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President's Column

Past, Present, Future: AACP Testimony to the Institute of Medicine

It's exciting to resume writing a column for the newsletter (which I edited for nearly ten years!) in my new role as president of the AACP. It is also an exciting time for our organization as we prepare to celebrate our 20th anniversary this year at the Institute of Psychiatric Services meeting in Atlanta in early October. In conjunction with this important milestone, we have been reshaping our organization through a strategic planning process that will allow us to enter a new phase of development designed to make us even more productive and effective in our efforts to improve the quality of behavioral health services available to traditionally underserved populations. All of this takes place in the context of the uncertainty that accompanies each election year, but which seems to be particularly intense this year with political lines so clearly drawn. We are acutely aware that the outcome of the November election will have significant implications for the services we can provide. Help get out the vote!

I have had the privilege of being witness to the development of the AACP over sixteen of its twenty years and it has been a wonderful ride. Each of the previous five presidents have shepherded the AACP through some difficult terrain and I am thankful to have been able to benefit from their examples. Over the past twenty years this organization has matured with grace and has found its voice and identity. As this has evolved we have been increasingly recognized as a group that can "get it done". This was illustrated clearly on July 14th, 2004, the date we were invited to testify before the Institute of Medicine (IOM) as they prepare to expand the behavioral health aspects in their evaluation of this country's health system. In 2001, the Institute released a major report called: *Crossing the Quality Chasm, A New Health System for the Twenty-First Century*. This document has had a significant impact in health care policy circles, and will likely have a similar influence on behavioral health. We were one of a handful of organizations that were invited to participate, and in preparing my testimony, it became clear how much we have accomplished over the course of our development. It seems fitting that we begin the celebration of our founding with a recap of where we have been and where we might go in the future. Thank you for being part of this vibrant organization!

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Institute of Medicine (IOM) Testimony _____

Good morning. My name is Wesley Sowers and I am President of the American Association of Community Psychiatrists. Thank you for this opportunity to discuss our ideas about improving the quality of behavioral health services. The AACCP devotes much of its energy to the consideration of quality issues, particularly as they pertain to underserved and disenfranchised populations. We have developed several position papers and sets of guidelines related to these issues which I will refer to and which we have attached to our written submission.

It is extremely important that the service system has a coherent and overriding philosophy of care. Services that emphasize an individual's potential, choice, capacity for change, autonomy and personal growth are described in the AACCP's Guidelines for Recovery Oriented Services. Indicators are provided in this document to enable providers to evaluate their success in developing these services. The role of psychosocial rehabilitation and psychiatry in potentiating individuals' entry into the recovery process is examined in a separate AACCP document, Psychosocial Rehabilitation: Issues and Answers for Psychiatry.

To assure patient safety and quality service provision systems must have processes in place that anticipate potential problems and correct them proactively. Prevention of medical errors and of morbidity is a critical aspect of quality. The principles of continuous quality improvement must be applied broadly with a grassroots organization and consistency within systems of care. We endorse the conclusions of the IOM's "The Safety of Healthcare for Individuals with Mental Illness And Substance Use Disorders." The AACCP's Position Paper on Standards for Quality Management in Implementing Public Sector Managed Care Systems also addresses the establishment of quality processes.

Integration and coordination of services is a critical aspect of effective service delivery that is focused on individual needs. The integration of physical and behavioral health through creation of co-located services and funding mechanisms that promote cooperative arrangements is addressed in the AACCP's Position Paper on the Behavioral Health Interface and Integration with Primary Care Providers. Guidelines for effectively integrating care for persons that have co-occurring mental health and substance use disorders have also been developed. They emphasize the need for comprehensive, continuous and integrated service arrays that conform to established standards of competence for programs and a workforce that demonstrates competence in addressing both disorders.

The vertical integration of service elements and the unified management of resources and clinical care will also increase the effectiveness and capacity of the service system. The Level of Care Utilization System (LOCUS and its child and adolescent counterpart,

CALOCUS) provide a system for matching services to clinical needs that balances provision of quality care with the wise use of resources. This approach enables a significant reduction in the waste associated with cost-focused utilization management strategies. The measures needed to assure smooth transitions through the service continuum are addressed in the AACCP's Guidelines for Transition Management and Continuity of Care. By more effectively engaging and retaining service users we will also keep them safer by reducing their risk of falling through the cracks.

People with mental health and substance use disorders increasingly find themselves in the correctional system. While we must improve access to services and appropriate treatment in the correctional setting, it is even more critical that we find alternatives to incarceration for persons with behavioral disorders. The expansion of Drug and Mental Health Courts is essential and programs facilitating transitions back to the community will allow a decrease in recidivism rates. These issues are addressed more extensively in the AACCP's Position Statement on Persons with Mental Illness Behind Bars.

Inadequate availability of housing contributes to high rates of incarceration in these populations. The housing that is available is often too restrictive to meet the needs of persons with severe behavioral health disorders. A full array of housing options must be available including housing with supportive services and housing that is able to tolerate and effectively relate to difficult behaviors. The spectrum of housing options that should be available and principles that should be used to assist clients in selecting appropriate housing are discussed in the AACCP Position Paper on Housing Options for Persons with Severe Mental Illness.

While there are several other areas of significant concern, we obviously cannot discuss all of them in five minutes. We would like to note that the following issues will also be critical ingredients of a reformed high quality system of care: the expansion of outcome responsive services, reform of funding mechanisms, the elimination of health disparities, appropriate training for the behavioral health workforce, improvement of employment incentives and supports, expansion of SAMHSA's Systems of Care initiatives to all child and adolescent service systems, and the expansion of patient rights, including those of children, adolescents and their families. Much work remains to be done. We hope that the work that we have done will be helpful as you do yours.

Thank you.

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Board of Directors' Meeting: New York, Spring 2004

The Board met in New York May 1-2, 2004 in conjunction with the APA Annual meeting. At the end of the AACP membership meeting the departing Board members stepped down from their positions (*see page 8*), and the new members officially took office.

Announcements

- Dr. Annelle Primm has been hired as the Director of Office of Minority and National Affairs for the APA.
- Drs. Pollack and Cutler received exemplary psychiatrist awards from NAMI for their work in education.
- The 2004 Lima Award for disaster psychiatry is being presented to Ken Thompson.
- Dr. Pumariega received the 2004 Simon Bolivar Award.
- Dr. Bill McFarlane received the APA Research Award at the 2004 APA meeting.

Treasurer's Report

Dr. McQuiston reported a current total balance of \$73,510.12, representing a \$31,462.45 increase compared with the balance from one year ago. Factors contributing to the improvement include higher than expected LOCUS income, and drops in expenses related to Journal publication, office and administration, and travel reimbursements. As a result of this improvement, Dr. McQuiston observed that AACP is currently solvent, and will likely have a budget surplus by the end of the fiscal year. Dues income remains approximately 20% below projection; corporate income is below projection, but likely sufficient. Dr. McQuiston reminded the Board that he would be stepping down as Treasurer, but would remain on the Board as *Representative-at-Large*. Dr. Everett will assume the position of Treasurer. The Board voiced its strong appreciation of his diligent and skilled management of the organization's finances.

Guests and Networking

Gary Melton, PhD, President-Elect, of the American Orthopsychiatric Association (<http://www.amerortho.org/>) joined the Board to describe Ortho's changing mission and to explore partnership opportunities with AACP. Dr. Melton stated that Ortho's primary mission has been to "provide a common ground for collaborative study, research, and knowledge exchange among individuals from a variety of disciplines engaged in preventive, treatment, and advocacy approaches to mental health. It seeks to foster development of theory, practice and social action, from psychological, biological, social and cultural perspectives, and to facilitate a shared commitment to scholarship and clinical expertise in the interest of informing professional practice and public

policy." He reported that its recently reorganized advocacy priorities include: 1) Mental health and human rights; 2) Children's rights to protection of important relationships; 3) Mental health services for disadvantaged populations; 4) Monitoring mental health aspects of Federal health agencies; 5) School based mental health; 6) Mental health aspects of reproductive choice. Task forces are being developed for each of these foci, and are seeking volunteers.

Dr. Melton stated that Ortho is working to rebuild and rejuvenate its membership by cutting the first year's dues by half and by working on developing partnerships with like-minded organizations. The Board welcomed Dr. Melton's invitation to explore closer inter-organization linkages.

Kathy Westpheling MPH, Executive Director of Association of Clinicians for the Underserved, and Cynthia Turner Graham MD, Psychiatric Consultant, met with the Board to explore liaison possibilities with AACP. ACU is a nonprofit, transdisciplinary organization of clinicians, advocates, and health care organizations united in a common mission to improve the health of America's underserved populations by enhancing the development and support of the health care clinicians serving these populations. Its priorities include: 1) Enhancing support for clinicians; 2) Providing access to information relevant to clinical practice; 3) Providing opportunities for clinicians to interact with other professionals; 4) Promoting research to increase understanding of underserved practice; 5) Increasing opportunities for training relevant to providing health care to underserved populations. Established in 1996 by participants and alumni of the National Health Service Corps, ACU has a constituency of more than 8,000 clinicians and 900 organizations. ACU's membership represents individuals in 18 professional disciplines, community clinics, health care organizations, and professional societies. There is an association journal and a web site (<http://www.clinicians.org>). The Board expressed interest in working more closely with ACU, both with advocacy efforts, and with developing strategies for the emotional support of providers and their families living in underserved areas.

Liaison Reports

APA Assembly (Ronis)

1) Dr. Feldman will write a letter to the APA recommending Robert Ronis be appointed as Chair of the APA Committee on Public and Community Psychiatry. 2) *AACP Guidelines for Recovery Oriented Services* will be referred to the Council on Public Psychiatry as a

resource document to develop the APA policy on recovery.

Deerfield Behavioral Health/LOCUS (Seeger)

Mr. Rick Seeger and Dr. Sowers updated the Board on copyright implications of AACAP's development of its own CALOCUS like instrument. Board discussion proceeded to consider how best to respond to AACAP.

NASMHPD Medical Council (Pollack)

1) AACP and NASMHPD co-sponsored a symposium at APA. 2) Dr. Pollack reported that the NASMHPD survey on state medical director roles is nearing completion and Dr. Jules Ranz will now be completing data analysis. 3) He also reported that NASMHPD has two new technical reports, *Prevention in Psychiatry and Behavioral Health and Primary Health Care Issues*.

SAMHSA (Everett)

1) Dr. Everett updated the Board on her evolving role as SAMHSA senior medical advisor. She is becoming involved in four specific areas within the SAMSHA Programs and Principles Matrix: *Mental Health System Transformation; Co-Occurring Disorders; Strategic Prevention Framework; and Recovery, Stigma, and Barriers to Service*. 2) She reported that SAMSHA is developing voucher-based strategies to address access to care issues. This will allow states to provide vouchers for use in state-licensed, faith-based programs. 3) She also reported that SAMHSA will now assume responsibility for dissemination of Best Practice Tool Kits.

Old Business

Winter 2005 Meeting Update (Ng):

Dr. Ng updated the Committee on preliminary deliberations of the local planning committee. The general theme of the meeting will likely be "*Community Psychiatrist as Advocate*". The audience would include community psychiatrists, governmental representatives, and non-governmental advocates. It is hoped that this meeting might provide networking opportunities with ACU, NAMI, and other Washington, DC-based advocacy groups. Funding has not yet been secured. The Board discussed meeting structure, content, and funding, including one suggestion to focus the meeting on monitoring Medicaid at the state level.

Strategic Planning

A large portion of the meeting was devoted to a continuation of the strategic planning process that was begun at the 2004 Winter Meeting. Dr. Feldman updated the summary with an additionally refined mission statement, and the

prioritization scores for the action-oriented goals. The top five action goals by Board vote were: 1) *Product Development*; 2) *Organization of Community Psychiatrists within State*; 3) *Development of a Leadership Institute for Community Psychiatrists*; 4) *IPS Leadership*; and 5) *Engagement of Members through Area Representatives*. The Board focused primarily on mission statement revisions and implementation of the five consensus structural goals: 1) *Maximize function of the listserv*, 2) *Financial stability*, 3) *Maximize function of committee structure*, 4) *Re-examine overall organizational structure*, and 5) *Re-examine and prioritize liaisons*. Salient points and actions from this discussion included:

Financial Stability: The Finance Committee was charged with developing a long-range financial plan, with a four-year time frame for development and implementation. All committees will develop a financial statement. Dr. Sowers stressed the need to clarify the limitations we want to have on commercial support. The Ethics Committee will be involved in this discussion. The group also discussed the possible development of revenue-generating products.

Maximize function of committee structure/ Reexamine organizational structure: The group discussed the current committee structure. Committees have multiplied over time, often spontaneously and without careful examination of inter-relationships, overlap, and competition for resources. There are currently five standing committees, 14 issue-oriented committees, and two task forces. Dr. McQuiston suggested that committee chairs set an agenda prior to meetings and have a product in mind that the

committee is working toward. Rotating chairs and setting time limits for chairs were also suggested, as was re-evaluation of overall structure, and possible committee consolidation. It was noted that there is not a lot of participation from the general membership. Dr. Forster suggested that all committees should be required to include non-board members. The Area Representatives could communicate with their areas, and articles could be put in the newsletter asking for committee participation. The Executive Committee was assigned the task of revising committee structure, and framing policies regarding committee operation.

Re-examine and prioritize liaisons: The group discussed the importance of liaison activities balanced with the fact that the expanding number of liaison reports made at Board meetings has begun to limit time for other business. It was suggested that liaison reports be submitted in writing prior to the meetings or published in the newsletter. Dr. Sowers will examine and prioritize current and potential formal liaison relationships, and will decide on the best format for liaison reports.

New Business

AACP Board Elections

Dr. Huffine summarized results of the 2004 Board Elections:

Officers: President: Wes Sowers; *Vice President*: Annelle Primm; *Secretary*: Jack Haggerty; *Treasurer*: Anita Everett; *Past President*: Jackie Feldman

Area Representatives: Area 1: Ken Duckworth; Area 3: Fred Osher; Area 6: Reta Floyd; Area 7: Chris Cline (*tied with Peter Gibson, who resigned*)

Representatives at Large: Neal Adams; Michelle Clark; Mario Cruz; Steve Goldfinger; Hunter McQuiston

Committee Reports

Awards Committee (Goldfinger)

1) There will be no Janssen Award presented at the 2004 APA meeting. 2) Tom Leland, MD will be presented the Moffic Ethics Award at the 2004 IPS Meeting.

Child/Adolescent Committee (Huffine/Purmeriaga)

1) Dr. Huffine noted that Child Psychiatry representation on the AACP Board has dropped to two. 2) Dr. Pumariega is preparing a report on staffing standards for community child programs.

Disaster Committee (Ng/Thompson)

Dr. Thompson reported that Dr. Ng is now chair of the APA Disaster Committee. The AACP Disaster Committee therefore will retire as a committee and become a special interest group.

Diversity Committee (Lim)

1) Dr. Lim reported on the Meeting of the APA Council on Minority Health and Health Care Disparities. 2) The Membership Committee will be asked to collect diversity-related demographic information from the general membership. The Diversity Committee presented the Membership Committee this year's nominees for free honorary membership. 3) Dr. Lim requested feedback from Board members on the APA Vision Statement's strategies for health care disparities. 4) The committee is working on a special diversity oriented issue of the CMHJ.

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CALENDAR

October 6 -10, 2004

56th Annual Institute on Psychiatric Services, "Mental Health Disparities in the Community", Atlanta, GA.
http://www.psych.org/5du/ann_mtgs/ips/04/index.cfm

AACP Events of Note:

Wednesday, 10/6	12:30pm - 8:30 pm	<i>Board Meeting</i> , Walton Room, Second Floor
Thursday, 10/7	8:00 am - 12:00pm 12:00 pm- 2:00 pm	<i>Board Meeting</i> , Walton Room, Second Floor <i>Training Directors' Luncheon</i> , Roosevelt Room, Third Floor
Friday 10/8	5:30am – 7:00 PM 7:00pm – 8:30pm 8:30pm - 10:00pm	<i>AACP Membership Forum</i> , Walton Room, Second Floor <i>AACP Membership Reception</i> , Rockdale Room, Second Floor <i>20th Anniversay Celebration: Acoustic/Folk Concert with Christine Lavin</i> Walton Room, Second Floor
Thursday 10/7-Saturday 10/9		<i>20th Anniversary Display</i> , Exhibition Center, Booth 718

Feb 11-12, 2005

AACP Winter Meeting, Washington DC. *More information to be announced on-line as it is available.*

AACP Activities at the IPS

Atlanta, Georgia will be the home of the 56th Institute on Psychiatric Services from October 6-10, 2004. There are a large number of attractions in Atlanta including the Martin Luther King National Historic Site and the King Center, CNN Center, Museum of Contemporary Art of Georgia, Auburn Avenue Research Library on African American Culture and History, Jimmy Carter Presidential Library, World of Coca-Cola, Centennial Olympic Park, Stone Mountain Park, Zoo Atlanta, Atlanta Contemporary Art Center, and the Atlanta Botanical Gardens. If you find the sites inviting, you will surely find the various IPS programs listed below to be as equally or more tempting. The AACP is as usual sponsoring a number of programs this year. Presentations by other psychiatric colleagues are listed as well. The APA/Bristol-Myers Squibb Community Psychiatry Fellows are presenting on Thursday and Friday and need your support and attendance. Lastly, please attend the AACP Membership Forum and Reception on Friday (*see below for times*).

Wednesday, October 6, 2004

8:00–9:30 a.m.

Workshop: Mental Health Systems in Primary Care: A Public Psychiatry Fellowship's Experience

Workshop: Successfully Transitioning Adolescents to Adult Mental Health Services: The Cases of Four Minority Adolescents

8:30–11:30 a.m.

Symposium: Treatment Malls: State Hospital Psychiatry Psychosocial Rehabilitation and Recovery, *APA Caucus of State Hospital Psychiatrists*

Symposium: Taking Charge of Future Treatment: Collaboration or Confrontation?

10:00–11:30 a.m.

Lecture: From the 25th Floor: Anxiety Disorders in Medical and Public Arenas, *Jerilyn Ross, MA, LCSW, APA's Patient Advocacy Award*

Workshop: HIV/AIDS and Public Awareness Around the World

Workshop: Police and Mental Health Professionals: Learning From Each Other

1:30–3:00 p.m.

Plenary Session: Propaganda, Propaganda, Propaganda, *Carl Bell, MD*

3:30–5:00 p.m.

Innovative Programs:

- Meeting Administrative Challenges
- Effective Residential Utilization Management for Individuals With Serious Mental Illness
- Institute for Research Minority Training on Mental Health and Aging, *Warachal Faison, MD*
- Layering Evidence-Based Practices in a Community Mental Health Center

Lecture: Ill or Evil? Psychiatric Perspectives on Juveniles in the Criminal Justice System, *Peter Ash, MD*

Lecture: Parity: A Status Report, *Howard H. Goldman, MD, PhD*

Workshop: Teaching Residents Community Service in a Free Mental Health Clinic

Workshop: Multiculturalism: The Changing Face of America

5:00–6:00 p.m.

Opening Session: Presidential Address and Awards Ceremony

Thursday, October 7, 2004

8:00–9:30 a.m.

Lecture: Healing the Healer: Professional Well-Being in Challenging Times, *Kathryn J. Zerbe, MD*

Workshop: Practice Guidelines in Residency Training: Pass the Boards and Improve Care, *APA Steering Committee on Practice Guidelines*

Workshop: Do More People Get Mental Health Care on the Internet than in the Office?, *2003-2005 APA/Bristol-Myers Squibb Fellow*

10:00–11:30 a.m.

Clinical Discussion Group: Cultural Attitudes and Perceptions in the Diagnosis of ADHD, *H. Lynn Starr, MD*

Lecture: Migration, Acculturation, and Mental Health: A Hispanic Perspective, *Pedro Ruiz, MD*

Workshop: Reducing Suicide Risk: Recommendations From a New American Psychiatric Association Practice Guideline, *APA Steering Committee on Practice Guidelines*

Workshop: The Challenges of Conducting Research as a Psychiatric Resident and Fellow; *2003-2005 APA/Bristol-Myers Squibb Fellows*

Workshop: No Assaults, Elopements, Restraints, or Seclusions: An Award-Winning Patient Safety Program

Workshop: Community Mental Health in Developing Countries: Focus on South Asia

1:00–5:00 p.m.

CME Course 4: Integrated Model for Treatment of Co-occurring Psychiatric and Substance Disorders, *American Association of Community Psychiatrists*

1:30–3:00 p.m.

APA Caucus: Psychiatrists Treating Persons with Mental Retardation/Developmental Disabilities

Clinical Discussion Group: Strategies for Working With Individuals With Severe and Persistent Mental Illness, *Stephen M. Goldfinger, MD*

Leadership and Career Development Seminar: When the Patient Is Different Than You, *Carl C. Bell, MD*

Workshop: Integrated Services: Old Wine in New Bottles or Best Practice for Minorities?, *American Association of Community Psychiatrists*

Workshop: Disparities: Health Care for Women in Public Systems

Workshop: Assertive Community Treatment Team: Fidelity to What Model?

2:00–5:00 p.m.

Symposium: Suicide Prevention in State Hospital Psychiatry: Risk Assessment to Risk Reduction, *APA Caucus of State Hospital Psychiatrists*

Symposium: Helping Systems Develop Recovery-Oriented Services *American Association of Community Psychiatrists*

3:30–5:00 p.m.

Lecture: Between Mothers and Adult Daughters: In the Family and as Mentors, *Malkah T. Notman, MD; APA's Alexandra Symonds Award*

Workshop: Parenting Issues Among People With Severe Mental Illness

Workshop: Lobbying for Psychiatry: A Prescription for Members-in-Training and Early Career Psychiatrists, *APA Committee of Early Career Psychiatrists*

**AACP WELCOMES
THESE NEW MEMBERS**

Area 1

Samuel Law

Area 2

Oluwafeni Adeyemo
Sarah Barrios
Anthony Carino
Jay Cohen
Lorrie Garces
Judy Greene
Claire Henderson
Mark Hubner
Matthew Hurford
Diane McLean

Annette Matthews
Farah Munir
Britt Peterson
Naveen Thomas

Area 3

Kimberly Best
Ajith Potluri
Miriam Tepper
Cynthia Turner-Graham

Area 4

Murray Kapell
Christopher Raczynski

Kathy Russeth
M. Rafique Shaikh

Area 5

Leesha Ellis
Alan Lynch
Micah Sickel
Latonia Sweet

Area 6

Jill Rothberg

Area 7

Heena Desai
Steven Dobscha

Workshop: Ensuring Successful Supportive Housing for the Chronically Mentally Ill

Friday, October 8, 2004

8:00–9:30 a.m.

Clinical Discussion Group: Injectables in a Population of Individuals With Severe and Persistent Mental Illness, *William H. Wilson, MD*

Lecture: Race and Substance Abuse: Dual Dilemma for Bipolar Disorder, *William B. Lawson, MD, PhD*

Workshop: Hook, Line, and Sink: Fishing for the Next Generation of Community Psychiatrists, *2003-2005 APA/Bristol-Myers Squibb Fellows*

Workshop: It Doesn't Happen to Us: Exploring Trauma and Resiliency in Minorities

8:30–11:30 a.m.

APA Caucus: State Hospital Psychiatrists

Symposium: Neuropsychiatric Dimensions of HIV, *APA Committee on AIDS*

Symposium: Ethical Issues in Community Mental Health Care

10:00–11:30 a.m.

Lecture: Psychiatry's Duty to Protect Medical Privacy and Community Health, *Richard K. Harding, MD*

Lecture: Keep It REAL: Active Coping and Psychological Preparedness for Community Groups, *Paula G. Panzer, MD*

Workshop: How Can Organizations and Providers Reduce Consumer Stigma?, *American Association of Community Psychiatrists*

Workshop: The Other Edge of the Electronic Medical Record

12 noon–1:30 p.m.

Meet the Experts Luncheon for Residents, Early Career Psychiatrists, and Medical Students

1:30–3:00 p.m.

Plenary Session: Transforming Mental Health Care in America, *Kathryn Power, M.Ed., Anita S. Everett, MD, and Steven S. Sharfstein, MD, Substance Abuse and Mental Health Services Administration*

3:00–5:00 p.m.

Lecture: Treatment of PTSD in Women, *Marian I. Butterfield, MD, MPH APA Caucus: Veterans Administration Psychiatrists*

Workshop: Changing the World: Developing Comprehensive Integrated Systems for Co-occurring Mental Health and Substance Abuse Disorders, *American Association of Community Psychiatrists*

Workshop: New and Emerging Paradigms for Understanding Disparities in Mental Health

Saturday, October 9, 2004

8:00–9:30 a.m.

Workshop: Collaboration: Psychiatrists and Advanced Practice Prescriptive Authority Nurses

Workshop: Working with Mentally Ill Sex Offenders
APA Caucus of State Hospital Psychiatrists

8:00 a.m.–12 noon

CME Course 8: Practicing Rewarding Psychiatry in Jails and Prisons.
APA Caucus of Psychiatrists Practicing in Criminal Justice Settings

CME Course 9: DSM-IV-TR Cultural Formulations: Diagnosis and Therapy. *Russell Lim, MD; Candace Fleming, PhD; Roberto Lewis-Fernandez, MD; Charles Ndlela, MD; David Henderson, MD; Francis Lu, MD*

8:30–11:30 a.m.

APA Caucus: Rural Psychiatrists

APA Caucus: Psychiatrists Treating Persons with Eating Disorders

Symposium: Adolescence as a Social Developmental Process: Problems of Youth in Their Social Context, *American Association of Social Psychiatry*

**Join Us to Celebrate the
20th Anniversary of the AACP**

Friday October 8

Members Forum 5:30-7:00

Members Reception 7:00-8:30

Acoustic/Folk Concert: *Christine Lavin* 8:30-10:00

(see page 5 for locations)

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Tribute to Our Departing Board Members

Four members recently stepped down from their AACP Board positions: Charley Huffine, MD; David Moltz, MD; Peter Forster, MD and Peter Gibson, MD . We owe a great deal of gratitude to all four of these outstanding members for their years of service and for their commitment to the AACP. They each have left their mark on the work of the Board and the organization, and on the hearts of their colleagues. We hope to continue to benefit from their expertise, their commitment and their passion for the work of community psychiatry. We would like to acknowledge each of them and their many contributions to the organization. As they leave the Board they each have shared some of their reflections and memories with the AACP membership.

Charley Huffine: Marking the end of an era, Dr. Huffine steps down from his official position on the Board after 14 years of distinguished service as *Secretary* (1990-96), *President* (1996-2000), and *Immediate Past President* (2000-2004). During his tenure he never lulled in his energy, passion and productivity. He was the heart of the Child and Adolescent Committee, consistently ensuring that children's issues not be forgotten. He was one of the moving forces behind the development of LOCUS, as well as the child and adolescent version CALOCUS. During his term as president, the listserv developed into the vibrant and valuable communication tool that it continues to be. He spent a tremendous amount of time nurturing the discussion, responding to emails, mediating controversies, making all who ventured online feel welcomed and heard there.

There was a tremendous outpouring from fellow Board members about Dr. Huffine's contributions to the Board, the organization, and the field of community psychiatry: "I am sure that once the annals of Community Psychiatry are written the name of Charley Huffine will appear high on its list of leaders and contributors. Charley has been not only a fearless leader, but also a highly dedicated worker in the vineyard. He deserves the best in terms of congratulations for his extensive work on the AACP Board, and I am sure we will continue to see his contributions flourish." He was admired by all for his energy and passion, "Charley is a great adolescent psychiatrist because he clearly maintains a youthful optimism and enthusiasm. That is also why he was a great president for the AACP. Charley was a great diplomat and at the same time always impressively candid and passionate in expressing his views." He has been affectionately teased throughout for his verbosity in the service of this passion, "Charley will never say in twenty words what can be said in one hundred, but it is always great to ride along on one of his verbal journeys. . . Despite his initial resistance to the electronic revolution, he has become one of the most prolific emailers our world has known." Reflecting on his emergence as a leader, one colleague states, "Charley started out as an enigma, someone who was never without passion and energy, but who seemed to be all over the map when it came to being organized. . . Then he became AACP's President and he surprised and inspired me and most everyone else! I mean he was a dynamic, tireless, and effective leader, doing much to get us on the map with the APA and other policy leaders in the behavioral health world." All agree that he embodies the spirit of community psychiatry, "Charley single-handedly has shaped the professional identity of many an American community psychiatrist. His long e-missives during his tenure as president have left an enduring positive mark on many community psychiatrists." "I am very proud of (Charley) and I love him dearly. He is in my opinion, the essence of the AACP. You wouldn't think that so much of who we are could be coming from this cool wet corner of the country, but we can't live without him.

He's irreplaceable. Like a voice in the wind, he never gives up. He sees the mission and purpose of community psychiatry and he has kept us focused all these years. He sees a problem and he goes after it like a mongoose on a cobra. We are who we are because of Charley."

As Dr. Huffine takes his official leave, he speaks to his experience on the Board. "It is almost too much to embrace in my overstuffed mind, to think of all of the discussions, waving of arms, passion and humor, issues and positive solutions the Board of the AACP embraced during my 14 year run on the board. . . The quality and quantity of work products are astounding from the original job description for psychiatric staff in Community Mental Health Centers, to our more recent products such as guidelines for recovery oriented services. It has been astounding to see the creativity unleashed in the work groups that labor to produce such work. . . What I know now, as I sit with the Board as the ultimate insider-outsider, is that the passion still grows, the voices still rise in eloquence, the humor is still grand, the issues keep coming and the AACP keeps addressing them with brilliant, practical and useful products and suggestions. Nowhere in psychiatry is there a more clever, passionate, practical group of psychiatrists. I will still be attending Board meetings. As a past president, even as I get really old, I can toddle into the boardroom and receive such affection and honor that I really no longer deserve. But my work as an adolescent psychiatrist and as a county medical director demands that I have a venue to speak, or write my mind, or to ask the big questions and the Board remains the most relevant venue for me to get such support. So I am off the Board formally, but in reality I am glued to it."

David Moltz: Dr. Moltz served two terms on the Board from 1996-2004 as the *Area I Representative* providing liaison to the northeast. In addition to his active participation on the Membership Committee and representation to his region, Board members all underscored the importance of his contributions as founding Co-chair of the Persons with Mental Illness Behind Bars (PMIBB) and the Ethics Committees. In these capacities he was largely responsible for a number of position statements including the *Position Statement on Persons with Mental Illness Behind Bars*, the *Policy On Conflicts of Interests For Board Members*, and the *Principles Governing Corporate Donations*. In addition he was the co-chair for the selection of the annual Moffic Ethics Award recipients. Of these contributions fellow Board members comment, "Without a long professional involvement in forensic settings, David recognized the pressing need to focus on the criminalization of mental illnesses. His focus and energy were responsible for the completion of our PMIBB statement." "David Moltz is the essence of integrity. . . Always alert to important neglected issues, in his gentle, gracious way he gets things done like no one I've ever seen. He chaired so many task forces and pushed and pulled out so many position papers he deserves an award for productivity. In the areas of ethics and jails and prisons, he has made an enormous contribution." In addition to his leadership and productivity, Board members commented on his quiet, deliberate and effective style. "I will clearly miss the gentle and quiet leadership of David Moltz. David has been a leading component in the effective and productive work of AACP for the entire time he has served on our Board." "David has been a quiet and inspiring force on the Board. I have always considered him a dear friend and mentor, who, with his understated and calm demeanor, can bring us all to the realization that our actions, individually and as a group, have significant moral and ethical implications. I have also enjoyed putting presentations together with David, who always has great ideas and the patience to make them

Board report, continued from page 5

come to fruition.” “David’s soft spoken and mild manner were deceptive in many ways. He is a very passionate and thoughtful man who follows through on whatever he makes a commitment to do. His was a voice that could always be depended upon by the Board to focus it on the salient parts of our discussions and to keep its eye on the ethical issues related to our activities. He quietly did a great deal of work without concern about getting the credit. It will be hard to do without him.”

In reflecting on his tenure with the Board, Dr. Moltz says, “It was an amazing experience. I’ve never been involved with such a group of people with so much energy and commitment to public psychiatry. A fellow Board member would suggest that something needed to be done, and someone would simply do it. That’s how committed the members are to community psychiatry. . . While on the Board, I felt very much in the center of gravity. The issues I was struggling with, everybody else on the Board was dealing with too. I found myself in my daily work quoting AACP whether it was information from the listserv or actual Board members. The challenge was in trying to communicate all of this information and activity back and forth from the Boardroom to the region. I truly value my time on the Board. It placed me on the cutting edge of our field. It was an exciting place to be.”

Peter Forster: Dr. Forster served as the *Area VI Representative* reporting to the diverse state of California from 2000-2004. One of his terrific contributions was the creation of the Area VI listserv enabling him to update the region quickly about AACP activities, and fostering regional discussion. Board members honed in on his thoughtful, organized and scientifically informed approach to issues: “One is impressed by Peter’s precision and methodical approach to thinking about issues.” “He has been very creative and thoughtful as a Board member, bringing a very objective analysis to any issue he addressed. He has not flinched from expressing his opinions even when they may be controversial. He was a workhorse for the Board and his dry sense of humor will also be missed.” “Peter truly put effort and good research into the projects he works on, reminding all of us that the scientific and research foundation is a critical cornerstone of what our profession offers national debates in policy and practice.” “Peter does not talk for long periods of time, then comes up with incredibly cogent and powerful ideas that he works on implementing.” “His dry and understated wit, coupled with his encyclopedic grasp of the pertinent literature, as well as his productive and creative penchant for impressive public sector research projects or service concepts, make Peter an invaluable resource, one whose presence we all will miss.” “Peter Forster represents the hope for public psychiatry in California. He has been a thoughtful Board member with enormous leadership potential. It’s been too short. . .”

Reflecting on his time on the Board, Dr. Forster comments, “having just stepped down from four years as the representative of California to the AACP Board, I find it is

Continued on page 10

Ethics Committee (Moltz/Osher)

Drs. Cruz and Major will replace Drs. Moltz and Osher as committee chairs.

Finance Committee (McQuiston)

1) The Finance Committee has accepted the charge to develop a long range financial plan. 2) LOCUS revenue is projected to increase from \$23,000 last year to \$45,000 this year. 3) Due to improvement in the AACP budget, the Committee thinks it will now be feasible to return travel reimbursement for Board meetings to its prior rate beginning in October 2004. 4) The Board voted to obtain an independent audit at the change of Treasurers.

International Committee (Thompson)

Dr. Thompson reported that Dr. Lim met with Juan Mezzich, MD from the World Psychiatric Association to explore international networking possibilities. AACP could become an affiliate organization with WPA in their sub-section of psychiatry. Drs. Thompson and Lim will follow up with Dr. Mezzich and report back to the Board.

LOCUS/CALOCUS Committee (Sowers) (see Deerfield liaison report, above)

1) The committee is considering language changes in LOCUS regarding psychiatric staffing. 2) A quality survey was reviewed by the committee and will be sent to agencies that have used the instrument, asking about their experiences with it. 3) Dr. Huffine will replace Dr. Sowers as chair of the LOCUS/CALOCUS committee.

Membership Committee (Primm)

1) Dr. Pumariaga reported (in Dr. Primm’s absence) a current membership of 702, including 180 unpaid as of December 2003. 2) The Committee recommended a review of the Area representative role. The committee encourages the development of local and regional list serves to increase general member involvement. 3) The Membership Committee endorses replacement of the printed membership directory with an electronic version. 3) The committee recommended holding General Membership Meetings twice rather than once annually. The Board voted to hold membership meetings at both May and October meetings.

Publications/Communications Committee (Thompson)

1) Dr. Thompson has been investigating software that would allow the website/listserv to organize multiple specific conversations. Committee work could be done in a members’ only section with the development of a firewall. 2) He reviewed the standing policies regarding non-member access to the listserv. The Board reaffirmed its position that access to the AACP listserv cannot be sold to non-members for any purpose. Individual AACP members can post information related to AACP interests on a one-time basis. 3) Dr. Thompson reported that it would be possible to place the membership directory on the website as soon as a firewall is in place. Dr. Pumariaga recommended that there be two options: the membership directory could be placed on the web site and updated, or, the directory could be sent to members on the list serve. 3) The committee will explore the possibility of publishing a book containing all AACP papers and products to date.

Quality Management Committee (Sowers)

1) Dr. Sowers updated the Board on supporting tools and implementation strategies the committee is considering for the recently approved *Recovery Oriented Service Guidelines*. He described a questionnaire, “ROSE” (*Recovery Oriented Service Evaluation*), that could be developed and validated as a quantitative self-evaluation tool. The committee is interested in opening a dialogue with SAMSHA about applying the AACP Recovery Oriented Guidelines in its Systems Transformation Program. 2) Dr. Feldman will help the Quality Management Committee re-invigorate its dormant task force on staffing guidelines. 3) Dr. Chandrigiri will replace Dr. Sowers as Chair of the Quality Management Committee.

Training Committee (Gillig)

1) Dr. Gillig will replace Dr. Haggerty as Training Committee chair. 2) There is still interest in developing a CME course. 2) Following a one year’s hiatus, the AACP sponsored Training Network Luncheon will resume at the 2004 IPS meeting.

Departing Board Members, Continued from page 9

difficult to think back on the experiences of the last four years because there is such a sense of sadness about ending that relationship. The experience of being on the Board of this organization is truly an enriching and remarkable one. It is something that I wish more of the members will experience. The conversation is animated. People are occasionally silly, and often it seems to me the topic of discussion will get elaborated to the point where it's almost lost. . . but there are truly awe-inspiring moments when you become aware of the possibilities that exist in our society for the development of healthy communities and for the recovery of people with psychiatric illness . . . Working on the Board of AACP is to experience a constant challenge to cynicism and pessimism about what is possible."

Peter Gibson: Dr. Gibson served on the Board as the *Area VII Representative* representing the Pacific northwest from 2000-2004 during which time he was a particularly active member of the Training and Membership committees. Board members have appreciated his unique view as a Canadian, and the liaison that he provides between the US and Canada, "our lone Canadian elected representative over these past 20 years". "He has been our only Canadian Board member and has championed the cause of community psychiatry training in BC. He has worked with the Public Psychiatry Training Program in Oregon to facilitate the twice-yearly field trip of Oregon Community Psychiatry. Residents and Social Work students to The Greater Vancouver Mental Health System keeping us aware of the benefits of a single payer system and fostering interaction between UBC residents and our folks. Even though he leaves the Board this work which is so important will continue." Dr. Cutler recollected that "Peter Gibson has been a student, colleague, and then co-board member to me. He is an accomplished community psychiatrist, policy wonk, and teacher." He was also very much appreciated for his thoughtful, easy-going, diplomatic style, "He was affable, easy going and it would be difficult not to like him." "He was extremely effective at the art of compromise, at finding the common ground." "He made important contributions to our discourse and activities with a humility that allowed his points to be heard and his efforts to be effective."

As Dr. Gibson reflects on his Board term he states, "I look back with fondness on my involvement on the AACP Board. My tenure as *Area VII representative* was full of exciting and sometimes frustrating challenges. As the only Board member from Canada, it was interesting to follow the various issues that the Board confronted that we do not (and hopefully will not) face "up north". I am amazed at the efficiency of the Board meetings, specifically the amount of material covered and still allowing ample room for discussion and debate. Often there are markedly differing opinions on an issue, yet everyone is allowed to voice their opinion. I am also amazed at the prolific nature of the Board and its committees in regards to position statements. These products are very timely, proactive and focused on the betterment of care systems for the SPMI population. This Board also fosters a diverse network of liaisons with other entities. All these things set the AACP apart from other organizations. My own personal frustration stemmed from the difficulty of 'following through'. The board is a very energetic and positive entity and I found that once back home in the busy day to day grind of competing pressures, it was hard to follow up on the initiatives set out at the Board. . . All this sounds as if the Board is very serious. Although the work undertaken is serious, there is a great deal of levity and comraderie which made being involved very fun. I cherish my time on the Board and am thankful for the experience of working with dedicated, well-thought and progressive colleagues. "

CDC to Launch Consumer Campaign to Increase Awareness and Action in Identifying Children at Risk for Autism and Other Developmental Disorders

At 2 years of age, Conner didn't talk. His mom, Lisa, was told that boys talk later than girls. He was not interested in playing with other kids. His mom was told he was shy. He threw severe temper tantrums because of little things. His mom was told he was spoiled. He didn't pay attention when his name was called. She was told he would grow out of it.

A year later he was diagnosed with autism.

Conner's story is not unique. Despite the groundswell of attention on the topic of childhood developmental disorders, research shows that families and professionals do not fully understand some basic facts about early childhood development. As a result, they do not always recognize the warning signs of developmental problems, and parents do not always know when they need to share their concerns with their child's health care provider.

To prevent more stories like Conner's, where action/intervention is delayed when a problem may exist, the Centers for Disease Control and Prevention (CDC) is launching a consumer campaign to educate parents about the warning signs of autism and other developmental disorders, such as hearing loss and cerebral palsy. The campaign aims to help parents identify signs of developmental disabilities earlier, so children will have access to services sooner and have a greater chance to reach their full potential.

CDC is initially launching the campaign with an emphasis on educating health care professionals. This will help prepare the health care community for the anticipated increase in awareness and education among parents. CDC's campaign will reach health care professionals through exhibits at national and regional conferences; workshops and seminars; continuing education materials; and materials to share with parents.

The campaign is a collaborative effort of the U.S. Department of Health and Human Services (HHS) and CDC, the Autism Society of America (ASA), Cure Autism Now (CAN), Organization for Autism Research (OAR), and the National Alliance for Autism Research (NAAR).

In addition, the American Academy of Pediatrics (AAP), in collaboration with CDC, the National Center of Medical Home Initiatives for Children with Special Needs, and First Signs, recently developed screening guidelines to establish the following:

- *Standard practices among physicians;*
- *Simplification of the screening process;*
- *Assurance that all children receive routine and appropriate screenings and timely interventions.*

These guidelines are part of the Autism A.L.A.R.M. and can be found at www.aap.org or www.medicalhomeinfo.org.

Conner is now 6 years old, and he is talking. But not because he grew out of his problems. Intensive services and years of hard work have helped him make progress. According to Conner's mother, Lisa, No one wants to hear that there is something wrong with their child, but early intervention is so important. Parents need to know the signs and know how important it is to get care as soon as possible. While Lisa is grateful that Conner was diagnosed at three, she knows that they can never regain the year he lost.

For more information about CDC's autism and developmental activities and to get the latest resources on developmental delays, milestones, and warning signs, please visit www.cdc.gov/ncbddd.

Soros Fellowship Applications

The Program on Medicine as a Profession (MAP) of the Open Society Institute announces the next application deadline of **January 19, 2005** for the Soros Advocacy Fellowship for Physicians. The Soros Advocacy Fellowship for Physicians is designed to enable physicians to develop or strengthen advocacy skills through collaboration with a U.S.-based advocacy organization during a **12-24 month** fellowship period. Through this fellowship, participating physicians will design and implement projects that address health and service delivery or other social issues such as racism, violence, environmental hazards, and education. Organizations that do policy or system level advocacy benefit by having the presence of a physician collaborating with their staff. Fellowship awards range from \$40,000 to \$80,000 in salary support per year, plus fringe benefits. Organizations may apply for up to \$5,000 a year to support costs associated with the fellows' project.

Projects should be focused within the United States and should identify system or policy level changes as the outcome of the fellowship work. Please note that we do not fund projects for direct service or research. Although the program welcomes projects that provide opportunities for role modeling, it does not encourage proposals that are solely devoted to training or curriculum development. Applicants must apply for the fellowship with the commitment of an advocacy organization that is prepared to house, mentor, and support them throughout the fellowship period. A list of advocacy organizations that have expressed interest in participating in the fellowship is available at our website at www.soros.org/medicine. Applicants may also apply with organizations other than those listed on the website.

We encourage applications from physicians at all stages of their careers who have been practicing for at least one year after completing residency. The most competitive applicants are practicing physicians who will have an opportunity to serve as role models, either in an academic or clinical setting, to their colleagues and to future physicians.

For more information on the fellowship and on the Medicine as a Profession program, please visit www.soros.org/medicine. During the application process, inquiries can be sent to ccalhoon@sorosny.org; Claudia M. Calhoon, MPH, Program Manager, Medicine as a Profession, Open Society Institute, 400 West 59th St., New York, NY 10019. Phone 212.548.0343.

AACP at IPS, continued from page 7

Symposium: Science to Service for Co-Occurring Disorders: Your Federal Dollars at Work in Arkansas, Missouri, and Pennsylvania, *Substance Abuse and Mental Health Services Administration*

Symposium: Innovations in Level of Care Assessment for Psychiatric and Substance Use Disorders, *American Association of Community Psychiatrists*

Symposium: International Approaches to Community Psychiatry: What Can We Share?

10:00–11:30 a.m.

Clinical Discussion Group: Psychosocial Treatment of Individuals With Severe Mental Illness, *Robert M. Goisman, MD, and Group, Hunter L. McQuiston, MD*

Leadership and Career Development Seminar: Making the Media Work for You, *Nada L. Stotland, MD, MPH*

Lecture: Childhood Betrayed: Understanding Munchausen by Proxy Maltreatment, *Marc D. Feldman, MD*

Workshop: Providing Quality Care for Long-Term Residents of State Institutions, *American Association of Community Psychiatrists and the APA Caucus of State Hospital Psychiatrists*

Workshop: Bridging the Gaps in Mental Health Disparities

Workshop: Gay Men and Transgenders in a Social Context: HIV, Depression, and Homelessness, *Association of Gay and Lesbian Psychiatrists*

11:30 a.m.–12 noon

APA Caucus: Lesbian, Gay, and Bisexual Psychiatrists

1:30–3:00 p.m.

Workshop: Cultural Aspects in the Treatment of Psychiatric Disorders in the Elderly, *American Association of Community Psychiatrists and APA Committee on Ethnic Minority Elderly*

Workshop: Professional Issues for Psychiatrists Living With Mental Illness, *National Alliance for the Mentally Ill*

2:00–4:00 p.m.

APA Caucus: Psychiatrists Working in Correctional Settings

2:00–5:00 p.m.

Symposium: Organized Medicine and Caregivers in Partnership to Eliminate Disparities in Health Care

Symposium: Disparities in Children's Mental Health Services: Crisis and Solutions, *American Association of Community Psychiatrists and American Academy of Child and Adolescent Psychiatry*

**Symposium: Wither Go the Meds, *American Association of Community Psychiatrists and National Mental Health Association*

3:00–4:30 p.m.

Lecture: Recovery in Schizophrenia, *Stephen R. Marder, MD; APA's Alexander Gralnick Award for Research in Schizophrenia*

Workshop: Engaging Family Members in Consumer-Provided Dialogues, *American Association of Community Psychiatrists*

Sunday, October 10, 2004

8:00–9:30 a.m.

Workshop: The Partnership of Public Health and Mental Health in Public Health Emergencies

8:30 a.m.–3:30 p.m.

Training Institute: Clinical Approaches to Working With People Who Are Homeless and Have Mental Illnesses: Challenges and Rewards, *Center for Mental Health Services and the Department of Psychiatry, State University of New York, Downstate, Stephen M. Goldfinger, MD and Fred C. Osher, MD*

10:00–11:30 a.m.

Clinical Discussion Group: Assessing the Social Dimension of the Biopsychosocial Continuum in Adolescents, *Charles W. Huffine, MD*

Workshop: Differential Rates of Success in Accessing Care for the Mentally Ill in Jail

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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.