

Engagement Report 2014



Hogg Foundation
for Mental Health

ADVANCING RECOVERY AND WELLNESS IN TEXAS
FOR 75 YEARS • 1940-2015

Our Mission

The Hogg Foundation for Mental Health advances mental wellness for the people of Texas as an impactful grantmaker and catalyst for change.

Our Vision

The Hogg Foundation for Mental Health will invest our knowledge and resources to move Texas forward in achieving mental wellness.

Core Values

- Steward Miss Ima’s vision
- Act with integrity
- Create impact

THIS PAGE: *Ima Hogg at age 12*

Message from the Executive Director



Dear Friends and Colleagues,



75 years ago, when Ima Hogg devoted her brother Will’s legacy to establishing the Hogg Foundation for Mental Health, she had a simple but profound vision of the kind

of future she hoped the foundation would help bring into existence.

It was a future in which people with mental health challenges would be treated with respect and dignity, and mental health would be seen as indivisible from all other aspects of a flourishing and healthy life.

Over the decades, Texas has come some distance toward realizing that vision, in no small part thanks to the work the Hogg Foundation and its allies have done.

There’s still a long way to go, however, and it’s a testament to the farsightedness of Miss Ima’s vision that the future we’re hoping to achieve, from our vantage point in the second decade of the 21st century, looks very much like the one she envisioned at our founding.

At the heart of our vision, as we see it now, is a person, family, and community-centered mental health care system in which:

- *The voices of consumers and their families are at the center of the conversation.*
- *Recovery and wellness are the goal for everyone.*
- *Physical and mental health are treated as indivisible aspects of the whole person.*
- *Health equity, and cultural and linguistic competency, are the rule rather than the exception.*

These aren’t the words Miss Ima would have used in 1940. Nor should they be, if we aspire to be as innovative and far-seeing in our time as Miss Ima was in hers. Yet they remain in the spirit of what she lived, believed and worked toward. And our commitment, to serving the people of Texas, remains inspired by her lifetime of dedication.

In this engagement report, we’re exploring that tension—between our origins, our evolution, and our future—in two ways.

One is through the lens of our 75th anniversary, and its theme of Past, Present, and Future. The past is represented by an essay from historian William S. Bush, on the founding vision of the Hogg Foundation. The present is alive in the extraordinary portraits of our grantees shot by photographer Wyatt McSpadden, who has been documenting the soul of Texas for more than three decades. And we peer into the future with current and former members of our National Advisory Council, who give us their take on the future of mental health in America.

Our other approach in this report is to take a deeper look at one particular facet of how the Hogg Foundation has evolved over the past few years, in rather unexpected ways. We do this through a feature on how the hiring of our two consumer and family liaisons, Tammy Heinz and Stephany Bryan, has helped locate the consumer voice, and the principles of recovery, right at the heart of everything the foundation does.

As you read through the report, I hope you’ll get a better sense of who we are, what we’re doing, and why it’s been such a privilege and honor for me personally to serve as executive director of the Hogg Foundation for the past six years.

I also hope you’ll be inspired to become an ally of ours, if you’re not one already, in the ongoing effort to bring into being the Texas that Miss Ima envisioned all those years ago.

Best regards,

Octavio N. Martinez, Jr., M.D., M.P.H., M.B.A., F.A.P.A.

Executive Director, Hogg Foundation for Mental Health

Associate Vice President, Division of Diversity and Community Engagement

*Clinical Professor, School of Social Work
The University of Texas at Austin*

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Focus on Mental Health

We sent photographer Wyatt McSpadden on the road to capture portraits of our amazing grantees.

As part of our 75th anniversary celebrations, we wanted to honor our grantees—the people who help us make recovery and wellness a reality in Texas. We also wanted to highlight the diversity of the work we support, and the diversity of Texas environments in which it's done. So we enlisted photographer Wyatt McSpadden to hit



the road to take environmental portraits of grantees who are doing work in each of the foundation's four strategic areas.

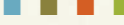
LEFT: *Jim Lemon is the peer support coordinator for the East Texas Coalition for Mental Health Recovery. The rest of McSpadden's portraits are sprinkled throughout this report; you can find them on pages 5, 6, 9, 10, and 19.*

Wyatt McSpadden is a native Texan with a wealth of experience photographing the down and out, the high and mighty, and everyone in between, often as not for Texas Monthly magazine, which has been featuring his work in its pages since 1978. In 2009 the University of Texas Press published Texas BBQ, the fruit of the two decades McSpadden has spent crisscrossing the state photographing family-owned barbecue establishments.



Ima Hogg became interested in mental health after her own personal experiences with emotional trauma.

A Founding Vision



BY WILLIAM S. BUSH

The original vision for the Hogg Foundation for Mental Health sounds deceptively simple: Provide a “mental health program for the people of Texas.” These were the words found in the Hogg family's bequest to the University of Texas in July 1939, which provided an endowment of \$2.5 million. The birth of the Foundation during the subsequent year marked a number of “firsts.” It was the first professionally managed foundation in Texas, the first private foundation to be housed within a public university, and the first private foundation dedicated solely to the cause of mental health. As for what it would mean, in practice, to be first—that may have presented the greatest challenge of all.

The phrase “mental health”—more often stated as “mental hygiene” at the time of the Foundation's inauguration—was largely unknown in Texas. During the first decade of the twentieth century, the idea had emerged out of a national movement based in the northeastern United States. Led by the National Committee for Mental Hygiene (NCMH), the movement counted among its numbers former patients in mental hospitals, psychiatrists, psychologists, social workers, elected officials, judges, journalists, and prominent citizens such as Ima Hogg, who helped found the Texas Society for Mental Hygiene in 1934.

Ima Hogg (“Miss Ima” to her contemporaries) became interested in mental health after her own personal experiences with emotional trauma. As a child, Miss Ima toured Texas' mental hospitals with her father, Governor James Stephen Hogg, during his two terms (1890-1895). She formed friendships with some of the children she met in those hospitals, while her father read widely in the scholarly literature on mental illness. Miss Ima would see both of her parents pass away prematurely, while she was studying psychology at the University of Texas.

A protracted bout with depression led Miss Ima's physicians to refer

her to experts in the new field of psychotherapy in the early 1920s. This led Miss Ima to the office of Austin Fox Riggs, one of the more prominent therapists and public advocates for mental health in the United States. From Riggs, Miss Ima learned about “positive mental health” for “everyday living.” She also was brought into contact with the NCMH and mental health consultants at the Rockefeller Foundation, one of the new professionally managed philanthropies that emerged in the early twentieth century. Inspired by the mental health movement, Miss Ima helped found the Houston Child Guidance Center in 1929.

It was during this period that Miss Ima began to develop her vision for mental health. Advocates argued that mental health and mental illness existed on a continuum and, therefore, that people living with mental illness by and large should be able to receive professional treatment in community-based rather than institutional settings. They further argued that mental health principles of emotional balance and adjustment could be applied to practically every situation found in everyday life, such as family relations, schools, and workplaces.

Another family tragedy would lead Miss Ima to apply these new ideas with greater impact. The sudden passing of her older brother Will C. Hogg in 1930 left Miss Ima and her brother Mike with a large family estate and broad directives about how to dispose of it. Remembering her many long talks with Will about mental health, Miss Ima convinced her brother Mike that Will’s estate should be directed toward an endowment for a mental health foundation at his beloved alma mater, The University of Texas. And so began, as University President Homer Price Rainey would state at the Hogg Foundation’s inaugural ceremony in February 1941, “some real history in the making.”

The Foundation’s vision would begin to come into focus with input from numerous other key stakeholders during its formative months. Fortuitously, the university’s president, Homer Rainey, was himself an academic social scientist who was well-connected with the national mental health movement. Rainey and Miss Ima collaborated in assembling an advisory committee comprised of some of the leading national



Robert Lee Sutherland and his colleagues at the Hogg Foundation became “circuit riders for mental health.”

experts on mental health, and in hiring as the Foundation’s first director Robert Lee Sutherland, an academician trained at the University of Chicago’s respected sociology program.

The result of this collaboration of public intellectuals, academic leaders, and prominent philanthropists was a unique vision commensurate with a unique organization. The Hogg Foundation for Mental Health, in its early years, would mount a massive public education campaign to raise awareness of mental health. In Sutherland’s words, he and his colleagues became “circuit riders for mental health,” relentlessly driving by car to Texas’ small towns and cities to deliver public lectures, meet with civic and private groups, and conduct in-service workshops for teachers and professionals. In its

first three years, the Hogg Foundation’s lecturers addressed over 2,000 audiences in 152 communities, reaching an estimated 400,000 people. Sutherland himself delivered 460 lectures in 56 communities.

This public education campaign raised awareness about mental health, setting the stage for an expanded scope of activities for the Foundation.

Dr. William S. Bush is Associate Professor of History at Texas A&M University-San Antonio. He’s the author of Who Gets a Childhood? Race and Juvenile Justice in Twentieth Century Texas (University of Georgia Press). His current project, funded by a grant from the foundation, is Circuit Riders for Mental Health: The Hogg Foundation and the Transformation of Mental Health in Texas. Based on extensive archival research and oral interviews, the book will explore the Hogg Foundation’s central role in transforming the way we think, talk, and make policy about the issue of mental health.

HONORING GRANTEES

FOCUS ON:

Promoting Dialogue and Learning

To promote the exchange of ideas and strategic learning where information drives improvement.

Willie Williams, a retired administrator with the City of Austin Health and Human Service Department, is a co-founder of the Austin Area African American Behavioral Health Network (4ABHN), a Hogg-sponsored group which meets regularly to network, discuss current topics, and hear presentations by mental health experts.

LOCATION: Huston-Tillotson University, Austin, Texas





HONORING GRANTEES

FOCUS ON:

Consumers, Youth, and Families

To ensure agencies actively partner with consumers, youth and families in designing and delivering services and supports.

Certified peer specialists Chriss Musick and Suzanne Hardin are part of the foundation's East Texas Coalition for Mental Health Recovery. The program is designed to build leadership in mental health, recovery and wellness, and to increase consumer and family involvement in the Texas mental health system. Musick and Hardin now contract with Cherokee County to provide peer services.

LOCATION: Cherokee County Peer Support Group, Jacksonville, TX



What We Talk About When We Talk About Mental Health

Past and present members of the National Advisory Council peer around the corner toward the future of mental health in America.

COMPILED BY IKE EVANS

We asked current and former members of our National Advisory Council for their thoughts on what they saw as the future of mental health in America. Their responses were edited and arranged by theme.

Council members are appointed by the executive director and serve staggered five-year terms. They provide guidance and expertise to Hogg Foundation staff on matters related to strategic planning, major grant initiatives and other projects and activities. The council meets annually in Austin, Texas.

DEFINING THE FUTURE



I suspect that the future will discard the label “mental health” in favor of “brain health.” The word “mental” has so many incredibly negative connotations to it. It perpetuates the stigma around particular diseases. If we are able to find the things that afflict the brain and cause disease, without being so attached to the strange behaviors that we associate with people suffering from brain disease, I think we’ll make far greater strides. –DOMINGO BARRIOS



Mental health is like an adolescent, struggling with issues of its identity, voice and relationships. In many ways, it is not much different from when Ima Hogg endowed the Hogg Foundation for Mental Health. There have been great advances in all aspects of mental health, yet tension persists between those who believe mental illnesses are biologically predetermined and those who believe life experience plays an equal role. There’s also a lack of clarity about whether mental health treatment is a part of the medical “home” or even a member of the family? Are those who receive treatment and support patients, clients, consumers or just “Joe”? As I listen to the chatter, it is sometimes difficult to determine whether mental health services are a part of the healthcare, social welfare or criminal justice systems. Therein is the rub; it isn’t clear at all. That lack of clarity leads to a divided voice for advocacy, and has enabled mental health care, and persons with mental illnesses, to be marginalized. How we meet these challenges will define our future. Will we find the elusive common ground? Without that shared voice, that common ground, the future will be pretty much a reflection of the past. –DENNIS MOHATT



I hope for a day when every person who experiences extreme emotional states is given the respect, hope, emotional connection, and involvement in the decisions affecting their lives that they can heal and recover full, meaningful lives in the community.

I hope for the day when rather than being seen as threats to society, we will be seen as a source of wisdom that we obtain through our recovery which will be valued and incorporated into the fabric of the system and society.

I hope for the day when all suffering will be seen as understandable human responses to trauma rather than a chemical imbalance or malfunctioning fear circuit.

I hope for the day when it will no longer be necessary to isolate persons in distress in traumatic psychiatric hospitals because voluntary community-based, recovery-based, trauma-informed services and supports will be universally available.

I hope for the day when the mental health system will be run by persons with lived experience of recovery from extreme emotional states,

because we are the ones who truly understand the type of compassion and emotional connection needed to facilitate healing. –DAN FISHER

INTEGRATED CARE



Mental health services will increasingly need to be integrated into physical health services. This will be especially important for communities of color and socio-economically disadvantaged populations who are much less likely to seek mental health services. In many instances, individuals from these communities are going to be more responsive to the primary care physician regarding mental health issues than they would be with a mental health professional. On the one hand, this is an unfortunate by-product of the continuing stigma of seeking mental health services. At the same time, however, I think it will ultimately benefit the mental health profession, because it's more aligned with the understanding that health consists of an inextricable link between the physical and mental. –KEVIN COKELY



Mental health is at a crossroads in this country. With the passage of the Affordable Care act, there are renewed opportunities to focus on integrated care that includes mental health as a key component of improving the overall

health outcomes for individuals living in this country. The Hogg Foundation has played an important role in defining the issues and can continue to help communities negotiate the future landscape. –DJ IDA



The potential for integrating behavioral health with primary health care is very exciting. The diagnoses and treatments from both sides support each other. There is a long ways to go on that, but certainly I think that with all the federal legislation and changes in the health care directives, that that is really where our world in the U.S. is turning toward: the complete integration of primary with behavioral health. –HOLLY ECHO-HAWK



For too long, behavioral health has been treated as a stand-alone form of care delivery. The future is going to be around integration with chronic care management and overall population health improvement. Those two angles, or whoever can figure that out, are going to be where all of the action is. –RODERICK KING



Efforts at integrating behavioral health care for low income and ethnic minority populations has taken a huge step forward through the expansion of coverage for behavioral health conditions under the Affordable Care Act.

These efforts need to remain a focus and priority for the health philanthropy field in order to insure systemic change and uptake of best practices going forward. –MARY RAINWATER

EVEN MORE INTEGRATED CARE



There has to be a way to strengthen the role of community in wellness and recovery. The behavioral health field is trying to transition from a “treatment episodes” model to an overall wellness model, but we have quite a ways to go in the transition. All of the words are there, but the training and all of the things necessary for a practical transition are not yet in place. With the shift to an overall wellness model, we can still provide effective treatment while also helping the person find a positive place in their community. Without that community context, treatment is short-lived. Another good thing about the overall wellness model is that culture comes into play, and this can be another way of strengthening gains from treatment. –HOLLY ECHO-HAWK

MENTAL HEALTH 2.0



We have to figure out how to use smartphones as mini-treatment providers in some ways. When you look at younger people now, and

HONORING GRANTEEES

FOCUS ON:

Transforming the Workforce

To promote a recovery-oriented, culturally-competent mental health workforce trained in evidence-based practices and innovative approaches.

The El Paso Psychology Internship Consortium (EPPIC) is an El Paso-based partnership with UTEP and Texas Tech University Health Sciences Center El Paso. The internship program, funded jointly by the Hogg Foundation and the Paso del Norte Health Foundation, allows doctoral psychology students to perform one year of supervised training, a requirement to complete their degrees. Jennifer Ambriz (left) is interning at the UTEP Counseling Center under the supervision of Dr. Edna Reyes-Wilson.

LOCATION: The University of Texas at El Paso





HONORING GRANTEES

FOCUS ON:

Enhancing Public Policy

To enhance local, regional and state behavioral health policy by increasing policy capacity and knowledge.

The foundation launched the Mental Health Policy Academy and Fellowship initiative to increase the capacity of individuals and nonprofit organizations in Texas to engage effectively in mental health policy. Texas nonprofit advocacy organizations receive a foundation grant to hire and train a mental health policy fellow for up to two years. Jacques Ntonme and Clayton Travis were fellows in 2013-14. Both are now working as full-time staff for Texas advocacy organizations.

LOCATION: Texas Capitol, Austin, Texas

how their smartphones have become an appendage and a comfort zone for them, you just know that there has to be a way to use that technology. –HOLLY ECHO-HAWK

The trick with mental health has always been two challenges, it seems to me: One is the financing of community mental health services, which has never been great, combined with the deinstitutionalization of mental health services decades ago. The other issue is finding innovative ways of delivering mental health services that can leverage advances in technology—mobile apps, telemedicine, videoconferencing and things like that. The reason those two issues are of particular importance is that I think if there are ways to creatively come up with, for example, telemedicine behavioral health services, one, it would reduce costs, two, it opens the door for creative financing mechanisms, and three, it leverages the available technology we have currently. I don't think we've done a good job leveraging our advanced technology in common with providing care and services and supporting individuals in real-time. –RODERICK KING

When I try to see way out into the future, and I think about all of the new and exciting medical technologies that are being created, I think that we'll get close to bringing about a lot of healing, because I think that we will find a great number of remedies for many these of conditions that affect the brain. –DOMINGO BARRIOS

DANGER ZONES



The increased visibility of violent public shooting incidents has the potential to provoke a backlash against the mentally ill, if thoughtful and well-informed advocacy and education about the reality of the link between mental health and violence is not disseminated along with the horrific stories. –MARY RAINWATER



We need to continue trying to inform reasoned policy on “assisted outpatient treatment” and other involuntary treatment models, as

well as address the issue of our jails being used as acute care providers of last resort. The Hogg Foundation has been extremely helpful thus far. However, I fear that Rep. Tim Murphy's bill, which considerably relaxes standards for involuntary treatment, will have unwelcome consequences. Capacity, capacity, capacity is the issue here – and by that, I don't just mean “beds.” We focus too much on furniture and buildings and not enough on the workforce and training. –SUE ESTROFF

One challenge facing those interested in mental health is the disproportionate level of resources that are going towards the primary care setting. This should not be an either-or situation, but the reality is that primary care settings are often not properly equipped to handle complex mental health issues. –DJ IDA

Domingo Barrios is Chief Development Officer with The Rose, a breast healthcare organization in Houston, Texas. He has served as Chief Executive Officer with Heifer International Foundation and Vice President of Greater Houston Community Foundation, among other positions.

Dennis Mohatt is the Vice President for Behavioral Health for the Western Interstate Commission for Higher Education (WICHE). He serves as the Director of the Mental Health Program and the WICHE Center for Rural Behavioral Health Research.

Kevin Cokley is an Associate Professor of Counseling Psychology and African and African Diaspora Studies at The University of Texas at Austin. He is the Editor-in-Chief of the Journal of Black Psychology.

Daniel Fisher is a Co-Director of the National Empowerment Center in Lawrence, Massachusetts, a consumer-run research, training, and information center, which he helped found in 1992.

DJ Ida has over thirty-five years experience working with Asian American, Native Hawaiian and Pacific Islander communities and currently serves as the Executive Director of NAAPIMHA.

Holly Echo-Hawk is the founder of Echo-Hawk & Associates, a consulting company specializing in children's mental health. A Native American with both rural and urban experiences, Holly brings unique insight into the disparities of mental health access for ethnic minority families.

Roderick King is CEO of the Florida Institute for Health Innovation, and an associate professor in medicine and public health at the University of Miami. He holds faculty appointments at the Harvard Medical School and Harvard School of Public Health. His academic work, teaching and key consulting roles focus on minority health policy.

Mary Rainwater consults with nonprofit and government health, mental health and philanthropy organizations and academic institutions. She has extensive expertise in the areas of mental health, the delivery of integrated health services to underserved communities and designing and developing programs for special populations.

Sue E. Estroff is a professor of social medicine and adjunct professor in the departments of anthropology and psychiatry at the University of North Carolina at Chapel Hill. She studies sociocultural forces that influence the biographical experiences of persons with disabling chronic illnesses.



Walking the Walk

Six years ago, the Hogg Foundation hired two consumers as full-time program staff. It's changed the organization to its core.

by DANIEL OPPENHEIMER

COMING OUT

Tammy Heinz was three years into her job as outreach program director for the Mental Health Association of Tarrant County when she came out as a consumer of mental health services.

It wasn't planned. She'd been dealing with serious depression since she was in high school. Over the years she'd been in therapy and treatment programs in Texas, Vermont, and New York. SSRIs were her friend. The whole deal. What she'd never done was explicitly bring that personal experience into her professional work in community mental health.

Then came an evening in the fall of 2004. She was giving one of her usual talks, this time to a diverse group from a local university. It was about the range of mental health services and supports available to the community, and about how much of a difference it can make to have the courage to reach out for help.

"A man raised his hand and asked me if I had any personal experience with this," remembers Heinz. "I didn't know what to do. I was immediately nervous. But I realized I couldn't lie, and I thought, 'What have I got to lose? These people don't know me.' So I said, 'Yes, I have.'"

"He asked if I would mind talking a little about my own experience, and I thought, 'Well, yeah, actually I would, but okay.'"



"By telling my own story, I realized, I had opened a door for other people to be more open about their experience."

— TAMMY HEINZ

So Heinz told her own story, and it changed everything. She stayed an hour and half longer than she'd anticipated. Everyone in the audience stayed as well. People talked about their own mental health challenges, about their families, about their lives in a way Heinz had never experienced before outside of a clinical setting.

"By telling my own story, I realized, I had opened a door for other people to be more open about their experience."

From that point on, Heinz regularly incorporated her own lived experience of depression into her outreach work, and she continued to witness how powerful an impact it could have.

Even then, however, she couldn't bring herself to tell her supervisor about what she was doing, or about her own struggles.

"Finally she brought it up," says Heinz. "One day she came into my office and told me that she was hearing from a lot of people about how great these presentations were, about how great it was that I was sharing my own experience. Fortunately, she was a very forward-thinking person. She said: 'I'm really glad you're doing that. I think it's really smart.'"

With the support of her supervisor, Heinz launched a peer support program focused on recovery in Tarrant County, so that more people with lived experience would have the opportunity to recover and to use their personal stories to help others.

Even then, when a friend forwarded her the job posting at the Hogg Foundation for Mental Health for a Consumer and Family Liaison, she hesitated. It was one thing to bring her personal experiences of being a consumer into a job that wasn't itself premised on being a consumer. But to apply for a job where that would be at the core of her professional identity? That was scary.

"So much of my recovery had been about recognizing that I was more than my symptoms, not defined by a diagnosis," she says. "The prospect of getting a job primarily because of my lived mental health experience was

hard to process. I was afraid that I would lose the professional legitimacy I had studied and worked so hard to achieve. Even after everything I'd been through, I was nervous about coming out into the world so visibly as a consumer versus being seen as an educated mental health professional."

Eventually, Heinz worked through the uneasiness. The encouragement of her partner was huge.

"He helped me recognize that all of my experience was valuable, including my educational background, my professional experience *and* my personal experience of living with a mental health issue," she says.

The idea of being closer to her sister and the potential increase in salary were attractive. And there was the opportunity, with the Hogg Foundation, to spread the practices and perspectives of the recovery movement to a much broader audience of people than she could ever hope to reach in her current job. So she applied.

RECLAIMING HER LIFE

Stephany Bryan was working as the sales and marketing director of a metal stamping company in San Marcos when she got the call that would come close to destroying, and end up saving, her life. It came from the front desk receptionist, who told her that she had some visitors.

"I said I'd be out in a second," says Bryan. "I didn't think much of it. I had people coming by all the time to market their wares."

At the time Bryan was 38 years old. She'd been married for 20 years to a husband who was violent to her and their three children. She was severely depressed. Her husband was using drugs to self-medicate. He suffered from undiagnosed post-traumatic stress disorder. She would later be diagnosed as suffering from major depressive disorder. The kids were showing multiple symptoms of trauma.

To that point, however, Bryan had been able to hold things together, on the surface.

She walked out to the lobby and saw a sheriff's deputy, and a case worker from child welfare. They asked her if she was Stephany Bryan.

"Yes I am," she said.

She was handed an emergency order from a judge authorizing CPS to remove her three children from the home. They would pick up the two older kids at school, and they would go to her house to get her younger son, who was three.

"The first thing I said," remembers Bryan, "was that we needed to make a plan to get my youngest son at home, because my husband was with him. 'He will not let you take that child,' I told them. So we made a plan. We got my son from home, got my daughter from high school, my other son from kindergarten, and were able to reunite at a shelter in New Braunfels before they separated us again."

Bryan and her kids were eventually relocated to separate shelters in Austin. She was told that she had a year to demonstrate to the state that she was capable of taking care of her children and regaining custody. In the meantime they would be in foster care. She was devastated, but also grateful.

"Having your kids taken away is a traumatic thing to happen to a family," she says, "but I knew I was sick. I couldn't take care of my kiddos in the mental state I was in at the time. It was like how they tell you to put the oxygen mask on yourself first when the plane starts to go down. I had to do that."

From her base at the battered women's shelter, where she stayed for seven months, Bryan began rebuilding her life. She quit her sales job in San Marcos, which required a lot of travel, so that she'd be available for every therapy appointment, every doctor's visit, and every court hearing her kids had. She began cleaning—apartments, houses, whatever space anyone would give her to clean—so that she could afford a home in Austin for when she got her kids back. She went to individual therapy and group therapy for battered women.

She also began advocating for herself and her family.

She had to advocate to make sure her kids, two of whom were diagnosed with severe emotional disturbance, weren't cut off after only 12 sessions of therapy. She also had to fight to make sure that getting them



"I'm sitting here listening to these two children, and one, who is my son, is able to reflect this young man's truth back to him, and make a huge difference just by doing that. It was so powerful. That's a lot of what I've been doing ever since."

– STEPHANY BRYAN

back wasn't contingent on reuniting with her husband.

"At the time the state was hell bent on reuniting families," she says. "They thought the progression should be that I go back to live with my husband, we get better together, and then we get the kids back. I said no, I won't do that. I won't go back to that environment. I was like an addict who finally got clean. I couldn't imagine going back to it."

Bryan proved such an effective advocate that not only did she succeed, at the end of the year, in getting her kids back on her terms, she caught the attention of the children's director at the local mental health authority, who asked if Bryan would be willing to join a parent advisory council. Soon Bryan was running parent support groups, and then doing occasional contract work for the county, helping parents whose kids were in the system to navigate the bureaucracy.

Two years later, when Travis County applied for a systems-of-care grant from the federal government, she was asked to be part of the grant-writing team. When the grant was awarded, she was hired full-time as the parent coordinator for the project, and was finally able to close down her cleaning business. By the time she applied for a job with the Hogg Foundation in 2008, to be one of two consumer and family liaisons, she'd accumulated almost 20 years of professional experience in the mental health field.

Perhaps the most important lesson she learned, however, came very early in the process, not long after she'd gotten her kids back from the state. She was giving a ride home to one of the kids whose mother was in the support group she ran. Bryan's youngest son Sean was in the front seat. The other boy, who was about his age, was in the back seat. She asked him how things were going.

“He said, ‘Things are going okay, but Mom said if we didn’t behave, we were going to have to go to the shelter.’ That’s when Sean turns around and says, ‘I lived at the shelter.’ And he says, ‘You did? Was it okay?’”

“Yeah, it was okay,” Sean said. “I learned how to take a shower. I got my own bed. The main thing I didn’t like was they made you eat fish sticks all the time.”

“I love fish sticks,” the boy said.

“Then you’re going to be fine,” said Sean.

“I’m sitting here listening to these two children, and one, who is my son, is able to reflect this young man’s truth back to him, and make a huge difference just by doing that. It was so powerful. That’s a lot of what I’ve been doing ever since.”

A PROCESS OF INTEGRATION

In November of 2008, Stephany Bryan joined the Hogg Foundation for Mental Health. Two months later, Tammy Heinz became the second “Consumer and Family Liaison.”

It wasn’t a frictionless moment for the two women, or the foundation.

“I don’t think any of us knew exactly what was going to happen,” says Bryan. “Most jobs you take, there’s already a well-defined set of responsibilities and expectations. In this case we just had the short job description. Beyond that none of us knew exactly what that meant.”

Octavio N. Martinez, Jr., who had just taken over as executive director of the foundation a few months before, remembers it as a moment pregnant with both optimism and uncertainty. The foundation had been talking the talk on the importance of the consumer voice for a number of years, but this was the first major step toward putting it into practice.

“We all believed that it was an important step for the foundation to take,” he says. “What exactly it would look like, however, we didn’t know. There was no other mental health foundation out there that had done anything like this.”

The first year in particular was a complicated one. Heinz and Bryan

had to get to know each other, and feel comfortable working together. Both of them had to feel out what their roles were in the foundation, and how outspoken to be when they perceived that the consumer perspective was being ignored, or that they weren’t being treated as equals.

Heinz remembers a day, about six months in, when she and Bryan came to the conclusion that there was something about their titles that bothered them.

“We were doing the exact same work as every other program officer, but we weren’t program officers,” Heinz says. “It felt stigmatizing.”

She and Bryan requested a change in title. But their supervisor Lynda Frost, director of planning and programs, suggested that it was important to have the title of consumer and family liaison out there in the world as a tangible symbol of the foundation’s commitment to consumers.

“We agreed with that,” says Heinz. “We just thought we should be program officers as well.

Heinz, Bryan, and Frost went to Martinez and proposed that they use both titles. He made the change immediately.

“Since then we’ve been program officers and consumer and family liaisons,” says Heinz. “It sounds like a small thing, but it’s not. It’s about us being integrated fully into what and who the foundation is.”

In the last six years, that process of integration has gone far beyond what anyone anticipated when Heinz and Bryan joined the foundation. Two multi-million dollar grant initiatives are dedicated to training certified peer specialists and placing them on health care teams throughout Texas, with one more major initiative in the works, and a number of smaller initiatives ongoing.

All three of the last Robert Lee Sutherland seminars—the foundation’s flagship conferences—have been on topics related to the philosophy and practices of “recovery,” which is a concept that is deeply informed by, and embedded in, the consumer movement.

In 2013, the foundation provided scholarships to hundreds of consumers and certified peer specialists throughout Texas to come to Austin to attend the Alternatives conference, a national mental health confer-

Building A Better Foundation

How a visit to the Alternatives conference catalyzed a far-reaching change in the foundation.

by DANIEL OPPENHEIMER

It was in October of 2006, at the national Alternatives conference, that Lynda Frost had her epiphany. Frost had been with the foundation for three years, as associate director. But it was her first time attending Alternatives, a SAMHSA-sponsored conference organized for and by mental health consumers.

“The consumer movement has a saying,” says Frost. “‘Nothing about us without us.’ I didn’t quite get it until I attended the conference. Then all of a sudden, it seemed antiquated to work for a mental health foundation with no self-identified consumers on the staff or the national advisory committee. It seemed

out of sync with our commitment to inclusion and civil rights.”

Frost approached King Davis, who was then executive director of the foundation, and asked for permission to start working on a process for changing the situation. He immediately agreed.

She began to comb the literature for information about other mental health-related organizations that brought on consumers as staff and board members. She reached out to consumer contacts in Texas and across the country for guidance. The process picked up steam when Vicky Coffee-Fletcher joined the foundation as a program officer, bringing with her a passionate commitment to consumer direction and empowerment. Coffee-Fletcher attended the Alternatives conference in the fall of 2007 and gathered more information and contacts.

“It was an exciting idea, but it was also a challenging one,” says Coffee-Fletcher. “We needed to be thoughtful and careful in how we went about it.”

In addition to the logistical challenges involved in creating new positions, there were broader organizational questions about how to prepare the foundation staff and leadership for the change.

Coffee-Fletcher and Frost worked with Davis to draft a position description and to implement relevant staff diversity training. Attendance at the Alternatives conference became a key event for new professional staff, including the yet-to-be-determined executive

director who would replace Davis later in 2008. And it was decided to start by bringing on board two new consumer staff members. They in turn would be involved in the process of bringing consumers onto Hogg’s National Advisory Council.

In June 2008, the foundation announced a national search for two Consumer and Family Liaisons. The position was designed to be comparable to other program officer positions but had a focus on engaging consumers and developing networks while infusing the foundation’s work and grantmaking with a focus on recovery. It also allowed applicants to substitute lived experience for years of education.

“We wanted to recognize from the outset that consumers might have a nontraditional background,” says Frost. “That’s precisely why we wanted consumers, because they would bring a different perspective to the table, but it presented potential issues in the hiring process.”

The foundation received 160 applications, which went through a rigorous review and multi-level interview process with panels that included external consumer participants. The final candidates, Stephany Bryan and Tammy Heinz, interviewed with the new executive director, Dr. Octavio N. Martinez, Jr., who enthusiastically embraced the new focus on recovery and consumer engagement.

“It’s one of the best decisions I’ve made as executive director,” says Martinez. “It’s changed who we are, for the better.”

ence organized by and for those in the mental health consumer/peer recovery movement.

The foundation's newest initiative, Advancing Peer Support in Integrated Health Care, brings together the peer support concept with one of the foundation's longest-standing programmatic commitments, which is to nonprofit community health centers in their efforts to integrate physical and behavioral health care into a seamless whole.

The initiative, which is the first of its kind in the nation, will fund the planning and implementation of peer services in integrated care settings, as well as the training of the staff at these organizations in the concepts of recovery and peer support.

"On the one hand, the goal is the same one that's driven our support for integrated care over the past decade," says Martinez. "It's what we call the triple aim. Improving the patient experience of care, improving health outcomes, and reducing the cost. There's also another purpose to the initiative, however, which is to change the culture of mental health care settings across the board so that consumer voices are heard and valued. We're hoping to export what we've learned, internally, about the value of consumer involvement."

Perhaps the best evidence of how much the foundation has changed is the degree to which the consumer perspective has come to inform those initiatives and programs that aren't primarily consumer-focused.

A good example is the four-year, \$10 million Transition-Age Youth and Their Families (TAYF) initiative, which was the largest initiative launched by the foundation in 2014. The goal of the program, which is funding eight organizations in the Houston/Harris County area, is to identify and address the mental health needs of transition-age youth and their families.

In many respects it's a traditional grant program for the foundation, which has a long history of funding services and supports for youth in the Houston area. The grantees are long-time allies of the foundation: Baylor College of Medicine, Communities In Schools of Houston, Disability Rights Texas, Easter Seals of Greater Houston, Family Services of Greater

"We're working toward a future in which people with mental health challenges are treated with respect and dignity, and mental health is seen as indivisible from all other aspects of a flourishing and healthy life."

– OCTAVIO N. MARTINEZ, JR.

"we're working to build a person, family, and community-centered mental health care system in Texas. We're working toward a future in which people with mental health challenges are treated with respect and dignity, and mental health is seen as indivisible from all other aspects of a flourishing and healthy life. That's what Miss Ima and her brothers wanted when they endowed the foundation. That's what the other executive directors have been working toward, going back to Robert Lee Sutherland. It looks and sounds different at different times, but the overarching story is one of greater inclusion, broader coalitions, and, I hope, perpetual humility. We don't always know best. We have to keep asking, and listening, and changing."

Houston, Harris County Protective Services for Children and Adults, Houston Department of Health and Human Services, and Star of Hope Mission.

This time around, however, four of the eight grantees are implementing youth peer support programs as part of their activities. All eight are required to involve transition-age youth in the planning and development of their programs, and the foundation's evaluation of the program, which is funded by a separate grant, will include youth in the evaluation process.

"We've come to see that a genuine commitment to the consumer perspective deepens our capacity to have an impact in everything we do," says Frost.

For Martinez, reflecting on the past six years, the lesson isn't that the value of consumer involvement has become more important than other core values of the foundation. It's that the process of incorporating the consumer voice is the latest chapter in a much longer story of how the foundation has evolved while remaining true to its vision.

"The goal is always the same," says Martinez,

HONORING GRANTEEES

FOCUS ON:

Consumers, Youth, and Families

To promote a recovery-oriented, culturally-competent mental health workforce trained in evidence-based practices and innovative approaches.

In 2014 the foundation launched a four-year \$10 million initiative to identify and address the mental health needs of transition-age youth and their families (TAYF) in the Houston/Harris County area. As part of the initiative, Communities in Schools of Houston has been working with Sandra Escobar, an artist and designer, on a tailored plan to successfully transition to adulthood and independent living.

LOCATION: *Discovery Green, downtown Houston*



By the Numbers



In fiscal years 2012-13 and 2013-14, the Hogg Foundation for Mental Health gave grants, scholarships, and fellowships totaling \$12.3 million. The breakdown of the giving, by initiative and grant program, is below. A number of the grant programs listed below include individual grants to numerous organizations. For more detailed information, visit the foundation's website at hogg.utexas.edu.

As of August 31, 2014, the total book value of the foundation's endowments was \$72,214,337.96. The market value was \$179,339,235.86.

CHILDREN'S MENTAL HEALTH

DEROSSETTE THOMAS FUND FOR CLARITY CHILD GUIDANCE CENTER
Total Amount 2012–2014: **\$102,745**

HOUSTON CHILDREN'S MENTAL HEALTH GRANTS
Total Amount 2012 –2014: **\$439,945**

VARNER-BAYOU BEND HERITAGE FUND
Total Amount 2012–2014: **\$72,996**

TRANSITION AGE YOUTH PLANNING AND IMPLEMENTATION
Total Amount 2013–2014: **\$2,673,575**

CONSUMER, YOUTH AND FAMILY

EAST TEXAS COALITION FOR MENTAL HEALTH RECOVERY
Total Amount 2012–2014: **\$1,236,600**

VIA HOPE, TEXAS MENTAL HEALTH RESOURCE
Total Amount 2012–2014: **\$1,378,570**

EVALUATION
Total Amount 2012–2014: **\$62,790**

HIGHER EDUCATION MENTAL HEALTH RESEARCH GRANTS FOR TENURE-TRACK PROFESSORS
Total Amount 2012–2014: **\$310,430**

HARRY E. MOORE AND BERNICE M. MOORE FELLOWSHIP FUND
Total Amount 2012–2014: **\$40,000**

FRANCES FOWLER WALLACE MEMORIAL FOR MENTAL HEALTH
Total Amount 2013–2014: **\$4,210**

IMPROVING PUBLIC POLICY POLICY PROJECT GRANTS
Total Amount 2012–2014: **\$1,117,450**

HOGG POLICY FELLOW GRANT PROGRAM
Total Amount 2012–2014: **\$534,700**

HOGG POLICY ACADEMY
Total Amount 2012–2014: **\$246,700**

INTEGRATED HEALTH CARE INTEGRATED HEALTH CARE PLANNING AND IMPLEMENTATION
Total Amount 2012–2014: **\$642,900**

MENTAL HEALTH AMERICA HOUSTON COORDINATION OF ACTIVITIES FOR INTEGRATED HEALTH CARE GRANTEES
Total Amount 2012–2014: **\$200,570**

TRAUMA INFORMED CARE

SECLUSION AND RESTRAINT REDUCTION LEADERSHIP GROUP
Total Amount 2013–2014: **\$99,960**

SECLUSION AND RESTRAINT REDUCTION FOR RESIDENTIAL TREATMENT CENTERS
Total Amount 2012–2014: **\$546,396**

TRAUMA-INFORMED CARE GRANT PROGRAM
Total Amount 2013–2014: **\$167,560**

WORKFORCE MASTER OF SOCIAL WORK BILINGUAL SCHOLARSHIPS
Total Amount 2012–2014: **\$617,410**

TEXAS PSYCHOLOGY INTERNSHIPS
Total Amount 2012–2014: **\$1,087,940**

TEXAS PSYCHOLOGY INTERNSHIPS ACCREDITATION
Total Amount 2012–2014: **\$721,450**

IMA HOGG SCHOLARSHIPS IN MENTAL HEALTH
Total Amount 2012–2014: **\$90,000**

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THIS PAGE: *Ima Hogg in 1940*

ON OUR COVERS: *Sandra Escobar (front) is a participant in the foundation's Transition Age Youth and Families (TAYF) initiative in Houston. Willie Williams (back) is a leader of the Austin Area African-American Behavioral Health Network.*

TURN TO PAGE 2 FOR MORE ON THIS STORY.



Hogg Foundation
for Mental Health

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