

American Association of Community Psychiatry
Board Meeting Minutes
October 10, 2007

Present:

Wes Sowers, M.D.
Charlotte Hutton, M.D.
Alan Radke, M.D.
Ramotse Saunders, M.D.
Steve Goldfinger, M.D.
Dick Christiansen, M.D.
Chris Cline, M.D.
Ken Minkoff, M.D.
Suzanne Vogel Scilibia, M.D.
Steve Jewell, M.D.
Anita Everett, M.D.
Allison Nietsche, M.D.
Stephanie LeMelle, M.D.
David Pollack, M.D.
Russell Lim, M.D.
Walter Rush, M.D.
Jackie Feldman, M.D.
Annelle Primm, M.D.
Michelle Clark, M.D.
Cheryl Bowers-Stephens, M.D.
Beatrice Kovasznay, M.D.
Hunter McQuiston, M.D.
Charles Huffine, M.D.

Guests:

Page Hatcher

AACP Members Present:

Linda Gochfeld, M.D.

Absent:

Jules Ranz, M.D.
Ken Duckworth, M.D.
Warachal Faison, M.D.
Ken Thompson, M.D.
Fred Osher, M.D.
Reta Floyd, M.D.
David Cutler, M.D.

I. Call to order:

Doctor Sowers called this meeting to order at 1:30 p.m. in LaGalerie 6 of the New Orleans Marriott Hotel.

II. **Welcome/Presidential Announcements:**

Doctor Sowers welcomed Doctors Hutton and Radke as new board members. The other new board member, Brenda Krishnan will attend tomorrow. Dr. Ranz was not able to attend this meeting.

Doctor Hutton is a child/adolescent psychiatrist in New Orleans. Currently practicing at an outpatient program, works with the Metropolitan Human Services and in private practice.

Doctor Radke is the State Medical Director for Minnesota and is also the Vice Chair of the Medical Directors' Council for NASMHPD.

Doctor Krishnan is a junior faculty at OHSU working in community mental health center.

Doctor Ranz is the director of the Public Psychiatric Fellowship at Columbia and tries to track programs that have anything to do with public or community psychiatry. His current work includes development of a core curriculum for residency training.

Habitat for Sanity:

Suzanne Vogel Sciblia has been working on the project for New Orleans, doing work on House of Responsibility Project. The donations fell \$500 short of goal. A grant was received from Brighton First for \$3000, \$500 in donations and are \$500 short of goal. Supplies have been purchased, insurance is in place, and a van is available to transport workers to the site. There will be an effort to get PsychNews to cover this.

III: **Review of Minutes:**

Motion: Doctor Feldman moved to accept the minutes as circulated.

Second: Stephanie LeMelle

Motion passed unanimously

IV. **Announcements:**

Doctor Sowers is beginning a new position, as Director of the Center for Public Service Psychiatry and Fellowship at the University of Pittsburgh. A grant was received from the state for the Fellowship Program. The state has funded three of these programs, in Pittsburgh, Erie and Philadelphia

Doctor Clark announced the Black Psychiatrists of America group is having its Annual Transcultural Conference in the Dominican Republic on November 8-12.

Doctor Lim reported that The University of California at Davis is recruiting for an endowed professorship in cultural psychiatry.

Doctor Primm noted that she and Doctor Hutton participated in an APA program to help end health disparities. This is part of an effort to increase diversity in medicine. A curriculum is being developed and is now being piloted in three places, New Orleans, St Louis, and Los Angeles. The trainers are physicians, consumers and families. In 2008, this will be delivered in more states along the Gulf Coast.

Doctor Feldman will begin serving as the Editor of the CMHJ effective January 1, 2008.

V. Executive Report:

The Transformation Report has been published and copies are available here for review. Copies have been sent to AADPRT, Chairs of Department of Psychiatry, NASMHPD Medical Directors council and to the Pennsylvania Psychiatric Leadership Council in the state of Pennsylvania.

The membership brochure has been redesigned and available at this meeting.

VI. Report from the Treasurer:

A partnership has been formed with Deerfield to manage our finances. Deerfield is a Behavioral Health consulting firm and has worked with us in developing the software version of LOCUS and CALOCUS. They have developed it and marketed it and now we have entered into a relationship with them as a business consultant. Deerfield has performed a thorough review of our books and has offered to continue in this role. The motivation for this change has come from our current financial status. The job of managing the money has gotten bigger.

The new procedure for writing checks will be:

A list will be developed in the central office for payments to be distributed and sent to the Treasurer, who will approve the expenditures and send to Deerfield for payment to be issued. This procedure will affect board members only in the time reimbursements are made. Our expenses will be better categorized so better predictions can be made as to expenses.

A CD will be purchased in the next week for \$15,000 earning 5% for three months. A vision will be developed to look to the future to create a different source of revenue for our treasury.

The Board needs to develop an investment policy. It was suggested that the Executive Committee develop recommendations for an investment policy.

ACTION:

The Board authorized the Executive Committee to develop an investment policy and submit to the Board for review. Doctor Rush will be the monitor in this system.

ACTION:

The Board set a time limit of two weeks after the Board meeting to process reimbursement requests.

ACTION:

Motion: Doctor Vogel Scibilia moved to increase the mileage rate to .24 per mile for reimbursement.

Second: Doctor LeMelle

Motion carried.

The year to date revenue and expense report was reviewed. A grant application will be made to BMS again this year.

Various ideas for the generation of revenue from non-pharmaceutical sources were discussed. The idea of writing an updated version of a community psychiatry textbook was discussed. This sort of revenue might really help us with revenue generation. However, there was also concern that this might not make much money. The idea of contributing chapters to a more general text was discussed.

Doctor Cline suggested developing a consulting service with the Board members as consultants, as they representing an incredible collection of expertise.

Dr. Goldfinger suggested setting up a consulting service. The possibility of giving 4-5 hours of consulting and donated it back to the organization by each Board member was also discussed.

Doctor Vogel-Scibilia is concerned that when one is serving on the Board of a non-profit organization this might be a violation of the tax code. However, we could structure a speaker's bureau and pay expenses and a small honorarium and this could be under the umbrella of the AACP.

Doctor Radke noted that in Minnesota, there is a need for grand rounds for different programs and they can pay honorarium and expenses.

This Board needs to spend time brainstorming about knowledge dissemination. Doctor Minkoff expressed the positive aspect of tying the mission to the activities of the organization. The value of the organization supports the vision.

Doctor Minkoff suggested that the proposed mentorship program (to be discussed on the next day) is an example of a project where we can combine our mission priorities (psychiatric recruitment and membership development) with an opportunity to generate revenue. CMHC's may be willing to fund mentorship programs through the AACP that will help them recruit within their existing resources, by using 15020K of existing salary to fund a mentorship for an aspiring community psychiatrist or medical director.

Doctor Minkoff suggested that flexible web-based certification could be aligned with the mentorship idea, so that completing the mentorship could be associated with receiving the credential.

ACTION:

This will be referred to the Training and Scholarship Committee.

There has been some discussion of having an Executive Director who could devote more time to developing some of these ideas.

Doctor LeMelle reviewed the core elements of the public psychiatry fellowship at Columbia University. The program at Columbia continues to be the largest in the country. There are seven elements that will be discussed in more detail at the Winter Meeting. 1) The academic curriculum covers essential topics in public psychiatry; 2) there are field placements for the application of the academic learning; 3) there are presentations by guest speakers; 4) there is training mental health administration models and how to use them; 5) there is a one year placement in a public health situation (with hopes that many of the fellows stay at their placement); 6) there are weekly meetings with a faculty preceptor (each four faculty supervise fellows) and 7) there is the importance of mentorship and belonging to the group. There is active ongoing communication among graduates. Doctor Ranz keeps a list serve of the alumni of the Fellowship.

The funding is about 1/3 state and 2/3 from the placement site. Ongoing issues are protected time and job description. There has been some discussion of developing a certification program. The certification issue is one that the AACP could be involved in. This will be referred to the scholarship committee.

The work force development issue is a difficult one because most residency programs do not address this population. This initiative needs to be aligned with the mission statement. A couple of mentors could be identified, a manualized process developed and candidates get certified in a couple of different areas and be certified in community psychiatry. The APA has a Presidential Task Force to develop a strategic plan to address psychiatric needs in underserved areas

APA Ethics Statement: Doctor Jewell reported the APA sent the latest draft of the Ethics Statement with a short period of time to respond. The AACP put together a letter and sent to the APA on behalf of the AACP. The main concerns for our constituents are the issues of boundaries and dual roles. The APA document is strongly influenced by psychoanalytic principles, which often do not translate well to community psychiatry. Doctor Everett reported a meeting with Laura Roberts, the point person working on this issue and has asked the AACP to be involved in an ongoing way. This statement is not near completion, and at least one more iteration is expected. Doctor Pollack has put together a summary with specific recommendations. Doctor Radke reported the Medical Directors' Council of NASMHDP is also reviewing the document and has concerns about its application to public psychiatry.

ACTION:

Doctor Everett will follow this closely and keep the Board informed of the progression. This issue was referred to the Quality Committee.

Winter Meeting 2008:

Doctor Goldfinger reported that the Winter meeting will be February 8-9 in Brooklyn and will be co-sponsored with the New York State Office of Mental Health (OMH) and NAMI. There will be no pharmaceutical support. Mike Hogan, Mental Health Commissioner for New York State, and Lloyd Sederer, Chief Medical Officer of OMH, have agreed to send 2-3 representatives from every facility in the state, accounting for over 100 attendees. It is expected that New York City will also send representatives. The program will be advertised in the usual venues.

Day 1 will include a presentation by Ken Thompson on how to implement initiatives, and a lecture on Recovery by Jackie Feldman. A panel entitled "Views from around the Country" will include Doctors Radke, Pollack, Cheryl Bowers-Stephens, and the Project Manager from SAMSHA, discussion recovery and transformation in their states.

The Board will need Thursday and Friday in the hotel. There was discussion of times for the board meeting, now planned for Friday morning and Saturday afternoon.

Winter Meeting 2009:

Doctor Everett will check on Baltimore. Doctor Jewell will look at the All Ohio Conference and Doctor Huffine will look at Washington. The possibility of Austin, Texas was discussed, with Michael Schwartz being the contact.

Youth Coalition:

Doctor Huffine discussed the hearing being held today on residential treatment centers, with youth, parents and professionals testifying. At next IPS Meeting, some of those people may be able to speak on the topic.

Universal Health Care Coverage and Financing:

An updated AACP statement on Universal Health Care was reviewed. This statement is focused on principles. There was much discussion. Suggestions included: 1) The IOM report should be recognized. 2) It should be acknowledged that there are various payor systems which can work. 3) to have a balance between a nationally managed system and the control on the local level to design the system.

ACTION:

This document was referred to the Public Policy Committee.

Issue of aid in dying:

There was not support to undertake a review of this issue.

Membership forum:

Topics to present to the membership include the new membership brochure, the transformation report, a brief report on Board activities, nominations for Board positions and ideas to increase membership.

Liaison Reports:

American Association of Emergency Psychiatry: Doctor McQuiston reported that the agreement is in effect for dual membership with AAEP. They are adding the dual membership statement on their materials.

American OrthoAssociation of Psychiatry: Doctor McQuistion reported that he is in touch with the Ortho President, Diane Willis. The Cape Cod Institute was successful and Ortho is doing a presentation at this meeting. This organization is turning the organization around. They are trying to move their base of operations into a funded position within a department. There will be a statement in their newsletter about the dual membership with AACP.

American Association of Psychiatric Administrators: Doctor Kovaszny reported the organization is struggling financially. They are going in the direction of soliciting more pharma support. Although they are interested in including psychiatrists in the public sector and state hospital practice, they seem to be more focused on the physician as the CEO. It has not been very active in recent years. We need a new liaison to this organization, as Dr. Kovaszny has resigned from the AAPA board.

Association of Clinicians for the Underserved: This organization is in a bit of a flux. Kathy Westpheling is stepping down. They dissolved the membership board and there are openings on their Board of Directors if anyone is interested in pursuing this. They do a lot of education with primary care integration.

ACTION:

Doctor Christiansen will send a message over the list serve when this becomes open for a board position.

APA Council of Minority Mental Health and Health Disparities:

Doctor Lim reported. Of note is this council's work with legislature in D.C. to strengthen the relationships with different caucuses. The Council is also working to recruit minority psychiatrists and increase the number of minority psychiatrists. Through the efforts of this Council, the budget for minority fellowships was restored. Doctor Primm is to be credited for this work.

There will be symposium on Gulf Coast recovery issues, with Doctor Primm presenting. This Council is a good place to start getting involved in policy on the Hill.

President's Task Force on Returning War Veterans:

Doctor Pollack reported that this task force has significant relevance on mental health issues. The current system is woefully inadequate to take care of these veterans.

Meeting adjourned at 8 p.m.

Thursday, October 11, 2007

Present:

Wesley Sowers, M.D.

Beatrice Kovaszny, M.D.

Stephanie LeMelle, M.D.

Charles Huffine, M.D.

Steve Jewell, M.D.
Ramtose Saunders, M.D.
Richard Christiansen, M.D.
Walter Rush, M.D.
Charlotte Hutton, M.D.
David Pollack, M.D.
Anita Everett, M.D.
Alan Radke, M.D.
Brenda Krishnan, M.D.
Suzanne Vogel-Scibilia, M.D.
Jackie Feldman, M.D.
Chris Cline, M.D.
Ken Minkoff, M.D.
Michelle Clark, M.D.
Hunter McQuiston, M.D.
Steve Goldfinger, M.D.
Guests: Page Hatcher

Meeting called to order at 8:30 a.m.

Introduced Brinda Krishnan, M.D., new board member.

Guests: Nada Stotland, M.D.
 Allen Rosen, M.D.
 Linda Rosenberg

Liaison Reports:

American Association of Social Psychiatry:

Doctor Huffine participated in a conference call with the leadership of the AASP. They have a resident's lunch at the APA every year and put on a program at the APA. With a membership of 70, they have a new President who is very energetic and wants to work to revitalize the organization. They are going to try another year and re-evaluate where they are. A proposal was made to continue the resident's lunch, approaching the APA to have an official symposium for AASP at the annual meeting, and joint sponsorship of a session with AACP at the IPS Meeting. At this time they are going to try to continue as an independent organization. They may be interested in entering into the dual memberships.

APA:

Doctor Everett reported on the Assembly. Two groups of action papers were submitted. Action papers included:

- 1) Negotiate a deal on access to Micromedex, Epocrates and access to OVID. The Assembly meets in November and this will be voted on.
- 2) Improving access to psychiatrists in underserved areas. Developing an inventory of residency training programs that provide exposure to rural psychiatry.
- 3) Developing a Hot Topics slot in the annual meeting program for discussion of psychiatry rural and underserved area.

4) APA should create a RFA for District Branches to advance telepsychiatry

Doctor Everett discussed the AACP Ethics Statement. Other allied organizations have concerns similar to ours.

Another APA concern has been reaching out to the Native American population as well as the African American population and also reaching out more to other countries.

It was recommended that AACP add an international member to the program committee of IPS. Dr. Alan Rosen of Sydney, Australia, has come regularly to the IPS meeting. He has developed a Mental Health Services conference in Australia/New Zealand which is co-sponsored by consumers and providers.

APA President Elect Visit:

Doctor Nada Stotland joined the meeting. As President Elect of the APA, she expressed her interest in the 2008 IPS Meeting. She will try to develop something to offer something to the public during the meeting in Chicago. She will be working with the advocacy groups in Chicago.

Doctor Stotland expressed her interest in specific issues shared by AACP. She recommended that we focus on very specific issues with APA if we want action. She reminded the group that the Assembly is really where the power is in the APA.

The theme for the 2008 meeting is Shaping Our Future. She wants to make sure that the membership is more informed about all options for health care systems.

Doctor Pollack discussed an idea for the Annual meeting in Washington: a forum sponsored by CAP and AACP, with Health Policy advisors for the remaining Presidential candidates discussing their position on mental health policy. There was some concern expressed about the logistics of scheduling candidates or their staff during the active campaign season.

Doctor Stotland reported the Ethics Statement is moving slowly. In terms of universal care, the APA is much more informed about health care options. She wants to really inform APA members about the systems in different countries and what the options are and what the cost is.

Doctor Stotland also discussed recruitment into psychiatry. Workforce development continues to be a critical issue for the APA.

NASMHPD Medical Directors' Council:

Doctor Radke reported. There are a number of issues the Council is working on, including a position paper on CATIE. Two other technical support reports are near completion. One is on suicide prevention and the other is on obesity, a follow-up to the report on Morbidity and Mortality. They are looking at looking at the role of Psychiatry in the transformation of American Medicine.

The Council is also working with JCAHO regarding JCAHO's mandates on standards improvement project. The Council has some concern about unintended consequences in some cases, especially in the area of Handoff Communication.

The Council is also working with CMS regarding its requirements for a performance improvement project.

NCCBH:

Linda Rosenberg reported that the mission of the NCCBH and AACP are certainly aligned. There are 1,300 organizations who are members. The reason for joining the meeting today is around the issue of recruitment and retention of psychiatrists, with child psychiatry even more difficult. The NCCBH overall vision is that everyone in this country should receive competent care. The NCCBH does a lot of lobbying work.

They are also actively involved in recruitment activities. There is a piece of legislation currently being introduced by Senators Smith and Reid regarding loan forgiveness for professionals who decide to work in community programs.

They also want to develop a mentoring program for leadership in community programs, including the Physician Leadership Development Program. This would be a possible collaboration with AACP.

The NCCBH works both with APA and NASMHPD. There is support to the members through initiatives matching mental health issues with practitioners. The NCCBH is interested in sharing their materials and work on initiatives. This would strengthen the voice by working together. This is a good partnership. There have been discussions about bringing in their Medical Directors for consultation opportunities.

Work Force Development:

Stu Myers from the Myers Group recruitment firm, and representatives from two CMHC's that might be pilots for the mentorship program (Wes Davidson CEO and Doctor Tongal, Medical Director of Aroostook MHC in Maine, Dale Shreve, CEO of Toledo MHC) joined the meeting. The Myers Group is interested in partnering with AACP and NCCBH (and its members) to pilot the mentorship project to recruit psychiatrists to CMHC's. Part of the challenge is creating reasonable and attractive roles and job descriptions to balance productivity requirements. Doctor Tongal discussed her role as the medical director and as a staff psychiatrist and at the same time, conducting a clinical review using telepsychiatry to areas where there are no psychiatrists.

Retention is another important factor in underserved areas. Stu Meyers is interested in what can attract good psychiatrists to a community mental health center. The center has to be committed to recruiting and retaining good psychiatrists.

At this time they are interested in working with the AACP to identify mentors in various regions in specific areas. There was a proposal sent in advance for review. This would expand the AACP role with NCCBH and expand our role in the field. There is a course Physician Leadership and Development Program, a two-week course being offered in several areas of the country.

Doctor Feldman expressed her interest in this initiative, around the state of Alabama having mentoring would be fantastic as long as it involves a culture change. A way is needed to educate the directors of mental health programs on what a community psychiatrist should do. The Myers Group proposal promotes the model of a partnership between the medical director and the CEO. Mr. Myers noted that change does not come quickly. They are asking for an endorsement of the proposal to partner with NCCBH and members of the AACP to identify a few centers around the country.

ACTION:

A work group of Doctors Cline, Minkoff, Everett, Sowers, Cutler, McQuiston, LeMelle, and Jewell was appointed to determine the process by which the mentorship can be developed. An organization could hire a package that includes a mentor and mentee, with the mentee working in the primary location, and a percentage of the mentor's time included.

The work group is a sub-group of the HealthCare Policy or Quality and Clinical Services with Doctor Minkoff taking the lead. The mentorship issue has to be organized and packaged to be of some real value. The mentee would need to feel connected to the whole board, so that he/she could reach out to others on the board for their specific expertise.

ACTION:

Motion: Doctor McQuiston moved to endorse the proposal for the development of a work force proposal in its conceptual form and work group will work over the next two months to work out details.

Second: Doctor Feldman

Motion passed.

Board Review of Executive Director.

The board reviewed the contract for Frances Roton. She currently has a contract for 14 hours per week x 50 weeks per year at \$24.20/ hour. It was agreed to raise the hourly rate to \$27 /hour for the same number of hours. We will revisit this in one year. When finances permit, we would like to have a full time executive director.

Committee Reports:

Membership:

Doctor LeMelle reported. There was a discussion of developing a Speaker's Bureau from the AACP and ask speakers to include AACP in their presentation.

ACTION:

Doctor McQuiston has a slide available with the AACP Logo and will send to the Board.

The project of identifying people who are members who have specific areas of expertise should be updated on our web site. Interested people could visit the web site and look in a particular region on a specific topic.

Doctor Ranz is going to work to have the Regional chapter of AAPA to invite AACP members from Area 2 to participate.

Membership is at 397 for paid members and 107 free memberships for 2007. The contact by area reps has not been very successful. There needs to be personal contact.

Training and scholarship:

Doctor Christiansen reported. The Committee focused the discussion on how AACP could play a more pivotal role in leadership in community psychiatry as a profession.

ACTION:

Under the auspices of AACP, the Committee will circulate a survey to community psychiatrists about the challenges they face and their methods of how they sustain themselves. A survey developed by Doctors Ranz and LeMelle will be distributed to training programs around the country. The idea would be to develop a database of operating fellowships and residency training tracks. The group will also be looking at a set of core elements for fellowship training developed by Drs. Ranz and LeMelle. They will be looking at how the core principles can be generalized, and how to modify them. This could be a resource for new programs and for programs, which are struggling. At some point, the AACP might be a certifying body to bestow an added qualification on individuals. A test would have to be devised to do this.

ACTION:

Doctors LeMelle and Ranz will fine tune this survey and circulate to the Board before review and action. The plan will be to send to training programs around the country. The Board will see the final product and details.

The idea of virtual committee meetings was revisited. The Executive Committee, Membership Committee and Training and Scholarship have been designated to meet by phone.

ACTION:

Doctor Sowers appointed Doctor Jewell to serve as co-chair for the Membership Committee.

Clinical and Quality:

Doctor Jewell has reviewed the APA Ethics Statement. There is some concern as to the relevancy of this document to community psychiatry. There was a conference call with APA lead about this document. This document may or may not meet our needs. Doctor Jewell will be drafting a recovery oriented services ethics document and it could be offered as a standard of care for community psychiatrists.

Perhaps one way to re-engage with membership is to listen to what they are saying on the list serve; collecting messages about a particular topic or conversation. The Committee will look at the items and pare it down to one topic and the committee will pull the emails and query the person who sent the first email and develop a document from this information.

ACTION:

Doctor Rush will go back three months and look at the most discussed topics.
Doctor Nietzsche will pull together the responses she received from her query about a community fellowship and put develop a consensus document.

ACTION:

Doctor Feldman is stepping down as Chair of this committee and Doctor Sowers will appoint Dr. Rush to replace her.

Undeserved Population:

Doctor Lim reported. The main issues were the program for this meeting and potential new programs for future meetings.

IPS 2008 – Chicago – Doctor Clark has contacts for connection between clergy and mental health treatment.

Doctor Huffine reported that the proposal for youth in residential facilities and the abuse issue will be presented.

APA 2009 – focusing on medical students and residents

IPS 2009 – mental health in prisons and connection of ethnics being over represented in prison system.

The position statement on diversity is being updated adding references.

ACTION:

This statement will be circulated for email vote.

Program:

Doctor Pollack highlighted proposal for APA 2008, a forum of health policy advisors to presidential candidates and work with APA Division on Government Relations. The ideas for IPS 2008 were outlined.

Nominations:

Doctor Feldman reported the election in January will be for President, Vice President, Treasurer, Secretary, Area Reps for Areas 1,3,6,7 and five at large Reps and the ECP position. The Nominating Committee wants to have women, child psychiatrists, minorities, varied geographic regions and ECP representation.

There are people who are not eligible for re-nomination due to absences at meetings
A list of names was generated and any nominations should be submitted to Doctor Feldman. This will be discussed at the Membership Meeting.

Nominations:

President/Hunter McQuiston

Vice President/Warachal Faison

Secretary/Beatrice Kovaszny

Treasurer/Walter Rush

Doctor Saunders will take on the editorship of the newsletter and a co-editor is needed.

Clinical Tools did not meet at this meeting. The Committee has identified two places to pilot the Power Planner for LOCUS, the sales of LOCUS is proceeding as expected. Deerfield has brought on a new employee to work with LOCUS. The CALOCUS M-POWER Planner is in the initial stages of development.

Open Forum:

Doctor Pollack reported on a report from the Gold/Shalala Commission about veterans returning from wars. The DOD is responsible for active people and VA is responsible for people who are not active. There are not enough mental health workers in the VA system. The issue of how and whether people with military experience who are affected by this conflict get pushed into the community system. There are a lot of veterans who are angry that this benefit is available only to the Iraq/Afghanistan veterans.

There will be a huge impact on families and this is a children's issue as well. This is very speculative but the fact that many of the soldiers who are coming back are re-cycling soldiers. These soldiers have a real exposure to death. There may be huge gaps in service between the VA system and the public sector. At least we need to alert our membership of this issue and how it may impact the community mental health centers. This should be posted on the list serve and get some dialogue started.

Doctor Feldman is taking over as the Editor of CMHJ in January. Some ideas were thrown out to improve the content of the journal; columns that correspond to our committees, community psychiatry as a subspecialty, a theme issue, selecting a topic that has generated a lot of dialogue on the list serve and repeat that topic, and the look of the journal in general will change.

Sharon Panulla from Springer Publisher joined the meeting, she serves as the Executive Editor for Behavioral Sciences section. The history of Springer and the changes that have been involved were reviewed. How we can play a larger role in content issues and thinking about how this journal could be a tool for our organization were also discussed. There are actions we can take to broaden the impact of our journal.

Ms. Panulla reviewed some of the financial aspects of the journal, including increasing circulation and advertising. A new policy for disclosure for author will be introduced.

ACTION:

Doctors Feldman and Sowers will continue to meet with Ms. Panulla around these issues and the details of a new contract will be reported to the Board.

Meeting adjourned at 12 noon.

