



The University of Texas
Harris County Psychiatric Center
ANNUAL REPORT FISCAL YEAR 2000

Mission

*The University of Texas Harris County Psychiatric Center is dedicated to excellence and leadership in the **treatment** of persons with mental illness. Additionally UT-HCPC has the unique missions of The University of Texas Health Science Center at Houston of conducting **research** into the causes and cures of mental illness, providing **education** of professionals in the care of persons with mental illness, and acting as a **community resource** providing outreach to the local community.*

Vision

The University of Texas Harris County Psychiatric Center is committed to improving the mental health of those persons residing in Harris County by providing quality patient care in a humane and efficient manner. In our effort to be the region's preminent mental health care resource, UT-HCPC seeks to advance clinical standards of mental health care through participation in research and education programs through the provision of a broad range of patient care services.

Values

The University of Texas Harris County Psychiatric Center will work as a team in order to provide for a supportive environment for our patients and ourselves.

This will be accomplished through:

- Concern for the humane treatment of the mentally ill;
- Recognition, respect and honor for the ethnic and cultural diversity of our patients and staff;
- Continually searching for new knowledge;
- Education and teaching;
- Trust and trustworthiness;
- Teamwork;
- Doing the right thing the first time;
- Being open to change, critique and evaluation;
- Taking leadership roles within the hospital and the community;
- Continuous improvement;
- Mutual interest in each other's improvement; and
- Celebration of our own successes

Strategic Objectives

- Develop a Continuum of Care
- Increase Operating Efficiency
- Make Decisions Based on Data
- Expand General and Non-general Revenue
- Increase Community Profile
- * ■ Achieve Local, State and National Recognition for Quality
- * ■ Provide an Open and Inclusive Working Environment

** (added FY 2000)*



The University of Texas Harris County Psychiatric Center

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The University of Texas Harris County Psychiatric Center

cen•ter: *The point, person, area or thing that is most pivotal in relation to an activity, interest or condition.*

The University of Texas Harris County Psychiatric Center (UT-HCPC) is proud to be affiliated with the state's most prominent educational institution...proud to be a publicly supported facility established to serve the citizens of Harris County... and proud to have as our purpose the advancement of treatment and research in the mental sciences.

But it is "Center" that is the most important part of our name.

For decades, mental healthcare in Harris County, especially in the public sector, languished, relegated to poorly equipped and overcrowded facilities. Persons with severe mental illnesses could only be adequately cared for at facilities many miles from home.

But among a core group of Houston's medical and civic leaders an idea began to germinate. Fueled by new knowledge about mental illness and the discovery of treatments which no longer required long-term hospitalization for the serious mentally ill, the idea became a plan to create a facility dedicated to providing state-of-the-art treatment, and enabling local citizens with severe mental illness to get the kind of expert care they needed and deserved within their own community.

In other words, a *center*. This new facility was to be a focal point that would bring the issues of mental health and care of the mentally ill out of the back rooms and into the light of a new era of treatment and understanding. It was to be a locus for learning, a place where the next generation of mental healthcare clinicians could be educated in the best and most up-to-date practices. It was to be the core of a concerted research effort dedicated to understanding mental illnesses and disorders, devising effective treatments for persons who suffer with them, and in so doing increasing knowledge and discovery of the biological and psychological causes of these chronic diseases.

Created by the Texas Legislature and opened in 1986, UT-HCPC is the reality of that idea. It is a center for mental healthcare treatment, education, research and community service, unique in its structure, affiliations and missions.

UT-HCPC is a public, academic psychiatric facility primarily serving the citizens of Harris County and operated by The University of Texas Health Science Center at Houston. Principle funding comes from the Texas Legislature and Harris County Commissioners Court.

Each year UT-HCPC treats over 5,000 adults, adolescents and children in a 193-bed facility located in the Texas Medical Center and through a partial hospitalization

program located off-site but near the Center. The primary diagnoses of persons treated at UT-HCPC are schizophrenia, bipolar disorder and major depression; at least one-third have a co-diagnosis of substance abuse.

Patients are referred to UT-HCPC by other public and private healthcare entities, through the Mental Health Mental Retardation Authority of Harris County (MHMRA). Almost 70 percent of UT-HCPC's patients are eligible for some form of governmental social service assistance; nearly 50 percent are indigent.

UT-HCPC employs a staff of over 500, including licensed clinical professionals such as psychiatrists, psychologists, nurses, social workers, pharmacists, occupational and recreational therapists, licensed professional counselors, chemical dependency counselors and dietitians, in addition to a diversity of support personnel

As the major acute care public mental health facility in Harris County, UT-HCPC is the central link in an alliance among healthcare institutions and providers, government and social service agencies and consumer groups, including UT-Houston's Mental Sciences Institute and Schools of Medicine, Nursing and Public Health; the Texas Department of Mental Health/Mental Retardation (TDMHMR), the MHMRA of Harris County; the Harris County Hospital District; and the Harris County Probate Courts.

And because UT-HCPC is connected so thoroughly to its community, it can respond to the specific mental health needs and issues of the citizens of this region. "Center" becomes our defining word because it describes what we do, who we are and how we function at the convergence of the other mental health agencies and institutions in the region.

During the past fiscal year, UT-HCPC has gone through some significant changes—changes in its administrative leadership, in the philosophy and practice of its nursing and clinical care responsibilities, in the growth of its continuum of care programs, in its response to the needs of its personnel, in the development of its physical plant, and even in its relationship to the other public mental health providers in the region.

But UT-HCPC remains the place where "the buck stops." As governmental funding formulas continue to fall short of actual costs, as private mental health facilities close, as the environment of managed care requires increasing proof of performance, as stigma and ignorance continue to keep people from access to the services they need, UT-HCPC remains a constant.

Constant. Committed. Centered.



Dear Friends of the UT-HCPC,

Some regard the year 2000 as the end of the twentieth century, others see it as the beginning of the twenty-first century. But the real point isn't endings and beginnings, it is continuity amidst change.

That would certainly sum up the past fiscal year at the Harris County Psychiatric Center (UT-HCPC), where amidst significant changes, improvement in the performance of its four missions (patient care, education, research and community service) has remained constant.

While these four missions are the bedrock, their implementation changes constantly. In our unique role as a publicly funded, freestanding teaching hospital for the treatment of acute mental illnesses we are subject to the vicissitudes of scientific research, healthcare management, educational and clinical theories, state and federal laws, community needs, public opinion and political strategies.

Being properly responsive to each of these constituencies is difficult, but we believe UT-HCPC has succeeded and managed to grow during this past year—and growth is the sign of a viable institution.

In patient care we revitalized and reorganized our performance improvement efforts to define, track and maintain quality. We expanded our continuum of care services to meet growing mandates for community-centered care, moved into substance abuse rehabilitation treatment with a new linkage with the UT-Houston Recovery Campus and increased our tele-education programming. We also targeted the child, adolescent and older adult populations for special attention with an increase in access and services.

UT-HCPC plays a major educational role within the UT Health Science Center, and outreach efforts during the past year have brought other local healthcare education programs to partner with us. The establishment of an educational office and dedicated training organization, has significantly improved staff competency.

Research at UT-HCPC increased during the past year, accompanied by a growing belief that a unique set of circumstances makes us a prime place for such investigations. Accordingly, a strategic plan for research and a higher-profile research department were developed to encourage and facilitate research efforts among UT-HCPC clinicians, and to stimulate collaboration with the UT-Mental Sciences Institute.

To better serve the community, a Local Area Planning and Advisory Council was formed; it is the first step in establishing an on-going dialogue with the public at large, including mental health consumers and their families

These advances were accomplished by consistent attention to UT-HCPC's five Strategic Objectives (see inside front cover), established by our administrative and medical staff in

1998. With the development of a new Center-wide strategic plan, two additional objectives were identified and added:

- Achieve Local, State and National Recognition for Quality
- Provide an Open Inclusive Working Environment.

Each of the seven objectives has specific goals, which will be modified based upon performance at year's end.

Fiscally, UT-HCPC held its own during the past year, increasing our operating costs per patient day very slightly while making a significant increase in billable patient charges. But even a nine percent increase in the general revenues only brought us back to our FY 1997 level of funding. In total, our revenues exceeded our expenses by less than one percent in FY 2000.

Currently, of the money coming from governmental sources, 85 percent of the Center's operating costs are paid by the state and 15 percent by Harris County. Additional funds are from managed care insurance plans. As the State of Texas places more reliance on managed care to cover expenses at UT-HCPC, reimbursement levels for them are being reduced. Also, funding for indigent care—were over 50 per cent of our patients—remains at the same level since our opening in 1986.

Costs, of course, have not. The cost per patient day at UT-HCPC has increased dramatically since 1986.

Despite this, through careful stewardship of our funding and forging new managed care partnerships, we have been able to maintain a respectable margin of revenues over expenses.

We look forward to the first Texas legislative session of the new millennium, and we are hopeful that our state leaders will recognize that crisis-oriented mental healthcare—without prevention, early intervention and on-going care—cannot properly prepare Texas to address what the U.S. Surgeon General and others have called the most serious public health problem of this century: mental illness.

The administration and staff of UT-HCPC are determined to meet what comes our way, not with complacency or resignation, but by embracing the challenges and striving continually toward our ultimate goal of becoming Harris County's premiere mental health resource.

We are grateful for your interest and support of this goal.

Sincerely,



Robert W. Guynn, MD



Lois J. Moore, RN,
MEd, LHD, FACHE



Roy V. Varner, MD



Achievements in Administration

(Impacting all four UT-HCPC missions)

- Executive Director Robert W. Guynn, MD, spearheaded the effort to construct a new facility for the UT-Mental Sciences Institute (MSI) located on the UT-HCPC campus, thus enhancing the cooperative research and patient care efforts between the Center and MSI. Approved by the UT Board of Regents, construction of the building is scheduled to begin within 24 months. Through his role as head of the Center, the Department of Psychiatry and Behavioral Sciences and UT-MSI, Guynn also lead the movement toward improved integration of UTHSC-Houston mental health services with those of Harris County MHMRA and other mental health providers, and the expansion of continuum of care programs to better meet the needs of the community.
- On February 1, 2000, Lois J. Moore, RN, MEd, LHD, FACHE, was appointed Administrator of HCPC. Moore, with over 40 years of experience in public healthcare and former chief operating officer of the Harris County Hospital District, quickly established a set of priorities for her tenure. These include: increased programs for children and youth, increased public education on mental health issues and expansion of UT-HCPC participation in scientific and medical research.
- A department of Strategic Planning and Marketing was created, and its new director conducted a strategic review, soliciting strengths and weaknesses of UT-HCPC. This resulted in the addition of two new strategic goals relating to quality and human resources.
- In August 2000, a new administrative structure was unveiled, providing for a more efficient reporting line to the administrator; the consolidation of a number of clinical services under one area; the creation of a new administrative area, Program and Research Evaluation; and the new division of Performance Improvement.
- The Financial Affairs division moved toward implementation of an "operational finance" system for UT-HCPC and cost-accounting system with financial decisions made at the managerial level.
 - Realized patient income for FY 2000 was 42 percent more than revenue budgets, representing a 23 percent increase in realized income from FY 1999.
- New procedures were adapted for Reimbursement Operations to batch, balance and reconcile charges for physicians' services.
- Personnel and employment practices were addressed and improved by both administrative and employee teams, resulting in greater recognition possibilities for staff and more commitment by staff to the institution.
- UT-HCPC established in cooperation with UTHSCH, an in-house human resource department.
 - UT-HCPC initiated a significant recruitment effort, holding several job fairs. This resulted in the hiring of 64 new employees between the six months from January through June. The majority of these were nursing personnel and nursing support personnel, greatly ameliorating the Center's nursing shortage.
 - Employee teams revised or developed a new merit pay program, in addition to new progression through range and coordinated clothing policies.
 - New procedures for staff evaluation were developed around criteria-based job descriptions.
 - A salary equity review was conducted and increases implemented to bring current nursing employees up to hiring standards, to increase shift differential pay for nurses and aides and to begin shift differential for weekend employees.
 - Salary progression was established for all employees, based upon competence and longevity, with increased focus on internal recruitment. A career ladder for psychiatric aides was also established to allow for progression in rank.
- UT-HCPC completed \$600,000 worth of enhancements to its building and grounds facilities, including:
 - Renovation of the former staff cafeteria to a large conference and training room;
 - Refurbishing of all patient units with new paint, wallpaper, mini blinds and repair of all restrooms;
 - Addition of two conference rooms and three offices;
 - Completion of landscaping of the outside grounds area, which included installation of a gazebo, benches, jog/walk track and plants and flowers;



GUIDANCE

CONFESSION

FOOT

Achievements in

Administration

- Repairing of internal damage caused by former water leaks throughout the building;

- Installation of new flooring, including granite composite tiles on all public hallways, and new sustainable ceiling tiles throughout the Center; and

- Application of energy-saving solar film on all windows.

- Planning began for a capital improvement project to add 21,600 square feet of additional space by renovation of current areas. This will include enclosing all outside balconies, the outside basketball court and the creation of new floor space from the addition of a second floor from the existing gymnasium.

- UT-HCPC designed and implemented a JCAHO 365-Day Preparation program hospital-wide to maintain a constant readiness, in preparation for the visit by the Joint Commission on the Accreditation of Healthcare Organizations in November. Sixteen teams were formed to coincide with JCAHO functions and were involved in education and training exercises and extensive performance improvement initiatives.

- Support Services began an online tracking system for requests such as keys, furniture moves, audio-visual equipment needs and courier deliveries.

- All UT-HCPC Policies and Procedures were formatted via a state-of-the art information mapping method and placed online for easy access by all staff.

- An institutional Compliance Coordinator was hired, overseeing UT-HCPC's compliance and complete and accurate documentation of all federal and JCAHO regulations and oversight of all University and governmental compliance issues.





Achievements in Patient Care

MISSION:

Provide the citizens of Harris county with timely, quality, cost-effective psychiatric treatment in an environment that adheres to Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation and the federal government's Healthcare Financing Administration (HCFA) certification standards.

■ HCPC continued to provide quality care amidst funding shortfalls and the exigencies of the healthcare market.

■ UT-HCPC served 5,186 adult, children and adolescent patients in FY 2000 and increased patient days by three percent.

■ The adult patient occupancy rate was kept at or near 90 percent.

■ Non-public sources of funding, especially patient revenues, increased. Inpatient revenues for FY 2000 were \$7.8 million, a \$1.4 million increase from FY 1999 and \$2.3 million over budget projections.

■ Funding from billable patient charges increased by seven percent over FY 1999.

■ Upgraded salaries for patient care staff, improvements in the physical plant and upgraded technology accounted for an increase in expenses in FY 2000 over FY 1999, but were necessary for UT-HCPC to continue to provide patient services at the highest level.

■ The Rusk Diversion Project continued to save public monies while meeting behavioral health treatment mandates recommending consumers be served in their communities.

■ Medical Staff Medical Director Roy Varner, MD, and UT-HCPC attending physician, Nelson Gruber, MD, implemented a revised coding system to assure the provision of the appropriate level of physician services and to document them correctly for utilization and billing purposes.

■ Medical Staff revised the medical screening criteria for prospective patients and re-educated staff to ensure that patients with at-risk medical conditions were properly referred to other facilities.

■ UT-HCPC's continuum of care initiatives were expanded:

■ Five new managed care providers brought the total of hospital contracts to 15, including Medicaid and Medicare and two programs affiliated with the State of Texas' CHIP (Children's Health Insurance Program) low-cost insurance program for children;

■ A site was leased off-campus to house the Partial Hospitalization Programs (PHP), allowing for addition of an Intensive Outpatient Program; and

■ UT-HCPC began interim direction of the UT-Houston Recovery Campus (HRC), a residential substance abuse treatment center, which also includes off-site extended stay facilities. Opened in 1992 under a grant from the Texas Council on Alcoholism and Drug Abuse, the HRC became part of UT-Houston in 1995.

■ A new Director of Nursing, with a background in academic psychiatric medicine, was named and immediately focused on recruitment and morale within the division and oversaw a reorganization of nursing services designed to provide more efficient patient care.

■ Head Nurses were designated for all patient care units and a central Operations unit was established.

■ Data from Patient Satisfaction Surveys were translated into performance improvement objectives and each patient care unit established Performance Improvement objectives, which led to:

■ Development of alternatives to the use of seclusion and restraint, leading to the use of other "least restrictive" methods. On one unit, an Assault Workshop team was established to evaluate the seclusion process and provide improvements in intervention strategies;

■ Orientation of patients in a more timely fashion and treatment goals discussed with patients as soon as possible;

■ Addition of a nutrition screening tool to the assessment process for new patients, with those at nutritional risk referred to the dietician;

■ Development of a new age-specific daily schedule for the adolescents, and an increase in nursing activity and education groups for the children and adolescents;

■ Development of more child/teen-centered environments for these patient care units; and

■ Provision of Patient Satisfaction Surveys in either English or Spanish; and patients were allowed to complete surveys earlier.



■ Nursing staff designed and inaugurated a unit-based Patient Awards program, which became one of the most popular and successful patient care projects. Weekly celebrations provided rewards for patients who had made progress in a number of areas during the previous week and helped build patient self-esteem and staff community.

■ A NOW order form was developed to help physicians comply with all regulations regarding emergency orders for psychoactive medications. A new charting form was adopted to meet the unique documentation needs of the Partial Hospitalization Program.

■ Patient Clinical Programming (providing psychosocial groups and activities for patients) systemized its services to accommodate all patient schedules.

■ Several Center-wide events/programs designed for patient recreation and social skills education, such as the Spring Carnival, were held.

■ Computer software for UT-HCPC's Clinical Automation Project (CAP, a clinical documentation system designed to give clinicians immediate access to on-line clinical data, such as medications, lab results and diagnosis information) was selected with piloting scheduled to begin in early 2001.

■ The UT-HCPC Pharmacy and MHMRA of Harris County developed a new Memorandum of Understanding to offset the high cost of newer psychoactive medications

through funding support for the upcoming fiscal year.

■ Patient Services (Admissions/Registration, Case Management, Patient Relations, Reception, Pharmacy, Food and Nutrition and Utilization Management) reorganized many of its services:

■ Patient Registration became a fully staffed 24-hour/seven day-a-week operation;

■ For efficiency and to ensure immediate case management and discharge planning intervention, biopsychosocial assessment processes were moved to nursing and case management;

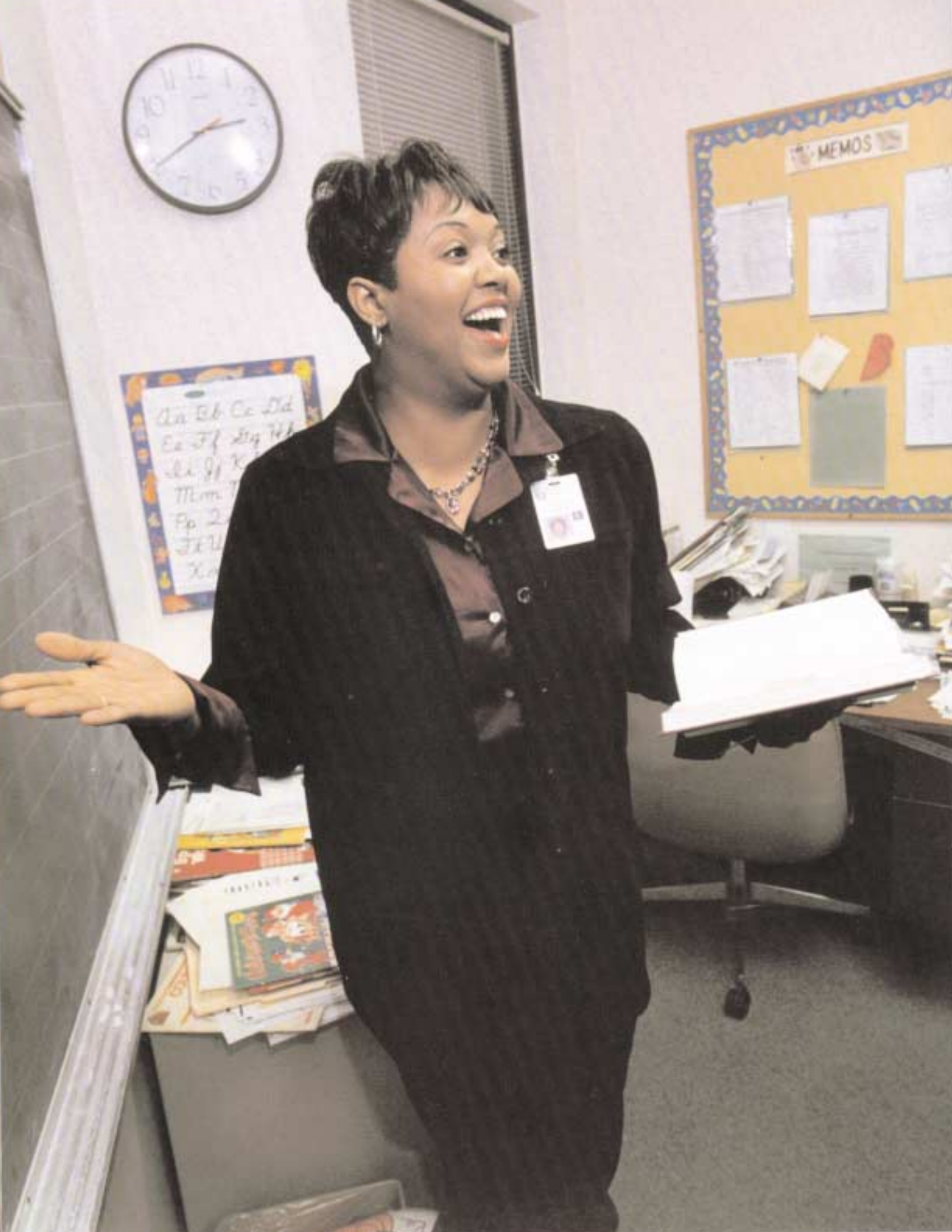
■ Admissions forms were revised and consolidated;

■ Admissions/Registration added pain assessment, to assure that patients with significant pain issues received attention for these problems; and a new Administrative and Medical Clearance Procedure to improve communication and efficiency, was added to the Admission/Registration process;

■ Cooperative admission and transfer procedures were developed with the MHMRA of Harris County NeuroPsychiatric Center to expedite patient transfer from crisis to inpatient mental healthcare; and

■ A full-time clinician was assigned to ensure that all UT-HCPC patients and families were registered for and receiving all benefits for which they are entitled.





Achievements in Education

MISSION:

To provide quality, comprehensive education to students from a variety of disciplines in The UT Health Science Center component schools and other institutions of higher learning in an atmosphere that combines creative opportunities with high academic achievement.

■ UT-HCPC trained 753 healthcare students during FY 2000, representing 13 institutions of higher education,* including:

- 380 UT-Houston medical students;
- 28 UT-Houston psychiatry residents and child psychiatry fellows;
- 6 UT-Houston psychology residents;
- 302 nursing students;
- 5 pharmacy students;
- 5 social work students; and
- 6 health administration students.

**(UT-Houston Medical School, UT-Houston School of Nursing, University of Houston, Houston Baptist University, Sam Houston State University, UT Medical Branch-Galveston, Texas Women's University, Prairie View A&M, College of the Mainland, Lee College, San Jacinto College, Wharton College and Houston Community College)*

■ With almost \$500,000 in funding from the State of Texas, UT-HCPC's tele-education project expanded from one school to 27 schools in eight districts, including Texarkana, and several Harris County Juvenile Probation and Children's Protective Services sites. In addition to the

weekly programs for teachers, the project conducted special inservice programs.

■ A Hospital-Wide Education Office was established under the Clinical Services division and designated to conduct all new employee and required on-going employee training, clinical education and continuing education programs. The Center's orientation program was revised and a lead trainer and specific group of psychiatric aides were named to do all Patient Management training.

■ UT-HCPC graduated seven nursing interns through its in-house nursing orientation program coordinated by the Office of Hospital-Wide Education.

■ A Tuition Reimbursement Program for UT-HCPC staff was designed and promoted as an employee benefit.

■ Information Management opened a computer training facility for continuing staff computer technology education and increased its on-call technical support for employees.

■ To ensure that all staff, visitors and patients respect the rights of privacy of UT-HCPC consumers, public education on Patient Confidentiality was begun for all visitors.

■ The UT-HCPC Library completed a redesign of its web page, allowing easier access to mental health web sites and electronic full-text journals. UTHSCH professor Alan Cooper, MD, donated his entire collection of books and journals to the library.

■ During FY 2000, UT-HCPC provided inservice education for local school teachers, social workers and guidance counselors on topics such as youth violence, recognizing signs of behavior disorders and community services available to children and adolescents suffering from mental illness.





MISSION:

Conduct humane research with fully informed and consenting subjects that advances knowledge of the origins and treatment of mental illness and chemical dependence, in collaboration with the UT-Houston Medical School Department of Psychiatry and Behavioral Sciences, the UT- Mental Sciences Institute and other schools and agencies across a broad, multi-disciplinary spectrum.

■ The Center for Outcomes and Program Evaluation Studies (COPEs) was established to provide data on the effectiveness of inpatient treatment. COPEs evaluates inpatient psychiatric care in a "natural" environment, gathering demographic and clinical data to provide the first-ever detailed, consistent study of characteristics and treatment in a short-stay, acute care facility.

■ "The Placebo in Mental Health Research: Science, Ethics and the Law," a two-day conference of national experts from a variety of disciplines, was co-sponsored by UT-HCPC and the UT-Mental Sciences Institute (MSI). Conferees discussed and debated the use of placebos in drug development and research.

■ UT-HCPC attending physician Joel Steinberg, MD, distinguished the University and the Center by receiving a research grant from the prestigious Charles A. Dana Foundation to support his continuing work in neuroimaging.

■ Pedro Ruiz, MD, of UT-MSI, and UT-HCPC Chief of Staff Roy Varner, MD, revealed their research findings, based on UT-HCPC data, regarding the relationship between medications prescribed and ethnicity. The findings were published in Ruiz's book, *Ethnicity and Psychopharmacology*, and were presented at the American Psychiatric Association (APA) Convention.

■ Patricia Averill, PhD, presented "Managed Care Impact in Public Sector Psychiatry," in collaboration with David Small, MBA and Robert Guynn, MD, at the APA Convention.

■ Alan Swann, MD, and Adel Wassef, MD, continued to conduct major research protocols at UT-HCPC in the areas of bipolar disorder, schizophrenia and major depression.

■ The following articles, based upon research using UT-HCPC data, were published or submitted by the faculty of the UTHSCH Department of Psychiatry and Behavioral Sciences during the past fiscal year:

1. Averill, P.M., Diefenbach, G.J., Stanley, M.A., Breckenridge, J.K., Lusby, B. "Assessment of Shame and Guilt in a Psychiatric Sample: A Comparison of Two Measures," *Personality and Individual Differences*, in press.
2. Averill, P.M., Hopko, D.R., Small, D.R., Greenlee, H.B., Varner, R.V. "The Role of Psychometric Data in Predicting Inpatient Mental Health Service Utilization." *Psychiatric Quarterly*, in press.
3. Hopko, D.R., Averill, P.M., Small, D., Greenlee, H., Varner, R.V. "Use of the Brief Psychiatric Rating Scale to Facilitate Differential Diagnosis on Acute Inpatient Admission." *Psychiatric Quarterly*, in press.
4. Gruber, N.P., Dilsaver, S.C., Shoaib, A.M., Swann, A.C. "ECT in Mixed Affective States: A Case Series." *The Journal of ECT*, 16(2):183-188, 2000.
5. Varner, R.V., Ruiz, P., Small, D.R. "Black and White Patients Response to Antidepressant Treatment for Major Depression." *Psychiatric Quarterly*, 69(2):117-125, 1998.
6. Ruiz, P., Varner, R.V., Small, D.R., Bankole, A.J. "Ethnic Differences in the Neuroleptic Treatment of Schizophrenia." *Psychiatric Quarterly*, 70(2):163-172, 1999.
7. Varner, R.V., Ruiz, P., Small, D.R. "Ethnopsychopharmacology in the Public Sector", 2000 Review of Psychiatry Series (19), *Ethnicity and Psychopharmacology*, Chapter 5. Washington D.C.: American Psychiatric Press, Inc., 2000.
8. Lachar, D., Bailey, S.E., Rhoades, H.M., Varner, R.V. "Use of BPRS-A Percent Change Scores to Identify Significant Clinical Improvement: Accuracy of Treatment Response Classification in Acute Psychiatric Inpatients." *Psychiatry Research*, 89:259-268, 1999.
9. Varner, R.V., Chen, Y.R., Swann, A.C., Moeller, F.G. "The Brief Psychiatric Rating Scale as an Acute Inpatient Outcome Measurement Tool: A Pilot Study." *Journal of Clinical Psychiatry* 61(6):418-421, 2000.
10. Pollack, L.E., Cramer, R.D., Varner, R.V. "Psychosocial Functioning of People with Substance Abuse and Bipolar Disorders." *Substance Abuse*, 21(3):193-203, 2000.
11. Lachar, D., Bailey, S.E., Rhoades, H.M., Varner, R.V. "Use of BPRS-A Percent Change Scores to Identify Significant Clinical Improvement: Accuracy of Treatment Response Classification in Acute Psychiatric Inpatients." *Psychiatry Research*, 89:259-268, 1999.
12. Lachar, D., Randle, S.L., Harper, R.A., Scott-Gurnell, K.C., Lewis, K.R., Santos, C.W., Saunders, A.E., Pearson, D.A., Loveland, K.A., Morgan S.T. "The Brief Psychiatric Rating Scale for Children (BPRS-C): Validity and Reliability of an Anchored Version." *The Journal of the American Academy of Child and Adolescent Psychiatry*, in press.



13. Wrobel, T.A., Lachar, D., Wrobel, N.H., Morgan, S.T., Gruber, C.P., Neher, J.A., "Performance of the Personality Inventory for Youth Validity Scales." *Assessment* 6(4):367-376, 1999.
14. Dougherty, D.M., Bjork, J.M., Huckabee, H.C.G., Moeller, F.G., Swann, A.G. "Laboratory Measures of Impulsivity and Aggression in Women with Borderline Personality Disorder." *Psychiatry Research* 85:315-326, 1999.
15. Swann, A.C., Bowden, C.L., Calabrese, J.R., Dilsaver, S.C., Morris, D.D. "Mania: Number of Previous Episodes Differentially Affects Repose to Lithium or Divalproex." *American Journal of Psychiatry*, 156:1264-1266, 1999.
16. Dougherty, D.M., Steinberg, J.L., Wassef, A.A., Medearis, D., Cherek, D.R., Moeller, F.G. "Immediate Versus Delayed Visual Memory Task Performance Among Schizophrenic Patients and Normal Controls." *Psychiatry Research*, in press.
17. Dilsaver, S.C., Chen, Y.R., Shoaib, A.M., Swann, A.C. "Phenomenology of Mania: Evidence for Distinct Depressive, Dysphoric, and Euphoric Presentations." *American Journal of Psychiatry* 156:426-430, 1999.
18. Swann, A.C., Bowden, C.L., Calabrese, J.R., Dilsaver, S.C., Morris, D.D. "Previous Depressive and Manic Episodes Differentially Affect Antimanic Treatment Response." *Acta Psychiatrica Scandinavica*, in press.
19. Swann, A.C., Janicak, P.L., Bowden, C.L., Calabrese, J.R., Petty, F., Dilsaver, S.C., Morris, D.D., Davis, J.M. "Structure of Mania: Symptom Clusters With Distinct Clinical Characteristics and Course of Illness." *Journal of Affective Disorders*, in press.
20. Varner, R.V., Chen, Y.R., Swann, A.C., Moeller, F.G. "The Brief Psychiatric Rating Scale as a Tool for Measurement of Outcome in Psychiatric Inpatients." *Journal of Clinical Psychiatry*, in press.
21. Swann, A.C., Petty, F., Bowden, C.L., Dilsaver, S.C., Calabrese, J.R., Morris, D.D. "Mania: Gender, Transmitter Function, and Response to Treatment." *Psychiatry Research* 88:55-61, 1999.
22. Wassef, A., et al. "A Review of GABAergic Medications in Schizophrenia." *Journal of Clinical Psychopharmacology*, in press.
23. Wassef, A., et al. "Divalproex in Acute Exacerbations of Schizophrenia." *Journal of Clinical Psychopharmacology*, in press.
24. Swann, A.C. "Treatment of Aggression in Patients with Bipolar Disorder." *Journal of Clinical Psychiatry* 60(suppl 15):25-28, 1999.
25. Lachar, D.L., Bailley, S.E., Rhoades, H.M., Varner, R.V. "Use of BPRS-A Percent Change Scores to Identify Significant Clinical Improvement: Accuracy of Treatment Response Classification in Acute Psychiatric Inpatients." *Psychiatry Research* 89:259-268, 1999.
26. Swann, A.C., Bowden, C.L., Calabrese, J.R., Dilsaver, S.C., Morris, D.D. "Mania: Differential Effects of Previous Depressive or Manic Episodes on Response to Treatment." *Acta Psychiatrica Scandinavica*, in press.
27. Hays, R.J., Emmons, J., Stallings, G. "Dementia and Mental Retardation Markers on the Rey 15-Item Visual Memory Test." *Psychological Reports*, 86:179-182, 2000.
28. Hays, R.J., Stanley, M., Averill, P., Morgan, S., Cambron, S. "An Outcome Survey of Psychology Residency Training Program Graduates of the University of Texas Houston Medical School." *Psychological Reports*, 86:225-231, 2000.
- Other publications by UT-HCPC psychiatry faculty during the past fiscal year:
1. Beck, J. G. and Averill, P.M. "Generalized Anxiety Disorder in the Elderly: Psychopathology, Assessment and Treatment." *Generalized Anxiety Disorder: Advances in Research and Practice*, ed. R.G. Heimberg, C.L. Turk and D.S. Mennin. Guilford Publications, in press.
2. Bourland, S.L., Stanley, M.A., Snyder, A.G., Novy, D.M., Beck, J.G., Averill, P.M. and Swann, A.C. "Quality of Life in Older Adults with Generalized Anxiety Disorder." *Aging and Mental Health*, in press.
3. Hopko, D.R., Bourland, S.L., Stanley, M.A., Beck, J.G., Novy, D.M., Averill, P.M., Swann, A.C. "Generalized Anxiety Disorder in Older Adults: Examining the Relation Between Clinician Severity Ratings and Patient Self-Report Measures." *Depression and Anxiety*, in press.
4. Stanley, M.A., Novy, D.M., Bourland, S.L., Beck, J.G., Averill, P.M. "Assessing Older Adults with Generalized Anxiety Disorder." *Behavioral Research and Therapy*, in press.
5. Snyder, A.G., Stanley, M.A., Novy, D.M., Averill, P.M., Beck, J.G. "Measures of Depression in Older Adults with Generalized Anxiety Disorder." *Depression and Anxiety*, 11, 114-120, 2000.
6. Bjork, J.M., Dougherty, D.M., Moeller, F.G. "Symptomatology of Depression and Anxiety in Female 'Social Drinkers.'" *American Journal of Substance Abuse*, 25, 173-182.
7. Pearson, D.A., Lachar, D., Loveland, K.A., Santos, C.W., Faria, L.P., Azzam, P.N., Hentges, B.A., Cleveland, L.A. "Patterns of Behavioral Adjustment and Maladjustment in Mental Retardation: A Comparison of Children With and Without ADHD." *American Journal on Mental Retardation*, in press.
- UT-HCPC began using the JCAHO ORYX national database system for integrating performance measures; and a more efficient, application-based database was implemented in Quality Programs.



Achievements in Community Service

MISSION:

Educate the community and help shape public policy on issues regarding mental health, mental illness and chemical dependency through staff and faculty involvement with public information, outreach and prevention programs.

- A Local Area Planning and Advisory Committee, composed of community business and civic leaders, was established in order for UT-HCPC obtain input on community concerns and increase the public understanding of mental healthcare issues.
- A Consumer Hiring Program was begun with UT-HCPC hiring mental health consumers from the community to increase awareness of the abilities of those with mental illness, to provide needed jobs and esteem for consumers and to add competent staff to the Center.
- UT-HCPC, in cooperation with the National Alliance for the Mentally Ill, offered a regular series of evening programs for patients and their families.
- The Patient Relations office began a Voter Registration project to make sure UT-HCPC patients were able to participate in the democratic process.
- UT-HCPC provided more than 250,000 pieces of printed material and conducted 22 hospital tours.
- Volunteer Services began a Junior Volunteer Corps for high school-aged students, beginning with a large group from the High School for the Health Professions.
- UT-HCPC received special recognition from the UT-Houston Health Science Center for its dedicated efforts to employ HUBs (Historically Underutilized Businesses).
- A marketing survey conducted by an outside contractor found an increase in positive recognition and awareness of UT-HCPC from a variety of market segments.
- UT-HCPC staff members from various disciplines sponsored Cultural Diversity Week. The Nursing division, sponsored a team building/educational group of activities in celebration of National Nurses Week, which included presentations by State Representative Garnet Coleman and the Dean of the UT-Houston School of Nursing.



Facts and Figures

UT-HCPC Patients Statistics

	FY 2000	FY 1999
Number of Admissions	5,186	5,263
Total Patient Days	54,647	53,206
Total Average Daily Census	149.3	145.8
Average Length of Stay (Days)	10.6	10.1
Total Discharge Days	54,718	52,784
Total Discharges	5,171	5,248
Average Length of Stay	8.4	8.4
Cost Per Patient Day	\$634.46	\$584.27
Overall Occupancy	81.6%	75.8%
Cost Per Episode	\$6,725.27	\$5,906.62



Paula McClintock, RN
Programmer Analyst, Management Information Systems

"As a computer systems analyst, I make sure that data about hospital processes is available for statistical and research use, uses which ultimately serve the profession by helping us understand more about the causes and treatment of mental illness. The advent of a new clinical data system, which I and others are currently participating in the design and implementation of, will broaden the communication of patient data across all caregiving disciplines increasing the efficiency of patient care."

UT-HCPC Historical Overview

	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Number of Admissions	1,730	3,016	3,017	3,152	3,639	3,983	4,333	4,660	4,763	5,162	5,429	5,390	5,263	5,186
Average Length of Stay	21.4	23.8	25.9	27	23	20.8	18.7	17	17.2	13.9	13.8	9.4	10.1	10.6
Cost per Patient Day*	\$297.19	\$278.73	\$275.19	\$261.33	\$369.50	\$343.62	\$367.75	\$402.90	\$441.10	\$457.25	\$474.00	\$614.90	\$584.27	\$634.46
Cost per Episode	\$6,359.86	\$6,333.77	\$7,127.42	\$7,055.91	\$8,498.50	\$7,147.29	\$6,876.92	\$6,849.30	\$7,586.92	\$6,355.78	\$6,541.00	\$5,776.09	\$5,906.62	\$6,725.27

*Includes depreciation; not capital expense

UT-HCPC Sources of Revenue

	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
State	\$19,529,912	\$19,955,991	\$22,713,351	\$19,734,952	\$19,656,072	\$20,066,524	\$19,861,244	\$19,980,057	\$20,482,449	\$20,773,427	\$20,324,652	\$19,931,728	\$21,550,641
Harris County	\$3,598,824	\$3,683,167	\$3,433,796	\$3,791,592	\$3,593,573	\$3,690,156	\$3,730,825	\$3,732,215	\$3,730,825	\$3,730,825	\$3,593,768	\$3,560,477	\$3,573,808
Patient Income	\$220,118	\$636,557	\$657,095	\$885,583	\$3,181,347	\$5,682,425	\$6,863,225	\$5,529,814	\$5,106,587	\$5,581,758	\$4,319,513	\$6,348,861	\$7,816,063
Other	\$486,447	\$356,485	\$354,317	\$94,303	\$86,787	\$374,217	\$390,619	\$562,371	\$414,284	\$575,783	\$854,729	\$857,111	\$1,041,734
Total Revenue	\$23,835,301	\$24,632,200	\$27,158,559	\$24,506,430	\$26,517,779	\$29,813,322	\$30,845,913	\$29,804,457	\$29,734,145	\$30,661,793	\$29,092,662	\$30,697,997	\$33,982,247

UT-HCPC Sources of Revenue Patient Income by Source (in millions)

	1999	2000
Medicare	3.03	4.24
Medicaid	1.55	2.40
Private & Self	1.58	1.17



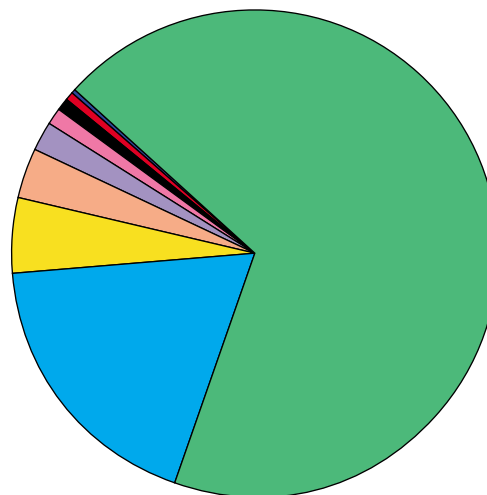
Joyce Carter-Smith, REEGT
Director, Health Information Management

"I consider it a very special trust to make sure that all of our patient records are accurate and confidential, but I also enjoy working directly to help mental health consumers achieve all they can. Our office is now in its second year of preparing Consumer Trainees to develop skills that will enable them to obtain permanent or part time jobs. Each Consumer Trainee has proven to be an asset to HIM and UT-HCPC."

Facts and Figures

UT-HCPC Expenditures by Area

Salaries	\$20,707,625.96
Operating Expenses	\$5,526,692.44
Maintenance & Repair	\$1,439,659.57
Food	\$989,727.71
Equipment	\$609,506.49
Housekeeping	\$360,301.91
Utilities	\$272,739.35
Laundry	\$117,040.70
Professional Development	\$58,845.81



Andrew Nunley
Counselor II, Patient Clinical Programming

"I work directly with our patients, providing empathetic and therapeutic specialty groups for them. How I approach each day's work and challenges has a crucial and immediate impact on our patients. They and the hospital trust me to remember that mental illness is a disease that can strike anyone and that persons with mental illness have the right to all our respect as human beings."



SanJuana Lundy
Support Specialist, Patient Services

"I can't imagine my life without UT-HCPC. I love working at the front desk because I really get to help people. I'm not only a receptionist; sometimes I'm an educator, sometimes an advisor and sometimes just a listener. Patients and families who come here deserve a caring word and someone to help them understand what's going on, especially those who do not speak English or are unfamiliar with the facility."

Carrie Waltz
Section Coordinator, Patient Account Services

"As financial review counselor, it is my responsibility to review and determine our patients' financial status and ensure this information is accurately entered into both the hospital and physicians' systems. By doing this, it takes some of the burden off the patients and their families and helps ensure that billing efforts will be efficient and correct."



Joan Amason-Norlund,
CTRS
Clinical Manager,
Patient Clinical Programming

"Having worked at UT-HCPC for 14 years, I continue to appreciate the opportunities each day presents. My treasures of knowledge and development of skills have come from the hearts and souls of those I've served with mental health needs. Being of service and ensuring the worth and dignity of all whom I serve is my daily commitment to UT-HCPC and the community."



Facts and Figures

Statistical Comparisons (Figures FY 1999)

State-Funded Psychiatric Hospitals

Admissions	Percent	FY 1999	Percent	FY 1998
UT-HCPC	30.07%	5,263	29.88%	5,390
State-Funded Psychiatric Hospitals	69.93%	12,242	70.12%	12,650
TOTAL		17,505		18,040

TDMHMR Appropriations

Admissions	Percent	FY 1999	Percent	FY 1998
UT-HCPC	8.55%	\$19,091,967	9.31%	\$19,280,397
State-Funded Psychiatric Hospitals	91.45%	\$204,324,123	90.69%	\$187,757,189
TOTAL		\$223,416,090		\$207,037,586

Admissions to Psychiatric Facilities/Harris County

Admissions	Percent	FY 1999	Percent	FY 1998
UT-HCPC	44.81%	5,263	42.70%	5,390
All Other Facilities in Harris County	55.19%	6,481	57.30%	7,234
TOTAL		11,744		12,624

Cost/Inpatient Days

	FY 1999	FY 1998
UT-HCPC	\$584	\$615
All Other Hospitals in Harris County	\$653	\$697
TOTAL	\$619	\$681

Inpatient Days

	Percent	FY 1999	Percent	FY 1998
UT-HCPC	49.28%	53,206	49.86%	50,631
All Other Hospitals in Harris County	50.72%	54,763	50.14%	50,906
TOTAL		107,969		101,537

For Comparability purposes all data are for FY 1999.
Latest TDH surveys available are FY 1999.



Audrey Black-Moody
Psychiatric Technician, Child and Adolescent Service

"I think of the children who are patients here as my own and I like to tell them 'I love you,' which they need. Even when they say they want to be left alone, teenagers still want attention and hugs and words of encouragement. Even when they rebel, they want us to set limits and have expectations for them."

Charles Kopecky, MD
Assistant Professor, UTHSC-Houston Department of Psychiatry and Behavioral Sciences and HCPC Attending Physician

"As President of the Medical Staff during the past year, I have become more aware than ever of the important niche UT-HCPC has in this community. We are truly a refuge and a place of hope for those for whom there has often been no hope in their lives."



David Urtal, RN
Admitting Nurse, Patient Services

"Being on the front end and being among the first clinicians to work with clients seeking mental healthcare in our facility is ideal for me. I know that I can have a very important impact upon how these patients relate to the Center and to their treatments by the way I talk and listen to them, in addition to the nursing assessments I provide."

Facts and Figures

Cost/Admission Comparison Texas State-Funded Psychiatric Hospitals*

	Beds	Admissions	Cost Admissions
UT-HCPC 2000* ¹	193	5,186	\$3,787
UT-HCPC 1999	193	5,263	\$3,628
Austin SH	308	2,578	\$12,170
Kerrville SH	224	542	\$29,124
Rio Grande SH	55	1,255	\$10,067
San Antonio SH	401	1,940	\$16,873
Terrell SH	364	1,993	\$14,289
Rusk SH	375	1,531	\$16,195
North TX SH	727	2,403	\$24,354

* Data provided by TDH/AHA/THA 1999 Annual Survey of Hospitals & TDMHMR. HCPC 1999 and 2000
1. UT-HCPC received 30.07% of all state-funded psychiatric hospital admissions during FY 2000.

TDMHMR Appropriations for State-Funded Psychiatric Hospitals

	FY 1999*
UT-HCPC 2000	\$19,641,851
UT-HCPC 1999	\$19,091,967
Austin SH	\$31,373,826
Kerrville SH	\$15,785,150
Rio Grande SH	\$12,634,066
San Antonio SH	\$32,733,569
Terrell SH	\$28,478,919
Rusk SH	\$24,795,193
North TX SH	\$58,523,400
TOTAL	\$243, 057,941

* Data provided by TDMHMR HCPC 1999 and 2000

Susan Grice, RN, DNSc
Assistant Administrator for Clinical
Services and Director of
Nursing



“My philosophy of patient care and management are linked together by respect for the patients and employees. If the caregivers do not feel valued, they cannot do their best job of taking care of patients. I try to put myself in their shoes and manage them the way I’d want to be managed. I also try to treat patients with the respect and dignity that I would want a member of my family treated.”



Horace Holness
Training Specialist, Hospital-Wide
Education

“As a psychiatric technician and now as a staff education trainer, I have always tried to do the best I can for the people I serve. The main part of our job is being with the patients; and if we do our jobs properly, when a patient leaves they will see us as a friend, even a family member. As a trainer, I try to impart my knowledge and my philosophy to the new UT-HCPC people so they, too, can be the best they can be—and thereby give the patients the best they have.”

Debbie Garcia
Senior Staff Assistant, Psychological
Services and 25-year employee of the
UTHSC-Houston



“The most rewarding part of my job is working with the psychology faculty and the residents, all of whom play a large part in providing services for the many in our community that might not otherwise have access to mental healthcare.”

UT-HCPC Administration FY 2000

(September 1, 1999 - August 31, 2000)

Robert W. Guynn, MD

*Executive Director, UT-HCPC
Chair, Department of Psychiatry and Behavioral Sciences,
UT-Houston Medical School
Director, UT-Houston Mental Sciences Institute*

Lois J. Moore, RN, MEd, LHD, FACHE

Chief Administrator

Roy V. Varner, MD

Medical Director and Chief of Medical Staff

Alan Swann, MD

Research Medical Director

Leo Hollister, MD*

Professor Emeritus

Edward M. Reilly, MD

Director, Psychiatry Residency Education

Cynthia Santos, MD

Director, Child/Adolescent Psychiatry Fellowship

Andrew Harper, MD

Director, Child/Adolescent Programs

Kenneth Krajewski, MD

Director, Substance Abuse Education

Charles R. Kopecky

President, Medical Staff FY2000

Susan Grice, DNSc, RN, CS

Assistant Administrator for Clinical Services

Dorothy Matthews, PhD

Assistant Administrator for Administrative Services

** Deceased December 2000*

Thanks to the following UT-HCPC employees who appear in the photographs in this report: Irene Broadnax, Vickey Easley, Erica Garza, Patricia Gonzalez, Linda Green, Robert W. Guynn, MD, Andrew Harper, MD, Amanda Hernandez, Tracie Hicks, Michelle Highes, Carmalita Landry, Rosamma Mathew, Lois Moore, Carmen Presiado, Cecil Robles, Jessie Tate, DeWayne Tennison, Sheila Thomas, Fred Thompson, Roy Varner, MD, Suzanne Ward, Chris Webb, Robin Webb, Jeneen Woods

The University of Texas-Harris County Psychiatric Center Annual Report FY 2000

Fran Dressman, Editor

Alycia Matthews, Graphic Design

Geri Konigsberg, Director, Public Information





WATERBURY THE POOL

Babies of the Bible

Adapted and Illustrated by
Nadine Bernard Westcott



HARRIS COUNTY
PSYCHIATRIC CENTER



2800 South MacGregor Way