

**American Association of Community Psychiatrists
Board Meeting
May 21-22, 2005
Atlanta, Georgia**

Present:

Wesley E. Sowers, M.D.
Annelle Primm, M.D.
Jack Haggerty, M.D.
Charles Huffine, M.D.
Cheryl Bowers Stephens, M.D.
Anita Everett, M.D.
Walter Rush, M.D.
Warachal Faison, M.D.
Paulette Gillig, M.D.
Britt Peterson, M.D.
Hunter McQuiston, M.D.
Kenneth Thompson, M.D.
Jackie Feldman, M.D.
Elizabeth Oudens, M.D.
Russell Lim, M.D.
Kenneth Duckworth, M.D.
Stephen Goldfinger, M.D.
Reta Floyd, M.D.
Kenneth Minkoff, M.D. (phone)
Chris Cline, M.D. (phone)
Robert Ronis, M.D.
Eddie Maxwell, M.D.
Tony Ng, M.D.
Andres Pumariiega, M.D (phone)

Absent

David Pollack, M.D. (2nd consecutive meeting)
Kenneth Minkoff, M.D. (2nd consecutive meeting)
Chris Cline, M.D. (2nd consecutive meeting)
Neal Adams, M.D. (2nd consecutive meeting)
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Fred Osher, M.D.
Satya Chandrigiri, M.D.
Mario Cruz, M.D.

General Members

Annette Matthews, M.D.
Holly Stewart, M.D.
Jim Thompson, M.D.

Mark Russakoff, M.D.
Claudia Johnson, M.D.

Guests:

Claudia Johnson, M.D.
Judith Landau, M.D.
Michael Faenza
Tom Bornemann
Karen Sanders
Dr. Laftah
Dr. Alzurhi

Call to Order

The meeting of the Board of the AACP was called to order by Wesley Sowers, M.D at 1:00 p.m., Saturday, May 21 at the Embassy Suites Hotel, Atlanta, GA.

Announcements

Drs Gillig and McQuiston announced that publication has been approved for the AACP sponsored book on care of the homeless mentally ill. Distribution is targeted for the 2006 IPS Meeting. Proceeds will come to the AACP. The Board thanked Doctors Feldman and Altha Stewart for help on a grant from the American Psychiatric Foundation.

Dr. Sowers announced that he will author the "Taking Issue" column in the June issue of Psychiatric Services addressing recovery oriented training.

The October issue of CMHJ will focus on underserved minorities. CMHJ distribution has recently been slowed due to a change in ownership of the publisher.

The spring issue of the AACP newsletter is being distributed. For future issues, Area reps will be asked to sign up to write regional update articles.

Drs: Feldman, Goldfinger, Osher, and McQuiston have been selected to receive NAMI "Exemplary Psychiatrist" Awards.

Dr. Sowers reported that the process for obtaining meeting support from BMS (and other industry sponsors) has changed. BMS now requires agenda, list of speakers, and budget. Anticipating that this will likely diminish funding, this years meeting budget request will be cut back from \$12,000 to \$9,000.

Dr. Crocker announced his hopes to fight APA's hyper-focus on prescribing privileges. He invites other AACP members to join him.

Dr. Everett introduced Drs. Laffah and Alzurhi, visiting Iraqi psychiatrists sponsored by SAMHSA.

Minutes

The minutes were circulated in advance of the meeting and two corrections were noted.

Action: Doctor Feldman moved to approve the minutes with the two corrections noted. **Second:** Doctor Gillig. **Motion passed.**

Treasurer's Report

Doctor Everett reported a current treasury balance of \$63,775.77. The revenue and expense report was reviewed and a proposed budget for 05-06 was circulated. She advised the Board that AACP's finances were in a "Yellow Zone": solvent but need improvement.

Dr. Everett reported that travel expenses for Board meetings average \$11,000/year. She reminded the Board that it was time to review its decision a year ago to temporarily reduce meeting reimbursement.

Action: For the current calendar year meeting reimbursement will return to its traditional rate: one half of travel cost and \$100 per diem for each meeting day. The Executive Committee will monitor meeting expenses, and is authorized to adjust reimbursement rate as needed if circumstances dictate. Board members were encouraged to continue to consider deferring meeting reimbursement as a tax deductible donation.

Dr. Sowers requested discussion of the plan for a Capital Development Fund. Currently the plan calls for raising \$75,000, an amount approximately equivalent to one year's expenses. Several Board members questioned whether the fund would simply be considered a rainy-day reserve, or a capital fund supporting specific projects. This was not fully resolved at this meeting. It was also unresolved whether the Development Fund would require a separate account. Dr. Sowers observed that 2 one time sources of funds could be used to seed the Development Fund: \$9,000 earnings from the 2005 Winter Meeting, and \$12,000 in the CALOCUS escrow account now freed up by the dissolution of the agreement with AACAP.

Action: The Executive Committee recommended that Anticipated receipts (\$9,000) from the Winter Meeting be used to seed the Development Fund. The Fund could be used to create a funding stream to support operations or it could be used to fund special projects. This will be addressed as a

part of the strategic plan. Doctor Everett will research reserve funds for other organizations.

Guests and Networking

Michael Faenza Executive Director of the National Mental Health Association presented to the Board the mission, activities, and structure of NMHA. He stated that NMHA is differentiated from other consumer advocacy organizations by its public mental health focus. It advocates strongly for people with most severe illnesses, and has as one of its main priorities coordinating federal advocacy on Capitol Hill. Its public affairs staff has extensive experience shaping federal mental health legislation. Another of its priorities is to support state level advocacy through consultation to state affiliates. NMHA has an annual budget of \$8M, half of which is directed to affiliates. Six staff members focus on State policy. Its Policy Resource Center handles 7,000 calls/year.

Current advocacy priorities include: 1) Opposition to Medicaid cuts and Medicare medication plans that will affect dually eligible individuals. 2) Drawing attention to growing mental health service needs of Veterans and 3) Monitoring and supporting SAMHSA funding.

Mr. Faenza listed several ways NMHA and AACP might collaborate. 1) Mutual tracking of local crises and state legislative activities. 2) Joint development of position statements and 3) NMHA making available to AACP advocacy toolkits and educational material on changes in mental health services. Multiple Board members suggested that the best way to start collaboration would be around Medicare Part D. Dr. Duckworth recommended joint conference calls including AACP, NMHA, NAMI, and APA.

Tom Bourneman, Executive Staff Member from Carter Center, met with the Board to orient it to the Center's interests and activities. The Center, which is part of the Emory system, is separate from the Presidential Library, and receives no federal support. Its two primary initiatives are Health and Peace. The latter (Human Rights, election monitoring, etc) accounts for 80% of its activities. Its international health initiative focuses on treatable infectious diseases, such as River Blindness, that are ignored by others.

The Center's Mental Health program is entirely domestic, and is policy focused. One of its mental health priorities is stigma. The Center currently sponsors an anti-stigma fellowship for journalists that has produced 10 documentary films and books, and numerous newspaper articles. It is also beginning a new program in partnership with the Morehouse School of Medicine and the Rollins School of Public Health on removing organizational barriers to the treatment of depression in primary care. One of the Center's annual events is a Mental Health Symposium in November. This year the symposium will examine the failure to

implement the New Freedom Commission's recommendations. Future projects will take on Child Mental Health and Mental Health System Transformation.

Dr. Sowers invited Board members to deliberate on how AACP might work with the Carter Center. He proposed that the Center take on a role organizing and coordinating liaisons between MH advocacy groups. Mr. Bourneman felt that the Center did not have the capacity for this, but Mr. Faenza offered help from the NMHA.

Judith Landau M.D., American Orthopsychiatry Assn Board Member, joined us to discuss the standing proposal for joint AACP/Ortho memberships.

Doctor Pumariega joined the discussion via phone. The Ortho Board has already approved the concept of joint membership, and now requests rapid action by AACP. The first proposal is for joint membership, involving joining one of the organizations and having reduced rate for the other organization. The entire proposal encompasses 4 separate sub-proposals: 1) joint membership, 2) a joint professional meeting (specifically pre-IPS), 3) joint federal advocacy and legislative monitoring, and 4) joint journal. At this meeting, the AACP Board only considered the proposal for joint membership.

The bulk of Board discussion focused on financial risks and benefits to AACP of accepting a lower return on dues for joint members. Several preliminary motions that included specific rate structures were floated before the Board voted on the final motion.

ACTION: Motion: Doctor Bowers Stephens moved to accept the proposal (#1) in principle subject to financial feasibility study and to empower the Executive Committee for negotiation and negotiate the other proposals.

Second: Doctor Ng. **Motion passed** 11 for; 2 opposed.

Liaison Reports

Association of Clinicians serving the Underserved (Thompson)

No report

APA Assembly (Ronis, Everett)

The Community on Community Psychiatry submitted a reworked version AACP's position paper on recovery. It was approved. A position statement approving same sex marriage passed following some debate. Proposed actions of interest to AACP include a paper on Psychotherapy by Psychiatrists and a statement on adolescent and child bed shortages. APA is \$6-7M ahead of its income projections.

Dr. Ronis reported that this would be his last official report as Assembly liaison. He will remain on the Assembly as Ohio representative, but will transfer AACP liaison duties to Dr. Everett. The Board thanked him for his service in this role.

APA Council on Minority Mental Health and Health Disparities (Lim)

No report.

APA Council on Advocacy and Public Policy (Pollack)

No report

Deerfield Behavioral Health (LOCUS/CALOCUS) (Sowers/Seeger)

Rick Seeger from Deerfield met with the Board to provide a marketing update LOCUS/CALOCUS systems-level software. Several state Departments of Mental Health are looking at purchasing the software program this year, and it continues to be used in managed care companies. There have been some problems with the online treatment-planning module. Deerfield has sent out a user survey and responses are beginning to come in. To date responders endorse its utility for treatment authorization, paperwork reduction, quality management and treatment planning.

Deerfield has budgeted \$75,000-\$100,000 sales/year. Last year AACP received \$15000 in royalties, and Mr. Seeger stated optimism that projected royalties for 2005-6 of \$18000 are conservative. He stated that Deerfield would now like to remove the LOCUS/CALOCUS research escrow account from their books, and return it directly to AACP. In return, he asked that LOCUS be re-examined from a consumer perspective.

ACTION: The LOCUS/CALOCUS committee will review this request.

National Alliance for the Mentally Ill (Duckworth)

Doctor Duckworth reported every state is in conflict in terms of human services funding. Every Friday NAMI has a "The Peoples Grand Rounds" conference call moderated by Doctor Duckworth; he asked Board Members to participate in the calls as experts. Regarding the 2005 Annual NAMI Meeting, AACP is doing a workshop on medication adherence and will be staffing a "Ask the Doctor" booth". Doctor Duckworth has written a guide on adolescent depression for parents; it is available from the NAMI central office.

NASMHPD Medical Council No report.

National Council of Community Behavioral Programs (Sowers)

Doctor Everett is working with the National Council through SAMHSA on a leadership institute. Dr. Sowers plans to meet with National Council executive director, Linda Rosenberg later in the week to explore AACP's involvement.

Orthopsychiatry (Sowers)

See guests and networking

SAMHSA (Everett)

Doctor Everett reported that she is engaged in a variety of projects organized around SAMHSA's priority matrix. Proceedings from SAMHSA's Recovery Conference will be released soon. Another conference occurred on resiliency in children. SAMHSA is tracking efforts in each state toward implementation of the New Freedom Commission's 6 main goals. Doctor Everett has submitted a proposal to SAMHSA to bring five Iraqi psychiatrists to the 2005 IPS Meeting; she requests AACP's help integrating them into the meeting.

Old Business

Strategic Planning (Sowers)

Continuing the elaboration of the strategic planning process initiated in 2004, Dr. Sowers reviewed the seven priority goals chosen by the Board, and asked Board members to divide into small discussion groups to develop implementation strategies, timelines and pertinent questions for each goal. Group reports are presented below. But, first, Drs. Minkoff and Cline joined the Board by phone to help reframe the nature of the strategic planning process. Both emphasized that the most important element of the process is to increase engagement of general membership. They suggested that the process at this point should emphasize the generation of questions (rather than solutions) to take to the general membership.

Group Report #1: Improve functional efficiency through development of organization procedures facilitating strategic planning.

- Question: Should locus of decision making remain with Board? If not, how can structure change?
- Develop process for enhancing interaction and involvement of membership, i.e., committee re-organization.
- Define procedures for organization decision making and action.
- Expand opportunities for "active" membership on local, regional and national governance.
- Redefine the role of the Area Rep.
- Moderator for listserv
- **Responsibility:** Chris Cline will take the lead on moving forward in conjunction with Executive Committee – establishing measures and target dates.

Group Report #2: Expand membership and participation

- Question: What of value can be given to general member?
- Process to determine values of the membership – (how the organization can best serve them).
- Create avenues to disseminate information and convince community psychiatrists of that value.
- Develop retention plan to establish stable membership base.
- Product development useful to clinicians and leaders
- Develop state organizations
- Engage membership in committee activities.
- Doubling of membership a reasonable target.
- Improve dues notification process.
- **Responsibility:** Membership Committee

Group Report #3: Improve communication internally and externally.

- Question: How is contact for communication different from contact for general support?
- Develop survey to obtain periodic input from membership
- Establish task force of committee reps to develop survey
- Establish plan to expand website functions.
- Expand list serve use and effectiveness (i.e. moderator)
- Establish plan to use additional media
- **Responsibility:** Publications/Communications Committee

Group Report #4: Achieve financial stability

- Question: Is purpose of funding campaign to establish a reserve fund, or to capitalize new projects/capacities? What specific projects would be enabled?
- Establish plan for developing reserve/capital fund
- Develop process to establish and support regional fund raising initiatives
- Develop plan for non-industry fund raising.
- Develop procedures for maximizing dues income.
- Enhance income potential for AACP products.
- **Responsibility:** Executive Committee

Group Report # 5: Effective Public Policy Advocacy

- Questions: When do we speak for ourselves, and when do we speak for AACP? When do we take our positions outside the Board? How Child Psychiatrists influence AACP policy? How to disseminate positions?
- Posing questions and gathering answers is the beginning followed by leveraging a small team to act on the data.
- Establish a structure through which policy issue can be advanced. (a matrix)
- Develop process for determining and prioritizing interests.

- Assure adequate attention to special interests and populations (i.e. child and adolescent issues)
- Establish collaborative relationships and identify process to coordinate efforts.
- **Responsibility:** Public Policy Committee

Group Report # 6: Provide leadership, training and technical assistance.

- Form a network for consultation in community psychiatry.
- Develop capacity to identify EBP's
- Establish capacity to offer CME credits for online web based training
- Distinguish/define specific leadership roles for psychiatry.
- Develop agenda for promoting community engaged scholarship
- **Responsibility:** Academic, Research, and Training Committee

Group Report #7: Effective partnerships with selected allied organizations and stakeholder groups

- Establish/clarify AACAP core values and criteria for identification of collaborations
- Identify tiers or categories of collaboration
- Identify priorities for resources and attention
- Develop outreach, linkage and coordination strategies
- Establish process to evaluate effectiveness of partnerships
- Look at International relations as part of the strategic plan
- **Responsibility:** Clinical Services and Policy Committees

CALOCUS –Meeting with AACAP (Sowers)

Dr. Sowers and several other AACAP Board members met on Saturday with representatives of the AACAP Board in a last attempt to bring amicable closure to copyright disputes involving CALOCUS and AACAP's derivative instrument, CASI. Dr. Sowers reported results of this meeting to the Board. He stated that little progress was made. AACAP confirmed its plans to proceed with development and distribution of CASI with no acknowledgement of its derivative status. However they have offered to acknowledge joint development of the instrument.

Action: Doctor Huffine will draft a letter to the AACAP leadership and circulate to the AACAP Board for review

New Business

Roton Contract (Sowers)

Ms. Roton's contract was last approved less than a year ago in October 2004. Dr. Sowers would now like to examine Executive Secretary duties, and to consider adding account management, dues management, and participation in some committee activities. Dr Huffine observed that this would entail transferring accounts to Dallas, and giving her authority to write checks. Dr. Sowers proposed incentives for membership increases.

Actions:

Motion: Renew contract. **Approved unanimously.**

Motion: Feldman motioned to authorize executive secretary to write checks up to \$1000/ check, not to exceed a total of \$2500/month, and with process to monitor expenditures. **Discussion:** Dr. McQuiston observed that this will make audit mandatory. **Approved unanimously.** Will decide on audit later.

Winter meeting (Thompson)

The 2006 Winter Meeting/Board Meeting is scheduled for Pittsburgh March 3-4 in conjunction with the All-Pennsylvania Congress on Public Psychiatry. Board members should plan to arrive Thursday evening. Winter Meeting activities will occur on Friday-Saturday with the Board meeting on Saturday afternoon and Sunday morning. Meeting themes will be identified in upcoming brochure. Negotiations are underway to include Charles Currie, Pedro Ruiz, and Estelle Richman. Board members will serve as discussion facilitators.

Charleston SC is no longer available as a potential site for the 2006 Winter Meeting. Alternatives are being explored including North Carolina and Madison, Wisconsin. Dr. Goldfinger continues to anticipate hosting the 2008 meeting in Brooklyn. He would like this to be a major fund-raising event.

APA Recording (Crocker)

Dr. Crocker reported that APA will no longer provide audiotape recordings of IPS presentation. He asked if AACP could record its own members' presentations. APA Director of Education, Dr. Hales, has indicated that there will be some subsidized streaming video experiments. If this does not sufficiently cover AACP presentations, Dr. Crocker would like to proceed with self-recording of selected sessions. Dr. Goldfinger observed that financial stability of the IPS meeting may depend on the Hales plan, although he acknowledged that APA has no right to prevent self recording and distribution.

Action: This issue will be referred to Program Committee.

Medicare Part D

The Board engaged in considerable discussion about the potential impact of Medicare Part D on dually eligible individuals with mental illness. Quality Management is working on developing a position paper on this issue. Some felt a tool kit might be more important than a position paper. Near the close of the meeting Doctor Mark Russakoff introduced to the Board APA staff member Karen Sanders (Associate Director APA Publicly Funded Services Section) to explore how AACP and the APA could collaborate together to get information out.

Action: APA will coordinate a conference call in the next week to develop discussions on drug coverage changes at state levels. Dr. McQuiston will represent AACP.

Committee Reports (also see attached committee agendas/action items)

Academic, Research, and Training Committee (Gillig)

Doctor Gillig reported that the committee agreed on charter revisions. The committee is working on a survey on attitudes toward recovery. The committee looked at the competencies of taking care of mentally ill patients. That document will be circulated for review. The committee wants to influence the RRC to incorporate recovery principles in training requirements. This committee is interested in having the training director's luncheon at the IPS Meeting.

Bylaws, Awards, and Nominations Committee (Feldman)

The committee presented to the Board a proposal for two bylaw changes addressing meeting attendance requirements and establishing emeritus board positions. The changes would require Board members to attend at least 67% of meetings. Four non-reimbursed emeritus positions would be established to retain prominent members who cannot meet new meeting requirements.

ACTION: Motion: Doctor Haggerty moved to endorse the bylaws change.
Second: Doctor Everett. **Motion passed unanimously.** Bylaws changes will be voted on by general membership at its next meeting in October 2005. Bylaw proposal will be posted on website for at least 2 weeks.

Dr. Everett requested that the role of APA Assembly Representative be made an official Board position. Dr. Feldman stated that the 2006 ballot must go out by February 6. She requested that Board members contact her with nomination suggestions and to indicate their own availability to run again.

Clinical Services Committee (Oudens)

1) The Committee charter has been finalized. 2) The committee presented its outline for the formation of a Consumer Advisory Board for AACP. It envisions a group of 5-10 individuals identified through affiliate organizations or by AACP members. It proposes that the Chair of the Advisory Group sit on the AACP Board. Dr. Oudens acknowledged that multiple logistical issues need solving, including costs. Ideas that emerged during Board discussion included specifying the Consumer Advisory Group in the capital campaign, or piggybacking on SAMHSA's plans to sponsor consumer attendees at IPS.

Action: The committee will make changes in the proposal and re-circulate to the Board, which will then vote on whether to endorse proposal, and whether to create new AACP Board position. Proposal would eventually require bylaw change and vote by General Membership.

Disaster Committee (Ng/Thompson)

No report.

Executive/Finance Committee No report

Health Care Systems/Policy Committee (McQuiston for Minkoff)

Doctor McQuiston reported discussion of access position paper that Doctor Eilenberg has taken the responsibility to work on. The question is what is going to happen with Medicare Part D. It can be divided into the policy and technical support pieces. Doctor Duckworth is working on a position paper on Medicare Part D. That would be a tool that could be sent with a cover letter to Senator Smith, Oregon. The AACP could join a coalition of other advocacy-interested groups. Doctor Everett is working to put together something together with her colleagues at SAMHSA.

International Committee (Thompson) No report

Leadership Taskforce (Everett)

A taskforce has been established by Drs Everett, Adams, and Primm to explore developing an educational structure for individuals about to become medical directors. Dr. Everett discussed current ideas and obstacles to establishing this within APA meeting framework. They envision an introductory course followed by a 'fellowship'.

LOCUS/CALOCUS Committee (Sowers for Osher)

There was a discussion of obtaining consumer and family input for these instruments. There is a plan to have a workshop at the 2006 NAMI Meeting. The revision of the 6th edition is under way incorporating recovery-oriented services; Doctor Sowers is working on this.

Membership Committee (Primm)

Doctor Primm reported we have 556 current members with 109 members in training who get a free one-year membership. The list of delinquent members will be sent to Doctor Primm and she will work on personal contacts to try to get those members to renew. The committee felt it worthwhile to explore the option of accepting payments on line

Mental Health Care Disparities in Underrepresented Groups (Lim)

Minor revisions were made to the committee charter to include public policy interests. Ten individuals have been identified for this year's honorary minority membership offering; the committee seeks 6 more. Discussion of whether child and adolescent interests are appropriate to this committee will be postponed to the October meeting.

Program Committee (Thompson for Pollack)

The committee plans to develop 3 program 'threads' for 2005-6: 1) A symposium on Training for Transformation. 2) A Course on Leadership. 3) A symposium at 2005 IPS meeting on Medicare Part D followed by activities at 2006 APA and IPS meetings tracking effects.

Publications/Communications Committee (Thompson)

Doctor Thompson reported the newsletter has a lot of content, but is still having some distribution problems. It is posted on the website. Development of committee web pages still awaits Finance Committee approval of \$2500 start up funds. The CMHJ publisher is under new ownership. In order to implement the strategic goal of increasing general membership-board interaction, the committee will begin listing monthly the top 5 issues appearing on the listserv, and will ask Board members to provide commentary. The committee plans a general membership survey, and asks every committee to identify two questions that they would like to be addressed by the membership. Doctor Thompson will work with Patrick Connell to allow dues payment through the website using paypal.

Quality Management/Ethics Committee (Chandrigiri)

A revised Conflict of Interest Policy was distributed and reviewed. The committee made additional changes softening the recusal requirement.

ACTION: Motion: Doctor Feldman moved to accept the revised statement. **Second:** Doctor Oudens. **Motion passed**

The committee charter was revised and accepted. The committee is working on a position paper on Medicare Part D. Dr. Duckworth is preparing a draft that will look at this within the framework of AACP's formulary management position.

Adjournment

Meeting adjourned at 4:45 PM, Sunday May 22, 2005.

COMMITTEE REPORTS

Bylaws and Nominations

Agenda items:

Proposed Bylaws changes
attendance/consequences,
emeritus board members

ACTION ITEMS	RESP PERSON	DATE
Gearing up for election February 2006	Jackie Feldman	11-2005
Article IV, Section 7, absences, add edits and distribute to board members	Jackie Feldman	5-31-2005
Article IV, Section 9, emeritus board members, distribute to membership	Jackie Feldman	5/31/2005
Elicit names of potential candidates, talk and verify interest	Jackie Feldman	5/31/2005
Verify present members commitment to run for reelection	Jackie Feldman	5/31/2005
Review of nominations committees' commitment to diversify (gender, ethnicity, child and adolescent)	Jackie Feldman	
5/31/2005		
Consider designation of 1-2 reps at large to child and adolescent, youthful	Jackie Feldman	5/31/2005

Communications

Agenda items:

Newsletter
Website
Email

ACTION ITEMS	RESP PERSON	DATE
List written threads, good to more actively reading and responding	Ken Thompson and	9/1/05

Web pages for committee, need money	Patrick Connell Ken Thompson	9/1/05
Survey to the membership – how to hear from the Board and what does the membership want to know about AACP Committees	Ken Thmopson	9/1/05
Paypal – investigate the implementation of Paypay for members to pay on line	Ken Thompson Ken Thompson	9/1/05
Ads – will investigate Journal – no progress Video – on community and practice with focus on service to community and engage training and scholarship committee 10/1/05	Ken Thompson	

LOCUS/CALOCUS

Agenda Items:

Consumer Input on Instruments,
Committee Membership,
Revision of Dimension VI

ACTION ITEMS

Develop NAMI workshop/focus
group to obtain feedback

RESP PERSON DATE

Ken Duckworth 10-05

Develop plan to obtain input through
other avenues (i.e. NMHA)

Fred Osher,
Mario Cruz 10-05

Develop plan to revise Dim. VI to
“Recovery Status” and add
stages of change

Wes Sowers 10-05

Other Issues:

Ken Duckworth will transfer to Policy Committee, but will remain available to
assist when needed.

MEMBERSHIP

Agenda Items:

Membership Tally

Diversity

Review Charter

Membership Renewal Process

Dues for International Members

ACTION	RESP PERSON	DATE
Frances will provide Doctor Primm with list of individuals who are delinquent in dues and Doctor Primm will follow up	Frances/Dr. Primm	5-31-2005
The list will be divided among regional reps and board members-Area reps	Dr Primm	7/15/2005
MHDUP has list for ten free memberships	Drs. Lim, Primm and Frances	6/30/2005
Charter reviewed. Language to be added regarding need to periodically solicit input from members to add value to membership	Dr Primm/Frances	6/15/2005
Send out notice describing membership renewal cycle so members know what to expect	Frances	6/30/2005

Mental Health Care Disparities in Underrepresented Groups

Agenda Items:

Approval of Charter

Free Memberships

Program

IPS- 2005, Telepsychiatry: A Resource for Culturally Competent Rural Psychiatric Care?, Cruz/Hilty/Chandragiri/Lim.

No program submissions planned for APA 2006

Publications

Community Mental Health Journal October 2005, in press- Special Issue-Diversity and Community Mental Health. Would like to follow-up to the symposium at the last IPS,

ACTION

RESP PER

- 1. Submit list of free memberships for letters to be sent.
06/05 RL, FR, AP
- 2. Solicit more names, Have 5 now for next round.
6/05 Board, RL
- 3. Submit revised charter to post on website.
05/05 RL, FR, WS, PC

Other Discussion Points:

Child issues were tabled for the next meeting. Other publications could be based on previous presentations, such as How to treat White Patients, and Symposium on Standards, etc.

POLICY

Agenda Items:

Mental Health services/psychiatry access position paper
Medicare Part D

Access paper has been submitted yet. Dr. Minkoff would follow up on its status with Dr. Julia Eilenberg.

The committee determined that Medicare Part D for people who are dually eligible for Medicaid and Medicare is a pressing services issue, potentially impacting on continuity of care.

ACTION

RESP PERSON

DATE

Work with Clinical Services Committee as it leads in drafting a one page position statement on the issue. The Policy Committee will draft a cover letter for Dr. Sowers to Dr. Mark McClellan (CMS Administrator) and Senator Gordon Smith of Oregon (Chair, Special Committee on Aging). This letter will be appended to the AACP position statement on the issue.

July 2005.
8/15/05

McQuiston

Dr. McQuiston and Dr. Everett will work to develop an AACP toolkit for both membership and the broader provider community concerning the impact of Medicare Part D for dual eligible.
10/2005

Drs. Everett and McQuiston

QUALITY

ACTION	RESP PERSON	DATE
Recommend adoption of Conflict of Interest policy with slight modification	Wes Sowers	5/22/2005
Revision of charter adopted Draft a position regarding Medicare Part D regarding AACP Quality Formulary Arrangement Guide 10/2005	Ken Duckworth	

Other Items: Will think further about guidelines for collaborative approaches to recovery planning

TRAINING AND SCHOLARSHIP

Agenda items:

Charter,
MI/MD competencies,
Academic mentorship
Network for recovery oriented training

ACTION ITEMS

DATE

AACP endorse competencies for MR/MI

RESP PERSON

10/05 Paulette Gillig

Finalize the committee charter
10/05

Paulette Gillig

Survey of attitudes toward recovery
in training

5/06

Hunter McQuiston,
Mario Cruz

Continue and modify training network
luncheon/mentorship in academia

Drs. Gillig/Rush 10/05

RRC requirements incorporate recovery
model

Dr. Gillig to Dr. Taintor 7/05