It should not need a hard sell. Initial results suggest the Healthy Steps approach is both medically effective and cost-efficient. Dr. Barry Zuckerman, chair of the

Department of Pediatrics the at University Boston School of Medicine, and a leader in the development of the Healthy Steps curriculum, has recently estimated that the project results in a per-child savings of \$1,400 a year; largely by lowering the incidence of illnesses, reducing emergency room visits, and diagnosing problems potential earlier.

Zuckerman's projections were echoed (albeit anecdotally) during a recent Hogg Foundation-sponsored meeting of funders and care providers from the four Texas Healthy Steps sites. Although they lacked hard data, site representatives nonetheless reported noticeable improvements in

the children's health and development. Additionally, Healthy Steps pediatricians were said to have perceived improved relationships with their patients and a more efficient management of their time.

Perhaps most telling were the words of the participating mothers, who had come to the meeting to share their impressions of the Healthy Steps program. All were enthusiastic about what the program had meant to both their children and their families, and were eager for it to continue.

"Being in Healthy Steps has made me want to know more," said one mother. "It has made me ask, 'what more can I do to help my baby develop her intelligence?' How can I learn more about the different skills she has? How can I take advantage of those skills so that she can benefit from them in the future?"

"Mostly, I want to know how I can teach her so that she can have the best life she can."



Healthy Steps participants, like 9-month-old Christian Daniel Martinez, receive a wide range of services and support to ensure parents are attentive to their child's emotional and cognitive development.

# Hogg Foundation Grants Winter 1998

Since 1940, the Hogg Foundation for Mental Health has responded to its mandate "to develop and conduct. . . a broad mental health program of great benefit to the people of Texas" (Miss Ima Hogg, 1939), by funding mental health service projects and research efforts throughout the state.

While the Foundation invites proposals dealing with any aspect of mental health, priority is given to projects targeting three primary program areas: Children and Their Families, Youth Development, and Minority Mental Health. Below is a listing of grants awarded in the fourth quarter of 1998.

\*\*\*

#### Parent Attitudes, Attributions, and Communications Regarding Stimulant Medications in Treating Children with ADHD

David R. Pillow, Ph.D Division of Behavioral and Cultural Sciences

The University of Texas-San Antonio San Antonio

A one-year grant of \$32,340 to support a study examining the effects of parents' attitudes and behaviors to their child's use of stimulant medications to treat Attention Deficit/Hyperactivity Disorder.

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#### Investigating the Impact of Medicaid Managed Behavioral Health Care on Children and Adolescents in Harris County

Tuan D. Nguyen Mental Health and Mental Retardation Authority of Harris County Houston

\$60,000 was awarded over two years to study the effectiveness and the impact of Medicaid managed care on children and adolescents suffering from severe mental illnesses or emotional disorders in the Greater Houston area.

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#### Helping Hands/Manos Juntas Program

Stephanie Dodson Child Crisis Center of EL Paso El Paso

A two-year grant of \$71,400 to implement a training program for peer educators who, in turn, will educate parents and community participants in parenting skills, child safety techniques and child abuse prevention.

HHH

#### In-Home Family Counseling for Head Start of Greater Dallas

Robert Beavers Robert Beavers Family Studies Center Southern Methodist University Dallas

\$78,000 over two years to support the development of a family counseling component for the Head Start of Greater Dallas, Inc. program.

\*\*\*

#### Epidemiology of Depression and Drug Abuse Among Adolescent Mothers

Constance M. Wiemann, M.D. Department of Pediatrics Baylor College of Medicine Houston

\$54,366 over two years was awarded to support the continuation and expansion of research into depression and drug abuse among more than 900 adolescent mothers from 24 to 48 months postdelivery.

\*\*\*

#### **Blueprint for Board Members**

Cynthia Nunes-Colbert United Way/Capital Area Austin

\$53,000 over three years was provided to help recruit and train minority volunteers to serve on the boards of community-based organizations—especially those serving people with mental illnesses.

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#### Fairweather Lodge to Serve Chronically Mentally III Women and Their Children

Sue Kelly

San Antonio Urban Ministries San Antonio

\$118,500 over four years was awarded to establish a Fairweather Lodge for women with chronic mental illnesses. The project will allow children to join their mothers and receive support services at the facility.

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#### Volunteer Guardian Ad Litem Representation for Abused and Neglected Children

Karen Cox CASA of Travis County Austin

Two-year support in the amount of \$45,242 was awarded to research both the impact of the new permanency requirements on child abuse cases with Court Appointed Special Advocates (CASA) volunteers and the effect of changing CASA volunteers' status from friends of the court to guardian *ad litems*.

HHH

#### Collaborative Mental Health Training Program

Kathy Reid Texas Homeless Network Austin

\$40,680 over two years was awarded to improve services to the state's mentally ill, homeless population by providing professional training in emergency shelters, transitional housing centers, and agencies serving the homeless.

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#### Frontier Satellite Program

Jane Quentan Piper Texas CASA, Inc. Austin

\$95,400 over two years to develop a satellite Court Appointed Special Advocates program serving a seven-county region of West Texas.

#### \*\*\*

# Young Fathers in Families Project

Ernest McMillan Fifth Ward Enrichment Program, Inc. Houston

\$268,128 over three years was awarded to develop a program in Houston's Fifth Ward neighborhood to help young fathers become more effective and involved in their children's lives.

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#### Statewide Alzheimer's Care Management Program

David M. Freed, M.D.
Department of Neuropsychiatry and
Behavioral Sciences
Texas Tech University Health Sciences
Center
Lubbock

\$50,000 for one year to create a statewide project for Alzheimer's care management services.

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#### **Consumer Services Program**

Betsy Schwartz Mental Health Association of Greater Houston and Harris County Houston \$10,000 in funding was provided for development of a program of education, advocacy and support for mental health consumers.

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#### George R. Ragland Scholars Program

Sarah B. Williams, Ph.D. Department of Social Work Prairie View A&M University Prairie View

\$10,675 to plan an academic and professional training program to meet the growing demand for well-trained minority professionals within the fields of mental health services and research.

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#### Establishment of Fund for Austin's Children

Dianne Chase Austin Collaborative for Children Austin

\$10,000 was awarded in a one-time grant to support the planning process of the Austin Collaborative for Children, a group of Austin-area foundations interested in improving the quality and scope of child care services in Austin.

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#### "Fostering Resiliency: The Role of the School Social Worker"

Barbara W. White School of Social Work The University of Texas at Austin Austin

A one-time grant of \$1,000 was awarded as partial support for an honorarium and travel expenses of the opening keynote speaker at February 1999 School of Social Work conference in Austin.

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Copies of the Hogg Foundation Annual Report and the Guidelines for Grant Applications are available from the Foundation's Publications Division at (512) 471-5041, or toll free 1-888-404-4336.

All letters of inquiry and formal proposals should be submitted to:

Dr. Charles Bonjean
Executive Director
Hogg Foundation for Mental Health
The University of Texas
P.O. Box 7998
Austin, Texas 78713-7998

## Project Eases Adoption Process for Foster Children, Parents

#### From Page 1

licensed social workers trained in basic mediation and family law mediation to arbitrate between the child's birth parents, relatives and child service agencies in deciding whether to return the child to his biological parents, place the child with a relative, or choose cooperative adoption. Mediators streamline the process, reduce costs, and—most importantly—protect the child's physical and emotional well-being by engendering cooperation in a non-adversarial manner.

Three of the initial 23 cases have reached agreements. In each case, mediators provided support for the birth parents as they faced the painful decisions of placing their children with other families.

"In our very first case, the children

had been in the system for nine years," said Angela Passaretti, project director. "After three months in permanency mediation, an agreement was reached between the mother and foster parents whereby the children were free for adoption and the mother was able to maintain a presence in her children's lives."

Passaretti points to another case that underscores the effectiveness of the program. Two children had been taken into protective custody because the birth father was incarcerated and the birth mother was a recovering drug addict. Throughout the children's time in foster care, their father kept in touch through letters and gifts. His discussions with the mediator led her to advocate for his involvement in deciding the best future for his children. He chose

to voluntarily relinquish his parental rights, while Child Protective Services agreed to supply recent photos and allow the continued correspondence. Once the agreement was reached, the man presented the mediator with a personal letter, which in part read:

"If you take a memory out and handle it some, while years pass and you lose the urgency of youth, you can eventually find out what failed expectations mean. If you are blessed, they mean plenty. But despite disappointments, expectations and even appearances, as the cliché goes, are deceiving. Failure and success are sometimes the same thing. One can be mistaken for the other. . .For making my failures into a success, Thank you."

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The Foundation has accomplished this mandate through public education and grants funding of mental health service and research projects in the state of Texas. The Foundation has three focus areas on which it bases most of its efforts: Children and Their Families, Youth Development, and Minority Mental Health. For more information about the Foundation and its guidelines for grant applications, please access the Hogg Foundation World Wide Web page at hogg.lac.utexas.edu/.



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