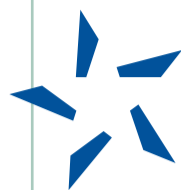


# Texas Psychiatrist



## Impact of Recession and Legislation on Families

Patrick Holden, MD, President, Texas Society of Psychiatric Physicians



Patrick Holden, MD

The recession has had a huge impact on Texas children. In a few cases the Legislature was able to mitigate the impact of the recession but unfortunately in other cases, it did nothing thus leaving the most vulnerable of Texans - especially children - struggling to deal with these new challenges. The effect will be felt in four areas: employment, housing, education and public services.

Unemployment in Texas is currently at 8%. In some counties in Texas, unemployment doubled over a 4 year period from 2007 to 2011. These figures do not include Texans who have given up looking for a job or those who are in jobs below their skill and experience level. Unemployment and under employment create a financial burden for the entire family, an emotional burden for most parents and a trickle down effect for their children. According to Texans Care, a multi-issue child advocate organization, more families fell into poverty during the recession and public safety net programs saw an increase in applications for benefits. "Hundreds of thousands more families with children are applying for Texas' Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), CHIP and Medicaid, and the federal free and reduced price lunch program, due to the economic downturn. ... Families with children in poverty struggle to pay for basics like food, housing, and clothing, and children who grow up experiencing poverty-related stress are more likely to struggle in school and remain poor later in life.

The recession has also created housing problems for many Texas families. While housing prices have only declined by about 1% from a year ago, this has made it somewhat harder to sell a house and is important if a family needs to move to take a job elsewhere. The foreclosure rate in May 2011 is about 1 per 1000 homeowners. While that is lower than California at 1 per 260 homeowners, it still means that foreclosures continue to be too high. For example, there were 2800 foreclosures in Texas in April so 2800 families had to move out of their home and in with another family, into rental property or in some cases a homeless shelter. Changes in residence particularly abrupt and unplanned moves can be very stressful for children and adolescents.

Texas children will feel the impact of the recession directly in their schools. With the passage of the budget in Austin, public schools will take a \$4 billion hit. We have read how the school districts in our individual communities will deal with this hit. Many will lay off staff including some teachers; most districts will increase class sizes and will cancel extracurricular activities. Many will shorten the school year causing parents to look for day care to cover those extra days when kids are not in school. Finally, some districts will replace RNs with LVNs leading to a lower level of medical expertise in the schools.

Although there were no budget cuts to CHIP or Medicaid, there were changes including plans to increase efficiencies and to bring managed care to the Valley. There

were cuts to other health services for children, specifically cuts to substance abuse programming and to programs serving youthful offenders with mental illness according to the website Texans Care. About 1800 fewer youth each month will receive substance abuse intervention services. In addition, the TCOOMMI budget was reduced; TCOOMMI serves youthful offenders with mental illness. This is relevant since a disproportionate number of youth with MH concerns are involved in the juvenile justice system. These youth have looked to TCOOMMI for needed Mental Health services.

To be fair there are a few bright spots in this dismal picture. For example, SB 219 authored by Senators Nelson and Van der Pute supports improved health and mental health standards for children in CPS care and foster care and training for those who provide health care for these children. On the economic side, sales tax receipts were up about 10% from a year ago.

So what does this have to do with organized Psychiatry? We have no control over and little influence on the recession; in fact many of us are negatively impacted by it, albeit to a lesser extent than the more vulnerable families. As psychiatrists we are especially aware of the impact of financial and other environmental stressors on all families for we have seen the results of these stressors on patients with mental illness and their families. We understand how the loss of previously available resources can hinder a family's efforts to deal with

these burdens. Some families will not be able to afford to pay for medications nor needed appointments for a decompensated family member.

Many individuals and families in Texas are resourceful and even resilient. Those persons will survive this recession and even thrive. Others less fortunate will struggle through this recession. I suppose this editorial is reminder to me and perhaps to others about the difficulties facing the more vulnerable among us. Our care and concern for these persons is even more important these days. How that care gets expressed is very much an individual decision; no one can tell a physician or a family what needs to happen. However with all of us, physicians and families, pulling together we can make the most of this bad situation we find ourselves in. Providing high quality care and realistic hope for a better tomorrow to a distressed family can be therapeutic and even life-saving at times for parents and their children. While this is not the best of times, with our help there can be better days ahead for Texas families. ■

## Summary of the 2011 Texas Legislative Session

Eric Woomer, Public Policy Consultant, Federation of Texas Psychiatry

The Texas Legislature convened in January facing an unprecedented \$26 billion revenue shortfall. That problem was the backdrop for virtually all public policy discussions which took place in Austin during the 82nd Regular Session. Bill filings were down 20 percent in 2011, relative to 2009, chiefly due to the funding shortfall. The members also wrestled with congressional and legislative redistricting, which takes place after each decennial census, and is generally regarded as the most contentious activity the legislature can consider.

The Federation of Texas Psychiatry joined with the Texas Medical Association to overcome these enormous funding deficits, as

well as meet the challenges brought by various interest groups to emasculate the Texas Medical Board, weaken the state's ban on the corporate practice of medicine, and expand the scope of practice of allied health professionals.

We are pleased to report to you the outcome of our efforts - which by and large represent meaningful wins for the mental health community and physicians in general. What follows is a look at the major issues considered by the legislature during the regular session, as well as the subsequent special session.

### Budget

HB 1 was filed as a bare bones budget of \$164.5 billion, calling for deep cuts to health and human services. It was meant to serve as a "worst case scenario," as it was short of what it would take to maintain current health services, especially given population growth and inflation. HB 1 slashed Medicaid and Children's Health Insurance Program (CHIP) physician payments by 10 percent, expanded Medicaid HMOs statewide, and dramatically reduced mental health services.

The Senate filed a \$176.5 billion budget - \$12 billion more generous than the House version. The Senate budget plan restored

funding for critical health care services, and reduced the cuts for physicians' Medicaid and CHIP payments. It also preserved some funding for community based mental health and hospital services for adults and children and graduate medical education.

To reconcile differences between the two chambers, a conference committee comprised of 5 House members and 5 Senators was appointed. The committee adopted several TMA priorities: elimination of the additional 10 percent Medicaid/CHIP payment reduction for physicians, restoration funding for community based mental health, and providing funding for smoking prevention and cessation. Despite these improvements, the bill makes deep cuts in public health and graduate medical education. Funding for the family medicine residency program will decline 74 percent, and conferees eliminated funding for the other primary care residency programs.

Nevertheless, mental health spending was a big winner in terms of fund restoration. The budget initially introduced by the House slashed MH spending by 20% off of current level. The Senate version fully funded MH spending back to 2011 levels - an amount which many may characterize as inadequate to meet current needs, but represents a wild improvement from the House version.



Eric Woomer

Budget conferees approved Senate levels of spending virtually across the board. All told, the Federation helped preserve more than \$300 million of additional state mental health spending across all budget strategies.

Ultimately, while the budget passed both chambers, the legislature also needed to pass certain revenue generating bills, as well as school finance reform. These non-tax revenue bills died in the closing days of the regu-

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# Summary of the 2011 Texas Legislative Session

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lar session, so Gov. Rick Perry called the legislators back in for an immediate special session to address these bills and a list of other priorities that had not been met.

One of these “must pass” bills from the special session was Senate Bill 1, the school finance plan for distributing the \$4 billion in cuts to districts statewide, as well as making several payment deferrals and accelerations of certain tax collections. The bill generates billions in revenue, and was needed to make the budget balance for the upcoming biennium.

SB1 as finally passed includes many other provisions that were considered during the regular session, including provisions to mop up after Gov. Perry vetoed certain key bills. These include an extension of the Department of Information Resources and the Department of Housing & Community Affairs, as well as legislation relating to disclosure of Gov. Perry’s travel expenses. The bill also contains a provision to require online retailers to collect sales taxes if they do business in Texas and directly or indirectly have physical locations in the state (like Amazon.com). Perry warned against this and vetoed a similar bill during the regular session.

The legislature also enacted Senate Bill 2, another fiscal matters bill needed to balance the state budget for the next biennium. One controversial amendment would have directed any surplus in the Rainy Day Fund to enrollment growth in Texas schools, which are underfunded by \$4 billion in the new budget. Some believe that there could be an additional \$2 billion in the RDF, assuming the economy continues to improve. However, that amendment was ultimately stripped during a conference committee reconciling the difference between the House and Senate versions of the bill.

## Legislation of Interest

### Health Care

#### *Mental Health Bills Passed*

**HB 2725 by Rep. Will Hartnett** is an attempt by the legislature to address the severe backlog of persons waiting in county jails to receive competency restoration services, caused by the lack of available beds for forensic commitment. HB 2725 makes multiple changes regarding incompetency procedures, including specifying 60 days for an initial inpatient competency restoration period if the defendant is charged with a misdemeanor offense and a period of not more than 120 days if the defendant is charged with a felony.

The bill also clarifies how long a defendant can be kept in a correctional facility, an inpatient facility or an outpatient competency restoration program, and requires the DSHS and the Health and Human Services Commission to study the feasibility of providing home and community-based services instead of institutional care to persons with severe and persistent mental illness who have a history of more than one inpatient forensic commitment.

**HB 1386 by Rep. Garnet Coleman** will establish certain early intervention mental health and suicide programs in public schools and will require school districts to develop policies on bullying. Under the new law, the Department of State Health Services & the Texas Education Agency will provide and update annually a list of recommended best practices for early mental health intervention and suicide prevention programs to be implemented in public schools. The programs will notify parents when there may be a need for appropriate mental health assistance for a student, but the medical decisions will be left up to each parent.

**HB 167 by Rep. Richard Raymond** prioritizes the parties authorized to transport patients committed to mental health facilities, an issue that has been of growing concern in the law enforcement community. A law enforcement unit is poorly equipped to handle the needs of a patient suffering from a mental illness, and requiring them to do so

diverts officers from their function of protecting the citizens of Texas. Under the bill, a court may authorize transportation through a special officer for mental health assignment, the facility administrator of the designated mental health facility, a representative of the local mental health authority, a qualified transportation provider, or the sheriff, in order of priority.

**SB 43 by Sen. Judith Zaffirini** closes a loophole in existing law, whereby a psychiatric institution is not held liable for an employee’s sexual exploitation of a patient unless the institution had “reason to believe” that the abuse would occur. Because the statute describes the victim as “the person” instead of “a” or “any” person, “reason to believe” can only be established if the employee abused the same person twice. Therefore, a mental health provider could continue to abuse different patients into perpetuity without any liability assigned to the perpetrator’s employer as long as the provider does not victimize the same patient twice.

**HB 3531 by Rep. Mark Strama** as initially filed would have prohibited children in the foster care program from being prescribed four or more medications of any kind concurrently. The Federation persuaded the bill’s author to amend the legislation to improve the current system being administered by HHSC, to monitor prescriptions of certain drugs under the Medicaid program for children in foster care.

#### *Mental Health Bill Defeated*

**SB 47 by Sen. Judith Zaffirini** would have required HHSC to develop rules to prohibit the administration of injectible psychoactive medications via a standing Pro Re Nata order. While the bill provided an avenue for circumvention of this prohibition in an emergency setting, as a whole, the bill did not reflect an appreciation of the difficulties of treating patients experiencing a psychotic break.

The Federation objected to SB 47 as an unwarranted intrusion into the practice of medicine. It was our position that the legislature need not prescribe an outcome of the rule making process by mandating that the rules prohibit any particular practice, because such decisions are best left to physicians, or determined at the agency level, through rule-making. The bill was never heard in House Committee, chiefly as a result of the concerns raised by the Federation.

**SB 1161 by Sen. Jeff Wentworth** was, in the view of the Federation, overly intrusive and unresponsive to the needs of mental health patients, and the bill died without a vote in Senate Committee. The bill would have authorized a court to require a person to follow an assisted outpatient treatment program for 90 days after completion of court-ordered mental health services, when the person has received involuntary mental health services six or more times in the preceding year. Failure to follow the “continuing care plan” could result in a judge issuing a warrant for the person’s apprehension.

**SB 1162 by Sen. Jeff Wentworth** was intended to address the concern that mental health patients are seeking to commit “suicide by cop.” The bill would have required a medical professional to report to law enforcement personnel and disclose confidential information relating to a patient if the professional has reason to believe and does believe that a patient is mentally ill and intends to attempt suicide by acting in a manner that provokes a lethal response by a police officer.

The bill also provided for detention without a warrant and was without a mechanism to remove the determination of intent of suicide under the bill. The Federation felt this bill was an inappropriate avenue of intervention on the part of law enforcement, and would have had a chilling effect on the ability of a physician to treat a patient with mental illness. The Federation raised strong objections to the bill author and the Senate Committee Chairman; consequently, the bill was not passed out of Senate Committee.

**HB 836 by Rep. Mark Shelton** was a comprehensive assisted outpatient treatment bill

that was offered by Rep. Shelton, a physician in Fort Worth. His goal was to provide additional treatment avenues to the courts. However, the Federation raised concerns about provisions in the bill that could have resulted in courts ordering treatment avenues that may be less expensive or more convenient, rather than truly attending to patient interest and clinical need. Ultimately, the bill did not make it out of committee.

## Other Health-Related Bills of Interest

### Health Information

**CSHB 300 by Rep. Lois Kolkhorst** will strengthen state privacy law on top of the federal Health Information Portability and Accountability Act (HIPAA). It would ban the sale of personal health information, for direct or indirect remuneration, but allow it for treatment, payment, or health care operations. It also sets up a process for notifying patients of, and obtaining consent for, the electronic transfer of their medical records. Physicians or other health care providers who willfully break the rules or are repeat offenders may be subject to disciplinary action by their licensing agency. TMA worked to achieve numerous changes on the bill so it won’t adversely affect physician practices.

### Health Collaboratives

**SB 8 by Sen. Jane Nelson** would establish a statewide plan for improving quality and increasing efficiency of health care collaboratives through performance based measures, testing collaborative models between physicians and other health care providers, and requiring public reporting of preventable readmissions and complications. TMA, the Texas Association of Health Plans, and the Texas Hospital Association negotiated how the new paradigm in the bill would play out in the real world. The bill did not pass during the regular session, but it was revived during the special session.

### Medicaid Savings

**HB 5 by Rep. Lois Kolkhorst** would authorize the state to participate in a multistate compact to help fund and administer Medicaid. The terms of the compact would be submitted to Congress for its consideration. If approved, member states could pursue waivers that would relieve the state of federal mandates regarding Medicaid; CHIP; and all other health care programs, such as mental health and public health services. If successful, Texas likely would receive a block grant of around \$60 billion, based on 2010 state/federal health care spending. Texas would then create its own health care program to replace Medicaid, CHIP, and all the other public health services. The bill died in Regular Session, but was revived in special session.

**HB 13 by Rep. Kolkhorst** calls for the development of a federal waiver to give Texas greater flexibility in the design and operation of the Medicaid program. TMA raised several concerns about the bill - specifically whether Texas could secure enough funding to cover not only annual medical inflation, but also caseload growth. The bill died during regular session, but was refiled during the special session.

**SB 7 (special session) by Sen. Nelson** revived the key elements of HBs 5 & 13, and is predicted to save the state more than \$400 million over the 2012-2013 biennium. Supporters claim the bill will make Medicaid more cost-effective, allow doctors to partner with hospitals and other health care groups to reach better outcomes and expand Medicaid managed care into the Rio Grande Valley.

The bill also restricts family planning spending by Planned Parenthood and similar groups and bars hospital districts that use tax revenue to finance an abortion from getting state funding, except in the case of a medical emergency. SB 7 also includes provisions creating a health care compact, similar to language passed by Georgia and Oklahoma, as well as language that directs state officials to pursue a federal waiver to operate Medicaid with a federal block grant.

**HB 2245 by Rep. John Zerwas** will create physician incentive programs to reduce hos-

pital emergency room use for non emergent conditions by Medicaid patients.

**HB 3678 by Rep. Fred Brown** would implement cost saving measures for the Medicaid vendor drug program and child health plan program prescription drug benefits. It would implement mandatory generic formulary and mandatory three prescription drug limit within Medicaid, among other changes. This bill faced strong objections from the pharmaceutical industry, as well as from the Federation. Despite multiple efforts to revive it, thankfully, the bill died in House Committee.

### Physician Employment

This session saw a compromise between the TMA and the Texas Hospital Association on the critical issue of physician employment.

**SB 894 by Sen. Robert Duncan and Rep. Garnet Coleman** will allow critical access hospitals, sole community hospitals, and hospitals in counties of 50,000 or fewer to employ physicians. Most of these hospitals are run by local governments. The bill contains many features that protect the physician’s clinical autonomy against the corporate practice of medicine, including:

- Placing the responsibility for all clinical matters — bylaws, credentialing, utilization review, and peer review — under the medical staff;
- Guarantee physicians’ independent medical judgment;
- Stating that all physicians — employed or independent — are subject to the same rights and responsibilities;
- Allowing employed physicians to participate in the selection of their liability insurance and have the right to consent to settle in a liability action; and
- Requiring the medical staff to designate a chief medical officer (CMO) who must be approved by the hospital board. The CMO has the duty to report to TMB that the hospital is hiring physicians under this bill and that the CMO is the contact for TMB. The CMO has a duty to report instances of interference to TMB.

*Other physician employment bills that passed include:*

**HB 1568 by Rep. Coleman** will allow the Harris County Hospital District to employ physicians, with certain protections. The bill provides for a structure for the supervision of all clinical issues related to the practice of medicine in a Medical Executive Board (MEB). It imposes no new structure, but rather utilizes the existing MEB as a physician lead group in charge of the practice of medicine by all physicians employed or medical school affiliated providing care in District facilities.

**HB 2351 by Rep. Ruth Jones McClendon** allows the Bexar County Hospital District to employ physicians, with protections agreed to by TMA, in order to meet its statutory mission of providing care to the indigent. The bill resulted from local consensus between the Bexar County Medical Society, the hospital district and medical schools to develop an employment structure that protects a physician’s clinical autonomy and the patient physician relationship.

### Smoking Ban

**HB 670 by Rep. Myra Crownover** would prohibit smoking in all public places and workplaces. Unfortunately, the bill died at the end of the Regular Session. It was revived during the special session as HB 46, and was amended into must-pass fiscal legislation, but the language was ultimately stripped out during conference committee.

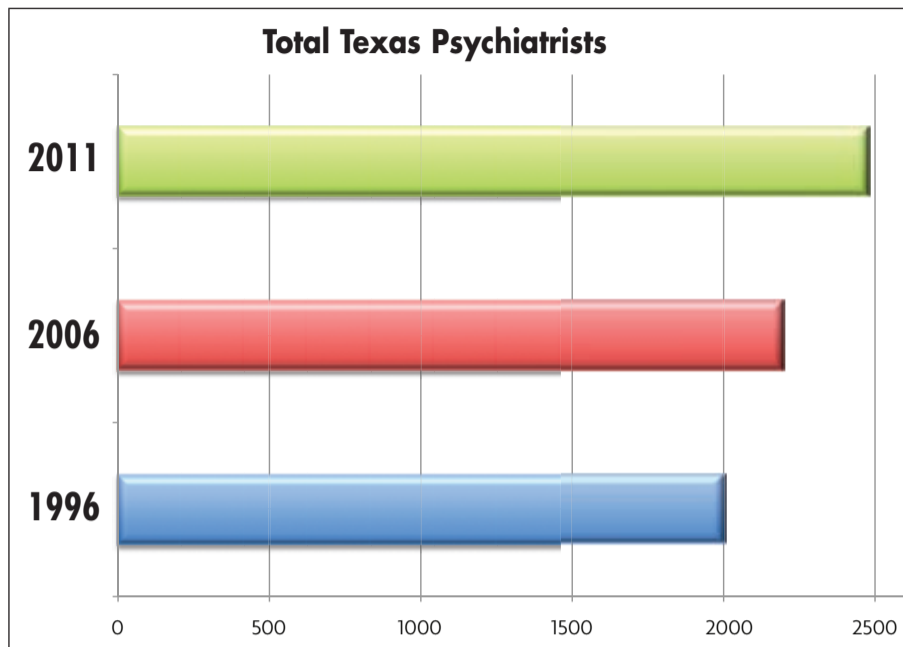
### Scope of Practice

There were a number of bills filed which would expand the scope of practice for a range of medical professionals, including advanced practice nurses, chiropractors, physical therapists, optometrists, diagnosticians, and others. Despite their best efforts, the psychologists were unable to find an author for their proposed legislation providing for prescribing privileges – due

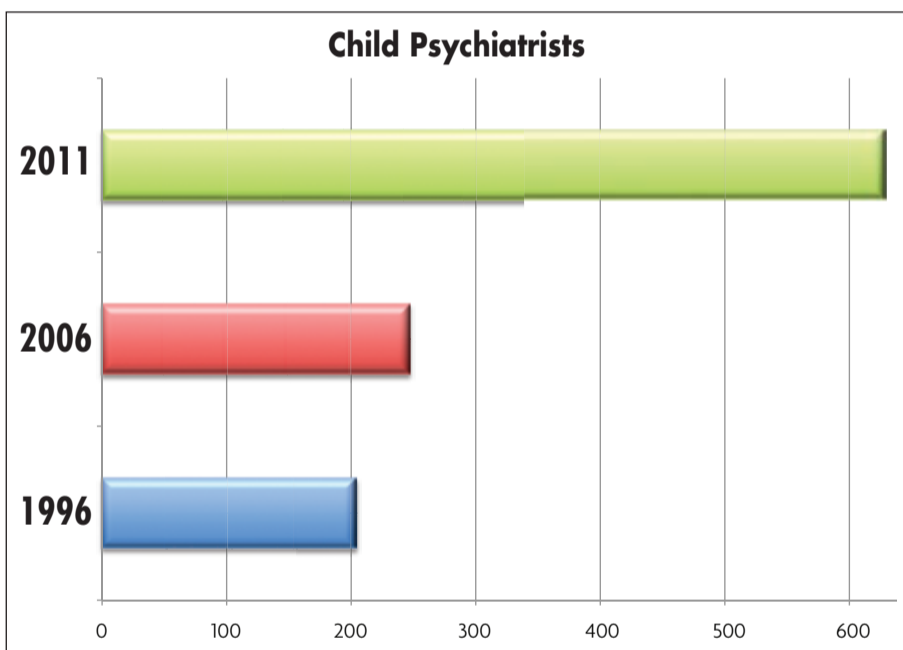
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# PROFILE OF TEXAS PSYCHIATRY – 2011

According to data from the Texas Medical Board, Texas Psychiatry continues to grow. As of April 1, 2011, there were 3,025 physicians licensed in Texas who indicated Psychiatry as a Primary or Secondary specialty. Of this total, 2,481 psychiatrists currently reside in Texas. In 1996, there were 2,006 psychiatrists residing in Texas. Thus, Texas psychiatry has grown about 23% during the past 15 years.



During the past fifteen years, physicians who list their Primary or Secondary specialty as Child Psychiatry have grown faster than the other two major specialties listed by the Board, General Psychiatry and Psychoanalysts. It is interesting to note the growth of Child Psychiatrists. Considering psychiatrists who list Child Psychiatry as either a Primary specialty or a Secondary specialty, the growth rate over the past ten years has been 208%.



## Primary Specialty

	1996	2006	2011	% Change
General Psychiatry	1,774	1,936	1,786	0.7%
Child Psychiatry	204	247	629	208.3%
Psychoanalyst	28	25	66	135.7%
<b>Total Texas Psychiatry</b>	<b>2,006</b>	<b>2,208</b>	<b>2,481</b>	<b>23.7%</b>

## Practice Type

Almost 79% of Texas psychiatrists provide direct patient care, a decline of about 6% from 1996:

Practice Type	1996	2006	2011
Direct Patient Care	85.1%	80.5%	78.9%
Medical Teaching	6.3%	4.8%	8.1%
Administrative Medicine	3.5%	3.6%	2.9%
Research	0.6%	1.9%	0.9%
Resident/Fellow	0.0%	3.5%	4.6%
Not in Practice	4.5%	5.8%	4.6%

## Practice Setting

Most Texas psychiatrists are in a solo practice today, a major change since 1996. Also, psychiatrists with hospital based practices have also changed significantly since 1996:

Practice Setting	1996	2006	2011
Solo	14.3%	51.7%	36.7%
Hospital Based	49.7%	17.9%	15.1%
Partnership/Group	0.0%	13.5%	7.5%
Public Health Service	7.4%	5.2%	1.3%
Direct Medical Care	—	—	9.6%
Other	0.0%	4.7%	16.8%
VA	9.7%	4.8%	5.3%
HMO	18.4%	1.3%	0.4%
Military	0.6%	0.8%	1.3%

## Medical School

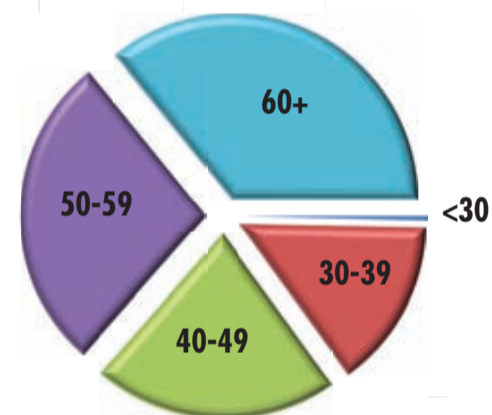
A total of 47% of Texas psychiatrists attended medical school in Texas, 26% received medical degrees in states other than Texas and 27% received their medical training in foreign countries. The distribution of Texas medical schools psychiatrists attended is as follows:

Medical School	Number of Graduates	Percentage
Baylor	135	11.6%
Texas A&M	39	3.4%
Texas Tech- Lubbock	60	5.2%
U of North Texas	56	4.8%
UTMB	329	28.4%
UT Houston	193	16.6%
UT San Antonio	172	14.8%
UT Southwestern	176	15.2%
<b>Total</b>	<b>1,160</b>	

## Age

Sixty-three percent of Texas psychiatrists are over the age of 50:

- Less than 30: 8 (0.3%)
- 30-39: 366 (14.8%)
- 40-49: 530 (21.4%)
- 50-59: 686 (27.7%)
- 60+: 891 (35.9%)



## Geographic Distribution

Psychiatrists are located in 6 more counties in Texas than 1996. Psychiatrists are well distributed throughout Texas, practicing in numbers close to the population of their area. Distribution of Texas psychiatrists on April 1, 2011 by Texas Public Health Region is as follows:

Public Health Region	No. Counties	No. Psychiatrists	Percent Psychiatrists	2010 Population	Percent Population
<b>1 – Panhandle</b> (Amarillo, Lubbock)	41	50	2.02%	839,586	3.34%
<b>2 – No. TX – West</b> (Wichita Falls, Abilene)	30	52	2.10%	550,250	2.19%
<b>3 – No. TX – Central</b> (Dallas, Ft. Worth)	19	692	27.99%	6,733,179	24.43%
<b>4 – No. TX – East</b> (Tyler)	23	68	2.75%	1,111,696	4.42%
<b>5 – East Texas</b> (Beaumont)	14	32	1.29%	712,587	2.83%
<b>6 – Southeast Texas</b> (Houston)	14	691	27.95%	6,141,768	24.43%
<b>7 – Central Texas</b> (Temple, Austin)	30	402	16.26%	2,948,364	11.73%
<b>8 – So. Central TX</b> (San Antonio)	28	334	13.51%	2,604,657	10.36%
<b>9 – West Texas</b> (Odessa, San Angelo)	30	39	1.58%	571,871	2.27%
<b>10 – Far West TX</b> (El Paso)	6	45	1.82%	825,913	3.29%
<b>11 – So. TX</b> (Laredo, Corpus Christi, Harlingen)	19	67	2.71%	2,099,200	8.35%
<b>Total</b>	<b>254</b>	<b>2,472</b>		<b>25,139,071</b>	

# TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

## 55TH ANNUAL CONVENTION & SCIENTIFIC PROGRAM

### “Toward Improving Psychiatric Practice: Healthy Minds and Bodies”

November 11-13, 2011 ■ Westin Galleria Hotel, Dallas, Texas

#### MEETING LOCATION

The 55th Anniversary Convention & Scientific Program will be held November 11-13, 2011 at the beautiful NEW Westin Galleria Hotel, 13340 Dallas Parkway, in Dallas, Texas. The hotel recently re-opened after a stunning multi million dollar renovation and is completely renewed, beautiful and awaiting your stay! The hotel is conveniently located in North Dallas, with the attached Galleria Shopping and Entertainment Complex, with easy access to restaurants/ shopping and complimentary self-parking.

#### HOTEL RESERVATIONS

TSPP has reserved a small block of rooms and is pleased to offer a special discounted room rate of \$159.00 single/double available until October 20 or upon sell-out, whichever occurs first!

Place your hotel reservation as early as possible because the discounted rooms will sell out quickly and may not be available until the cut-off date. For hotel reservations call **1-888-627-8536** and refer to the group name: Texas Society of Psychiatric Physicians Annual Convention & Scientific Program.

#### COMMITTEE MEETINGS AND PRACTICE MANAGEMENT LUNCHEON

TSPPs committees are scheduled to meet on Friday from 9:00 am - 5:30 pm and all members are encouraged to save the date and attend the committees of their interest and participate in the discussion, deliberations and activities of their State organization, TSPP. Non-members are also invited to attend as Guests. Participation in the committee meetings is a great way to meet your colleagues from across the State of Texas and share suggestions and solutions to the delivery and improvement of patient care in Texas!

Committee preference forms will be sent out to TSPP members next month, so please review the list of committees and their charge, and return your form to TSPP for appointment.

The Professional Practice Committee has planned a special practice management luncheon program of interest to all Psychiatrists "Psychiatrist's Value and Contribution to the New Accountable Care Organizations (ACOs) Model", so please register and attend!

#### EXHIBIT AND SPONSOR OPPORTUNITIES TO SUPPORT TSPP 55TH ANNUAL CONVENTION

Exhibit and Sponsor Opportunities at the 55th Annual Convention (completely separate from the TSPP Accredited CME Activity) are available. Please visit the website [www.txpsych.org](http://www.txpsych.org) to download an Application for Sponsorship of Social Activities and/or Exhibit Display or email [tsppofc@aol.com](mailto:tsppofc@aol.com) for additional information.

Organizations are also encouraged to purchase a Reserved Table for 10 at the Annual Awards Banquet and Gala. Purchase includes recognition in the Advance Program, online and on-site with signage denoting your support and participation of TSPP's 55th Anniversary. Please see registration form for more details.

#### SPECIAL 'FREE' INCENTIVE OFFER FOR TSPP MEMBERS IN TRAINING

Once again, TSPP is pleased to offer the waiver/refund of the CME Scientific Program registration fee IF the member's Training Director registers for the Scientific Program. So all TSPP Members-in-Training encourage your Training Director to register and then send in your registration form, with the name of your Training Director noted, and then plan on attending the Scientific Program FREE! (Offer extended to TSPP and TSCAP Members-in-Training / Residents who are Members of TSPP and/or TSCAP).

#### SPECIAL EVENTS

##### GOLF

TSPP members are busy arranging a golf outing at one of Dallas' beautiful golf courses. All levels of players are encouraged to sign up for a relaxing and fun game of golf on Thursday, November 10. Please check the box on the Registration Form if you are interested in playing and additional information regarding the golf fee, etc. will be sent to you as soon as the plans are finalized.



#### 55th GALA RECEPTION WITH EXHIBITORS

All TSPP Annual Convention Registrants are invited to attend the complimentary Gala Reception commemorating TSPP's 55th Anniversary and opening the Annual Convention. The reception will be held on Friday evening and all registrants are invited to attend and enjoy complimentary hors d'oeuvres and beverages while visiting with your friends and colleagues from around the State!

Visit with the Exhibitors during the reception to learn more about job opportunities throughout the State of Texas and products and services to enhance your practice and improve patient care. And, as an added bonus, your visits will enable you to enter and participate in the many door prize drawings to be held throughout the meeting on Saturday — must be present to win!!

#### SATURDAY ANNUAL BUSINESS LUNCHEON AND AWARDS PRESENTATIONS –

Members and non-members are all invited to register and attend the luncheon on Saturday immediately preceding the morning session of the CME program. Award presentations will be made for the Dr. Spencer Bayles Outstanding TSPP Member Award and the David Pharis Award.

## A W A R D S

**AWARDS RECEPTION, BANQUET AND GALA** – We invite you to join us for the 2011 Awards Reception and Awards Banquet honoring this year's outstanding Award recipients, as well as all TSPP Past Presidents and former Award recipients. Immediately following the awards presentation, TSPP has planned a gala evening of entertainment, conversation and dancing. (See Registration Form for Purchasing Reserved Table(s) for your Group and/or Organization. *NOTE: Reserved Table Fee includes recognition in the 55th Anniversary Program, online and in on-site signage.*)



Former Award Recipients Attending TSPP's 50th Awards Gala

#### THIS YEAR'S AWARD RECIPIENTS ARE:



**David F. Briones, MD**  
El Paso  
Distinguished Service Award



**Harris County Judge Ed Emmett**  
Houston  
Special Service Award



**Stuart C. Yudofsky, MD**  
Houston  
Psychiatric Excellence Award



**John L. Hall, MD**  
Longview  
Psychiatric Excellence Award

#### IN RECOGNITION

Special thanks to the following organization supporting the TSPP 55th Anniversary Awards Banquet and Gala with the purchase of a RESERVED table:

**University of North Texas Health Science Center, Fort Worth**

#### DR. SPENCER BAYLES OUTSTANDING TSPP MEMBER AWARD

– This award named in memory of Dr. Spencer Bayles was established in 2010 to recognize members for outstanding and consistent participation in TSPP activities. The awards will be presented during TSPP's Annual Business Luncheon on Saturday, November 13 so please plan to attend and thank your fellow colleagues for their outstanding volunteer service. *This year's award recipients are:*



**W. Mitchell Jones, MD**  
Amarillo



**Lynda M. Parker, MD**  
Georgetown

**DAVID PHARIS AWARD** – The David Pharis Award is presented by the Department of State Health Services and TSPP to recognize significant contributions to safety and quality inpatient care and outcomes in State Hospitals. This year's award will be presented during TSPP's Annual Business Luncheon on Saturday, November 13. Please attend and express your appreciation to the state hospital selected for this degree of excellence.

#### TSPP COMMUNITY SERVICE AWARD TO U.S. CONGRESSMAN MICHAEL C. BURGESS, MD

– TSPP is pleased to present U.S. Congressman Michael C. Burgess, MD, 26th District of Texas with the TSPP Community Service Award on **Saturday, November 12 at 4:35 pm**. Congressman Burgess is also scheduled to participate in the CME program and present an "Update on Health Care Reform." Please plan to participate and join TSPP in expressing appreciation for his advocacy efforts for health care reform legislation.

**TSPP Convention Registration Form  
See Page 6**

# SCIENTIFIC PROGRAM

## “Toward Improving Psychiatric Practice: Healthy Minds and Bodies”

### SCIENTIFIC PROGRAM SCHEDULE

#### SATURDAY, NOVEMBER 12

(7 Hours of Category I Credit)

8:00 am - 8:15 am	Welcome and Introductions
8:15 am - 10:15 am	<b>Schizophrenia: Clinical Applications of Basic Science</b> Carol A. Tamminga, MD
10:15 am - 10:35 am	Refreshment Break w/Exhibitors
10:35 am - 12:35 pm	<b>A Discussion and Case Presentation of Evidence-Based Psychotherapy</b> Adam M. Brenner, MD Resident (TBD)
12:35 pm - 12:45 pm	Refreshment Break w/Exhibitors
12:45 pm - 2:15 pm	<b>Annual Business Luncheon and Awards Presentations</b>
2:15 pm - 4:15 pm	<b>Update on Endocrine and Metabolic Issues for Psychiatrists</b> Zahid Ahmad, MD
4:15 pm - 4:35 pm	Refreshment Break
4:35 pm - 5:35 pm	<b>Presentation of TSPP Community Service Award and Update on Health Care Reform</b> U.S. Congressman Michael C. Burgess, MD (Invited) – 26th District of Texas
5:35 pm - 5:50 pm	Closing Remarks

#### SUNDAY, NOVEMBER 13

(4 Hours of Category I Credit)

8:00 am - 8:15 am	Welcome and Introductions
8:15 am - 10:15 am	<b>Understanding Eating Disorders through Neuroimaging: A Biopsychosocial Approach</b> Carrie J. McAdams, MD, PhD
10:20 am - 10:35 am	Refreshment Break
10:35 am - 12:35 pm	<b>Ethics: Physician Health and Competence: Overview of the Texas Physician Health Program</b> Alison R. Jones, MD and Bill Nemeth, MD

*TPHP is a new confidential, non-disciplinary statewide program for physicians, physician assistants, acupuncturists and surgical assistants licensed by the Texas Medical Board. The program was created by Senate Bill 292 of the 81st Texas Legislature and is modeled on other states' programs and was a joint effort of the Texas Medical Association, the Texas Osteopathic Medical Association and the Texas Medical Board. The program is designed to protect the public by encouraging health professionals to seek assistance with drug or alcohol-related problems or mental or physical conditions that present a potentially dangerous limitation or inability to practice medicine with reasonable skill and safety.*

#### SCIENTIFIC PROGRAM GOAL / TARGET AUDIENCE / LEARNING OBJECTIVES

This live activity has been designed in a format consisting of case study presentations, lectures and direct discussion to provide its' primary target audience of Psychiatrists, as well as other specialties of medicine, with the most up-to-date, evidence-based data that can be translated into clinical practice.

Information and data will address ethics, new developments in treatment and new directions in research to address the professional practice gaps of the learners and advance the physician's competence and effective use of targeted skills so that they may develop strategies to apply the knowledge, skills and judgement of the information presented in the educational activity into their practice.

The learning objectives for this activity have been designed to address clinician competence. Upon completion of this activity, participants should be able to:

- Demonstrate increased knowledge regarding the pathogenesis of schizophrenia, endocrine and eating disorders to increase diagnostic skills and implement appropriate management strategies.
- Discuss potential effects of evidence-based psychotherapy and apply to clinical care.
- Demonstrate increased knowledge of health care legislation aimed at reducing health care costs, improving choices, reforming liability laws to put the needs of patients first, and ensuring there are enough doctors in the public and private sector to care for America's patients and veterans.
- Identify risk factors and seek assistance for drug or alcohol-related problems or physical or mental conditions that present a potentially dangerous limitation or inability to practice medicine with reasonable skill and safety.

#### NEEDS ASSESSMENT

TSPP has incorporated into this CME activity the relevant educational needs concerning competence that underlie the professional practice gaps of our participants.

#### ACCREDITATION STATEMENT

The Texas Society of Psychiatric Physicians designates this Live activity for a maximum of eleven (11) *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The Texas Society of Psychiatric Physicians is accredited by the Texas Medical Association to provide continuing medical education for physicians.

The presentation "Ethics: Physician Health and Competence: Overview of the Texas Physician Health Program" has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.

#### FACULTY AND STAFF DISCLOSURE POLICY

The Texas Society of Psychiatric Physicians will disclose to participants the existence of any relevant financial relationships between faculty members, TSPP staff and members, who planned, authored, contributed to, and/or reviewed the content of this activity, and any commercial interest discussed in this educational activity. Disclosure will occur prior to the presentations either through oral communication to the audience by the moderator or chair, or written communication in the syllabus or handout material.

#### ABOUT THE SPEAKERS

##### Zahid Ahmad, MD

Instructor  
Internal Medicine - Nutrition and Metabolic Diseases  
Center for Human Nutrition  
Division of Nutrition and Metabolic Diseases  
UT Southwestern Medical Center  
Dallas, TX

##### Adam M. Brenner, MD

Associate Professor  
Director of Residency Training  
Director of Medical Student Education  
UT Southwestern Medical Center  
Dallas, TX

##### U.S. Congressman Michael C. Burgess, MD

26th District of Texas  
Member, House Energy and Commerce Committee  
Vice Chairman of the Subcommittee on Health  
Member, Oversight and Investigations Subcommittee  
Member, Energy & Power Subcommittee

##### Alison R. Jones, MD

Presiding Officer, Governing Board  
Texas Physician Health Program  
Austin, TX

##### Carrie J. McAdams, MD, PhD

Assistant Professor, Department of Psychiatry  
UT Southwestern  
Dallas, TX

##### Bill Nemeth, MD

Medical Director  
Texas Physician Health Program  
Austin, TX

##### Carol A. Tamminga, MD

Communities Foundation of Texas, Inc.  
Chair in Brain Science  
Lou and Ellen McGinley Distinguished Chair in Psychiatric Research  
McKenzie Foundation Chair in Psychiatry I  
Professor, Department Chair, Psychiatry  
Graduate School of Biomedical Sciences  
Southwestern Medical School  
Dallas, TX

### DAILY SCHEDULE

#### THURSDAY, NOVEMBER 10

12:00 noon Golf Outing Arranged by Dallas Members

#### FRIDAY, NOVEMBER 11

7:00 am - 8:00 pm	Registration / Information	Dallas Foyer (3rd Fl)
7:00 am - 5:00 pm	Exhibit Set-Up	Dallas Ballroom II and III (3rd Fl)
7:30 am - 8:55 am	Foundation Board of Directors Breakfast Mtg	Laredo (2nd Fl)
8:30 am - 4:00 pm	Hospitality for Committee Members	Dallas Prefunction Foyer (3rd Fl)
9:00 am - 10:30 am	Council on Leadership Meetings (Ethics, Distinguished Fellowship, Finance, Strategic Planning)	Dallas Ballroom I (3rd Fl)
10:30 am - 10:45 am	Refreshment Break	Dallas Prefunction Foyer (3rd Fl)
10:45 am - 12:15 pm	Council on Service (Academic Psychiatry, Children & Adolescents Psychiatry, Forensic Psychiatry, Public Mental Health Services)	Dallas Ballroom I (3rd Fl)
12:15 pm - 12:30 pm	Refreshment Break	Dallas Prefunction Foyer (3rd Fl)
12:30 pm - 2:00 pm	<b>Professional Practice Management Luncheon Program:</b> "Psychiatrist's Value and Contribution to the New Accountable Care Organizations (ACOs) Model" ACOs are legal entities that are responsible for the cost, quality and care of a population of patients, ACOs are part of the Shared Savings Program of Medicare under the Affordable Care Act, which allows healthcare providers to pool together with or without a hospital or health plan organization to create an ACO. The Department of Health and Human Services has posted the preliminary rules that will define how key stakeholders will adopt the new ACO format in March; the finalized rules will be issued in late 2011. The ACO program will officially begin on January 1, 2012.	Fort Worth I (3rd Fl)
2:15 pm - 3:45 pm	<b>Members In Training Program:</b> Establishing a Medical Practice and Open Forum for Q&A	El Paso (2nd Fl)
2:15 pm - 3:45 pm	Texas Academy of Psychiatry Board Meeting	Waco (2nd Fl)

#### FRIDAY, NOVEMBER 11 continued

2:15 pm - 3:45 pm	Council on Education Meetings (Continuing Medical Education; Professional Practice Management)	Dallas Ballroom I (3rd Fl)
3:45 pm - 4:00 pm	Refreshment Break	Dallas Prefunction Foyer (3rd Fl)
4:00 pm - 5:30 pm	Council on Advocacy (Government Affairs)	Dallas Ballroom I (3rd Fl)
5:30 pm - 7:00 pm	Executive Council	Austin Room (2nd Fl)
7:00 pm - 9:00 pm	55th Anniversary Gala Reception with Exhibitors	Dallas II and III (3rd Fl)

#### SATURDAY, NOVEMBER 12

7:30 am - 7:00 pm	Registration / Information	Dallas Ballroom Foyer (3rd Fl)
7:00 am - 8:00 am	Continental Breakfast for Program Registrants with Exhibitors	Dallas II and III (3rd Fl)
7:00 am - 4:35 pm	Exhibits / Refreshments	Dallas II and III (3rd Fl)
8:00 am - 5:50 pm	Scientific Program	Fort Worth Ballroom (3rd Fl)
10:15 am - 10:35 am	Refreshment Break and Door Prize Drawings with Exhibitors	Dallas II and III (3rd Fl)
12:35 pm - 2:15 pm	Annual Business Luncheon and Awards Presentation Luncheon Registration - Open to All	Dallas II and III (3rd Fl)
4:15 pm - 4:35 pm	Refreshment Break and Door Prize Drawings with Exhibitors	Dallas II and III (3rd Fl)
4:45 pm	Exhibits Tear Down and Depart	Dallas II and III (3rd Fl)
6:30 pm - 7:00 pm	Annual Awards Reception	Dallas Ballroom Foyer (3rd Fl)
7:00 pm - 10:00 pm	Awards Banquet and Gala	Dallas Ballroom I (3rd Fl)

#### SUNDAY, NOVEMBER 13

7:00 am - 1:00 pm	Registration / Information	Dallas Ballroom Foyer (3rd Fl)
7:30 am - 10:00 am	Continental Breakfast/Refreshments For Scientific Program Attendees	Fort Worth Ballroom (3rd Fl)
8:00 am - 12:35 pm	Scientific Program	Fort Worth Ballroom (3rd Fl)
10:20 am - 10:35 am	Refreshment Break	Fort Worth Ballroom Foyer (3rd Fl)

# Summary of the 2011 Texas Legislative Session

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chiefly to opposition by the Federation and TMA.

Happily, none of the proposed scope expansion bills passed the Legislature in 2011.

**HB 708 by Rep. Kelly Hancock, HB 915 by Rep. Wayne Christian, and HB 1266 by Rep. Garnet Coleman** would each have allowed advanced practice nurses to practice independently of physician supervision. The bills would apply to nurse practitioners, nurse anesthetists, and clinical nurse specialists, and all would be allowed to prescribe, diagnose, and order therapeutic care independently of physician supervision.

**HB 637 by Representative Craig Eiland** would have allowed physical therapists (PTs) direct access to treat patients without referral from a physician. It would leave the decision to the PT when and if to refer to "an appropriate health care practitioner" if there is not a "significant functional improvement in the patient's condition within a reasonable and predictable time."

**SB 1056 by Senator Carona** would have greatly expanded the scope of practice for optometrists. The bill would have allowed

optometrists to perform certain surgeries, prescribe or administer any oral or parenteral drugs, and use the title "optometric physician."

**SB 1084 by Sen. Jeff Wentworth** would have established a definition of "complementary and alternative health care services" in state law, and defined which acts practitioners of these services are prohibited from doing (such as surgery, diagnostic testing, the exercise of prescriptive authority, and medical diagnosis) but allow them to perform all other services.

## Texas Medical Board

**HB 680 by Rep. Charles Schwertner** extends TMB's deadline for completing a preliminary investigation of a complaint from 30 to 45 days after receipt of complaint. The new law also extends TMB's deadline for notifying physician named in complaint of an informal meeting; must notify physician of time and place of meeting not later than 45 (rather than 30) days before date of meeting.

**SB 190 by Senator Nelson** will do the following:

- Allow all physicians to tape the proceedings of a TMB informal settlement conference;
- Increase the time for a physician to respond to a notice from 30 days to 45 days;
- Eliminate anonymous complaints;
- Institute a statute of limitations on bringing a disciplinary action; and
- Prohibit the granting of a license to an applicant who has had a medical license suspended or revoked by another state.

SB 190 was woven into HB 680 as a floor amendment and was signed by the governor.

**SB 191 by Senator Nelson**, which will bind TMB to the ruling of an administrative law judge in a proceeding supervised by the State Office of Administrative Hearings.

**SB 227 by Senator Nelson**, which will provide discretion for TMB to waive a fine in lieu of a remedial action plan for a minor administrative violation.

**CSHB 1013 by Rep. Brown** would have increased all physicians' licensing fees to pay for more bureaucratic requirements from

TMB, which could advantage physicians that potentially have quality of patient care issues. A floor amendment eliminated a number of concerning elements in bill, but the bill ultimately did not pass.

## Abortion

**HB 15 by Rep. Sid Miller** will require women to have a sonogram before terminating a pregnancy. This bill was designated as an emergency item by Gov. Perry, and has already been signed into law.

## Other Issues of Interest:

### Education

During special session, the legislature adopted Senate Bill 6, an education bill that broadens the way districts can use funding for textbooks, as well as Senate Bill 8, which will permit school districts to achieve savings by furloughing teachers, reducing contract termination notification and minimum salary requirements and expanding the Texas Education Agency's authority to grant waivers for the 22:1 student teacher size ratio.

The provisions in SB 8 were hotly contested all year. Education leaders in the state legislature characterized the bills as "job savers" by giving more flexibility to school district officials. Teacher groups were very critical of the new law, which passed largely along party lines.

### Redistricting

Once each decade, the legislature is required to use new U.S. Census data to reapportion the number of U.S. congressional districts in each state, and draw new districts for Congress and the Legislature. Maps for the Texas Senate and the House of Representatives were passed during the regular session, and largely protect the status quo. Sen. Wendy Davis was the most obvious victim on the Senate side – her marginally Democratic district is now strongly Republican. The House map largely protects tenured incumbents of both parties, and will likely yield a House of Representatives controlled by the GOP, albeit with somewhat fewer than the two-thirds majority the Republicans currently enjoy.

Congressional redistricting was addressed during the special session by enacting Senate Bill 4. The bill preserves the GOP's overwhelming majority in the state's congressional delegation, despite vocal objections from Democrats that the bill would improperly undermine minority representation in Washington. Lawmakers on both sides of the aisle acknowledge that all redistricting maps will likely be settled by a court or the U.S. Department of Justice in any event.

### Texas Windstorm Insurance Association (TWIA):

House Bill 3, passed during the special session, will overhaul the claims process for homeowners along the coast whose properties are damaged by hurricanes and to ensure that TWIA, the state's insurer of last resort, remains solvent. Lawmakers argued over how much to limit a homeowner's ability to sue TWIA if the agency fails to honor their policies. Ultimately, a compromise was struck on that issue, as well as proposed limits on what lawyers can collect when suing over mishandled and inadequate claim settlements.

This was the other "must pass" bill considered during the special session. The legislation was a priority for Gov. Perry, and judicial interest groups such as Texans for Lawsuit Reform and the Texas Trial Lawyer Association monitored legislative activities closely. Partisan sensitivities were also heightened due to the involvement of prominent plaintiffs' attorney Steve Mostyn, who has made a specialty of TWIA claims and was Gov. Perry's most vocal antagonist during the 2010 election cycle.

### Sanctuary Cities

A hot button topic among Tea Party circles, "sanctuary cities" references any local unit of government which adopts explicit policies

## TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS 55TH ANNUAL CONVENTION & SCIENTIFIC PROGRAM

November 11-13, 2011 • Westin Galleria Hotel, Dallas, Texas

Please complete this form and return it with your check, money order or credit card information for your registration and event fees to the Texas Society of Psychiatric Physicians, 401 West 15th Street, Suite 675, Austin, Texas 78701 by October 1 to receive the discounted registration fee. Registration forms and payments by credit card may be faxed to TSPP at 512/478-5223.

NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_  
Please check if you are a:  APA Fellow  APA Distinguished Fellow  APA Life Fellow  APA Distinguished Life Fellow


ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME(S) GUEST(S) ATTENDING (for name badges) \_\_\_\_\_

### REGISTRATION FEES

Indicate the **NUMBER** of individuals who are registered for each event in the appropriate enrollment category listed below. Please note the enrollment fees are **PER PERSON** and your payment should reflect the proper fee for the number of individuals registered per event.

NUMBER ATTENDING EVENT	DISCOUNTED REGISTRATION BEFORE 10/1	AFTER 10/1	NUMBER ATTENDING EVENT	DISCOUNTED REGISTRATION BEFORE 10/1	AFTER 10/1
<b>GOLF OUTING - Thursday</b>			<b>SCIENTIFIC PROGRAM - Saturday and Sunday</b>		
# <input type="checkbox"/> Please Send Me Additional Information.			# <input type="checkbox"/> TSPP / ACADEMY / TSCAP Member	\$225	\$250
<b>LUNCH PROGRAM - Friday</b>			# <input type="checkbox"/> Non-Member Physician	\$250	\$290
# <input type="checkbox"/> Lunch Program	\$20	\$25	# <input type="checkbox"/> MIT TSPP / ACADEMY / TSCAP Member	\$25	\$35
<b>MIT/ECP PROGRAM - Friday</b>			(**COMPLIMENTARY IF YOUR TRAINING DIRECTOR REGISTERS FOR THE ANNUAL CONVENTION & CME PROGRAM)		
# <input type="checkbox"/> MIT/ECP Program	No Chg	No Chg	# <input type="checkbox"/> Non-Member MIT	\$35	\$50
<b>55th GALA RECEPTION W/EXHIBITORS - Friday</b>			# <input type="checkbox"/> Allied Health Professional	\$105	\$130
# <input type="checkbox"/> NOT Registered or Scientific Program	\$40	\$50	# <input type="checkbox"/> Spouse / Guest (No CME Credit)	\$95	\$120
# <input type="checkbox"/> Registered for Scientific Program	No Chg	No Chg	# <input type="checkbox"/> Advocacy Organization (no CME Credit)	\$35	\$50
<b>LUNCH - Saturday</b>			** MIT Member's Training Program Director's Name registered to attend the Convention & CME Program: _____		
# <input type="checkbox"/> TSPP / ACADEMY / TSCAP Member	\$25	\$35	<b>CME Meeting Syllabus Order</b>		
# <input type="checkbox"/> TSPP / ACADEMY / TSCAP MIT Member	\$15	\$20	# <input type="checkbox"/> CME Meeting Syllabus In Color	\$70	\$95
# <input type="checkbox"/> TSPP / ACADEMY / TSCAP Non-Member	\$35	\$45	# <input type="checkbox"/> CME Meeting Syllabus In Black/White	Free	Free
# <input type="checkbox"/> TSPP / ACADEMY / TSCAP MIT Non-Member	\$25	\$35	NOTE: All CME program registrants will receive at No Additional Charge a black and white printed copy of the speakers' presentation. Due to the higher cost of color copying, if you wish to receive the syllabus in color you may purchase a color copy of the speakers' syllabus by checking the box and including the additional charge. The color copy will be provided to you upon check-in the day of the program.		
# <input type="checkbox"/> Guest	\$25	\$35	<input type="checkbox"/> <b>Vegetarian Plate Requested. No additional fee if requested prior to 10/1, otherwise there will be an additional fee of \$15.00.</b>		
<b>AWARDS BANQUET AND GALA - Saturday</b>			<b>TOTAL REGISTRATION FEE</b> \$ <span style="border: 1px solid black; padding: 2px 20px;"> </span>		
# <input type="checkbox"/> Awards Banquet	\$40	\$60			
# <input type="checkbox"/> Reserved Table for 10*	\$500	\$700			

 If you require any special assistance to fully participate in this conference, please contact TSPP at (512) 478-0605.

### PAYMENT INFORMATION

Check in the Amount of \$ \_\_\_\_\_ Make Checks Payable to Texas Society of Psychiatric Physicians

Please Charge \$ \_\_\_\_\_ To My:  VISA  MasterCard  American Express

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3 Digit Code on Back of Card on Right of Signature Panel \_\_\_\_\_

Name of Cardholder (as it appears on card) \_\_\_\_\_

Signature \_\_\_\_\_

Zip Code where you RECEIVE your credit card statement \_\_\_\_\_

**CANCELLATIONS - Deadline for cancellation is October 1, 2011. In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by October 1, 2011, less a 25% handling charge. NO REFUNDS WILL BE GIVEN AFTER OCTOBER 1, 2011. Individuals are responsible for their making and canceling, if warranted, their personal hotel room reservations.**

#### RETURN TO:

TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS, 401 WEST 15TH STREET, SUITE #675, AUSTIN, TX 78701  
PHONE (512) 478-0605 • FAX (512) 478-5223 • EMAIL tsppofc@aol.com

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# Psychotropic Medication for Texas Foster Children

Regina K. Cavanaugh, MD, President, Texas Society of Child and Adolescent Psychiatry



Regina K. Cavanaugh, MD

Many members of the Texas Society of Child and Adolescent Psychiatry and other advocates have helped to ensure that foster children with the most serious mental health and developmental illnesses be allowed comprehensive psychiatric assessments and access to psychotropic medications when deemed necessary. It appears that approximately 20% of foster care children have profound mental health needs. For some, psychotropic medications can provide relief to the trauma they have suffered from abuse and neglect, as well as other mental disorders they may have inherited or developed.

In January 2011, Dr. James A. Rogers, medical director of the Texas Department of Family and Protective Services (TDFPS) presented *Psychotropic Medication for Texas Foster Children*, a power point presentation, to the DFPS Advisory Counsel. He reviewed the history of the *Psychotropic Medication Utilization Parameters for Foster Children* that began in 2005, updated in June 2007, and most recently in December 2010. The current version can be found at: [http://www.dfps.state.tx.us/Child\\_Protection/Medical\\_Services/guide-psychotropic.asp](http://www.dfps.state.tx.us/Child_Protection/Medical_Services/guide-psychotropic.asp).

He discussed Senate Bill 6, which became effective in 2005, implementing

reforms for DFPS, including a plan to have all foster children under a single comprehensive managed care system. Thus in April 2008, STAR Health began for all Texas foster children and young adults. The features of STAR Health include: Medical home model (PCP); Immediate enrollment; Coordination of physical and behavioral health (Service Management Teams); Provision of preventative care (TX Health Steps); Broad network of providers; 24/7 nursing and behavioral help-line; Medical advisory committees to monitor the provision of the healthcare and a Medical Passport for continuity of care.

The medical passport is a secure, web-based electronic health record (EHR) system, which may be accessed at [www.fostercaretx.com](http://www.fostercaretx.com) (follow the link to "sign-up"). It provides access by authorized users according to their role, and when the child leaves foster care, the Passport is available in electronic or printed formats to: child's legal guardian, managing conservator, or parent; and the child if at least 18 years of age or an emancipated minor.

Dr. Rogers also reviewed psychotropic medication monitoring for Texas foster children which uses eight criteria to indicate a need for further review of the child's medication regimen. These include:

1. Absence of a thorough assessment of DSM-IV diagnosis in the child's medical record.
2. Five (5) or more psychotropic medications prescribed concomitantly.
3. Prescribing of:
  - Two (2) or more antidepressants at the same time
  - Two (2) or more antipsychotic medications at the same time
  - Two (2) or more stimulant medications at the same time
  - Three (3) or more mood stabilizer medications at the same time
4. The prescribed psychotropic medication is not consistent with appropriate care for the patient's diagnosed mental disorder or with documented target symptoms.
5. Multiple psychotropic medications for a given mental disorder are prescribed before utilizing a single medication.
6. The psychotropic medication dose exceeds usually recommended doses.
7. Psychotropic medications are prescribed for children of very young age, including children receiving the following medications with an age of:
  - Antidepressants: Less than four (4) years of age
  - Antipsychotics: Less than four (4) years of age
  - Psychostimulants: Less than three (3) years of age
8. Prescribing by a primary care provider for

a diagnosis *other* than the following (unless recommended by a psychiatrist consultant):

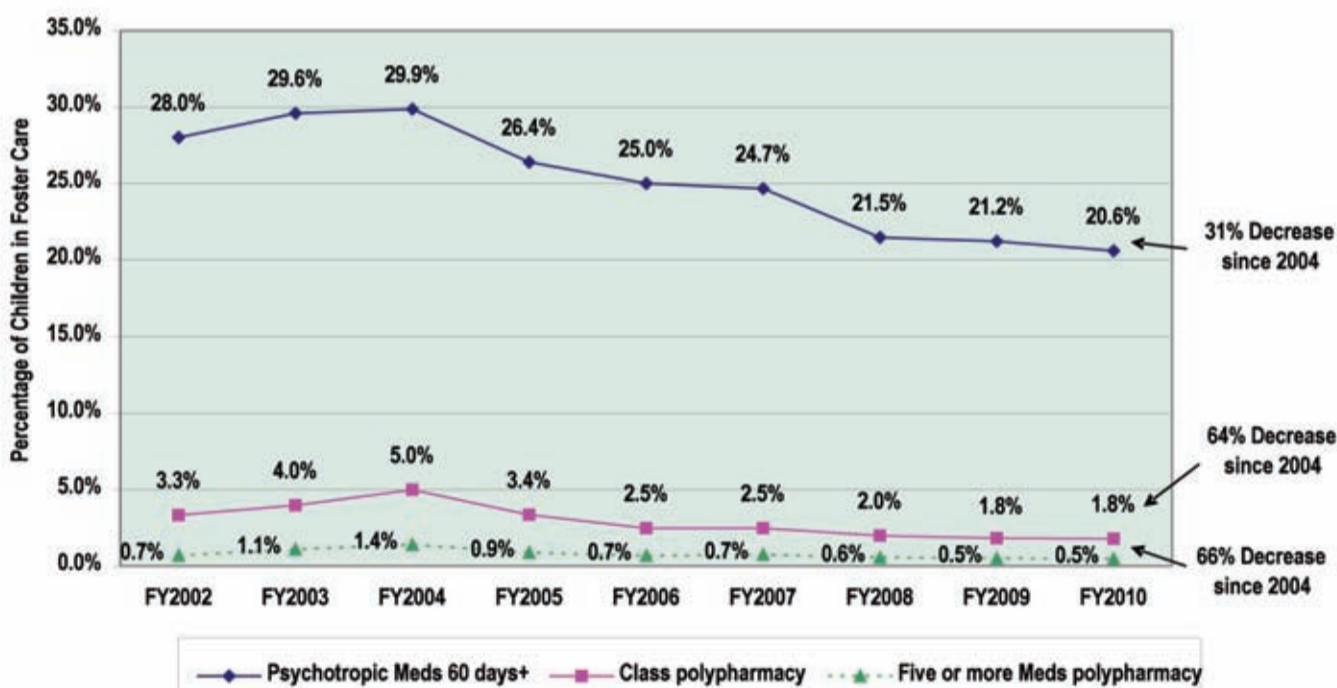
- Attention Deficit Hyperactive Disorder (ADHD)
- Uncomplicated anxiety disorders
- Uncomplicated depression

The Texas DFPS, the University of Texas Austin College of Pharmacy, the Department of State Health Services and the Health and Human Services Commission, along with a group of experts, many of whom are members of the Texas Society of Child and Adolescent Psychiatry, provided the *Psychotropic Medication Utilization Parameters for Foster Children*. In a letter to the Foster Care Network, Commissioner Anne Heiligenstein, of the Texas DFPS, concluded, "The implementation of the Parameters has resulted in a significant decrease in the utilization of psychotropic medications among foster children in Texas".

The Update on the Use of Psychoactive Medication in Texas Foster Children Fiscal Year 2002-2010 can be found at: [http://www.hhsc.state.tx.us/medicaid/OCC/psychoactive\\_medications.html](http://www.hhsc.state.tx.us/medicaid/OCC/psychoactive_medications.html)

TSCAP would like to express a thank you to Dr. "Jim" Rogers, and all the speakers who presented at the TSCAP annual summer meeting and scientific program on PTSD, July 15-17, 2011 in San Antonio. It is hoped that the participants learned more about providing care to foster care children, and other children who suffer with this disorder. TSCAP would like to extend appreciation also to Dr. Laurence Greenhill, president of the Academy of Child & Adolescent Psychiatry, who provided the special keynote address on "Controversies in Pediatric Psychopharmacology", and announced San Antonio had been selected as the site for the 2015 AACAP Annual Meeting! ■

**FY2002 to FY2010: Percentages of foster children: receiving psychotropic medication for 60 days or more, two or more medications from the same class, and five or more concurrent prescriptions.**



## Summary of the 2011 Texas Legislative Session

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prohibiting law enforcement personnel from inquiring about the immigration status of people they detain or arrest. Under bills being considered by the legislature in special session, any local entity that refuses to allow its peace officers to do so would be denied state funding.

Each chamber passed a version of the bill at some point, but the legislation was objected to by local governments, law enforcement officials, and the business community. The bills stalled in committee last week, and efforts to attach provisions to SB 1 failed when author Senator Robert Duncan refused to accept language on that fiscal matters bill. This bill is dead for the session.

### Transportation Security Administration (TSA) "Anti-Groping" Legislation

House Bill 4, which is intended to ban invasive pat-downs by TSA agents during security screenings at airports, was a late addition to the call for this special session. A similar proposal was pulled down during floor debate in the regular session after the U.S. Department of Justice warned that its passage could violate federal law and disrupt commercial flights in Texas. More recently, House Speaker Joe Straus referred to the bill as a "publicity stunt," and said its passage would make the Texas Legislature a "laughingstock." The bill was strongly supported by radio host Alex Jones, who

has made a career of criticizing what he perceives as federal attacks on personal liberties.

When negotiations over the bill broke down toward the end of the special session, in a bold move, the Senate passed a version of the bill and adjourned Sine Die, meaning the House would either need to adopt the Senate version as written or the bill would die. The House rushed the bill through committee and to the floor, but end of session rules required the house to adopt the bill with a four-fifths vote. Ultimately the votes were not there, and the bill died for the session.

### BOTTOM LINE

The 82nd Legislature was one of the most contentious meetings of the House and Senate in recent memory, but ultimately, very few bills passed which will adversely impact the practice of medicine in Texas. With regards to state spending, while major budget cuts across the spectrum of health care and education make it difficult to call the session "a success," Federation priorities fared much better than many other areas of state government.

If you have any questions about these bills or any other legislation that was considered during the 82nd Legislature, please don't hesitate to contact the Federation. ■

SOME  
THINGS  
**NEVER**  
CHANGE



**BUT,**  
**SOME**  
**THINGS**  
**DO.**



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401 West 15th Street, Suite 675  
Austin, Texas 78701  
(512) 478-0605 / (512) 478-5223 (FAX)  
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**CALENDAR OF MEETINGS**

**NOVEMBER**

**11-13** **TSPP 55th Annual Convention & Scientific Program**  
Westin Galleria Hotel  
Dallas, Texas

**APRIL**

**21-22** **TSPP/Academy Spring CME Program**  
Westin Domain Hotel  
Austin, Texas

**MAY**

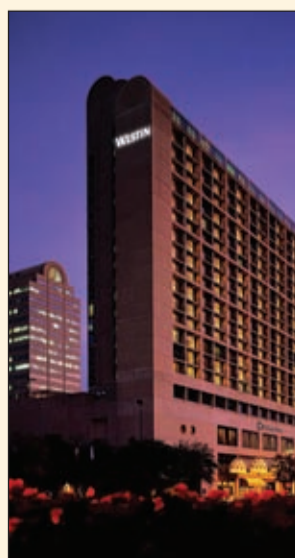
**18** **Section on Psychiatry**  
TMA TexMed Annual Meeting  
Dallas, Texas

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**Texas Society of Psychiatric Physicians**

**55th Annual  
Convention  
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