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Member-in-Training (first year of membership)		Free
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(Dues include subscriptions to the *Community Mental Health Journal* and to AACP's newsletter *Community Psychiatrist*)

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The American Association of Community Psychiatrists (AACP) was formed in October 1984. The impetus came from a group of community psychiatrists who began sharing their interests and concerns at the May 1984 American Psychiatric Association Meeting and at many local psychiatric meetings. We found that community psychiatrists are a concerned, dedicated, energetic, and underrepresented group. Our concerns had not been adequately addressed in other professional organizations, which often had other priorities.

The AACP has the following purposes:

- Promote and maintain excellence in the care of patients through the organization of psychiatrists practicing community mental health on state, regional and national levels.
- Help clarify and solve mutual problems commonly encountered by psychiatrists in community settings.
- Inform and educate the public about the role of the community health system in the care of the mentally ill.
- Establish liaisons with related professional organizations to advocate for relevant public policy issues.
- Promote cooperation between psychiatrists and other professional, paraprofessional, and consumer groups involved in mental health care.
- Encourage training and research in psychiatry which will increase the number of committed psychiatrists in community settings.

COMMUNITY PSYCHIATRIST

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President's Column

(Last One...I pass the gavel on to Wes Sowers on May 2)

Everything I Need to Know I Learned as AACP Prez

When I was in the first grade, I ran for class president. My campaign slogan was: "JACKIE MAUS WILL BE THE BOSS". Oy, even then my narcissistic, over-achieving need to be in charge and in-control was running rampant. Well, I will tell you that being Prez of the AACP has taught me a thing or two:

1. Write agendas in pencil. This group has been so exuberant, and so productive, that the agenda of our meetings always had to be fluid because one thing ALWAYS led to another. And this is a great thing. Over the past several years, this group has produced a magnificent set of position papers/products (ie: LOCUS/CALOCUS, Continuity of Care Guidelines (including Co-Occurring Disorders), Recovery-Oriented Services, Conflict of Interest, Governing Corporate Donations, Involuntary Outpatient Commitment, Integration with Primary Care Providers, President's New Freedom Commission, Persons with Mental Illness Behind Bars, Post-Release Planning, and Representative Payeeship) (*see our website for the completed papers*). So, sometimes we strayed on our agenda, sometimes we argued, sometimes I wanted to pull my hair out, but each time I reminded myself that the effort and process were important, because we were fighting the good fight.

2. Cats do not like to be walked with leashes. I remember when Charley Huffine passed the gavel to me..he said, "Jackie, this is the very best group of people, but running a meeting is like herding cats." While it might have felt occasionally disorganized, this board is comprised of energetic, thoughtful folks. And the board reflects its constituency. The list-serve remains one of my greatest sources of pride, a reflection of every member's passion and commitment to those with whom they work. Being prez has helped me recognize that everyone has something to contribute, and that *my* job was to encourage everyone's contributions (which is why I am relentless in hounding y'all to sign up for committees, or to bring agenda items to membership forum or to the list-serve).

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President's Column

(continued from pg. 1)

3. Never, ever burn a bridge. We have spent considerable energy building alliances with a variety of organizations that share our commitment to organizing systems of care that provide quality, recovery-oriented, consumer involved services. As I've worked with my son on his algebra this year, I have realized that we have developed our own unique Venn Diagram, as we have established a broad network of affiliations. We've done this in a variety of ways: inviting representatives of a variety of different organizations to our Board meetings (ie: Caucus of State Hospital Psychiatrists, VA Psychiatrists, Radical Caucus, NASMHPD, APA, AACAP), counting on our Board members to report on their liaison activities with a variety of organizations (AADPRT, ACU, Carter Center, NAMI, Recovery, Inc, SAMHSA, CMS, NIMH), strategically placing some of our board members in other organizations (*Hey, is this like embedding journalists in the Iraq War?*), sharing products and product development, writing letters, making speeches, using our areas of expertise in an organized fashion to spread the word. Now, we haven't always agreed with everyone on every issue, but having these dialogues and relationships is important. (Of course, I need to remember the line from Robert Frost: "Good fences make good neighbors.")

4. Never take people or blessings for granted. Over the last four years, I have been blessed to make many wonderful, deep-to-the-bone good friends. Pals who have offered love and support and hugs and humor and strength during these past wonderful, sometimes trying, always inspiring four years. I have been blessed to have been part of an organization that is truly making a difference. I have been blessed with patients who have opened my eyes, and blessed with organizations who have encouraged me to rattle their cages. To all of them, I give my heartfelt thanks. And I give my heartfelt thanks to you all, for allowing me the privilege of being able to be the president of this fine organization. I will always treasure the honor you bestowed upon me. When my daughter was little, she would say, "You're not the boss of me." What she was saying was that she didn't want me to be the boss of her. Developmentally, of course, I had to sometimes structure her time and energies, and help her learn organizational skills, which sometimes meant discipline, and support, and training, and education. And sometimes it meant (especially now that she is older) giving up that control and just watching, and learning. Being prez of AACP has taught me that as well. I have learned so much more by just being quiet, and, what the heck, just letting the cats run free.

My thanks and love to you all.

Jacqueline Maus Feldman, MD

President, AACP

and would develop a formula for caseloads along with other recommendations on the role of the psychiatrist.

Training Committee (Haggerty)

1) The CME subcommittee continues to refine content ideas for a 'Medical Director Primer' CME course to be presented at APA meetings. A launch date has not been set. 2) As part of its Curriculum Project, the Committee has placed training curricula and training program descriptions on the 'training resources' section of the AACP website. Before proceeding with further development, Dr. Haggerty will assess the hit count for this page to determine if this information is currently being used. 3) Dr. Gillig reports progress on development of training tools for MR/MI treatment. She has constructed a list of 12 MR/MI competencies and plans to examine strategies for achieving them. She would like to develop an AACP-sponsored Guide to Treatment of Individuals with Mental Retardation and Mental Illness. 4) The Training Network Meeting is currently 'on vacation' while it seeks a new focus. One possibility could be an examination of how to achieve RRC core competencies in Community Psychiatry. Another issue proposed by Dr. Thompson is a conversation on academic promotion for community psychiatry educators. 5) The Community Psychiatry Program Directors list needs updating.

2004 Moffic Award for Ethical Practice in Public Sector Managed Behavioral Healthcare

Steve Moffic, MD announced that the winner of the 2004 Ethics award is Tom Leland, M.D. from Honolulu, Hawaii. In describing him and his contributions, Dr. Moffic writes "he has long been a beacon of light in the struggle to improve care in Hawaii's public sector. In the last ten years, he has also had a quiet, but very successful, leadership position in the interface between a private mental health carve-out for the severely ill and the traditional public sector system." Congratulations!

Nominations are requested for the new, expanded award for any notable ethical practice in the public sector. Also note that openings exist on the AACP ethics committee, co-chaired by David Moltz and Steve Moffic. A primary responsibility of the committee is to help review the inspiring nominations for this award. Please respond to Steve Moffic (rustevie@earthlink.net).

ANNOUNCEMENTS

2004 Training Institutes on Systems of Care for Children

The biennial Training Institutes will be held June 23 - 27, 2004 in San Francisco, CA at the Hilton San Francisco. The 2004 Training Institutes will focus on developing local systems of care for children and adolescents with, or at risk for emotional disturbances, and for their families.

The 2002 Training Institutes, held in Washington, DC were attended by 1800 individuals representing a wide variety of disciplines, confirming an extraordinary level of interest in training related to the development of systems of care. The 2004 Institutes will offer an opportunity to obtain in-depth, practical information on how to develop, organize, and operate comprehensive, coordinated, community-based, family-focused, culturally competent systems of care, and how to provide high quality, effective clinical interventions and supports within them. The Institutes will focus on improving policy and practice, reflecting the importance and interdependence of both the system and the service delivery levels. The 2004 Institutes will include a special emphasis on early intervention, with a dual focus on providing mental health services to young children and their families and identifying mental health problems at an earlier stage and providing appropriate interventions to maximize the likelihood of positive outcomes.

The Institutes are sponsored and organized by the National Technical Assistance Center for Children's Mental Health at the Georgetown University Center for Child and Human Development in partnership with the Child, Adolescent and Family Branch of the federal Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. For more information, contact the National Technical Assistance Center for Children's Mental Health at Georgetown University, 3307 M. Street, NW, Suite 401, Washington, DC 20007, (202) 687-5000; email institutes2004@mindspring.com; visit the website at



Trauma Report Available

The National Technical Assistance Center for State Mental Health Planning (NTAC) is proud to announce the release of *Developing Trauma-Informed Behavioral Health Systems: Report from NTAC's National Experts Meeting on Trauma and Violence August 5-6, 2002 Alexandria, VA*.

The August 2002 experts meeting was designed to accomplish several goals: 1) to review and assess progress made in the states since the first national experts meeting, identifying major successes and remaining challenges; 2) to identify and re-energize leadership in the states on this issue; 3) to ensure coordination of trauma initiatives with other related NASMHPD priorities; 4) to consider the new opportunities that have emerged in the environment since the events of 9/11/01; and 5) to make specific recommendations to NASMHPD, the states, and other organizations and groups concerning next steps in creating trauma-informed systems of care. This important new report is an attempt to summarize the proceedings of the experts meeting for those who attended and all those who are seeking more information on creating trauma-informed mental health systems.

While the report was not published in print form, you may access the final version online at www.nasmhpd.org. If you have any questions or comments about this report, please feel free to contact the NTAC office. National Technical Assistance Center for State Mental Health Planning, National Association of State Mental Health Program Directors 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314; (703) 739-9333, ext. 131; (703) 548-9517 fax, www.nasmhpd.org

3) In addition to seeking nominations for APA's Director of Minority Affairs, the Committee also encourages interested members to seek positions on APA's minority committee. 4) The Committee continues to work on contributions to the February 2005, 40th anniversary issue of *Community Mental Health Journal*, which will be devoted to Diversity. 5) The Committee proposes to add announcements of diversity related conferences to the AACP website. 6) The Committee plans to work with Dr. Primm to expand 'train the trainer' materials for "Bridging the Gap" to include Asian Americans. 7) The committee will be reviewing and revising its charter.

International Committee (Thompson)

1) The Committee will be working with APA to create an international focus at IPS. 2) The committee is looking at connecting with WHO and NIMH to create an international learning network focused on community psychiatrists. It would potentially involve student and faculty exchanges. Dr. Thompson will put together a proposal for the Winter Meeting.

LOCUS Committee (Sowers)

1) Dr. Sowers reported considerable progress with marketing LOCUS/CALOCUS to state agencies. 2) A periodic recertification process will be developed as a way to obtain formal feedback on the instrument. Deerfield will draft a survey to be used during the recertification process, and will provide survey results to the committee. 3) The Committee plans to develop a supplement that subdivides residential levels of care. This will accommodate complex residential options not addressed in the current LOCUS. The supplement will be addressed further at the next AACP meeting. 4) The LOCUS Committee will work with the Quality and Staffing Committees to modify LOCUS wording to allow greater staffing flexibility at various treatment levels. 5) The committee wishes to develop research comparing LOCUS and ASAM, as well as additional reliability testing. 6) Revisions to CALOCUS have been approved. 7) A paper on LOCUS has been rejected by *Psychiatric Services*, but LOCUS/CALOCUS will appear in the *Best Practices* column in the October 2003 issue of the same journal.

Membership Committee (Primm)

1) Dr. Primm reported that AACP's current membership totals 648. This figure includes 526 paid members, 96 resident members (free-new category), 10 BMS fellows (free), 6 new

APIRE fellows (free) and ten new diversity members (free). 2) The Committee will now begin to track the retention rate of resident members following their one-year free membership. 3) Dr. Primm announced that in a new targeted recruitment strategy, AACP will now direct membership invitations to members of the APA State Hospital Caucus, and the NASMHPD Medical Directors' Council. 4) Copies of the newly developed marketing packet are now ready for distribution, and will be available at the AACP booth. Other strategies to increase membership will include having Area Representatives contact non-renewing members, developing a letter for IPS attendees with the activist oriented theme 'What can you do for AACP?', and asking Board members to offer mentorship to BMS Fellows. 6) The membership committee recommends to the Finance Committee to consider increasing general membership dues to \$125.

In Board discussion of the Membership Committee report, Dr. Thompson suggested that consideration be given to providing time limited, free international memberships (no journal). Dr. Everett concurred, and proposed having 10 international memberships, paralleling current practice of providing 10 free diversity memberships. The proposal to provide one year free international memberships was referred to the International Committee for further development.

Nominating Committee (Huffine):

Dr. Huffine reviewed the updated election slate. (see results page 3)

Primary Care Committee (Weinberg)

Dr. Weinberg reported that the Committee has completed its most recent set of objectives, and is now at work on developing a new work plan. She noted that a likely part of the Committee's work will involve collaboration with other organizations on dissemination of information about mental health-primary care integration. The publication by the National Council of a paper describing four operational models for integration provides a particularly promising opportunity for collaboration. Dr. Pollack will distribute the National Council's documents to the Board.

Program Committee (Pollack)

1) 2004 Winter Meeting plans discussed including the significant advance registration. 2) 2004 APA Meeting Presentations: The joint submissions from AACP and NASMHPD on the impacts of budget cuts on state mental health programs, "Wither Go the

States" and "Wither Go the Meds", were both rejected by the APA Symposium Committee reportedly related to insufficient meeting space. Attempts to get this decision reconsidered and reversed have led to a potential modest compromise: one or two forums of 1.5 hours each. 3) 2004 NAMI meeting: Proposed presentations by Osher, Everett, Ng, and Primm, since they are locals. 4) Topics for the 2004 IPS: Many topics were proposed and coordinators identified.

Publications/Communications Committee (Cutler/Faison/Oudens/Thompson)

1) Inter-organizational glitches between AACP and CMHJ's publisher have again delayed the placement of selected CMHJ articles on the AACP website for discussion. Dr. Cutler will work to simplify the working arrangement with the publisher, and will soon begin to place pre-publication articles on the website. 2) Dr. Cutler announced that he will be retiring as *CMHJ* Editor in the near future. He will be replaced by Bentson McFarlane MD, current Associate Editor. Dr. McFarlane will become an AACP Board member. 3) Dr. Cutler announced the appearance in *CMHJ* of a new feature, a section in each edition on 'Heroes of Community Psychiatry'. 4) Dr. Oudens reported that, as voted by the Board, publication of *Community Psychiatrist* newsletter has decreased from four to three issues annually.

Quality Management Committee (Sowers)

1) Dr. Sowers reported that the AACP paper on Transition of Care Guidelines is nearly finalized. Dr. Barbara Rohland helped him to sharpen its language, and Committee members suggested additional changes. Dr. Sowers will electronically distribute the re-edited position paper to the Board for e-mail ratification. 2) The AACP paper on Quality Guidelines for Recovery Oriented Services was approved at the May 2003 AACP meeting, and has already appeared in the AACP Newsletter. Dr. Sowers will now be working on its dissemination. Dr. Cutler will expedite publication of the Recovery Guidelines in *CMHJ*. A copy of the Guidelines will be forwarded to NASMHPD with a cover letter from Dr. Feldman. Dr. Pollack observed that the Recovery Guidelines are already being used in State hospital program design. 3) As its next project, the Quality Committee plans to develop *Guidelines for Psychiatric Staffing and the Role of the Psychiatrist*. These guidelines would address best practices of use of psychiatric time in public sector settings,

AACP Board Election Results

Ballots were due April 15, 2004. Following are the results of the elections for Board positions.

Officers

President	Wes Sowers
Vice President	Annelle Primm
Secretary	Jack Haggerty
Treasurer	Anita Everett
Immediate Past President	Jackie Feldman

Area Representatives

Area 1	Ken Duckworth
Area 3	Fred Osher
Area 6	Reta Floyd
Area 7	Chris Cline

Representatives at Large

Steve Goldfinger
Hunter McQuiston
Mario Cruz
Michelle Clark
Neal Adams

Early Career Psychiatrist (ECP) Representative

Cynthia Major, MD (appointed to a second year)

Newly elected Board members will begin their term at the end of the Board meeting on May 2, 2004. Many thanks to the Nominating Committee, headed by Immediate Past President Charley Huffine, MD, for identifying and recruiting a diverse and talented group of individuals to seek election to the Board. Thank you to all those who demonstrated their leadership and dedication to the principles of the AACP by agreeing to run for election. Deep appreciation on the part of all AACP members to those Board members who will be stepping down. These individuals will be featured in the next issue of the newsletter, but we thank them for their dedication, energy and creativity.

COMMUNITY PSYCHIATRIST is a publication of the American Association of Community Psychiatrists. The views of the co-editors and staff are expressed only in editorials in this publication. Opinions expressed in articles, columns, and letters are those of the writer and do not necessarily represent the opinions of the AACP. Letters-to-the-Editor or other contributions should be typewritten and double-spaced if possible. Contributions by email are preferable when possible. If sending email attachments, please send them in Microsoft Word. Articles should be 1,500 words or less, and letters should be less than 350 words. We reserve the right to edit contributions to conform with space and stylistic constraints.

Please send contributions, letters and notices to:

Elizabeth Oudens, MD c/o Project Renewal 216 Ft. Washington Ave. New York, NY 10032 Tel:(212) 740-1780 x 266 email: eoudens@earthlink.net	or	Warachal Faison, MD Tel: (843) 740-1592 x 12 email: faison@muscedu
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Subscription is free to members. Other interested parties may obtain copies of the newsletter upon request. Please send a self-addressed, stamped envelope to: Frances Roton, *Community Psychiatrist*, P.O. Box 570218 Dallas, TX 75357-0218. Tel: (972)-613-0985. Email: frda1@airmail.net.

Board of Directors' Report: Fall 2003, Boston MA

The AACP fall Board meeting was held in Boston October 29-30, 2003, prior to the IPS meeting amidst historical landmarks and Halloween-costumed AACP revelers...

Treasurer's Report

Dr. McQuiston reviewed the updated AACP budget summary. For the first time, the budget summary included a Global Statement on Profit and Loss. Dr. McQuiston reviewed income and expense trends in detail. Dues income is virtually unchanged compared with 2002. He reported that LOCUS income is several thousand dollars ahead of projections. Unexpected income of approximately \$5000 will be received from the 2003 Winter Meeting surplus. In addition, an unrestricted corporate donation of \$20,000 is anticipated. Travel reimbursement is \$3,159.80 over budget (although partially offset by Board member travel contributions for 5/03 meeting). Dr. McQuiston advised that this expense item bears watching. By Board Action, travel reimbursements have been halved starting with this meeting. In summary, Dr. McQuiston observed that AACP remains solvent, and that its financial status was improving due to savings initiatives, contributions and increased LOCUS income.

Guests and Networking

Steve Sharfstein MD, APA Vice President, presented to the Board his candidacy for APA President. Observing that he has worked in community psychiatry for most of his career, he stated that the major focus of his presidency would be access to care. Specific concerns he wants APA to address are mental health parity, insurance business practices that infringe on confidentiality, Medicare and Medicaid cuts, and community psychiatrist shortages. He also expressed his desire to become more involved in Washington politics and mental health parity.

Jay Scully MD, APA Medical Director, reported on current APA activities. "We are trying to reconnect with our mission 1) improving care of our patients, 2) supporting research and education, 3) member care, and 4) working with advocacy colleagues to help save what's left of Medicaid." He reported that the APA budget is now "significantly in the black" due to several interventions including many calls to lapsing members, outreach to training programs. Membership losses have stopped, and dues income now exceeds projections. Advance registrations for the October IPS meeting had already broken records.

Dr. Pollack requested assistance to reverse the recent rejection of AACP/NASMHPD's official symposium submission (on the Medicaid crisis) for the 2004 annual meeting. Dr. Scully noted that, unfortunately, many submissions were rejected due to space limitations. However, he understood the importance of this presentation, and agreed to work on its reinstatement.

Jim Nininger MD, Speaker Elect of the APA Assembly, Prakash Desai MD, Speaker of the Assembly, Nada Stotland MD, Past Speaker of the Assembly, and Marcia Goin MD, APA President reported to the Board on APA Assembly/other leadership initiatives. Dr. Nininger reported that the next Assembly meeting will focus entirely on a single theme—access to care. Gaven Andrews from Australia will address global burden of disease; Altha Stewart will speak on health care disparities; Paul Appelbaum will report on actualization of the vision document of the APA; Dr. Nininger will present a forum on jails and prisons; and DPO will present on disaster preparedness.

Dr. Stotland encouraged AACP to continue its pressure on the APA to address its priority public mental health issues. Members can address communications to APA's Margaret Duer for dissemination to the APA Board of Trustees, the Assembly, and to other APA leaders.

Dr. Goin confirmed her commitment to addressing Medicaid cuts. Addressing AACP Board concerns about the rejection of its symposium on this topic for the 2004 Annual Meeting, an extended discussion followed examining the program selection process.

Liz Kramer, of Overcoming Stigma in Asian Mental Health, announced the group's second National Conference in NYC October 1-2, 2004. Several AACP members are involved in the development of the conference. She invited AACP to become a co-sponsor. The Board voted that the AACP be designated as co-sponsor, and help to disseminate information about the conference.

Francis Lu, M.D., Chair of the APA Council on Minority Mental Health and Health Disparities reminded the Board of APA's search for a new Director of Minority Affairs. He announced the availability of a video based training program, *The Culture of Emotions* (see AACP Summer/Fall newsletter) that introduces the DSM-IV Outline for Cultural Formulation. Dr. Lu is seeking donations to complete the project, and to honor the memory

of project contributors Irma Bland and Evelyn Lee who died earlier this year.

Liaison Reports

Deerfield Behavioral Health (LOCUS) (Rick Seeger, Deerfield CEO)

Mr. Seeger reminded the Board that the primary marketing targets for LOCUS are 1) providers, 2) medium sized MCOs, and 3) state public care divisions. Recent development of an on-line demonstration tool has increased inquiries, particularly from large care systems. The District of Columbia Department of Mental Health, the Delaware system of substance abuse, South Carolina and Missouri have all purchased LOCUS and New Jersey has made a commitment. Minnesota, Louisiana, Nevada, Kentucky, New York, Iowa, Tennessee, and Massachusetts have expressed interest.

By contract, 20% of each sale goes into the LOCUS Research Reserve Fund, which ensures continued validity and reliability testing. Mr. Seeger stated that reliability and validity testing will be essential to the future of LOCUS. CALOCUS received \$50,000 from CMHS for validity/reliability testing, which has already been added to the fund. Dr. Sowers commented that AACP now needs to identify individuals to conduct the research that the fund supports.

NASMHPD (Pollack)

Reporting on the most recent NASMHPD Medical Directors' Meeting, Dr. Pollack observed a growing relationship between this organization and AACP. The Medical Directors meet annually before IPS. Highlights from this year's meeting included 1) a symposium on best practices that presented data from all states, 2) a presentation by Drs. Pollock and Duckworth on premature mortality in psychiatric patients, 3) a comparison between prospective TMAP algorithm use versus retroactive review for decreasing Medicaid drug costs, 4) a report on the state of state medical directors and their task (36 states currently have a medical director.).

Demand Treatment (Sowers/Cramer)

Dr. Sowers introduced Janice Ford Griffin from the Demand Treatment/Join Together Organization. This national organization, based at Boston University, was established in 1991 by the Robert Wood Johnson Foundation to help communities develop comprehensive strategies to combat substance abuse. Demand Treatment embraces four principles. 1) Leadership needs to be

Congratulations AACP Members Everett, Primm

Anita Everett, MD, has been appointed Senior Medical Advisor to Charles Curie, Director of the US Substance Abuse and Mental Health Services Administration (SAMHSA). Dr. Everett will focus on several areas including improving the assessment and treatment of people with co-occurring disorders and promoting evidence-based psychiatric services. She recently completed four and a half years as the first Inspector General for Virginia's mental health system, following her appointment by the state's governor. She currently serves as AACP Representative at Large, and has been elected the organization's incoming Treasurer.

Annelle Primm, M., MPH, has been selected as the new Director, APA Office of Minority and National Affairs. Dr. Primm currently serves as vice-president of the AACP. During her career, she has held a number of public psychiatry positions. She is currently Director of the Community Psychiatry Program at Johns Hopkins Hospital, and she is an Associate Professor of Psychiatry and Behavioral Sciences at the School of Medicine with a joint appointment in Health Policy and Management at the School of Public Health.

Board Report: Fall 2003

Continued from page 5

APA Council on Advocacy and Public Policy (CAPP) (Pollack)

Dr. Pollack notes that he and Carl Bell are the only public psychiatrists in CAPP. Its recent focus has been limited to privacy issues and psychologists' prescribing. He reports some progress directing CAPP's attention to the Medicaid crisis.

Old Business

Winter 2004 Meeting Update (Radke):

Dr. Radke reported on the 2004 Winter Meeting in Honolulu, co-sponsored by the State of Hawaii Adult Mental Health Division and the Hawaii Consortium for Continuing Medical Education. The conference theme is "Evolution of a Comprehensive Mental Health System: From Vision to Reality". There has been significant pre-registration.

SAMHSA/HRSA Meeting (Pollack/Haas)

Dr. Pollack provided follow-up on AACP involvement in a SAMHSA/HRSA Meeting that was discussed in a phone conference with the National Council's Charles Ray during the May 2003 Board meeting. This meeting was to address mental health-primary care integration strategies. Dr. Pollack reported that AACP was not included in the meeting, but will continue to work with the directors of other mental health policy agencies (e.g. CMHS) to influence the process.

2005 AACP Winter Meeting (Ng)

Dr. Ng recommended that Washington D.C. be considered as the 20th Anniversary Meeting site. He observed that advantages of this location would include lobbying opportunities and guest speaker availability. If the meeting were scheduled for January, it would also allow linkage with the IPS program committee, which will be meeting in Arlington at that time. Several D.C. Area Board members (Ng, Osher, Everett, Majors) would be available to assist with planning. The Board approved Washington as the meeting site.

New Business

Establishing AACP Lobbyist Role (Pollack/Ng)

Dr. Pollack noted that Dr. Ng's move to Washington DC offered AACP an opportunity to establish a Federal lobbying function there. In this role, Dr. Ng would attend Public Mental Health Coalition meetings as AACP's Government Liaison. Dr. Ng expressed his interest in assuming this role, and added that he would need some administrative support.

In its discussion the Board viewed this proposal favorably, but raised questions of whether Dr. Ng would need to be registered as a lobbyist, and whether he would retain his position as Area 2 Representative. The possibility of creating a new Board position of Government Lobbyist was also explored. Drs. Pollack and Ng will meet with Ms. Roton to discuss administrative support needs.

AACP sponsored Book on Homelessness (Gillig)

Dr. Gillig reported that APPI has expressed interest in supporting development of a guide on working with the homeless mentally ill. Dr. Gillig, who has been involved through the APA Homelessness Committee in its conceptual development, would like the book to have AACP sponsorship. Drs. Gillig and McQuiston will serve as the editors. This project was started three years ago and a final proposal with outlines and author affiliations has been submitted. While primary authors have already been identified, Dr. Gillig invited other AACP Board members to consider becoming contributors (Paulette.Gillig@wright.edu).

Committee Reports

Disaster Committee (Ng/Thompson)

1) The Committee continues to work on the proceedings from the July 2002 CMHS sponsored meeting on Community Psychiatry disaster networks. 2) The Committee recommends support of the Congressional "Resiliency" Bill. Members can contact Drs. Thompson and Ng for further information. 3) A conference is being planned for June 2004 in Washington D.C. on the psychosocial impact of disaster on populations. The Board voted to pursue AACP's co-sponsoring the June 2004 disaster conference in Washington. 4) A consensus panel is being formed to address best practices for disaster response. The Committee hopes to have AACP representatives included. 5) NASMHPD is planning five regional training sessions on disaster planning. 6) The Committee wishes to ensure that all AACP members are able to link to the APA Disaster Committee.

Diversity Committee (Lim):

1) The committee is soliciting additional nominations for free honorary AACP memberships for minority psychiatrists. 2) The Committee plans to submit a workshop proposal on Stigma and the Surgeon General's Supplemental Report for the 2004 IPS in Atlanta.

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Board Meeting, Winter 2004

(continued from page 7)

differences with AACP on training, philosophy and marketing, AACAP stated in the letter that they would relinquish royalties from CALOCUS software development, but would continue to develop and refine CALOCUS under a different name, and to provide training on its use. The Board spent considerable time exploring possible reasons for AACAP's action, and discussing potential implications and responses.

Awards Committee (Goldfinger)

Dr. Goldfinger asked Board members to contact him with nominations for the 2004 Janssen awards. He voiced concerns that AACP's traditional policy of identifying awardees from the city where the APA meeting was being held excluded many worthy candidates from smaller locales. He therefore suggested that Board members think in terms of regions rather than cities when making nominations. Dr. Thompson suggested changing the venue for presenting awards from the Annual APA meeting to the IPS meeting. Dr. Moltz reminded the Board that since it approved the policy of not naming awards after manufactures, the Janssen award must be renamed. Dr. Feldman will contact Janssen to inform them of our policy.

Diversity Committee (Lim)

Dr. Lim circulated the revised version of the draft Position Statement on Diversity, and invited comments. The Board voted to accept the statement with further minor editorial changes at the discretion of Dr. Lim.

LOCUS Committee (Sowers)

The LOCUS Committee recertified the May 2000 version of LOCUS as the current and official version. The committee is currently considering some language changes in sections describing levels of care. Supplemental criteria for subtypes of residential treatment are also being considered.

Program Committee (Pollack)

Dr. Pollack reviewed the status of AACP related submissions for the 2004 APA and IPS meetings.

Future Meetings

The Board will meet May 1-2, 2004 prior to the APA Annual meeting in New York, NY. The membership forum and reception will follow.

Strategic Planning Session

Facilitated by Dr. Feldman, the Board devoted the entire second meeting day to strategic planning. The process began with reexamination of the AACP Mission Statement, proceeded to brainstorming of Global and Practical Strategies, and finally coalesced with designation of Consensus Priorities. The main points of this extended discussion are abstracted below.

Mission Statement

After considerable discussion the Board as a whole partially drafted a new mission statement:

"The mission of the AACP is to inspire, empower, and equip Community Psychiatrists to promote quality care, and to integrate practice with policies that improve the wellbeing of individuals and communities"

The Board approved the new mission statement, though a subgroup of Drs. Moltz, McQuiston, and Everett may refine the wording.

Global and Practical Strategies

As a bridge to listing practical strategies, the Board first attempted to organize its global strategies, defined on a conceptual level as the means toward achieving the mission statement. These were organized into 1) internal enabling objectives (financial solvency, increased membership, 'impact oriented' organizational structure, and improved organizational efficiency) and 2) external enabling objectives (e.g., developing practice strategies for vulnerable populations). However, this approach toward priority setting quickly became abstract and unwieldy, and the Board finally abandoned it, proceeding directly to brainstorming a highly inclusive list of practical strategies. Twenty-nine strategies were listed. These touched on a variety of themes, including improved connectivity between Board and membership, regional and state organization of membership, changes in listserv, expansion of public relations capabilities, expanded liaison with other advocates, leadership, education, and many others. These 29 items were then condensed to five common-sense structural priorities with immediate consensus, and 9 action-oriented goals to be voted on.

Consensus Priorities:

Structural

1. Maximize function of listserv.
2. Financial stability.
3. Maximize function of committee structure.
4. Re-examine organizational structure.
5. Re examine/prioritize liaisons.

Action-Oriented

1. Facilitation of organization of community psychiatrists within states.
2. Product development.
3. Differentiation from APA
4. Interaction with allied professions.
5. IPS leadership.
6. Response to New Freedom Commission.
7. Exploration of sub-specialty designation for community psychiatry.
8. Engagement of members through Area representatives.
9. Development of a Leadership Institute for Community Psychiatrists.

Board members silently and individually selected their five top priorities among the action-oriented priorities. Balloting was extended after meeting adjournment for members involved in presentations. Dr. Feldman will present the final results at the next Board meeting in May 2004.

established in every community to ensure that anyone who wants treatment receives it and that it is of high quality. 2) Information dissemination is essential to create savvy consumers. 3) There must be a commitment to defining quality. 4) There must be an end to discrimination against people seeking treatment. Demand Treatment provides technical assistance to 29 communities nationwide. It collaborates with SAMHSA, NIDA, and CDA. She referred the board to the resource directory on the Demand Treatment web site, and to its newsletter.

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

The Council met at the APA Fall Components Meeting, September 12-14, 2003. The Council of Minority Health and Health Disparities (CMMHHD) includes eight committees, one of which is a corresponding committee, the Committee on Religion, Spirituality and Psychiatry. The other 7 committees comprise the Minority and Under Represented Groups (MUR) of the APA, including the Committee of American Indian, Alaska Natives and Native Hawaiian Psychiatrists, the Committee of Asian American Psychiatrists, the Committee

of Black Psychiatrists, the Committee of Gay, Lesbian, and Bi-sexual Psychiatrists, the Committee of Hispanic Psychiatrists, the Committee of International Medical Graduates (IMG), and the Committee of Women Psychiatrists.

The following conferences and reports were announced, including the *American College of Mental Health Administration March 2003 Summit report on Reducing Mental Health Disparities*, (at www.acmha.org/Summits/summit_2003.htm) the *HHS Guides to Culturally Competent Health Services using the CLAS Standards*. (cms.gov/healthplans/quality/project03.asp), and the June 2003 US Supreme Court ruling on *Grutter vs. University of Michigan*. Diversity in higher education is upheld as a compelling state interest (www.supremecourtus.gov/opinions/02pdf/02-241.pdf), and the AAMC Healthcare Professionals for Diversity coalition efforts to increase diversity in medical schools.

Key issues addressed included the search for a director of The Office of Minority and National Affairs (OMNA); Prescription Privileges for Psychologists; the process of updating DSM-IV-TR; and access to care

issues. Since a large segment of the population in jails and prisons are ethnic minorities, each committee was asked to think about how to provide input to the Committee on Jails and Prisons, as this is one of APA President Marcia Goin's top priorities.

SAMHSA (Everett)

Dr. Everett, recently appointed as SAMHSA Senior Medical Advisor, reviewed her job and liaison opportunities for AACP. She reported that she works in the Director's office as a contract employee. Projects that she currently assists include 1) Disability 2) The Science to Service Project, and the 3) National Registry of Effective Programs (This will be the national reference of best practices.). The Board discussed ways that AACP might take advantage of Dr. Everett's presence to liaison with SAMHSA. Dr. Pollack envisioned two priorities for this access: 1) establishing a dialogue between HRSA and SAMHSA regarding mental health-primary care integration, and 2) Promoting the extension of the chronic care model to treating chronically mentally ill individuals in Community Health Centers.

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CALENDAR

June 23-27, 2004

TRAINING INSTITUTES: Developing Local Systems of Care for Children and Adolescents with Emotional Disturbances and their Families: Early Intervention, San Francisco, CA. For more information, contact the National Technical Assistance Center for Children's Mental Health at Georgetown University, 3307 M Street, NW, Suite 401, Washington, DC 20007, (202) 687-5000; email: institutes2004@mindspring.com; or visit the website at gucdc.georgetown.edu (see description page 9)

June 28-29, 2004

The First Annual Conference on Living with Terror: Psychosocial Effects, National Press Club, Washington, DC. Sponsored by the Universities of Haifa and Pennsylvania. The American Association of Community Psychiatrists is proud to be a co-host of this event. Information for the conference can be obtained at http://hw.haifa.ac.il/terror_conference.

September 8-12, 2004

NAMI 25th Anniversary National Convention: "A Quarter Century of Changing Minds", Washington Hilton & Towers Hotel, Washington, DC. For more information, visit <http://www.nami.org/convention>

October 1-2, 2004

Overcoming Stigma in Asian American Mental Health, The New York Academy of Medicine, New York, NY. *Sponsors:* The New York Coalition for Asian American Mental Health, The Department of Psychiatry at New York University School of Medicine and Hamilton-Madison House. For further information contact: Glennis Lo at 212-720-4522, email: stigma04@earthlink.net or visit www.asianmentalhealth.org.

October 6-10, 2004

56th Annual Institute on Psychiatric Services, "Mental Health Disparities in the Community", Atlanta, GA. http://www.psych.org/edu/ann_mtg/ips/04/index.cfm

Board of Directors' Report: Winter 2004, Honolulu HI

The AACP 2004 Winter Board Meeting was held February 19-20, 2004 in beautiful Honolulu Hawaii in conjunction with the Hawaii conference "Evolution of a Comprehensive Mental Health System: From Vision to Reality", co-sponsored by the State of Hawaii Adult Mental Health Division and the Hawaii Consortium for Continuing Medical Education. Mahalo to Alan Radke, MD and Tom Hester, MD for their leadership, and to Jennifer Miyasaki for her administrative support, in putting together an outstanding meeting in a spectacular setting.

Treasurer's Report

Dr. McQuiston distributed and discussed a status report of AACP's 2004 budget. He reported a current balance of \$58,560.39, which is improved compared with the 1/31/03 balance of \$57,943.49. *Income analysis* shows that 1) no corporate donations have been received this year; 2) dues income will likely fall \$7000 short of \$35,000 annual projection; and 3) LOCUS income of \$23,510 is substantially ahead of \$10,000 annual projection. *Expense analysis* indicates that 1) reassessment of *Community Mental Health Journal* expenses yields a \$4,781 surplus; 2) LOCUS expenses of \$3202 have been under \$4,000 projection; 3) administrative expenses are \$2000 under budget due to absence of Membership Directory publication this year; and 4) travel expenses are \$4,289 over budget. Dr. McQuiston suggested that travel reimbursement for Board Meetings should remain at its recent lowered rate of 25% for the time being. *In summary*, AACP is currently solvent, but without meeting income projections for this year, the treasury will suffer continued shrinkage.

Board discussion focused on implementing further cost saving initiatives. Dr. Goldfinger recommended that the printed Membership Directory be eliminated, and that we rely entirely on an electronic directory. While there was general support for this idea, it was observed that not all members are able to access electronic media. Dr. Forster and other Area Representatives felt that access to an electronic directory would also help them monitor membership in their regions. The Board voted to refer the recommendation to eliminate the printed membership directory to the Membership Committee. In the meantime, Ms. Roton will start sending an electronic version annually to Board members.

Liaison Reports

APA Assembly (Ronis) See IMF exclusion rule below.

NASMHPD Medical Director' Council (Pollack)

Dr. Pollack updated the Board on NASMHPD activities. 1) A national survey of State medical directors' roles and responsibilities is in progress. Only 30 States currently have a full time medical director. 2) The NASMHPD technical report on disaster mental health has been completed, and will be disseminated to Board members. (<http://www.nasmhpd.org/publications.cfm>).

SAMHSA (Everett)

Dr. Everett updated the Board on SAMHSA activities. 1) There will be a 6% budget increase. 2) A struggle continues over the agency's structure. 3) CSAT and CSAP are remodeling their objectives; CSAT objectives will now address aspects of recovery beyond abstinence alone, and CSAP will expand its strategic prevention plan to include co-occurring disorders. Dr. Everett

reported that she is organizing a SAMHSA in-service involving feedback from professionals working in the field.

APA Council on Advocacy and Public Policy (CAPP) (Pollack) CAPP has formed a committee to re-examine universal coverage. APA assembly speaker, Prakesh Desai wishes for APA to take a stand on this issue. In its first teleconference one week earlier, the Committee displayed ambivalence about embracing a single payer system (vs. incremental reform). Dr. Pollack does not believe that the committee will endorse a single payer approach, but hopes for a statement that will document pros and cons of each.

Community Campus Partnership for Health (CCPH) (Thompson) Dr. Thompson reported that CCPH, which promulgates service-based learning, would be meeting in Atlanta October 6-10, 2004. Additionally 'Working with Unity for Health', a WHO project, will also be in Atlanta around the same time as the IPS meeting. CCPH will host a reception at Morehouse College on October 6. Dr. Thompson will pursue informal linkages with these groups during the 2004 IPS meeting.

AACP Lobbying (Ng)

Dr. Ng provided follow-up on AACP's recent decision to develop a federal lobbyist function. He reports that he has had initial discussions with NASMHPD's Washington-based lobbyist about coordinating resources and efforts. Dr. Pollack recommended that Dr. Ng also begin meeting with The Mental Health Liaison Group (NASMHPD, Bazelon Center, and others). Dr. Ng hopes to utilize the 2005 AACP Winter Meeting in Washington to further establish AACP's presence in the federal lobbyist community. (*See below.*)

CMHJ Publisher (Cutler)

Dr. Cutler reported that he has been unable to negotiate an increase in AACP's Journal reimbursement. A planned merger has caused the current publisher to assume a conservative financial stance. He will attempt to re-negotiate our fee after the merger has been completed. The anticipated transfer in editorship from Dr. Cutler to Dr. McFarlane will provide a specific opportunity for re-negotiation.

Old Business

2005 AACP Winter Meeting (Ng, Everett)

Dr. Ng updated the Board on plans for the 25th anniversary AACP winter meeting in Washington, DC. He is exploring the possibility of modifying the usual Winter Meeting structure in order to increase the opportunity for advocacy/political networking in DC's unique environment. Rather than headlining Board members, his proposal is to assign primary speaking roles to DC-based decision-makers and advocates, who will be asked to address specific themes. Board members will serve as discussants and panel chairs. He reported that the University of Virginia has agreed to help with meeting logistics. He said the next planning step is to identify meeting themes.

Dr. Pumariega suggested obtaining a conference grant. The Board then discussed at length advantages and disadvantages of modifying the traditional winter meeting format of having invited speakers come from the Board itself. Dr. Goldfinger suggested that instead of an extensive modification, we might consider appending an

additional 'policy day' to a traditionally formatted meeting. Dr. Osher observed that it might be more productive to 'show off' local DC community-based initiatives than to focus on Federal Government programs. Dr. Ng will consider suggestions and will proceed with meeting planning with the assistance of other Board Members in the DC region.

New Business

Review of Roton Contract (Feldman)

Dr. Feldman reminded the Board that the contract for Administrative Director Frances Roton was due for renewal. The Board reviewed her work performance and reimbursement structure. There was unanimous high regard for her work, and a strong desire to maintain her contract. The Board voted to renew her contract, and that an increase in her reimbursement should be considered when the budget allows.

Medicaid IMF Exclusion Rule (Geller/Ronis)

Dr. Jeffrey Geller joined the Board for a discussion of his proposal to the APA assembly to recommend overturning the IMF exclusion rule that prohibits Medicaid reimbursement to individuals in state hospitals and other state institutions. Dr. Geller presented his reasoning: Allowing state hospitals to receive Medicaid reimbursement for extended care might decrease recurrent short-term acute care in general hospitals. The Board was divided in its opinion as to whether to support this proposal. Some expressed concerns that reversing the rule would lead state hospitals to 'soak-up' limited funds that might be used for community based programs. Dr. Minkoff opined that giving states flexibility on the use of Medicaid might be helpful. No action was proposed.

Change in Editorship of Psychiatric Services (Goldfinger)

Dr. Goldfinger reported to the Board that editorship of *Psychiatric Services* would transition from John Talbot, MD to Howard Goldman, MD. He recommended that the Board contact Dr. Goldman to encourage him to continue to support the broad community psychiatry values that currently characterize this journal. Dr. Feldman will write a congratulatory letter to Dr. Goldman expressing AACP's appreciation of *Psychiatric Services'* current mission. She will also invite him to attend a future AACP Board Meeting.

Changes in CALOCUS Agreement (Sowers)

Dr. Feldman received a letter from the President of AACAP announcing their intention to terminate their collaboration with AACP on CALOCUS. Citing

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AACP WELCOMES THESE NEW MEMBERS

Area 0

Biswaran Chatterjee
Saikat Chatterjee
Amrita Das
CJ Witte

Area 1

Kathleen Askland
Alf Bergman
Isabel Bergman
David Lovas
Raquel Lugo
Edward Maxwell
Michelle Pent
Jennifer Rosenberg
Peter Stanbro
Sarah Yasmin
Stacy Yearwood

Area 2

Osman Ali
Laurence Dopkin
Valorie Haves
Alysson Myers
Ilana Nossel
Adebboyega Oyemade
Parinda Parikh
Ljiljana Radulovic

David Rube
Debbie Sehnapper
Khakasa Wapenyi

Area 3

Bhagwan Bahroo
Michael Bell
Michelle Chuen
Paul Cornely
Gerard Gallucci
Elizabeth Hogan
Joel Kanter
Elizabeth Kramer
Michael Leitzes
Robindra Paul
Anna Skiandos

Area 4

Sara Goldman
Peter Iversen
Christine Negendonk
Steven William Ortell
Bobby Singh
Sherif Soliman
Ashok Srinivasaraghavan
Steve Suleys
Area 5
Tolulope Aduroja

David Beckert
Austin Hall
Dawn Heron
Ashraf Huq
Angela Leon-Guerrero
Holly MacKenna
Kim McDowdell
Claudia Miles
Laurence Miller
David Smith
John Randolph Smith
Sala Webb
Nagy Youssef

Area 6

Kristin Riley-Lazo

Area 7

Larry Baker
Lucy Curtiss
Karen Landwehr
Tom Leland
Peter Morey
Stephen Thielke
Peter Schieldrof