

**American Association of Community Psychiatrists
Board Meeting
Oct 5-6, 2005
San Diego, CA**

Present:

Wesley E. Sowers, M.D.
Annelle Primm, M.D.
Jack Haggerty, M.D.
Charles Huffine, M.D.
Walter Rush, M.D.
Warachal Faison, M.D.
Britt Peterson, M.D.
Hunter McQuiston, M.D.
Kenneth Thompson, M.D.
Jackie Feldman, M.D.
Russell Lim, M.D.
Stephen Goldfinger, M.D.
Reta Floyd, M.D.
Kenneth Minkoff, M.D.
Chris Cline, M.D.
David Pollack, M.D.
Kenneth Minkoff, M.D.
Neal Adams, M.D.
Fred Osher, M.D.
Mario Cruz, M.D.
Michelle Clark MD

Absent

Satya Chandrigiri, M.D.
Cheryl Bowers Stephens, M.D.
Paulette Gillig, M.D.
Anita Everett, M.D.
Tony Ng, M.D.
Andres Pumariega, M.D.
Elizabeth Oudens, M.D.
David Cutler MD
Kenneth Duckworth, M.D.

General Members

Lala Contractor MD
Sue Bailey MD

Guests:

Steve Scharfstein MD
Pedro Ruiz MD
Jay Scully MD
Bentsen McFarland MD

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., October 5 at the Sheraton Hotel, San Diego CA.

Announcements

Dr. Oudens has announced her resignation from the position of Co-Editor of the AACP Newsletter. Dr. Faison is seeking a new Co-Editor.

The BMS Public Psychiatry Fellowship celebrates its 25th birthday at this IPS meeting.

First ever-joint AACP/Orthopsychiatry Awards will be presented at this IPS meeting

Dr. Huffine announced that AACP has signed on as a supporter of Senator Miller's Institutional Abuse Against Children Act. He circulated to the Board a support letter for individual signatures.

Dr. Osher is the new editor of the 'State Policy' Column in Psychiatric Services. He solicits submissions from AACP members. He is especially interested in material dealing with State Mental Health Transformation.

Dr. Cline reported that CMHS will be awarding large State Transformation grants to a handful of States. Dr. Sowers suggested that the Policy Committee begin tracking this process.

Minutes

The minutes were circulated in advance of the meeting.

Action: Doctor Feldman moved to approve the minutes. **Second:** Doctor Cruz.
Motion passed.

Treasurer's Report

Dr. Sowers reported on AACCP's financial status on behalf of Dr. Everett. He reported approximately \$85,000 in income for 2005 to date. This includes \$10,000 from the Winter Meeting and \$5,000 in donations. Expenses to date total approximately \$70,000. The finance committee hopes to be able to set aside \$15,000-\$16,000 to seed a reserve fund, but this is contingent on obtaining \$20,000 in corporate sponsorship for Board meeting expenses. The cost of the May 2005 meeting was \$6,000. An application has been submitted for \$20,000 corporate support, but its fate is uncertain (Grant was subsequently approved in November 2005.). Approximately \$12,000 is still expected from the LOCUS escrow account. Frances Roton has now been delegated some of the Treasurer's duties, and to this end has opened up a new account in Dallas.

Guests and Networking

APA President Steve Scharfstein reported to the Board on APA issues currently of interest to AACCP. Dr. Minkoff congratulated him on his 'radical' columns in Psychiatric News. Dr. Scharfstein said that he received unprecedented response, mostly positive. "As psychiatrists, we are in a battle for the soul of Psychiatry and Science". A future column will deal with the Katrina response as an analogy for the US health care system—"Who gets what?"

Dr. Pollack advised Dr. Scharfstein that he will be receiving a letter from AACCP regarding APA's draft ethical guidelines revision. AACCP finds that guidelines regarding boundary management are particularly ignorant of community psychiatric practice.

Dr. Thompson wants to initiate conversation between AACCP and APA regarding Katrina needs. Dr. Scharfstein stated that "APA will be in it for the long run."

Dr. Minkoff asked if APA will formulate a response to the evidence based practice promulgation survey conducted by Akoya, which is contracted by SAMHSA. There is concern that only EBPs would be funded. Dr. Scharfstein was unaware of any specific response, but he suggested that he would talk with Dr. Regier regarding Component activities. He is concerned about simplistic approaches that hold our field up to higher standards than the rest of medicine. He added that more attention is being given to electronic medical records.

Jay Scully, APA Medical Director, Pedro Ruiz, APA President Elect, and Nada Stotland, APA Vice President attended the Board Meeting on Sunday. All stated they were "here to listen."

Liaison Reports

Association of Clinicians serving the Underserved (Thompson)

No report

APA Assembly (Ronis, Everett)

No report.

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

No report.

APA Council on Advocacy and Public Policy (Pollack)

The Council is responsible for advocacy and oversees the CGR. Dr. Pollack and others have gotten the Council to address the Medicare Drug Plan. Legislative issues currently being tracked include parity, confidentiality, psychologist prescribing, and Medicare parity.

Coalition of Psychiatrists for Recovery (CPR) (Sowers)

Dr. Sowers reported that there is interest in having AACP 'shepherd' CPR, and asked for Board response. AACP's role in particular would be to help CPR to develop a network that would then develop its own agenda. The Board expressed no disagreement, and then turned its attention to where to assign this task.

Action: The Board as a whole will take on the job of helping with CPR network development, and will make an effort to assist in the clarification of CPR's mission.

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

Rick Seeger from Deerfield met with the Executive committee during this meeting to discuss several changes in their contract eliminating language relating to AACAP and reducing the CALOCUS royalty from 40% to 25%. Deerfield offered to give AACP business consultation free of charge as part of a new agreement. They will be returning the research escrow (\$12000) to AACP.

Medicare Part D Coalition (See below)

National Alliance for the Mentally Ill (Duckworth)

No report.

NASMHPD Medical Council (Pollack)

The full day Medical Council meeting was not held this year, and the Council has not been very focused. He thinks that NASMHPD is waiting to see what happens with Medicare, Medicaid cuts, and the impact of hurricane Katrina.

National Council of Community Behavioral Programs (Sowers)

No report.

Orthopsychiatry (Sowers)

The Executive Committee decided to proceed with a joint membership arrangement. If AACP changes its dues, we would re-negotiate dues at that time. Drs. McQuiston, Thompson, Pumariega, and a representative from Ortho will work out the details. No timeline has been set.

SAMHSA (Everett)

No report.

Old Business

Medicare Part D (McQuiston)

Dr. McQuiston was joined by Karen Sanders of APA, who helped update the Board on the Medicare Part D Coalition's preparations. Coalition members, including AACP, APA, NAMI, NASMHPD, the National Council, NMHA, TEN., have held weekly telephone conferences. The coalition website (www.mentalhealthpartd.org) is now operational, providing updated information for consumers and providers. The website has a link to report problems. The Coalition is seeking \$25,000 from SAMHSA to support conference calls with their memberships, and for "care and feeding" of Part D monitoring. (AACP would receive \$10,000.) Drs. Duckworth, Thompson, and Everett will be involved with this.

New Business

Katrina Response (Thompson/Bailey)

Dr. Thompson led the Board in brainstorming about what AACP might do to help mobilize response to Hurricane Katrina.

Dr. Bailey started with an account of her experience as a first responder in Jefferson Parish, La. She traveled to Louisiana from Maryland as a member of the Johns Hopkins response unit. There were many political aspects of the response effort, which involved inter-state agreements. The non-governmental sector worked separately, and there was no communication between agencies. There was no forethought on how to integrate governmental and non-governmental efforts. She reached Jefferson Parish 5 days after the hurricane. Many inhabitants had never left because there was no evacuation plan. Three of 20 hospitals in the Parish were open, operating with ¼ staffing. Volunteers were used to operate primary care practices. Dr Bailey set up integrated primary care/mental health clinics.

Dr. Thompson observed that the situation remained alarmingly confused, and suggested that AACP will have to become a 'national player' to help mobilize psychiatric

response. APA and SAMHSA have arrangements for getting psychiatrists to the disaster zone through the end of November. He asked how we get psychiatrists there for the long term. Dr. Pollack asked how to care for the 'FEMA Diaspora' and how to prepare for the next disaster. He saw two roles for the mental health community: 1) psychiatric first aid, and 2) communicating with response community regarding needs of 1st responders. Dr. Minkoff suggested that it would be a mistake for AACP to take on major mobilization. There was no resolution to this discussion and it will be continued via the listserv and at the next board meeting.

Committee Reports

Academic, Research, and Training Committee (Haggerty for Gillig)

1) Committee charter still awaits finalization. 2) There was no training network meeting at this IPS meeting. Attendance has fallen off, and there have been scheduling problems. The committee will examine changing the focus of the network from training directors to a mentoring and peer review network for fellows and early career psychiatrists who want to develop academic scholarship. 3) Drs. Cruz and McQuiston are working on developing a survey of attitudes toward recovery in training.

Bylaws, Awards, and Nominations Committee (Feldman)

In preparation for nominations and to assist general membership discussion of proposed Board attendance amendment, a description has been prepared of "What it means to be a Board Member". It will be distributed on the AACP listserv.

Dr. Feldman requested nominations for 2006 Board elections. Drs. Sowers, Primm, Bowers-Stevens, and Chandrigiri have indicated they will run for re-election. Ballots will need to be finalized by February 1. Review of the bylaws indicates that new members take office at the May meeting rather than the October meeting.

It remains unclear whether the APA Assembly liaison is a voting or ex-officio. Ex-officio privileges need more definition in the bylaws.

Clinical Services Committee (Osher for Oudens)

The committee discussed methods for getting 'real time' information to members to guide their clinical practice. It recommends using the listserv for a blog-like discussion on targeted issues, then packaging and distributing a consensus.

Action: The first Clinical Services discussion will focus on the CATIE study. Dr. Adams agrees to serve as moderator.

Executive/Finance Committee (Sowers)

Dr. Cline joined the committee meeting to help strategize how to engage the general membership in the strategic planning process during the Fall Membership Forum. She agreed to lead the discussion. At the Winter Meeting, ½ of the Board agenda will be devoted to work on the strategic plan.

Rick Seeger discussed with the committee proposals to change the Deerfield contract. The proposals called for renegotiating the CALOCUS contract in exchange for providing AACP business services. He will send a detailed proposal to the Executive Committee. He delivered to the committee royalty and escrow checks for \$12,000, and \$10,000. An additional \$3,000 payment is pending. The Executive committee will develop a plan for utilizing these funds.

Health Care Systems/Policy Committee (Minkoff)

1) Medicare Part D: The committee sees Medicare Part D as an opportunity to begin bi-directional communication with the general membership. It is examining multiple ways to do this including eliciting members understanding of the issues on membership renewal forms.

Action: Dr. McQuiston agreed to coordinate the process of discussing Medicare ramifications with general membership.

2) Evidence Based Practices: The committee wishes to organize a process for developing a response over time. Akoya, a consulting firm from Pittsburgh, has been contracted by SAMHSA to collect stakeholder thoughts about EBP in particular and the Science to Service process in general. AACP should respond to Akoya, and directly to SAMHSA.

Action: The committee has put together a ten point list of responses. Dr. Minkoff will distill this into a position statement outlining principles for approaching EBP.

Leadership Taskforce (Adams)

A taskforce has been established by Drs Everett, Adams, and Primm to explore developing an educational structure for individuals about to become well prepared leaders in MH systems. At this meeting the taskforce refined their task to focus mostly on effectiveness. An unresolved question is whether to focus training solely on psychiatrists, or to include other disciplines as well. Next step will be to put together a course at APA.

LOCUS/CALOCUS Committee (Osher)

The committee is considering revisions to LOCUS. The Committee will bring a plan to revise LOCUS to enhance the way it incorporates the assessment of recovery status and consumer participation in the rating process. Some funding will be requested from the escrow payment to complete the revisions. A person-centered treatment-planning tool has been developed by Deerfield to compliment LOCUS and should be ready in 2006.

Membership Committee (Osher for Primm)

Doctor Osher reported we have 638 current members with 119 members in training who get a free one-year membership. Dr. Osher believes we need to do more regarding

membership renewals, and proposes that Area Reps be notified about non-renewals so that they can contact their constituents.

Action: Dr. Osher will draft a letter defining the procedure for Area Reps to follow up non-renewals.

The membership list is now available electronically on a password protected section of the website (username 'aacpmember'/ pw 'comm2005psych').

The committee proposes a dues increase to \$120/year. While there was general consensus within the Board that such increase would eventually be needed, there was much discussion of potential impact and timing of bringing this to general membership. After multiple motions and amendments, the following was agreed upon.

Action: Dr. Sowers will conduct a straw vote at this week's general membership forum about increasing annual dues to \$120. If there is no membership 'pushback', the issue will be put before the membership for action.

Mental Health Care Disparities and Underrepresented Groups (Lim)

The committee is preparing two presentations for the 2006 IPS: 1) Foster children and 2) DSMIV cultural formulations..

Program Committee (Pollack)

The following major presentations will be developed for the 2006 IPS Meeting: 1) Disaster as stimulus for system change. 2) F/U of Medicare Part D. 3) Systems transformation: examples from states receiving system transformation grants. 4) Workforce development. 3) Looking at evidence based practices from an epidemiologic perspective.

Publications/Communications Committee (Thompson)

Newsletter publication has been on schedule with a good flow of material. Dr. Faison will seek a replacement for Dr. Oudens, with final decision to be made by Executive Committee.

The Website averages 26K hits/month. There was a dramatic 15K drop in August that probably represented a change in the Pitt reporting mechanism. The website server is being updated. As an experiment some AACP related presentations at this IPS are being recorded for possible podcasts from the website. Dr. Thompson wants to collect questions from each committee to be posed on the general listserv.

New CMHJ Editor, Bentsen McFarland, updated the Board on current journal issues. The Journal, now in its 42nd year, is now published by Springer. It receives 3-4 manuscript submissions daily. Dr. McFarland hopes to move content faster than previously. The October 2005 issue will focus on multi-cultural issues.

Quality Management/Ethics Committee (Pollack for Chandrigiri)

The committee produced a letter to the APA requesting that sections in the proposed APA ethics revisions dealing with boundary keeping and dual agency be dropped or rewritten to take into account the diversity of practice in community psychiatry.

Adjournment

Meeting adjourned at 12 noon, Thursday October 6, 2005.