

Fiscal Year 2002  
Annual Report

The University  
of Texas  
Harris County  
Psychiatric Center

THE

MANY



FACES

OF



UTHCPC

## DEAR FRIENDS *of* UTHCPC



**Lois J. Moore** BSN, MEd, LHD, FACHE  
*Chief Administrator*



**Robert W. Guynn** MD  
*Executive Director*



**Roy V. Varner** MD  
*Medical Director and Chief of Staff*

The first face of The University of Texas Harris County Psychiatric Center (UTHCPC) that most Houstonians see is the face—façade, if you will—of our building.

Our building represents a commitment made over 20 years ago by the medical, governmental, and civic leadership of this community.

No longer would those with mental disabilities receive care in substandard facilities or far away from home. Now, they would benefit from state-of-the-art treatments provided by highly skilled clinicians and backed by excellent university-level research—all right here in Houston.

That commitment was realized in the building of UTHCPC, a freestanding, teaching hospital designed primarily to serve those with limited socioeconomic resources. In addition, this mental health facility would be a full-fledged member of a world-renowned medical center.

The opening of UTHCPC in 1986 paralleled the new paradigms of psychiatric treatment and the new discoveries that were uncovered or came to fruition during the 1990s, the Decade of the Brain.

By the beginning of the millennium, we knew more

than any previous generations of scientists and physicians about what happens when someone has a mental illness; we also were discovering many more ways to treat these maladies. These discoveries and an increased awareness of the issues of mental health have helped bring about a change in the public's attitude—people understand and are willing to accept mental illness as a disease like any other. UTHCPC has been proud to be a part of all that.

But as we grew older, we also grew wiser. When we opened in 1986, it was predicted that UTHCPC would treat about 3,000 inpatients a year. Now, with shorter inpatient stays and increasing numbers of people accessing the mental health system, we treat over twice that number. In Fiscal Year 2001, 5,700 patients received over 60,000 days of care. In Fiscal Year 2002, we admitted over 6,100 patients who received over 69,000 days of care. Our 15-year total is 74,000 admissions.

We have also discovered that financial support, as represented by dollars, has not grown as fast. In fact it has shrunk. State and county funding has remained stagnant since the hospital was first opened in 1986, while the cost per patient day has risen to over \$600.

Increasingly, UTHCPC must depend on income from managed care insurance plans, Medicaid, Medicare, and commercial insurance to breach the gap as healthcare costs have risen and our public funding has not. Despite this, we continue operating 143 beds for indigent patients through our Memorandum of Understanding with the Mental Health Mental Retardation Authority of Harris County, the local public mental health authority.

UTHCPC has also learned that caring for persons with mental illness does not occur in a vacuum; the mental healthcare system is affected by what happens in the real world. There are serious, on-going concerns which impact our work—an aging population, ethnic diversity, rapid population growth, homelessness, children at risk, dual diagnosis with substance abuse, criminalization of the mentally ill, and the impact of managed care on the delivery of services. The UTHCPC faculty and staff monitor these issues closely, and act when appropriate, always mindful of our primary role as caregivers.

UTHCPC, as institutions go, is very young, and there is a lot “on our plate.” But the benefit of youth is optimism, ambition, and hope, which remain as strong at UTHCPC as they were the day we opened.

We are ambitious, as shown by the development of some creative partnerships that have brought us non-state revenues while meeting important community needs.

In April 2001, we opened a unit for adolescents with emotional and behavioral problems who have broken the law. Funded by Harris County Commissioner’s Court and managed in cooperation with the Harris County Juvenile Probation Department, the unit helps meet a serious need for a therapeutic environment, which the juvenile detention facilities do not have.

We have greatly increased our clinical outreach, providing assessment, educational, and treatment services to Gulf Coast Head Start Centers, the Harris County Children’s Assessment Center, Wesley Community Center, and the UT Houston Recovery Campus.

PASS, Partners in After School Services, funded by grants from the Hogg Foundation for Mental Health and the Meadows Foundation, will shortly begin a pilot program at Lockhart Elementary School in the Houston Independent School District. There, UTHCPC will work with at-risk 4th and 5th grade students, providing counseling, mentoring, and activities for their parents.

Our Tele-Education program continues to expand to reach teachers and counselors in more school districts, even as we broaden its scope, making it possible for our

physicians to conduct assessments, and eventually, provide therapeutic consultations via our teleconferencing network.

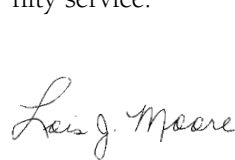
We are optimistic about the future of our new research inpatient unit. This facility will stimulate closer collaboration with our colleagues at the UT Mental Sciences Institute (MSI) and allow us to contribute to the ongoing quest for causes and treatments of mental illness. We expect to increase our clinical trials of new medications and investigate pharmacological treatments in conjunction with other therapies.

As for being hopeful, we find it all around us. Our hope comes from:

- new technologies which are allowing us to study how the brain works;
- new psychological understandings about the human mind;
- new medications which make it possible for those with serious mental illness to function normally in the community;
- the progress being made in reducing stigma as more people in the public eye come forward with their struggles with mental illness;
- mental health consumers who have successfully battled for parity in insurance and disability benefits;
- recognition by government leaders of the needs of special populations, such as children, the elderly, and prisoners; and
- the graduation, from UT Houston and hundreds of other healthcare programs around the country, of bright, young professionals who share our ambition, optimism, and hope.

Most significantly, our hope comes from knowing that mental illness is treatable—successfully treatable—and the hope that knowledge gives to others. Hope that they can lead healthy fulfilling lives with their own families in their own communities.

That bold statement made in 1986 with the opening of the UT Harris County Psychiatric Center continues to resonate. UTHCPC has made a positive difference for this region during our 16 years of existence; we pledge to continue and enlarge those improvements through our missions of patient care, education, research, and community service.



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# The FACE of ACCOMPLISHMENT at UTHCPC



During the past two years, The University of Texas Harris County Psychiatric Center (UTHCPC) has continued to excel in its role as Harris County's largest public inpatient psychiatric hospital by admitting over 11,800 patients.

## UTHCPC's Record of Accomplishment:

- Performance Improvement projects
- Clinical Care Reorganization
- Continuum of Care Options
- Improved Staff Competencies
- Closer Collaboration with Managed Care

## Background

Since UTHCPC opened in 1986, it has received 85 percent of its public, tax-revenue funding for indigent patients from the State of Texas, through the Texas Department of Mental Health and Mental Retardation, and 15 percent of its public funding from Harris County.

Despite a doubling in the number of patients treated each year, a 50 percent increase in referrals from Harris County MHMRA in the last year, and growing numbers of "walk-in" patients, the level of funding for indigent care at UTHCPC has not changed since 1986.

Even as the State of Texas places more reliance on Managed Medicaid and Medicare to cover expenses at UTHCPC, the reimbursement levels of these programs are being reduced as costs continue to increase.

## Administrative and Financial Accomplishments

Through a contract with the Harris County Mental Health Mental Retardation Authority, UTHCPC is reimbursed for 143 beds at a rate of \$464 per bed day.

- During the past two years, UTHCPC maintained the number of beds funded for indigent patients and was able to reduce its cost per patient day from \$664 in FY2000 to \$ 617 in FY2001 and \$575 in FY2002

UTHCPC has, despite flat funding, been able to operate within a budget of \$37.6 million (FY 2002).

- The center has remained on target with expenses and budget projections during both FY 2001 and FY 2002.
- UTHCPC has increased revenues through expansion of agreements with managed care organizations and by attracting patients with a payor source.
- UTHCPC completed contracts with all major managed care payors, including one that serves over 70 percent of Houstonians with insurance. Most networks accept UTHCPC physicians through their



As David Urtal, RN, BSN, (center) registers a new patient, Patient Services Manager Joan Gunn, RN, MSN, monitors the system to assure the process of admitting patients is caring as well as efficient.

medical staff credentials and many payors are contracting for rates that include the physician component.

- By assuming responsibility for Medicare billing and collections for all staff physicians, UTHCPC increased revenues.
- UTHCPC focused strategic planning on revenue and expenses centered on the billing and collection process for both inpatients and outpatients.
- The reorganization of patient accounting and the outsourcing the electronic filing and account follow-up activities for patient accounts resulted in a 23 percent increase in collections.



- New Personnel opportunities also contributed to efficiency.
  - A comprehensive recruitment program with UTHSCH human resources and proactive retention strategies helped lower staff turnover.
  - New salary administration policies, such as “progression through range” and one-time merit awards, were begun.
  - In a very volatile economy, UTHCPC was able to provide equity adjustments and merit salary increases in addition to the state-mandated increases.
  - Effective strategies, including new time and attendance policies, led to a significant reduction in overtime costs.
  - Additional employee recognition opportunities, including peer and team awards, helped boost staff morale.

- A clinical staff member was appointed to oversee Health Case Management for staff health-related workplace issues, helping reduce lost wages and time.
- The annual staff satisfaction survey showed that 80 percent of staff are satisfied with UTHCPC as a place to work.

#### Other Center-wide achievements:

- UTHCPC began construction on a new patient recreation and education facility. The building will house a gymnasium, a 150-seat auditorium, new studio facilities for Tele-Education and offices, and classrooms for Hospital-Wide Education.
- Medical Director Roy Varner, MD, received a Psychiatric Excellence Award from the Texas Society of Psychiatric Physicians; Varner was also named a Life Fellow of the American Psychiatric Association.
- Chief Administrator Lois J. Moore was named “Professional of the Year” by NAMI (National Alliance for the Mentally Ill) Texas at their annual convention in October 2001.



*(Above) Holistic care for persons with mental illness is a collaborative effort, dependent on the expertise of behavioral professionals such as physicians, psychologists, nurses, social workers, and psychiatric aides.*

*(Left) Facilities staff members Christobal Morales and Patty Stone are well aware that maintaining a safe and hospitable facility is key in creating a therapeutic environment.*

# The FACE of PATIENT CARE at UTHCPC



**MISSION:** To 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 Organization's (JCAHO) accreditation and the federal government's Healthcare Financing Administration (HCFA) certification standards

## Achievements in Inpatient Care

Patient care is the first and most important mission of UTHCPC. When the Center opened, it was charged with caring for at least 3,000 patients per year. During Fiscal Year 2002, it cared for nearly double that amount or 6,135 persons, accounting for more than 63,000 patient days per year and a hospital-wide patient census of well over 80 percent.

- In 2000, UTHCPC successfully completed all the requirements for re-accreditation for another three years by the national oversight agency, the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO).

But for UTHCPC the "bottom line" is the outcome of our patients and their opinions and those of their families/significant others about the care received. Provided at discharge to every patient, Patient Satisfaction Survey scores showed patient education and medical outcomes above national norms. Also, for the first time, Customer Surveys were given to families and visitors (see Patient Care Statistics).

The multidisciplinary team approach is paramount in the treatment of mental illness, because successful patient care includes the involvement of professionals from various disciplines and with specific skills.

- To improve communication and collaboration and strengthen its treatment teams, all of UTHCPC's clinical care programs were combined into one administrative area. The division of Clinical Services includes nursing, social services, patient services (admissions, pharmacy, food services), patient programs, continuum of care (partial hospitalization and outpatient programs), hospital-wide education, and a new department, Performance Improvement.

## Achievements in Patient Services

The patients' and families' first impressions of a facility are made during the process of registration and admission. Often, such a process must be completed under stressful situations, yet it is imperative that, while it be effective and efficient, the dignity and rights of each patient remain paramount.

*Psychiatrist Michael Berno, MD, (right) knows from experience that participating in recreational activities is a good way to bond with his adolescent patients.*



- To comply with new federal regulations regarding emergency patients who come to the Center, all Admission and Registration processes were revamped and the number of “walk-in” patients admitted increased dramatically. During Fiscal Year 2002, 20 percent of UTHCPC admissions were walk-ins.

To meet this increased need and conduct the admission processes in an efficient and effective manner, both function and space were realigned. Also, in response to the fact that a large percent of admissions arrive during evening hours, staffing in Nursing and Patient Registration were adjusted.

- A Call Center, staffed by registered nurses was created to handle all calls inquiring about services available at UTHCPC and the community in general. This service allows the Center to concurrently provide clinical evaluation of need and suggestions of the most appropriate resource for that patient.

The Call Center also handles crisis calls; provides the required assessment for all walk-in patients; appropriately triages all admitted patients according to the severity of the illness (acuity) of the patient, the acuity of the hospital population, and the availability of beds; and alerts interested individuals about current research protocols and the outpatient programs.

- The need to begin treatment as soon as possible and expedite the use of psychiatric beds precipitated a major reorientation in the UTHCPC admissions process. The receiving or “triage” unit admissions format was changed to a “direct admissions” model. Patients go immediately to a treatment unit where a complete assessment is conducted by unit staff.

- To improve treatment of chronic medical conditions, UTHCPC now has a full-time nurse practitioner who provides medical care through the UTH Department of Internal Medicine.

- Medical screening criteria were revised to ensure that patients with serious or multiple medical conditions were referred to other more appropriate healthcare facilities.



*Clinician and researcher Peggy Pazzaglia, MD, (right) values the observations and insights of her treatment team members, such as Nina Williams, RN, BSN, (left) and Laarni De Guzman, RN, BC, BSN.*

# The FACE of PATIENT CARE at UTHCPC



## Achievements in Clinical/Nursing Care

It is of the utmost importance that a therapeutic environment be maintained to facilitate successful treatment for persons with mental illness. Successful management of the “milieu”—the interactions among

patients and patients and staff—of the patient care unit takes the skills of all clinical staff.

- Along with a more cohesive administrative structure, Nursing Services’ Model of Care was redesigned to facilitate increased interaction with patients.

Other improvements in Nursing Services during Fiscal Years 2001 and 2002:

- Nurse preceptors, who serve as teachers for new nursing staff and resource persons for co-workers, were named for each patient care unit.
- Excellence in caregiving was rewarded through the appointment of assistant nurse managers for all units, and the creation of the Psychiatric Technician IV classification.
- Chief Residents were designated to be on-site, full time at the Center.

## Achievements in Social Service Programs

Mental illness affects all aspects of a person’s well-being; thus good treatment must encompass the bio-psycho-social aspects of each patient’s life. To meet holistic needs of patients and families in a flexible, comprehensive, and timely fashion, a new Social Services department was created in FY 2002, incorporating the Center’s case managers/social workers, licensed counselors, music and recreation therapists, and chaplains.

- Each patient care treatment team includes its own social service clinicians, who provide case management, family and group therapy, and discharge planning. The chaplains, music and recreation staff serve hospital-wide and provide group assessments/consultations.
- Social Services created specific programs to meet particular patient needs, including dual diagnosis support groups, weekly aftercare groups for recently discharged patients, spiritual services for teens, and educational groups for families.
- To accommodate an increasing number of Spanish-speaking consumers, a Spanish-speaking chaplain and daily therapy groups in Spanish are now a regular feature of treatment.
- Social Services increased its psychotherapeutic contact with patients by over 44 percent, and the participation in education offerings by patients and families increased by 250 percent during the 2000-2002 period. The new reorganization also resulted in improvements in documentation and timeliness of psychosocial contact.



All persons who become patients at UTHCPC are explained their rights and responsibilities upon admission by Admissions and Registration staff, like Richard Martinez, who takes this duty very seriously.



*Making sure children and adolescents don't fall behind in their school work, UTHCPC has its own dedicated teachers from Houston ISD, such as Natasha Knotts (left) and Gilda Don (below).*

#### **Other Achievements in Direct Patient Care**

- In 2001, with \$1.9 million in funding from the Harris County Commissioner's Court, UTHCPC opened a special 16-bed Subacute (less serious) treatment program for youth in the jurisdiction of the Harris County Juvenile Probation Department. These

adolescents require mental health care not available in a detention facility and the treatment program provides a longer length of stay. Staff from Juvenile Probation and UTHCPC work together, track patients' progress, and plan patient care via weekly teleconference "staffing" sessions.

- A direct referral process with Harris County Children's Protective Services to provide efficient use of child/adolescent beds was developed and CPS selected UTHCPC as its "hospital of choice" for foster children with psychiatric needs.
- Child and adolescent psychiatrists from UTHCPC began providing regular consultation services to sexually abused children at the Harris County Children's Assessment Center.
- A computer-based patient information management program, Sunrise Clinical Manager System, allows the on-line documentation of clinical measures and keeping of patient records. Treatment Team members have access to view and to enter treatments, orders,



# The FACE of PATIENT CARE at UTHCPC



outcomes, and other patient care data in a more efficient and usable format. Also, new software capable of easily tracing released information replaced the manual records management system, ensuring UTHCPC compliance with

federal regulations regarding patient privacy.

- A special Discharge Waiting Area was designed for patients who have been discharged but are waiting for transportation, allowing the courts and community quicker access to Center beds.

## Achievements in Improving Performance

Quality care demands vigilance and constant upgrading of procedures and skills. UTHCPC's Department of Performance Improvement (PI) was established to provide 365-day vigilance to maintaining JCAHO and other professional standards and to monitor performance improvement opportunities that are hospital-wide or department specific. Performance Improvement includes the areas of Infection Control, Health Case Management, Patient Relations, Utilization Review, Safety, ORYX, (a JCAHO data collection

project), Risk Management. PI objectives achieved during Fiscal Years 2001 and 2002:

- Marked reductions in patient injuries and the use of seclusion and restraint were achieved. The seclusion rate for adults decreased approximately 30 percent.
- UTHCPC has almost completely eliminated the use of restraint; rates are well below state and national rates for both adults and children/adolescents.
- There were no serious medication errors in FY 2002 and a "no blame" error reporting system for medication errors has resulted in improved self-reporting.
- Speak-Up!, a campaign to make patients aware of their rights, was initiated.
- In addition to monitoring JCAHO standards, PI provided institutional response to various professional and government regulatory agencies, including the Federal Emergency Agency (FEMA), and established programs to assure patient rights and safety.
- The PI website was revised to serve as an educational tool for all staff to view and to provide feedback.



*As a manager of the clinical automated project in the MIS department, Jennifer McNamara, RN, (right) helps support staff like Arleine Ray implement an efficient online system for maintaining patient records.*



- Advance Directives and Research Compliance policies were finalized.
- UTHCPC continues to be proactive and very responsive in addressing all sentinel event alerts and safety initiatives recommended by JCAHO.

### Achievements in Safeguarding Patient Rights

In preparation for the implementation of stringent new privacy standards (HIPAA or the Health Information Portability and Accountability Act.), UTHCPC conducted surveys, organized staff work teams, drafted policies and procedures, and provided training for all employees.

- Manuals for clinical staff covering were created. “Notice of Privacy Practice” and HIPAA-legal policies and procedures for handling patient information and release of information.
- A “Whisper Campaign” was conducted to remind staff about privacy standards and made sure that all facility security and computer security measures were implemented to HIPAA standards.

### Achievements in Outpatient Services

- Outpatient Services logged 3,346 patient visits during FY 2001. In FY2002, the partial and intensive outpatient programs billed for 5,198 visits.
- UTHCPC’s Partial Hospitalization Program moved to a new off-site location to meet the need for

program growth and more efficient use of inpatient beds. The program was renamed UTHCPC Outpatient Behavioral and Psychiatric Services to encompass the different levels of service provided.

- The five-day Partial Hospital Program was redesigned to provide a wider range of services and increased its participation by 45 percent between FY 2001 and FY2002.
- Data provided by COPES (see Research) showed that clients served in outpatient programs are readmitted to the hospital less frequently than those who are not.
- The Intensive Outpatient Program (IOP), “step down” for outpatients transitioning to living in the community was begun to prevent hospital readmission. IOP provides education, support groups, case management, and psychiatric care with attendance varying from once-a-week to once-a-month, depending upon the client’s level of rehabilitation and transitional skills. IOP grew dramatically and, by the end of FY2002, had 90 patients enrolled, with 55 currently active.



*(Top left) Recreation therapists Michelle Kenney, CTRS, (left) and Sandra Green, CTRS, teach patients the importance of relaxation and physical exercise.*

*Hasu Patel, LMSW-ACP, (above) is one of a team of social service professionals on each UTHCPC patient care unit who teach patients and families coping strategies and help them plan for the future.*

# The FACE of EDUCATION at UTHCPC



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

## Achievements in Professional Education

UTHCPC continues to play an important role in the training and educating of clinical professionals by providing learning opportunities

- During FY 2002, UTHCPC welcomed:
  - 462 UT Houston Medical Students
  - 375 Nursing students
  - 20 UT Houston Psychiatry residents and child fellows
  - 7 UT Houston Psychology residents
  - 5 Pharmacy students
  - 3 Health Administration residents
  - 3 Activity, Occupational, Music Therapy students
  - 2 DeBakey High School for Health Professions students

Psychiatric medicine is a constantly changing environment, requiring on-going training and education. Hospital-Wide Education (HWE), a newly created department of Clinical Services, provided all mandatory training of staff, special education for new policies and procedures, and other educational opportunities for staff. HWE accomplishments:

- All clinical staff were trained in SAMA (Satori Alternatives To

Managing Aggression), a new patient management program.

- Continuing Education (CEU) offerings were provided for staff on all shifts.
- Special hospital orientation programs were held for first year psychiatric residents and for nursing students from 10 schools.
- HWE managed nurse preceptor programs, internship programs, and nurse recruitment initiatives.
- HWE implemented the "FISH!" customer service program to promote increased satisfaction among all external and internal UTHCPC consumers.
- The department celebrated P.R.I.D.E. Day to increase Center-wide understanding of departmental job responsibilities and to promote cross discipline teamwork.

*Suzanne Murray, RN, BSN, BA Psych, (left) and Jena Blake, RN, ADN, daily report the status of each patient under their care to the Chief of Child and Adolescent Services, Andrew Harper, MD.*





### Other Achievements in Education

- UTHCPC Public Information received a \$795,000 grant from the U.S. Department of Commerce to enhance and enlarge its Tele-Education programming with local school districts, juvenile probation, and related community services.
- With HWE, Nursing Services began a Nurse Preceptor program, designating 12 nurses as educational and training liasons for new and continuing staff on units.
- Clinical Services and HWE also provided a six-week Nursing Internship for licensed nurses interested in becoming psychiatric nurses.
- To promote quality improvement standards across the organization, the Performance Improvement Department sponsored a Healthcare Quality Improvement Fair to educate all employees about the various PI initiatives and the role of each department in the Center's mission.
- Outpatient Behavioral Services received Texas Education Agency approval to allow it to contract with local school districts for special education services.

- Public Information and Social Services cooperated in creating a closed-circuit television channel, UTHCPC-TV, to provide appropriate therapeutic and entertainment programming for patients during the day and evening hours.
- Social Services' child and adolescent staff and NAMI Houston (National Alliance for Mental Illness) sponsored "Visions for Tomorrow" classes at UTHCPC for parents and caregivers of children with mental illness.
- The UTHCPC Library received funding to pilot a wireless network to allow Internet access by laptop computers and PDAs.

*(Above) Maintaining staff competencies is the responsibility of trainers Jimmy Thomas, Horace Holness, and Robert Nearing (far left, 2nd from left and far right), and Dorothy Harris, RN, MSN, CNS, (right) from the Department of Hospital-Wide Education Department.*



## The FACE of RESEARCH at UTHCPC



**MISSION:** To 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 (MSI), and other schools and agencies across a broad, multidisciplinary spectrum.

A new Center department, Research and Program Evaluation, was created to oversee ongoing research and promote and attract new research opportunities into the causes and treatment of mental illness.

- Alan Swann, MD, Vice Chair of Research, UTH Department of Psychiatry and Biological Sciences, was named Research Medical Director for UTHCPC.
- The research function at UTHCPC was reorganized to focus on improvements of currently available treatments, and development and testing of new medications and therapeutic approaches.
- A unit dedicated to psychiatric research for eligible voluntary patients opened, increasing research capabilities and the possibility of cooperative

research between faculty from the Center, UTMSI, and UTH Medical School.

- COPES (Center for Outcomes and Program Evaluation Studies), a project to determine patient outcomes through assessments by clinicians and patients, was expanded to all patient care units; to date, more than 1,500 patients have participated. The COPES team visited every unit, sharing with staff data compiled from that unit, comparing it with hospital-wide data.

Faculty at UTHCPC and the UT Mental Sciences Institute continued to be productive in their professional and research publishing (see page 19).



*In a scene common to every patient care unit at UTHCPC, attending physician Nurun Shah, MD, (third from left) who also serves as a clinical faculty member in the UT Houston Medical School, confers with psychiatric residents and medical students during morning Rounds.*



*Research studies conducted by Adel Wassef, MD, and research assistant Melissa Molloy, MSW, (top) can lead to new treatment regimens used by direct-care clinicians like Yen Phan, RN, BSN, (bottom left), and provide outcomes data valuable to outpatient clinicians Alicia Vittone, MD, and Guerline DeJean, RN, MSN, NP, (bottom right).*

# The FACE of COMMUNITY SERVICE and OUTREACH at UTHCPC



**MISSION:** To 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.

## Achievements in Outreach

- An Area Planning and Advisory Committee composed of a cross section of community leaders continues to counsel with Center leadership regarding mental health issues as they relate to the provision of care.
- Faculty from UTHCPC provide services to the victims of sexual abuse at the Harris County Children's Assessment Center.
- The SubAcute program for juvenile offenders is a partnership between UTHCPC and Harris County Juvenile Probation Department funded by Harris County Commissioner's Court.
- UTHCPC administrators and staff increased the Center's representation on the boards of such healthcare organizations as the Harris County Community Access Collaborative, ChildBuilders, Coalition for the Homeless, National Hispanic Council on Aging, Southeast Coast Area Network, and Houston Crack Down.
- Partners in After School Services (PASS), a program for at-risk school children, received a \$135,000 three-year challenge grant from the Hogg Foundation for Mental Health and a matching grant of \$25,000 from the Meadows Foundation. PASS includes psychological and educational services, mentoring and parenting support.
- Community engagements and presentations for mental health, medical, business, and civic communities, included participation in 30 health fairs by Marketing and Public Information personnel.
- A pilot tele-education/tele-psychiatry program with the Spring Independent School District was begun, with planned expansion to a fee-based program.
- A redeveloped UTHCPC website (<http://hcpc.uth.tmc.edu>) attracted over 20,000 individual visitors each month; nearly 30 percent to the Spanish site. The website offers information about UTHCPC and various mental disorders in English, Spanish, and Vietnamese.



*UTHCPC staff educate the community about the Center through participation in civic events, (above). The Reception Desk team (represented at right by Barbara Burum and Rosa Dixon) answer questions, solve problems, and make patients and visitors feel at home.*





- Along with an increasing number of Center volunteers, including high school and college students, Volunteer Services has created affiliations with over 34 individuals and organizations who provide recreational activities for patients, gifts and holiday parties, and help meet on-going patient needs for such things as clothing and toiletries.
- An initiative to help mental health consumers gain experience and self-esteem in the workplace continued within UTHCPC's Department of Health Information Management, which trains them in the field of medical records.
- UTHCPC's external publication *Progress* received an award from the Houston Chapter of the Public Relations Society of America for writing.

UTHCPC Outpatient Psychiatric and Behavioral Services initiated a number of outreach services, including:

- A pilot program was established in 2001 with Gulf Coast Community Head Start to provide observation and assessments and consultations at three Gulf Coast Head Start Centers and training for the agency. By the end of FY 2002, the program was serving 12 centers and providing psychological evaluation and individual therapy for troubled children.
- A contract was signed with Neighborhood

Centers, Inc., to provide psychological and behavioral services for large numbers of children participating in the NCI program.

- Individual, family, and group therapy, and educational services were regularly provided for adults at Wesley Community Center on the near northside.
- Dually diagnosed clients in substance abuse treatment at the UT Houston Recovery Campus received psychiatric assessment and treatment from UTHCPC staff through a grant from the Texas Council on Alcoholism and Drug Abuse (TCADA).



*Outreach means meeting a variety of community needs, such as providing classes for parents co-sponsored with NAMI Houston (National Alliance for the Mentally Ill) (top left), developing a model system of care for youth in the Juvenile Probation system (top right), and attracting government support for tele-education programs with local schools (above).*

# HOSPITAL *and* PATIENT STATISTICS



• The level of state and local funding for indigent care at UTHCPC has remained at essentially the same level since the hospital opened in 1986. Of the tax revenue dollars supporting UTHCPC, approximately 85 percent is funded by the state and 15 percent comes from the county.

• Despite the flat level of funding, UTHCPC maintained the number of beds funded for indigent patients at 143. An additional 16 beds were funded by Harris County for adolescents in

the custody of the Harris County Juvenile Probation Department. A total of 63 beds were open to resource patients.

• While the State is placing more reliance on Managed Medicaid and Medicare to cover expenses at UTHCPC, the reimbursement levels of these programs are being reduced while costs continue to increase.

• The facility receives no reimbursement for patients 21 to 64 years old who are covered by traditional Medicaid.

## UTHCPC HISTORICAL OVERVIEW

	1987	1988	1989	1990	1991	1992	1993	1994
Number of Admissions	1,730	3,016	3,017	3,152	3,639	3,983	4,333	4,660
Average Length of Stay	21.4	23.8	25.9	27	23	20.8	18.7	17
Cost per Patient Day*	\$297.19	\$278.73	\$275.19	\$261.33	\$369.50	\$343.62	\$367.75	\$402.90
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

	1995	1996	1997	1998	1999	2000	2001	2002
Number of Admissions	4,763	5,162	5,429	5390	5,263	5,186	5,649**	6006**
Average Length of Stay	17.2	13.9	13.8	9.4	10.1	10.6	10.6	11.3
Cost per Patient Day*	\$441.10	\$457.25	\$474.00	\$614.90	\$584.27	\$634.46	616.64	575.01
Cost per Episode	\$7,586.92	\$6,355.78	\$6,541.00	\$5,776.09	\$5,906.62	\$6,725.27	6,421.47	6,071.37

\* Includes depreciation, not capital expense

\*\* Does not include admissions to SubAcute Unit for Juvenile Offenders, funded by a grant from Harris County. The SubAcute Unit opened in May 2001, and served 58 adolescents in FY01 and 129 in FY02.

## UTHCPC SOURCES OF REVENUE

	1988	1989	1990	1991	1992	1993	1994	1995
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
Harris County	8,824	3,167	\$3,433,796	\$3,791,592	\$3,593,573	\$3,690,156	\$3,730,825	\$3,732,215
Patient Income	\$220,118	\$636,557	\$657,095	\$885,583	\$3,181,347	\$5,682,425	\$6,863,225	\$5,529,814
Other	\$486,447	\$356,485	\$354,317	\$94,303	\$86,787	\$374,217	\$390,619	\$562,371
<b>Total Revenue</b>	<b>\$23,835,301</b>	<b>\$24,632,200</b>	<b>\$27,158,559</b>	<b>\$24,506,430</b>	<b>\$26,517,779</b>	<b>\$29,813,322</b>	<b>\$30,845,913</b>	<b>\$29,804,457</b>

	1996	1997	1998	1999	2000	2001	2002
State	\$20,482,449	73,427	\$20,324,652	\$19,931,728	\$20,631,286.96	\$20,984,066.00	\$21,287,121.91
Harris County	\$3,730,825	\$3,730,825	\$3,593,768	\$3,560,477	\$3,573,808.00	\$3,883,294.00	\$4,285,782.84
Patient Income	\$5,106,587	\$5,581,758	\$4,319,513	\$6,348,861	\$6,786,627.42	\$6,471,493.18	\$7,242,298.64
Other	\$414,284	\$575,783	\$854,729	\$857,111	\$3,821,531.19	\$3,992,183.11	\$4,755,313.03
<b>Total Revenue</b>	<b>\$29,734,145</b>	<b>\$30,661,793</b>	<b>\$29,092,662</b>	<b>\$30,697,997</b>	<b>\$34,813,253.57</b>	<b>\$35,331,036.29</b>	<b>\$37,570,516.42</b>

## PATIENT DEMOGRAPHIC PROFILE FY 2002

	Average Daily Census	Average LOS (Days)	% Occupancy	Patient Days
Adult	159.4	10.6	90.8%	58,179
Child/Adolescent	14.3	11.3	51.4%	5,236
SubAcute	15.4	42.8	96.4%	5,628
<b>Total</b>	<b>189.1</b>			<b>69,043</b>

## PATIENT ETHNICITY

	Number	Percent
American Indian	9	0.1%
Asian	103	1.7%
Black	2,327	37.9%
Caucasian	2,389	38.9%
Hispanic	1,127	18.4%
Other	180	3.0%

## PATIENT LENGTH OF STAY BY DIAGNOSIS

Diagnosis Group	Average LOS
Bipolar Disorder	12.03
Depressive Disorder NOS	8.76
Major Depression	10.08
Mood Disorder NOS	7.82
Schizoaffective	14.22
Schizophrenia	15.53
Psychotic Disorder Other	12.06
Adjustment Disorder	6.79
Attention Deficit and Disruptive Behavior	14.37
Substance Use Disorder	6.46
All Other	11.22

## PATIENT GENDER

	Number	Percent
Female	2,620	42.7%
Male	3,515	57.3%

## ADMISSIONS TO PSYCHIATRIC FACILITIES/HARRIS COUNTY

	2001	2002
Medicare	15.26	16.22
Medicaid	3.20	3.53
Private & Self	7.49	6.34

## UTHCPC EXPENDITURES BY AREA

Salaries	\$26,482,867.49
Operating Expenses	\$7,468,184.98
Maintenance & Repair	\$379,633.54
Food	\$1,198,634.54
Equipment	\$6,205.00
Housekeeping	\$452,430.15
Utilities	\$315,276.27
Laundry	\$147,326.49
Professional Development	\$14,103.66
<b>TOTAL</b>	<b>\$36,464,662.12 *</b>

\* These figures do not include expenses for the SubAcute Unit, funded by a grant from Harris County.



## Publications & Presentations

of UTHCPC Faculty and Staff (by date)

*\*\*Please note that publications edited by Department of Psychiatry and Behavioral Sciences not directly affiliated with UTHCPC are listed in the Medical School Annual Report.*

### BOOKS

**Hays, JR;** Sutter, E; McPherson, R (Eds.). Texas Mental Health Law: A Sourcebook. Fifth Edition. Austin: Texas Psychological Association, 2002.

### CHAPTERS

1. Beck, JG; **Averill, P**. Generalized anxiety disorder in the elderly. In: Heimberg, R; Turk, C; Mennin L (Eds.) Generalized Anxiety Disorders. Guilford Publications. In press.
2. **Hays, JR**. Fashioning a guardianship for the elderly ward. In: Downes, J and Green, D (Eds.) 2002 Guardianships: An Elder and Mental Health Perspective. Austin: State Bar of Texas, 2002.
3. **Swann, A**. Biology of bipolar disorders. In: Mann, J, Kupfer, D. (Eds.) The Biology of Depressive Illness. New York: Plenum Press. In press
4. **Swann, A**. Mixed or dysphoric manic states: Psychopathology and treatment. In: Joffe, R; Calabrese, J (Eds.) Anticonvulsants in Psychiatry. New York: Marcel Dekker. In press.
5. Ketter, T; Post, R; **Pazzaglia, P**; Marangell, L; George, M; Callahan, A. Carbamazepine in the treatment of mania. In: Mania. Goodnick, P (Ed.), Washington, DC: American Psychiatric Press. In press
6. **Lachar, D**. Contributions of objective methods in the evaluation of youth adjustment in mental health settings. In: Graham, J; Naglieri, J (Eds.) Handbook of Assessment Psychology and In: Weiner, I (Ed.) Handbook of Comprehensive Psychology. In press.
7. **Lachar, D**; Gruber, C. Personality Inventory for Children. Second Edition. In: Standard Format and Behavioral Summary Manual. Los Angeles: Western Psychological Services. In press.

### JOURNAL ARTICLES

1. **Gruber, N**; Daniel, D; **Varner, R**. The Medical Staff Coding Committee: Its role in psychiatrist documentation, coding, and billing compliance. *Psychiatric Services*. In press.
2. Lane, S; Cherek, D; **Rhoades, H**; **Steinberg, J**. Relationships between multiple measures of impulsivity in adult males. *Experimental and Clinical Psychopharmacology*. In press.
3. Dougherty, D; Bjork, J; **Harper, RA**; March, D; Moeller, FG; Mathias, C; **Swann, A**. Behavioral impulsivity paradigms: A comparison in hospitalized adolescents with disruptive behavior disorders. *Psychological Record*. In press.
4. Dougherty, D; Bjork, J; **Harper, RA**; Mathias, C; **Moeller, FG**; Marsh, D. Concurrent validation of the immediate and delayed memory tasks in hospitalized adolescents with disruptive behavior disorders. *Journal of Child Psychology and Psychiatry and Allied Disciplines*. In press.
5. Hopko, D; **Averill, P**; **Cowan, K**; **Shah, N**. Endorsement of psychiatric symptoms as a function of legal status on acute inpatient admission. *Journal of Forensic Psychiatry*. In press.
6. **Averill, P**; Beck, JG. Anxiety disorders in older adults: What do we need to know and where do we need to go? *Journal of Geropsychology*. In press.
7. Diefenbach, G; Hopko, D; Feigon, S; Stanley, M; Novy, D; Beck, JG; **Averill, P**. Minor GAD: Characteristics of subsyndromal GAD in older adults. *Behavior Research and Therapy*. In press.
8. Sayre, S; Evans, M; Hokanson, P; Schmitz, J; Stotts, A; **Averill, P**; Grabowski, J. Who gets in? Recruitment and screening processes of outpatient substance abuse trials. *Addictive Behaviors*. In press.
9. Bourland, S; Stanley, M; Snyder, A; Novy, D; Beck, JG; **Averill, P**; **Swann, A**. Quality of life in older adults with anxiety disorder. *Aging and Mental Health*. In press.
10. Casey, D; Daniel, D; **Wassef, A**; Tracy, K; Wozniak, P. Somerville, K for the Depakote Psychosis Group. Effect of divalproex combined with olanzapine or risperidone in patients with an acute exacerbation of schizophrenia. *Neuropsychopharmacology*. January 2003.
11. **Swann, A**; **Pazzaglia, P**; Nicholls, A; Dougherty, D; **Moeller, F**. Bipolar disorder and impulsivity: relationship to manic state. *Journal of Affective Disorders*. Vol. 73 (1-2) January 2003.
12. Zajacka, J; Weisler, R; Sachs, G; **Swann, A**; Wozniak, P. Somerville. A comparison of the safety and efficacy of divalproex sodium and olanzapine in the treatment of bipo-

- lar disorder. *Journal of Clinical Psychiatry*. Vol. 63 (12) January 2003.
13. Hopko, D; Bourland, S; Stanley, M; Beck, JG; Novy, D; **Averill, P**; **Swann, A**. Generalized anxiety disorder in older adults: Examining the relation between clinical severity ratings and patient self-report measures. *Depression & Anxiety*. Vol. 4 (4) November 2002.
14. **Averill, P**; Diefenbach, G; Stanley M; Breckenridge, J; Lusby, B. Outcome assessment of the Medicaid managed care program in Harris County (Houston). *Psychiatric Quarterly*. Vol. 74, No. 2, 2002.
15. Daza, P; Novy, D; Stanley, M; **Averill, P**. The Depression Anxiety Stress Scale-21: Spanish translation and validation with a Hispanic sample. *Journal of Psychopathology & Behavioral Assessment*, Vol. 24, September, 2002.
16. **Steinberg, J**; Dougherty, D; Narayana, P; Kramer, L; **Wassef, A**; Occhiline, V; Le, Y; **Shah, N**. Event-related fMRI of working memory in schizophrenia and control subjects. The 8th International Conference on Functional Mapping of the Human Brain, Sendai, Japan, *NeuroImage*, Vol. 16 (2), June 2002.
17. **Swann, A**; Bjork, J; Moeller, FE; Dougherty, D. Two models of impulsivity: Relationship to personality traits and psychopathology. *Biological Psychiatry*, Vol. 51, June 2002.
18. Marsh, D; Dougherty, D; Moeller, FG; **Swann, A**; Spiga, R. Laboratory-measured aggressive behavior of women: Acute tryptophan depletion and augmentation. *Neuropsychopharmacology*, Vol. 26, May 2002.
19. **Swann, A**; Bowden, C; Calabrese, J; Dilsaver, S; Morris, D. Pattern of response to divalproex, lithium, or placebo in four naturalistic subtypes of mania. *Neuropsychopharmacology*. Vol. 25 (4), April 2002.
20. Hopko, D; **Averill, P**; **Cowan, K**; **Shah, N**. Self-reported symptoms and treatment outcome among non-offending involuntary patients. *Journal of Forensic Psychiatry*, Vol 13, April 2002.
21. Bjork, J; Moeller, FG; Dougherty, D; **Swann, A**; Machado, M; Hanis, C. The serotonin 2a receptor T102C polymorphism and impaired impulse control. *American Journal of Medical Genetics*. Vol 114 (3), April 2002.
22. **Hays JR**; Reas, D; Shaw, J. Concurrent validity of the Wechsler Abbreviated Scale of Intelligence and the Kaufman Brief Intelligence Tests in psychiatric inpatients. *Psychological Reports*, Vol. 90 (2), April 2002.
23. Yoho, M; **Ezeobele, I**. Health and meaning: a perspective of geriatric Hispanic women. *Geriatric Nursing*. Vol. 23, (5), March 2002.
24. Stanley, M; Novy, D; Hopko, D; Beck, G; **Averill, P**; **Swann, A**. Measures of self-efficacy and optimism in older adults with generalized anxiety. *Assessment*, Vol. 9, March 2002.
25. Sayre, S; Schmitz, J; Stotts, A; **Averill; Rhoades, H**; Grabowski, J. Determining predictors of attrition in an outpatient substance abuse program. *American Journal of Drug & Alcohol Abuse*, Vol. 28, February 2002.
26. Cherek, D; Lane, S; Pietras, C; **Steinberg, J**. Effects of chronic paroxetine administration on measures of aggressive and impulsive responses of adult males with a history of conduct disorder. *Psychopharmacology*, Vol. 159, January 2002.
27. Suppes, T; Dennehy, E; **Swann, A**; Bowden, C; Calabrese, J; Hirschfeld, R; Keck, P; Sachs, G; Crismon, M; Toprac, M; Shon, S. Report of the Texas Consensus Conference Panel on medication treatment of bipolar disorder. *Journal of Clinical Psychiatry*, Vol. 63, 2002.
28. **Swann, A**; Janicak; Calabrese, J; Bowden, C; Dilsaver, S; Morris, D; Petty, F; Davis, J. Structure of mania: Depressive, irritable, and psychotic clusters with different retrospectively-assessed course patterns of illness in randomized clinical trial participants. *Journal of Affective Disorders*, Vol. 67, December 2001.
29. Moeller, FG; Dougherty, D; Barratt, E; Schmitz, J; **Swann, A**. The impact of impulsivity on cocaine use and retention in treatment. *Journal of Substance Abuse Treatment*, Vol. 31, December 2001.
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33. Novy, D; Stanley, M; **Averill, P**; Daza, P. Psychometric comparability of English- and Spanish-speaking measures of anxiety and related affective symptoms. *Psychological Assessment*. Vol.13 (3), September 2001.
34. **Varner, R**; **Hays, R**; **Wagner, A**; **Averill, P**. Outcome comparison of patients receiving oral or depot neuroleptic medication. *Psychological Reports*. Vol. 89, August 2001.
35. Schmitz, J, **Averill, P**, Stotts, A; Moeller, FG; **Rhoades, H**. Fluoxetine treatment of cocaine-dependent patients with major depressive disorder. *Drug & Alcohol Dependence*, Vol. 63, August 2001.
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39. Stanley, M; Novy, D; Bourland, S; Beck, G; **Averill.** Assessing older adults with generalized anxiety disorder: A replication and extension. *Behavioral Research and Therapy*, Vol. 39, February 2001.
40. **Wassef, A;** Hafiz, N; Hampton, D; **Molloy, M.** Divalproex sodium augmentation of haloperidol in hospitalized patients with schizophrenia: Clinical and economic implications. *Journal of Clinical Psychopharmacology*, Vol. 21, February 2001.
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42. Houston, K; Mariotto, M; **Hays, R.** Outcomes for psychiatric patients following first admission: relationship with voluntary and involuntary treatment and ethnicity. *Psychological Reports*, Vol. 88, 2001.
43. **Swann, AC;** Anderson, J; Dougherty, DM; Moeller, FG. Measurement of interepisode impulsivity in bipolar disorder: A preliminary report. *Psychiatry Research*, Vol. 25, 2001.
44. Potter, L; Kresnow, M; Powell, K; Simon, T; Mercy, AJ; Lee, R; Frankowski, R; **Swann, A;** Bayer, T; O'Carroll. The influence of geographic mobility on nearly lethal suicide attempts. *Suicide & Life-Threatening Behavior*, Vol. 32, 2001.
45. Simon, T; **Swann, A;** Powell, K; Potter, L; Kresnow, M; O'Carroll, P. Characteristics of impulsive suicide attempts and attempters. *Suicide & Life-Threatening Behavior*, Vol. 32, 2001.
46. **Swann, AC;** Moeller, FG; Dougherty, DM; **Pazzaglia, PJ;** Barratt, ES. Is impulsivity a mood disorder? *Biological Psychiatry*, 49, 68, 2001.
47. Reynolds, C; **Hays, JR;** Ryan-Arendondo, K. When judges, laws, ethics, and rules of practice collide: A case study of assent and disclosure in assessment of a minor. *Journal of Forensic Neuropsychology*, February, 2001.
48. Akkerman, R; Stanley, M; **Averill, P;** Novy, D; Snyder, A; Diefenbach, G. Recruiting older adults with generalized anxiety disorder. *Journal of Mental Health and Aging*, Vol. 7 (4), July 2001.
49. Sayre, S; Schmitz, J; Stotts, A; **Averill, P;** Rhoades, H; Grabowski, J. Determining predictors of attrition in an outpatient substance abuse program. *American Journal of Drug & Alcohol Abuse*, Vol. 27, 2, 2001.
50. **Lachar, D;** Bailey, SE; **Rhoades, HM;** Espadas, A; **Aponte, M;** **Cowan, KA;** **Gummattira, P;** **Kopecky, C;** **Wassef, A.** New subscales for an anchored version of the Brief Psychiatric Rating Scale: Construction, reliability in acute psychiatric admissions. *Psychological Assessment*, Vol. 13, 2001.
51. Hopko, D; **Averill, P;** Small D; Greenlee, H; **Varner, R.** Use of the Brief Psychiatric Rating scale to facilitate differential diagnosis on acute inpatient admission. *The Journal of Clinical Psychiatry*, Vol. 62, No. 4, 2001.
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53. **Hays, JR;** Stanley, M; **Averill, P;** Morgan, S; Cambron, S. An outcome survey of psychology resident training program graduates of the University of Texas Houston Medical School. *Psychological Reports*, Vol 86, 2000.
15. Ruiz, P; **Guynn, R;** Small, DR; **Varner, R;** **Averill, P.** Managed Care Impact in Public Sectors Psychiatry (abstract). *Syllabus & Proceedings Summary*, 153rd Annual Meeting, American Psychiatric Association. Chicago, 2000.

## Presentations



1. **Hays, JR.** Thirty years of Forensic Practice. Psi Chi Society University of Houston Clear Lake, October 2002.
2. **Hays, JR.** Patients who threaten: The Duty to Warn/Protect in Texas. Houston Psychiatric Society, September 2002.
3. **Hays, JR.** Ethics and Professional Practice. Counselor Foundation, University of Houston, April 2002.
4. **Wagner, A;** **Hays JR;** Veazy; Miller, H. An Investigation of the Miller Forensic Assessment of Symptoms Test. Biennial Meeting, American Psychology-Law Society, Austin, TX, March 2002.
5. **Hays, JR.** Fashioning a guardianship for the elderly ward. State Bar of Texas Program Guardianships: An Elder and Mental Health Perspective, Austin, March 2002.
6. Citrome, L; Daniel D.; **Wassef, A;** Tracy, K; Wozniak, P; Casey, D. Antipsychotic monotherapy versus combination treatment with valproate in hospitalized patients with acute schizophrenia: A Double Blind multi-center study. American Psychiatric Association Annual Meeting, 2002.
7. Daniel, D; Tran-Johnson, T; Rosenthal, M; **Wassef, A;** Tracy K; Wozniak, P; Walsh, J; Fugate, J; Casey, D. Divalproex Sodium Enhances Antipsychotic-Induced Improvement in Schizophrenia. APA Institute of Psychiatric Services, Orlando, FL, October 2001.

8. **Lachar, D;** Espadas, A; **Averill, P;** Lachar, B. Adjective personality survey: Rapid assessment of inpatient status and symptomatic improvements. Annual Convention for the American Psychological Association, San Francisco, CA, August 2001.
9. **Swann, AC;** Dougherty, DM; Moeller, FG; **Pazzaglia, PJ;** Barratt, ES. Impulsivity Definition and Measurement. Is impulsivity a mood disorder? Society of the Biological Psychiatry, New Orleans, LA., May 2001.
10. **Lachar, D;** Espades, A; **Morgan, ST;** **Harper, A.** BPRS-C assessment of child symptoms and inpatient treatment. Poster session, American Psychological Association Convention, San Francisco, 2001.
11. **Wassef, A;** Casey, D; Daniel, D; Citrome, L; Tracy, K; Wozniak, P; Walch, J; Fugate, J. Divalproex Sodium Augments Antipsychotic-Induced Improvement in Acute Schizophrenia. US Psychiatric Congress, 2001.
12. **Gruber, N;** **Varner, R.** The Medical Staff Coding Committee: Its role in psychiatric billing compliance. Poster abstract for American Psychiatric Association Institute on Psychiatric Services, Philadelphia, October 2000.
13. **Lachar, D;** **Morgan, ST;** Espades, A.; Schomer, O. Effects of defensiveness on two self-report child adjustment inventories. Poster session, American Psychological Association Convention, Washington, DC, 2000.
14. **Morgan, ST;** Shaw, B. Brief inpatient intervention for adolescent anger control problems. Poster session, Texas Psychological Association Convention, Dallas, 2000.

## REFEREED PRESENTATIONS

1. **Averill, PM;** **Guynn, RW;** **Varner, RV;** **Shah, N.** What happened to inpatient care during the decade of the brain: What next? American Psychiatric Association Institute on Psychiatric Services, Chicago, IL, October 2002
2. Shack, A; **Averill, P;** **Pazzaglia, P;** **Kopecky, C.** Physical and sexual abuse in psychiatric patients: Comparison of males and females. Association for Advancement of Behavior Therapy, Philadelphia, PA, November 2001.
3. Hopko, DR; Novy, DM; Stanley, MA; Beck, JG; **Averill, PM;** **Swann, AC.** An empirical taxonomy of older adults diagnosed with generalized anxiety disorder. Association for Advancement of Behavior Therapy, Philadelphia, PA, November 2001.
4. Hopko, DR; Stanley, MA; Novy, DM; Beck, JG; **Averill, PM;** **Swann, A.** Self-efficacy and optimism in older adults diagnosed with generalized anxiety disorder. Association for Advancement of Behavior Therapy, Philadelphia, PA, November 2001.
5. Diefenbach, G; Stanley, MA; Beck, JG; Novy, DM; **Averill, PM;** **Swann, A.** Examination of the Hamilton Scales in assessment of anxious older adults: A replication and extension. Association for Advancement of Behavior Therapy, Philadelphia, PA, November 2001.
6. Stanley, MA; Beck, JG; Novy, DM; **Averill, PA;** **Swann, A.** Treatment of late-life GAD. Association for Advancement of Behavior Therapy, Philadelphia, PA, November 2001.
7. Hopko, DR; Stanley, MA; Novy, DM; Beck, JG; **Averill, P;** **Swann, A.** Self-efficacy and optimism in older adults diagnosed with generalized anxiety disorder. Association for Advancement of Behavior Therapy, Philadelphia, PA, November 2001.
8. **Shah, N;** **Averill, PM.** The utility and application of adjunctive psychotherapy in an acute inpatient psychiatric setting. Enhancing the Practice of Psychiatry, Southern Psychiatric Association, San Antonio, TX, October 2001.
9. **Lachar, D;** Espadas, A, **Averill, P,** Lachar, BL. Adjective personality survey: Rapid assessment of inpatient status and symptomatic improvement. American Psychological Association, San Francisco, CA, August 2001.
10. **Swann, AC;** **Pazzaglia, PM;** Moeller, FG; Dougherty, DM. State and trait impulsivity in bipolar disorder. American College of Neuropsychopharmacology, 2001.
11. **Swann, A;** Somerville, K; Tracy, K; Wozniak, P; Jafari, M; Collins, M. Lack of metabolic effects of short-term divalproex treatment. American College of Neuropsychopharmacology, 2001.
12. Bowden, CL; Calabrese, JR; Sachs, G; **Swann, A;** Akthar, S; DeVeugh-Geiss, J. A randomized, placebo-controlled 18-month trial of lamotrigine and lithium maintenance treatment in recently manic or hypomanic patients with bipolar I disorder. American College of Neuropsychopharmacology, 2001.
13. Katz, MM; Frazer, A; Bowden, CL; Berman, N; Houston, J; Brannan, S; **Swann, A.** Methods for detecting onset and early actions of antidepressants. American College of Neuropsychopharmacology, 2001.

## INVITED NATIONAL SYMPOSIA, WORKSHOPS

1. Reas, DL; **Averill, PM;** **Guynn, R;** Shack, A; **Shah, N;** **Cowan, K;** **Rocha, D.** Differential typology of schizoaffective and schizophrenia disorder: Implications for research and clinical management. European Network Health Service Evaluation, Sofia, Bulgaria, June 2002.
2. **Steinberg, JL;** Dougherty, DM; Narayana, PA; Kramer, LA; **Wassef, A;** Occhiline, VB; Le, YL. Event-related fMRI of working memory in schizophrenic and control subjects. 8th International Conference on Functioning Mapping of the Human Brain, Sendai, Japan, June 2002. Available on CD-Rom in *NeuroImage*, Vol. 16, No. 2.

# MISSION, VISION & VALUES



## Mission

The University of Texas Harris County Psychiatric Center embraces The University of Texas Health Science Center at Houston mission to advance the health of the people of the State of Texas, the nation, and our global community through educating compassionate health care professionals and innovative scientists; and through discovering and translating advances in the social and biomedical sciences to treat, cure, and, prevent disease now and in the future.

To fulfill our mission The University of Texas Health Science Center and The University of Texas Harris County Psychiatric Center:

- Educates health professionals and scientists in a diverse interdisciplinary academic community
- Creates and evaluates new knowledge – through basic and applied research – as it relates to disease prevention, treatment and cure
- Provides appropriate and compassionate clinical care and public health expertise
- Addresses the health needs of the community at large through educational outreach and service
- Provides leadership in the scholarship of the biomedical sciences, the health professions, health care delivery, and health promotion

The University of Texas Harris County Psychiatric Center is dedicated to excellence and leadership in the treatment of persons with mental illness residing in Harris County. UTHCPC has the unique additional missions of The University of Texas Health Science Center at Houston (UTHSCH) 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

UTHCPC will be a premier psychiatric facility in the provision of treatment, education, and research. UTHCPC will exert proactive 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 do their 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

- Concern for 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
- Safe environment
- Doing the right thing the first time
- Being open to change, critique, and evaluation
- Continuous improvement
- Taking leadership roles within the hospital and community
- Mutual interest in each other's improvement
- Celebration of our own successes

# UTHCPC ADMINISTRATION FY 2002

Robert W. Guynn, MD  
*Executive Director, UTHCPC*  
*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 C. Swann, MD  
*Research Medical Director*

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