

A FUTURE VIEW OF MENTAL HEALTH



Prevention is always cheaper and always better than intervention. We can educate and pay less—or rehabilitate later and spend more.

Hogg Foundation
for Mental Health

1991

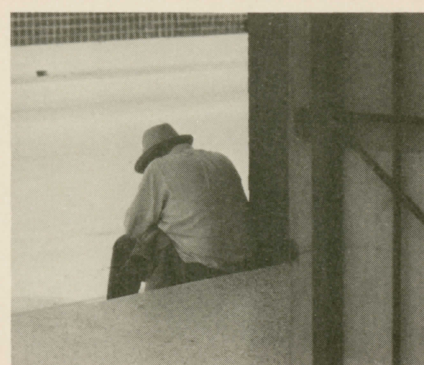


TABLE OF CONTENTS

i Preface

PART I: REFLECTIONS ON THE PAST

2 A FUTURE VIEW OF MENTAL HEALTH

4 Realities of Mental Health Care Senator Lloyd Bentsen

13 Introduction for David A. Hamburg, M.D. Wayne H. Holtzman, Ph.D.

14 Today's Children—Peril and Promise David A. Hamburg, M.D.

PART II: AN AGENDA FOR THE FUTURE

24 Recommendations and Priorities: An Overview

26 A Change in Workshop Participants Bertram S. Brown, M.D., M.P.H.

29 Community Care of the Mentally Ill

32 Children and Their Families

36 Adolescents and Young Adults

39 Aging

43 Appendix: Workshop Participants

50 years



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for Mental Health

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TABLE OF CONTENTS

- 4 Preface

PART I: REFLECTIONS ON THE PAST

- 8 Introduction for Senator Lloyd Bentsen
Congressman J.J. (Jake) Pickle
- 9 Realities of Mental Health Care
Senator Lloyd Bentsen
- 13 Introduction for David A. Hamburg, M.D.
Wayne H. Holtzman, Ph.D.
- 14 Today's Children—Peril and Promise
David A. Hamburg, M.D.

PART II: AN AGENDA FOR THE FUTURE

- 24 Recommendations and Priorities: An Overview
- 28 A Charge to Workshop Participants
Bertram S. Brown, M.D., M.P.H.
- 29 Community Care of the Mentally Ill
- 32 Children and Their Families
- 36 Adolescents and Young Adults
- 39 Aging
- 43 Appendix: Workshop Participants

PREFACE

A half century of existence for an organization or a person comprises a time for reflection. In terms of people it is more than half a lifetime. For a foundation, it might be the continuation of a long-term effort. How can an organization delineate 50 years of existence? In what ways might achievements, developments, future plans be described in meaningful fashion?

The Hogg Foundation staff considered ways of highlighting 50 years of efforts in the area of mental health in Texas. The overall work of the Foundation needed to be described to an interested public, while the work of three three-year commissions was to be reported in a day-long workshop.

Finally, then, both celebration and contemplation marked the observance of the Hogg Foundation's 50th anniversary. The setting was far removed from the initial days of the Hogg Foundation, which started with one director, a secretary, two offices in the University of Texas tower, and an annual budget of \$18,000.

Now, at this historic point in its existence, the Hogg Foundation marked the half century by a special evening consisting of talks, multimedia show, and seated dinner followed the next day by workshops addressing the three-year efforts of three commissions. The commissions, established in 1987, consisted of professionals and lay people informed and deeply concerned about the needs of special populations in our society.

Commission I addressed Community Care of the Mentally Ill; Commission II, Mental Health of Children and Their Families; and Commission III, Mental Health of Adolescents and Young Adults. A fourth workshop on Aging addressed means of eliminating societal segregation and discrimination and enhancing quality of life for the elderly.

Before the program



Mental health experts, who met with the commissions, reported on findings at the conclusion of the day's activities. Excerpts of their statements, as well as highlights of the meetings, are included in this publication.

The first portion of the Thursday celebration came in the form of a gala affair culminating three years of study of mental health problems by the blue ribbon commissions. More than 1,000 people from throughout the state gathered at the Lyndon Baines Johnson Auditorium to hear Congressman J.J. (Jake) Pickle, Senator Lloyd Bentsen, and Dr. David Hamburg, president of the Carnegie Corporation, speak on mental health issues paramount to our times.

Following the talks, a multimedia show featuring music and live actors re-created 50 years of statewide efforts on the part of the Hogg Foundation. Delineating Miss Hogg's firm emphasis on the welfare of children and their needs for the future, the program ended with the announcement that the Hogg Foundation has committed two million dollars including a great deal of staff time to the School of the Future, a venture aimed at reversing some of the negative aspects of education and family life in the present time.

A champagne reception and seated dinner in the Great Hall of the LBJ Library followed the program. Guests were presented with a memento booklet, *For the People of Texas*, which documented, in words and pictures, the half century of work of the Hogg Foundation.

Like the Roman god Janus, the Hogg Foundation looked backward into the past and its history and ahead to the future and the possibilities for further achievement.



The Great Hall staircase

PREFACE

*Ernest Hilgard, Brewster Smith,
David A. Hamburg*



Mr. and Mrs. Myrl Alexander



*Walt Rostow, Elspeth Rostow,
David A. Hamburg*





J.J. (Jake) Pickle, Mr. and Mrs. Joe Kilgore



*David Mechanic, Sidney S. Smith,
Eleanor Sheldon, Ernest Hilgard*



*Vicki Garza, Lloyd Bentsen,
Jackie Martin, Alvin Henry*

REFLECTIONS ON THE PAST

INTRODUCTION FOR SENATOR LLOYD BENTSEN

**Congressman
J.J. (Jake) Pickle**

It is an honor to present to you your first speaker tonight. Lloyd Bentsen learned early in life that people often need help to overcome poverty. He came from a part of the country where he could see it and feel it daily. And he learned that there was a need to protect jobs and to ensure rights. Like Lyndon Johnson, he understood these needs, and he understood that government has a responsibility to help. When a Sunday School teacher was cheated out of his pension benefits many years ago in Houston, Lloyd Bentsen led the fights to restore those benefits and keep that person from losing his pension.

He came to the House of Representatives in 1948 with the goal of making government more responsive, and he has never lost sight of that goal. As a county judge and as a United States Congressman and as a United States Senator, his has been a shining star and that star has not set by any means yet, because it is still rising for even greater goals. Since his election to the Senate in 1970, Lloyd Bentsen has been recognized as one of our strongest leaders. Few people in Washington now can match his knowledge of detail, his tough bargaining skills, or his personal dedication or integrity. I sit on a comparable committee over in the House Ways and Means Committee, and I can tell you that every piece of legislation affecting the financing of the United States government must have the approval of Lloyd Bentsen because he has a personal hand in every bit of it.

He is soft-spoken, but his voice is heard loud and clear in the halls of Congress. His is a vision of a stronger and a better America and I think it is a great vision of the future. So, obviously to the people who are assembled here tonight who are interested in the mental health problems of our individuals and particularly of our elderly citizens, you should know that older Americans have no stronger advocate in Congress than Lloyd Bentsen. And older Americans can take comfort in the knowledge that their concerns are shared by one of this nation's most influential and effective leaders. It is with great honor that I present to you my good personal friend and great legislator and American, United States Senator from Texas, the Honorable Lloyd Bentsen.

I appreciate the opportunity to help celebrate this 50th anniversary of the Hogg Foundation.

I knew Miss Ima, and I knew her as a caring friend—a person who gave generously to the people of Texas. I knew her as an energetic and courageous leader in the cause of mental health. I knew her as one who understood what Dr. Albert Schweitzer meant when he said there is no higher religion than human service. Miss Ima worked for the common good. She understood the true meaning, the true importance of human service. This foundation and all of you who are here this evening provide eloquent testimony to her commitment, to her achievements, and to the caring legacy she left to the people of this country. It is an honor and a privilege to join tonight in paying tribute to a great lady of Texas in supporting this foundation that bears her name.

It really is comforting to see that some important, overriding issues unite Americans and bind them together in a common effort to raise standards of service, to present facts, and to help one another, and one large issue is the cause of mental health. When it comes to that kind of issue, there is no room for partisanship, no room for jockeying for an advantage. There is unity behind Dr. Schweitzer's credo that to work for the common cause and the common good is the greatest creed.

Much important work needs to be done in mental health—significant efforts when we listen to numbers like the following: The National Institute of Mental Health estimates that one in every three Americans will suffer some kind of diagnosable form of mental illness during his lifetime . . . one out of three. The American Psychiatric Association estimates that nearly 30 percent of elderly Americans will be affected by severe depression. The Office of Technology Assessment estimates that 12 percent of American children under the age of 18, approximately eight million children, currently need mental health services, and at least three million are seriously mentally ill. Every day, 13 young Americans in the prime of life commit suicide. More than 10 million Americans are affected by alcoholism, 7 million more abuse alcohol, and drugs are warping the minds of our people. The population over 75 is projected to increase by more than a quarter over the next decade, and diseases like Alzheimer's are striking more and more of our elderly. Those important problems have no respect for partisan politics. Mental health problems cross racial, regional, religious boundaries. Groups like the Hogg Foundation can help us ask the right questions and find the right answers.

More Than Dollars

It makes no sense just to try to solve problems by throwing tax dollars at them. Time and time again the government has proven to be an expensive and often a very ineffective problem solver. After running up nearly two trillion dollars in debt during the 80s, America has finally accepted some tough fiscal discipline. It would be wrong just to shrug our shoulders and look only to Washington for answers. That isn't to say that Washington can't be a help. It would be wrong,

REALITIES OF MENTAL HEALTH CARE

Senator Lloyd Bentsen

Mental health is a challenge that demands our very best, our most united, and our most effective response.

*Community support is finally
an option for mentally
retarded or disabled
individuals.*

I think, to ignore a key role that government can play in cooperation with private sector groups like the Hogg Foundation. As we search for realistic answers to the difficult and often painful problems that are caused by mental illness, the key to effective government intervention is money, and one of the keys to money in the Congress is the Senate Finance Committee. I am Chairman of that committee, and like all of you here this evening, I have a lifelong commitment to the cause of mental health. Mental health is a major legislative priority for me, and I will continue to do everything I can to see that it receives the attention and the funding that it clearly needs. We can't solve all the problems and we sure don't have all the answers in Washington, but we can help, we can lead, we can care, and we can make an important difference. Let me give you just a few examples.

Medicare Changes

In 1987, when I took over the chairmanship of the Senate Finance Committee, I brought about some changes in Medicare as it relates to mental health. Basically, we took a creaky, traditional system and brought it forward into our modern era providing for partial hospitalization benefits when they were applicable. Before 1987, if you wanted mental health benefits under Medicare, you checked into the hospital, and you had to check into it for a long term in order to qualify for the benefits. That kind of treatment was wasteful; it was outmoded; and it was expensive. We enabled millions of Medicare recipients to receive care on an outpatient basis, and we also managed to eliminate the cap on that Medicare limit for outpatient mental cases. Those were significant changes. I think the mechanics were even more important than the money that was involved because we gave new flexibility to the system. We brought care within the reach of more people at a lower cost, and we provided better benefits but less trauma. We spent our mental health dollars smarter, more efficiently, and brought that system into sync with modern practices.

Now this year, during the budget negotiations, in a very tight budget squeeze, we managed to bring about some additional improvements in the way government manages and spends its mental health dollars. For instance, we provided a new benefit under Medicare to provide assistance to the mentally retarded or disabled individuals who are living at home or in the community by making that benefit available outside of an institutional setting. We gave those individuals an opportunity to choose between living in an institution or living at home. With the budget pressures being as tight as they were, we were only able to bring 100 million dollars to that cause over five years. But again I think the principle is as important as the money that it's providing.

In a forum like the Senate Finance Committee, issues like mental health rise above partisanship. That proposal I just described was offered not by a Democrat, but by a Republican on that committee. That's when it makes it worthwhile to be in public service when you feel that you can make a difference in helping in a situation like this.

I want to tell you we are going to continue to work together to seek out opportunities on behalf of more effective and more efficient mental health programs. Last month the committee offered a proposal to provide home and community-based services for the frail elderly, including those with Alzheimer's disease. As a result, for the first time, low-income, functionally disabled elderly individuals will be able to receive services at home. That new benefit is 580 million dollars over the next five years. Again, I think that the principle is as important as the money.

Remember during that four months, we were talking about cutting a deficit. We were talking about the biggest cut in the deficit in the history of this country—41 billion dollars in the first year and 490 billion dollars over the next five years. But in deciding these priorities, mental health, we felt, was an absolute priority that had to be taken care of and addressed.

What we are addressing, I think, are the new realities of mental health care, attempting to offer it within the limits that are imposed on us in a time of fiscal restraint and trying to respond to those problems that are being burned into the consciousness of Americans every day in this country. The signs of the problems are everywhere. Look at the covers of the news magazines. Look at the thousands of homeless men and women on the streets of America. Look at the attention being focused on Alzheimer's. The mind-warping impact of drugs on America. The questions are obvious; they are important; but the answers are not clear. Washington can help; we can spend our dollars more wisely, and we can set new trends and directions. Austin can help, although I think most of you would probably agree that our state mental health system is seriously underfunded. We are eighteenth in per capita income in this country. We are forty-seventh in per capita spending on mental health through our state mental health authority. That's got to change. And it ought to change now that this state's economy is improving. You are the folks who can help make it change. You are a force for that.

In his book *Darkness Visible*, William Styron talks about the devastating effect of mental illness on his own personal life. And he went to the book of Job for a quotation: "For the thing which I greatly fear is come upon me, and that which I was afraid of, has come into me. I was not in safety, neither had I rest, neither was I quiet, yet trouble came." For millions of Americans, trouble has come in the form of mental illness, often in a cruel way, at the worst possible time to put a mark on a life forever.

Miss Ima recognized that kind of trouble. She saw that kind of pain, and she reached out to help. As supporters of the Hogg Foundation for mental illness and health, you are continuing her work, you are building a constituency for mental health, and you are helping people to understand people to whom trouble has come for reasons they just can't comprehend. Your work is important; you are making a difference; your spirit is important. It is that kind of spirit of caring, that

INTRODUCTION FOR
DAVID A. HAMBURG, M.D.

WAYNE A. HOLLISTER, Ph.D.

*The mental health problems
are not resolved in
Washington or Austin but I
think in the hearts of people
like you who care.*

marvelous sense of compassion, that energy of optimism, which has always been of special importance to the people of this great state of ours.

Whether we are talking about problems, drought or recession, or we are talking about mental health, that's the kind of strength and that's the kind of indomitable spirit that I think the people of this state offer. There is no question in my mind that we are going to move forward and we are going to help. And we will succeed.

Our final speaker tonight comes to us from New York with a special message concerning children. After receiving his M.D. degree from Indiana University in 1947, he completed his residency in psychiatry at Yale University. Shortly thereafter, he made his first visit to Texas where he served several years as a staff psychiatrist at Brooke Army Hospital in San Antonio.

A fellowship at the Center for Advanced Study in Behavioral Sciences in the mid-'50s gave him an opportunity to get more deeply involved in psychiatric research and academic medicine. During the turbulent '60s, he served as chairman of the Department of Psychiatry and Behavioral Sciences at Stanford University. Ten years later he left California to assume a key national policy position as president of the newly-formed Institute of Medicine at the National Academy of Sciences in Washington. It was here that he exerted great influence upon health policy. His stature in this field and his involvement with private foundations led to his appointment in 1983 as president of one of our more distinguished older foundations—the Carnegie Corporation of New York—a position he continues to hold today. Carnegie has held the lead among foundations throughout the country for many years, going back to the early part of this century when Andrew Carnegie first established the Carnegie Corporation as the crown jewel in his many philanthropies.

In recent years, Dr. Hamburg has become increasingly concerned about national policy for children and adolescents. For several years he has been writing a new book on this topic. Tonight he will speak to us on "Today's Children—Peril and Promise," a theme that is close to the hearts of all of us.



INTRODUCTION FOR DAVID A. HAMBURG, M.D.

Wayne H. Holtzman, Ph.D.

*President, Hogg Foundation
for Mental Health*

*Lloyd Bentsen, Jake Pickle, David A.
Hamburg, Wayne H. Holtzman*

TODAY'S CHILDREN—PERIL AND PROMISE

David A. Hamburg, M.D.
*President, Carnegie Corporation
of New York*

*This is a time when all
families need help.*

Most parents are deeply concerned about finding ways to meet the essential requirements for children to grow up intact in this rapidly changing world. What does it take now for them to become healthy and vigorous, inquiring and problem-solving, decent and constructive adults? The ancient and powerful motivation of parents to do well by their children now occurs in a setting quite different from any that ancestral parents have known. The options are greater than ever before; some choices are rich in promise. Yet much is uncertain; much is complex; much is worrisome. Many children are getting off to a poor start in the early years of life, maybe falling behind forever, some clearly headed for disaster. Yet all around them are many opportunities.

The former concern for very poor children has grown to encompass the affluent sector as the great social transformation of our time has enveloped them. Why should things be going wrong for so many children when so much is right in the world around them?

The times of most rapid change and growth in the human life cycle are the prenatal period through the first few years of life and early adolescence. These are, therefore, times of heightened responsiveness to environmental challenge, for better or for worse. They provide maximal opportunity for prevention of casualties and promotion of optimal development. In both phases, many moving parts must come together harmoniously. Much is now known about the ways in which this synthesis can happen.

Early Childhood

Early childhood—development during pregnancy and the first few years—is one of the most crucial developmental periods in the entire life span. The experiences of this initial phase have a bearing on the entire life course that follows.

In modern society, many parents are not able to provide the essential conditions for healthy development during early childhood. Drastic changes in the structure and function of American families have occurred in a few decades. To some extent, these changes represent new opportunities and tangible benefits. In other respects, they represent serious jeopardy to the well-being of children on a large enough scale to pose a major problem for the entire society. Evidently, it will be necessary to find ways to strengthen families where they are vulnerable and to utilize other institutions to provide the necessary conditions for healthy child development.

Even affluent families face major decisions of great concern to most prospective and actual parents in contemporary society. Much that will shape their child's development seems to be out of their control. Young people coming toward parenthood have less experience in the care of children than any of their predecessors. Most families will depend on some version of child care with little guidance or ability to monitor the quality.

Moreover, they face more rapidly changing social circumstances and have more complex personal decisions to make than ever was the case before. American families in 1990 are far more likely than earlier families to postpone marriage, to bypass marriage altogether, to live alone, to end marriage by divorce, to work outside the home when children are young, or to live with children in single parent families (typically with the mother present but no adult male and very often no other adult person).

In the past three decades, the change in regular patterns of contact between children and their adult relatives is remarkable. Not only are their mothers home much less, but there is little if any evidence of increased time by fathers at home to compensate for that lack. Moreover, only about 5 percent of American children see a grandparent regularly, a much lower level than was the case in earlier times. This fact is compounded by high mobility as well as an erosion of strong neighborhood ties and other social supports. We now live in a time of massive family disruption manifested in a variety of ways, but all involving some jeopardy to child development.

What is the availability of parents now for their young children? Child care arrangements are often absent, erratic or otherwise unsatisfactory. To the extent that children are left to their own devices in growing up, dependent on television and immature peer relations, they are not likely to fare well. At the extreme, children who are badly neglected are unlikely to learn to care for others or build a constructive life.

The years of infancy through adolescence have always been crucial in human adaptation. They provide the fundamental opportunity for learning the basic elements of what we need to know—about ourselves, about each other, about the world around us, about ways to cope and to solve the problems of living. In the complicated quest for adaptation in modern circumstances, we cannot afford to waste the years of growth and development, let alone use them destructively.

Social Transformations

For most of human history, small, stable communities provided enduring, intimate relationships from birth, with many opportunities for children gradually to acquire traditional adult skills and roles through observation, imitation, and practice. Most of our ancestors lived in contexts of very slow technological and social changes. Within a very short time on an evolutionary or even a historical time scale, there have been great changes in many dimensions of experience, mainly since the onset of the Industrial Revolution and especially in the twentieth century.

The pace and nature of recent social transformations threaten important conditions for healthy development and even the learning of survival skills.

High quality, early prenatal care for all pregnant women is a fundamental building block for healthy development of children.

There is a need for a new set of arrangements that will meet the basic needs for healthy child development.

*There is a need for alternate
arrangements that will meet
the basic needs for healthy,
constructive child
development.*

Family relationships have provided a powerful organizing principle throughout human evolution. Even in the nonhuman primates, kinship is an important determinant of social interaction and mutual support. In effect, the family has been the main place for education, economic and social activity throughout human history. The nuclear and extended family have been at the core of mutual aid and preparation for adaptive behavior for millennia.

With the Industrial Revolution, however, the rate of innovation in Western Europe took off, creating a profound transformation, with economic, political, social, and psychological ramifications that continue to the present day. In the face of the world transformation of the 20th century and its pervasive effects on families, learning and social tasks are more complex, development is greatly prolonged, and adult outcomes are more problematic. There is less continuity than ever before between the behavior learned in childhood and youth, on the one hand, and tasks of adulthood on the other hand.

New opportunities, new challenges, new allocations of responsibility, new relationships, new specialties, new ideologies—all these are a product of the profound and pervasive nature of technological changes since the Industrial Revolution.

On the widest possible scale, there has emerged, chiefly in the past decade, a necessity to reconcile new competing demands on parents—caring for their children as well as making a serious occupational commitment. This factor is so new on the current grand scale that there has been little time for personal and societal adjustment, though much individual ingenuity has already been displayed. Under these newer conditions, it is very difficult to find ways in which children can receive the personalized, sustained attention they have historically received.

Despite so much change in circumstances, the fundamental tasks of growing up endure—to find in a valued group a place that gives a sense of belonging; to identify and master tasks that are generally recognized in the group as having value and therefore to earn respect by acquiring skills to cope with them; to acquire a sense of worth as a person; and to develop reliable and predictable relationships with other people, especially a few close friends and loved ones.

Paths Out of the Predicament: The First Few Years

The essential components of prenatal care are medical care, education, and social support services. Education begins with prenatal care, protecting the vulnerable brain of the growing fetus and utilizing the distinctive motivation of the pregnant mother as well as the father to provide them with education on care of themselves and their prospective baby—even including, where necessary, a constructive examination of options for the future life course. A major facilitating factor is the ready availability of a dependable person who can provide social support for health and education through the months of pregnancy and beyond. This aid can be arranged as a deliberate

intervention. What we need is a new vision of prenatal care, with broader goals and expanded means of reaching those goals.

If we provide such care, we can no doubt save many thousands of babies every year. But save them for what? To accelerate them into a brick wall later? Evidence is accumulating on early interventions in the first few years that can shape a person's lifelong course in a healthy, learning, constructive way. Such interventions include: early pediatric care with emphasis on disease prevention and health promotion; parent education to strengthen competence and build close parent-child relationships; social support interventions in which parents have dependable attachments that foster health and education for their children and themselves; child care of high quality outside the home when necessary, especially in day-care centers; preschool education in the Head Start mode. Prenatal care should open the way to a developmental sequence of useful interventions.

The essential desiderata for parent behavior in the first few years of life are relatively simple in concept, though complicated in day-to-day application. In my view, there are five basic orientations: 1) a *nurturing* parent, providing adequate food, shelter and protection; 2) a *loving* parent, cherishing the life of the child and making a patient investment in the child's future; 3) an *enjoying* parent, finding focal points for interaction with the child that provide mutual satisfaction; 4) a *teaching* parent who understands enough about child development to interact constructively with the child, to become skillful as a master, and to sharpen the child's skills gradually as the child's capacity evolves; 5) a *coping* parent who actively seeks ways to develop skills for handling the inevitable vicissitudes of life.

Increasingly, interventions start early and include the parents in some way as educators of their own children or at least as supporters of a child's education. Moreover, the orientation is to strengthen the existing support system of the family or to provide an alternative helping system if necessary. Such supports are intended not only to be helpful in times of stress but also to provide long-term encouragement to parents for pursuing education and for promoting good health. What seems to be essential is shaping the parent-child interaction in ways that are constructive, mutually gratifying, and encouraging for the future. This action enhances the capacity of parents, even very low-income parents, to be adequate teachers of their own children and to learn how to use resources available in the community.

Altogether, the evidence to date indicates that such early interventions can beneficially affect a range of relevant outcomes including: 1) the personal development of young parents; 2) the ability to use available community resources; 3) the attitudes and behavior of young parents toward their children; and, 4) the healthy development of children.

High quality, early prenatal care for all pregnant women is a fundamental building block for healthy development of children.

*One of the great social changes
of our time is the shift of
women in the home into the
full-time paid work force
outside the home.*

*The caregiver is the crucial
feature in child care quality,
whatever its form may be.*

The activities of women with children have been studied and the findings show what a difficult task they face. Child care in various arrangements has grown rapidly in response to such recent changes: in-home day care; family day care which involves taking the child to another home where several children are cared for together; and center care, in which a systematic program is organized.

Overall, the best results of child care in intellectual and social development appear to draw upon a balance of academic and playful activities. Good outcomes are also associated with environments that are not crowded and that contain a variety of materials, providing many different opportunities. With regard to composition of the group, the best results are associated with a small group of children of both sexes and an age range of about two years from youngest to oldest; such settings offer many opportunities for cooperation, sharing, and individual relationships with other children as well as the caregiver.

Within fairly broad limits, the ratio of children to caregivers is not as important as the behavior of the caregiver over time. The main desiderata are active involvement of the teacher with the children, the provision of interesting materials, sensitivity to the children's interests, and positive encouragement along with concrete suggestions tailored to the individual child. A degree of professionalism with specific standards is useful, as well as participation in a network of day-care activities for mutual aid.

For the years from birth to age five, what institution can perform the functions that schools perform from six onward? Should there be a child development center in every community? Or if not a new institution, how can an adequate institutional capability be built? What roles are there for existing institutions in facilitating early child development?

At a minimum, there should be one place in every community where the maximum feasible information about child development and child health is readily available. This source would give information about health, education, community resources, and the range of opportunities that bear on the fateful choices and pathways of early life. Preferably such an institution would be characterized by easy access; it would be visible, well known, respected; it would have clout in the community and yet not be intimidating to parents. Such an institution could be built on a medical/public health base, on a church base, or a school base. Perhaps it would be most effective if it were freestanding, created solely and specifically for the purpose of fostering healthy development in the early years.

It will probably be necessary to achieve cooperation among several institutions in a particular community—and the mix might well differ from one to another. Schools, universities, clinics, media, churches, business, community organizations, government at various levels, and professional organizations—all of these could play a highly con-

structive role in addressing the problems of concern here. To do so, they will need attention, stimulation, and incentives beyond those presently in view in most communities.

Paths Out of the Predicament: Early Adolescence

The early adolescent years (ages 10-15) span another crucial developmental period. This period marks the transition from childhood to a new status of adolescence—towards adulthood but not there yet, an awkward phase. Overt difficulties emerge for a sizable proportion of young people at this time. These troubles derive from multiple new tasks and challenges of this era, triggered by biological changes of puberty, new schooling contexts, and social expectations that initiate a quest for adulthood. The problem behaviors include school alienation and slipping toward drop-out; starting to smoke cigarettes, drinking alcohol, and using other drugs; starting to drive automobiles and motorcycles, often in high-risk ways; shaping habits of eating as well as exercise or the lack of it; and forming patterns of sexuality that predispose to high-risk pregnancies and sexually transmitted diseases, including AIDS.

In the initial phase of adolescence, there are many tentative explorations. Before damaging patterns are firmly established, an exceptional opportunity exists for preventive intervention to promote healthy decision making and diminish later casualties in education and health that limit their futures. This opportunity was largely overlooked in the education and health professions until a few years ago.

Recent careful estimates indicate that one-quarter of Americans between the ages of 10 and 17 are highly vulnerable to the negative consequences of multiple high-risk behaviors such as school alienation, substance abuse, and early unprotected sexual intercourse. In addition to this high-risk category, another one-quarter are at moderate risk by virtue of involvement in such behavior patterns at a lesser degree of severity—e.g., occasional rather than regular substance abuse, protected rather than unprotected early sexuality, and serious underachieving in school.

Adolescents do indeed have a growing desire for autonomy but also a continuing need for support, encouragement, and guidance. For those largely lacking such opportunities, vulnerability is heightened.

There exists a great opportunity to help adolescents acquire durable self-esteem, flexible and inquiring habits of mind, reliable and relatively close human relationships, a sense of belonging in a valued group, and a sense of usefulness in some way beyond the self. Adolescents need to find constructive expression of their inherent curiosity and exploratory energy; and they need a basis for making informed, deliberate decisions—not uninformed, impulsive—especially on matters that have large consequences, such as educational futures, drug use, and human relationships.

In this time of drastic developmental change and critical decision making, young people need informed adult guidance from parents and others.

One approach to social support that has stimulated great interest in recent years, especially in relation to the problems of poor communities, is the relationship that has come to be called mentoring.

The junior high school or middle school is the pivotal institution of early adolescence. These are the middle-grade schools, and they can have a powerful influence—for better or worse. At present, these schools are an educational battle zone, often damaging to students and to teachers. Yet they have great potential—not least for disease prevention and health promotion. A path toward transformation of middle-grade schools is presented in the 1989 Carnegie report, *Turning Points*. It formulates novel ways to educate young adolescents through new relationships between schools, families, health professions, and community institutions.

Turning Points provides principles which in fact have wide applicability beyond the middle-grade schools. In my judgment they are:

- developmentally appropriate education
- schools of small units, created on a human scale
- individual attention in the context of a supportive group
- students learning to cooperate, with an eye on future work and decent human relations
- the stimulation of thinking skills, especially in the context of the life sciences
- the linking of education and health
- the formation of partnerships: the school as a part of a network of cooperating organizations for education, health, and youth development

These are the central cross-cutting themes. They surely apply to middle grades, but they also have strong applicability to the upgrading of high schools as well.

All children and adolescents need social support in times of major transition, and growth and development is full of such transitions. Human adaptation depends heavily on people who care and are competent to provide protection in early life, stimulation and guidance during the years of growth and development—teaching skills necessary for survival, rallying around stressful circumstances.

Therefore, it is useful in a variety of settings to be able to build social supports for education and health: e.g., in prenatal care, pre-school education, transition from elementary to middle-grade school, and in middle-grade schools.

A variety of innovative efforts has sought ways to construct dependable one-to-one relations over an extended time between an experienced and caring adult on the one hand and a shaky adolescent on the other.

Overall, work in this field indicates that effective mentoring can improve the life chances of poor adolescents by supporting them in their efforts to move ahead in education and in health, by encouraging new patterns of behavior that fit the emerging circumstances of adolescent development, by providing a tangible perception of opportunity and steps towards the fulfillment of that opportunity, by

sharing experiences of pleasure and stimulating curiosity around those experiences, and by providing some tangible resources and coping skills.

Another kind of social support has been clarified by research on cooperative learning. One interesting aspect of cooperative learning techniques, as well as a variety of social support interventions, is that young people can be better prepared for a constructive place in the modern economy by learning to work effectively with others in a collaborative mode.

Conclusion

A rational and civilized sequence of developmental interventions, based on scientific facts, professional experience, and democratic, humane values, cannot be implemented without substantial investment. The first and most crucial investment goes beyond economics. It is the investment in survival-relevant behavior that got us here, the essence of human adaptability over eons of time.

The biology of our species makes necessary a huge parental investment in order to achieve fulfillment of the potential of each child. This means far more than an economic investment. It is a continuing, relentless, recurrent demand for investment of time, energy, thought, consideration, and sensitivity. When a child is born, then the question has to be addressed: how will the parents manage to do what is necessary? If they cannot or will not, then others must do so. But who? In general, parents have tended to answer these questions, in effect, that they are willing to do a good deal of what is necessary but cannot do all of it. Therefore, we have seen the rise of institutions that provide parent-equivalent functions. Just as the economic functions left the home in earlier times, so too some of the child-care functions are now leaving the home. We are in mid-passage in this process; no one can say with justifiable confidence how it will come out.

In almost all cases, the expenditures required for optimal child and adolescent development are *not* simply add-ons. Huge amounts are now spent for these purposes. Much of this current spending could be greatly improved and re-directed by the measures described here. To replace inadequate interventions—e.g., poor school systems with inflated administrative structures—with much better ones would in some cases cost less and in other cases cost more than we are now spending.

What is likely is that the total economic and social costs of present child-relevant activities could be greatly reduced. These costs have many facets: economic inefficiency, loss of productivity, lack of skill, high health care costs, growing prison costs, and a badly ripped social fabric. One way or another, we pay. The thrust of these remarks is to suggest lines of child facilitation, care, and damage prevention that would lead to better outcomes for most people, better results on our investment in the human future.

For the atrocities now being committed—however inadvertently and regretfully—we are all paying a great deal.

Specifically, it will be necessary to hammer out some broad guidelines for division of labor in each major sphere—from prenatal care to graduate education.

In any event, these vital investments have to be viewed for what they are—a responsibility of the *entire* society. It is not just the federal government, but other levels of government; not just business but labor; not just light-skinned people but dark-skinned as well; not just the rich but the middle class and the poor. We are all in this huge leaking boat together. We will all have to pay and reason and care and work together. The ubiquitous human tendency to wishful thinking will not suffice. All is certainly not well and wishing will not make it so.

Moreover, we have to move beyond the easy and pervasive recourse of passing the buck. We keep hearing that whatever needs doing is someone else's responsibility. Not so. It is *our* responsibility—each individual, each institution and organization, every business, all levels of government, and certainly foundations.

We cannot lose sight of the fact that wise investment in human capital is the most fundamental and productive investment any society can make. Constructive development of our people is more important than oil or minerals, office buildings or factories, roads or weapons. The central fact is that all of these and much more depend in the long run on the quality of human resources and the decency of human relations. If these deteriorate, the rest decline.

As a nation, we are awakening to the gravity of the problems of today's children. This realization should make it possible for us to utilize the experience of interventions so far undertaken, and to improve them by strengthening research capability in biomedical and behavioral sciences that bear upon child development, child health, and education. In light of these bodies of knowledge and experience, we can construct improved effective interventions in the years ahead—both within the family and beyond it. In doing so, we must centrally ask questions of effectiveness. What works for whom when? If great problems can be effectively addressed, if terrible suffering can be relieved, if grievous loss of talent and life can be corrected—then in the 21st century ways can be found to do what is necessary and feasible. Surely we will have the vision and the decency to invest responsibly in tomorrow's children and thereby in the future of all humanity.



*Curtis Meadows, Jr., Thos. Law,
Stella Mullins*



*Isabella Cunningham, Beryl Pickle,
Beryl Milburn, Beryl Ann Bentsen*



Buffet in the Great Hall

AN AGENDA FOR THE FUTURE

Highlights from the Workshops

RECOMMENDATIONS AND PRIORITIES: AN OVERVIEW

The gala event was a celebration of the Hogg Foundation's first 50 years—a brief, festive time to reflect on past accomplishments, renew friendships, and share memories that covered half a century. The workshops the following day continued the celebration, but in a different vein, as invited delegates looked toward the future, addressing new approaches toward better mental health for the people of Texas.

If you had the money and the resources to provide help for one Texan in need, which one of the following would it be?

- A two-year-old child living in a poor and dysfunctional family.
- An elderly man, no longer able to care for himself but afraid to tell anyone for fear of being removed from his home.
- A 15-year-old girl with a six-month-old baby and an unsupportive family.
- A young man with severe emotional disturbance and a family that is emotionally and financially exhausted from caring for him.
- A single mother whose new job has made her financially ineligible for child care, which she needs in order to keep the job.

If you had to place these Texans in order of priority for help, knowing that only the first one or two could actually be served, how would you determine their order? In any case, no easy task.

Dilemmas such as these constantly face policy and decision makers. How can one determine which group of human beings is more important or more deserving of help than another? How can one determine the best use of funds and the most needed services?

These questions, of concern to all thinking and caring persons in this last decade of the 20th century, pose a special challenge to the Hogg Foundation for Mental Health. To mark its 50th anniversary and to begin the next decades of service, the Foundation in 1987 created three statewide commissions, each to study a major mental health issue or population in need.

- The Commission on Community Care of the Mentally Ill focused on persons with severe or chronic mental illness and how they might be better served in community settings rather than institutions.

- The Commission on the Mental Health of Children and Their Families dealt with young children and their parents, with an emphasis on positive growth and the prevention of later social, educational, and emotional problems.
- The Commission on the Mental Health of Adolescents and Young Adults focused on the forces that influence and shape the lives of young people from the preteen years through the early 20s.

Leaders from throughout Texas served on these commissions—professionals in education, law, medicine, and the social sciences, volunteers experienced in decision making as well as providing services, and advocates for Texans of all ages in need of help. They studied issues facing Texans today and explored ways in which some of the problems could be diminished. At the conclusion of the three-year terms, each commission recommended ways to help the population on which it focused lead healthier and more satisfying lives.

But recommendations in themselves do not solve problems; they are only a first step. To assure that these commission recommendations would not be shelved, the Hogg Foundation conducted, as part of its anniversary celebration, a day of workshops that pursued the next steps to be taken in order to turn the recommendations into reality. In addition to commission members, some 250 invited participants from throughout Texas convened to discuss their concerns and suggest potential actions. They met in four groups, each focusing on one of the topics studied by the commissions plus one additional topic, aging. Within these groups, they met in small sections to hammer out ways in which commission recommendations could be acted upon to serve Texas citizens better and to set priorities for carrying out these recommendations.

Specific recommendations for action are on the following pages. Beyond these, however, what evolved were not priorities in numbered sequence but basic requirements and concepts that cross populations to help meet all human needs. They are:

- **Prevention/early intervention** - services that are far less costly than remediation in both dollar and human costs.
- **Funding** - more aggressive and creative acquisition and use of funds from both the public and private sectors.
- **Collaboration** - the development of networks, integrated services, public/private partnerships.
- **Interrelatedness of problems** - calling for remediation to address all problems holistically, that is, in relation to the person or family as a whole, because a person's problems rarely exist alone.
- **Service providers** - attention to improving status, pay and benefits, and training of staff who provide direct services.
- **Public awareness/education** - an informed citizenry, with increased knowledge, understanding, and willingness to act on behalf of persons in need.

These vital investments have to be viewed for what they are—a responsibility of the entire society. It is not just the federal government, but other levels of government; not just business but labor; not just light-skinned people but dark-skinned as well; not just the rich but the middle class and the poor. We are all in this huge leaking boat together. The ubiquitous human tendency to wishful thinking will not suffice.

—David A. Hamburg, "Today's Children—Peril and Promise"

- **Continuum of services** - transition services and ongoing or periodic support for persons who "complete" a program or are certified as over their problem.

Perhaps the decisions about a particular set of problems were not the most important aspect of the workshops, although they were part of it. Equally important was the bringing together of an informed and effective citizenry that spanned the ethnic and socioeconomic groups of Texas, giving them a chance to do something constructive about their concerns. Decision making and action in the field of human services are ongoing. The energy and enthusiasm generated by the workshop participants and the excitement of working and thinking together on behalf of Texas citizens give strong hope for the future.

Bert Brown, Wayne Holtzman



Dennis Jones, Robert Dickson





*Myrna Olguín, Faustina Ramírez-Knoll,
Reymundo Rodríguez*



Adrian Fowler, Mary Banks, Freda Hamric



Wayne Holtzman, Ira Iscoe

Highlights from

A CHARGE TO WORKSHOP PARTICIPANTS

Bertram S. Brown, M.D., M.P.H.

Executive Vice President, Forensic Medical Advisory Service, Inc. (formerly, Director of the National Institute of Mental Health and President, Hahnemann University)

Priorities

Everything in mental health is a number one priority.

Prevention vs. Intervention

Our focus on the role of prevention and the fight over prevention versus treatment—the necessary, passionate tension between prevention and treatment—continues essentially unchanged over the years. My perspective is that only those who have seen the ravages of war—the General Eisenhowers—are really dedicated to preventing war; only those who have seen the ravages of mental illness and mental retardation become passionate about preventing mental illness and mental retardation. Both prevention and treatment, obviously, are important; the fight over them is not easily resolvable.

Strategic Thinking vs. Creative Thinking

Strategic thinking occurs when a goal or goals exist for the reasonably near future, perhaps five or ten years. The task is to marshal the resources available in order to reach those goals in a hostile and competitive environment. Creative thinking is when we have a goal or goals and resources to start to reach them, but in the course of getting there we transform the goals themselves so that the tools and resources we have are not the ones that we thought we had or might need.

One needs both strategic and creative thinking to deal with the challenge of how to bring the work of the Hogg Foundation commissions from recommendation to reality.

A Mental Health Concept

One definition of mental health is: To be able to be caring and competent alone, with one other person, with a group, with a crowd.

One way to think about the impact of a person is to look at another culture, such as in India. For example, in psychotherapy or treatment in the United States, the goal is for persons at the end of therapy to become autonomous and on their own, able to handle their lives. In India, the goal is reached when people recognize that they will need help the rest of their lives and they are sensibly and intelligently dependent on other helpful figures. Here, the therapeutic tool is to figure out what to say or how to talk or to craft carefully the goals to get there. In India, the tool is to be with a good person. It doesn't matter what is said. The very nature of the interaction is what is helpful.

My point is: never underestimate the power of your goodness, your competence and compassion. It is a tool that is with you every day, a power that you can see through the lens of other cultures.

The Participants' Task

Enjoy both the ritual and the substance of the task ahead. Put your

recommendations into priority, but know that they are all important, and suggest ways that they can be acted on from recommendation to reality. Remember: you are alone, but you are also with individual friends; you are with a crowd right now, and you are going to form into smaller groups. Vital information not only is going to flow today, but also it is going to form, and you will play a role in it.

The Challenge: To determine and put into place the most effective procedures to shift the responsibility of care and treatment of most Texans with severe mental illness from the institution to the community.

The Issues: Factors that impact service delivery for persons with mental illness include (1) an inadequate community-based service system marked by inaccessible services, uneven quality of care, and hardships of living, including homelessness; (2) a priority list of needs for social services that places the problems of drug abuse and education before mental health; and (3) fragmentation and lack of coordination in the process of treatment and care.

PRIORITIES AND RECOMMENDED ACTIONS

HOUSING: Housing is essential for all persons, yet those with severe or chronic mental illness usually are unable to obtain adequate housing on the open market.

- Increase incentives in the private sector for building or renovating low-income housing and for indirectly subsidizing rent by supporting employment.
- Develop innovative living arrangements and supported housing alternatives.
- Increase mental health system knowledge and influence in local housing markets by pursuing the following options:
 - a. Create a housing data base to determine the need for and availability of residential units for persons with mental illness.
 - b. Write a housing development plan to meet housing needs.
 - c. Study advantages and disadvantages of existing versus new units, consumer versus agency ownership, and leasing arrangements (cost, length of stay, eligibility).
 - d. Conduct outcome evaluations of alternative housing programs such as Fairweather Lodges.
- Supplement SSI for housing.
- Support families who are providing housing and other basic necessities to Texans with severe mental illness.

COMMUNITY CARE OF THE MENTALLY ILL

It is important for the professional to establish and maintain a working alliance with the patient and the patient's family. The consumer needs someone who cares to be a part of the treatment regimen. And the family needs to be trained about the illness and care. If not a family member, then case management should be available to everyone who is mentally ill.

—Carol R. Schaper, President, Texas Alliance for the Mentally Ill

CULTURAL RELEVANCE: The number of minorities employed in human service agencies is disproportionate to the number of clients and potential clients. As a result, cultural and language barriers often are created which lead to problems of communication and underutilization of services.

- Initiate more training programs in language and cultural issues for direct service staff in institutions and community settings and find creative ways to provide tuition and time to attend.
- Recruit and hire more minorities for both direct service and administrative positions in community mental health centers, state hospitals, and other social service agencies.
- Offer financial and job-placement incentives to recruit and retain minorities in college and university programs in the mental health field.

COLLABORATION: Community-based care requires a variety of coordinated resources, yet little collaboration exists among agencies that serve persons with mental illness.

- Create incentives to strengthen the link between school systems and mental health service providers.
- Establish school-based services for children and adolescents.
- Develop cooperative training mechanisms for teaching basic living and coping skills to persons who are being discharged from state or private hospitals.
- Include clients in the development of services to assure that programs meet actual needs and are available at hours and locations that are convenient for those who need them.
- Develop and maintain a central data base to reduce paperwork and eliminate unnecessary duplication of information by each agency serving a given client.

FUNDING: Federal funds for mental health programs are diminishing, local contributions are minimal, and insurance, which is limited at best, is targeted primarily for inpatient care.

- Explore and capitalize on ways to obtain more matching federal dollars for programs, staff support, etc.
- Expend greater efforts to get local communities to increase their share of their mental health budgets.
- Advocate for insurance companies to increase the maximum number of days covered for inpatient care and expand the coverage of outpatient care.
- Designate local MHMR boards as local taxing authorities, enabling communities to become more involved in providing local mental health services.
- Expand Medicaid dollars for both public and private services and maximize Medicaid funding and other sources of revenue.
- Assess existing services with a goal to eliminate unneeded, inefficient, and duplicative programs.

- Explore and encourage the development of collaborative public and private funding ventures.

TRAINING: High quality service provision begins with training, which has been limited or ineffective due to lack of access or incentives for staff as well as inadequate material on current and relevant issues.

- Conduct workshops in rural areas to address ways to provide better identification and tracking of persons with mental illness, more accessible services, and better use of existing programs.
- Give case managers more latitude in handling caseloads, stressing their need to work closely with families to ensure a greater support system for clients living in the community.
- Use materials in staff training that promote the understanding and acceptance of persons with mental illness.

PUBLIC AWARENESS: Mental illness continues to be stigmatized not only by the general public but also among service providers and persons with mental illness themselves.

- Develop a positive campaign to reduce the stigma and stereotypes of mental illness through radio and television spots, booths at health fairs, presentations at civic and community meetings, etc.
- Make public education about mental illness a high priority in mental health agencies and advocacy groups.
- Inform persons with mental illness of their rights and teach them ways in which they can advocate for themselves better.
- Make community facilities for persons with mental illness attractive and encourage residents to set a positive example by helping maintain the property.

SUMMARY HIGHLIGHTS

Thomas F. A. Plaut, Ph.D., M.P.H.
Associate Director for Program Development,
National Institute of Mental Health

Two kinds of changes are important: People inside the mental health sector must make the system more responsive, more culturally relevant, better coordinated, and more accessible. At the same time, each of us as individuals also has to focus on changing the larger mainstream systems, whether we are talking about housing, about income maintenance, about rehabilitation, or about national health insurance and Medicare.

A constant theme is to develop more and better alliances, coalitions, collaborations, partnerships; to look for allies and partners in most unlikely places. We cannot allow stigma and lack of resources to form insurmountable barriers to providing high quality community care. We need to have the kind of support that flows both from the head and from the heart.

RIGHT ONA HERO AND
CHILDREN AND THEIR
FAMILIES

We learned kids with the
message that there is a quick cure
for everything. Just use
chemicals—drugs for
everything, pills for sleeping. We
must bring home a new view of
the human potential.

—Dr. Doreen, Executive Director,
Texas Department of Mental Health
and Drug Abuse

Immigration—the one program
that Texas can be proud of in
terms of funding. It is the best in
the country.

—Robert Gutierrez, Commissioner,
Texas Department of Health

CHILDREN AND THEIR FAMILIES

The Challenge: To move away from a crisis mode of functioning to one which emphasizes prevention and continuity of planning for Texas children.

The Issue: Texas can invest in children early through health care, parent education, high quality child care, and other strategies designed to help youngsters get a good start in life. The alternative is to pay later in the form of an increasing amount of special education, incarceration, and social services.

PRIORITIES AND RECOMMENDED ACTIONS

INSTITUTE FOR CHILDREN AND THEIR FAMILIES: There is no single place or entity in the state for maintaining demographic data on children, keeping updated information on child and family services and needs, furthering research, coordinating policy planning, and addressing the problems of Texas children and their families.

- With a Hogg Foundation planning grant for one year, create a strong advisory committee to develop the concept, structure, and funding sources of the proposed institute. Involve representatives of key academic, agency, and community groups around the state in the planning process.
- After the first year, use a three-year development grant to carry out plans for establishing a private/public funding base and creating an apolitical, nonprofit, ecumenical voice for Texas children.

PREVENTION: Prenatal care, nutrition, and other forms of prevention have proven their effectiveness in improving physical and mental health, but they continue to lag behind crisis intervention in attention and funding.

Prenatal Care

- Initiate comprehensive parenthood education beginning in the early school years for children who will be tomorrow's parents.
- Capitalize on contacts with participants in WIC (Supplemental Food Program for Women, Infants, and Children) and other social service programs to encourage women to obtain prenatal care.

Nutrition

- Increase public awareness of the WIC program and its eligibility requirements by encouraging companies and associations that benefit from the program, such as the Associated Milk Producers, Inc., to promote through their advertising.
- Educate business and community leaders through presentations for civic, business, and professional groups on ways in which WIC and other programs help the community.

Child Abuse

- Offer parent support, counseling, and training through seminars and workshops in the work place, preferably at noon or during working hours.

- Provide training to foster care providers in how to help and support children who have been abused.

PUBLIC AWARENESS AND EDUCATION: Lack of knowledge and skills, lack of time or motivation to obtain them, and the stigma associated with mental illness indicate a dire need for greater public awareness efforts.

Mental Health/Mental Illness

- Inform state legislators and business executives about mental illness through print and video materials and professional and advocacy presentations.
- Educate the human services community and concerned citizens about the legislative process including how to inform legislators, present ideas to them, and affect decisions.
- Use established advocacy groups and providers, such as chapters of the Alliance for the Mentally Ill and the Mental Health Association in Texas, as information resources.

Health Promotion

- Increase coordination among state agency media departments to develop health promotion materials for the schools.
- Provide comprehensive health education throughout the schools, starting in kindergarten.
- Encourage medical organizations to become more actively involved in promoting good health.
- Increase public awareness of both human and dollar costs of child abuse, focusing on the economic impact of abuse that extends beyond broken bones and often leads to a chain of consequences that includes both personal and societal problems.

PARENT EDUCATION: Many parents, especially with their first-born, know very little about child development and how to help their youngsters reach their full potential. Many others need guidance in overcoming abusive behavior and dealing with crisis situations.

- Make more effective uses of the media.
 - a. Explore and expand creative approaches such as television spots during soap operas, football games, and on MTV to provide tips on good parenting skills.
 - b. Expand the development, distribution, and use of videotapes in hospitals, libraries, and clinic waiting rooms on topics such as how to read to your child, the importance of immunizations, etc.
- Support Parents As Teachers, CEDEN, and other high quality programs for new parents.
- Work for TEA acceptance and promotion of parenthood education for all expectant and new parents living in Texas.
- Increase access to parent education for teenage as well as older women by offering classes or informative meetings in a variety of settings such as the workplace, community centers, churches, schools, and health clinics.

We bombard kids with the message that there is a quick cure for everything. Just use chemicals—aspirin for headaches, pills for sleeping. We must bring Texas a new view of the human potential.

—Bob Dickson, Executive Director, Texas Commission on Alcohol and Drug Abuse

Immunization - the one program that Texas can be proud of in terms of funding. It is the best in the country.

—Robert Bernstein, Commissioner, Texas Department of Health



Robert Bernstein, William Kirby

- Coordinate education and health services by including a parent education component in programs for low-income parents such as WIC and AFDC.
- Require parent education as a component of the state's prekindergarten for eligible four-year-olds.
- Develop incentives for parents to improve their reading skills, to read to their children, and to encourage their children to read, for example initiating reading programs in housing projects, prisons, community centers, churches, and the workplace, using parents and volunteers as tutors.

CHILD CARE AND FAMILY SUPPORT: The quality, availability, status, and funding of child care lags far behind the need to serve today's generation of children with mothers in the workforce.

Funding

- Develop new and innovative approaches to funding, such as creating a divorce tax, somewhat comparable to the marriage tax, or a children's taxing district, exemplified by one in Florida.
- Make better use of existing resources, e.g. using school buildings after school hours and on weekends for human service programs, meetings, etc.
- Conduct a study of the cost of quality child care to determine the actual market rate of child care.
- Extend the amount of time persons would be eligible for child care once they no longer receive AFDC funds, increasing the likelihood of their becoming financially independent.
- Encourage agencies to leverage state dollars to bring in additional federal dollars.
- Increase state emphasis on child care by providing a staff position on child development and care in Texas' State/Federal Relations Office.
- Guide local groups, especially in poor and rural areas, in exploring and pursuing funding opportunities and obtaining technical assistance for starting new centers or expanding existing ones.
- Develop local commissions and public/private partnerships to support quality child care and develop coalitions.

Child Care Quality

- Increase corporate and general public awareness of and support for using high quality child care.
 - a. The media: newspaper and newsletter articles, radio and television spots.
 - b. Volunteer efforts: presentations to local groups.
 - c. Parent education: Parents as Teachers, CEDEN, and other developmental and supportive programs.
 - d. Increased recognition and status of child care providers.
- Encourage businesses and corporations to provide subsidies, pretax incentives, and other types of child care assistance for employees.
- Encourage local groups to provide scholarships for preschoolers in need, especially children of the working poor.

Staff Training

- Reinstate certification for teachers of young children.
- Initiate a career track for child care workers.
- Develop innovative, cost-effective training methods; for example, self-instructional materials that include videos and lessons by mail.
- Expand the use of TEA's regional education service centers to the child care community.
- Promote the Child Development Associate certificate by attracting federal and private scholarships to offset training costs.

Parental Leave Policy

- Explore ways in which other states are dealing with this issue.
- Establish parental leave pools.

Before- and After-School Care

- Study alternative approaches to the use of school facilities such as year-round schools or using schools as community centers for on-site child care and enrichment programs.
- Provide instruction in self-care for children, using materials available through the Texas Agricultural Extension Service, Campfire Girls, and others that could be distributed through local schools, child care centers, and businesses.
- Coordinate care between the schools and licensed child care providers.

SUMMARY HIGHLIGHTS

Eugene B. Brody, M.D.

*Chairman Emeritus, Department of Psychiatry,
University of Maryland*

The most hotly argued but ultimately agreed upon possibility, evoking fears of seeding a self-perpetuating bureaucracy, was that of creating a central, independent entity, an Institute for Texas Children. The Hogg Foundation was assigned some responsibility.

The choice is clear: prevent as many problems as possible through early attention rather than take care of their sad and expensive sequellae later. The importance of prenatal care and early attention to the problems of young children must be made more visible. One way is to enlist the aid of the media.

We must be aware, however, of the danger of simply creating a catalogue of goals without funds or capacity for achieving them. We must help children reach their full potential rather than intervene with stop-gap measures, and we must recognize that these moves in the long run are indeed cost-effective.

ADOLESCENTS AND YOUNG ADULTS

The Challenge: To develop creative strategies for improving ways to reach and serve troubled teenagers and young adults.

The Issue: Major barriers to serving youth include lack of coordination between school and family services, minimal emphasis on prevention, inability of programs to attract high-risk youth, and inadequate resources for specific populations in need such as adolescents in rural areas and those with mental illness.

PRIORITIES AND RECOMMENDED ACTIONS

COMMUNITY AND INTERAGENCY COLLABORATION: More collaborative efforts among organizations in the community, the business sector, the volunteer sector, and government agencies can lead to more effective and accessible services for youth.

Interagency Coordination

- Conduct a leadership conference in local areas, using the Community Leadership Conference held in Austin in June 1990 as a model to provide interaction among agencies, policy makers, trainers, teachers, and other staff members.
- Reassess and restructure traditional outpatient service delivery methods to meet the needs of today's single-parent, homeless, and unemployed families. State agencies, nonprofit service providers, and funding sources must collaborate in this effort, with input from decision makers, service providers in all relevant disciplines, and clients.
- Explore ways to collaborate in determining service needs, at the same time respecting clients' rights of privacy and confidentiality.
- Establish support teams for youngsters that include all relevant providers—for example, caseworker, clinician, teacher, school counselor, and probation officer.
- Initiate ways for agencies and their staff members to help link consumer, advocacy, and disenfranchised groups with persons in positions of power and decision-making.
- Establish youth boards through cities, counties, United Way offices, or schools to offer information and suggestions to representatives from funding sources.
- Develop creative funding methods in which money allocated for services would be more consumer driven, following the individual, rather than compartmentalized into service categories that fragment treatment.
- Blend funds from the public and private sectors.

State Plan

- Conduct ongoing data collection to maintain up-to-date statistics on Texas youth and to enhance decision making and service delivery.
- Develop a statewide plan for serving youth with severe emotional disturbance.
 - a. Include consumers, advocates, service providers, and policy

makers in the planning process. Explore the possibility of using an outside agency, such as a mental health association or a foundation, as a facilitator for joint planning.

- b. Identify common goals for all agencies that serve this population.
- c. Centralize the planning and delivery of services.

Staff Development

- Train staff members to view clients as young people who need help rather than viewing them from a single-problem perspective.
- Reward staff members who are creative and willing to cross agency lines in addressing problems.
- Provide role-centered rather than general in-service training.
- Provide training in group dynamics skills.
- Acknowledge the unique and vital role that each agency plays and stress how that role can be enhanced through collaboration with community groups.

PUBLIC AWARENESS: Greater understanding is needed of the plight, the needs—and the successes—of young people and of ways in which communities can help them.

- Identify and recognize community leaders who are instrumental in helping to coordinate businesses and service agencies.
- Conduct a multimedia campaign promoting service programs available to the community, and initiate ways to make information about referral services more accessible to schools and the community.
- Give visibility to the problems—and successes—of youth.
 - a. Produce local call-in radio or television shows in which young people can participate.
 - b. Start a question-and-answer column in the local newspaper.
 - c. Make presentations at local civic groups about—and by— young people.
 - d. Develop a catchy theme on the order of “Don’t mess with Texas” to focus attention on the problem.

SCHOOL-BASED SERVICES: The increasing needs of children and youth demand new approaches as well as more resources than a school or any other single agency can provide.

- Link youth resources together, with schools providing the base for services and local agencies providing direct services.
 - a. Initiate services at the preschool level as a means of prevention, continuing through all the grades with intervention services.
 - b. Open school campuses at least one day per week to mental health, medical, and family support services.
 - c. Determine and enact ways to change policy, if necessary, to incorporate nonacademic programs in schools.
 - d. Determine and enact ways to help school administrators and staff accept and cooperate in the implementation of innovative school-based services.

What we are addressing, I think, are the new realities of mental health care, attempting to do it within the limits that are imposed on us in a time of fiscal restraint and trying to respond to those problems that are being burned into the consciousness of Americans every day in this country.

—Senator Lloyd Bentsen

- e. Assign or employ a school staff member to coordinate the services.
- f. Ensure confidentiality; educate all participants and providers about confidentiality regulations.
- Enable local school districts to determine how to resolve their own problems and meet their own needs rather than mandate at the state level. Involve the community through town meetings or other forums where citizens can express their views and opinions on local problems to administrators and service providers.
- Incorporate basic living skills and character/moral education into school curricula.
- Establish a need for state funding and support by gathering and evaluating data on a school-based project.
 - a. Draft a policy for the Legislative Budget Board on the need to support school-based services.
 - b. Involve business and industry in supporting and providing funding for such services.
 - c. Evaluate the effectiveness of school-based programs not only in terms of numbers but also in terms of actual outcome, so that programs can be refined and adapted to meet current needs.

(The Hogg Foundation has taken a lead in initiating school-based comprehensive services by creating the School of the Future, a demonstration project being pilot tested in four cities—Austin, Dallas, Houston, and San Antonio—from 1990 to 1995.)

SUMMARY HIGHLIGHTS

Cora B. Marrett, Ph.D.

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Planning for youth should first consider collaboration across organizations and units, across sectors of the state. It should involve a variety of people, business elements as well as those in service areas. And it should draw on the knowledge of all sectors including recipients of services, the young people themselves.

Service providers as well as the public must recognize the relationship between the mental health of adolescents and their overall well-being.

Risk must be acceptable. All programs won't work, and there needs to be a way in which funds are not cut off if some activity doesn't pan out. But a notion of toughness also must be accepted, with services evaluated closely to assure that they are of the required quality.

The Challenge: To eliminate societal segregation of and discrimination against the elderly.

The Issue: The population over age 65 is increasing, leading to potential conflicts in funding and service provision and raising value issues ranging from potential for political clout to life-and-death decisions.

AGING

PRIORITIES AND RECOMMENDED ACTIONS

INTERGENERATIONAL ISSUES: Societal segregation has fostered ageism, leading to strain in cultural and ethnic support systems, stress in family support systems, and potential conflict over funds to serve different populations.

- Include cognitive education on aging as a continuing developmental process in elementary, secondary, and college curricula.
- Encourage advocacy by older persons on behalf of younger ones.
- Explore and develop ways in which the elderly can provide services to younger persons, a vital step in the reintegration of society. Giving and receiving by both generations must take place; paternalism and patronization must be avoided.
- Assure that all groups address funding so it does not fall into the "divide and conquer" routine.
- Help older persons learn to see themselves as advocates by developing an appropriate program component for use in senior centers.

MULTICULTURAL ISSUES: Non-English-speaking elderly and those from minority cultures often do not know how to obtain or use available services or participate in the activities of the community.

- Activate a statewide 1-800 telephone number to give information and referral in the language of the caller regarding available services for the elderly.
- Mandate, through the state legislature, that decisions on allocations of state funds be made at each level of decision-making by representatives who reflect, proportionately, the ethnic and language diversity of the population.
- Require cultural/ethnic information and understanding as part of the curricula for all mental health, social, and other health professionals at teaching institutions receiving state funds.
- Require a demonstration of competence regarding cultural/ethnic issues for state licensure of all mental health/social/health professionals.
- In the development of state laws and policies affirming both "quality of life" and "death with dignity," require multidisciplinary professional representation that includes ethnic, cultural, age, gender, and religious diversity.
- To ensure grassroots participation in public hearings as well as in the planning and development of state-funded programs for the

- elderly, keep the public informed through the use of all media statewide, including non-English-speaking stations. Transportation for the elderly to these hearings must be provided at no cost.
- As a prerequisite for licensure, require radio and television stations to allocate public service time to issues of the aging, with culturally appropriate content for the projected audience.

RESEARCH AND TECHNOLOGY: Issues that must be addressed include the application of research to services and care, the dissemination of knowledge and information, the cessation of misleading fad responses to technological and research findings, and the need for research on the roles of professional and informal caregivers.

- Place greater emphasis on sociopsychological research to catch up with technology.
- Encourage more research in evaluating the effectiveness of health and social services.
- Disseminate more information about research.
- Encourage a merging of consensus about the value of life.
- Develop self-help groups and disseminate research findings concerning people's ability in self-healing.
- Place greater emphasis on low-tech approaches to self-help.
- Investigate ways that experts might be made available to large segments of the population.
- Use elderly persons to work with younger ones in projects such as the "School of the Future."

ETHICS AND VALUES: There is increasing need for open dialogue across the generations and among policy and decision makers concerning the meaning of life, the use of public resources, decisions about health care and death, and other societal values.

- Develop a summary of current literature, public policy, and statements of the issues from the perspectives of religion, law, medicine, philosophy, social science, and humanities as background material for a meeting of readers and scholars to produce the following:
 - a. A clear statement of issues from a legal, moral, economic, and religious perspective.
 - b. An educational plan and materials for all age groups and levels of society concerning ways of reaching a wide range of people for interdisciplinary, cross-generational dialogue.
 - c. A plan for education of key media leaders to help promote such dialogue.
- Encourage public officials and community leaders statewide to promote opportunities for age-integrated social experiences including housing, day care, and community programs. They should be sensitive to the many barriers which restrict intergenerational relationships.
- Increase emphasis on humanistic care and consideration of values in individual and social planning within the education and continuing training of all professionals and practitioners.

SUMMARY HIGHLIGHTS

Martin A. Paley

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We have separated ourselves, young from old, and we suffer some very large risks in so doing. We have to find a way to bring the best family qualities back into our community in order that older people can benefit.

We must recognize the rich differences that exist in this state, the variety of people who make up our communities and who should be encouraged to participate, to be involved.

We have built a depository of information and research about what things have worked to help people and what things have not, but we are not doing an effective job of translating that knowledge into programs.

We need to redefine older people and their needs, to avoid stereotypes and involve all ages in working together to make a better society.

The Hogg Foundation is grateful to the members of the commissions who over three years gave their counsel and energies to investigating issues, studying reports, questioning officials, and discussing the plight and the needs of the populations with which they were concerned. Their efforts have culminated in suggestions for improving the lives of Texans in need—directions that provided the basis for the workshop discussions and, in turn, the recommendations for action that are summarized in this report.

Now it is up to all Texans—government officials, civic leaders, service providers, and concerned citizens—to help turn these recommendations into reality. For the many Texans in need, we can do no less.

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Bert Kruger Smith and Marion Coleman with members of the workshop on aging



Eugene Brody, Thomas Plaut, Martin Paley, Cora Marrett, Charles Bonjean



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