



HARRIS COUNTY PSYCHIATRIC CENTER
ANNUAL REPORT • FISCAL YEAR 1998

An Operating Unit of The University of Texas-Houston Health Science Center
by Agreement with the State of Texas and Harris County



CENTER:

The point, person, area, or thing that is most pivotal in relation to an activity, interest or condition.

“Center” is an important part of the identity of the Harris County Psychiatric Center (HCPC) and represents the variety and community-focused nature of the services and activities provided by this educational healthcare institution. HCPC is a center for the treatment and study of mental illness in Harris County and southeast Texas, and it is also a center for the teaching and promotion of mental health among the citizens of this region. To the HCPC community, it is a center where clinicians, educators, health-care professionals, and students come together to accomplish four missions: patient care, education, research and community outreach.

Created by the Texas Legislature and opened in 1986, HCPC exists primarily to serve those who suffer from debilitating chronic mental illness and their families. Each year, HCPC directly treats over 5,000 adults and children. They, in turn, are HCPC’s center, and it is from their needs that the mandates for HCPC’s operation come. HCPC is the key institution of an alliance among the Texas Department of Mental Health and Mental Retardation, the Harris County MHMR Authority (which serves as the single portal authority through which most patients are admitted to the Center), the Harris County Hospital District, the University of Texas-Houston Health Science Center, and the Probate Court System.

As such, it is the center for acute and continuing care of those persons with mental illness; for education, in collaboration with the UT-Houston Medical School Department of Psychiatry and Behavioral Sciences, of a variety of general and of mental health-care professionals; for research, in collaboration with the UT-Houston Mental Sciences Institute and other UT-Houston components, into the causes and treatment of mental illness; for community service, in collaboration with Houston’s mental health service and advocacy groups, providing diverse outreach activities to educate the public and reduce the stigma of mental illness



A MESSAGE FROM THE ADMINISTRATION

Welcome to the Harris County Psychiatric Center

“Action” best describes the past year at HCPC – action and successful change. This change was directly in response to our nation’s evolving paradigm for mental healthcare delivery and financing. During Fiscal Year 1998, we believe HCPC put into action a number of programs and plans that will be successful responses to the challenges and opportunities this new paradigm presents.

The individual changes that occurred, and will continue, are an amalgam of, but also have an impact beyond, the specifics of a new administrative structure, physical alterations, or even a new environment embracing managed care. They are part of the realization that HCPC continues to be responsive to the need for reinventing itself as an academic institution to meet changes brought about by managed care, public sector funding constraints, scientific and medical discoveries which alter our views about mental illness and its treatment, and increasing demands for service and attention by the public at large.

We chose the theme of “center” for this report, because we believe that is what HCPC has worked hard to move toward becoming during the last year: a center for our four mandated missions of patient care, education, research and community service.

Yes, we remain the region’s preeminent facility for inpatient-based acute care of persons with mental illness, but the changes mentioned above and the growing need to encompass mental illness, mental healthcare and mental health issues as part of the larger public health effort, impel us to become a center that brings together and addresses all these areas. We submit that as HCPC acts and changes to meet the new realities, its value increases, both financially and in its usefulness to the community.

For example, during 1998, HCPC was relatively successful at expanding beyond our niche in academic medicine by attracting the partnership of managed care providers and expanding the access to our patient services, adding new programs within the care continuum, adding technological resources in education, gaining new knowledge about care interventions, and enhancing our profile within the community. These changes allowed us to meet funding and care challenges and create innovative solutions that increased our value to a wide spectrum of interests from healthcare to public service.

In this Annual Report you will find detailed information on new administrative service areas, created to help HCPC remain the kind of active and responsive institution it must be to survive and meet its goals. Accomplishments in each one of HCPC’s four service missions are accompanied by descriptions of some of the new innovations created to meet our reinvention and personal statements by HCPC staff on the fulfillment of each mission. Statistical data will provide you with direct proof of HCPC’s important role in local and statewide mental healthcare and its responsible stewardship of the public’s support and trust.

During Fiscal Year 1998 many of our plans for this Center came to fruition. But this will not be the end of change for HCPC or the end of its reinvention. What will remain the same, however, is the quality and quantity of our vigilance to respond to the needs of Harris County and our willingness to act to provide the best in mental health care, education and research for its citizens.



Robert Guynn, MD, *Executive Director* (left)
and David R. Small, MBA, FACHE, *Administrator*



THE CHALLENGE & THE SOLUTIONS

The Challenge: *To Continue To Provide High Quality Patient Care In An Ever-Changing Managed Care Environment.*

The Solutions: *Develop Priorities and Programs To Assure The Center is Carrying Out Its Four Missions: Patient Care, Education, Research and Community Outreach.*

MAJOR HCPC CENTER-WIDE ACHIEVEMENTS IN 1997-1998:

Received an "A" Rating from JCAHO, the Joint Commission for Accreditation of Healthcare Organizations, the nation's hospital accrediting organization;

Reduced the cost per patient day, thus improving operational efficiency;

Increased non-state revenues, including foundation and grant funding for research and support programs;

Implemented managed care contracts, allowing HCPC to better serve our customers;

Maintained the same levels of patient services (i.e., admitting almost 5,400 patients) despite a significant reduction in the number of publicly funded inpatient beds;

Successfully implemented guidelines of new performance contract with a MHMRA of Harris County ;

Strengthened and expanded seven-day-a-week services to patients in registration, financial screening, initial assessment, programming and case management;

Unveiled a new administrative and organizational structure for the Center, which included the addition of several new administrative areas: Patient Services Center, Patient Clinical Programming, Decision Support Services, and Continuum of Care.

Fiscal Year 1998 was a time of great challenge, great opportunities, and great change for HCPC. Ideas, plans and strategies that had been in progress for the last several years came to fruition during this time, ranging from the physical renovation of HCPC's "gateway" areas and the expansion of both our inpatient and continuing care services, to securing a greater share of the growing managed care mental healthcare market. These changes were in direct response to the outside needs and expectations of our stakeholders. Also, many of these changes, such as the reorganization of our administrative services, were initiated in order to refine our growing relationship with managed care providers and more effectively manage our services through performance improvement studies and assessments.

One of HCPC's main accomplishments was the successful implementation of a new Performance Contract with Harris County MHMRA, under which the Center continued along its prior path of providing quality care to increasing numbers of patients and family members, while shortening patient stays and providing additional options in the continuum of care (i.e., the newly-implemented HCPC Partial Hospitalization Program).

Discussion and implementation began with the state and local MHMR authorities to reduce the numbers of patients transferred from HCPC to Rusk State Hospital in Rusk, Texas, and to develop programs so these Harris County residents could be treated

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STRATEGIC GOALS

During FY1998, HCPC continued its transformation into the preeminent regional resource and center for the treatment, research and education of mental illness in order to:

- *Meet the socio-economic demands of the healthcare industry within a managed care environment;*
 - *Improve patient care in response to the ongoing scientific and medical discoveries about mental illness;*
 - *Educate the mental health care professionals of this region for the next century;*
- *Stimulate and support research into the causes, treatment, and cures for mental illness; and*
 - *Advocate understanding about mental illness throughout the community and be an advocate for the rights and needs of those persons with mental illness.*

FY1998's major actions included the establishment of five Strategic Goals for the Center, whose achievement will allow us to meet challenges and to put HCPC in a leadership role as a freestanding mental healthcare facility.

1

Develop an HCPC Continuum of Care by implementing multiple treatment options to meet the mandates of our organizational vision of providing the best possible care for patients in the least restrictive environment.

2

Increase Operating Efficiency by reducing the cost of a patient's stay in the hospital through ensuring that all services meet both cost-effectiveness and customer satisfaction standards.

3

Make Decisions Based On Data by using concrete measurement systems for all critical factors in the organization that will determine and document the best possible practices.

4

Increase Non-State Revenue to lessen the Center's dependence upon public monies allotted for health care and by inviting community leaders to become stakeholders in the Center.

5

Increase Community Profile by creating positive name recognition and reputations through increased presence in the community as an educator, advocate, and neighbor.

From the establishment of these goals, the Center began an administrative reorganization process to bring about their achievement. This involved the creation of new areas of influence and the movement of current departments and operations into more appropriate groupings. (See pages 5-7)





THE CHALLENGE & THE SOLUTIONS CONTINUED

Continued from page 2

locally. Through careful and deliberate fiscal management, and despite a reduction of \$1 million in state revenues, HCPC managed to end the fiscal year with a moderate surplus. That surplus will be used during Fiscal Year 1999 to continue to improve

patient services and programming. The next years will provide an opportunity for the Center to further expand its reach through the implementation of expanding intensive outpatient services and other community efforts.

The University of Texas remains committed to strengthening the services provided

by the UT-Houston Medical School Department of Psychiatry and Behavioral Sciences, the Mental Sciences Institute and HCPC. The University's and HCPC's commitment to this pledge is seen through the expansion of projects and services to students and the citizenry of Texas.



OTHER CENTER-WIDE ACHIEVEMENTS IN FISCAL YEAR 1998:

Welcomed over 60,000 visitors; and

Answered more than 5,000 phone inquiries each month.

Reduced the Nursing Services vacancy rate by 40 percent through successful recruiting efforts;

Implemented performance-based merit raises for staff;

Upgrades and renovations in a number of Center facilities, such as:

- *Remodeling of Center lobby to improve patient flow and make the Center more family-friendly,*
- *Redesign of Patient Registration area to ensure patients are processed as quickly and efficiently as possible,*
- *Renovations of patient units, including new flooring, painting and furniture,*
- *Began refurbishing and equipping gymnasium for use as a multipurpose facility,*
- *Installation of new ceiling tile, lighting fixtures, automated doors, and water heaters,*
- *Began renovations and construction to create new staff dining facilities and lounge;*

Began staff participation in Center-wide decisions, including:

- *establishing merit criteria,*
- *establishing procedures for sick leave, time off,*
- *planning the renovations to staff use areas, and*
- *revising staff performance evaluation procedures.*



PATIENT SERVICES CENTER

The Center’s new administrative areas are specifically designed to address the challenges of evolving patient care strategies and managed care mandates

Challenged to create a “continuum of care” operation throughout the hospital, HCPC reorganized and remodeled its “gateway” operations during the year, creating the Patient Services Center (PSC) as an administrative area to improve “front end” patient care and meet the verification and reporting needs of managed care. PSC encompasses a new organizational structure and delivery system—as well as an new attitude—to manage the processes that must occur in the initial interface among the patient, the hospital and those providing follow-up services.

Obtaining thorough information about a patient’s clinical needs, financial status, and family situation and obtaining it as early as possible is paramount. Instead of making the family member and patient go through an anxious and fatiguing time when they arrive, PSC has developed a seamless process, beginning even before patients arrive, to get information from them and have their clinical needs assessed and documented. The PSC’s



Joan Gunn
Area Director, Patient Services Center

more collaborative, organized, and timely system gathers the necessary patient information, makes medical and psychosocial assessments, and initiates case management as soon as a patient is referred to the Center. PSC assures that patients are moved through the Center more efficiently, speeds the development of an appropriate “treatment plan,” and focuses all concerned on the time when that patient will leave the hospital and move into the next appropriate level of mental healthcare.

It also allows the Center to work more effectively with its “portal authority,” the

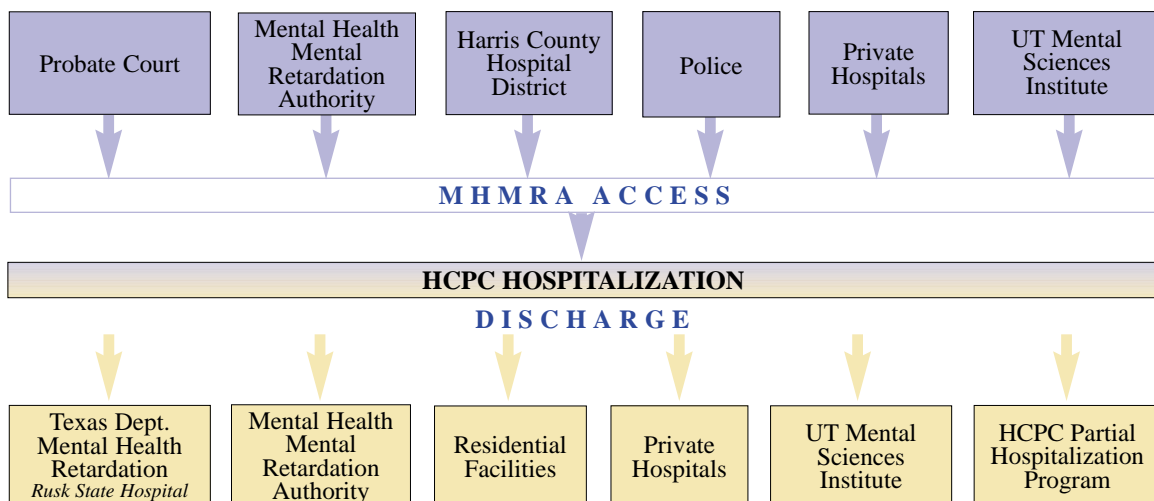
Harris County Mental Health and Mental Retardation Authority, the managed care companies and related providers who need accurate data as soon as possible after a patient is admitted, and the other agencies, such as the police or court system, often involved in a patient’s admission to HCPC.

With the organizational changes have come some all-important physical changes, including a brighter, more inviting lobby, with a special area for children, and a re-designed patient registration area that is both comfortable and private. The open and friendlier physical design also allows for easier communication with the probate court, MHMRA, and constables’ offices just across the hall.

HCPC’s mandate as an acute mental health care facility is to evaluate, treat, and stabilize our patients so they can go on to the next level of care, and with the new PSC it is doing that more effectively and efficiently.

Patients are referred to HCPC from a variety of healthcare and community services . . . and they are discharged into a variety of treatment options:

HOW PATIENTS ACCESS HCPC





CONTINUUM OF CARE

Medical, psychological, and pharmacological discoveries, coupled with demands for efficiency in inpatient care, have focused all mental health care on treating patients in the “least restrictive environment possible.”

A survey of HCPC’s internal customers, such as physicians, professionals from the Harris County Mental Health Mental Retardation Authority, and managed care providers, demonstrated a need for programs to serve mental health consumers across the spectrum. This spectrum includes acute inpatient care, day hospital programs, partial re-integration back into the community through personal care or group home facilities, and, eventually clients returning to their own communities with outpatient support.

Thus, HCPC established a Continuum of Care division to oversee and develop programs that will serve patients beyond their hospital stay. Practically, the program began in January 1998 with the opening of HCPC’s Partial Hospitalization Program (PHP). The PHP provides treatment for adults and children who do not need to be hospitalized but still require a more structured environment and more intensive care than traditional outpatient services provide. The program is self-supporting and accepts patients directly from inpatient care at HCPC or from the area’s varied mental health services, and also outpatients committed from the court system. It is specifically designed for patients returning to the community after inpatient care and outpatients who need stabilization or closer monitoring of their medications.

Patients in the PHP come to the Center each weekday for a full day of care and

activities, but spend nights and weekends in their homes. Most patients remain in the program from two to six weeks. The PHP’s multidisciplinary approach combines a carefully defined set of services delivered in a relaxed, home-like environment which stresses reintegration into normal community living situations. Individual, family and group therapy concentrating on building self-confidence and independence through everyday coping and living skills, is combined with careful management of any prescribed medications. PHP’s goal is to provide the daily treatment and support



Desiree Morgan
*Area Director,
Continuum of Care*

patients need while we continue to help their reintegration into a normal community environment.

Although outcome studies are not yet available, PHP has already received positive responses from participants and families. Some patients who experienced problems in reintegrating referred themselves back to the program to avoid further hospitalization.

The next step for HCPC’s Continuum of Care area is an Intensive Outpatient Program (IOP), to provide care for those patients who still need an intensive level of care, but not every day. Another continuum of care effort involves slowing down the referrals of HCPC patients to the Rusk State Hospital. By keeping these patients, HCPC is able to provide focused and special interventions, allow Harris County citizens to remain here for better-quality treatment, and use local and state monies more cost-effectively.



Dr. Patricia Averill meets weekly with staff psychologists and psychology residents.



PATIENT CLINICAL PROGRAMMING

With patients' hospital stays greatly shortened, the availability of psychologists, occupational and activity therapists, pastoral counselors and social workers in the Center becomes of paramount importance. Patient Clinical Programming (PCP) was organized as a new administrative area at HCPC to provide increased accessibility and a more comprehensive approach to providing these services. These professionals are charged with providing adult, child and adolescent psychoeducation and activity groups which help patients understand and express themselves, learn about their illnesses and gain coping and life skills that will allow them to function in the community. Staff must work closely with families to help them uncover and deal with issues



Patricia Averill
*Area Director, Patient
Clinical Programming*

surrounding the patient and help establish a support system for the patient upon his or her discharge. Patient Clinical Programming has expanded the number and variety of psychoeducational programs to better meet patient needs and schedules and make the best use possible of the professionals' clinical expertise. For example, rather than have all the Center's

social workers do case management with individuals, HCPC now utilizes them as teachers and group facilitators addressing such topics as substance abuse, anger and behavior management, or educating patients about their diseases and how they can help manage them. They also conduct groups to discuss family issues and what patients should expect when they return to their homes and communities

The development and focus of all the groups, learning services, and supportive mentoring provided by PHP is patient-directed; patients are consulted about what kinds of activities they find most helpful, and their satisfaction with these programs is assessed continually.



DECISION SUPPORT SYSTEMS

Quality managed care can only be achieved if HCPC knows which kinds of processes, treatments, and organizations work for the patients and other hospital customers. From the measurement of the value of the services provided, informed business decisions of benefit to our patients, customers, and the public can be made.

The Decision Support Systems area was created to provide a way for HCPC to manage the cost, quality, utilization and value of its services through the collection, dissemination, and evaluation of data from all Center departments and stakeholders, and then help the Center apply these findings to create the optimal kind of patient care, education, research, and outreach services. The area also includes three related departments: Performance Improvement (PI), Policy and Procedure Maintenance (PPM), and Compliance.

Performance Improvement (PI) works with Center departments to set performance indicators and develop measures of performance appropriate for the work of that department. PI



Helen Greenlee
*Area Director,
Decision Support
Systems*

is involved in compliance reporting required by the Harris County Mental Health and Mental Retardation Performance Contract, under which the Center receives funding. PI also established a Performance Improvement Measurement System allowing the Center to become "365-days compliant" with the regulations of the national hospital regulating

authority, the Joint Commission for Accreditation of Healthcare Organizations (JCAHO).

All HCPC policies and procedures were formatted to be compatible with those of all other UT-Houston operations, and will soon be on-line. In addition, PPM oversaw a Paperwork Reduction Task Force, implementing eight staff recommendations for the elimination of redundant paperwork and inefficient documentation processes.

To meet the increasing mandates and regulations of managed care companies and government regulatory bodies, HCPC has established an office to oversee development, oversight and monitoring of a Center-wide compliance program. This will ensure the Center's appropriate response to the changing needs of the organization, the law, governmental policy and the procedures, as well as private payer health plans.





MISSION: PATIENT CARE

HCPC ACHIEVEMENTS IN PSYCHIATRIC HEALTHCARE FOR FISCAL YEAR 1998:

- Saw 5,390 patients, including 526 children and adolescents;
- Maintained an average length of stay per patient of 9.4 days, below guidelines set for HCPC by the state and county mental health authorities;
- Created the Patient Services Center, to make the admission of patients to the Center an easier and more caring process and to maximize third-party reimbursement for patient services;
- Created Patient Clinical Programming, to coordinate a variety of psychosocial services, including occupational, activity, and counseling therapies to patients and families;
- Created Continuum of Care, to initiate innovative approaches to the treatment of patients in the least restrictive environment possible. The first such program was the
- Partial Hospitalization Program for patients who do not need acute hospitalized care, but still require an intensive clinical care;
- Adopted standardized clinical processes, including
 - The Primary Nursing Model, a more patient-centered approach to patient care, allowing closer nurse-physician collaboration,
 - Clinically-based patient intake model, and
 - Treatment Team training;
- Provided decompression services for the MHMRA Crisis Program and Ben Taub Hospital, expediting patient movement from crisis care to inpatient treatment;
- Implemented computer information changes to improve communication about patients, including an on-line Continuity of Care Form;
- Planned the Rusk Diversion Project to reduce the number of Harris County residents sent to the Rusk State Hospital; and
- Upgraded the Patient Satisfaction Program processes.

Letters laud patient-centered approach

Dear Ms. _____,

I want to express my appreciation for _____ of the Partial Hospital Program). Her care and consideration for my grandson has made all the difference for him. For the first time, I feel hope for the future.

I have spoken with her on the telephone several times and the intelligence with which she handles her position and the people in her charge is remarkable. We need more people like _____ in all our systems, public or private.



MeiLing Moran, of Patient Relations, reads some mail from former HCPC patients.

To all the staff Members of Unit —:

I don't know quite how to say this, but "thank you" for making my experience here as pleasant as possible. I cannot say that it was enjoyable, but you guys helped out a great deal. You all are so kind.

Thank you so much.

To Dr. —:

Hi. I am going to miss you a lot. You are a very excellent doctor. Thank you for helping me with my problem.

From a patient on the Child and Adolescent Unit

To the Doctors, Nurses, Techs, Therapists, et al:

I would like to take a few moments to thank each of you for the excellent care you gave me during my stay.

I was very apprehensive entering this facility, however I was showed every courtesy and kindness that could be extended.

Again, thank you for your care.

Dear Mr. —:

I want to express my gratitude for my daughter's recent hospital stay. I was very impressed by the professionalism of your entire staff. The admitting staff was compassionate in a very difficult situation. They helped me through an emotional decision-making process. All of the employees in her unit were courteous and thoughtful.

I would especially like to mention —. He shared his knowledge and insight into what we know will be a difficult road ahead of us. His kindness and willingness to help at any time is very comforting. I appreciate all of the staff who worked with my daughter and commend them for working in such a difficult field.

Each visit we made to the hospital impressed me more. From the security guard at the front desk, to the cleaning employees, we were always greeted with a smile and a friendly greeting. One employee was mopping the floor and held the elevator door for me. Your hospital is welcoming and inviting, even under construction. You should be very proud of all your employees. Each one plays an important role in portraying a caring environment.

Dear —,

I am writing you to let you know how much I appreciate the help I have received from the staff of Unit —. I have spent one week in this facility and am being discharged today. I feel that I have received some valuable insight and help on this unit from everyone on the staff.

The technicians have treated me with respect and have a very professional manner in the way they deal with clients . . . The doctor and his staff has also helped me immensely as far as dealing with my problems. I think you have an exceptional group of people on Unit — and they work very well as a team.

Thank you

June 1998

Dear Ms. —,

Thank you so very much for all of your help with this whole situation with my father. You are truly fantastic at your job. My visit with you was the first time that I felt as if "someone on the other side" actually cared. I really appreciate everything you did. Both the Harris County Psychiatric Center and the patients there are lucky to have you.





Dr. Adel Wassef has served as assistant professor at the UT-Houston Medical School and an attending physician at HCPC since 1994. He works daily with patients and carries on a vigorous and well-supported clinical research schedule. Wassef received funds for the development of a series of conferences on the recognition and treatment of depression, attended by over 2,000 mental health professionals. Currently, his main area of research interest is in treatment-resistant schizophrenia. Also, Dr. Wassef is currently serving as the president of the HCPC Medical Staff.

I became a psychiatrist because I could see that there was so much to learn and to accomplish; we were at the beginning. I became a physician because of that same curiosity and interest in discovery and learning, but also because I wanted to help people.

Perhaps nowhere else in medicine is the human connection so important as in psychiatry. With any illness the treatment process is really a relationship situation, but this is especially true with a psychiatric illness. Giving a patient a diagnosis and prescribing medicines is not enough; treatment must include “a caring relationship” that addresses needs of the patient which have otherwise gone unmet as a result of the illness.

In the course of a person’s mental illness, many losses have occurred that make empathy a major focus of the treatment process. I believe that psychiatry must allow for individual differences; we as clinicians must remain flexible and open. Using a rigid process is not likely to be helpful. As one of my professors, Dr. Paul Adams, said: “If you only have a hammer, everyone looks like a nail.” This is why we need to have everyone—physicians who are in training, as well as those who are in practice—learn a variety of skills to meet the needs of a variety of patients.



Dr. Adel Wassef counsels with a patient.

Another tenet of my approach to patient care is to give the patient as much control as possible, considering the limitations imposed by his or her illness. It is vital that patients are treated “with dignity” since their illnesses have often deprived them of the basic things in life: home, family, occupation. They end up with lives that are often unsatisfying.

As a teacher in a teaching facility, I know that we have a lot to learn, and we are always learning and looking for innovative approaches in psychiatry. The road to the future is a combination of caring, learning, understanding and research. To be successful, these components must work within the context of the mission of being a physician. This is a caring physician who is able to convey this compassion to a patient whose illness pervades every aspect of his life. Certainly we have to have the knowledge, the skills, the medication; but these must go hand-in-hand with the ability to connect the patient to the caring part of the doctor-patient relationship.

“With any illness the treatment process is really a relationship situation, but this is especially true with a psychiatric illness.”



MISSION: EDUCATION

HCPC ACHIEVEMENTS IN PSYCHIATRIC EDUCATION FOR FISCAL YEAR 1998:

- Provided 129,424 hours of training to 538 healthcare students:

- 190 medical students
- 293 nursing students
- 24 general psychiatry residents
- 7 child psychiatry fellows
- 6 psychology residents
- 12 family practice residents
- 6 pharmacy students
- 1 social work intern

Educational institutions whose students are trained at HCPC include the UT-Houston Medical School, School of Nursing, and School of Public Health; UT Medical Branch at Galveston; Houston Baptist University; Louisiana State University; Prairie View A&M University; Houston Community College; and San Jacinto College.

- *Held a six-week Nursing Internship Program for newly-licensed staff nurses or nurses with no psychiatric experience for preparation for assignment to a nursing unit;*
- *Created the HCPC Ethics Committee, the first such group in a freestanding psychiatric facility in Texas, to provide education, policy and topical review, and consultation on cases. The committee developed a proposed Code of Ethics for the Center and an ethics education program for personnel;*
- *Sponsored continuing education activities for hospital and mental health professionals, designed to meet the needs of nurses, social workers, licensed professional counselors, psychologists and other mental health providers.*

Some of the highlights included:

- *“Mental Illness from the Family and Consumer Perspective,” a dialogue with consumers from the community about family issues and their understanding of the role of the mental health professional,*
- *A panel of members from the Texas Brain Injury Network questioned Robert W. Guynn, MD, about mental health issues resulting from brain trauma,*
- *A six-hour program for faculty and parents of students at Whittier Elementary School to help them identify mental health issues of young children and services available, and*
- *“Critical Incident Debriefing,” a seminar on using the principles of Dr. Jeffrey T. Mitchell’s Critical Incident Stress Management program.*

- *In addition, The UT-H Department of Psychiatry Library*
 - *Supplied 90 percent of users’ requests from the library’s collection;*
 - *Joined other UT libraries in the Texas Health Science Libraries Consortium (THSLC) to continue to provide access to Ovid MEDLINE, BioethicsLine, Current Contents, and Health and Psychosocial Instruments databases; and*
 - *Received Interlibrary loan reimbursements of \$5,622.*



Andrew Harper, MD, Chief of HCPC's Child and Adolescent Services with the state-of-the-art teleconferencing equipment from Aethra which allows Harper and his colleagues to connect directly to HISD's Whittier Elementary School.

Tele-ed gives teachers advice, support to aid students

Joey's at it again. And once more, Mrs. Smith has had to interrupt her third grade class to deal with Joey's outbursts. But as much as Joey's disruptive behavior is a nuisance, Mrs. Smith worries more about Susie who is withdrawn and unable to make eye contact. Are these children's behaviors just natural or do they warrant more attention? It certainly would be helpful if Mrs. Smith had someone to talk with on a regular basis about student's emotional problems.

This is a hypothetical situation, but a not uncommon one in today's school classrooms. Now, through an innovative tele-education pilot project between HCPC and the Houston Independent School District, teachers have the opportunity to consult regularly with physicians trained to recognize children's mental health problems.

One day a week, after the school day has ended, a psychiatrist or psychologist from HCPC's Child and Adolescent Services "meets," via specially-designed teleconferencing equipment, with the teachers at Whittier Elementary. Whittier was chosen to be the pilot school for the project because of its large population of at-risk children and its location in far east Houston, several miles away from district and other resources.

Clinician and teachers are able to engage in a totally interactive presentation designed to be open-ended and respond to issues and situations as they arise within the school community. The tele-education conferences are a combination of presentations by the clinicians on specific topics selected by the teachers, such as how to identify sexual abuse or attention deficit disorder, and discussions between clinician and teachers of problems or issues relating to specific students in their classes.

The project is designed to address teachers' concerns about behaviors in their classroom and help teachers identify when a child needs mental health assessment or intervention as opposed to just displaying psychological or behavioral patterns normal for his or her age and situation. Because the sessions are held immediately after school, when difficulties or problems are fresh in their experiences, the teachers are often able to find immediate solutions to their problems.

Although similar to a Distance Learning Wellness Program involving The University of Texas-Houston and the Spring Branch ISD, the HCPC program is different in that it offers consultation as well as education in mental health issues to the teachers. In addition, the HCPC project is piloting state-of-the-art medical video conferencing technology. The special rollabouttelemedicine units operated by desktop computerized workstations allow for the use of a variety of teaching techniques, from writing on a "white board" to using video clips or information from the Internet.

Dr. Octavio Pinell is professor and director of undergraduate education in the UT-H Medical School Department of Psychiatry and Behavior Sciences, and since 1994, a member of the HCPC attending staff. He has been affiliated with academic medicine for more than 35 years and has consistently received awards for his teaching excellence. He is a two-time winner of the prestigious John P. McGovern Outstanding Teacher Award in Clinical Sciences, and in 1991 received the American Psychiatric Association's Certificate of Recognition in Excellence of Medical Student Education.

There were five physicians in my family, my father was a teacher, and my grandfather was both a doctor and a teacher. I have been teaching since I was a medical student. My professors asked me to teach other medical students; perhaps they saw that I enjoyed it.

My life would be empty if I didn't teach; for me it is a priority. Recently, I had bronchitis and a temperature of 103 degrees, but I had a four-hour class to teach, so I taught. Why? It's like loving a food and not being able to eat it. I don't believe you can be a physician without being a teacher—at least I cannot.

I try to share what little knowledge I have with the students. I say "little knowledge," because the only thing I know is that I don't know. Today, we know something as true in medicine, but it may be false tomorrow. We must keep learning, advance, change our ideas and not stagnate. Teaching makes me a better psychiatrist because my students force me to study more, to keep up with the new findings and theories.

Listening and observation are very important for us to teach. Medical students must learn how to listen to what people say, but also how they say it, how they appear, how they act and their reactions: angry, worried, sad, ready to strike.

I teach my students to interact with the patient, and ask questions that induce patients to tell them how deep the problems are. One of my students

“Teaching makes me a better psychiatrist because my students force me to study more, to keep up with the new findings and theories.”



Dr. Octavio Pinell works daily with psychiatric residents and staff at HCPC.

asked a patient: “Do you hear voices? Do you believe people are trying to kill you? The patient was saying “no” to everything. So I asked the patient: “Why is your family using witchcraft on you?” And he said: “The devils told them to do that.”

So with the next patient, the student asked questions that encouraged the patient to respond and she got much better results.

Without the patients I would only be a part-time teacher because I'd only teach the theoretical aspects. With patients I teach the practical aspects. I love to deal with difficult patients, because the difficult patients who don't respond to the usual types of treatment are the ones who force you to research and make changes.

HCPC is very lucky to be affiliated with an educational institution. It is good for the patients to have an attending physician, a resident and a medical student interact with them. Although the medical students can't make decisions, they can make observations. And sometimes we miss something and the medical students will say, “I saw this . . .”



MISSION: RESEARCH

HCPC ACHIEVEMENTS IN PSYCHIATRIC RESEARCH IN FISCAL YEAR 1998

- *Created Decision Support Systems, a new administrative area, designated to collect, analyze and distribute data and to observe and document hospital processes and procedures to determine the most cost-effective treatments. During the year, this area:*
 - *Established data driven outcomes for management and planning, using a data measurement system for critical factors of the Center's operation, and*
 - *Implemented a Patient Outcome Measurement Project using the Brief Psychiatric Rating Scale, a valuable measurement of clinical outcomes;*
- *Developed studies and research proposals based upon data collected by the Center, such as studies of:*
 - *Stability of diagnosis in schizophrenia and bipolar disorder,*
 - *Relationship between diagnosis of schizoaffective disorder; treatment outcome, and changing diagnostic criteria,*
 - *Early prediction of treatment response,*
 - *Characteristics associated with the need for prolonged hospitalization or transfer, and*
 - *Relationship between length of stay and other clinical features and length of time from discharge until next hospitalization;*
- *Conducted research:*
 - *Efficacy, safety and pharmacokinetics of M100907 in schizophrenia and schizoaffective patients,*
 - *Iloperidone in treatment of schizophrenia,*
 - *Comparison of Haloperidol, placebo and EMD 128 130 in treatment of schizophrenia,*
 - *Olanzapine vs. Risperidone in treatment of schizophrenia,*
 - *Lamotrigine in treatment of manic episodes of bipolar disorder,*
 - *Lamotrigine in treatment of depressive episodes of bipolar disorder,*
 - *Lamotrigine in treatment of rapid cycling associated with bipolar disorder,*
 - *RWJ-1720-002 in the treatment of manic episodes,*
 - *Biology of depression and antidepressant drugs, a collaborative project involving investigators at UT-San Antonio, UT-Dallas and George Washington Medical School, St. Louis, involving early prediction of response to treatment, and*
 - *Lithium vs. divalproex in treatment of adolescent mania;*
- *Continued several ongoing research projects:*
 - *A cognitive behavioral relapse prevention approach to the treatment of bipolar disorder and substance abuse,*
 - *Biological and behavioral disorders in psychiatric disorders,*
 - *Cognitive activated functional MRI of the brain, and*
 - *A comparison between sertindole and risperidone in treatment-resistant schizophrenia (completed in FY1998);*
- *Submitted Grants to the Federal Government for:*
 - *Treatment of manic episodes associated with alcoholism. (under review by NIMH),and*
 - *Neuronal pathways in psychiatric disorders (submitted to NIMH); and*
- *Published scholarly papers, based upon HCPC data, about the biology, diagnosis, and treatment of serious mental illness and treatment.*

Dr. Alan C. Swann

is the Pat R. Rutherford Jr. Professor of Sciences and the Vice Chair for Research in the Department of Psychiatry and Behavioral Sciences at the University of Texas-Houston Medical School. Considered to be among the leading experts on bipolar mental illness, his other areas of research interest include affective and anxiety disorders, biologic predictors of suicide, and psychopharmacology.



Alan C. Swann, MD, often checks research findings at the UT-H Psychiatry library.

This is a time of great opportunity for research in psychiatry. Rapid advances in basic science have increased our knowledge of how the brain works. We must discover how to apply that knowledge of how the brain works. We must discover how to apply that knowledge to gain a better understanding of mental illness, to translate that understanding to better treatments, and to find ways to use those treatments to improve the lives of our patients.

Research at HCPC focuses on the major illnesses that afflict our patients: bipolar disorder, schizophrenia, and major depression. In each case, our goals are 1) to determine the mechanisms of the behavioral disorders that underlie the illnesses: disturbances of thinking and mood, disorders of impulsivity, motivation, or aggression; 2) to find better ways to identify patients with the illness; 3) to develop predictors of treatment response, including characteristics of the patient or of the patient's history to help predict which treatments will work, and early changes that can tell us whether

treatment will be successful; 4) to develop new treatments for major illnesses; and 5) to determine the best uses for both new and older treatments.

In order to meet these needs, we carry out brain imaging studies, behavioral studies, clinical outcome studies, and treatment trials. The progress we make in these areas will improve our ability to care for our patients.

Even the most severely ill patients spend most of their time outside the hospital. A patient's experience in HCPC should have a favorable impact beyond the relatively short time that he or she spends here.

Therefore, our research will focus increasingly on studies that combine inpatient treatment with outpatient follow-up, during which the individual's quality of life and ability to function, as well as freedom from relapse of illness, is monitored.

"Our research will focus increasingly on studies that combine inpatient treatment with outpatient follow-up..."



There is a stigma against mental illness that extends to its treatment and research. But the opportunities outweigh the drawbacks. Greater knowledge and understanding will reduce the stigma. It is our responsibility to be sure that whatever we learn about mental illness is clearly and responsibly communicated to our patients and to the community.

We have seen tremendous advances in the brain sciences, and their impact on treatment is yet to come. Meanwhile, while learning through research, we will treat episodes and symptoms as effectively as possible. Even apparently modest improvements in treatments can have a large impact on the quality of a person's life. Perhaps the main goal of research is to find practical ways to use greater scientific understanding to improve people's lives.

HCPC breaks ground with Ethics Committee

While all of us, in our private and professional lives, come across situations where our ethical values conflict, perhaps those involved in treatment for persons with mental illness face more of these dilemmas on a daily basis. Mental health professionals have a duty to respect the patients' autonomy, yet there is also the duty to protect them and others from harm. There is a duty to keep information confidential, yet



HCPC nursing staff members Martha Yavar and Gwen Dejean examine EKG equipment used to monitor cardiac activity.

there is also a duty to be publicly accountable for the use of resources.

Such complicated cases requiring more than just a departmental or treatment team approach and dilemmas needing further consideration prompted the HCPC administration to establish a Center-wide Ethics Committee—the first in any free-standing psychiatric hospital in Texas. The group is to be a “before the fact” advisory committee, charged with providing education, topical and policy review, and case consultation. It is composed of staff representing the Center's major disciplines. The group's first work has been in reviewing and making

recommendations for a formal Hospital Code of Ethics, independent but in concert with the various professions' codes, and the development of an ethics education course for all hospital personnel.

In its consultation role, the Committee will provide assistance to patients, families, clinicians and staff when ethical values are in competition regarding a specific decision and there is disagreement or confusion about how to proceed with care. It will have no decision-making authority or function as a forum for complaints or judgement of allegations against individuals or groups.



MISSION: COMMUNITY SERVICE

On-going Continuing Education benefits staff, citizens

As Harris County's major public mental health facility, HCPC's responsibility to use its resources wisely and for the benefit of the

community extends beyond the physical provision of medical services to include the expertise and experience of its faculty and

staff. Fortunate in the diverse group of mental health professionals—psychiatrists, psychologist, nurses, and social workers—who are leaders in-patient care and research, HCPC has always provided informational forums and education for the community.

To increase its public profile, however, in 1998 the Center inaugurated a regular, ongoing public lecture series and continuing education program. The series is designed to both provide valuable educational opportunities for its staff and other professionals, and to enlighten the public at large about mental illness, its treatment and care, and other public mental health issues.

The combined lecture/CEU program is offered through the Center's Office of Continuing Education and Professional Development and is the first year-long program of its type at the Center. Lectures and presentations are planned and presented by the medical, nursing and social work staff at the Center and held regularly each month. Each program offers participants the chance to earn CEU credits in psychology, social work, and nursing. A number are presented in cooperation with other local mental health organizations, such as the Texas Alliance for the Mentally Ill, the Mental Health Association, and the Harris County MHMRA. Outstanding research and clinical faculty from the UT-Houston Medical School Department of Psychiatry and Behavioral Sciences also participate in programs designed to enlighten professionals and the public on specific mental illnesses and specific research efforts they are engaged in. The programs are free and scheduled at a variety of times throughout the day to allow maximum accessibility to staff, students, and the public.

HCPC ACHIEVEMENTS IN COMMUNITY SERVICE IN FISCAL YEAR 1998

- *Renovated the public areas of the Center and added new signage to give the Center a higher profile in the community and more comfortable climate;*
- *Conducted over 80 hours of seminars and lectures attracting 574 people, including mental health professionals and consumers; several were held in cooperation with other mental health agencies and organizations. The highlights included:*
 - *“Women and the Family: Violence and Abuse,” a day-long seminar featuring the Honorable Margaret Heckler, former Member of Congress, Secretary of Health and Human Services, and Ambassador to Ireland,*
 - *“Women’s Mental Health Issues,” a three-part program focusing on the diagnosis and treatment of depression,*
 - *“Current Prospectives for Children and Adolescents with Mental Illness,” a six-hour symposium primarily for school-based helping professionals, co-sponsored with the Texas and Harris County Alliances for the Mentally Ill, the Houston Independent School District, and the MHMRA of Harris County, and*
 - *Infant Mental Health Advocacy Conference featuring Dr. T. Berry Brazelton, a three-day public conference organized by MHMRA and the Texas Association for Infant Mental Health;*
- *Co-sponsored the SISTARE, NAMI Campaign to End Discrimination Against People with Brain Disorders art exhibit at Tenneco Tower along with the HCPC Consumer/Provider Partnership. The exhibit’s opening featured remarks by a number of state and national mental health advocates; and*
- *Initiated the design of a tele-education project involving the Child and Adolescent Services Division of the Department of Psychiatry and Behavioral Medicine with the faculty and staff of Whittier Elementary School in the Houston Independent School District.*



Mary Johnson, BSN, RN, is an HCPC Nursing Supervisor responsible for the hospital from 3-11 p.m. She has had a remarkably diverse 30-year career including work with the the Harris County Juvenile Probation Department. She has nursed in physical medicine, rehabilitation, intermediate intensive care, and clinical outreach settings, including homeless campsites and with substance abusers. "I like to do different things and to have a challenge. I just want people to think of me as a real good nurse."



Mary Johnson, BSN, RN greets community professionals at an HCPC public program.

When HCPC's Strategic Goals were announced last year (see page 3), I began to think about how I could increase the community profile of the hospital. HCPC doesn't have a high profile in the indigent or impoverished communities, even though those are many of the people we treat, and I thought this might be a good chance for me to do something to help us become known in the community.

I want to change people's minds. Sometimes people at a health fair will say, "I don't want to stop at that table; that's just for people who are mental patients." But I think if people see us in the community enough we may be able to turn some of the attitudes about mental health and mental illness around and achieve a more positive name recognition. I know it won't happen for a long time, but I'd like to see people treat mental illness just like any other illness.

I think everyone remembers that person in their family who was a "little strange" or "funny;" now we know they probably had some kind of mental disorder. Or the alcoholics—now we wonder if they were drinking to medicate bipolar or some other disorder. People wouldn't admit they were depressed or, heaven forbid, anything more serious. But more

and more it is being seen as something that happens in all families.

Community outreach at HCPC gives us a chance to educate all different segments of the community, from the person who normally would not seek our services to the family members of patients. There is always an opportunity to educate and refer clients to the kinds of services that will help them lead healthy lives.

One of my major hopes for our outreach efforts is to go into the schools. I remember how touching it was at one of our health fairs at a local mall to see a mother taking some of our pamphlets and handing them to her son, saying, "These will help you understand about my problem."

When HCPC opened, I sought a job here because I was interested in psychiatric nursing. I had worked at the Jefferson Davis Hospital where no one wanted to work on the psychiatric wards; it seemed like Dark Ages care. HCPC was state-of-the-art.





As a child I was always afraid of sick people. I never thought I'd be a nurse. I wanted to be a teacher. In reality, I am both.

"I'd like to see people treat mental illness just like any other illness."



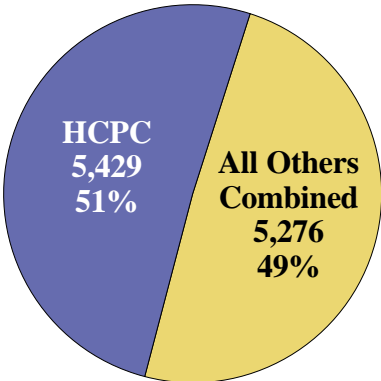
STATISTICS FOR FISCAL YEAR 1998

PATIENT STATISTICS FISCAL YEAR 1998

	Number of Admissions.....5,390
	Average Length of Stay.....9.4 days
	Cost per Patient Day*.....\$614.90
	Cost per Episode.....\$5,776.09

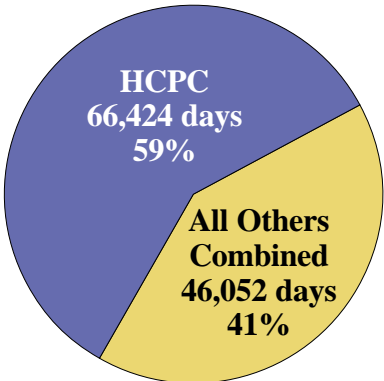
* Includes depreciation, not capital expense

COMPARISONS TO PSYCHIATRIC CARE FACILITIES IN HARRIS COUNTY*



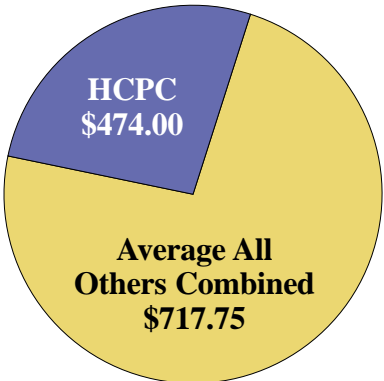
ADMISSIONS

Admissions Total 10,705



INPATIENT DAYS

Inpatient Days Total 112,476



COST/INPATIENT DAYS

Average All (including HCPC) \$669.00

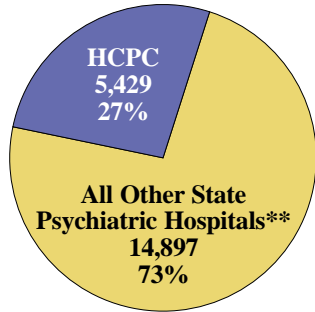
* Data provided by TDH/AHA/THA 1997 Annual Survey of Hospitals

Hospitals included: West Oaks, Charter Kingwood, Forest Spring, Cypress Creek. No figures for Gulf Pines which closed 3/98



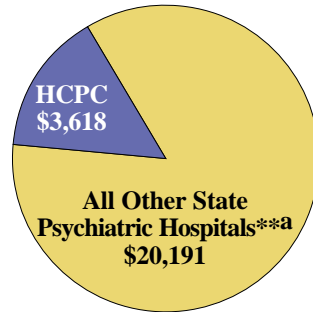
STATISTICS FOR FISCAL YEAR 1998 CONTINUED

COMPARISONS TO OTHER TEXAS STATE PSYCHIATRIC HOSPITALS*

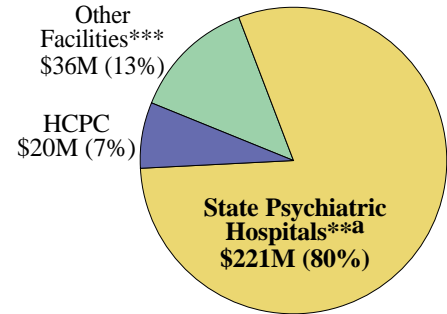


ADMISSIONS

Total Admissions All Hospitals
20,326



TEXAS DEPARTMENT OF MENTAL HEALTH/ MENTAL RETARDATION ALLOCATION PER ADMISSION

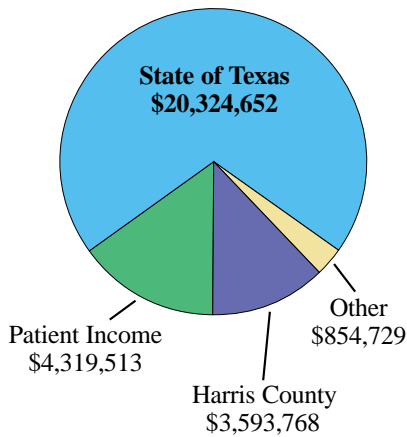


TDMHMR APPROPRIATIONS (IN MILLIONS)

Total TDMHMR Appropriations
\$277M

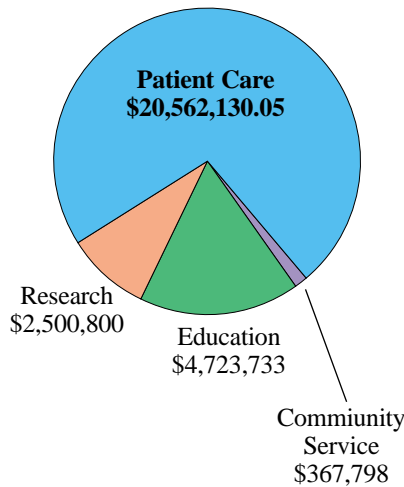
- * Data provided by TDH/AHA/THA 1997 Annual Survey of Hospitals
- ** State Hospitals included: Austin, Big Spring, Kerrville, Rio Grande, Rusk, San Antonio, Terrell, Timberlawn, Vernon, Wichita Falls. No figures available for Trinity Springs which closed 7/96
- *** Dallas County, El Paso Psych, El Paso State, Lubbock, Tarrant County, Waco Center
- a No data available for Timberlawn

SOURCES OF FUNDING FOR HCPC FISCAL YEAR 1998



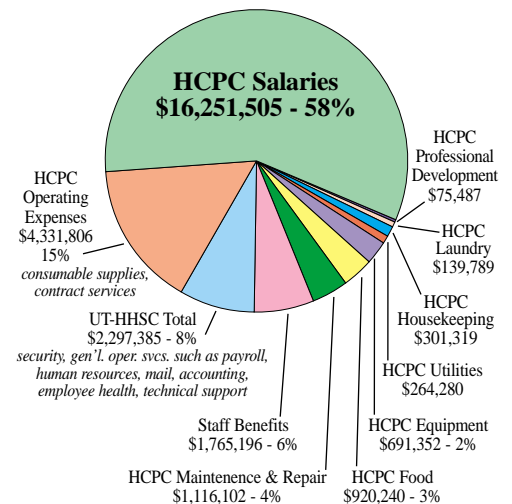
Total of Sources of Funding for HCPC
\$29,092,662

HCPC EXPENDITURES BY MISSION



Total Expenditures by Mission
\$28,154,461

HCPC EXPENDITURES BY AREA FOR FISCAL YEAR 1998



Total Figure is
\$28,154,461



FY 1998 HARRIS COUNTY PSYCHIATRIC CENTER LEADERSHIP

UT-Houston Health Science Center

M. David Low, MD, PhD, *President*

Executive Staff

Robert W. Guynn, MD, *Executive Director*

David R. Small, MBA, FACHE, *Administrator*

Roy V. Varner, MD, *Medical Director*

Dr. Katherine Cowan, MD, *Medical Staff*

Harris County Psychiatric Center Accreditation

- *The Joint Commission on Accreditation of Healthcare Organizations Certification*
- *The Healthcare Administrative Finance Association*

MISSION

The Harris County Psychiatric Center is dedicated to excellence and leadership in the treatment of persons with mental illness residing in Harris county. HCPC has the unique additional missions of the University of Texas—Houston Health Science Center (UT-HHSC) of conducting research into the causes and cures of mental illness, providing education of professionals in the care of the mentally ill, and acting as a community resource, providing the resources and knowledge of staff to the local community.

VISION

HCPC will be a premier psychiatric facility in the provision of treatment, education and research. HCPC will exert practice and innovative leadership in the broad area of mental health services and policies in conjunction with the total mental health community and the people of Harris county. We will foster an educational environment and supportive working community that motivates people to be the best. Our programs and research will serve to identify means of promoting mental health and preventing mental illness. We will work with other care providers and support systems to ensure that our patients' reintegration into the community is optimal.

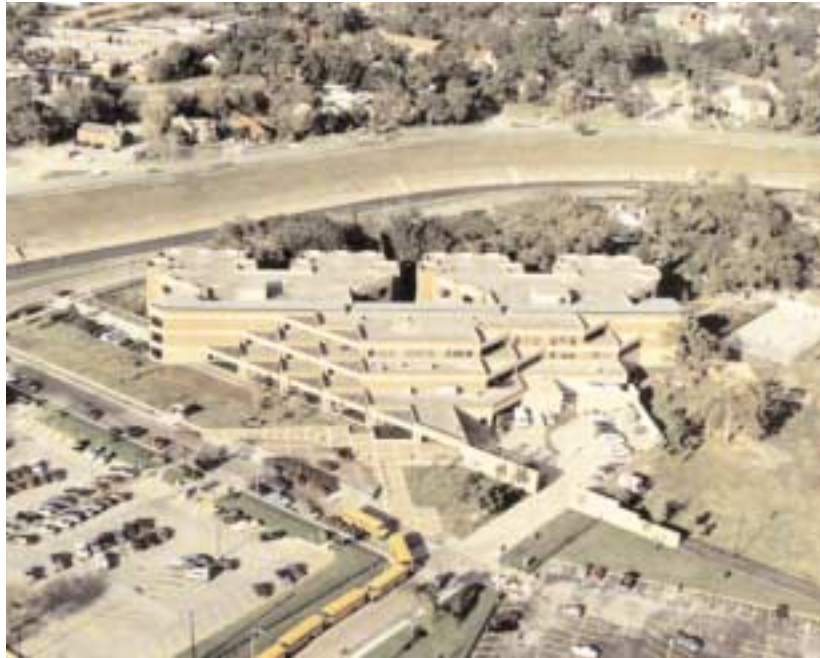
VALUES

It is the role of each HCPC employee to contribute to patient care, education, research and community service.

We believe in:

- Teamwork
- Trust and Trustworthiness
- Respect for our patients and one another
- Doing the right thing the first time
- Being open to change, critique and evaluation
- Continually searching for new knowledge and fostering a willingness to abandon beliefs proven wrong
- Continuous improvement
- Concern for humane treatment of the mentally ill
- Taking leadership roles within the hospital and community
- Education and teaching
- Recruitment into careers in psychiatric treatment
- Mutual interest in each others' improvement
- Celebration of our own successes

The Center is operated by The University of Texas-Houston Health Science Center through an agreement with the State of Texas (through the Texas Department of Mental Health/Mental Retardation and Harris County (Mental Health/ Mental Retardation Authority)).



**HARRIS COUNTY
PSYCHIATRIC CENTER**



The Harris County Psychiatric Center provides equal treatment and opportunity to all persons without regard to race, color, religion, national origin, sex, age, disability, veteran status or sexual orientation except where such distinction is required by law. This statement reflects compliance with the Civil Rights Act of 1964, and all other federal and state regulations.

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March 1999