

American Association of Community Psychiatrists
Saturday, May 19, 2007
Board of Directors Meeting

Present:

Wesley Sowers, M.D.
Walter Rush, M.D.
Steve Jewell, M.D.
Cheryl Bowers-Stephens, M.D.
Charles Huffine, M.D.
David Pollack, M.D.
Ramtose Saunders, M.D.
Michelle Clark, M.D.
Russell Lim, M.D.
Allison Nietzsche, M.D.
Beatrice Kovaszny, M.D. (arrived at 3 p.m.)
Warachal Faison, M.D. (arrived at 4 p.m.)
Steve Goldfinger, M.D. (arrived at 4 p.m.)
Anita Everett, M.D. (arrived at 4 p.m.)
Annelle Primm, M.D. (arrived at 5 p.m.)

Guests:

Steve Sharfstein, M.D.
Nada Stotland, M.D.
Eric Roskes, M.D.
Alan Radke, M.D.

I. Call to order/announcements:

Meeting called to order at 1:00 p.m. at the Omni Hotel in San Diego on Saturday, May 19, 2007.

Doctor Sowers discussed the attendance at this meeting and his concern for a quorum. This has been a problem for the last three APA Meetings. There are so many activities competing for people's time. Several members of the Board noted they do not attend the APA Meeting, or that they only come for the AACP activities. The spring is also a time for many family activities and graduations. . A mechanism needs to be developed to do business, keeping in mind the timeliness of addressing many issues.

ACTION:

The Executive Committee will discuss this and make recommendations.
The Board will be polled regarding the following: 1) move to another time at the APA Meeting, a separate meeting away from the APA Meeting, 2) have only two Board meetings per year, shorter meetings, have a booth, membership forum and reception with

only an Executive Committee Meeting, 3) taking the Committee meetings out of the Board Meetings and have them report to the Board.

Neal Adams and Mario Cruz have resigned and Ken Minkoff and Steve Goldfinger are now Emeritus Members, creating four vacancies on the Board.

In reviewing the strategic plan around this issue, this might be a good time to develop local chapters.

II. Review of Minutes:

The minutes were distributed prior to the meeting.

III. Report from the Treasurer:

Doctor Rush reported. The most activity is around the sale of LOCUS. LOCUS royalties this year have been \$24,000.

Deerfield will be meeting with the Executive Committee to report on their review of our books. We have lacked continuity in our record keeping and it has been difficult to reconstruct all of the activity. Doctor Rush has been working to improve communication with First Bank, and we are attempting to obtain records from accounts closed at Citibank. Before changes to our bookkeeping and expense management are developed the report needs to be reviewed in consultation with Deerfield.

There was a discussion around the issue of fund raising and how additional financial resources would be used. We would eventually like to move toward hiring a full time administrative person. The advocacy role could then be expanded as well as other aspects of our operations.

A plan will be developed to invest the reserve funds and generate some income. Further discussions will be held on the accounting for the funds and a budget will be developed at this meeting.

IV. Announcements:

The booth schedule was circulated for review. The booth coverage is a very important membership recruitment tool and important for the Board to staff the booth.

Doctor Nietzsche will be doing a combined fellowship in community psychiatry and public health.

IV. Publications:

At the Winter Board Meeting there was a presentation of the LOCUS M-Power Planner by Deerfield. It is currently being piloted and should move ahead and add revenue to the LOCUS income. Deerfield is interested in developing a child and adolescent version of the planner.

A royalty check has been received from APPI for the homelessness book.

The Transformation Report will be printed as a 50 page booklet, available this summer. The report will be distributed to AADPRT, NASMHPD Medical Directors and State Mental Health Commissioners. The content has been revised for the brochure and will be circulated again for comments.

Doctor Saunders has a chapter in a Radical Caucus book that is being published shortly on Post-Modern and alternative views of psychiatry.

Doctor Lim has written a chapter for “Textbook of Violence Assessment” with Carl Bell, M.D.

Doctor Thompson is attending the PsychSign Meeting, a meeting of medical students interested in psychiatry. They invite representatives from organizations to address them about different sub-specialties.

V. Open Forum:

1. Doctor Huffine reported on a letter written by Wanda Mohr regarding the publication of a psychiatry textbook that was written with no new information on restraint and seclusion. Doctor Huffine is requesting an endorsement from the AACP on this letter. The AACP should update a previous statement it developed several years ago on restraint and seclusion and be sure it gets posted on the web site.

ACTION:

The letter re: seclusion and restraint in psychiatry textbook will be circulated to the Board for a vote on whether to endorse. (The changes suggested in the letter were subsequently accepted by the editors of the text, so there was not need to pursue this.)

2. Doctor Huffine reported that The King County in Washington State has hired a consultant to put together a pay for performance program for the county managed care plan. Some of the criteria being used are using evidence based practices. While they appeared to hold high minded ideals for this project, clearly some of the incentive is the opportunity to save an extra 3% of the budget.

ACTION:

Doctors Huffine and Bowers-Stephens will develop an outline for what a position paper on Pay for Performance Implementation needs to address and possibly refer it back to the Policy Committee for further development if necessary. The outline for pay for performance could be expanded to look at other kinds of practices that affect financing for public mental health at that time.

Doctor Pollack noted his involvement with a federally funded Effective Health Care Program. This was patterned after an OHSU program, and a large chunk of money was sent to the Federal Agency on Health Care Research and Quality. This agency has created evidence based practice centers around the country, which are identifying key

questions in medicine that require clarification regarding EBP. They are grading the evidence and trying to use a standardized approach. The group has released two reports. The topics are non pharmacological treatment of depression, ADHD and bipolar illness. Some of the key questions developed recently include the off-label use of antipsychotic medication and the value of second-generation antidepressants. Doctor Pollack works with the research committee on behavioral health issues. He encourages people to get involved. He will be providing us with updates.

The process involves developing a project, then recruit technical experts, writing the reports, and sending them back to AHRQ for review. There may be opportunities for people to be peer reviewers or technical experts on these topics.

Doctor Sharfstein came as a guest. There was discussion of the need to address health care financing. There has been a discussion of reincarnating the AACP statement on universal coverage and single payer system.

Doctor Sharfstein discussed the APA statement on this topic in relation questions of financing and quality. A start might be to looking at that statement and develop the next iteration. It includes everything from Medicaid to parity in managed care to quality of care and questions of Medicare and its continuing discriminatory policies. The biggest problem is the 50% Medicare co-payment for treatment. The current financing of health has restricted access and quality. There is a great need for more accessibility to mental health care and treatment.

Doctor Sharfstein noted that, after the Iraq war, the biggest issue for the country is health care. He advises that clear attention will be paid to Democrats for the candidates' statements on health care. There is a particular emphasis on the health care crisis for children, because this is an easy place for politicians to begin.

ACTION:

Doctor Everett will review the current AACP statement on Universal Health Care and work with Doctors Sowers and Sharfstein to update the statement. Also, Dr. Bowers-Stephens, along with Drs. Saunders and Pollock, will develop a paper on the mental health care financing and its pitfalls.

ACTION:

Doctors Everett will work with Doctors Saunders, Bowers-Stephens and Sowers on a work group to look at the APA policy and determine whether there is a role to develop additional material for the AACP.

Doctor Nada Stotland, President Elect of the APA joined this meeting. She reported on her vision for her Presidential term.

A concern from the AACP to the APA is about the ongoing support APA receives from the pharmaceutical industry. There is an interest in separating the APA from pharmaceutical involvement.

Doctor Stotland expressed her understanding of this sentiment from the organization but reported that the industry sponsored symposia are the most popular sessions at the annual meeting.

Doctor Stotland noted the APA is working very hard to keep an arm's length distance from Pharma. On the DSM V work group, detailed conflict of interest forms were developed, asking for full disclosure from the authors of the DSM V. The chair was asked to give up all his outside funding.

Doctor Goldfinger observed that the reality is that these meetings could not happen without Pharma support.

Doctor Everett offered the support of the AACP to help with appointments for APA committees. Dr. Stotland pointed out that the committees need demographic balance.

VI. Liaison Reports:

NASMHPD--Doctor Radke reported from NASMHPD Medical Directors' Council: A report is being developed regarding the crisis in availability of acute beds. The main concern is that when studies have shown is that there is a shortage in acute community beds, the solution tends to be to increase beds rather than to create better community supports. It takes less time to increase beds than to build community structure.

Other NASMHPD reports are:

- Suicide prevention technical report. This technical report will be ready for the winter commissioner's meeting
- Morbidity mortality report showing that people with serious mental health live 25 years less than other people in the community. This report is available on the website.
- Obesity technical report will begin in August and is expected to be released next Spring.
- Sexually violent predator position paper, which will review the practice of committing sexually violent predators in many different states.

NCCBH: The NCCBH is initiating a psychiatric leadership program. They are developing a curriculum for community based practicing psychiatrists to develop their leadership skills.

JCAHO: Doctor Radke attends the JCAHO Professional and Technical Advisory Committee (PTAC) meetings. Under review are the hospital standards for patient safety improvement initiative, including standards for hand-off communication and the National Patient Safety Goals.

The last issue discussed by Dr. Radke is the concern about returning war veterans. National Guard soldiers are being sent to Iraq and their tour of duty is being extended,

creating a significant morale problem. These people were not prepared to do this type of work. They are prepared to take care of their communities. One third of soldiers coming back from the war are suffering combat stress disorders. The National Guard people often come from rural areas, with few resources available when they return to their communities. Combat injuries impact directly on children and the families. There needs to be some de-escalation between the war zone and home, as there is not time to make psychological transitions.

The Center for the Study of Traumatic Stress at the Uniformed Services University of the Health Sciences has developed some fact sheets which are available on their web site. There was a task force report on returning war veterans prepared for President Bush. It had about 25 recommendations, but very little addressing mental health issues.

VII. Committee Reports:

Nominations: The Nominations Committee met and reported their interest in increasing the diversity on the Board presenting the following nominations:

Alan Radke, Charlotte Hutton, Brenda Krishnan, Jules Ranz

ACTION:

Motion: Doctor Rush moved to accept the recommendation from the Nominating Committee

Second: Doctor Faison

Motion passed unanimously

ACTION:

Motion: Doctor Lim moved to accept the minutes as circulated

Second: Doctor Huffine

Motion passed unanimously

Program: There was discussion of possible topics for the official submission for the spring meeting. These included a discussion of accountability in mental health, a debate on evidence-based practices, the mental health ramifications of universal health care, the role of CMHCs in health monitoring, and a symposium on the presidential candidates, with representatives from each candidate speaking.

The meeting adjourned at 7:45 p.m.

AACP May 20, 2007

Present:

Wes Sowers, M.D.

Warachal Faison, M.D.

Steve Jewell, M.D.

Charles Huffine, M.D.

Suzanne Vogel-Scibilia, M.D.

Cheryl Bowers-Stephens, M.D.

Ramotse Saunders, M.D.
David Pollack, M.D.
Walter Rush, M.D.
Allison Nietsche, M.D.
Ken Thompson, M.D.
Stephanie LeMelle, M.D. (left at 1 p.m.)
Russell Lim, M.D.
Beatrice Kovaszny, M.D. (arrived at 11:30)
Anita Everett, M.D. (arrived at 12 noon)
Steve Goldfinger, M.D. (arrived at 2 pm.)
Michelle Clark, M.D. (arrived at 2:15)

Guests:

Bentson McFarland, M.D.
Bob Ronis, M.D.

Absent:

Ken Minkoff, M.D.
Chris Cline, M.D.
Jackie Feldman, M.D.
Hunter McQuiston, M.D.
Richard Christensen, M.D.
Sarah Altman, M.D.
Fred Osher, M.D.
David Cutler, M.D.
Ken Duckworth, M.D.
Rita Floyd, M.D.

Meeting called to order at 9 a.m.

Doctor Sowers circulated an anti stigma booklet put together by the Allegheny County Coalition for Recovery for comments and suggestions.

VIII. Liaison Reports:

NAMI:

Doctor Vogel-Scibilia reported NAMI is rolling out the NAMI Care Support model over the next three years. The effort is being extended to infuse the membership with consumers. NAMI has received a 5.7 million dollar grant to train consumers to run NAMI Cares: Teaching consumers how to interface with your doctor.

The plan is to have 25-50 support groups trained in every state, this plan will be launched over three years. NAMI is rolling out a young family education program for family members to learn about mental illness. There is an entire curriculum that will be released this fall. The staff has also expanded with a person working on Medicare, person working on death row issues, and a person coming to do CTI (Critical Time Intervention).

NAMI has developed a portable medical record for the families to take to the Emergency Room for treatment.

IPS New Orleans

Habitat for Sanity: Doctors Vogel-Scibilia and Bowers-Stephens will work together to develop a project to rehab a Crisis Cottage building in New Orleans during the IPS Meeting. Doctor Bowers-Stephens reported that in order to have the highest impact, a connection must be made with the faith based community organizations. Doctor Pollack noted that if there is no formal connection between the Scientific Program Committee and Habitat for Sanity, and this project is now really outside the APA.

Doctor Bowers-Stephens noted the American Psychological Association performed a very helpful service by coordinating a series of local trainings for service providers in New Orleans on various evidence based interventions related to trauma. Doctors Minkoff and Cline are very interested in providing consultation with some of the programs that are up and running in New Orleans.

American Orthopsychiatry Association:

The joint membership option is in place. The dues have been discounted by 20% for each partnering organization.

American Association of Emergency Psychiatrists:

The AAEP has also agreed to a discounted dues arrangement and a dual membership with AACP.

American Association of Psychiatrist Administrators:

Doctor Sowers will be meeting with the Executive Council of the American Association of Psychiatric Administrators at this meeting. They are interested in a dual membership also.

APA Council on Advocacy and Public Policy:

Doctor Pollack reported that there continues to be a lot of focus on legislative activities at the federal level, psychologists prescribing, etc. There is a push to have broader focus particularly with respect to issues impacting the public sector.

National Institute of Mental Health:

The Outreach Partnership is an initiative that psychiatrists in public sector should be aware of. NAMI has a grant with each state as an advocacy partner to serve as an outreach partner. A public sector psychiatrist should be serving as the advisor on the research as it is linked with NIMH translation from research into meaningful application. The NIMH Partnership web site has a list of the partnerships in each state.

Doctor Huffine noted the need for organizational support for the **Alliance for Safe, Therapeutic and Appropriate Residential Treatment**. There will be a meeting with families about these facilities and their abhorrent conditions.

APA Work Group for DSMV:

Doctor Faison is under review for appointment to the work group on dementia.

COMMITTEE REPORTS:**Policy:**

There were several options discussed on the issue of Work Force Development. There are several projects going on at the state and federal level,. The AACP needs to identify some unique role in this. Doctor Pollack reported on the Annapolis Coalition. Behavioral health organizations must know how to use community psychiatrists more effectively. The Coalition is much broader than psychiatry, however.

Several possibilities were discussed. Promoting a new perception of community psychiatry should be one of the top of priorities for the AACP. A revised textbook on community psychiatry was discussed along with an initiative to make changes at the core competencies level for residency training. The AACP could think about developing a video series to be used in training programs on various topics.

Doctor Jules Ranz has done much of this work for the Community Psychiatry Fellowship at Columbia and will soon be joining our Board. He may be quite helpful in thinking about these issues.

Business Items:

CMHJ Update: Doctor Bentson McFarland reported that he is resigning as Editor, effective December 31. The process for selecting a new editor is fairly straight forward, the AACP can make a recommendation to Springer and Springer will most likely hire follow that recommendation

The journal is completed through December and runs about 6-8 months ahead. The big issue in this is how to gain more influence over the journal going forward.

The key relationship for AACP is between the Editor and the publisher. The Board feels it is important to have Board input to the Journal to provide closer oversight.

ACTION:

The Communications/Publications Committee will make some recommendations to the Board regarding the candidates for this position.

Membership Meeting:

The Membership Committee addressed the needs of our membership, how to appeal to the front line staff not just medical directors. Some discussion was given to how to add value to membership.

CME Committee:

Doctor Pollack inquired about the interest in promoting the training modules from CAPTUS. This company would provide the technical and structural work to develop

training materials with our members. These would be online interactive courses, therefore different from what we have with Red Toad Road.

ACTION:

Refer to Training and Scholarship Committee

American Medical Student Association:

Page Hatcher, third year medical student working for American Medical Student Association met with the group. The association has 75,000 members and working to create a section for mental health. They are providing leadership training in different activities.

American Association of Social Psychiatry:

This organization has decided to disband, as it does not seem to be viable at this time. They have discussed merging with the AACP and transferring their treasury to us (now \$25,000). They are interested in the AACP adding “social” to the its name or having a social psychiatry committee. There was a brief discussion of the possibility of a name change. Several pros and cons were outlined. Alternatively, the AACP could add a tag line, name a committee, have a resident luncheon to honor the organization, a special issue of the journal, etc.

ACTION:

Doctor Steven Sharfstein will discuss this at the Fall Board Meeting of the AASP.

APA Assembly:

Doctor Everett reported. The APA currently has 39,000 members.

There were 29 action papers presented with two relevant to public psychiatry. One of these papers addressed adding psychotropic medications to the strategic national stock pile, oriented to acute conditions, and the APA is in favor of this.

There were two unusual action papers presented related to abuses in time use. One was a statement of concern about psychiatrists who see more than 40 patients per day. Any thoughts you may have on this issue that should be submitted to the APA. It is hard to set the standards. We need to develop a database of caseload size in order to set standards. There was also discussion of issuing a statement on health care financing.

ACTION:

Refer both issues to the Membership Meeting.

Other: The Board considered a position statement from the Bazelon Center regarding changes to job corp health questionnaire, which discriminates against people with mental health disabilities.

ACTION:

Doctor Sowers will write a letter of support to the Bazelon Center from the AACP.

Motion: Doctor Huffine moved that the AACP sign on in support of the Bazelon Center’s proposal.

Second: Doctor Vogel-Scibilia

Motion passed unanimously

Committee Reports:

Membership: Doctor Lim reported that there are 454 current members, with 89 of those being members in training with no dues. There are about 200 members who have not paid their dues for 2007. The Committee discussed several strategies to re-engage delinquent members. All area reps have received lists of their delinquent members for outreach efforts. The personal contacts are very important. The Committee will work to encourage area reps be more active in their area and will develop a job description for area reps. A hyperlink can be added to the email message if people want to pay by credit card.

The Committee reviewed the strategic plan, looking at the question of added value of being an AACP member. What do our members want from us?

A list of 21 names was prepared and ten of those will be offered a free one-year membership to increase diversity.

The Committee discussed the idea of writing a textbook of community psychiatry or of writing a second edition of one of the previous textbooks. This would be a way to involve committees. Committees would be asked to submit chapters. A speaker's bureau could be developed, with board members going to academic centers in their area and talking about community psychiatry and AACP.

There was a discussion of providing incentives for members for paying their dues on time. The question was raised of being able to offer a lottery for free registration at the IPS Meeting or reducing membership fees for AACP Members who recruit other members.

In addressing the strategic plan, the development of state organizations is not a priority at this time.

Clinical/Quality:

Doctor Sowers reported the main issue for this committee is looking at the tool kit idea. The Committee decided to start by reviewing the documents and tools that have already been developed and revising those first. Categories: Clinical, Administrative, Advocacy.

ACTION:

Each category will be assigned to members to review the documents in existence and report back to the Board.

There is also a work group to look at ethical principles for community psychiatry, led by Doctors Steve Jewell, Dave Moltz and Steve Moffic.

Program:

Doctor Pollack reported the AACP is responsible for most of the IPS Meeting program. The Scientific Program Committee is meeting this week.

The 2008 APA Meeting will be in Washington DC and hopefully some advocacy groups will participate. The committee has been discussing topics including public policy, the effect of the deficit reduction act on Medicaid, universal coverage schemes, single payer health care, the need for psychiatrists to be involved at the state level, a forum on behavioral health evidence based practices, and problems associated with how psychiatrists work in their setting.

The possibility was discussed of having symposia linked to key health advisors for each Presidential candidate. These advisers would provide an overview of their candidate's position on health care, particularly in the public sector.

Also discussed was how electronic health records are being implemented and used in community mental health programs, with some emphasis on how the psychiatric staff are being impacted.

Minority/Undeserved:

Doctor Lim reported that Doctor Clark has put together a submission on faith based treatment for May 2008.

Doctor Huffine has a proposal for a symposium that will involve three youth leaders in a national youth consumer movement; Youth M.O.V.E. sponsored by SAMHSA and Federation of Families. The group is looking for funding for more youths from other communities and local youth. The youth and their professional allies have a symposium accepted for the New Orleans Program in which they will describe and model a national focus group process that elicits from youth what they want from psychiatrists and how they are experiencing their psychiatric and general mental health care. This program will model Youth M.O.V.E.'s movement to give the youth a voice within the treatment of children and adolescents. Youth Move is a great national organization to be aware of and get involved in meetings.

Doctor Huffine is interested in creating a fund within the AACP to fund consumers to attend national meetings.

There is a workshop planned for IPS 2007 lead by Carl Bell on ethnicity and violence.

Winter 2008 Meeting:

Dates: Feb 8-9, 2008 (Friday and Saturday)

The Winter 2008 Meeting will be held in Brooklyn. Doctor Saunders and Goldfinger reported that since SUNY Downstate has developed expertise on cognitive therapy of psychosis, the thought is to have a one-day workshop on this topic involving a number of the SUNY faculty. This is a really useful technique and there is a lot of interest in this training.

The schedule could be a full day of training on CBT for psychosis, with the second day focusing on the transformation of psychiatry and the recovery model. The transformation

presentation can be on Friday, with the CBT course on Saturday. The Board will meet on Friday evening and Saturday morning.

LOCUS/CALOCUS:

Rick Seager from Deerfield Behavioral Network reported that the LOCUS sales have been good. A number of the states that have already systems are upgrading their systems. Deerfield is beginning the pilot revisions to the LOCUS 2000 and the M-POWER Planner. There is some variability in how people view the language changes. User focus groups are being developed. This is an effort to give feedback on what might work better.

CALOCUS will be reviewed to determine the need for revisions. There will also be a treatment planner for CALOCUS.

Behavioral Health Policy:

There was a discussion of work force development and what role AACCP should have on this and how to relate to the Annapolis Coalition. The status of the paper on underserved populations is unknown. Doctor McQuiston is working on the paper on recovery oriented services. The Committee discussed projects on mentorship, tool kits, and core competencies.

Communications/Publications:

Doctor Thompson reported. The newsletter is in good shape, Doctor Saunders has agreed to serve as Associate Editor and Doctor Altman may also serve as an Associate Editor.

The web site needs to be revised. The architecture of the site has become out of date. Doctor Thompson is looking for input on the re-design efforts. The cost estimate to update the site is \$3,000.

Another issue that has been brought up is the delivery time of emails on the listserv, sometimes they get backed on the server and this delays the delivery.

CMHJ: the editor position is open as of December 31. There are four individuals interested in this position. The vitas of these individuals were circulated to the Publications Board.

ACTION:

Motion: Doctor Goldfinger moved that the Board recommends to the publisher of the CMHJ a candidate for editor that is a current or recent Board Member of the AACCP.

Second: Doctor Vogel-Scibilia

In favor: 8

Opposed: 4

ACTION:

This recommendation from the Board will be referred to the Executive Committee to determine what each candidate brings to the position in terms of job style, experience, resources and vision for the publication.

OPEN FORUM

SAMHSA Report

The initiative to transform mental health services was discussed; nine states have received money from the feds to adopt this agenda. The categories that have been adopted are evidence based practices, patient centered care and collaborative care.

This is being reported in various states in stages of transformation across the country, and it is reported that psychiatry has not been helpful. AACP should try to develop an ongoing relationship with this agenda, as it is something that psychiatrists understand, and we should assume a leadership role. The process of talking about recovery and recovery oriented practice is a very difficult issue. Some state and regional initiatives are needed to bring psychiatrists together with primary care providers.

Consumer Advisory Proposal

Doctor Sowers reviewed the proposal to develop a consumer advisory board that had been discussed in 2005. The advisory board would not be present for the entire board meeting. A schedule would be developed to include those individuals on specific topics. The possibility of having consumer psychiatrists involved with the Board was discussed.

ACTION:

The Board empowered Doctors Goldfinger, Vogel-Scibilia and Duckworth to discuss the feasibility of forming an advisory council and make a recommendation to the Board.

ACTION:

Doctor Huffine will work on a grant proposal to support the attendance of consumers at meetings.

Meeting adjourned at 4:30 p.m.

