



**Assembly Executive Committee Meeting
The Mills House, Charleston, South Carolina
January 22-24, 2016
Materials Included in this Packet**

****PLEASE CLICK ON THE ITEM TO VIEW****

Draft Report of the Assembly Executive Committee, Fall 2015

Draft Summary of Actions, Board of Trustees, December 2015

Action Paper 12.B: Directions to the Area Nominating Committees

Action Paper 12.T: Election of Assembly Officers

Draft Summary of Actions, Assembly, Fall 2015

Fall 2015 Assembly: Survey Monkey Results

Area Council Block Grant Policies and Procedures

Assembly Schedule, Draft, May 2016

DB Voting Strength (November 2016, May 2017)

Report of the Work Group on Access to Care

Report of the Work Group on APA Fellows Participation in the Assembly

Assembly Executive Committee

DRAFT REPORT

Friday, October 30, & Sunday, November 1, 2015

Omni Shoreham, Washington, DC

Glenn Martin, MD, Speaker
Daniel Anzia, MD, Speaker-Elect
Theresa Miskimen, MD, Recorder
John Wernert, MD, III, Parliamentarian
A. Evan Eyster, MD, Area 1 Rep
Manuel Pacheco, MD, Area 1 Dep Rep
Seeth Vivek, MD, Area 2 Rep [A]
Jeffrey Borenstein, MD, Area 2 Dep Rep
Joseph Napoli, MD, Area 3 Rep
William Greenberg, MD, Area 3 Dep Rep
James Batterson, MD, Area 4 Rep
Bhasker Dave, MD, Area 4 Dep Rep
Laurence Miller, MD, Area 5 Rep

Philip Scurria, MD, Area 5 Dep Rep
Joseph Mawhinney, MD, Area 6 Rep
Barbara Weissman, MD, Area 6 Dep Rep
Craig Zarling, MD, Area 7 Rep
Charles Price, MD, Area 7 Dep Rep
Linda Nahulu, MD, M/UR Rep
Sarit Hovav, MD, RFM Rep
Mark Haygood, D.O., ECP Rep
David Scasta, MD, ACROSS Rep
Jenny Boyer, MD, Immediate Past Speaker
Melinda Young, MD, Past Speaker
Saul Levin MD, MPA, CEO and Medical Director

Guests:

A. David Axelrad, MD, Chair, Assembly Committee on Procedures (*Friday*)

Administration:

Margaret Cawley Dewar, Director of Association Governance
Allison Moraske, Senior Governance Specialist, Assembly
Colleen Coyle, JD, APA General Counsel (*Friday*)
Rodger Currie, Chief of Government Affairs (*Friday*)
Yoshie Davison, Chief of Staff
Jon Fanning, Chief of Membership & RFM-ECP Officer (*Friday*)
Shari Graham, JD, Assistant General Counsel (*Friday*)
Kristin Kroeger, Chief of Policy, Programs, and Partnerships
Ranna Parekh, MD, MPH, Director, Division of Diversity and Health Equity

Shaun Snyder, Esq., Chief Operating Officer
Philip Wang, MD, DPH, Director of Research (*Friday*)
Jason Young, Chief Communications Officer (*Friday*)

Friday, October 30, 2015

- 1. Call to Order and Opening Remarks — Dr. Martin**
Dr. Martin welcomed the Assembly Executive Committee and guests to the meeting. The members then introduced themselves and disclosed any potential conflicts of interest.
- 2. Approval of Report of AEC meeting, July 2015**
MOTION APPROVED: The AEC voted to accept the report of the Assembly Executive Committee from July 2015.
- 3. Remarks from the Speaker-Elect — Dr. Anzia**
Dr. Anzia noted that the Assembly would be voting on the draft APA Practice Guideline: *Use of Antipsychotics to Treat Agitation or Psychosis in Patients with Dementia*. Area 4 is the primary reviewer and the RFM Committee is the secondary reviewer. The leadership of the Practice Guidelines and the Assembly liaisons to the Steering Committee on Practice Guidelines held a conference call to discuss the revisions and address any concerns. Dr. Anzia also announced that Dr. Laura Fochtmann, Vice-Chair of the Guideline Writing Group, will be attending the Assembly and can visit Area Council meetings, if needed. Dr. Martin reminded the AEC that the vote on the Practice Guideline would be an up or down vote, with no editing allowed from the floor.

4. **Remarks from the Recorder — Dr. Miskimen**

Dr. Miskimen reviewed the Assembly voting process and requested that the Area Councils review the process during their upcoming Area Council meetings.

The procedure for calling for a vote by strength had been adjusted during the previous Assembly reorganization. Dr. Martin stated that the procedure will continue as written and that the Assembly Committee on Procedures will review and make necessary changes.

5. **Remarks from the CEO and Medical Director — Dr. Levin**

Dr. Levin began by thanking Drs. Martin, Anzia, and Miskimen for their hard work and support. He updated the AEC on the congressional briefing held on October 29th that focused on the national epidemic of the criminalization of people with mental illness, noting that Dr. Binder spoke at the briefing. Dr. Levin also spoke about the recent State Advocacy Leadership Conference in Hollywood, Florida, thanking Drs. Martin, Miskimen, Young, and Price for attending. He noted that 48 states were represented and the feedback was very positive.

Dr. Levin announced that CMS awarded APA one of the *Transforming Clinical Practices-Support Alliance Networks (SAN)* grants. This is a four-year \$2.9 million grant, and as a Support and Alignment Network, APA will train 3,500 psychiatrists to expand their quality improvement capacity, learn from one another, and reach common goals of improved care, better health and reduced cost.

Dr. Levin concluded his remarks by reporting that the recent Institute of Psychiatric Services (IPS) meeting in New York City was successful, with good attendance.

6. **Review of Assembly Agenda — Dr. Martin**

The AEC reviewed the Assembly agenda. Dr. Martin explained that the Reference Committees will be creating reports on their recommendations. The reports will be distributed Saturday morning for use/discussion during the Area Council meetings.

7. **Reports of Assembly Component Chairs**

A. Rules Committee — Dr. Boyer

Dr. Boyer outlined the work of the Rules Committee prior to the Assembly meeting. She also reviewed the draft consent calendar with the AEC. Dr. Boyer explained how the Special Rules had been modified to clarify the process of moving an action paper as well as how direct referrals of an action to the Board of Trustees will be handled by the Assembly.

B. Awards Committee — Dr. Young

Dr. Young announced that APA Past President Dr. Steven Sharfstein will be receiving the Assembly Profile of Courage Award on Sunday morning. Dr. Sharfstein is receiving the award in recognition of his organizing APA's strong stand against the participation of psychiatrists on American government interrogation teams, his resolute stand on psychiatrists' and physicians' profound ethical obligation to patients; his willingness to stand firm in the face of opposition by the nation's military and civilian leadership, his participation in developing a formal position of the APA stating categorically that psychiatrists should not participate in the commission of torture or participate directly in the interrogation of persons held in custody, and his work to change APA ethical guidelines to explicitly oppose such practices.

C. Committee on Procedures — Dr. Axelrad

Dr. Axelrad noted that there will be one action coming forward from the Committee on Procedures on incorporating the Assembly Committee on the DSM into the *Procedural Code of the Assembly*.

D. Assembly Nominating Committee — Dr. Boyer

The Assembly Nominating Committee had several candidates interested in running for Assembly office. The Committee will meet Friday evening to finalize the slate of candidates which will be announced Saturday afternoon during the third plenary.

8. Area Councils/Assembly Groups

The AEC discussed items the Area Councils and Assembly Groups should review during their meetings. In addition to the action papers, the Practice Guideline and the process of votes by strength should also be reviewed. It was requested that Area Councils assign mentors to new Assembly members and also notify the Assembly Officers promptly of any issues of concern that are discussed during the Area/Group meetings.

9. New Business/Other Issues

The Work Group on APA Fellows Participation in the Assembly presented its report to the AEC. The work group recommended that The work group recommends that the mentorship program offer 10 positions annually on the Assembly for which Fellows can apply, that participation may be one or two years, depending on the length of the fellowship (some being one and some two year fellows) and Fellow interest, that the program involve participation in the May Assembly only (not November), that the Fellows have voice only (no vote), and that this program be created as a two year pilot with a decision about the program being made after the two years.

The AEC had a number of follow up questions for the work group and further discussion will occur at the AEC meeting on Sunday afternoon.

Sunday, November 1, 2015

10. Review of Assembly Business and Actions: Action Papers — Drs. Martin, Anzia and Miskimen

The AEC reviewed the passed Assembly actions and the draft action assignments. When the papers are reviewed by the JRC in January, it will be requested that high priority be given to action paper 12.F: *Payer Coverage for Prescriptions from Nonparticipating Prescribers* and 12.K: *Equality in Permanent Licensure Policy*.

11. Hotel/Meeting Feedback

Dr. Martin requested that the AEC provide feedback on both the hotel and general meeting issues.

Plenary

- Add floor speakers to the center of the dais
- Have veteran Assembly members sit near the RFMs
- Label the floor microphones (*Pro, Con, Procedural Matters*) differently to make it clear which side is being called on by the Speaker

Area Councils

- Microphones are needed in Areas 3, 4, 6, and 7
- Areas 3 and 6 requested larger meeting rooms
- At Area Council meetings, encourage members to attend the work group meetings Saturday afternoon

General Hotel

- Omni Rewards points credit even if the room is on the APA master account
- More directional signage
- Color hotel map distributed prior to the meeting and available at the meeting

Association Governance and the Meeting and Conventions Department will work with the hotel on these issues.

12. **New Business/Other Issues**
The Work Group on APA Fellows Participation will present an updated report to the AEC at its meeting in Charleston in January.
13. **Closing Remarks — Dr. Martin**
Dr. Martin thanked the AEC for its hard work. He also thanked the APA Administration and requested that the thanks of the AEC be extended to both the staff and volunteers in Association Governance.
14. Next Meeting: **January 22-24, 2016, location: The Mills House, Charleston, South Carolina**
15. Adjournment

**AMERICAN PSYCHIATRIC ASSOCIATION
BOARD OF TRUSTEES**

**DRAFT - SUMMARY OF ACTIONS
December 12-13, 2015**

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible</u> <u>Office/Component</u>
2.A	<u>Requests to Remove Items from the Consent Calendar</u> Items 7.A.9, 7.A.10, and 7.A.11 were removed	Chief Operating Officer <ul style="list-style-type: none"> • Association Governance
2.B	<u>Approval of Items on the Consent Calendar</u> The Board of Trustees voted to approve the Consent Calendar.	Chief Operating Officer <ul style="list-style-type: none"> • Association Governance
4.A	<u>CEO and MDO Report</u> The Board of Trustees approved transitioning the oversight of the APA Retirement Savings Plan from the Investment Oversight Committee to a Committee of employees, consistent with current standards and best practices.	CEO and Medical Director Chief Financial Officer Chief Operating Officer
4.B	<u>Mental Health Bills on Capitol Hill</u> The Board of Trustees authorizes the Administration to send a letter to Senator John Cornyn (R-TX) expressing strong support for the many provisions of S. 2002 that align with APA policy on criminalization of mental illness, but clarify our intention to continue working with him to better align certain provisions of the bill with APA policy, particularly the firearm-related provisions of the bill.	Chief of Government Affairs
5.A	<u>Minutes of the October 11-12, 2015 Board of Trustees Meeting</u> The Board of Trustees voted to approve the minutes of its October 11-12, 2015 Meeting. [cc]	Chief Operating Officer <ul style="list-style-type: none"> • Association Governance

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible Office/Component</u>
6.B	<p><u>Status of the Board Contingency Fund</u></p> <p>The Board of Trustees voted to accept the report of the status of the Board Contingency Fund. [cc]</p>	<p>Chief Financial Officer</p> <ul style="list-style-type: none"> • Finance & Business Operations <p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance
6.C	<p><u>Presidential New Initiative Fund</u></p> <p>The Board of Trustees voted to accept the report of the status of the President’s New Initiative Funds for Dr. Summergrad, Dr. Binder, and Dr. Oquendo. [cc]</p>	<p>Chief Financial Officer</p> <ul style="list-style-type: none"> • Finance & Business Operations <p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance
6.D	<p><u>Assembly New Initiative Fund</u></p> <p>The Board of Trustees voted to accept the status report of the Assembly’s New Initiative Fund. [cc]</p>	<p>Chief Financial Officer</p> <ul style="list-style-type: none"> • Finance & Business Operations <p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance
7.A.1	<p><u>Joint Reference Committee Report</u></p> <p>The Board of Trustees <u>did not approve</u> the establishment of a Caucus of Korean American Psychiatrists under the Council on Minority Mental Health and Health Disparities. (Please see attachment #1)</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance • Joint Reference Committee (For Information) <p>Chief of Policy, Programs and Partnerships</p> <ul style="list-style-type: none"> • Division of Diversity & Health Equity
7.A.2	<p><u>Joint Reference Committee Report</u></p> <p>Will the Board of Trustees approve the 2016 George Tarjan Award nominee, Emmanuel Cassimatis, MD.</p> <p>This action was removed. The award requires approval from the American Psychiatric Association Foundation Board.</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance • Joint Reference Committee (For Information)

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible</u> <u>Office/Component</u>
7.A.3	<p><u>Joint Reference Committee Report</u></p> <p>The Board of Trustees approved the 2016 Jack Weinberg Award nominee, Constantine G. Lyketsos, MD MHS, DFAPA, FAPM, FACNP [cc] (Please see attachment #3)</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance • Joint Reference Committee (For Information) <p>Chief of Policy, Programs and Partnerships</p> <ul style="list-style-type: none"> • Division of Diversity & Health Equity
7.A.4	<p><u>Joint Reference Committee Report</u></p> <p>The Board of Trustees approved the 2015 Psychiatric Services Achievement Award nominees as detailed in attachment #4. [cc]</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance • Joint Reference Committee (For Information) <p>Chief of Policy, Programs and Partnerships</p>
7.A.5	<p><u>Joint Reference Committee Report</u></p> <p>The Board of Trustees approved the 2016 Bruno Lima Award nominee, Kathleen Clegg, MD. [cc] (Please see attachment #5)</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance • Joint Reference Committee (For Information) <p>Chief Membership &RFM-ECP Officer</p> <ul style="list-style-type: none"> • International Affairs

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible</u> <u>Office/Component</u>
7.A.6	<p><u>Joint Reference Committee Report</u></p> <p>The Board of Trustees approved that the chairperson of the APAPAC be appointed, ex-officio, as a corresponding member to the Council on Advocacy and Government Relations. <i>[Two Board members abstained from the vote.]</i></p> <p>This would occur with the understanding that the APAPAC will include the chairperson of the Council on Advocacy and Government Relations as an ex-officio corresponding member to the APAPAC Board of Directors.</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance • Joint Reference Committee (For Information) <p>Chief of Government Affairs</p> <ul style="list-style-type: none"> • PAC and Grassroots
7.A.7	<p><u>Joint Reference Committee Report</u></p> <p>The Board of Trustees <u>did not approve</u> the establishment of a Caucus on Infancy and Early Childhood under the Council on Children, Adolescents and Their Families. (Please see attachment #7)</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance • Joint Reference Committee (For Information) <p>Chief of Policy, Programs and Partnerships</p> <ul style="list-style-type: none"> • Division of Diversity & Health Equity
7.A.8	<p><u>Joint Reference Committee Report</u></p> <p>The Board of Trustees approved the 2016 Human Rights Award nominee, Dr. David Satcher. [cc] (Please see attachment #8)</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance • Joint Reference Committee (For Information) <p>Chief Membership &RFM-ECP Officer</p> <ul style="list-style-type: none"> • International Affairs

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible Office/Component</u>
7.A.9	<p><u>Joint Reference Committee Report</u></p> <p>Will the Board of Trustees approve the revised charge for the APA/Minority Fellowship Selection and Advisory Committee? (Please see attachment #9)</p> <p>The Board of Trustees voted to refer the revised charge of the APA/Minority Fellowship Selection and Advisory Committee to the Joint Reference Committee.</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance • Joint Reference Committee <p>Chief of Policy, Programs & Partnerships</p> <ul style="list-style-type: none"> • Diversity & Health Equity
7.A.10	<p><u>Joint Reference Committee Report</u></p> <p>Will the Board of Trustees approve the revised charge to the APA Public Psychiatry Fellowship Selection and Advisory Committee? (Please see attachment #10)</p> <p>The Board of Trustees voted to refer the revised charge for the APA Public Psychiatry Fellowship Selection and Advisory Committee to the Joint Reference Committee.</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance • Joint Reference Committee
7.A.11	<p><u>Joint Reference Committee Report</u></p> <p>Will the Board of Trustees approve the revised charge to the American Psychiatric Leadership Fellowship Selection Committee? (Please see attachment #11)</p> <p>The Board of Trustees voted to refer the revised charge for the American Psychiatric Leadership Fellowship Selection Committee to the Joint Reference Committee.</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance • Joint Reference Committee

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible Office/Component</u>
7.A.12	<p><u>Joint Reference Committee Report</u></p> <p>The Board of Trustees approved that additional unnecessary interventions in psychiatry be determined under the premise that a new ABIM Foundation Choosing Wisely list will be developed <u>by the Council on Quality Care and the Council on Research.</u> (Please see attachment #12.A and #12.B)</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance • Joint Reference Committee (For Information) <p>Chief of Policy, Programs and Partnerships</p>
7.A.13	<p><u>Joint Reference Committee Report</u></p> <p>The Board of Trustees approved giving the authors of the resource document, <i>Dissemination of Integrated Care within Adult Primary Care Settings: The Collaborative Care Model</i>, permission to submit the document for peer review and publication provided APA has the right of first approval.</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance • Joint Reference Committee (For Information) <p>Chief of Policy, Programs and Partnerships</p> <ul style="list-style-type: none"> • Research
7.A.14	<p><u>Joint Reference Committee Report</u></p> <p>The Board of Trustees approved the 2016 Hartford-Jeste Award nominee, Ilse R. Wiechers, MD, MPP, MHS. [cc]</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance • Joint Reference Committee (For Information) <p>Chief of Policy, Programs and Partnerships</p> <ul style="list-style-type: none"> • Division of Diversity & Health Equity
7.A.15	<p><u>Joint Reference Committee Report</u></p> <p>The Board of Trustees approved the 2016 John Fryer Award nominee, Mary Bonauto, JD. [cc]</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance • Joint Reference Committee (For Information) <p>Chief of Policy, Programs and Partnerships</p> <ul style="list-style-type: none"> • Division of Diversity & Health Equity

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible Office/Component</u>
7.A.16	<p><u>Joint Reference Committee Report</u></p> <p>The Board of Trustees approved the 2016 Irma Bland Award for Excellence in Teaching Residents nominees: Gordon D. Strauss, MD, Jessica G. Kovach, MD, Terrence A. Ketter, MD, David Lindy, MD, Anthony Edward Atwell, MD, Wioleta Mazurczak, MD, and Mary Helen Davis, MD. [cc]</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance • Joint Reference Committee (For Information) <p>Chief of Policy, Programs and Partnerships</p> <ul style="list-style-type: none"> • Education
7.A.17	<p><u>Joint Reference Committee Report</u></p> <p>The Board of Trustees approved the 2016 Nancy C. A. Roeske, MD Certificate of Recognition for Excellence in Medical Education nominees: Rif El-Mallakh, MD, Ellen Gluzman, MD, Rona J. Hu, MD, Chloe Marie Leon, M.D., Julie Penzner, MD, Ashish Sharma, MD, Nina Freund, MD, and Richard Renka, MD. [cc]</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance • Joint Reference Committee (For Information) <p>Chief of Policy, Programs and Partnerships</p> <ul style="list-style-type: none"> • Education
7.A.18	<p><u>Joint Reference Committee Report</u></p> <p>The Board of Trustees approved the 2016 Adolf Meyer Award nominee, James W Dilley, MD. [cc]</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance • Joint Reference Committee (For Information) <p>Chief of Policy, Programs and Partnerships</p> <ul style="list-style-type: none"> • Education
8.A.1	<p><u>Finance and Budget Committee Report</u></p> <p>APA Operating Budget: The Board of Trustees approved the 2016 Operating budget as proposed.</p>	<p>Chief Financial Officer</p> <ul style="list-style-type: none"> • Finance & Administration

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible</u> <u>Office/Component</u>
8.A.2	<p><u>Finance and Budget Committee Report</u></p> <p>Foundation Operating Budget: The Board of Trustees approved the 2016 American Psychiatric Association Foundation Operating Budget as proposed.</p>	<p>Chief Financial Officer</p> <ul style="list-style-type: none"> • Finance & Administration <p>APA Foundation</p>
8.A.3	<p><u>Finance and Budget Committee Report</u></p> <p>APA Capital Budget: The Board of Trustees approved the 2016 APA Capital Budget as proposed. <i>[One Board member abstained from the vote.]</i></p>	<p>Chief Financial Officer</p> <ul style="list-style-type: none"> • Finance & Administration
8.A.4	<p><u>Finance and Budget Committee Report</u></p> <p>International RFM's: The Board of Trustees approved the proposed dues structure for International RFMs.</p>	<p>Chief Financial Officer</p> <ul style="list-style-type: none"> • Finance & Administration <p>Chief Membership & RFM-ECP Officer</p> <ul style="list-style-type: none"> • Membership
8.A.5	<p><u>Finance and Budget Committee Report</u></p> <p>Education Joint Sponsorship Expansion: Will the Board of Trustees approved the expansion of the CME joint sponsorship programs to include allied groups?</p> <p>The Board voted to refer this action to the Council on Medical Education and Lifelong Learning with a report to the Board of Trustees by March, 2016.</p>	<p>Chief Financial Officer</p> <ul style="list-style-type: none"> • Finance & Administration <p>Chief of Policies, Programs & Partnerships</p> <ul style="list-style-type: none"> • Education

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible</u> <u>Office/Component</u>
8.A.6	<p><u>Finance and Budget Committee</u></p> <p>The Board of Trustees approved the use of the unrestricted (investment) reserve fund for the APA operating budget as follows:</p> <p>a) For Fiscal Year 2017, \$3 million would be available to supplement operations.</p> <p>b) Beginning in Fiscal Year 2018, 50% of the unrestricted reserve investment income, calculated over the prior 3 year rolling average of completed fiscal years, would be available to supplement operations. (For example: for Fiscal Year 2018, the average Fiscal Years 2014, 2015, and 2016 would be used for the calculation).</p>	<p>Chief Financial Officer</p> <ul style="list-style-type: none"> • Finance & Administration
8.C.1	<p><u>Membership Committee Report</u></p> <p>The Board of Trustees approved the recommendation of the Membership Committee that the \$30,000 for the DB/SA Competitive Grant funds be awarded as listed on page 4 of the committee's report. <i>[BOT members from listed DBs recused themselves.]</i></p>	<p>Chief Membership & RFM-ECP Officer</p> <ul style="list-style-type: none"> • Membership
8.C.2	<p><u>Membership Committee Report</u></p> <p>The Board of Trustees voted to approve the recommendation of the Membership Committee to partner with <i>Credible</i>, an affinity program that serves as an independent marketplace for student loans.</p>	<p>Chief Membership & RFM-ECP Officer</p> <ul style="list-style-type: none"> • Membership

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible</u> <u>Office/Component</u>
8.C.3	<p><u>Membership Committee Report</u></p> <p>The Board of Trustees voted to approve the recommendation of the Membership Committee to revise the Guidelines for Election to Distinguished Fellowship as shown in Attachment F. <i>[One Board members abstained from the vote.]</i></p>	<p>Chief Membership & RFM-ECP Officer</p> <ul style="list-style-type: none"> • Membership
8.C.4	<p><u>Membership Committee Report</u></p> <p>The Board of Trustees voted that the Members listed in Attachment G be approved for Fellowship and Life Fellowship. [cc]</p>	<p>Chief Membership & RFM-ECP Officer</p> <ul style="list-style-type: none"> • Membership
8.C.5	<p><u>Membership Committee Report</u></p> <p>The Board of Trustees voted that the Members listed in Attachment H be approved for International Fellowship. [cc]</p>	<p>Chief Membership & RFM-ECP Officer</p> <ul style="list-style-type: none"> • Membership
8.C.6	<p><u>Membership Committee Report</u></p> <p>The Board of Trustees voted that the Members listed in Attachment I be advanced to Distinguished Fellow or Distinguished Life Fellow. [cc]</p>	<p>Chief Membership & RFM-ECP Officer</p> <ul style="list-style-type: none"> • Membership
8.C.7	<p><u>Membership Committee Report</u></p> <p>The Board of Trustees voted to approve the nominations listed in Attachment L for International Distinguished Fellow of the APA. [cc]</p>	<p>Chief Membership & RFM-ECP Officer</p> <ul style="list-style-type: none"> • Membership
8.C.8	<p><u>Membership Committee Report</u></p> <p>The Board of Trustees authorized dropping from APA membership the Members listed in Attachment O for failure to meet the requirements of membership. [cc]</p>	<p>Chief Membership & RFM-ECP Officer</p> <ul style="list-style-type: none"> • Membership

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible</u> <u>Office/Component</u>
8.C.9	<u>Membership Committee Report</u> The Board of Trustees voted to approve the applicants listed in Attachment P for International Membership. [cc]	Chief of Membership & RFM-ECP Officer <ul style="list-style-type: none"> • Membership
8.C.10	<u>Membership Committee Report</u> The Board of Trustees voted to approve the Membership Committee's recommendations on the dues relief requests as listed in Attachment Q. [cc]	Chief Membership & RFM-ECP Officer <ul style="list-style-type: none"> • Membership
8.D	<u>Nominating Committee Report</u> The Board of Trustees voted to accept the report of the Nominating Committee as presented.	Chief Operating Officer <ul style="list-style-type: none"> • Association Governance
9.A.1	<u>Speaker's Report</u> The Board of Trustees voted to approve the retention of the 2012 Position Statement: <i>Recognition and Management of Substance Use Disorders and other Mental Illnesses Comorbid with HIV.</i> [cc]	Chief Operating Officer <ul style="list-style-type: none"> • Association Governance
9.A.2	<u>Speaker's Report</u> The Board of Trustees voted to approve the retention the 2008 Position Statement: <i>Ensuring Access to, and Appropriate Utilization of, Psychiatric Services for the Elderly.</i> [cc]	Chief Operating Officer <ul style="list-style-type: none"> • Association Governance
9.A.3	<u>Speaker's Report</u> The Board of Trustees voted to approve the Proposed Position Statement: <i>Opioid Overdose Education and Naloxone Distribution- Joint Position Statement of the APA/AAAP.</i> [cc]	Chief Operating Officer <ul style="list-style-type: none"> • Association Governance

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible</u> <u>Office/Component</u>
9.A.4	<u>Speaker's Report</u> The Board of Trustees approved the Proposed Position Statement: <i>Substance Abuse Disorders in Older Adults</i> . [cc]	Chief Operating Officer • Association Governance
9.A.5	<u>Speaker's Report</u> The Board of Trustees approved the revised Position Statement: <i>Bias-Related Incidents</i> . [cc]	Chief Operating Officer • Association Governance
9.A.6	<u>Speaker's Report</u> The Board of Trustees approved the retirement of the Position Statement: <i>The Right to Privacy</i> . [cc]	Chief Operating Officer • Association Governance
9.A.7	<u>Speaker's Report</u> The Board of Trustees approved the retirement of the Position Statement: <i>Interference with Scientific Research and Medical Care</i> . [cc]	Chief Operating Officer • Association Governance
9.A.8	<u>Speaker's Report</u> The Board of Trustees approved the revised Position Statement: <i>Hypnosis</i> . [cc]	Chief Operating Officer • Association Governance
9.A.9	<u>Speaker's Report</u> The Board of Trustees approved the retention of the 2010 Position Statement on <i>Posttraumatic Stress Disorder and Traumatic Brain Injury</i> . [cc]	Chief Operating Officer • Association Governance

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible Office/Component</u>
9.A.10	<p><u>Speaker's Report</u></p> <p>The Board of Trustees approved the retention of the 2010 Position Statement on <i>High Volume Psychiatric Practice and Quality of Patient Care</i>. [cc]</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance
9.A.11	<p><u>Speaker's Report</u></p> <p>The Board of Trustees approved the Proposed Position Statement on <i>Tobacco Use Disorder</i>. [cc]</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance
9.A.12	<p><u>Speaker's Report</u></p> <p>The Board of Trustees approved the retention of the Position Statement: <i>Psychotherapy as an Essential Skill of Psychiatrists</i>. [cc]</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance
9.A.13	<p><u>Speaker's Report</u></p> <p>The Board of Trustees approved the Proposed Position Statement on <i>Involuntary Outpatient Commitment and Related Programs of Assisted Outpatient Treatment</i>. [cc]</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance
9.A.14	<p><u>Speaker's Report</u></p> <p>The Board of Trustees approved the Revised Position Statement on <i>Telemedicine in Psychiatry</i>. [cc]</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance
9.A.15	<p><u>Speaker's Report</u></p> <p>The Board of Trustees approved the APA Practice Guideline: <i>Use of Antipsychotics to Treat Agitation or Psychosis in Patients with Dementia</i>.</p>	<p>Chief of Policy, Programs, and Partnerships</p> <ul style="list-style-type: none"> • Research

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible</u> <u>Office/Component</u>
11.B.1	<p><u>Ad Hoc Work Group on Revising the Ethics Annotations</u></p> <p>The Board of Trustees voted to approve the document currently titled, "APA Ethics Resource Document" with the understanding that the title will be changed and voted upon later at the December Board of Trustees meeting.</p>	General Counsel
11.B.2	<p><u>Ad Hoc Work Group on Revising the Ethics Annotations</u></p> <p>The Board of Trustees approved the previously titled "APA Ethics Resource Document" to "APA Commentary on Ethics in Practice".</p>	APA General Counsel
11.C.1	<p><u>Distinguished Service Award Work Group</u></p> <p>The Board of Trustees approved the recommendation of the Distinguished Service Award Work Group to award the 2016 Distinguished Service Award to Donna Norris, MD. [cc]</p>	Chief Operating Officer <ul style="list-style-type: none"> • Association Governance
11.C.2	<p><u>Distinguished Service Award Work Group</u></p> <p>The Board of Trustees approved the recommendation of the Distinguished Service Award Work Group to award the 2016 Distinguished Service Award to Steven Sharfstein, MD. [cc]</p>	Chief Operating Officer <ul style="list-style-type: none"> • Association Governance

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible Office/Component</u>
11.C.3	<p><u>Distinguished Service Award Work Group</u></p> <p>The Board of Trustees approved the recommendation of the Distinguished Service Award Work Group to award the 2016 Distinguished Service Award to Daniel Winstead. [cc]</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance
11.C.4	<p><u>Distinguished Service Award Work Group</u></p> <p>The Board of Trustees approved the recommendation of the Distinguished Service Award Work Group to award the 2016 Organization Distinguished Service Award to the American Academy of Psychiatry and the Law (AAPL). [cc]</p>	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Association Governance
EX.1	<p><u>Support for Hawaii Psychiatric Medical Association</u></p> <p>The Board of Trustees voted to approve a grant requested by the Hawaii Psychiatric Medical Association as unanimously recommended by the Committee on Advocacy and Litigation Funding and the Council on Advocacy and Government Relations.</p>	<p>Chief of Government Affairs</p> <p>CFO (for information)</p>
EX.1	<p><u>Registries</u></p> <p>The Board of Trustees accepted the recommended business case for a multi-illness, patient and provider entered data national mental health quality registry.</p>	<p>Chief of Policy, Programs, & Partnerships</p> <ul style="list-style-type: none"> • Research • Quality Care

<u>Agenda Item #</u>	<u>Title/Action</u> <u>Consent Calendar Items Notated by [cc]</u>	<u>Responsible</u> <u>Office/Component</u>
EX.2	<p><u>Registries</u></p> <p>The Board of Trustees directs the Administration to continue to work with the appropriate consultants and APA components, including using focus groups, to develop and design a detailed business plan for the Board along with options and alternatives of types of registries that will work for APA and psychiatry, using up to an additional \$30,000. <i>[Two Board members abstained from the vote.]</i></p>	<p>Chief of Policy, Programs, & Partnerships</p> <ul style="list-style-type: none"> • Research • Quality Care

ACTION PAPER
FINAL

TITLE: Directions to the Area Nominating Committees

WHEREAS:

1] The Procedure Code of the Assembly states:

"c. Nomination of Trustees. The Area Nominating Committee shall select as candidates for the office of Trustee three voting members of the American Psychiatric Association residing in the Area who are not members of the APA Nominating Committee. Two of these candidates shall be designated as nominees and the third as an alternate. The names of those selected shall be reported to the Area Council at which time the names of two candidates and an alternate shall be forwarded to the chair of the Nominating Committee of the American Psychiatric Association by September 1."

2] The APA Members appointed to Area Nominating Committees should not have tight limits set on their nomination decisions. They should be free to decide what is best for their Area as to nominations.

BE IT RESOLVED:

Areas should have the latitude to nominate more than two candidates.

The Procedures Committee should be asked to change the language accordingly.

AUTHOR:

Roger Peele, M.D., DLFAPA, Representative, Washington Psychiatric Society RogerPeele@aol.com

ESTIMATED COST:

Author: \$0

APA: \$0

ESTIMATED SAVINGS: None

ESTIMATED REVENUE GENERATED: None

ENDORSED BY: Washington Psychiatric Society, August, 2015

KEY WORDS: Area Trustees

APA STRATEGIC PRIORITIES: Advancing Psychiatry, Diversity

REVIEWED BY RELEVANT APA COMPONENT: Sent to Assembly Committee on Procedures

ACTION PAPER
FINAL

TITLE: Election of Assembly Officers

WHEREAS:

Whereas: The Assembly currently provides matrix representation that combines both geographic and special interest representation,

Whereas: The Assembly officers, the Speaker-elect and Recorder, are elected on a geographic basis which gives district branch representatives a total of over 30,000 votes, and gives the ECP, RFM, MUR, ACROSS, and AEC representatives less than 70 votes total,

Whereas: The RFM, ECP, MUR, ACROSS, and AEC representatives constitute nearly a third of all representatives in the Assembly,

Whereas: The Assembly officers represent and serve all Assembly representatives equally;

BE IT RESOLVED:

That the Assembly Procedural Code be rewritten to make the election of Assembly officers based on a majority vote with each voting member of the Assembly casting one vote.

AUTHORS:

David Scasta, M.D., Representative, Association of Gay and Lesbian Psychiatrists

Oscar Perez, M.D., Deputy Representative, Hispanic Psychiatrists

ESTIMATED COST:

Author: \$0

APA: \$0

ESTIMATED SAVINGS: \$0

ESTIMATED REVENUE GENERATED: \$0

ENDORSED BY: Assembly Committee of Resident-Fellow Member Representatives, Assembly Committee of Early Career Psychiatrists, Assembly Committee of Minority and Under Represented Groups, Assembly Committee of Representatives of Subspecialties and Sections, Area 3 Council

KEY WORDS: Voting for Assembly Officers

APA STRATEGIC PRIORITIES: Advancing Psychiatry, Diversity

REVIEWED BY RELEVANT APA COMPONENT: Procedures Committee

Assembly

October 30-November 1, 2015

Washington, D.C.

DRAFT SUMMARY OF ACTIONS

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2015 A2 4.B.1	Retain 2012 Position Statement: <i>Recognition and Management of Substance Use Disorders and other Mental Illnesses Comorbid with HIV</i>	The Assembly voted, on its Consent Calendar, to retain the 2012 Position Statement: <i>Recognition and Management of Substance Use Disorders and other Mental Illnesses Comorbid with HIV</i> .	Board of Trustees, December, 2015 FYI- Joint Reference Committee, January 2016 Membership & ECP-RFT Trustee
2015 A2 4.B.2	Retain 2008 Position Statement: <i>Ensuring Access to, and Appropriate Utilization of, Psychiatric Services for the Elderly</i>	The Assembly voted, on its Consent Calendar, to retain the 2008 Position Statement: <i>Ensuring Access to, and Appropriate Utilization of, Psychiatric Services for the Elderly</i> .	Board of Trustees, December, 2015 FYI- Joint Reference Committee, January 2016
2015 A2 4.B.3	Proposed Position Statement: <i>Segregation of Juveniles with Serious Mental Illness in Correctional Facilities</i>	The Proposed Position Statement: <i>Segregation of Juveniles with Serious Mental Illness in Correctional Facilities</i> was withdrawn by the Council on Psychiatry and Law as the draft position statement is still being finalized.	FYI- Joint Reference Committee, January 2016
2015 A2 4.B.4	Proposed Position Statement: <i>Opioid Overdose Education and Naloxone Distribution- Joint Position Statement of the APA/AAAP</i>	The Assembly voted to approve the Proposed Position Statement: <i>Opioid Overdose Education and Naloxone Distribution- Joint Position Statement of the APA/AAAP</i> .	Board of Trustees, December, 2015 FYI- Joint Reference Committee, January 2016
2015 A2 4.B.5	Reaffirm APA's Adoption of the AMA's 2010 Position Statement: <i>Direct to Consumer (DTC) Advertising of Prescription Drugs and Implantable Devices</i>	The Assembly voted to refer the Position Statement to the Joint Reference Committee to assign to the relevant bodies to draft a more meaningful position statement on DTC Advertising. The draft position statement will be presented to the Assembly in November, 2016.	Joint Reference Committee, January 2016
2015 A2 4.B.6	Proposed Position Statement: <i>Substance Abuse Disorders in Older Adults</i>	The Assembly voted, on its Consent Calendar, to approve the Proposed Position Statement: <i>Substance Abuse Disorders in Older Adults</i> .	Board of Trustees, December, 2015 FYI- Joint Reference Committee, January 2016
2015 A2 4.B.7	Revised Position Statement: <i>Bias-Related Incidents</i>	The Assembly voted, on its Consent Calendar, to approve the revised Position Statement: <i>Bias-Related Incidents</i> .	Board of Trustees, December, 2015 FYI- Joint Reference Committee, January 2016
2015 A2 4.B.8	Retire 2007 Position Statement: <i>The Right to Privacy</i>	The Assembly voted, on its Consent Calendar, to retire the 2007 Position Statement: <i>The Right to Privacy</i> .	Board of Trustees, December, 2015 FYI- Joint Reference Committee, January 2016
2015 A2 4.B.9	Retire 2007 Position Statement: <i>Sexual Harassment</i>	The Assembly voted to retain the 2007 Position Statement: <i>Sexual Harassment</i>	Joint Reference Committee, January 2016
2015A2 4.B.10	Retire 2009 Position Statement: <i>Interference with Scientific Research and Medical Care</i>	The Assembly voted, on its Consent Calendar, to retire the 2009 Position Statement: <i>Interference with Scientific Research and Medical Care</i> .	Board of Trustees, December, 2015 FYI- Joint Reference Committee, January 2016

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2015A2 4.B.11	Revised Position Statement: <i>Hypnosis</i>	The Assembly voted, on its Consent Calendar, to approve the revised Position Statement: <i>Hypnosis</i> .	Board of Trustees, December, 2015 FYI- Joint Reference Committee, January 2016
2015A2 4.B.12	Retain 2010 Position Statement on <i>Posttraumatic Stress Disorder and Traumatic Brain Injury</i>	The Assembly voted, on its Consent Calendar, to retain the 2010 Position Statement: <i>Posttraumatic Stress Disorder and Traumatic Brain Injury</i> .	Board of Trustees, December, 2015 FYI- Joint Reference Committee, January 2016
2015A2 4.B.13	Retain 2010 Position Statement on <i>High Volume Psychiatric Practice and Quality of Patient Care</i>	The Assembly voted, on its Consent Calendar, to retain the 2010 Position Statement: <i>High Volume Psychiatric Practice and Quality of Patient Care</i> .	Board of Trustees, December, 2015 FYI- Joint Reference Committee, January 2016
2015A2 4.B.14	Proposed Position Statement on <i>Tobacco Use Disorder</i>	The Assembly voted, on its Consent Calendar, to approve the Proposed Position Statement: <i>Tobacco Use Disorder</i> .	Board of Trustees, December, 2015 FYI- Joint Reference Committee, January 2016
2015A2 4.B.15	Retain Position Statement: <i>Psychotherapy as an Essential Skill of Psychiatrists</i>	The Assembly voted, on its Consent Calendar, to retain the Position Statement: <i>Psychotherapy as an Essential Skill of Psychiatrists</i> .	Board of Trustees, December, 2015 FYI- Joint Reference Committee, January 2016
2015A2 4.B.16	Proposed Position Statement on <i>Involuntary Outpatient Commitment and Related Programs of Assisted Outpatient Treatment</i>	The Assembly voted to approve the Proposed Position Statement on <i>Involuntary Outpatient Commitment and Related Programs of Assisted Outpatient Treatment</i> .	Board of Trustees, December, 2015 FYI- Joint Reference Committee, January 2016
2015 A2 5.A	Will the Assembly vote to approve the minutes of the May 15-17, 2015, meeting?	The Assembly voted to approve the Minutes & Summary of Actions from the May 15-17, 2015 Assembly meeting.	Chief Operating Officer <ul style="list-style-type: none"> • Association Governance
2015 A2 6.B	Will the Assembly vote to approve the Consent Calendar?	Items 2015A2, 4.B.3, 4.B.5, 4.B.9 and 12.S were removed from the consent calendar. The Assembly approved the consent calendar as amended.	Chief Operating Officer <ul style="list-style-type: none"> • Association Governance
2015 A2 6.C	Will the Assembly vote to approve the Special Rules of the Assembly?	The Assembly voted to approve the Special Rules of the Assembly.	Chief Operating Officer <ul style="list-style-type: none"> • Association Governance
2015 A2 7.A	The Assembly voted to accept the report of the Nominating Committee.	The Assembly voted to accept the report of the Nominating Committee. The slate of candidates for the May 2016 Assembly election is as follows: Speaker-Elect: John de Figueiredo, M.D., Area 1 Theresa Miskimen, M.D., Area 3 Recorder: James R. (Bob) Batterson, M.D., Area 4 David Scasta, M.D., Area 3	Chief Operating Officer <ul style="list-style-type: none"> • Association Governance

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2015 A2 7.B.1	Will the Assembly vote to approve the recommended AEC-approved amendment to the <u>Procedural Code</u> incorporating the Assembly Committee on DSM composition/function based on the approved Action Paper 12 .M "Assembly DSM Component"?	The Assembly voted to approve the recommended AEC-approved amendment to the <u>Procedural Code</u> incorporating the Assembly Committee on DSM composition/function based on the approved Action Paper 12 .M "Assembly DSM Component".	Chief Operating Officer <ul style="list-style-type: none"> Association Governance
2015A2 8.L.1	APA Practice Guideline: <i>Use of Antipsychotics to Treat Agitation or Psychosis in Patients with Dementia</i>	The Assembly voted unanimously to approve the APA Practice Guideline: <i>Use of Antipsychotics to Treat Agitation or Psychosis in Patients with Dementia</i> .	Board of Trustees, December, 2015 FYI: Chief of Policy, Programs & Partnerships <ul style="list-style-type: none"> Quality Care
2015A2 12.A	<u>Access to Care Provided by the Department of Veterans Affairs</u>	The Assembly voted to approve action paper 2015A2 12.A which asks: That the APA support any and all clinical activities that can improve the mental health care and treatment of veterans. That the APA correspond with the Secretary of the Veterans Administration (VA), Robert MacDonald, to actively solicit his support for arranging for fairness in pay for those physician-psychiatrists with more seniority and more administrative responsibility and for those physician-psychiatrists initially entering VA service with educational loans. That the APA actively support and advocate for Congressional appropriations for the loan repayment program provision of the Clay Hunt Suicide Prevention for American Veterans Act also known as the Clay Hunt SAV Act which is intended to funds mental health care and suicide prevention programs within the VA.	Joint Reference Committee, January 2016
2015A2 12.B	<u>Directions to the Area Nominating Committees</u>	The Assembly voted to approve action paper 2015A2 12.B which asks that: Areas should have the latitude to nominate more than two candidates. The Procedures Committee should be asked to change the language accordingly.	Assembly Executive Committee, January 2016 APA Nominating Committee (for information)
2015A2 12.C	<u>New Names for Psychiatric Conditions</u>	The Assembly did not approve action paper 2015A2 12.C.	N/A
2015A2 12.D	<u>Prior Authorization</u>	The Assembly voted, on its Consent Calendar, to approve action paper 2015A2 12.D which asks that the APA explore with other major medical organization whether medical organizations should advocate that clinicians be reimbursed for phone-time spent obtaining prior authorization.	Joint Reference Committee, January 2016

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2015A2 12.E	<u>Ad Hoc Workgroup to Explore the Feasibility of Developing an Electronic Clinical Decision Support Product</u>	<p>The Assembly voted to approve action paper 2015A2 12.E which asks:</p> <p>That the Committee on Mental Health Information Technology and the Council on Quality Care form an ad hoc Workgroup (the “CDS Product Workgroup”) for the purpose of evaluating the feasibility of developing an electronic clinical decision support (CDS) product that leverages the information and knowledge within the APA’s series of Practice Guidelines, in addition to that within other appropriate APA products; and</p> <p>That the CDS Product Workgroup provide to the Assembly a report at the November 2016 meeting and a report at the Board of Trustees at the December 2016 meeting.</p>	Joint Reference Committee, January 2016
2015A2 12.F	<u>Payer Coverage for Prescriptions from Nonparticipating Prescribers</u>	<p>The Assembly voted to approve action paper 2015A2 12.F which asks:</p> <p>That the APA Department of Government Affairs engage CMS to find a mechanism to continue to pay for prescriptions ordered by psychiatrists who do not participate in Medicaid; and</p> <p>That APA seek legislative sponsorship if statutes and/or regulations are required to cover prescriptions ordered by nonparticipating psychiatrists; and</p> <p>That the relevant APA component develop a Position Statement similar to that of AMA’s supporting coverage by all payers of prescriptions and tests ordered by nonparticipating psychiatrists; and</p> <p>That the APA work with the AMA to collect national and state level data on the extent of the problem of insurance non-coverage of prescriptions and tests when ordered by non-participating psychiatrists.</p>	Joint Reference Committee, January 2016
2015A2 12.G	<u>APA Support for NIMH Funding of Clinical Research</u>	<p>The Assembly voted to approve action paper 2015A2 12.G which asks that the APA shall:</p> <ol style="list-style-type: none"> 1. Produce a white paper by the Assembly in May 2016 and the December 2016 Board of Trustees Meeting determining [a] the scope and breadth of change in NIMH funding of clinical trials associated with recent changes in research focus, [b] the public health consequences of the failure to provide such research support, including for patients served by the APA’s 35,000 members and for psychiatric researchers who study clinical care; and [c] the need to provide adequate NIMH funding to support research into clinical treatment methods, including psychotherapy research, as part of a national mental health research budget. 2. The APA will advocate the implementation of the recommendations of the White Paper. 	Joint Reference Committee, January 2016

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2015A2 12.H	<u>Is it Ethical for a Psychiatrist to Serve as a Utilization Management Reviewer when Review Standards Fail to Comply with Parity?</u>	The Assembly voted to refer action paper 2015A2 12.H to the Council on Healthcare Systems and Financing.	Joint Reference Committee, January 2016
2015A2 12.I	<u>Strengthening the Role of Residency Training to Improve Access to Buprenorphine</u>	The Assembly voted to approve action paper 2015A2 I which asks that the APA liaise with ACGME/Residency Review Committee (RRC) to promote Buprenorphine training during general adult psychiatric residency training.	Joint Reference Committee, January 2016
2015A2 12. J	<u>Need to Gather Information on Physician Health Program (PHP) Performance</u>	The action paper was withdrawn by the author.	N/A
2015A2 12.K	<u>Equality in Permanent Licensure Policy</u>	<p>The Assembly voted to approve action paper 2015A2 12.K which asks:</p> <p>That the APA adopts a policy supporting equality in the number of years of ACGME-accredited training required for International Medical Graduates and US medical grads for the purposes of obtaining permanent medical licensure, and consider that a letter of this support be sent to the various state medical boards.</p> <p>That the APA will work with the FSMB, ACGME/RRC and the AMA to lobby for equality in ACGME-accredited residencies for International Medical Graduates equivalent to their US medical grad counterpart colleagues for the purposes of obtaining permanent licensure.</p>	Joint Reference Committee, January 2016
2015A2 12.L	<u>Partial Hospital Training in Psychiatry Residency</u>	The Assembly voted to approve action paper 2015A2 12.L which asks that the APA recommend to the Residency Review Committee (RRC) of the ACGME to recognize and incorporate training in partial hospitalization and other intermediate levels of care in the section on Curriculum Organization and Resident Experiences as an important elective clinical experience for psychiatry residency.	Joint Reference Committee, January 2016
2015A2 12.M	<u>Addressing the Shortage of Psychiatrists</u>	The action paper was withdrawn by the author.	N/A
2015A2 12.N	<u>Advocating for Medicaid Expansion</u>	<p>The Assembly voted, on its Consent Calendar, to approve action paper 2015A2 12.N which asks:</p> <p>That the APA Council on Advocacy and Government Relations and the new State Government Affairs Infrastructure will develop a plan to advocate for the expansion of Medicaid in those states which have not yet done so and the APA will continue address work force and other access concerns in relation to expected increased demand for services stemming from Medicaid expansion.</p> <p>That a status report and recommendations be made to the Assembly at the May 2016 meeting.</p>	Joint Reference Committee, January 2016
2015A2 12.O	<u>Systems to Coordinate Psychiatric Inpatient Bed Availability</u>	The Assembly voted to approve action paper 2015A2 12.O which asks that the APA's Councils on Quality Care and Advocacy and Government Relations review existing models and programs of online registered psychiatric bed availability and present recommendations to develop and promote this approach to facilitating access to care.	Joint Reference Committee, January 2016

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2015A2 12.P	<u>Making Access to Treatment for Erectile Disorder Available Under Medicare</u>	<p>The Assembly voted to approve action paper 2015A2 12.P which asks:</p> <p>That the APA seek to collaborate with other medical societies, including the American Urological Assoc., AMA, etc., as well as organizations devoted to advocacy for those with illness which may result in Erectile Disorder to assure access to a full range of evidence based pharmaceutical, mechanical and surgical treatment options for dealing with Erectile Disorder in a cost effective manner.</p> <p>That the Council on Advocacy and Government Relations and the Council on Healthcare Systems and Financing advocate, along with other professional societies and advocacy groups, for legislation to allow access to the full array of medications, mechanical therapies, and other treatments for Erectile Disorder which are currently excluded from coverage under Medicare.</p>	Joint Reference Committee, January 2016
2015A2 12.Q	<u>Lowering the Initial Membership Requirements for Newly Applying Established Subspecialties and Sections Organizations</u>	The paper was not moved by the author.	N/A
2015A2 12.R	<u>Senior Psychiatrist Seat on the Board of Trustees (BOT)</u>	The Assembly voted to refer action paper 2015A2 12.R to the Joint Reference Committee.	Joint Reference Committee, January 2016
2015A2 12.S	<u>Need for Position-Specific Email Addresses for Leadership Roles in the APA</u>	The action paper was withdrawn by the author.	N/A
2015A2 12.T	<u>Election of Assembly Officers</u>	The Assembly voted to approve action paper 2015A2 12.T which asks that the Assembly Procedural Code be rewritten to make the election of Assembly officers based on a majority vote with each voting member of the Assembly casting one vote.	Assembly Executive Committee, January 2016
2015A2 14.A	Revised Position Statement on <i>Telemedicine in Psychiatry</i>	The Assembly voted to approve the Revised Position Statement on <i>Telemedicine in Psychiatry</i> .	Board of Trustees, December, 2015 FYI- Joint Reference Committee, January 2016

Assembly Fall 2015: SurveyMonkey Responses- FINAL

1) The Reference Committees ran smoothly and allowed adequate time for different views.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A	Total
39.34% (48)	51.64% (63)	0.82% (1)	3.28% (4)	0.00 % (0)	4.92% (6)	122

2) The written reports from the Reference Committee summarizing the testimony and the rationale for any changes proposed by the Reference Committee were helpful.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A	Total
43.44% (53)	48.36% (59)	4.92% (6)	2.46% (3)	0.00% (0)	0.82% (1)	122

3) The presentation by Paul Burton, M.D., Chief Psychiatrist, San Quentin State Prison was informative and educational.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A	Total
48.76% (59)	41.32% (50)	4.96% (6)	2.48% (3)	0.83% (1)	1.65% (2)	121*

**1 skipped*

4) The Saturday afternoon Work Groups should be continued with the understanding that time will be amended as needed so as not to eat into Area meeting time.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A	Total
33.61% (41)	36.07% (44)	18.85% (23)	6.56% (8)	2.46% (3)	2.46% (3)	122

5) I liked the new Area seating arrangements.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A	Total
29.51% (36)	28.69% (35)	27.87% (34)	4.92% (6)	4.10% (5)	4.92% (6)	122

6) The “Pro”, “Con”, and “Procedural Matters” microphone signs were helpful and allowed for a thorough discussion of the action items.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A	Total
44.26% (54)	40.16% (49)	8.20% (10)	6.56% (8)	0.82% (1)	0.00% (0)	122

7) Acoustical issues caused a significant problem in some parts of the new hotel venue. (Please specify setting.)

- **Area 4 meetings needed mics, and once we had them it was better.**
- In our area room, the acoustics were very challenging and not overcome by the microphones.
- **Did not notice any.**
- The "call to the races" was obnoxious. Recommend a tone in the hallway rather than blasting those present.
- **No-but it would be nice in the future to have staffers near the main elevator on the west side to assist in directions-loved the hotel otherwise.**

- Area 5 was in a very large room. Sometimes difficult to hear.
- **Not my experience.**
- Up front at Area 7, the call to order made it hard to STAY ON TIME...Would recommend putting the speakers out in the lobby to gather folks in.
- **No.**
- None.
- **The only issue--and it wasn't big problem---was being able to hear noise from neighboring meeting rooms.**
- I had no issue
- **N/A**
- Area 4 meeting room - room was big, tables were long, acoustics poor. Later on we were provided microphones which helped, but had to pass them around.
- **Reference committee rooms cramped.**
- In the Area 4 meeting it was hard to hear.
- **No problem.**
- Not for me.
- **Area 5 meeting room.**
- ????
- **Council meeting room.**
- N/A
- **Kansas...I had no problems.**
- ? I was not aware.
- **Some of the Reference Committee rooms were poorly set up for discussion or were standing room only.**
- N/A
- **I did not have this issue.**
- Not an issue for me.
- **The acoustics were less of a problem than access in the reference committee rooms, long and narrow and requiring stepping over people.**
- N/A
- **Hallway noise when trying to sleep.**

- N/A
- **For Area 5 it was hard to hear. Need to have seating closer to each other and better sound system.**
- No problem at all.
- **I was not affected.**
- No, though I do have a complaint about some of our 1pm meetings -- the tables tended to be cluttered with crumbs. I notified hotel staff when they were around, and they responded appropriately. But I would have thought that should have been automatic that they would have cleaned up after on-site lunch meetings.
- **No problem for me where I was sitting.**
- Area Council meeting.
- **Not a problem at all for me.**
- In Area 4, we were unable to hear each other for much of the meeting. Microphones are needed in every meeting room.
- **Not that I was aware of, except problem with mikes in area 5 meeting area - it was a large room, large enough for the swimming pool that used to be there**
- N/A
- **I did not encounter any difficulty.**
- Some rooms were too small for the meetings.
- **Not for me.**
- Area 5 room was difficult for meeting due to room size and acoustics.
- **The acoustics at the front dais were poor. We need floor speakers in front of us to be able to hear.**
- Very difficult in Area 5 council meeting.
- **Reference Committee meeting rooms were too small and uncomfortable.**
- Area 4 council meeting.
- **I was sitting a few rows back from the speaker on the left and the sound was too loud, especially with the awful blasting of the song to get people into the area. This was extraordinarily loud and obnoxious and deafening.**

Please do not do that again. And you could move the speakers so they were not too close to the front rows.

- Reference meeting rooms were very small and made it hard to have discussion; also very crowded.
- **I don't recall the acoustics being problematic.**
- No.
- **I had not experienced that as a problem from the place I was sitting.**
- Sitting on the dais it is very difficult to hear speakers who are presenting at the microphone at the lectern.
- **No.**
- AEC dais.
- **I was not aware of problems.**
- YES. The Area V Council room was especially difficult. Fortunately we were able to plug ear buds into the microphone system.
- **Not an issue.**
- Our Area room was much too large for us and the acoustics were awful.
- **Not with me- PR REP.**
- Dais had some issues.
- **None for me.**
- Shape of the room for Area 7 was an issue - too long and narrow. Yes, the Reference committee rooms need adjustments!
- **I don't recall specifics. There were some problems but they were not insurmountable. Psychiatrists don't have a lot of problem using their voices.**
- Not in my experience.

8) How will my DB/Group benefit from the time I spent at this Assembly?

- Missouri has already gotten a brief report that was helpful.
- **Reports from other DBs.**
- I found the interchange of advocacy actions, successes and challenges to be useful.
- **Relating of new developments.**

- It would be great to have a summary document of votes/actions to share with our membership.
- **I have already sent a summary about the meeting. The issue of Rx not covered by out of network providers will be important as well as the MOC update.**
- Very informative. Increased my awareness of the issues. Increased my investment in the APA. Made me proud to be part of this organization.
- **Update on current issues and conflicts in the organization.**
- They will be made aware of what is going on in the APA and learn what the APA is doing for them.
- **Lots of good information to take back to DB. Having our Executive Director present was invaluable!!! Looking forward to distributing tool kit and start our CALF grant with the new regional legislative team.**
- Better able to share how APA is addressing issues common to all members.
- **Bringing the issues discussed back to my constituents.**
- They got the minutes of what transpired and were able to compare the results with the proposed papers.
- **Will help to foster relationship with the APA and become more integrated into its mission.**
- There was information of direct importance to my DB.
- **Feedback re: national actions are helpful.**
- The information gathered will be shared with the membership, which will be helpful.
- **We had the opportunity to discuss issues which were important to us.**
- I am bringing back knowledge to my DB about important updates and issues.
- **Problem solving ideas.**
- Not sure yet!
- **It will provide an update of activity within the APA and of course allow for information about APs passed by Assembly.**

- As an ACROSS member I report on the Assembly activities to my home organization and communicating about current APA priorities and actions is very important to maintain vitality of APA in our members minds
- **They will get feedback on what went on.**
- Using the information to educate our DB members about APA activities, opportunities to participate, and educational opportunities
- **DBs feel that they have an impact on the directions the APA takes.**
- Info from discussions and action papers will be helpful and disseminated to all members.
- **I am drafting notes to share in newsletter article.**
- Input from area branches will assist with planning our educational conf. Dr. Levin's presentation gave info to help our branch connect with central office.
- **We will report back to our DB on all Assembly matters and determine future courses of action.**
- Making contacts and sharing information
- **New information to bring home. Able to share the rationale of the ref coms easier if DB members have questions**
- Learning about the national/regional issues and how they can apply to our state.
- **Coordination with other areas/DBs on national issues, plus information about APA meetings.**
- It's really important for DB members to understand where their dues go, and how APA has improved their professional lives, especially through advocacy for patient causes.
- **Action papers of interest to us were passed.**
- Learning new objectives.
- **Better informed about the activities of APA. Able to express their needs directly via Action Papers.**
- Helping to focus APA priorities to help us all.
- **Better teamwork and awareness of issues.**
- By giving them updated information also learn from other DB's

- **Be informed of significant national issues and APA developments--and hopefully actions DB will take.**
- This was my first time in attendance. I hope to be a conduit of information for the DB.
- **New area members were incorporated into the council. National issues and themes were made clear for the reps.**
- It is very helpful. I feel if we distribute the summary statements of all activities taking place during the meeting which can be consistent for all district branch and putting it our local newsletter can give added benefits to all members.
- **I have already written a newsletter article which has been published and will report in greater depth to the Council in January.**
- Discussion of issues pertinent to DB.
- **Keeping up to date on developments and directions APA is going and representation of opinions of DB members.**
- Providing information about national issues and developments.
- **It was very helpful to share concerns with other branches and learn more about the national agenda.**
- Don't know.
- **Able to discuss some actions especially related to resident training.**
- Will learn of the action taken on issues of concern and interest to our DB.
- **Learning what support the APA has in place for DB's.**
- I gave a report to our executive committee last Friday and have submitted a longer report to our e-newsletter. I emphasized the Practice Guidelines on Antipsychotics which have immediate practical value; the great and improving state of the APA, new staff leaders, exemplified by Roger Currie and the Murphy/Jonson Bill encouraging the members to write to their representatives in support of it; I emphasized the good work of the APF; and being from New York I updated what I learned about the Justice Center and NYSPA's meeting with its leaders - a reason every psychiatrist working in any New York facility should belong to the APA.

- **Information regarding prescribing kit, shared info from other DBs, relevant action papers.**
- As a Canadian the exchange of ideas and information are relevant regarding your healthcare system.
- **The action papers that were approved will impact the practice of psychiatry.**
- Sharing information about policies and procedures that impact practice.
- **I will give a report to them.**
- As usual we had a productive meeting and a bit of time to catch up socially after.
- **Increase action paper work. Better regional collaboration and development of web presence.**
- Reporting back will help put a broader perspective on local issues.
- **Communication is critical and it is very helpful to develop a format which can allow meaning dialogue between the reps and members of district branch. It may be also included in psychiatry news when published.**
- Our Area discussed specific strategies to disseminate information back to their DB members.
- **More awareness of APA policies.**
- Nothing specific to my specialty group.
- **Provided leadership to council; also facilitated welcoming new council members.**
- Will be bringing back message regarding DGRs efforts on enforcement of MHPEA. Informing DB members about APA decisions and which leaders likely to represent their interests and therefore deserve their vote in the general APA elections. (NOT campaigning--just informing re: issues).
- **Better information flow between APA and DB and vice versa, hopefully better engagement of DB.**
- Puerto Rico is totally ignored by the APA.
- **My DB members benefits from having their ideas/wishes represented by our assembly representatives at the Assembly.**
- Defer to DB Reps.

- **Connection to the APA. Assembly meeting report to our DB Executive Committee was completed within one week of the meeting.**
- Able to inform them of current issues on a national level.
- A better understanding of the process and how better to promote our suggested programs.
- **Disseminating information and giving us topics to collect responses from our members. Connecting our DB to Area and National persons.**
- My allegiance at this point is to the Area rather than my DB specifically. We used the Area Council time to work on concerns identified by the members, from their DBs. I think this was very productive in terms of identifying ways to work with APA to address these. I also find that current and past Assembly members are usually the most active in their DBs and that the Assembly meetings tend to reinforce motivation and help to clear up misconceptions about APA in DB discussions.
- **My DB will be apprised of national & regional developments in psychiatry and at the APA.**
- I have been able to inform many members about the efforts the assembly is making in the field of psychiatry.

9) Good action papers have the following characteristics:

- a) A clear purpose
- b) An effective presentation of the subject and the action being requested
- c) Evidence of APA administration review/feedback
- d) Addresses an issue important to the APA, our members and/or psychiatry.

How close did the actions papers under consideration during the last meeting meet the mark?

- **They were good.**
- Very close.
- **I think that those that moved forward met these criteria, and those that did not were not moved.**
- Close.
- **Very well!**
- Very close.
- **Closely.**
- Effective.
- **Better. Still too much focus on pie in the sky issues that will not prove to be worthy of time/expense.**
- Close.
- **Good.**
- There were a couple AP's that seemed more selective to a small group rather than the larger membership, but overall group was good in meeting these objectives.
- **Very close.**
- Much better written resolutions.
- **Excellent.**
- Very well.
- **Pretty good.**

- This was my first meeting as I am a new rep. I thought the papers were close to meeting the mark. I'm not sure what is meant by administrative review/feedback. A number of papers were referred back to the Joint review committee (JRC). Would JRC review be considered APA administration review/feedback? If it is, i think the committee can do a better job of anticipating issues/questions and addressing them.
- **I believe they met the above criteria.**
- Very close.
- **Mostly.**
- Fair, at least...
- **Mostly they were fine. I appreciated the APA administrative reviews - very helpful.**
- Several of the papers considered by my reference committee had been either "written by committee" and ended up being obscure and poorly written, or had extraneous points that the author turned out not to care about during the discussion. Tighter editing for clarity and purpose would have been good.
- **Generally they fulfilled the above guidelines.**
- Very inconsistent among the whole group of papers.
- **Met the four characteristics AFTER being worked on by Reference Committees and using the information from staff.**
- I felt that there was a lot of time discussing procedural matters and less time addressing important policy and scientific matters.
- **90%**
- Meh! 50:50
- **Most did but some fell short.**
- Very well.
- **Fairly well.**
- Well done.
- **Fairly close overall.**
- Mostly very good.
- **Pretty good on (a). Very good on (b), (c), (d)**

- Hard to see evidence of the APA review and feedback prior to the presentations.
- **Better than most meetings. Fiscal notes are often misleading.**
- Very well.
- **Very close.**
- Very close.
- **Very well.**
- Most met A-C criteria, some were also important.
- **Good but some papers still not up to that level. Noticed a reduction in vague papers.**
- Overall action paper authors did very well in meeting these goals.
- **Very good.**
- More relevant issues should be included in the action papers.
- **They did not, poorly researched items that could have been handled via other venues.**
- Very close. For the most part it also allowed the discussion to the point without going towards multiple directions.
- **Very close.**
- Great.
- **Some quite close. Some only fairly close. However getting better over time.**
- Overall very well.
- **Most did.**
- Very-no further comments.
- **Most did.**
- So-so.
- **Very close.**
- 60%
- **Very well.**
- Very close.
- **The APs continue to improve in quality and make the process more streamlined.**

- Above average.
- **Fairly decently.**
- Very close.
- **There were too many action papers poorly thought out and not vetted enough before submitting them. Quite a few were withdrawn.**
- Medium.
- **Most seemed to adhere to this; however some had not been vetted through appropriate channels and were found to be duplications of work being done elsewhere.**
- Mostly good. Some were not succinct and direct perhaps.
- **50%**
- A small number had those characteristics.
- **Variable.**
- Close, but I wish they had broader, external, outside-the-APA meaning. Too many were internally APA focused.
- **Very close and it helped significantly to meet agreed characteristics.**
- Most of the Action Papers met a, b and c but d needs more work. However, several of the Action Papers which were withdrawn did not meet any of these.
- **Generally well.**
- Mostly met.
- **Moderately.**
- Better than ever.
- **Generally well.**
- Pretty close.
- **Most were adequate.**
- Overall, an improvement.
- **Action papers are worthless as the board can overrule anything they want.**
- Better.
- **I thought most did well.**
- Better than in some prior years.

- **4 out of 5.**
- I thought they showed significant improvement overall. There were a couple presented by a RFM that needed a lot of work and were withdrawn. She would have benefitted by additional support and feedback.
- **Close for the most part with some exceptions.**
- Closer than I have seen in 15 years of reviewing action papers.
- **Fairly close. There is always a spread. Organizational perfection remains an elusive goal.**
- They did well.
- **Action papers improved this year.**
- Fair, quite a bit of rewrites attempts in reference committees.
- **Some were very clear and followed the above guidelines closely and some did not.**

10) How can we improve the Assembly meetings for you? Feel free to give suggestions as well as explanations of the answers to the above answers.

- More mics in the area meetings, otherwise it is going well.
- **Didn't particularly like sitting next to a different Area.**
- N/A
- **Less infighting.**
- Perhaps we can be given a map and how to go to specific rooms. Too many up and down stairs and around here and there.
- **From a DYNAMIC perspective, the PRO mikes being at the front and CON being at the back was a bit awkward. I think they should be side by side. Perhaps a certain flag could be waived for Procedural matters.**
- The Omni is not as user friendly for those with physical handicaps/mobility issues. I got tired of trying to find rooms, up and down stairs to get to the right level, etc. One of my peers has even more issues with mobility and he was struggling at times. A better layout map would be helpful. Escalators would be even better.
- **None.**

- Area 5 was in a conference room that was too big and spread out.
- **Get the papers and position statement/papers out to the membership earlier so that the district branches can comment on them earlier.**
- Tighter time control which might then allow for some bathroom breaks!
- **Eliminate presentation by APAPAC. Eliminate presentation by AMA delegates. Eliminate Saturday afternoon work groups. Limit CEO/medical director and APA President's comments to 10 minutes.**
- I thought it went well. The Speaker did a good job of running an orderly meeting. I was engaged.
- **The Areas arriving the furthest away needs to have accommodations made to meet the demands of time change, possible flight delays etc...**
- Better Wi-Fi access. Rooms did not have power outlets except those on the walls, so it was hard to have laptops all day and not have power. The Speaker was excellent, knew all the procedures and knew when to consult, and therefore plenaries I think went very smoothly.
- **Not meet at Halloween.**
- It was my first meeting, but I was left with the question of whether the content of the meeting and the actions being considered were necessarily worth the cost of the meeting, which I assume to be substantial.
- **More time for discussion and less time listening to speeches.**
- In reference to question 3, while I enjoyed the presentation & learned from it, I feel it should have been optional & reserved for a time when all assembly business was finished in order to allow people who might have to leave early to not miss Assembly business.
- **Return to the previous seating for Reps.**
- I think the quality of the Action Papers, when finally acted upon by the Assembly, are the best I've seen in my four decades in the Assembly. Only suggestion is that we have an earlier response from the Reference Committee, not to give the author more time but to give the DB members who had been involved in the development of the Action Paper a better sense of how useful the staff and Reference Committee are.
- **I felt rushed with little time to eat. More frequent breaks would be nice.**

- Area Council meetings seem to drag on and need to be shortened.
- **Workgroups should meet Friday AM's in conjunction with AEC time. Each Area can decide to send Rep or Dep Rep instead of both attending AEC.**
- I and others have poor hearing. Addressing this issue in all meeting areas will be greatly appreciated.
- **I like the changes made for this Assembly, including the venue. Let's stay with these changes for a while.**
- Nothing to add.
- **Reference Committees need to be bigger and have pro and con mics as well. Should follow the general demeanor of the Assembly. Reference Committee reports the following day should have all of the action papers listed their original order with the action of the Reference Committee listed beside it (supported, amended, not supported) as well as page numbers to find the paper. Even if not supported, it should still be present and in the same order. The Reference Committee report (justification) should be listed behind each action paper in this report (1 packet on Saturday with all the action papers, the actions recommended, and the justification report). This way we do not need to page through the original packet if a paper is extracted that was not supported, the Reference Committee report, and the rational report. Happy to speak further on this to clarify (follow AMA stance).**
- The locations for the Reference Committee meetings were too small. Perhaps we can borrow the Area meeting rooms for this purpose.
- **I really liked this hotel. Speaker Martin did a great job---the new format worked because of his organization and timing, I believe.**
- I appreciated engaging new members who had not attended the Assembly, with introductions, etc.
- **Well-run plenary sessions. Speaker was adept at keeping the meeting moving forward. Clickers need battery checks in advance of meeting.**
- Reference Committees spent too much time editing Whereas items and then ran out of time for the crucial be it resolved items. The seating didn't work. Communication flows to one's side, laterally along a row better than

from the front of the room to the back. In the back I felt completely cut off from everyone in my area. Although the pro and con microphones are a good idea, in practice I found myself in rapid succession shifting from pro the action paper, con to an amendment and then with a procedural question in ways that left me running from mic to mic. It was an excellent idea to have the reception again. Keep it up. The social space is crucial.

- **N/A**
- This is a good step. I think that some consideration should be given to reducing rather than increasing the size of the Assembly and seriously considering whether and how much informational presentation should happen.
- **Went well.**
- It was my first time attending. It went better and was more interesting than I expected.
- **Send out schedule earlier- helps with my scheduling. Hotel was overly but not enough counter space in bathroom- know that is not within your control to fix.**
- Make the action papers available earlier so we can get more input from our DB's I believe that Assembly Reps actually represent the constituency of members in trying to make changes that help psychiatrists and our patients so more time for DB input is critical.
- **As a first time attendee, I found it difficult to make the electronic voting device work. At least one of my votes was not counted because of this.**
- When Action Papers and Position Statements are sent to Reference Committees, is it possible to have this material include the review/feedback from APA administration? Doesn't really make sense to spend Reference Committee time digging through the Big Packet to try to find the materials from APA administration.
- **I feel the work by focused groups such as community and public psychiatry has not been getting sufficient attentions that need to get due to last thing in schedule on the last day of the meeting.**
- Great meeting - much improved from the years prior.

- **Rooms for the Reference Committees and the Women of the Assembly were too small.**
- The PAC reception very cheaply done and less fun than in the past. This despite getting more people to give more to attend. Setting not the best.
- **Keep up the good work.**
- Less speeches.
- **Not an issue of concern.**
- More presentations on relevant topics to whole Assembly.
- **This meeting was excellent. I do favor proportional representation as a means of assuring each member that their votes count equally.**
- Better access to internet.
- **It was good, well run, and fun.**
- I thought that this recent meeting was better organized and punctual in ending each day.
- **Thinking about it.**
- Allow more time for meeting with members from across the country to increase awareness of how other areas a managing with issues of importance.
- **Please have vegan options for meals (more than fruit and salad please). Also, a venue with more elevators would be good, and a better heating system. My area meeting room was freezing cold, and there were lines to the elevators at every break.**
- Need to give allotted time to focused groups to present their work preferably on day 2 such as community and public psychiatry.
- **Limit the amount of time (give a specific amount) for discussion of any Action Paper so that we do not have to rush through Saturday afternoon and Sunday morning to finish on time.**
- Area rooms too large.
- **Less crowded seating on the Plenary Floor; set up the mikes with only one pro and one con side by side instead of one in front of the other.**
- **This last meeting was run smoothly and efficiently and without some long discussions that were not always helpful, would encourage that.**

- I liked the interactive PDF better than scrolling as we've been doing for the past year or so.
- **SPEAKERS MUST BE LIMITED IN TIME! If someone wants to wordsmith or rework an action paper, they should do it in the appropriate reference committee and not hijack the Assembly's time.**
- I will pass on suggestions when they occur to me! PS: Allison and staff do a fantastic job. Thank you.
- **Keep innovating. Maybe a lot less time for the special presentations. While the talk on prisons was interesting, there is a lot of interesting things that could be gone into in more detail. So I think this takes up too much of the Assembly time. As well, long speeches by special guests decrease Assembly member discussion on issues of importance.**
- The Saturday afternoon Assembly workgroup meeting is important when the workgroup is working on something specific. More time would be helpful. But, I do not have any recommendations of what to reduce or cut. There have been fewer personal attacks (e-mail and meetings) these past few years. Thank you. Dr. Martin's confidence and sense of humor are appreciated. They keep the agenda moving with lightheartedness. Thank you. I believe the Assembly and Area meetings are the most important parts of my APA membership.
- **Nothing really comes to mind.**
- Perhaps oral history videos of different Assembly Reps experience to watch before the meeting.
- **Keep up the good work.**
- Shape and size of Reference Committee meetings will benefit from a good review. Always hard to predict that a short wide room will be a problem for a given Reference Committee and a given meeting.
- **I think the Assembly generally works well as is. I think sometimes we spend more energy on trying to improve it than is really warranted, less on addressing problems external to the Assembly, many of which seem beyond realistic solution. (Displacement?)**

- This was my first time attending the assembly meeting and I was a bit lost, not knowing exactly where to go and what to do as there are many activities and if you are a newbie it can be confusing. Maybe someone can help those who are new assembly members?

American Psychiatric Association

AREA COUNCILS

Block Grant Policies and Procedures

Introduction

APA has 7 Area Councils. They function as regional councils of the Assembly and associations of District Branches. The States of California and New York are covered by one Council each; the remaining five councils consist of the District Branches of several states. The councils are not incorporated with the exception of Areas 2 and 6, are not covered by any tax exemption and generally do not employ any paid staff. They are entirely volunteer-based.

In the past, the APA has supported Area Council activities by appointing an APA staff person to function as Council Liaison and by paying for Council expenses. Most Councils have two meetings per year in addition to two meetings at the Assembly meeting. No specific policies or procedures had been set out, therefore practices differed from one Council to the next.

In connection with the Assembly's decision to provide funding for the Councils in accordance with a certain newly established formula, and giving recognition to the fact that most Councils do not have an existing corporate structure, a new set of policies and procedures is needed.

New Policies

1. Starting in the year 2001 and continuing until this policy is rescinded; the American Psychiatric Association (the "Association") will make an annual "virtual" block grant to each of the Councils in accordance with the new formula established by the APA Assembly. This formula may be modified by the Assembly as deemed necessary.
2. The number of members within an Area on December 31 of the previous year ended will be used as part of the formula in the calculation of the grant amount for the year beginning the following day, January 1.
3. The grant is made on January 15th of each calendar year and each Area Council will be notified by letter of the amount granted.
4. The amount of the total funds available for block grants will be determined on an annual basis by the Assembly, and will be approved by the BOT as part of the overall APA budget.
5. Unexpended funds at the end of the calendar year may be carried over into the next calendar year and may be used by the Area Council for the same purposes approved in this document for block grant funds.

6. If there are costs overruns, they will be reviewed by the Assembly Executive Committee. A mechanism must be put into place to determine where to charge expenses that exceed the block grant amount. Unless a different mechanism is identified, all expenses exceeding the block grant funds will be charged to the Assembly contingency fund.
7. Since expenditures incurred by the Council must be reported in the Association's financial statements and tax returns, all block grants will be administered by APA staff.
8. Activities carried out under the grant will have to be in compliance with the exempt purposes of the Association's 501(c)(6) tax exempt status and will be reported on the Association's annual IRS tax return (Form 990).
9. The Area Council Rep will be responsible for understanding its financial responsibilities. The Area Council Representative will be responsible for overseeing the administrative aspects of the grant.

New Procedures for the Area Councils

1. The Council Representative will be responsible for the following:
 - a) The Representative will understand the Council's financial responsibilities, including activities allowed and not allowed under the Association's 501(c)(6) tax exempt status.

Activities allowed:

- i) Promoting common professional interests of its members; legislative advocacy;
- ii) Providing support to District Branches;
- iii) Conducting meetings; and
- iv) Conducting education programs.

Activities *not* allowed under the grant are as follows:

- i) Political contributions;
 - ii) Excess (Private) benefits granted to any individual or other entity; all transactions between the Area Council, its members and third parties must be at arm's length; and
 - iii) Payment for spousal travel;
- b) The Representative will take reasonable steps to ensure that the Council's expenditures will not exceed available grant balances. Expenses exceeding the grant funds must be charged to another account within the Assembly operating budget in the fiscal year in which they are incurred.
 - c) The Representative will receive quarterly financial reports from the Association, thirty days after the close of each calendar quarter (March, June, September, and December).
 - d) Before expense reports and invoices can be processed for payment, the Area Council Representative will approve a summary of travel and other expenses

incurred by Council members. The summary will be prepared by the Assembly Staff Liaison in the APA Association Governance Office.

- e) An exact accounting of any grant money spent on lobbying will have to be submitted to APA by July 31st for the first half of the year and by January 31 the following year for the second half of the year. This is because the APA is required by to report all lobbying expenses to Congress as well as to the IRS.

If no money has been spent on lobbying, the Area Council Representative will send to APA a signed letter stating that no grant money has been spent on lobbying during the 6 months ended December 31 or June 30, respectively.

2. Area Council members making travel arrangements may not charge expenses to any of the Association's master accounts. Members will use their own payment method and submit expense reports on preprinted forms to the Association Governance Office for reimbursement.
3. All revenue earned in conjunction with activities funded by the block grants must be reported to the Association on a monthly basis.
4. Area Council expenditures covered by the block grants include those outlined above (under "New Procedures for the Area Councils, Section 1a), as well as:
 - a) Area Reps and Deputy Reps plus District Branch Reps and Deputy Reps travel incurred for attendance at local Council meetings; and
 - b) District Branch Deputy Representatives' expenses incurred for travel to Area Council and Fall Assembly meetings.

New Procedures for the Association

1) Association Governance:

The Administrative Manager in the Department of Association Governance, who will also serve as the Area Council's overall Central Office liaison. This individual will be responsible for monitoring Council activity and expenses for compliance with Association policy.

- a) Receive Council members' expense reports and review them against the submitted supporting documentation for correctness and completeness.
- b) Prepare a one-page summary for review and approval by the Area Council Representative. Once approved by the Area Council Representative, expense reports and invoices will be processed for payment in the APA Finance Department.

2) Finance Department: The Association will appoint a staff person functioning as a technical financial liaison to all Councils. This staff person will be responsible for monitoring Council activity and expenses for compliance with IRS regulations and will answer Council members' technical accounting questions. **The staff liaison from Finance will be determined by the CFO.**

- a) By January 31st of each year, Finance will notify each Area Council Representative of the grant amount awarded.

- b) On the 15th day of each fiscal year (currently January 15th), the Association will credit each Area Council's account with the appropriate grant amount for the year. On its books, it will debit Area Council expense and credit a liability account set up for each Area.
- c) On a quarterly basis, 30 days after the close of a calendar quarter, the Association will provide to each Area Council a simple accounting statement, showing beginning grant balance, financial activity, and ending (unexpended) grant balance.

DRAFT SCHEDULE OF THE ASSEMBLY AND RELATED EVENTS

Friday, May 13, 2016-Monday, May 16, 2016

All rooms are at the Georgia World Congress Center unless otherwise indicated

as of 1-04-16

Friday, May 13, 2016

8:00 am	6:00 pm	Administration Office	Room A403, Level 4
10:00 am	3:00 pm	Registration	TBD
9:30 am	11:00 am	Committee on Procedures Meeting	Room A405, Level 4
11:00 am	12:30 pm	Assembly Executive Committee Meeting	Room A311, Level 3
12:30 pm	2:00 pm	Area Council Meetings	
		Area 1 Council	Room A404, Level 4
		Area 2 Council	Room A405, Level 4
		Area 3 Council	Room A407, Level 4
		Area 4 Council	Room A408, Level 4
		Area 5 Council	Room A410, Level 4
		Area 6 Council	Room A409, Level 4
		Area 7 Council	Room A406, Level 4
2:00 pm	3:00 pm	Plenary Session 1	Rooms A411-412, Level 4
3:00 pm	6:00 pm	Reference Committee Meetings — Action Item Review	
		Reference Committee 1: Advancing Psychiatry	Room A312, Level 3
		Reference Committee 2: Supporting Research	Room A313, Level 3
		Reference Committee 3: Education & Lifelong Learning	Room A314, Level 3
		Reference Committee 4: Diversity & Health Disparities	Room A315, Level 3
		Reference Committee 5: Membership & Organization	Room A316, Level 3
5:30 pm	6:30 pm	Area Trustees & AEC Committee	Room A410, Level 4
7:00 pm	9:00 pm	M/UR Committee Meeting	Spruce Room, Atrium Terrace Level, South Tower, Omni
7:00 pm	9:00 pm	ACROSS Committee Meeting	Cottonwood, M1, North Tower, Omni
7:00 pm	9:00 pm	RFM Committee Meeting	Birch Room, Atrium Terrace Level, South Tower, Omni
7:00 pm	9:00 pm	ECP Committee Meeting	Maple Room B/C, Atrium Terrace Level, South Tower, Omni

OVER

Saturday, May 14, 2016

8:00 am	6:00 pm	Administration Office	Room A403, Level 4
7:00 am	8:15 am	Women of Assembly	Room A314, Level 3
8:15 am	10:30 am	Area Council Meetings	
		Area 1 Council	Room A404, Level 4
		Area 2 Council	Room A405, Level 4
		Area 3 Council	Room A407, Level 4
		Area 4 Council	Room A 408, Level 4
		Area 5 Council	Room A410, Level 4
		Area 6 Council	Room A409, Level 4
		Area 7 Council	Room A406, Level 4
10:30 am	12:00 pm	Plenary Session 2	Rooms A411-412, Level 4
12:00 pm	12:55 pm	Assembly Group Luncheon	Rooms A311-312, Level 3
1:00 pm	3:00 pm	Plenary Session 3	Rooms A411-412, Level 4
3:15 pm	4:15 pm	Assembly Work Group/Committee Meetings	
		Assembly Work Group on Access to Care	TBD
		Assembly Work Group on Metrics	TBD
		Assembly Work Group on Maintenance of Certification	TBD
		Assembly Committee on Public & Community Psychiatry	TBD
		Assembly Work Group on ASM/Foundation Initiatives	TBD
		Assembly Committee on Psychiatric Diagnosis & the DSM	TBD
4:30 pm	6:00 pm	Area Council Meetings	
		Area 1 Council	Room A404, Level 4
		Area 2 Council	Room A405, Level 4
		Area 3 Council	Room A407, Level 4
		Area 4 Council	Room A 408, Level 4
		Area 5 Council	Room A410, Level 4
		Area 6 Council	Room A409, Level 4
		Area 7 Council	Room A406, Level 4

Sunday, May 15, 2016

7:00 am	12:00 noon	Administration Office	Room A403, Level 4
7:00 am	7:55 am	Assembly Group Breakfast	Rooms A311-312, Level 3
7:00 am	7:55 am	ACROSS Committee Meeting	Cottonwood, M1, North Tower, Omni
7:00 am	7:55 am	ECP Committee Meeting	Maple Room B/C, Atrium Terrace Level, South Tower, Omni
7:00 am	7:55 am	M/UR Committee Meeting	Spruce Room, Atrium Terrace Level, South Tower, Omni
7:00 am	7:55 am	RFM Committee Meeting	Birch Room, Atrium Terrace Level, South Tower, Omni
8:00 am	11:00 am	Plenary Session 4	Rooms A411-412, Level 4
11:05 am	2:00 pm	Assembly/Board of Trustees Group Luncheon	Rooms A311-312, Level 3
12:30 pm	1:30 pm	APA Annual Business Meeting	Rooms A411-412, Level 4
2:00 pm	4:00 pm	APA Board of Trustees Meeting	Rooms A404-405, Level 4
4:30 pm	6:30 pm	Opening Session	TBD

Monday, May 16, 2016

8:00 am	11:00 am	Assembly Executive Committee Meeting	Pine Room, Atrium Terrace Level, South Tower, Omni
5:30 pm	6:30 pm	Convocation of Distinguished Fellows	TBD

**Voting Strength by State for the
November 2016 and May 2017
Assembly Meeting**

The Assembly shall be composed of Representatives selected by the District Branches/State Associations; a Representative and Deputy Representative from each Minority/Underrepresented Group; a Resident-Fellow Member Representative and Deputy Representative from each Area; an Early Career Psychiatrist Representative and Deputy Representative from each Area; a Representative from each Assembly Committee of Representatives of Subspecialties and Sections (*formerly AAOL*); and the Assembly Executive Committee.

At its May 2015 meeting, the Assembly approved the APA Assembly Reorganization. Each state will have Assembly Reps according to a formula below.

The Central Office will use the report that was run on December 31, 2015 to determine the voting strength for the November 2016 and May 2017 meeting.

District Branch Representatives are eligible to be apportioned according to the following formula:

<u>Numbers of Voting Members</u>	<u>Reps</u>
450 or less*	2
451-900	3
901-1350	4
1351-1800	5
1801 or more	6

*California and New York District Branches have 1 Representative for District Branches with 450 or less, with the larger District Branches using the above formula.

District Branch/State Association (alphabetical order)	Voting Strength	# Reps
Alabama Psychiatric Physicians Association	250	2
Alaska Psychiatric Association	66	2
Arizona Psychiatric Society	390	2
Arkansas Psychiatric Society	127	2
Bronx District Branch	147	1
Brooklyn Psychiatric Society, Inc.	302	1
Central California Psychiatric Society	391	1
Central New York District Branch	129	1
Colorado Psychiatric Society	427	2
Connecticut Psychiatric Society	691	3
Delaware, Psychiatric Society of	107	2
Florida Psychiatric Society	1117	4
Genesee Valley Psychiatric Association	152	1
Georgia Psychiatric Physicians Association, Inc	624	3
Greater Long Island Psychiatric Society	497	3
Hawaii Psychiatric Medical Association	169	2
Idaho Psychiatric Association	52	2
Illinois Psychiatric Society	971	4
Indiana Psychiatric Society	337	2
Iowa Psychiatric Society	168	2
Kansas Psychiatric Society	205	2
Kentucky Psychiatric Medical Association	265	2

District Branch/State Association (alphabetical order)	Voting Strength	# Reps
Louisiana Psychiatric Medical Association	307	2
Maine Association of Psychiatric Physicians	166	2
Maryland Psychiatric Society, Inc	673	3
Massachusetts Psychiatric Society	1531	5
Michigan Psychiatric Society	735	3
Mid-Hudson Psychiatric Society	60	1
Minnesota Psychiatric Society	432	2
Mississippi Psychiatric Association, Inc	150	2
Missouri Psychiatric Association	442	2
Montana Psychiatric Association	52	2
Nebraska Psychiatric Society	152	2
Nevada Psychiatric Association	155	2
New Hampshire Psychiatric Society	133	2
New Jersey Psychiatric Association	846	3
New Mexico, Psychiatric Medical Association of	159	2
New York County Psychiatric Society	1773	6
New York State Capital District Branch	150	1
North Carolina Psychiatric Association	847	3
North Dakota Psychiatric Society	48	2
Northern California Psychiatric Society	1014	4
Northern New York District Branch	40	1
Ohio Psychiatric Physicians Association	943	4
Oklahoma Psychiatric Physicians Association	228	2
Ontario District Branch	838	3
Orange County Psychiatric Society	247	1
Oregon Psychiatric Physicians Association	401	2
Pennsylvania Psychiatric Society	1436	5
Puerto Rico Psychiatric Society	135	2
Quebec & Eastern Canada District Branch	388	2
Queens County Psychiatric Society	254	1
Rhode Island Psychiatric Society	241	2
San Diego Psychiatric Society	336	1
South Carolina Psychiatric Association	381	2
South Dakota Psychiatric Association	80	2
Southern California Psychiatric Society	978	4
Tennessee Psychiatric Association	309	2
Texas Society of Psychiatric Physicians	1204	4
Uniformed Services Psychiatrists, Society of	332	2
Utah Psychiatric Association	164	2
Vermont Psychiatric Association	104	2
Virginia, Psychiatric Society of	586	3
Washington Psychiatric Society	862	3
Washington State Psychiatric Association	497	3
West Hudson Psychiatric Society	103	1
West Virginia Psychiatric Association	190	2
Westchester County, Psychiatric Society of	392	1
Western Canada District Branch	502	3
Western New York Psychiatric Society	139	1
Wisconsin Psychiatric Association	392	2
Wyoming Association of Psychiatric Physicians	24	2

APA Assembly Meeting 10/31/15 Access to Care Workgroup Forum

Attendance: Members of the Workgroup, other members of the Assembly, Becky Yowell, APA Staff, Council on Health Care Systems and Financing

Agenda:

1. Soliciting issues and concerns of members at the grassroots level
2. Discussion of ways for organized psychiatry to address concerns including ways of making APA resources available to members.

In a very active hour-long discussion the following topics were addressed:

1. Increasing barriers to care as a result of escalation of out of pocket costs including premiums, co-pays, share of cost and increasing numbers of patients choosing High Deductible Health Plans. Increasing numbers of patients delay or forego necessary health care because they are unable to afford the costs. Hospitals and other health centers often have to absorb these costs. These trends are supported by studies from the CDC and Kaiser Family Foundation.
2. Formulary and Prior Authorization issues as barriers, delays and disruptions of care. The new website tool developed by the Office of Health Care Systems and Financing was described.
3. Continuing problems for Medicare recipients with increasing out of pocket expenses, formulary restrictions and donut hole issues.
4. Suggestion that Tool Kit provide contact information for State Departments of Insurance and Managed Care Regulators for the purpose of reporting parity violations or other managed care complaints.
5. A report that Area 3 is evaluating ACA Health exchanges for parity in Maryland (a possible model for other states).
6. Enactment of legislation in California to empower the Department of Insurance and the State Department of Managed Care to proactively assess Managed Care Organizations for parity and access to care violations (as possible model legislation).
7. We should ask District Branch and State organizations to share successful models of intervention for prisoners with mental disorders including substance use disorders while incarcerated and transition to the community.
8. Workforce and Access issues were discussed in the context of telepsychiatry and locum tenens. Some attendees expressed quality of care concerns.

The proposed Tool Kit to be developed by the Council on Health Care Systems and Financing would be an appropriate vehicle to solicit and make available Access to Care information APA wide.

Action Paper 12Z: Providing APA and APA/SAMHSA Fellowship Awardees the Opportunity to Get Involved with the APA Assembly

AMENDED TASK FORCE REPORT

January 13, 2016

Task Force Members: Craig Zarling, MD, chair, Mark Haygood, DO, MS, Sarit Hovav, MD, Melinda Young, MD and Guest, Elie Aoun, MD; APA Administration: Ranna Parekh, MD, Alison Bondurant

Initial recommendation to the AEC of ten annual positions for Assembly participation is revised to reduce budgetary impact and to more closely adhere to the Action Paper author's intentions. An additional conference call was held on December 18, including Drs. Zarling, Young, and Aoun, and Ms. Bondurant.

Our recommendations to the AEC create participation complimentary to existing fellow participation and support further operationalizing fellow participation in APA leadership.

Currently of the seven APA fellowships (Public Psychiatry, Minority, Leadership, Diversity, Child/Adolescent, Research Scholars, and Psychiatric Research Fellows) only two Minority fellows are included in the composition of the Assembly. One representative from the Public Psychiatry, Minority, and Leadership fellowships is included in the Board composition. Our task force felt that having a representative from each fellowship who attends both Board and Assembly meetings creates a helpfully broad experience of the APA leadership functioning. Although it is beyond the scope of our assignment, the task force considered the potential of a broader representation of the various fellowships in the leadership meetings.

Our recommendations to the AEC are that interested fellows partner with a member of the Assembly Committee of Residents and Fellows (ACORF) that participates in the Assembly meetings. These fellows would collaborate with their ACORF peers in the writing and review of action papers and join ACORF conference calls. Participation in ACORF conference calls would be at the discretion of the fellow's ACORF mentor and ACORF chairperson. If permitted, these fellows would attend telephone deliberations of reference committees as observers. They would have the advantage of peer collaboration but would not be attending meetings in person. They would be expected to discuss their experiences and impressions with their fellowship peers at fellowship business meetings and/or during regularly held monthly fellowship conference calls.

Feedback from the fellows and ACORF members will be generated after May and November Assembly meetings and reported to the Speaker by Dr. Parekh and Ms. Bondurant. A decision whether to continue the program to be made by the Speaker two years after the program's initiation.