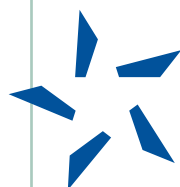


# Texas Psychiatrist



## Update on Health System Reform

Richard Noel, MD, President, Texas Society of Psychiatric Physicians

In January I had the privilege of addressing a joint meeting of the North Texas and Fort Worth chapters of TSPP; the topic was on health system reform. In February I had the opportunity of listening to Donna Kinney of the TMA talk on the same subject, but with additional detail. In this column I'll review the highlights of both talks.

The demand for reform of the American System of health care payment has been ongoing for many years. The reason for this demand is illustrated by the following statistics: In 1960, the US spent \$27.1 billion on health care, or 5% of GDP; in 2009, the US spent \$2.3 trillion on health care, or 17.3% of GDP. Even the richest country in the world is hard pressed to keep up this pace of spending; our nearest competitor, Germany, spends 11.1% of their GDP on health care. In addition, despite this large number, many people remain uninsured; this number approaches more than 30% in parts of Texas. Also, despite this high number, physician reimbursement declined 25% from 1995-2008; in all, physician reimbursement accounts for less than 20% of overall healthcare expenditures.

The demand for reform led to the passage of the Patient Protection and Affordable Care Act (ACA) in March 2010. While several court challenges to this law are ongoing, and the new leadership in the House of Representatives promises to 'defund' this law, for now, it is the 'law of the land.' This law affects our membership in our roles as physician, employer, and taxpayer.

The core measure of the ACA is the 'Mandate' that every US citizen/resident purchase health care insurance. This mandate allows for the requirement that health insurance companies cover everyone without regard to pre-existing conditions. The mandate starts in 2014; at that time, one must either buy insurance or else pay a tax penalty of \$695 for each uninsured family member, up to a maximum of \$2,085 or 2.5% of household income, whichever is

greater. Federal subsidies are to be available to help people comply with this mandate. People eligible for the subsidy are those whose income level is less than four times the federal poverty level (\$44,000 for an individual or \$88,000 for a family of four). The goal is that a person would not have to spend more than 10% of his/her income for health insurance.

If you are provided with a federal subsidy, than you must go to the "health care exchange" which each state is required to set up. This exchange is required to ensure that the policies it displays meet government standards. Four levels of plans, based on declining level of expense, are to be displayed. The insurance companies are required to describe their plans in a uniform manner, 'in plain English.' The explanation cannot be more than 4 pages with at least 12-point font. The content must list copayments, deductibles, coinsurance, limitations and exceptions to coverage, and include examples to illustrate common benefits.

Certain provisions of the ACA are already in place: there are no more 'lifetime caps' on health insurance coverage. There are limits on annual caps as well. Insurers are not allowed to rescind coverage. Children may stay on their parents' insurance plans until the age of 26 years. Children cannot be excluded for pre-existing conditions. The prohibition on pre-existing conditions exclusion for adults does not take place until 2014; in the meantime, adults with prior conditions may enroll in a federal 'high risk pool.'

Among the tax provisions of the ACA are the following: Small businesses (less than 25 employees) that offer health insurance are eligible for tax credits up to 50% of premium costs; one provision is that the average wage of the employees must be less than \$50,000, although these rules exempt owner income. Patients who participate in tax-deferred health benefits for purchasing over-the-counter medicines must submit a prescription for those items to be eligible for reimbursement—this could present more burdens for physicians' offices. There are increased penalties on HSA withdrawals for non-medical spending—up from 10% to 20%.

Firms with fewer than 50 employees are not required to provide health insurance. Larger firms that do not provide health insurance will pay a fine of \$2,000 per each FT worker. The federal government will subsidize employees to buy employer-sponsored insurance. Firms with over 200 employees must automatically enroll each worker.

The ACA will affect psychiatric physicians in several ways. Most critical to physicians who participate in Medicare is the

establishment of an 'independent payment advisory board' to propose ways to reduce per capita Medicare spending if that spending exceeds the growth rate of CPI for a 5 year period. Yet this board cannot submit ideas that would 'ration care, raise taxes, or change benefits.' (thus, one can well imagine where this board will propose cuts be made—ie physician reimbursement) The ACA also calls for the establishment of 'Patient Centered Outcomes Research Institute' to become a 'national guiding force for comparative effectiveness research.' The ACA continues to provide for non-discriminatory benefits for psychiatric care. However, state governments may be further incentivized to 'privatize' current treatment programs for the severely mentally ill. Federally Qualified Health Clinics are to expand their role in the delivery of psychiatric care. A Community Mental Health Center may qualify as a 'patient centered health home' for people with serious mental illness. All physicians who participate in Medicare will be required to report on performance measures; beginning in 2015, physicians will be penalized 1.5% if they don't report this.

Significantly, the ACA calls for HHS to establish a demonstration project to pay for Medicaid beneficiaries between the ages of 21 to 65 at free-standing psychiatric hospitals; the potential elimination of this current prohibition would be a great benefit for our patients, especially since many of the med-psych units have closed over the last 10 years (at least in Harris County). SAMHSA is to award grants to 'centers of excellence' in the treatment of depressive disorders. There is to be further research, screening, and support for women suffering from post-partum depression and psychosis. The ACA also provides for grants to be awarded to schools for the development, expansion, or enhancement of training programs in child and adolescent mental



Richard Noel MD

health. Beginning in 2014, smoking cessation drugs, barbiturates, and benzodiazepines are to be removed from Medicaid's excludable drug list.

These are just a fraction of the many provisions of the ACA. As with any legislation, a critical piece in its implementation is the rule-making by the many federal agencies involved. Our physician organizations, including the APA and AMA, are actively involved in monitoring (and trying to shape) these regulations. The passage of ACA, of course, has been very controversial; most physicians can find some 'good' and 'bad' in the law. While many are concerned with the unforeseen consequences of any 'federal expansion' into healthcare, others contend that the federal government is already much involved in healthcare, and it is the managed care companies that need further regulation. Whichever your view, we must work together with our state and national physician organizations to ensure that we can continue to provide the best care for our patients, while being fairly compensated to provide this care.

This will be my last column as your President. Thank you for allowing me to serve TSPP in this capacity. I will continue my active involvement in TSPP after my term ends in April. TSPP will be well served by our next President, Dr. Patrick Holden, along with the continued invaluable work of John Bush and Debbie Sundberg. ■

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Pictured left to right: Edgar P. Nace, MD, President, North Texas Chapter, Richard L. Noel, MD, TSPP President, John R. Bush, TSPP Executive Director and Daniel A. Goggin, MD, President, Tarrant Chapter at the North Texas and Tarrant Chapters Meeting





# Texas Society of Psychiatric Physicians and Texas Academy of Psychiatry Spring Continuing Medical Education Program

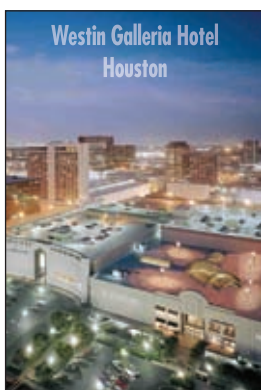
April 9, 2011 • Westin Galleria Hotel, Houston, Texas

Please mark your calendar and plan to join us at the 2011 Spring Joint Sponsored CME Program of the Texas Society of Psychiatric Physicians and the Texas Academy of Psychiatry on April 9 at the Westin Galleria Hotel, 5060 West Alabama Street, Houston, Texas. All TSPP committees are scheduled to meet in conjunction with the Spring CME Program.

## MEETING LOCATION / INFORMATION

All meetings of the TSPP / TAP Spring Meeting will be held in the newly transformed Westin Galleria Hotel. The AAA 4-Diamond hotel overlooks Uptown Houston and is connected to The Galleria Shopping Center—the city's top attraction and the fourth largest shopping center in North America with over 350 stores.

The hotel offers complimentary covered self-parking for all guests, complimentary wireless High Speed Internet Access in the hotel lobby, along with a complimentary Passport to Shopping which grants discounts to over 30 participating stores in The Galleria.



## HOTEL RESERVATIONS

A small block of guest rooms with DISCOUNTED rates has been reserved for meeting attendees. To reserve your room at the Westin Galleria Houston at the \$159.00 single/double room rate please call 1-888-627-8514 PRIOR TO March 8.

## MEETING HIGHLIGHTS

- TSPP & TAP Spring CME Program (4 Hours of Category 1 CME Credit)
- Complimentary Program for MITs "A Resident's Guide to Establishing a Medical Practice"
- Committee Meetings
- Networking with Colleagues & Exhibitors
- TSPP Government Affairs Committee & Membership Luncheon
- Complimentary Reception & Additional Networking Opportunities
- TSPP Executive Council Meeting - Installation of 2011-12 Officers

## EXHIBITS

Exhibits featuring product information; employment opportunities available in the State; insurance and practice enhancing tools will be available throughout the day on Saturday. Please make plans to visit with the Exhibitors and become eligible for the numerous door prize drawings to be held throughout the day.

## PROGRAM SCHEDULE

### SATURDAY, APRIL 9

7:30 am - 9:00 pm	Registration
7:30 am - 8:45 am	Foundation Board of Directors Breakfast Meeting
8:00 am - 5:00 pm	Exhibits
9:00 am - 10:30 am	Council on Leadership Meetings (Ethics, Distinguished Fellowship, Finance, Strategic Planning)
	10:30 am - 10:45 am Break
	10:45 am - 12:15 pm Council on Service Meetings (Academic Psychiatry, Children & Adolescents Psychiatry, Forensic Psychiatry, Public Mental Health Services)
	12:15 pm - 12:30 pm Break
12:30 pm - 2:00 pm	Council on Advocacy & Membership Luncheon (Govt Affairs)
2:15 pm - 3:45 pm	Members in Training Program: Establishing a Medical Practice and Open Forum for Q&A
2:15 pm - 3:45 pm	TAP Board Meeting
2:15 pm - 3:45 pm	Council on Education Meetings (CME, Professional Practice Management Committee)
3:45 pm - 4:00 pm	Break
4:00 pm - 8:30 pm	<b>CME Program</b>
6:00 PM - 6:30 pm	Refreshment Break for Program Attendees

### SUNDAY, APRIL 10

9:00 am - 12:00 pm	Executive Council Meeting
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## CME PROGRAM SCHEDULE

### SATURDAY, APRIL 9

4:00 pm - 6:00 pm	<b>"Super Nanny": A Model for Parent Management Training</b> <b>PRESENTER: Alice R. Mao, M.D.</b>
6:00 pm - 6:30 pm	Refreshment Break for Program Attendees
6:30 pm - 8:30 pm	<b>Dinner Program:</b> <b>"Update on APA's Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition"</b> <b>PRESENTER: Madhukar H. Trivedi, M.D.</b>

**FOR CME PROGRAM REGISTRATION SEE  
registration form on the next page,  
visit [www.txpsych.org](http://www.txpsych.org), email [tsppofc@aol.com](mailto:tsppofc@aol.com)  
or call 512-478-0605**

## Texas Society of Psychiatric Physicians & Texas Academy of Psychiatry Continuing Medical Education Program Saturday, April 9

4:00 pm - 6:00 pm

### *"Super Nanny": A Model for Parent Management Training*

**Presenter: Alice R. Mao, M.D.**

Associate Professor of Psychiatry  
Baylor College of Medicine

Director of Psychopharmacology, Research and Education  
Depelchin Children's Center  
Houston, TX

The wider use and increased access to mass media communication provides great potential to expand the influence of evidence-based parenting programs to those who might be resistant to seeking traditional family therapy or parent management training in the clinical setting. The reality television show, "Super Nanny" serves as a discussion stimulus for the difficulties encountered by families who have children with behavioral and emotional problems and for some reason, do not seek Parent Management Training services. The show provides an alternate form of reaching parents with evidence-based parenting information and promotes positive parenting and healthy family relationships to those who might not otherwise be reached.

**Objectives:** At the conclusion of this presentation participants should be able to achieve the following objectives and have increased competence to counsel their patients, who are parents, to improve their parenting skills and in that way significantly reduce depression and anxiety symptoms in these patients.

6:00 pm - 6:30 pm – Refreshment Break (for Program Attendees)

6:30 pm - 8:30 pm

### *"Update on APA's Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition"*

**Presenter: Madhukar H. Trivedi, M.D.**

Professor of Psychiatry

Betty Jo Hay Distinguished Chair in Mental Health

Chief, Division of Mood Disorders  
UT Southwestern Medical Center  
Dallas, TX

This APA practice guideline was approved in May 2010 and published in October 2010.

## Work Group on Major Depressive Disorder

Alan J. Gelenberg, M.D., Chair

Marlene P. Freeman, M.D.

John C. Markowitz, M.D.

Jerrold F. Rosenbaum, M.D.

Michael E. Thase, M.D.

Madhukar H. Trivedi, M.D.

Richard S. Van Rhoads, M.D., Consultant

## Independent Review Panel

Victor I. Reus, M.D., Chair

J. Raymond DePaulo, Jr., M.D.

Jan A. Fawcett, M.D.

Christopher D. Schneck, M.D.

David A. Silbersweig, M.D.

**Objectives:** At the conclusion of this presentation participants should be able to achieve the following objectives and have increased competence to treat their patients with major depressive disorder by implementing the latest APA practice guideline recommendations into their practice of psychiatry.

## SCIENTIFIC PROGRAM ACCREDITATION

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Texas Medical Association (TMA) through the Joint Sponsorship of the Texas Society of Psychiatric Physicians and the Texas Academy of Psychiatry. The Texas Society of Psychiatric Physicians is accredited by the Texas Medical Association to provide continuing medical education for physicians.

The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of four (4) AMA PRA Category I Credits.™ Participants should only claim credit commensurate with the extent of their participation in the activity.

The presentation "Update on APA's Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition" has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.

## TARGET AUDIENCE / PROGRAM GOALS AND OBJECTIVES

This CME activity is designed with didactic lectures supplemented with audiovisual presentations and direct discussion. The program is designed to provide its' primary target audience of Psychiatrists and other specialties of medicine in the State of Texas, with clinically-relevant information to advance the physician's competence and effective use of targeted skills so that they may develop strategies to apply the knowledge, skills and judgment of the information presented in the educational activity into their practice.





# Thank You for Your Support

Linda J. Rhodes, MD, Chairman, Texas Foundation for Psychiatric Education and Research

The Texas Foundation for Psychiatric Education and Research concluded Annual Campaign 2010 on December 31 with excellent results...thanks to the generous financial support of Texas Psychiatry, advocates and friends. Annual Campaign 2010 received \$11,785 in charitable contributions, increasing the Foundation's total charitable contributions received since 1993 to \$361,499.

Through 2010, the Foundation has awarded 116 grants amounting to \$204,491 supporting the following purposes of the Foundation: Public Education/Advocacy – 50%; Professional Education – 47%; and Research – 3%. The Foundation wishes to acknowledge the following donors who earned membership in the 2010 Foundation Associates (\$500 or more) and Foundation Advocates (\$100-\$499).

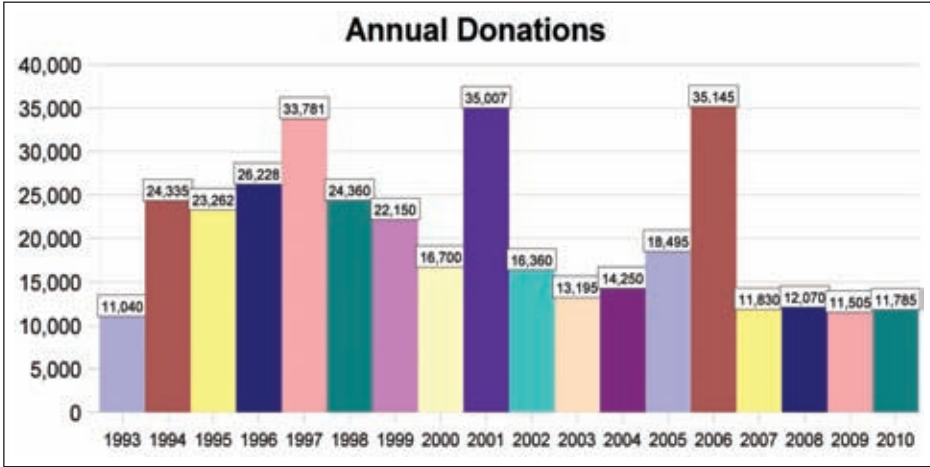
**FOUNDATION ASSOCIATES – 2010**  
John R. Bush  
Debra Atkisson Kowalski, MD  
Shirley F. Marks, MD  
Linda J. Rhodes, MD  
Adib R. Mikhail, MD  
Priscilla E. Sierk, DO  
Larry E. Tripp, MD

**FOUNDATION ADVOCATES – 2010**  
T. Grady Baskin, MD  
Robert D. Bennett, MD  
Jules Bohnn, MD  
Rebecca Castro, MD  
V. Frank Cody, MD  
Robert G. Denney, MD  
Harry K. Davis, MD  
Gary L. Etter, MD  
Edward S. Furber, MD  
Bernard M. Gerber, MD  
Daniel A. Goggin, MD  
Somsri Griffin, MD  
Edythe Harvey, MD  
Ol Lan Ho, MD  
Patrick Holden, MD  
Alison R. Jones, MD  
Judith P. Kane, MD  
Marie T. Kelly, MD  
Daryl Knox, MD  
Dr. & Mrs. Philip D. Korenman  
Martha E. Leatherman, MD



Linda J. Rhodes, MD

Dr. & Mrs. Robert L. Leon  
Harry Lundell  
Conway L. McDonald, MD  
Dr. & Mrs. Alex Munson  
Edgar P. Nace, MD  
Dr. & Mrs. Jefferson Nelson  
Drs. Marlowe and Dean Niemeyer  
Richard L. Noel, MD  
Susanna Parker, MD  
Rajeshkumar P. Patel, MD  
Joseph V. Penn, MD  
Julia Quinlan, MD  
Dr. & Mrs. Edward Reilly  
Charles H. Sargent, MD  
J. Clay Sawyer, MD  
Leslie H. Secrest, MD  
Brian P. Skop, MD  
Kathryn A. Sommerfelt, MD  
Marilyn J. Vache, MD  
Dr. & Mrs. Paul H. Wick



Texas Society of Psychiatric Physicians and Texas Academy of Psychiatry

Spring Continuing Medical Education Program

April 9, 2011 • Westin Galleria Hotel, Houston, Texas

REGISTRATION

NAME

E-MAIL ADDRESS FOR MEETING CONFIRMATION

ADDRESS / CITY / STATE / ZIP:

PHONE/FAX

PROGRAM SCHEDULE

SATURDAY, APRIL 9

7:30 am - 9:00 pm

Registration

7:30 am - 8:45 am

Foundation Board of Directors Breakfast Meeting

8:00 am - 5:00 pm

Exhibits

9:00 am - 10:30 am

Council on Leadership Meetings  
(Ethics, Distinguished Fellowship, Finance, Strategic Planning)

10:30 am - 10:45 am

Break

10:45 am - 12:15 pm

Council on Service Meetings  
(Academic Psychiatry, Children & Adolescents Psychiatry, Forensic Psychiatry, Public Mental Health Services)

12:15 pm - 12:30 pm

Break

12:30 pm - 2:00 pm

Council on Advocacy & Membership Luncheon  
(Govt Affairs)  
\$15.00 per person prior to April 1 /  
\$20.00 per person after April 1

2:15 pm - 3:45 pm

Members in Training Program: Establishing a Medical Practice and Open Forum for Q&A

2:15 pm - 3:45 pm

TAP Board Meeting

2:15 pm - 3:45 pm

Council on Education Meetings (CME, Professional Practice Management Committee)

3:45 pm - 4:00 pm

Break

4:00 pm - 8:30 pm

CME Program  
See Registration Categories / Classifications & Fee Schedule in the box at right

6:00 PM - 6:30 pm

Refreshment Break for Program Attendees

SUNDAY, APRIL 10

9:00 am - 12:00 pm

Executive Council Meeting

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

CONTINUING MEDICAL EDUCATION PROGRAM SCHEDULE

SATURDAY, APRIL 9

4:00 pm - 6:00 pm

“Super Nanny”: A Model for Parent Management Training  
PRESENTER: Alice R. Mao, M.D.  
Refreshment Break for Program Attendees

6:00 pm - 6:30 pm

Dinner Program: “Update on APA’s Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition”  
PRESENTER: Madhukar H. Trivedi, M.D.

REGISTRATION FEE SCHEDULE

COUNCIL ON ADVOCACY LUNCH

Prior to April 1

After April 1

MEETING SYLLABUS ORDER

Prior to April 1

After April 1

CME PROGRAM

Prior to April 1

After April 1

Note: Registration fee for the CME Program includes both presentations, reception and dinner

☐ Vegetarian Plate Requested. No additional fee if requested prior to April 1, otherwise there will be an additional fee of \$15.00.

Total Registration Fees

METHOD OF PAYMENT:

☐ 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: \_\_\_\_\_

CANCELLATION POLICY: In the event of cancellation, a full refund will be made if written notice is received in the TSPP office by April 1, 2011, less a 25% processing charge. NO REFUNDS will be given after April 1.

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

Texas Society of Psychiatric Physicians and Texas Academy of Psychiatry

## Spring Continuing Medical Education Program

April 9, 2011  
Westin Galleria Hotel, Houston, Texas

### EXHIBITORS

American Professional Agency, Inc.

Clarity Child Guidance Center, San Antonio

Janssen, Division of Ortho-McNeil-Janssen Pharmaceuticals, Inc.

Neuronetics, Inc.

The Doctors Insurance Agency of Texas

MARCH/APRIL 2011

TEXAS PSYCHIATRIST

3





# Practice Changes and the Legislative Process

Leslie H. Secrest, MD, Chairman, Federation of Texas Psychiatry

It's a new year... the election cycle is behind us and the legislative cycle is now underway. The contacts and networking developed while volunteering in a successful campaign now becomes extremely important. The Legislature is completing its member assignments with two important tasks, developing a balanced budget and redistricting. State Comptroller, Susan Combs, estimates that general revenue for the next biennium will be \$72.2 billion causing a short fall of \$26.8 billion. A balanced budget will require a decrease in agency funding. This translates into a decrease in programs and quite possibly the elimination of an agency or the consolidation of agency functions. Psychiatric services and mental health funding will be scrutinized for effectiveness and efficiency. The public mental health system may experience a decrease in funding in the range of \$150 million in adult mental health and \$9 million for mental health crisis. Despite the increase in population that will give us several new congressional seats, the population growth has not given us an increase in mental health funding. Decreasing state hospital beds is often viewed as the best of all the bad choices to manage a decrease in funding but it is not the answer. These beds serve the most complicated of mental disorders in Texas irrespective of the funding source. The number of state hospital beds needed by the state criminal justice system continues to grow and compete for the beds needed to serve all Texans. The conflicts of budget constraint and Psychiatric service needs are not new to the Texas Legislature. In the past, funding has been diminished and in the next legislative session mostly restored. Restricted mental health funding has required changes in the delivery system and continues to invite innovation in continuity of care and patient compliance. Measurements of effectiveness of treatment and the cost of treatment are expected to show improved mental health of Texans at an affordable cost.

All of medicine is experiencing similar challenges of population growth, expanding service needs and decreased funding. Previous health care delivery models that once efficiently and effectively provided health care will not be financially viable in the future. Physicians have always been seen as and expected to be "the captain of the ship." However the ship and its crew is changing. The physician-patient relationship continues to be the core component to effective health care. However the physician-patient relationship is rapidly evolving to be the physician's team with expanded roles for team members. Physicians, irrespective of years of practice, are seeking the leadership skills that will allow them to be the captain of a new technically sophisticated ship and a crew that is also technically skilled and sophisticated. National organizations representing the various members of the team want their member to be autonomous as if there is no need for the ship to have a captain. The physician captain must have all the intuitive skills that physicians have always provided but must delegate and supervise other team members in the delivery of care that has become standardized by algorithms. The advancement in digital technology has changed the ship and has provided patient access to physicians and expertise never before imaginable. Telemedicine has improved to such a degree that the assessment of a patient provided by a physician at a distant location is becoming comparable to a physician's assessment provided in the patient's room. The arguments by psychologists and others for an expanded scope of practice based on patient access are rapidly losing credibility.

Physicians sensing the changes in the future delivery system are exploring new delivery models. Hospitals are aware that the changes in the delivery system will limit their role. Such changes are causing physicians and hospitals to look at the continuity of care and shifting the emphasis to maintenance of health from treatment of disease. Health care funding is moving towards accountability that relies on a value model requiring metrics that measure and demonstrate the effectiveness of care and the cost of the care. (Value = Effective Care/Cost of the Care). Future payment for health care is moving toward payment schemes which will bundle hospital and physician payments into a single payment and will provide incentives for achieving performance goals.

Our current delivery system has a governance structure for a delivery system which segregates care into inpatient and outpatient systems and is ill equipped to manage bundled payments. Our current governance is insufficient for a delivery system that will combine inpatient and outpatient into a single system that emphasizes the continuity of health care. Future health care institutions will require a different board of trustees whose skills include understanding health care services, the ability to do the strategic planning designed to improve health in their communities, the sophistication to monitor the effectiveness of the processes that have been delegated to others, and the leadership that can inspire hospitable, compassionate, safe, effective care. The institutional governance structure needs to be altered to allow the board and the institution to operate efficiently and effectively with clear expectations and accountability. Reporting directly to the institution board of trustees should be both the physician staff organization and the administrative organization. Such a reporting structure will promote clear responsibility, accountability and dialogue that will deliver continuous quality improvement, patient safety, hospitality and fairness in distribution of bundled payments for care. Direct responsibility to the board of trustees will rapidly identify and resolve misalignments. This structure will promote different expectations and dialogues with the community, the patient, the trustee, the physician, the administrator, the nurse, the patient care technician, housekeeper, and payer. What does all this mean for psychiatrists and their patients? The role of the psychiatrist must include leadership and advocacy. There will be a change in how psychotherapy is delivered. The consulting room may include a virtual room. Psychiatric consultation may come to the patient via telemedicine. A psychiatrist will be expected to lead a team providing continuity of care and will need to be capable of monitoring and managing other medical treatments. The role of consulting will expand to include other areas such as education, public safety and advocacy for mental health through the political process. Hopefully there will be psychiatrists who will successfully run for public office.



Leslie H. Secrest, MD

Psychiatrists will be increasingly expected to know both the process of the mind and the brain's neuronal systems and cell physiology. Some psychiatrists will continue to practice alone; others will be a part of larger physician groups such as Accountable Care Organizations. Irrespective of the political process, the delivery of health care is rapidly changing with new opportunities for development of processes that will improve mental health and the delivery of psychiatric services. The next five months in the Texas legislature may be very challenging as we must step forward to persuade our legislature that decreasing funding for mental health is not in the best interest of Texans. Cuts will limit psychiatric care making emergency rooms overburdened by emergent psychiatric care. Emergency room visits will increase because of unmet acute psychiatric needs and resultant crises. Emergency departments will not be able to deliver timely, efficient care. The risk of community crises will increase. There is an overwhelming need for psychiatrists to take action and let their voice be heard. Our patient's health, delivery of psychiatric care and mental health in Texas is at stake. Please join me and the efforts of the Federation and its member organizations as we try to affect the future of psychiatry by advocacy. I hope you will consider volunteering for legislative advocacy activities of TSPP and other organizations and attend TMA's First Tuesday held the first Tuesday of the month from February thru May. ■

## BEXAR COUNTY CHAPTER



John Bush, Executive Director of the Federation of Texas Psychiatry, provided a legislative update to the Bexar County Chapter in San Antonio on February 8. Pictured (l to r): Patrick Holden, MD, TSPP President-Elect, John Bush, Federation Executive Director, Susan K. Wynne, MD, Bexar County Chapter President-Elect and Vivek Singh, MD, Bexar County Chapter President.

## CAPITOL DAY

CAPITOL DAY conducted on February 17, 2011 was a huge success. Over 300 advocates from the Mental Illness Awareness Coalition (comprised of the Depression and Bipolar Support Alliance Texas, Menatl Health America of Texas, NAMI Texas and the Federation, including the Texas Society of Psychiatric Physicians, the Texas Academy of Psychiatry and the Texas Society of Child and Adolescent Psychiatry) assembled for a rally on the steps of the Capitol and visited with members of the Texas Legislature. The focus of the rally was to emphasize that proposed cuts in the State budget for public mental health services would be harmful to patients and would end up costing the State more money. "Saving Minds...Saving Money!"







# Safeguard Texas Youth – Let’s Do Our Part

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



Regina K. Cavanaugh, MD

As a member of TSCAP, I have been fortunate to participate in Capitol Day for a few legislative sessions, but the one held on February 17, 2011, seemed more ominous than any other. The 82nd legislature is faced with an estimated \$20 billion revenue shortfall and a mandate to balance the state's budget for the upcoming biennium. At stake is the health and well-being of our Texas youth who suffer with mental illness. As I sat in the workshop, I learned the proposed cuts for the Department of State Health Services include a 19% reduction for community mental health services for children. Like many of you, I wondered, “How can there be cuts when the local MHMRA community health centers seem to be operating on skeleton budgets as it is?” There was discussion that the full 19% would likely not be realized. As advocates, it was our job to get the message out to the legislators the cuts will be devastating on our youth and their families who rely on these services, and to please minimize these cuts. And what of those youth who will need these services in the future?

As providers of mental health services to children, it is important that we do our part in advocating for the children we treat and their families. TSCAP recognizes not every member can participate in a Capitol Day; but the advocacy work can be a call or an email to your legislators. It could also be volunteering as our chapter's AACAP Advocacy Liaison as Dr. Valerie Robinson did. On behalf of our society, I want to thank Dr. Robinson for her service and wish her well.

The coalition of AACAP, American School Counselor Association (ASCA), Child and Adolescent Bipolar Foundation (CABF), Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD), Mental Health America (MHA), and the National Alliance on Mental Illness (NAMI) provided a fact sheet called, “Improving Lives, Avoiding Tragedies”, which is available through [www.aacap.org/cs/advocacy](http://www.aacap.org/cs/advocacy). Between it and the “Saving Minds, Saving Money” fact sheet provided at Capitol Day 2011; the facts are...

In Texas, 4.3 million citizens have a diagnosable mental health disorder, including 1.2 million children. Texans in the public mental health system live on average 29.3 years less than the general population. Texas ranks 49th in per capita mental health funding at \$34.57 — well below the national average of \$103.53. In the nation, 13 % of youth between the ages of 8 to 15 years living with mental illness suffer enough to cause significant impairment in their day-to-day lives. This figure jumps up to 21% in youth aged 13 to 18. Half of all lifetime cases of mental illness begin by age

14, and increases to 75 percent by age 21. In Texas Youth Commission residential settings, 42 % of youth have “high or moderate need for mental health treatment”. A child living in Texas has less of a chance to receive necessary mental health treatment than children living in any other state.

The Texas Mental Illness Awareness Coalition is also a resource to providers, patients and their families. The Coalition, established in 1995, includes: Depression and Bipolar Support Alliance Texas ([www.dbsa-texas.org](http://www.dbsa-texas.org)); Federation of Texas Psychiatry ([www.txpsych.org](http://www.txpsych.org)); Mental Health America of Texas ([www.mhstexas.org](http://www.mhstexas.org)); and the National Alliance on Mental Illness Texas ([www.namitexas.org](http://www.namitexas.org)).

When mental illness is identified and treated early, outcomes improve and help our youth lead productive lives. Schools are important in the early identification process. According to the “Child and Adolescent Mental Health Problems – Fact Sheet for School Personnel: Mental Health and Schools” (Source: Children's Defense Fund), the cost of not intervening early and promptly includes the following:

**Lost productivity** – parents miss work when called to school and staying home to care for the child

**Lost learning** – children miss school and fall behind academically, and are higher risk to drop out

**Safety** – children who are suspended and expelled, are at higher risk to become unproductive (i.e., unemployed, involved in substance abuse, engage in criminal activity), and become involved in the juvenile justice system.

**Diminished quality of life** – their problems tend to last over a longer period of time, creating long-term problems for the individual and his or her family. These children are at risk of suicide.

Texas' budget cuts are already impacting our schools. Texas youth cannot afford to go without mental health services in schools whose role includes: promoting positive mental health/social and emotional development, addressing mental health problems as they present barriers to learning, providing linkages to community agencies and resources; and mental health resources delivered within or linked to school settings.

It is imperative to protect the strides made by the Texas legislature in 2007 and 2009, in which crisis mental health systems were funded. But these advances did not go far enough. Some representatives want to continue to fund the crisis system, but at the expense of the community mental health centers budgets and state hospital beds. When crisis intervention identifies youth

needing outpatient or inpatient services, where do these youth go? Waiting lists for child psychiatrists take months in many areas of our state, and private and public hospitals are often full. As a member of TSCAP, do you have ideas on real solutions to these problems? With the shortage of child psychiatrists in Texas, like in our nation, we must develop ways for our patients to access our services easier and more quickly. It is not in our patients' best interests to have psychologists expand their scope of practice and prescribe psychotropic medications. Yes, Texas is in between New Mexico and Louisiana who granted such privileges, but we in the Lone Star State can do better. AACAP's website also provides a “Scope of Practice Advocacy Toolkit” (log in required).

Texas psychiatrists can find ways to collaborate with our primary care physician colleagues, and develop more integrated care models to best serve our patients' medical and mental illnesses. Do you have a model of care that is working in your area? Share it with your colleagues, and fellow TSCAP members. Drop an email to the TSCAP office, and share your thoughts with TSCAP's executive committee. Your feedback and service would be greatly appreciated through participation in committees offered through the Texas Society of Psychiatric Physicians (TSPP) such as the Council on Service Meetings that includes Children and Adolescents and Public Mental Health Services; and the Council on Advocacy (Government Affairs).

For those who have been involved in advocacy efforts, thank you for your service and being a resource to your legislators and community. For those who believe it is time to get involved, this is definitely the time! There couldn't be a more important time to get involved! Capitol Day 2011, also had a new face, with our lobbyist, Eric Woomer, sharing invaluable tips in preparing for advocacy, of which the most important is “...building visibility...building a relationship...and building trust”.

AACAP supports us in providing its' website, Advocacy Resources, [www.aacap.org/cs/advocacy](http://www.aacap.org/cs/advocacy). Advocacy toolkits highlight the following:

1. Get to know your legislators, and where they stand on mental health issues.
2. Maintain a consistent relationship with them during and between legislative sessions.
3. Attend candidate's forums/town hall meetings held in your area.
4. Share personal stories, and identify yourself as their constituent.
5. Whether you are talking to your legislator or their staff, keep your conversation and materials you leave for them, brief,

straightforward and simple.

6. Stay informed and keep your legislators informed.
7. Follow-up – you can never thank your legislators enough for their service to Texas and support of mental health issues.
8. Provide your legislators with articles from your newspaper, and provide articles from well-respected journals and research agencies.

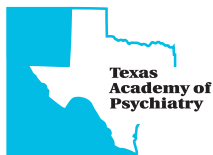
TSCAP encourages you to use the AACAP Advocacy website, and write a sample letter to your representative and senator, or make your own. (You may locate your legislators at [www.txpsych.org/locatelegislator.htm](http://www.txpsych.org/locatelegislator.htm)). Introduce yourself to your state representatives and senator, and offer yourself as a resource to them on mental health issues.

If you are interested in national advocacy efforts and are available, please attend the **AACAP Advocacy Day 2011 – April 7-8, 2011**, in Washington DC. The Campaign for America's Kids, is offering scholarships for two residents from Texas to attend, which will be matched by TSCAP. For more information and to register, visit the Advocacy Day website. Contact Karen Davis at [kdavis@aacap.org](mailto:kdavis@aacap.org), or 202.966.7300, ext. 128 with any questions.

TSCAP asks that you extend your advocacy efforts to your fellow psychiatrists and primary care colleagues, residents and medical students, and other mental health providers, and invite them to advocate as well.

While you are at it, please make plans to attend and invite others to this summer's TSCAP meeting being held on July 15-17, 2011, at the Westin La Cantera, San Antonio. Topics will include “Best Practices of Assessment and Treatment of PTSD and Comorbid Conditions in Children and Adolescents;” along with the keynote address, “Controversies in Pediatric Psychopharmacology,” being given by AACAP President, Dr. Laurence Greenhill.

Thank you for your continued commitment to the youth of Texas and their families. TSCAP appreciates the work you do, and will do this legislative session (and future ones), to educate state lawmakers, state and local leaders, and the public about the truth about children's mental health in Texas. Your advocacy efforts are key in helping to shape both Texas' laws and budgets. ■



## Problems with the “Net Sexting”

Arthur J. Farley, MD, President, Texas Academy of Psychiatry

The Internet offers many advantages to all of us; however, for some of our patients, it is a disadvantage. For example, a 22 year old college student had an intense passion for her mathematics professor. Anonymously, she sent e-mails to him and his wife. She scheduled unneeded conferences with him to discuss her most recent exams which she had passed with “flying colors.” These behaviors she realized were driven and coupled with fantasies of intimate sexual involvement with her “beloved professor!” Furthermore, her behavior escalated to faceless, partially clad, photos

sent to him on the net. Her impetuous actions opened the door to placing her private information into cyberspace, coupled with charges of stalking the professor. Ultimately, she was referred for treatment.

I have seen similar behavior with teenage girls who inappropriately use the Internet. On multiple occasions, these girls' behavior involves sexual communications with boys and girls their own ages. Sometimes the “sexting” is sent to younger children and intercepted by teachers, other parents and finally by the authorities. These students become labeled as either pedophiles or sex

offenders, especially if lewd photographs are included in their e-mails.

As you can imagine, the psychiatric-legal issues can be profound. Without a doubt, legislators need our input to deal with these issues for our young patients. Legislative protection for 16 – 18 year old individuals is needed in order to avoid a label of pedophile which would stay with them for life! Our task will be to use our understanding of psychological development in a thoughtful fashion as our state legislators grapple with these complex legal/cybernetic matters. ■



Arthur J. Farley, MD





Texas Society of Child and Adolescent Psychiatry

## Scientific Program

**“Comprehensive Evaluation and Treatment of PTSD”**  
**Including a Special Keynote Address on “Controversies in Pediatric Psychopharmacology”**  
**by Laurence Greenhill, MD, AACAP President**

**July 15-17, 2011 • Westin La Cantera Hotel • San Antonio, Texas**

### SCIENTIFIC PROGRAM SCHEDULE

#### SATURDAY, JULY 16 (5 HOURS CATEGORY 1 CREDIT)

**8:15 am - 8:30 am** Welcome and Opening Remarks

**8:30 am - 10:30 am** Controversies in Pediatric Psychopharmacology  
*Laurence Greenhill, M.D.*

**OBJECTIVES:** At the conclusion of the program, participants will be able to:

- Discuss the growing base of evidence available that assists clinicians in managing the controversies related to psychopharmacologic treatment of pediatric psychiatric disorders.
- Discuss the gaps in evidence, and learn how to address clinical complexities and understand the potential interventions in pediatric psychopharmacology.
- Select treatment strategies / plans that balance safety and efficacy when utilizing psychopharmacology.

**10:30 am - 10:50 am** Refreshment Break in Exhibit Hall

**10:50 am - 11:50 am** Best Practices of Assessment and Treatment of PTSD and Comorbid Conditions in Children and Adolescents  
*Sylvia J. Turner, M.D.*

**OBJECTIVES:** At the conclusion of the program, participants will be able to:

- Understand the current biological and psychosocial data in children and adolescents with PTSD and comorbid affective and anxiety disorders.
- Discuss the impact of PTSD on children and adolescents with PTSD and comorbid affective and anxiety disorders.
- Apply current psychopharmacologic options for treating children and adolescents with PTSD and comorbid affective and anxiety disorders.

**11:50 am - 12:10 pm** Refreshment Break in Exhibit Hall

**12:10 pm - 1:10 pm** Resident/Faculty Clinical Case Presentation: Art as a Window of Therapeutic Progression in a Child  
*Lizmarie Gonzalez-Vega, MD (Resident);*  
*Brigitte Y. Bailey, MD and*  
*Thomas L. Matthews, MD (Faculty)*

**OBJECTIVES:** At the conclusion of the program, participants will be able to:

- Recognize early signs and symptoms of PTSD in children (adolescents).
- Discuss the use of best practice interviewing in the treatment of PTSD in children (adolescents).
- Identify resiliency factors leading to effects and recovery from PTSD in children (adolescents).
- Devise and apply developmentally appropriate treatment interventions for PTSD in children and adolescents.

**1:10 pm - 1:30 pm** Refreshment Break in Exhibit Hall

**1:30 pm - 2:30 pm** Treating the Wounded Warrior: The Comprehensive Family Systems Approach to Treating Post-Traumatic Stress Disorder  
*Debbie Mabray, MS, LMFT, LPC, CART*  
*and Mary Ann Bell, LPC, MA*

**OBJECTIVES:** At the conclusion of the program, participants will be able to:

- Describe the current evidence for different individualized, family and group approaches for the treatment of PTSD in children and adolescents.
- Describe risk / vulnerability factors involved with children and adolescents with PTSD.
- Describe resiliency factors as children and adolescents (successfully / unsuccessfully) cope with deployments of their soldier parent(s), stages of deployment, and reintegration attempts.
- Identify current treatment options, and their rate of success, for soldiers diagnosed with Post Traumatic Stress Syndrome (PTSD).
- Discuss possible holistic treatment options that may prove to be valuable in the long-term treatment success of active duty soldiers diagnosed with Post Traumatic Stress Disorder (PTSD) and Secondary PTSD (the nuclear family of the diagnosed soldier).

#### SUNDAY, JULY 17 (3 HOURS CATEGORY 1 CREDIT)

**9:15 am - 10:15 am** Child Abuse, A Pediatrician's Perspective  
*David Hardy, MD, FAAP*

**OBJECTIVES:** At the conclusion of the program, participants will be able to:

- Understand and apply evidenced-based treatments (EBT) tailored for identifying children and adolescents who have been physically abused.
- Understand and apply best practices in approaching families of suspected child abuse.
- Understand the physical signs of child abuse.
- Understand and apply clinical practice guidelines for children and adolescents suspected of being physically abused.

**10:15 am - 10:30 am** Refreshment Break

**10:30 am - 12:30 pm** Panel Presentation: Ethical and Legal Issues in the Assessment of Sexually Abused Children and Adolescents  
*Nancy Kellogg, MD*  
*Melissa Tijerina, MSW*  
*James A. Rogers, MD*  
*The Honorable John J. Specia, Jr.*

**OBJECTIVES:** At the conclusion of the program, participants will be able to:

- Understand and apply evidenced-based interventions for identifying children and adolescents who have been sexually abused including physical and emotional signs of sexual abuse.
- Understand the duty to report, as well as the protocol and methods to report to CPS in the State of Texas.
- Understand Texas Child Protective Services (CPS) statistics and information regarding the investigation, intervention and outcomes regarding sexually abused children and adolescents.

### CME ACCREDITATION

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Texas Medical Association (TMA) through the Joint Sponsorship of the Texas Society of Psychiatric Physicians and the Texas Society of Child and Adolescent Psychiatry. The Texas Society of Psychiatric Physicians is accredited by the Texas Medical Association to provide continuing medical education for physicians.

The Texas Society of Psychiatric Physicians designates this educational activity for a maximum of eight (8) *AMA PRA Category I Credits*.™ Participants should claim credit commensurate with the extent of their participation in the activity.

The presentation entitled “Panel Presentation: Ethical and Legal Issues in the Treatment of Abused Children and Adolescents” has been designated by the Texas Society of Psychiatric Physicians for two (2) hours of education in medical ethics and/or professional responsibility.

### TARGET AUDIENCE/ PROGRAM GOALS & OBJECTIVES

This CME program is designed with didactic lectures supplemented with audiovisual presentation and direct discussion, panel discussion and a case study presentation in multiple educational sessions. The program is designed to provide its' primary target audience of Child and Adolescent Psychiatrists, General Psychiatrists and other specialties of medicine in the State of Texas, with clinically-relevant information to advance the physician's competence and effective use of targeted skills so that they may develop strategies to apply the knowledge, skills and judgment of the information presented in the educational activity into their practice.

### PROGRAM SPEAKERS

**Brigitte Y. Bailey, MD**  
Associate Professor of Psychiatry  
Associate Education Director and Director Child and Adolescent Fellows Psychotherapy Training  
University of Texas Health Science Center  
Psychiatric Consultant  
The Cyndi Taylor Krier  
Secured Juvenile Treatment Center  
Co-Director of Psychiatric Services  
Texas Youth Commission  
Medical Staff  
Christus Santa Rosa Childrens Hospital  
San Antonio, TX

**Mary Ann Bell, LPC, MA**  
Counselor  
Adult Child and Family Counseling Center  
Killeen, TX

**Lizmarie Gonzalez-Vega, MD**  
Child and Adolescent Psychiatry Resident  
University of Texas Health Science Center  
San Antonio, TX

**Laurence Greenhill, M.D.**  
Ruane Professor of Clinical Psychiatry Director,  
Local Research Unit of Pediatric Psychopharmacology  
Columbia University Medical Center  
New York State Psychiatric Institute  
President, American Academy of Child and Adolescent Psychiatry  
New York, NY

**David Hardy, MD, FAAP**  
Pediatric Forensic Medical Consultation Service,  
Pediatric Critical Care  
Scott and White Children's Hospital  
Texas A&M University of Health Science Center  
Temple, TX

**Nancy Kellogg, MD**  
Division Chief for Child Pediatrics  
University of Texas Health Science Center  
San Antonio, TX  
Medical Director, ChildSafe  
Bexar County's Children's Advocacy Center  
Center for Miracles  
CHRISTUS Santa Rosa's Children's Hospital  
San Antonio, TX

**Debbie Mabray, MS, LMFT, LPC, CART**  
Co-Founder, Therapist  
Adult Child and Family Counseling Center  
Killeen, TX

**Thomas L. Matthews, MD**  
Assistant Dean for Student Affairs  
Associate Professor of Psychiatry  
Training Director, Child and Adolescent Psychiatry  
University of Texas Health Science Center  
Medical Director -  
Outpatient, Clarity Child Guidance Center  
San Antonio, TX

**James A. Rogers, MD**  
Medical Director  
Texas Department of Family and Protective Services  
Austin, TX

**Honorable John J. Specia, Jr.**  
Former Judge of the  
225th District Court Bexar County  
Chair, Texas Supreme Court Task Force  
on Foster Care  
Chair, Texas Supreme Court Task Force on  
Child-Protection Case Mgmt & Reporting  
San Antonio, TX

**Melissa Tijerina, MSW**  
Regional External & Relations Specialist  
Texas Department of Family and Protective Services  
San Antonio, TX

**Sylvia J. Turner, M.D.**  
Child and Adolescent Psychiatric Services  
Darnall Army Medical Center  
USAMEDDAC  
Fort Hood, TX



Texas Society of Child and Adolescent Psychiatry  
**Annual Convention & Scientific Program**

“Comprehensive Evaluation and Treatment of PTSD”  
Including a Special Keynote Address on “Controversies in Pediatric Psychopharmacology”  
by Laurence Greenhill, MD, AACAP President

July 15-17, 2011 • Westin La Cantera Hotel • San Antonio, Texas

G E N E R A L I N F O R M A T I O N

LOCATION / HOTEL RESERVATIONS

All events will take place at the Westin La Cantera Hotel, 16641 La Cantera Parkway, San Antonio, Texas. **A special discounted rate of \$185, with WAIVED resort fee, is available to TSCAP program registrants BEFORE June 13, 2011 or upon sell-out, whichever occurs first.** Hotel rooms will sell out quickly so please make your hotel reservation as early as possible by calling 1-800-937-8461.

The Westin La Cantera Hotel offers on-site experiences for all ages:

- La Cantera Nature Trail – available dawn to dusk, mile-long nature trail wraps around the most beautiful areas of the resort, all the while learning about the local flora and fauna of the Texas Hill Country.
- Movie Night in the Westin Kids Club Sun-Thurs, or on the El Fortin Lawn Fri&Sat
- The World Class Castle Rock Health Club & Spa
- The 7600 square foot Westin Workout Fitness Center
- The Palmer Golf Course at La Cantera, created by golf legend and award-winning course designer, Arnold Palmer, the course which winds through the Texas Hill Country will challenge your skill from tee to green.
- The Resort Course at La Cantera, designed by noted golf course architect Jay Morrish and PGA Tour professional Tom Weiskopf is the former site of the PGA's Valero Texas Open and offers spectacular views of the roller-coaster at Six Flags Theme Park and the downtown San Antonio skyline.
- Kid Friendly Fun at The Westin Kids Club offers a variety of kid-friendly fun activities from Zooanimation; Discovery Junction, S'mores and arts and crafts to name a few.
- Shuttle service within the Resort, to the Shops at La Cantera, the Palmer Course and Six Flags Theme Park.

MEETING REGISTRATION

The earlier you register, the greater the savings on meeting registration AND hotel reservations! To take advantage of the **Special Discounted Registration Fees**, please remit your meeting registration **PRIORTO JULY 1**. If paying by credit card you may fax your meeting registration form to 512-478-5223. A confirmation of your registration will be sent IF you include your email address.

PROGRAM AT A GLANCE

Friday, July 15

1:00 pm - 5:30 pm  
Exhibit Set-Up

4:00 pm - 5:30 pm

TSCAP Executive Committee Meeting

6:30 pm - 8:30 pm

Welcome Reception with Exhibitors

Saturday, July 16

7:30 am - 8:10 am

Continental Breakfast  
with Exhibitors

8:15 am - 2:30 pm

Scientific Program

10:30 am - 10:50 am

Refreshment Break

11:50 am - 12:10 pm

Refreshment Break

1:10 pm - 1:30 pm

Refreshment Break &  
Final Visit with Exhibitors

Sunday, July 17

8:00 am - 9:00 am

TSCAP Annual Business  
Meeting Breakfast

9:00 am - 12:30 pm

Scientific Program

10:15 am - 10:30 am

Refreshment Break

OPENING WELCOME RECEPTION  
WITH EXHIBITORS

Check in early and join your friends and colleagues at the complimentary Welcome Reception for all TSCAP attendees! The welcome reception will be held Friday, July 17, in the San Antonio Ballroom. Visit with the exhibitors in a relaxing atmosphere and become eligible for special door prize drawings to be awarded throughout the meeting!

EXHIBITORS

Clarity Child Guidance Center,  
San Antonio

Meridell Achievement Center,  
Liberty Hill

Texas NeuroRehab Center,  
Austin

MEETING SYLLABUS IN COLOR

All CME program registrants will receive at No Additional Charge a black and white printed copy of the speakers' presentation (if color copy is submitted by speaker). 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 on the Registration Form and including the additional charge. The color copy will be provided to you upon check-in the day of the program.

EXHIBITS

TSCAP's Welcome Reception, Continental Breakfasts and Refreshment Breaks, will be held in the San Antonio Ballroom at the Westin La Cantera Hotel. Please make plans to visit with the Exhibitors during the Friday Welcome Reception AND enter to win the drawings for

door prizes to be awarded throughout the day on Saturday. Exhibit hours:

Welcome Reception

Friday - 6:30 pm - 8:30 pm

Continental Breakfast

Saturday - 7:30 am - 8:10 am

Refreshment Break

Saturday - 10:30 am - 10:50 am

Refreshment Break

Saturday - 11:50 am - 12:10 pm

Refreshment Break

Saturday - 1:10 pm - 1:30 pm

Exhibitors Tear Down and Depart

Saturday - 2:00 pm - 3:00 pm

ANNUAL MEETING BREAKFAST

The Annual TSCAP Business Meeting will be held Sunday, 8:00 am - 9:00 am in the San Antonio Ballroom. All members are encouraged to register and attend. ■



Texas Society of Child and Adolescent Psychiatry

**Annual Convention & Scientific Program**

July 15-17, 2011 • Westin La Cantera Hotel • San Antonio, Texas

REGISTRATION

NAME		DEGREE	
MAILING ADDRESS		CITY	STATE ZIP
TELEPHONE NUMBER	FAX NUMBER	E-MAIL	

SCIENTIFIC PROGRAM REGISTRATION

(includes Scientific Program & Syllabus, Saturday continental breakfast; Saturday & Sunday refreshment breaks)

	Before July 1	After July 1	
TSCAP Member Physician	\$195	\$215	_____
Non-Member Physician	\$250	\$270	_____
Spouse / Guest Claiming CME Credit	\$195	\$215	_____
Allied Health Professional / Spouse / Guest	\$180	\$200	_____
TSCAP Member Trainee	\$15	\$30	_____
Non-Member Trainee	\$25	\$50	_____
Medical Student	\$0	\$15	_____

SOCIAL EVENTS

Friday Welcome Reception

☐ Friday Welcome Reception

Name(s) Attending Reception: \_\_\_\_\_

☐ Sunday Membership Business Breakfast

TSCAP Member	No Charge	\$20	_____
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Non-Members/Guests/Spouse/Child	\$20	\$25	_____
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Name(s) Attending Breakfast: \_\_\_\_\_

MEETING SYLLABUS ORDER

- |   |         |         |       |
|---|---------|---------|-------|
| <input type="checkbox"/> Color Printed Copy | \$50.00 | \$75.00 | _____ |
| <input type="checkbox"/> Black & White Copy | FREE    | FREE    | _____ |

Color copy will be provided on-site at the Registration Desk the day of the meeting **for those that have remitted payment in advance**. B & W copy will be provided on-site at the program at no Add'l Charge.

☐ **Vegetarian Plate Requested. No additional fee if requested prior to July 1, otherwise there will be an additional fee of \$15.00.**

TOTAL REGISTRATION

If you require any special assistance to fully participate in this conference, please contact TSCAP via e-mail tscapofc@aol.com or 512/478-0605.

PAYMENT INFORMATION

☐ **Check** in the Amount of \$ \_\_\_\_\_ Make Checks Payable to Texas Society of Child and Adolescent Psychiatry

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Signature \_\_\_\_\_

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**CANCELLATIONS – Deadline for cancellation is July 1, 2011. In the event of cancellation, a full refund will be made if written notice is received in the TSCAP office by July 1, 2011, less a 25% handling charge. NO REFUNDS WILL BE GIVEN AFTER JULY 1, 2011.**

RETURN TO: TEXAS SOCIETY OF CHILD AND ADOLESCENT PSYCHIATRY,  
401 WEST 15TH STREET, SUITE #675, AUSTIN, TX 78701; PHONE (512) 478-0605 • FAX (512) 478-5223



SOME  
THINGS  
**NEVER**  
CHANGE



**BUT,  
SOME  
THINGS  
DO.**



The American Psychiatric Association after many years with the same company has changed to a new medical malpractice insurance carrier – and if you are currently enrolled in the old program, it is important that you know your renewal is not automatic. We also think you should be aware that there is only one malpractice program in the nation endorsed by the American Psychiatric Association where the coverage is extensive and the rates are low—American Professional Agency, Inc.

To remain enrolled in the only APA-endorsed program monitored by the Association, you must contact American Professional Agency, Inc to do so. If you are not currently enrolled or perhaps considering a change in malpractice insurance carriers, there is no better opportunity or time to change to American Professional Agency, Inc. than now.

So, regardless of when your renewal date is, or who your current carrier might be, we urge you to please visit us on the web at [www.apamalpractice.com](http://www.apamalpractice.com) or call us toll free at 877-740-1777 and make a change for the better to American Professional Agency, Inc.



American Professional Agency, Inc.

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Display advertising is available and publication is determined on a case by case basis by the Editorial Board. The Editorial Board reserves the sole right to accept or reject any submitted advertising copy.

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<http://www.txpsych.org> (website)

## CALENDAR OF MEETINGS

### APRIL

**9-10 Texas Society of Psychiatric Physicians/  
Texas Academy of Psychiatry  
Spring CME Program and Committee Meetings**  
Westin Galleria Hotel  
Houston, Texas

### MAY

**13-14 Texas Medical Association  
TexMed 2011**  
Hyatt Regency Houston & George R. Brown Convention Center  
Houston, Texas

### JUNE

**16-18 TOMA and TxACOFJ Joint Annual Convention**  
The Fairmont Hotel  
Dallas, Texas

### JULY

**15-17 TSCAP Annual Meeting and Scientific Program**  
Westin La Cantera Resort  
San Antonio, Texas

### NOVEMBER

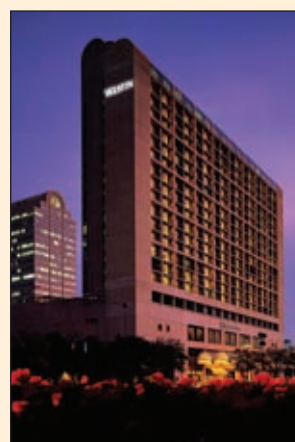
**11-13 TSPP 55th Annual Convention & Scientific Program**  
Westin Galleria Hotel  
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Federation of Texas Psychiatry  
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## JOB BANK

Whether you are looking for career opportunities or you are recruiting to fill a position in your organization, you will want to check out the Federation's **JOB BANK** on its website at [www.txpsych.org](http://www.txpsych.org). The Federation's JOB BANK could be just what you have been looking for.



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