Joint Reference Committee – February 2017

American Psychiatric Association

MATERIALS IN THIS PACKET

N.B. The actions as included in the JRC agenda are the final actions before the JRC

Click on the item to open the pdf document

DRAFT AGENDA (final agenda will be distributed onsite)

2 Draft Summary of Actions from the October 2016 JRC Meeting

3 Report of the CEO and Medical Director

6 Report of the Assembly

7 Three-Year Assessments of Councils
- 7.A Council on Minority Mental Health and Health Disparities
- 7.B Council on Children, Adolescents, and Their Families
- 7.C Council on Medical Education and Lifelong Learning

8 Council Reports
- 8.A Council on Addiction Psychiatry
- 8.B Council on Advocacy and Government Relations
- 8.C Council on Children, Adolescents, and Their Families
- 8.D Council on Communications
- 8.E Council on Geriatric Psychiatry
- 8.F Council on Healthcare Systems and Financing
- 8.G Council on International Psychiatry
- 8.H Council on Medical Education and Lifelong Learning
- 8.I Council on Minority Mental Health and Health Disparities
- 8.J Council on Psychiatry and Law
- 8.K Council on Psychosomatic Medicine
- 8.L Council on Quality Care
- 8.M Council on Research

9. Referrals from the Board of Trustees
- 9.1 Revised Position Statement: Abuse and Misuse of Psychiatry
- 9.2 Proposed Position Statement on Mental Health and Climate Change

Joint Reference Committee
American Psychiatric Association

DRAFT AGENDA #3

Location: Westin La Paloma, Tucson, Arizona

Sunday, February 12, 2017
Meeting: 12:00 am – 5:00 pm
Lunch: 12:00 noon – 1:00 pm

Monday, February 13, 2017
Meeting: 9:00 am – 12:00 noon
Breakfast: 8:00 am – 9:00 am

1 Welcome, Introductions, and Verbal Disclosures of Interests & Affiliations – Anita Everett, MD

2 Review and approval of draft Summary of Actions from the October 2016 Joint Reference Committee Meeting – Anita Everett, MD

Will the Joint Reference Committee approve the draft summary of actions from the October 2016 meeting? (Please see item 2)

3 Report of the CEO and Medical Director – Saul Levin, MD, MPA

No action required

3.1 Referral Update: Joint Consensus Statement: Diagnosing Schizophrenia in Skilled Nursing Centers (JRCOCT168.E.2; JRCJAN166.15 ASMMAY1612.S) (please see item 3)

The Joint Reference Committee referred this item to the APA President and the CEO/Medical Director to sign on to this issue as it is consistent with current APA Practice Guidelines. In addition, the Joint Reference Committee refers this issue back to the Council on Geriatric Psychiatry to develop a formal position statement on diagnosing schizophrenia in skilled nursing centers.

Status: Via the CEO's Office, the APA signed on to Joint Summary Statement from American Health Care Association. The Division of Policy, Programs, and Partnerships and DDHE are working on a rollout plan. The Council on Geriatric Psychiatry is discussing the need to develop a position statement on diagnosing schizophrenia in skilled nursing centers.

6 **Report of the Assembly** – Theresa Miskimen, MD, DFAPA

6.1 All Prescribers, not just Physicians, shall be Subject to Open Payments (ASMNOV16A12.A) (Please see attachment 1)
The action paper asks that the APA engage with the American Medical Association and the American Osteopathic Association to pursue regulatory change such that non-physician providers are included along with physicians in the Open Payments reporting and database.

Will the Joint Reference Committee refer the action paper *All Prescribers, not just Physicians, shall be Subject to Open Payments* to the appropriate Component(s) for input or follow-up?

6.2 Return of Interest for ABPN Continuous Pathways Payments (ASMNOV1612.B) (Please see attachment 2)
The action paper asks that as part of the APA's efforts to have ABPN change its requirements for MOC, APA additionally demand credit for the interest on the monies deposited towards the ten-year examination fee be returned to the psychiatrist either directly or in the form of an appropriate discount on the examination fee.

Will the Joint Reference Committee refer the action paper *Return of Interest for ABPN Continuous Pathways Payments* to the appropriate Component(s) for input or follow-up?

6.3 Continuity of Care (ASMNOV1612.C) (Please see attachment 3)
The action paper asks that the Council on Quality Care explore options such as a position statement or resource document to encourage timely communication between inpatient and outpatient teams, including both general medical and psychiatric facilities.

Will the Joint Reference Committee refer the action paper *Continuity of Care* to the appropriate Component(s) for input or follow-up?

6.4 Towards Universal Health Insurance in the United States (ASMNOV1612.D) (Please see attachment 4)
Action paper asks:
1. That the APA collaborate with the AMA on its newly adopted resolution to assess various models of healthcare finances including single payer models and universal healthcare and to include data from other developed countries which employ these models;
2. That to facilitate this action, the issue will be referred to the Council on Health Care Systems and Financing and the AMA Delegation of the APA;
3. That a status report will be delivered by the Council on Health Care Systems and Financing and the AMA Delegation of the APA at the May 2017 meeting of the APA Assembly.

Will the Joint Reference Committee refer the action paper *Towards Universal Health Insurance in the United States* to the appropriate Component(s) for input or follow-up?

6.5 Improving the Confidentiality of Prescription Drug Monitoring Programs (ASMNOV1612.G) (Please see attachment 5)
The action paper asks that the American Psychiatric Association study the variations in the PDMPs to ensure that they are consistent with current federal regulations, and to make

recommendations to improve the PDMP system with special attention to ensure the appropriate confidentiality of patient records.

Will the Joint Reference Committee refer the action paper *Improving the Confidentiality of Prescription Drug Monitoring Programs* to the appropriate Component(s) for input or follow-up?

6.6 APA Position Statement on Screening and Treatment for Mental Health Disorders During Pregnancy and Postpartum (ASMNOV1612.I0) (Please see attachment 6)
The action paper asks:
That the APA develop and announce a position statement recommending:
1) The need for screening and subsequent treatment for mood and anxiety disorders during pregnancy and the postpartum period.
2) The need to address the higher rates of these disorders in low-income women from minority groups.

Will the Joint Reference Committee refer the action paper *APA Position Statement on Screening and Treatment for Mental Health Disorders During Pregnancy and Postpartum* to the appropriate Component(s) for input or follow-up?

6.7 Exhibitor-Funded Scholarships for Consumer Presenters at Annual Meetings (ASMNOV1612.J) (Please see attachment 7)
The action paper asks:

- That a relevant component of the APA or APA Foundation develop a program, at no cost to the APA, to fund a voluntary exhibitor-funded scholarship program intended to defray some or all of the travel, hotel, and registration expenses of consumer presenters who speak at one of the two APA annual meetings;
- That exhibitors who voluntarily donate to the scholarship program be recognized in program materials; may not place any conditions on such donations; may not influence the choice of consumer presenter in any manner; and that all such donated funds be pooled such that no speaker would be associated with any specific contributor;
- That consumer presenters must adhere to the requirements specified of all presenters; and
- That necessary additional expenses incurred by the program be kept to a minimum and be paid out of the pool of donated funds.

Will the Joint Reference Committee refer the action paper *Exhibitor-Funded Scholarships for Consumer Presenters at Annual Meetings* to the appropriate Component(s) for input or follow-up?

6.8 Standards for the Practice of Medicine Pertaining to the Treatment of Patients with Mental Disorders (ASMNOV1612.L) (Please see attachment 8)
The action paper asks that:
1. The APA will publicly reaffirm its position that the medical treatment of psychiatric illnesses, including the prescription of psychotropic medication, requires a biologically based medical education and supervised clinical training;

2. Individuals practicing medicine, including those who prescribe medication, should be licensed and regulated by governmental boards with expertise and experience in the practice of medicine.

Will the Joint Reference Committee refer the action paper *Standards for the Practice of Medicine Pertaining to the Treatment of Patients with Mental Disorders* to the appropriate Component(s) for input or follow-up?

6.9 Smart Guns as a Gun Safety Response to Gun Violence, a Public Health Hazard (ASMNOV1612.M) (Please see attachment 9)

The action paper asks:

- That the American Psychiatric Association (APA) support smart gun technology as one piece of a solution to gun violence, and, be it further
- Resolved, that the APA delegation to the American Medical Association (AMA) take this issue to the AMA, and, be it further
- Resolved, that the Council on Advocacy and Government Relations and the Council on Psychiatry and the Law review the issues involved and, if so identified, make any additional recommendations to the APA Board of Trustees.

Will the Joint Reference Committee refer the action paper *Smart Guns as a Gun Safety Response to Gun Violence, a Public Health Hazard* to the appropriate Component(s) for input or follow-up?

6.10 Protecting the Seriously Mentally Ill Incarcerated Individuals (ASMNOV1612.N) (Please see attachment 10)

The action paper asks:

1. That the American Psychiatric Association advocate for an increased number of psychiatrists to provide needed care and treatment for incarcerated individuals, moving towards compliance with the American Psychiatric Association's guideline of 1 FTE psychiatrist for every 150-200 patients with a severe mental illness in prison settings and 1 FTE psychiatrist for every 75-100 patients with a severe mental illness in jail settings.
2. That our AMA delegation advocate at the AMA House of Delegates for an increased number of Primary Care Physicians and Psychiatrists to provide needed care and treatment for detained individuals in correctional facilities.
3. That the APA strongly oppose policies that permit psychologists or pharmacists to prescribe medications in correctional settings.
4. That the APA advocate for psychiatrists to be leaders of multidisciplinary mental health treatment teams in correctional institutions, such as mental health integrated and collaborative care.
5. That the APA collaborate with AADPRT and Public and Community Psychiatry, and Forensic Psychiatry Fellowship Programs to advocate for increased exposure, training and experience in correctional psychiatry in order to increase the number of psychiatrists working in correctional settings.

Will the Joint Reference Committee refer the action paper *Protecting the Seriously Mentally Ill Incarcerated Individuals* to the appropriate Component(s) for input or follow-up?

6.11 Ending Childhood Poverty (ASMNOV1612.O) (Please see attachment 11)

The action paper asks:

- That the American Psychiatric Association join with other organizations in acknowledging the detrimental effects of childhood poverty on cognitive and emotional development, self-esteem, academic and vocational achievement, and overall mental and physical health in both childhood and through adulthood; and
- That the American Psychiatric Association, in its educational, advocacy, and legislative efforts, make it a priority to partner on an ad hoc basis with other allies and organizations (such as the American Academy of Pediatrics, Children's Defense Fund, First Focus, National Immigration Law Center, Community Action Partnership) to advance relevant issues and/or legislation designed to reduce and eliminate childhood poverty in America; and
- That the American Psychiatric Association encourage and support its Areas and District Branches to partner with their local community groups, organizations, and legislators to raise awareness of the impact of childhood poverty on early childhood and brain development and lifetime well-being, including economic stability and mental health; and
- That the Board of Trustees establish an ad hoc Workgroup on Ending Childhood Poverty to coordinate such efforts, with particular emphasis on reducing the lifetime consequences on mental health due to early childhood poverty.

Will the Joint Reference Committee refer the action paper *Ending Childhood Poverty* to the appropriate Component(s) for input or follow-up?

6.12 Mental Health Parity for Individuals with Intellectual and Developmental Disability (IDD) (ASMNOV1612.P) (Please see attachment 12)

The action paper asks:

- That the American Psychiatric Association develop a position statement supporting mental health parity for individuals with IDD.
- That the American Psychiatric Association join with other allies and organizations to prioritize the educational, access to care, advocacy, and legislative efforts needed to assure that all individuals with IDD receive appropriate mental healthcare consistent with established mental health parity rights.

Will the Joint Reference Committee refer the action paper *Mental Health Parity for Individuals with Intellectual and Developmental Disability (IDD)* to the appropriate Component(s) for input or follow-up?

6.13 Task Force on Fighting Discrimination (ASMNOV1612.R) (Please see attachment 13)

Action paper 2016A2 12.R asks:

1) That the Board of Trustees quickly appoint a Task Force on Fighting Discriminatory laws and policies, due to their deleterious effects on mental health, with the following charges:
   A) Develop a strategic plan to fight discrimination by state and federal legislative and other policy making bodies.
   B) Help the APA and state associations to quickly respond to discrimination issues.
   C) Help the state associations to share their knowledge base and collaborate with each other.
   D) Advise the Board of Trustees about funding for the above.

E) Collaborate with the Council on Advocacy and Government Relations and the Division of Government Relations.

2) That the Board of Trustees consider converting this Task Force to a permanent committee in the future, under the Council on Advocacy and Government Relations.

Will the Joint Reference Committee refer the action paper *Task Force on Fighting Discrimination* to the appropriate Component(s) for input or follow-up?

6.14 DB Involvement of Residents and Early Career Psychiatrists Involved with Psychiatry at the National Level (ASMNOV1612.V) (Please see attachment 14)

The action paper asks:

That the APA:

- Revise the APA fellowship application process to incorporate formal introduction by the APA of all applicants to their relevant District Branch leadership for the purpose of engagement, but not awardee or candidate selection.
- Explore additional ways to encourage residents and early career psychiatrists who get involved with psychiatry at the national level through the Assembly and APA fellowships and other programs to regularly connect with their local district branches at the same time.

Will the Joint Reference Committee refer the action paper *DB Involvement of Residents and Early Career Psychiatrists Involved with Psychiatry at the National Level* to the appropriate Component(s) for input or follow-up?

6.15 Retire Position Statement: Confidentiality of Medical Records: Does the Physician Have a Right to Privacy Concerning His or Her Own Health Records? (1981) (JRCJUNE168.J.1; ASMNOV164.B.8) (Please see attachment 15)

The Assembly did not approve the retirement of the Position Statement: Confidentiality of Medical Records: Does the Physician Have a Right to Privacy Concerning His or Her Own Health Records? (1981) as the Assembly felt that a new position statement on this issue was required before retiring the statement.

Will the Joint Reference Committee refer the *Position Statement: Confidentiality of Medical Records: Does the Physician Have a Right to Privacy Concerning His or Her Own Health Records?* (1981) to the appropriate Component(s) for input or follow-up?

7 Three-year Council Assessments

7.A Council on Minority Mental Health and Health Disparities

7.B Council on Children, Adolescents, and Their Families

7.C Council on Medical Education and Lifelong Learning

8 Reports from Councils

Francis Levin, MD – via speakerphone

8.A **Council on Addiction Psychiatry**

Please see item 8.A for the Council's report, summary of current activities and information items. The council does not have action items.

No action required

8.A.1 Referral Update: Improving the Efficacy of Prescription Drug Monitoring Programs (JRCJUNE166.12; ASMMAY1612.P)

The Council again reviewed the action paper, which advocates that that Opioid Treatment Programs (OTPs) report dispensed or prescribed methadone and buprenorphine to PDMPs. At the request of the JRC, Council reviewed the paper again and reconsidered the recommendations previously submitted. After full consideration, the Council reaffirms its original recommendations on this matter.

The Substance Abuse and Mental Health Services Administration issued guidance to OTPs in 2011 indicating that the confidentiality requirements of 42CFR Part 2 limit OTPs to accessing PDMP information; they are not permitted to report information to it. Similar guidance was provided to OTPs by the American Association for the Treatment of Opioid Dependence (AATOD).

The Council has had additional discussions with APA's Division of Government Relations as well as the AATOD President. The Joint Commission standards for opioid treatment programs were also reviewed. It believes that current accreditation standards for OTPs appropriately call for patients to receive education and training on potential drug interactions. It also believes that no further modifications to 42CFR be sought.

Note: Revised regulations on 42CFR Part 2 were released by SAMHSA the week of January 16. Though there has been insufficient time to complete an in-depth review of them, it does not appear that there is any change that would permit OTPs to report to prescription drug monitoring programs.

Debra Pinals, MD – via speakerphone

8.B **Council on Advocacy and Government Relations**

Please see item 8.B for the Council's report, a summary of current activities and informational items. The council does not have action items.

No action required

8.B.1 Referral Update: Position Statement: Hospital Privileges for Psychologists

The Council on Advocacy and Government Relations reviewed the Position Statement on *Hospital Privileges for Psychologists* as directed by the JRC. In September, the Council agreed the intent of the position statement is still applicable to the organization's policy. Members are in the process of amending the statement's language to encompass current issues surrounding prescribing privileges of non-physician practitioners and when ready, will forward the revised statement to the Joint Reference Committee.

Joseph Penn, MD – via speakerphone

8.C **Council on Children, Adolescents, and Their Families**

Please see item 8.C for the Council's report, a summary of current activities, and information items.

8.C.1 Proposed Position Statement: Risk of Adolescents' Online Behavior (please see attachment 5)

Will the Joint Reference Committee recommend that the Assembly approve the proposed Position Statement: *Risk of Adolescents' Online Behavior* and if approved, forward it to the Board of Trustees for consideration?

Drew Ramsey, MD – via speakerphone

8.D **Council on Communications**

Please see item 8.D for the Council's report, a summary of current activities, and information items. The council does not have action items.

Robert Roca, MD – via speakerphone

8.E **Council on Geriatric Psychiatry**

Please see item 8.E for the Council's report, summary of current activities and information items. The council does not have action items.

Harsh Trivedi, MD – via speakerphone

8.F **Council on Healthcare Systems and Financing**

Please see item 8.F for the Council's report, summary of current activities and information items.

8.F.1 Proposed Position Statement: Out of Pocket Costs a Significant Barrier to Care for Patients with Serious and Recurrent Disabling Mental Disorders (JRCJUNE166.10; ASMMAY1612.J) (Please see item 8.F, page 7)

Will the Joint Reference Committee recommend that the Assembly approve the Proposed Position Statement: *Out of Pocket Costs a Significant Barrier to Care for Patients with Serious and Recurrent Disabling Mental Disorders* and if approved, forward it to the Board of Trustees for consideration?

8.F.2 Request for Component: Committee on Integrated Care (Please see item 8.F, page 8-9)

Will the Joint Reference Committee recommend that the Board of Trustees establish a Committee on Integrated Care under the Council on Healthcare Systems and Financing with a standard composition at an annual yearly cost of $520?

Please note that a charge for the proposed Committee is included within the Council's report.

8.F.3 Revised Charge: Committee on Reimbursement for Psychiatric Care (Please see item 8.F, page 10)

Will the Joint Reference Committee recommend that the Board of Trustees approve the revised charge to the Committee on Reimbursement for Psychiatric Care?

8.F.4 Proposed Position Statement: Patient Bill of Rights: What to Expect When Seeking Behavioral Health Treatment (Please see item 8.F, page 11)

Will the Joint Reference Committee recommend that the Assembly approve the proposed Position Statement: *Patient Bill of Rights: What to Expect When Seeking Behavioral Health Treatment* and if approved, forward it to the Board of Trustees for consideration?

N.B., if the proposed position statement is approved, the 2007 PS: *Endorsement of Principles for the Provision of Mental Health and Substance Abuse Treatment Services: A Bill of Rights*.

Bernardo Ng, MD - via speakerphone

8.G Council on International Psychiatry

Please see item 8.G for the Council's report, summary of current activities and information items. The council does not have any action items.

8.G.1 Rename the Human Rights Award

Will the Joint Reference Committee recommend that the Board of Trustees approve renaming the *Human Rights Award* the *Chester M. Pierce Human Rights Award*?

8.G.2 Request for Component: Chester M. Pierce Human Rights Award Committee

Will the Joint Reference Committee recommend that the Board of Trustees approve the creation of the Chester M. Pierce Human Rights Award Committee under the Council on International Psychiatry with a standard committee composition at an estimated annual cost of $520? (please see attachment 3)

Mark Rapaport, MD – via speakerphone

8.H Council on Medical Education and Lifelong Learning

Please see item 8.H for the Council's report, summary of current activities and information items. The council does not have action items.

No action required

8.H.1 Referral Update: Performance in Practice Certification by American Psychiatric Association (JRCJUNE166.1; ASMMAY1612.A)

Since the Council provided information to the JRC on this item in October 2016, CMS has published a final rule and formally listed 92 Clinical Practice Improvement Activities (CPIA) as options for the MACRA/Merit Based Incentive Payment System (MIPS) program, many of which clinicians may already be doing in their practice. Of the listed activities, APA will provide or will provide several qualifying activities: Learning Collaborative participation as part of the CMS Transforming Clinical Practice Initiative; Participation in a Qualified Clinical Data Registry; Completion of training and receipt of approved waiver for provision opioid medication-assisted treatments; and qualifying MOC part IV activities for those participating in Maintenance of Certification.

Christina Mangurian, MD – via speakerphone

8.I **Council on Minority Mental Health and Health Disparities**

Please see item 8.I for the Council's report, summary of current activities and information items.

8.I.1 Proposed Position Statement: Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement (JRCJUNE166.4; ASMMAY1612.D) please see attachment 1)

Will the Joint Reference Committee recommend that the Assembly approved the proposed Position Statement: *Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement*, and if approved, forward it to the Board of Trustees for consideration?

8.I.2 Referral Update: Joint Statement on Conversion Therapy (JRCJUNE166.21; ASMMAY1612.Z)

The JRC referred action paper U.S. Joint Statement on Conversion Therapy to the Council for discussion and feedback. The Council discussed the statement and requested member send their additional responses via email. The Council supported the action paper with the only suggestion to consider saying this statement applies across the lifespan.

Ken Hoge, MD – via speakerphone

8.J **Council on Psychiatry and Law**

Please see item 8.J for the Council's report, summary of current activities and information items. The council does not have action items.

David Gitlin, MD – via speakerphone

8.K **Council on Psychosomatic Medicine**

Please see item 8.K for the Council's report, summary of current activities and information items. The council does not have action items.

Grayson Norquist, MD – via speakerphone

8.L **Council on Quality Care**

Please see item 8.L for the Council's report, a summary of current activities, and information items.

8.L.1 APA Platform and Strategy on Performance Measurement (please see item 8.L, page 4)

Will the Joint Reference Committee recommend that the Board of Trustees approve the American Psychiatric Association's Platform and Strategy on Performance Measurement?

No action required

8.L.2 Referral Update: Position Statement: Mental Health Hotlines (JRCJUNE166.3; ASMMAY1612.C)

The Council has concluded that there is minimal information on such uniform standards. However, the Council members agree that some form of guidelines do already exist by at least two reputable entities and the Council supports the endorsement of these guidelines.

No action required

8.L.3 Referral Update: Pharmacists Substituting Medications with Similar Mechanisms of Action (JRCJUNE166.9; ASMMAY1612.I)

In October 2016, the Council was asked to redraft a position statement on pharmacists substituting medications with "similar mechanisms of action" and include in the statement generic and biosimilar medications. During the Council's December 2016 conference call, members agreed they will not include a "generics and biosimilar statement" in their updated position statement as it is "not considered of value within the current statement."

The JRC asked that the Council determine why the AMA utilized the term "moiety" in their policy statement "Therapeutic and Pharmaceutical Alternatives by Pharmacists". It was determined that "moiety," defined as "the molecule or ion which is responsible for the physiological or pharmacological action of the drug or chemical substance" is the most accurate term to describe the action expressed in the action paper.

Dwight Evans, MD – via speakerphone

8.M **Council on Research**

Please see item 8.M for the Council's report, summary of current activities and information items. The council does not have action items.

8.M.1 Revised Position Statement: Use of the Concept of Recovery (Please see item 8.M, page 1)

Will the Joint Reference Committee recommend that the Assembly approve the Revised Position Statement: *Use of the Concept of Recovery* and if approved, forward it to the Board of Trustees for consideration?

N.B. if the revised position statemen is approved the 2015 version will be retired.

9. Referrals from the Board of Trustees

9.1 Revised Position Statement: Abuse and Misuse of Psychiatry

In December 2016, the Board of Trustees referred the Assembly action 9.A.5 Position Statement on *Abuse and Misuse of Psychiatry* back to the Joint Reference Committee for additional revisions. (Please see attachment 9.1)

Will the Joint Reference Committee recommend that the Board of Trustees approve the Revised Position Statement *Abuse and Misuse of Psychiatry*?

9.2 Proposed Position Statement on Mental Health and Climate Change

In December 2016, the Board of Trustees referred the Assembly action 9.A.10 Position Statement: *Mental Health and Climate Change* back to the Joint Reference Committee for revision and

clarification.) The JRC is asked to review the document and provide more specifics, including the particular role of psychiatry/APA in addressing issues of climate change and make a recommendation to the Board of Trustees. (Please see attachment 9.2 for the BOT's comments and the draft position statement

NEXT JOINT REFERENCE COMMITTEE MEETING

June 17, 2017
APA Headquarters, Arlington, VA
Report Deadline: **June 2, 2017**

Joint Reference Committee
October 22, 2016
DRAFT SUMMARY OF ACTIONS

As of October 26, 2016

N.B: *When a **LEAD** Component is designated in a referral it means that all other entities to which that item is referred will report back to the **LEAD** component to ensure that the LEAD component can submit its report as requested in the JRC summary of actions*.

JRC Members Present:
Anita Everett, MD: JRC Chairperson: APA President-elect (stipend); receives income Federal Government @ SAMHSA (The roles will be kept separate - Dual relationship)
Theresa Miskimen, MD: Speaker-elect; income from Rutgers UBHC; State of NJ - psychiatrist leading the involuntary medication panel review for three state hospitals
Altha Stewart, MD: APA Secretary; Full time faculty from University of Tennessee Health Science Center.
James Batterson, MD: Full time faculty Children's Mercy Hospital; receives funding from Pfizer (sertraline) and Psyadon Pharmaceuticals through the hospital.
Lama Bazzi, MD: receives income from Maimonides Medical Center; forensic private practice.
Glenn Martin, MD: Immediate Past Speaker; receives income from the Icahn School of Medicine at Mt. Sinai; receives income from private practice; Medical Director of Information Exchange in Queens. Human Subjects Director for Mt. Sinai; private practice.
Saul Levin, MD, MPA: CEO/Medical Director – APA salary; Chair of the APAF Board of Directors.
Nina Vasan, MD: APAF Leadership Fellow; Resident; Consulting for McKinsey; book royalties, Stanford PGY 4 and Harvard Business School.

JRC Administration:
Margaret Cawley Dewar – Director, Association Governance
Laurie McQueen, MSSW – Associate Director, Association Governance

APA Administration:
Brandon Batiste, Deputy Director, Division of Diversity & Health Equity
Tanya Bradsher, Chief, Communications Officer
Yoshie Davison, MSW, Chief of Staff
Jon Fanning, MS, CAE, Chief, Membership and RFM-ECP Officer
Ariel González, JD – Chief, Government Affairs
Kristin Kroeger – Chief, Policy, Programs, & Partnerships
Ranna Parekh, MD, MPH, Director, Division of Diversity & Health Equity
Judson Wood, JD – Special Assistant to the CEO/Medical Director

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
1	Review and Approval of the Summary of Actions from the June 2016 Joint Reference Committee Meeting **Will the Joint Reference Committee approve the draft summary of actions from the June 2016 meeting?**	The Joint Reference Committee approved the draft summary of actions from the June 2016 meeting.	Shaun Snyder, JD Margaret Cawley Dewar Laurie McQueen	Association Governance
2	Review and Approval of the Consent Calendar **Will the Joint Reference Committee approve the consent calendar?**	The Joint Reference Committee approved the consent calendar with the removal of items 4.2; 8.J.5; 8.I.9; 8.I.10; 8.I.11, 8.I.12; and 8.I.16.	Shaun Snyder, JD Margaret Cawley Dewar Laurie McQueen	Association Governance
3	**CEO/Medical Director's Office Report** Update on Referral			
3.1	Referral Update: Enhancing Ethical Knowledge of APA Members (JRCJAN166.15 ASMMAY1612.S) The CEO/Medical Director's office reports that this action has been completed. Ethics and risk management education is available online in the APA Education Center education.psychiatry.org including: Professionalism and the Internet and a series of ethics-related topics in risk management. Updated annually and available online at APA Education Center	The Joint Reference Committee thanked the CEO/Medical Director for this update.	N/A	
4	**Awards**			
4.1 CC	2017 Benjamin Rush Lectureship Award **Will the Joint Reference Committee recommend that the Board of Trustees approve the 2017 Benjamin Rush Lectureship Award nominee, George Makari, MD**	The Joint Reference Committee recommended that the Board of Trustees approve the 2017 Benjamin Rush Lectureship Award nominee, George Makari, MD.	Shaun Snyder, JD Margaret Cawley Dewar Ardell Lockerman	Report to Board of Trustees – 12/16 Deadline: November 16, 2016
4.2	2017 Award for Patient Advocacy **Will the Joint Reference Committee recommend that the Board of Trustees approve the 2017 Award for Patient Advocacy nominee, the Honorable Timothy F. Murphy** (R-PA)?	The Joint Reference Committee deferred action on the 2017 Award Patient Advocacy pending the passage of The Helping Families in Mental Health Crisis Act (H.R. 2646). The JRC also questioned whether the award might also be given to the key co-sponsors of the bill.	Ariel Gonzalez, JD Deana McRae Tristan Gorrindo, MD Philip Pardee	Council on Advocacy and Government Relations IPS Scientific Program Committee

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
4.3 CC	2017 Vestermark Award Will the Joint Reference Committee recommend that the Board of Trustees approve the 2017 Vestermark Award nominee, Sandra Sexson, MD?	The Joint Reference Committee recommended that the Board of Trustees approve the 2017 Vestermark Award nominee, Sandra Sexson, MD.	Shaun Snyder, JD Margaret Cawley Dewar Ardell Lockerman Kristin Kroeger Office of Education	Report to Board of Trustees – 12/16 Deadline: November 16, 2016
4.4 CC	2016 Irma Bland Award for Excellence in Teaching Residents **Will the Joint Reference Committee recommend that the Board of Trustees approve the 2016 Irma Bland Award for Excellence in Teaching Residents nominees?** Aurelia N. Bizamcer, MD, MPH, PhD Theddeus Iheanacho, MBBS Nhan (Dennis) Le, MD Leonardo Lopez, MD David Lowenthal, MD Siddhartha Nadkarni, MD Justin Bradley White, MD Daniel Becker, MD Deborah Fried, MD Eugene Friedberg, MD Robert Mitchell, MD	The Joint Reference Committee recommended that the Board of Trustees approve the 2016 Irma Bland Award for Excellence in Teaching Residents nominees.	Shaun Snyder, JD Margaret Cawley Dewar Ardell Lockerman	Report to Board of Trustees – 12/16 Deadline: November 16, 2016

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
4.5 CC	2016 Nancy C.A. Roeske, MD Certificate of Recognition for Excellence in Medical Student Education **Will the Joint Reference Committee recommend that the Board of Trustees approve the 2016 Nancy C.A. Roeske, MD Certificate of Recognition for Excellence in Medical Student Education nominees?** Joanna Bures, MD *NYU School of Medicine* William Bogan Brooks, III, MD *University of South Alabama* Travis J. Fisher, MD *Medical College of Wisconsin* Michael Greenspan, MD *Hofstra Northwell School of Medicine* David Hartman, MD *Virginia Tech Carilion* Shashank Joshi, MD *Stanford University* Venkata Kolli, MD *Creighton University* Alexander Radnovich, MD, PhD *Indiana University* David A Ross, MD, PhD *Yale University* Kathlene Trello-Rishel, MD *University of Texas Southwestern* Patrick Ying, MD *NYU School of Medicine*	The Joint Reference Committee recommended that the Board of Trustees approve the 2016 Nancy C.A. Roeske, MD Certificate of Recognition for Excellence in Medical Student Education nominees.	Shaun Snyder, JD Margaret Cawley Dewar Ardell Lockerman	Report to Board of Trustees – 12/16 Deadline: November 16, 2016
4.6 CC	2016 Jack Weinberg Award in Geriatric Psychiatry **Will the Joint Reference Committee recommend that the Board of Trustees approve the 2016 Jack Weinberg Award in Geriatric Psychiatry nominee, Barry Reisberg, MD?**	The Joint Reference Committee recommended that the Board of Trustees approve the 2016 Jack Weinberg Award in Geriatric Psychiatry nominee, Barry Reisberg, MD.	Shaun Snyder, JD Margaret Cawley Dewar Ardell Lockerman	Report to Board of Trustees – 12/16 Deadline: November 16, 2016
4.7 CC	2016 Bruno Lima Award in Disaster Psychiatry **Will the Joint Reference Committee recommend that the Board of Trustees approve the 2016 Bruno Lima Award in Disaster Psychiatry nominees, Allan Dyer, MD and Maria C. Poor, MD?**	The Joint Reference Committee recommended that the Board of Trustees approve the 2016 Bruno Lima Award in Disaster Psychiatry nominees, Allan Dyer, MD and Maria C. Poor, MD.	Shaun Snyder, JD Margaret Cawley Dewar Ardell Lockerman	Report to Board of Trustees – 12/16 Deadline: November 16, 2016
4.8 CC	2016 Human Rights Award **Will the Joint Reference Committee recommend that the Board of Trustees approve the 2016 Human Rights Award nominee, National Consortium of Torture Treatment Programs?**	The Joint Reference Committee recommended that the Board of Trustees approve the 2016 Human Rights Award nominee, National Consortium of Torture Treatment Programs.	Shaun Snyder, JD Margaret Cawley Dewar Ardell Lockerman	Report to Board of Trustees – 12/16 Deadline: November 16, 2016

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
4.9 CC	2017 Jacob Javits Award for Public Service **Will the Joint Reference Committee recommend that the Board of Trustees approve the 2017 Jacob Javits Award for Public Service nominee, Rachel Levine, MD the Physician General of the Commonwealth of Pennsylvania?**	The Joint Reference Committee recommended that the Board of Trustees approve the 2017 Jacob Javits Award for Public Service nominee, Rachel Levine, MD the Physician General of the Commonwealth of Pennsylvania.	Shaun Snyder, JD Margaret Cawley Dewar Ardell Lockerman	Report to Board of Trustees – 12/16 Deadline: November 16, 2016
5	**Ethics Committee**			
5.A	No action required Referral Update: Develop an APA Resource Document on the Use of Patient Information Discovered in Targeted Internet or Social Media Searches in Various Practice Settings (JRCJUNE166.13; ASMMAY1612.Q) (please see attachment #5.A for a more detailed update) The Ethics Committee discussed the request for a resource document and concluded that such a document is necessary to expand upon the principles outlined in the Commentary. The Committee will endeavor to develop a resource document of no more than five pages the digests existing literature on the subject and puts applicable guidelines into the context of psychiatric practice.	The Joint Reference Committee thanked the Ethics Committee for this update.	N/A	

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
5.B	No action required Referral Update: Develop an APA Resource Document Regarding the Ethical Tensions Faced by Psychiatrists Serving as Third Party Utilization Management Reviewers under the Parity Law (JRCJUNE166.20; ASMMAY1612.Q) (please see attachment #5.B for a more detailed update) The Ethics Committee considered this request several times in different iterations. Attachment 5.B details the Committee's discussion and opinion on the issue. The Ethics Committee staff consulted with the Council on Healthcare Systems and Financing staff and understands that the Council is considering a response. If the Council agrees with the Ethics Committee that no resource document is necessary, each component may still pursue alternative options such as developing position statements based on the language in the Commentary.	The Joint Reference Committee thanked the Ethics Committee for this update.	N/A	
6	Report of the Assembly – Theresa Miskimen, MD Please see the Assembly's Report for information items.	Dr. Miskimen reported that the Assembly will meet November ASM meeting in November 4-6, 2016 in Washington, DC. The main issues to be discussed are the action papers, the APA registry and the Assembly's financial planning for the next three year.		
7	**Council Assessments**			
7.A	Council on Minority Mental Health and Health Disparities	The Joint Reference Committee requested that the Council on Minority Mental Health and Health Disparities submit its completed assessment tools for the February 2017 JRC Meeting.	Ranna Parekh, MD, MPH Brandon Batiste	Report to JRC – 2/17 Deadline: January 19, 2017
7.B	Council on Research	The Joint Reference Committee reviewed the completed assessment tools submitted by the Council on Research. The JRC thanked the Council for their work and dedication.	N/A	

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.A	**Council on Addiction Psychiatry** Please see item 8.A for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked Dr. Levin and the Council for their report. The Council has a new initiative to improve substance abuse training in residency programs. Currently reviewing and rating curricula via NIDA funding.		
8.A.1	No action required 8.A.1 Referral Update: Improving the Efficacy of Prescription Drug Monitoring Programs (JRCJUNE166.12; ASMMAY1612.P) The paper advocates that that Opioid Treatment Programs (OTPs) report dispensed or prescribed methadone and buprenorphine to PDMPs. The Substance Abuse and Mental Health Services Administration issued guidance to OTPs in 2011 indicating that the confidentiality requirements of 42CFR Part 2 limit OTPs to accessing PDMP information; they are not permitted to report information to it. Similar guidance was provided to OTPs by the American Association for the Treatment of Opioid Dependence. Council members agree that patient confidentiality should be maintained, but also recognize that it is important that methadone use be known when a patient is being treated in another setting. The group believes accreditation standards for OTPs should be revised to require that they have, and document, a conversation with the patient about the need to disclose methadone use to other treating clinicians. A group of members will formulate recommendations that will be shared and discussed with SAMHSA's Division of Pharmacologic Therapies, which establishes such standards.	The Joint Reference Committee thanked the Council for the update on the referral. In addition, the JRC looks forward to receiving the Council workgroup's recommendations.	Tristan Gorrindo, MD Bea Eld	Council on Addiction Psychiatry Report to JRC – 2/17 Deadline: January 19, 2017

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.B	**Council on Advocacy and Government Relations** Please see item 8.B for the Council's report, a summary of current activities and informational items.	The Joint Reference Committee thanked Dr. Pinals and the Council for their report. The Council awaits the outcome of mental health reform legislation. The Advocacy 101 project has launched and is being revised based on feedback. The Council is working with Education to create an Advocacy CME and with AADPRT to include advocacy in the curricula.		
8.B.1	Referral Update: Making Access to Treatment for Erectile Disorder Available under Medicare (JRCJUNE166.6; ASMMAY1612.f) **Will the Joint Reference Committee recommend that the Board of Trustees approve the Action Paper on "Making Access to Treatment for Erectile Disorder Available under Medicare"?** The Council on Advocacy and Government Relations (CAGR) discussed the JRC referral of the Action Paper Making Access to Treatment for Erectile Disorder Available Under Medicare (ASMMAY1612.F). As directed through the JRC summary of actions, the Council considered broadening the scope of the action paper to encompass sexual side-effects pertaining to both genders. Through a majority vote, it was recommended the Action Paper move forward as written. Furthermore, the Council identified several possible advocacy mechanisms the organization could implement in order to garner support from policymakers for the introduction of legislation.	The Joint Reference Committee recommended that the Board of Trustees approve the Action Paper on "Making Access to Treatment for Erectile Disorder Available under Medicare".	Shaun Snyder, JD Margaret Cawley Dewar Ardell Lockerman	Report to Board of Trustees – 12/16 Deadline: November 16, 2016

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.B.2	Referral Update: Access to Care Provided by the Department of Veterans Affairs (JRCJAN166.1; ASMNOV1512.A) **Will the Joint Reference Committee recommend that the Board of Trustees approve the Action Paper on "Access to Care Provided by the Department of Veterans Affairs"?** The Council on Advocacy and Government Relations (CAGR) discussed the recommendations from the Assembly Executive Committee (AEC) to reconsider the Action Paper Access to Care Provided by the Department of Veterans Affairs (ASMNOV1512.A). The Council acknowledged the organization's advocacy efforts presently address the main objectives of the Action Paper. Through a majority vote, the Council recommended the Action Paper move forward as written. In addition, it was urged the APA Administration continue their work to ensure the development of policy on improving access to mental health care and treatment for veterans, and advocate for implementation of fair pay and loan repayment programs.	The Joint Reference Committee recommended that the Board of Trustees approve the Action Paper on "Access to Care Provided by the Department of Veterans Affairs". The Administration noted that loan repayment programs currently exist. The Assembly thanked the Council for reconsidering this action paper.	Shaun Snyder, JD Margaret Cawley Dewar Ardell Lockerman	Report to Board of Trustees – 12/16 Deadline: November 16, 2016

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.B.3 CC	Retain 2007 Position Statement Use of Stigma as a Political Tactic **Will the Joint Reference Committee recommend that the Assembly retain the 2007 Position Statement: Use of Stigma as a Political Tactic and if retained, forward it to the Board of Trustees for consideration?** Rationale: The Council on Advocacy and Government Relations reviewed the Position Statement on Use of Stigma as a Political Tactic as directed by the JRC. The Council discussed the Position Statement at length, taking in consideration the statement was originally approved in 1990 (reaffirmed 2007). Members agreed the intent of the statement is applicable to the current political atmosphere. Through unanimous consent, the Council recommends the Position Statement be retained as written.	The Joint Reference Committee recommended that the Assembly retain the 2007 Position Statement: Use of Stigma as a Political Tactic and if retained, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD Margaret Cawley Dewar Allison Moraske	Report to Assembly – 5/17 Deadline: March 30, 2017
8.C	**Council on Children, Adolescents and Their Families** Please see item 8.C for the Council's report, a summary of current activities, and information items.	The Joint Reference Committee thanked Dr. Penn and the Council for their report.		
8.C.1	Autism Spectrum Disorder: Parents' Medication Guide **Will the Joint Reference Committee recommend that the Board of Trustees approve the joint American Academy of Child and Adolescent Psychiatry and APA Autism Spectrum Disorder: Parents' Medication Guide?**	The Joint Reference Committee recommended that the Board of Trustees approve the Joint American Academy of Child and Adolescent Psychiatry and American Psychiatric Association Autism Spectrum Disorder: Parents' Medication Guide. It was noted that the development of this *Parents' Medication Guide: Autism Spectrum Disorder* is a joint effort between the AACAP and the APA and both groups are approving the final language of the document as currently written.	Shaun Snyder, JD Margaret Cawley Dewar Ardell Lockerman	Report to Board of Trustees – 12/16 Deadline: November 16, 2016

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.D	**Council on Communications** Please see item 8.D for the Council's report, a summary of current activities, and information items.	The Joint Reference Committee thanked Dr. Ramsey and the Council for their report. The Council has been discussing the issue of psychiatrists utilizing closed social media groups to discuss cases and with the Division of Communications will be developing guidelines/recommendations on the do's and don'ts of such activities. Such recommendations would include information about HIPAA and malpractice coverage.		
8.E	**Council on Geriatric Psychiatry** Please see item 8.E for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked Dr. Roca and the Council for their report. The Council informed the JRC that a document on cultural competency in the care of the elderly is under development with chapters written by the fellows assigned to the Council.		
8.E.1	Revised Position Statement: Role of the Psychiatrist in Long-Term Care Settings **Will the Joint Reference Committee recommend that the Assembly approve the revised Position Statement: Role of the Psychiatrist in Long-Term Care Settings and if approved, forward it to the Board of Trustees for consideration?**	The Joint Reference Committee recommend that the Assembly approve the revised Position Statement: Role of the Psychiatrist in Long-Term Care Settings and if approved, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD Margaret Cawley Dewar Allison Moraske	Report to Assembly – 5/17 Deadline: March 30, 2017
8.E.2	Joint Consensus Statement: Diagnosing Schizophrenia in Skilled Nursing Centers **Will the Joint Reference Committee recommend that the Board of Trustees approve the Consensus Statement: *Diagnosing Schizophrenia in Skilled Nursing Centers?***	The Joint Reference Committee referred this item to the APA President and the CEO/Medical Director to sign onto this issue as it is consistent with current APA Practice Guidelines. In addition, the Joint Reference Committee refers this issue back to the Council on Geriatric Psychiatry to develop a formal position statement on diagnosing schizophrenia in skilled nursing centers.	Saul Levin, MD CEO/Medical Director Ranna Parekh, MD, MPH Sejal Patel	APA President CEO/Medical Director Council on Geriatric Psychiatry Report to JRC – 2/17 Deadline: January 19, 2017

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.F	**Council on Healthcare Systems and Financing** Please see item 8.F for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked Dr. Trivedi and the Council for their report. The Council continues to actively engage on issues of reimbursement, access to care, and collaborative care. The APA internal reorganization of the department has benefitted the APA and the council. The charge to the Committee on Reimbursement for Psychiatric Care will be revised to reflect the need to look at emerging payment models.		
8.G	**Council on International Psychiatry** Please see item 8.G for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked Dr. Ng and the Council for their report.		
8.G.1	No action required Referral Update: Position Statement of Migrant and Refugee Mental Health (JRCJUNE166.4; ASMMAY1612.D) Several Council members are involved in the coordination and development of the position statement along with Council members from the Council on Minority Mental Health and Health Disparities, Council on Children, Adolescents, and Their Families, and the Council on Psychiatry and Law. The Council noted that in addition to relevant APA position statements and the position statement on migrant and refugee and mental health from the World Association of Cultural Psychiatry cited in the Action Paper, that the statement on migrant and refugee mental health from the World Psychiatric Association on this issue should also be considered for reference. N.B. The Council on Minority Mental Health and Health Disparities is the LEAD council on this action.	The Joint Reference Committee thanked the Council for the update on the referral.	N/A	

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.G.2	No action required Referral Update: Psychiatric Response to Human Trafficking (JRCJUNE166.18; ASMMAY1612.V) The Council supports the intent of the Action Paper "A Psychiatric Response to Human Trafficking" with clarification that the development of a position statement on human trafficking should address "all vulnerable groups at risk for human trafficking" which includes not only women, but also men and LGBT populations, and focus on "all types of human trafficking" making reference to federals trends in this area.	The Joint Reference Committee thanked the Council for the referral on the update and suggested that information regarding LBGTQ children and teens be included. The Administration for Children and Families may be one resource.	Jon Fanning, MS, CAE Ricardo Juarez, MS	Council on International Psychiatry Report to JRC – 2/17 Deadline: January 19, 2017
8.G.3	No action required Referral Update: Disapproval of the Detention of Central American Asylum Seeking Children and Families (JRCJUNE166.19; ASMMAY1612.X) The Council supports the intent of the Action Paper and the review and reaffirmation of the position statements "Detained Immigrants with Mental Illness" and "Xenophobia, Immigration, and Mental Health."	The Joint Reference Committee thanked the Council for the update on the referral.	N/A	
8.G.4	No action required Referral Update: Consolidation of Position Statements: Abuse and Misuse of Psychiatry and Human Rights The Council continues to consider several possibilities for consolidating the position statements, including around the subjects of stigma in psychiatry and the political misuse and abuse of psychiatry. Several members of the Council on Psychiatry and Law have been identified to provide their perspective and add to the discussion.	The Joint Reference Committee thanked the Council for the update on the referral.	N/A	
8.H	**Council on Medical Education and Lifelong Learning** Please see item 8.H for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked Dr. Rapaport and the Council for their report.		

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.H.1	No action required Referral Update: Performance in Practice Certification by American Psychiatric Association (JRCJUNE166.1; ASMMAY1612.A) At its meeting on September 16, the Council discussed the action and reviewed current information about the CMS MACRA/Merit Based Incentive Payment System (MIPS) program and how Proposed Clinical Practice Improvement Activities (CPIA) would be counted toward fulfillment of that reimbursement category in MIPS. The Council on Medical Education and Lifelong Learning, and the Division of Education, have reviewed the action paper. The Council strongly supports helping our members meet payment reform requirements. Should the MACRA/MIPS final rule allow for participation in MOC-activities to count towards meeting MACRA requirements, the Council hopes that APA would work to develop a pathway for psychiatrists without board certification to use APA's Maintenance of Certification type activities to meet MACRA requirements. The final rule will be available in late 2016 and the Council could provide a more specific plan at that time.	The Joint Reference Committee thanked the Council for the update on this referral.	N/A	

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.H.2	No action required Referral Update: Enhancing Ethical Knowledge of APA Members (JRCJUNE166.15; ASMMAY1612.S) The Joint Reference Committee requested information from the Division of Education about the APA's current ethics education activities. The Scientific Program Committee of the Annual Meeting is supportive of including content on ethics. The 2017 scientific program content is currently in development and under review. The 2016 Annual Meeting included a significant number of scientific sessions that had ethical considerations as their key focus including collaborations of the APA Ethics Committee and Scattergood Ethics Program. Ethics and risk management education is available in the online Education Center including: Professionalism and the Internet and a series of ethics-related topics in risk-management. APA's clinical review and continuing education journal FOCUS includes an Ethics Commentary in each issue. Laura Roberts, MD and Laura B Dunn MD, co-edit this section of the journal which brings ethical considerations to each clinical topic such as Ethical Considerations in the Assessment and Management of Suicide Risk, Ethical Issues in the Care of People with Schizophrenia.	The Joint Reference Committee thanked the Council for the update on the referral.	N/A	

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.H.3	No action required Referral Update: Providing Recordings of Individual Presentations from the APA Annual Meeting (JRCJUNE166.7; ASMMAY1612.G) The APA Administration is currently working with our OnDemand vendor, Learner's Digest International/Wolters Kluwer (LDI/WK), to evaluate several potential business models and the potential impact on Annual Meeting revenue. The Division of Education has discussed with our current OnDemand vendor what would be entailed in making a la carte sessions available for purchase to Annual Meeting attendees. Our vendor noted that many medical specialties have tried this approach, but that it has rarely been successful. Most of those that have tried it, have gone back to package only sales. At this time they only have one other client who sells sessions a la carte and they delay the availability of the sale of a la carte session by 3 months to encourage package purchases. In their experience, introducing a la carte sales reduced the overall revenue by 10-20%. The APA currently receives $170,000 in revenue from LDI/WK. If we were to apply their experience, a decreased in revenue of $17,000-$34,000 could be anticipated. Further, the current terms of our agreement allow us to sell a la carte Annual Meeting content via the APA's Learning Management System (LMS) on January 1st of the year following the Annual Meeting. These sales bring in approximately $20,000 in revenue to the APA. If this same content was available for sale via LDI/KW's platform, the APA would only see a 30% return on those funds. Assuming a worse-case-scenario in which all sales for a la carte content shifted from the LMS to LDI/WK, we would anticipate $14,000 in additional lost revenue.	The Joint Reference Committee thanked the Council for the update on the referral.	N/A	

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.I	**Council on Minority Mental Health and Health Disparities** Please see item 8.I for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked Dr. Mangurian and the Council for their report. The Council's report stimulated a discussion of issues of diversity with the APA. The work of the Division of Diversity and Health Equity and the Council on Minority Mental Health and Health Disparities to facilitate dialogue and implement actions to ameliorate the current state to date is commendable. More is needed. The JRC noted that there is considerable concern about the perceived insensitivity about the issues and the disappointment in the follow-up. It is vital that the APA Leadership be involved in the dialogue to listen and understand the feelings behind the issues. A comprehensive strategic plan ought to identify the APA's values regarding diversity and inclusivity and include goals and measurable performance indicators.		

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.I.1	Extension of 'Conversations in Diversity' (please see attachment appendix A) **Will the Joint Reference Committee recommend that the Board of Trustees approve to extend 'Conversations in Diversity' at 2017 APA Annual Meeting and IPS with an appropriate person to serve as facilitator?** At the September components meeting, some council members and caucus members described concern that systemic racism was not adequately addressed in the organization and that several Black APA members had become distrustful of the organization. To address this issue, the Council recommended convening a dialogue about diversity and inclusion in the APA that would involve council members, MUR caucus members and APA leadership, to be professionally facilitated by someone outside of the organization.	The Joint Reference Committee recommended that the Board of Trustees approve to extend 'Conversations in Diversity' at 2017 APA Annual Meeting and IPS with an appropriate person to serve as facilitator.	Shaun Snyder, JD Margaret Cawley Dewar Ardell Lockerman	Report to Board of Trustees – 12/16 Deadline: November 16, 2016

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.I.2	<u>Increasing M/UR Caucus Membership</u> **Will the Joint Reference Committee recommend that APA deploy staff to enroll members in M/UR Caucus meetings (and confirm emails) at all Caucus meetings at the APA Annual Meeting?** This would be a one-time investment to help M/UR Caucuses have accurate membership lists.	The Joint Reference Committee recommended that APA deploy staff to enroll members in M/UR Caucus meetings (and confirm emails) at all Caucus meetings at the APA Annual Meeting. The Administration noted that efforts were already underway to enroll and verify M/UR Caucus membership and to continue to facilitate the enrollment of new caucus members at their meetings during the Annual meeting. The JRC thanked the Council for bringing this to the attention of the JRC and requested that the CEO/Medical Director include in the CEO's report to the Board of Trustees, information on the M/UR caucus membership.	Saul Levin, MD, MPA Office of the CEO/Medical Director Ranna Parekh, MD, MPH Brandon Batiste	Report to Board of Trustees – 12/16 Deadline: November 16, 2016
8.I.3	<u>APA Appointments Process – Involvement of M/UR Caucuses</u> **Will the Joint Reference Committee recommend that the Board of Trustees approve Council suggestion that APA President-elect continue to consult M/UR Caucus presidents to propose Caucus members for appointment to CMMHHD and other Councils and components?**	The Joint Reference Committee thanked the council for bringing this action item and noted that the M/UR Caucus presidents are asked for their recommendations for individuals, including caucus members, to serve on APA councils and components. The Joint Reference Committee recommended that the Board of Trustees add to the Operations Manual that the President-elect will seek recommendations from the leaders of the APA Caucuses, councils and committees and Assembly for appointments to ensure that those who serve on APA components represent the talents and diversity of the APA membership.	Shaun Snyder, JD Margaret Cawley Dewar Ardell Lockerman	Report to Board of Trustees – 12/16 Deadline: November 16, 2016

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.I.4	Hyperlinks to M/UR Caucus Information **Will the Joint Reference Committee recommend that the Board of Trustees approve that APA website staff create a hyperlink on the M/UR Caucus assignments to explain to members about the value of these Caucuses?**	The Joint Reference Committee noted that the Administration is already working to link M/UR Caucus information on the APA website and increase the visibility of the Caucuses to the membership. The CEO/Medical Director will include information and progress reports on these efforts in the CEO's report to the Board of Trustees.	Saul Levin, MD, MPA Office of the CEO/Medical Director Ranna Parekh, MD, MPH Brandon Batiste	FYY - Report to Board of Trustees – 12/16 Deadline: November 16, 2016
8.I.5	Strategic Planning to Increase M/UR Membership **Will the Joint Reference Committee recommend that the Board of Trustees approve that the Council on Minority Mental Health and Health Disparities, the Division of Diversity and Health Equity, and the Membership Committee lead an on-going, sustained multi-year, strategic planning effort?**	The Joint Reference Committee recommend that the Board of Trustees approve that the Council on Minority Mental Health and Health Disparities, the Division of Diversity and Health Equity, and the Membership Committee lead an on-going, sustained multi-year, strategic planning effort.	Shaun Snyder, JD Margaret Cawley Dewar Ardell Lockerman	Report to Board of Trustees – 12/16 Deadline: November 16, 2016
8.I.6	DDHE Membership Recruitment Tours for URM Members **Will the Joint Reference Committee recommend that the Board of Trustees approve that the APA DDHE lead the creation of membership recruitment tours and outreach strategies to recruit URM members (e.g., at Historically Black Colleges)?**	The Joint Reference Committee referred this action item to the Administration and requested that the progress and efforts of these recruitment tours, which are underway, be reported to the Board of Trustees in the CEO/Medical Director's report. It was recognized by the Joint Reference Committee that the Council was being responsive to unmet needs with the APA Membership and thanked the Council for its work.	Saul Levin, MD, MPA Office of the CEO/Medical Director Ranna Parekh, MD, MPH Brandon Batiste	FYI - Report to Board of Trustees – 12/16 Deadline: November 16, 2016

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.I.7	Request for BOT Ad Hoc Work Group on Bias **Will the Joint Reference Committee recommend that the Board of Trustees create a BOT Ad Hoc Work Group to understand implicit bias, perceived systemic racism and distrust in the APA, regarding black psychiatrists?**	The Joint Reference Committee recommended that the feedback, suggestions and outcomes of Conversations in Diversity (see item 8.I.1) inform the development of a charge to a workgroup to address issues of diversity including implicit bias, perceived systemic racism and distrust in the APA. The JRC encouraged the inclusion of qualitative and quantitative measures to evaluate change.	Shaun Snyder, JD Margaret Cawley Dewar Ardell Lockerman	Report to Board of Trustees – 12/16 Deadline: November 16, 2016
8.I.8	Retain 2009 Position Statement: U.S. Military Policy "Don't Ask Don't Tell" **Will the Joint Reference Committee recommend that the Assembly retain the 2009 Position Statement: *U.S. Military Policy "Don't Ask Don't Tell"* and if retained, forward it to the Board of Trustees for consideration?** Rationale: The Council states that the position statement is still relevant and should be retained.	The Joint Reference Committee recommended that the Assembly **retire** the 2009 Position Statement: *U.S. Military Policy "Don't Ask Don't Tell"* and if retained, forward it to the Board of Trustees for consideration. Rationale: The Federal Government repealed the 'Don't Ask Don't Tell' act in 2011. In addition, in June 2013 the Defense of Marriage Act was overturned by the Supreme Court.	Shaun Snyder, JD Margaret Cawley Dewar Allison Moraske	Report to Assembly – 5/17 Deadline: March 30, 2017
8.I.9	Retain 2007 Position Statement: Domestic Violence **Will the Joint Reference Committee recommend that the Assembly retain the 2007 Position Statement: *Domestic Violence* and if retained, forward it to the Board of Trustees for consideration?** Rationale: The Council states that the position statement is still relevant and should be retained.	The Joint Reference Committee referred the position statement back to the Council and requested that it be consolidated with the 2007 PS: *Domestic Violence Against Women* and revised.	Ranna Parekh, MD, MPH Brandon Batiste	Council on Minority Mental Health and Health Disparities Report to JRC – 2/17 Deadline: January 19, 2017

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.I.10	Retain 2007 Position Statement: Domestic Violence Against Women **Will the Joint Reference Committee recommend that the Assembly retain the 2007 Position Statement*: Domestic Violence Against Women* and if retained, forward it to the Board of Trustees for consideration?** Rationale: The Council states that the position statement is still relevant and should be retained.	The Joint Reference Committee referred the position statement back to the Council and requested that it be consolidated with the 2007 PS: *Domestic Violence* and revised.	Ranna Parekh, MD, MPH Brandon Batiste	Council on Minority Mental Health and Health Disparities Report to JRC – 2/17 Deadline: January 19, 2017
8.I.11	Retain 2007 Position Statement: Prevention of Violence **Will the Joint Reference Committee recommend that the Assembly retain the 2007 Position Statement: Prevention of Violence and if retained, forward it to the Board of Trustees for consideration?** Rationale: The Council states that the position statement is still relevant and should be retained.	The Joint Reference Committee referred the position statement back to the Council on Minority Mental Health and Health Disparities and requested that it be consolidated with the 2007 PS: *Violence in America Can and Must Be Prevented: A Call for Action from Medicine, Nursing, and Public Health* and revised into a position statement on the prevention of violence.	Ranna Parekh, MD, MPH Brandon Batiste	Council on Minority Mental Health and Health Disparities Report to JRC – 2/17 Deadline: January 19, 2017
8.I.12	Retain 2007 Position Statement: Violence in America Can and Must Be Prevented: A Call for Action from Medicine, Nursing, and Public Health **Will the Joint Reference Committee recommend that the Assembly retain the 2007 Position Statement: Violence in America Can and Must Be Prevented: A Call for Action from Medicine, Nursing, and Public Health and if retained, forward it to the Board of Trustees for consideration?** Rationale: The Council states that the position statement is still relevant and should be retained.	The Joint Reference Committee referred the position statement back to the Council on Minority Mental Health and Health Disparities and requested that it be consolidated with the 2007 PS: *Prevention of Violence* and revised into a position statement on the prevention of violence.	Ranna Parekh, MD, MPH Brandon Batiste	Council on Minority Mental Health and Health Disparities Report to JRC – 2/17 Deadline: January 19, 2017

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.I.13 CC	Retain 2006 Position Statement: Resolution against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health **Will the Joint Reference Committee recommend that the Assembly retain the 2006 Position Statement: *Resolution against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health* and if retained, forward it to the Board of Trustees for consideration?** Rationale: The Council states that the position statement is still relevant and should be retained.	The Joint Reference Committee recommended that the Assembly retain the 2006 Position Statement: *Resolution against Racism and Racial Discrimination and Their Adverse Impacts on Mental Health* and if retained, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD Margaret Cawley Dewar Allison Moraske	Report to Assembly – 5/17 Deadline: March 30, 2017
8.I.14 CC	Retain 2001 Position Statement: Discrimination Against International Medical Graduates **Will the Joint Reference Committee recommend that the Assembly retain the 2001 Position Statement: *Discrimination Against International Medical Graduates* and if retained, forward it to the Board of Trustees for consideration?** Rationale: The Council states that the position statement is still relevant and should be retained.	The Joint Reference Committee recommended that the Assembly retain the 2001 Position Statement*: Discrimination Against International Medical Graduates* and if retained, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD Margaret Cawley Dewar Allison Moraske	Report to Assembly – 5/17 Deadline: March 30, 2017
8.I.15 CC	Retain 1999 Position Statement: Diversity **Will the Joint Reference Committee recommend that the Assembly retain the 1999 Position Statement: *Diversity* and if retained, forward it to the Board of Trustees for consideration?** Rationale: The Council states that the position statement is still relevant and should be retained.	The Joint Reference Committee recommended that the Assembly retain the 1999 Position Statement: *Diversity* and if retained, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD Margaret Cawley Dewar Allison Moraske	Report to Assembly – 5/17 Deadline: March 30, 2017

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.I.16	Retain 1997 Position Statement: Religious Persecution and Genocide **Will the Joint Reference Committee recommend that the Assembly retain the 1997 Position Statement: Religious Persecution and Genocide and if retained, forward it to the Board of Trustees for consideration?** Rationale: The Council states that the position statement is still relevant and should be retained.	The Joint Reference Committee referred the position statement back to the Council on Minority Mental Health and Health Disparities and asked that the council think through the current position statement and its potential implications and determined whether it should be retained, retired or revised.	Ranna Parekh, MD, MPH Brandon Batiste	Council on Minority Mental Health and Health Disparities Report to JRC – 2/17 Deadline: January 19, 2017
8.I.17 CC	Retain 1994 Position Statement: Psychiatrists from Underrepresented Groups in Leadership Roles **Will the Joint Reference Committee recommend that the Assembly retain the 1994 Position Statement: Psychiatrists from Underrepresented Groups in Leadership Roles and if retained, forward to the Board of Trustees for consideration**? Rationale: The Council states that the position statement is still relevant and should be retained.	The Joint Reference Committee recommended that the Assembly retain the 1994 Position Statement: Psychiatrists from Underrepresented Groups in Leadership Roles and if retained, forward to the Board of Trustees for consideration.	Shaun Snyder, JD Margaret Cawley Dewar Allison Moraske	Report to Assembly – 5/17 Deadline: March 30, 2017
8.I.18 CC	Retain 1994 Position Statement Resolution Opposing Any Restriction on the Number of IMG's Entering Graduate Medical Training **Will the Joint Reference Committee recommend that the Assembly retain the 1994 Position Statement: Resolution Opposing Any Restriction on the Number of IMG's Entering Graduate Medical Training and if retained, forward it to the Board of Trustees for consideration?** Rationale: The Council states that the position statement is still relevant and should be retained.	The Joint Reference Committee recommended that the Assembly retain the 1994 Position Statement: Resolution Opposing Any Restriction on the Number of IMG's Entering Graduate Medical Training and if retained, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD Margaret Cawley Dewar Allison Moraske	Report to Assembly – 5/17 Deadline: March 30, 2017

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.I.19	Revised 1978 Position Statement: Abortion **Will the Joint Reference Committee recommend that the Assembly approve the revised 1978 Position Statement: *Abortion* and if approved, forward it to the Board of Trustees for consideration?** Rationale: The Council states that the position statement is still relevant, however; the supporting references needed to be updated. N.B. if the revised position statement is approved, the 1978 position statement will be retired.	The Joint Reference Committee recommended that the Assembly approve the revised 1978 Position Statement: *Abortion* and if approved, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD Margaret Cawley Dewar Allison Moraske	Report to Assembly – 5/17 Deadline: March 30, 2017
8.I.20 CC	Retain 1977 Position Statement: Affirmative Action **Will the Joint Reference Committee recommend that the Assembly retain the 1977 Position Statement: Affirmative Action and if retained, forward it to the Board of Trustees for consideration?** Rationale: The Council states that the position statement is still relevant and should be retained.	The Joint Reference Committee recommended that the Assembly retain the 1977 Position Statement: Affirmative Action and if retained, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD Margaret Cawley Dewar Allison Moraske	Report to Assembly – 5/17 Deadline: March 30, 2017
8.J	**Council on Psychiatry and Law** Please see item 8.J for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked Dr. Hoge and the Council for their report.		

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.J.1	Position Statement: Psychiatrist Involvement in Medical Euthanasia and Physician-Assisted Suicide of Non-Terminally Ill (JRCJUNE166.17; ASMMAY1612.U) **Will the Joint Reference Committee recommend that the Board of Trustees approve the action paper including the Position Statement: Psychiatrist Involvement in Medical Euthanasia and Physician-Assisted Suicide of Non-Terminally Ill?** The Council on Psychiatry and Law reviewed and discussed the action paper on Psychiatrist Involvement in Medical Euthanasia and Physician-Assisted Suicide of Non Terminally Ill and supports the action paper/position statement.	The Joint Reference Committee recommended that the Assembly approve the Proposed Position Statement: Medical Euthanasia and if approved, forward it to the Board of Trustees for consideration. Position Statement: *The American Psychiatric Association, in concert with the American Medical Association's position on Medical Euthanasia, holds that a psychiatrist should not prescribe or administer any intervention to a non-terminally ill person for the purpose of causing death*.	Shaun Snyder, JD Margaret Cawley Dewar Allison Moraske	Report to Assembly – 11/16
8.J.2	Proposed Resource Document: Why Should More Psychiatrists Participate in the Treatment of Patients in Jails and Prisons? **Will the Joint Reference Committee approve the proposed Resource Document *Why should more Psychiatrists Participate in the Treatment of Patients in Jails and Prisons*?**	The Joint Reference Committee approved the proposed Resource Document *Why should more Psychiatrists Participate in the Treatment of Patients in Jails and Prisons*.	Shaun Snyder, JD Margaret Cawley Dewar Laurie McQueen	Association Governance FYI – Board of Trustees – 12/16

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.J.3	Request to Publish: Resource Document - Why should more Psychiatrists Participate in the Treatment of Patients in Jails and Prisons? **Will the Joint Reference Committee recommend that the Board of Trustees approve the Council's request to publish a longer version of the document *Why Should More Psychiatrists Participate in the Treatment Patients in Jails and Prisons*?** The Council on Psychiatry and Law's Workgroup on Mental Illness and Criminal Justice created a document titled "Why Should More Psychiatrists Participate in the Treatment of Justice Involved Patients?". After feedback from the Council, the workgroup rewrote the document to make a shorter version which they turned into a resource document submitted to the JRC for approval (see item 8.J.3 above). The Council would like permission to print the longer version in the Journal of AAPL.	The Joint Reference Committee recommended that the Board of Trustees approve the Council's request to publish a longer version of the document *Why Should More Psychiatrists Participate in the Treatment Patients in Jails and Prisons*.	Shaun Snyder, JD Margaret Cawley Dewar Ardell Lockerman	Report to Board of Trustees – 12/16 Deadline: November 16, 2016
8.J.4 CC	Retire Position Statement: 1976 Joint Statement on Antisubstitution Laws and Regulation **Will the Joint Reference Committee recommend that the Assembly retire the Position Statement: 1976 Joint Statement on Antisubstitution Laws and Regulations and if retired, forward it to the Board of Trustees for consideration?** Rationale: The Council on Psychiatry and Law reviewed the 1976 Joint Statement on Antisubstitution Laws and Regulations. The Council felt the position paper was old and no longer relevant. It is felt that the position paper should be retired.	The Joint Reference Committee recommend that the Assembly retire the Position Statement: 1976 Joint Statement on Antisubstitution Laws and Regulations and if retired, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD Margaret Cawley Dewar Allison Moraske	Report to Assembly – 5/17 Deadline: March 30, 2017

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.J.5	Retain 1993 Position Statement: Homicide Prevention and Gun Control **Will the Joint Reference Committee recommend that the Assembly retain the 1993 Position Statement: Homicide Prevention and Gun Control and if retained, forward it to the Board of Trustees for consideration?** Rationale: The Council on Psychiatry and Law reviewed the 1993 Homicide Prevention and Gun Control position statement. The Council felt that his position statement should be retained. The position paper is the only document that the APA has that supports gun control.	The Joint Reference Committee recommended that the Assembly **retire** the 1993 Position Statement: Homicide Prevention and Gun Control and if retained, forward it to the Board of Trustees for consideration. Rationale: The 2014 Position Statement: *Firearm Access, Acts of Violence and the Relationship to Mental Illness and Mental Health Services* includes language supportive of gun control and outlines steps for gun control. Therefore, it is confusing and potentially contradictory to retain the 1993 Position Statement.	Shaun Snyder, JD Margaret Cawley Dewar Allison Moraske	Report to Assembly – 5/17 Deadline: March 30, 2017
8.J.6 CC	Retain 1998 Position Statement: Misuse of Psychiatric Examinations Disclosure of Psychiatric Records in Sexual Harassment Litigation **Will the Joint Reference Committee recommend that the Assembly retain the 1998 Position Statement: Misuse of Psychiatric Examinations Disclosure of Psychiatric Records in Sexual Harassment Litigation and if retained, forward it to the Board of Trustees for consideration?** Rationale: The Council on Psychiatry and Law reviewed the 1998 position statement on Misuse of Psychiatric Examinations Disclosure of Psychiatric Records in Sexual Harassment Litigation. The Council felt the position statement should be retained as the document is still relevant.	The Joint Reference Committee recommended that the Assembly retain the 1998 Position Statement: Misuse of Psychiatric Examinations Disclosure of Psychiatric Records in Sexual Harassment Litigation and if retained, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD Margaret Cawley Dewar Allison Moraske	Report to Assembly – 5/17 Deadline: March 30, 2017

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.J.7 CC	Retire 2001 Position Statement: Doctors Against Handgun Injury **Will the Joint Reference Committee recommend that the Assembly retire the 2001 Position Statement: Doctors Against Handgun Injury and if retired, forward it to the Board of Trustees for consideration?** Rationale: The Council on Psychiatry and Law reviewed the 2001 position statement on Doctors Against Handgun Injury. The Council felt the position statement should be retired. The statement was incorporated in the 2014 Position Statement on Firearm Access, Acts of Violence and the Relationship to Mental Illness and Mental Health Services.	The Joint Reference Committee recommended that the Assembly retire the 2001 Position Statement: Doctors Against Handgun Injury and if retired, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD Margaret Cawley Dewar Allison Moraske	Report to Assembly – 5/17 Deadline: March 30, 2017
8.J.8 CC	Retain 2008 Adoption of AMA Statement of Capital Punishment **Will the Joint Reference Committee recommend that the Assembly retain the 2008 Adoption of AMA Statement of Capital Punishment and if retained, forward it to the Board of Trustees for consideration?** Rationale: The Council on Psychiatry and Law reviewed the 2008 Adoption of AMA Statements of Capital Punishment. The Council felt the position statement should be retained as the document is still relevant.	The Joint Reference Committee recommended that the Assembly retain the 2008 Adoption of AMA Statement of Capital Punishment and if retained, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD Margaret Cawley Dewar Allison Moraske	Report to Assembly – 5/17 Deadline: March 30, 2017

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.J.9 CC	Retain 2010 Position Statement: No "Dangerous Patient" Exception to Federal Psychotherapist-Patient Testimonial Privilege **Will the Joint Reference Committee recommend that the Assembly retain the 2010 Position Statement: No "Dangerous Patient" Exception to Federal Psychotherapist-Patient Testimonial Privilege and if retained, forward it to the Board of Trustees for consideration?** Rationale: The Council on Psychiatry and Law reviewed the 2010 position statement on No "Dangerous Patient" Exception to Federal Psychotherapist-Patient Testimonial Privilege. The Council felt the position statement should be retained as the document is still relevant.	The Joint Reference Committee recommend that the Assembly retain the 2010 Position Statement: No "Dangerous Patient" Exception to Federal Psychotherapist-Patient Testimonial Privilege and if retained, forward it to the Board of Trustees for consideration.	Shaun Snyder, JD Margaret Cawley Dewar Allison Moraske	Report to Assembly – 5/17 Deadline: March 30, 2017
8.K	**Council on Psychosomatic Medicine** Please see item 8.L for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked Dr. Gitlin and the Council for their report.		
8.L	**Council on Quality Care** Please see item 8.L for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked Dr. Norquist and the Council for their report.		

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.L.1	Request to Publish: Resource Document: Assessment and Treatment of Gender Dysphoria and Gender Variant Patients: A Primer for Psychiatrists **Will the Joint Reference Committee recommend that the Board of Trustees approve the request to publish the APA Resource Document *Assessment and Treatment of Gender Dysphoria and Gender Variant Patients: A Primer for Psychiatrists*?** During the June 2016 Joint Reference Committee meeting, the attached paper was approved as a resource document of the APA. At present time, the authors request permission to submit this document to the American Journal of Psychiatry for publication.	The Joint Reference Committee recommended that the Board of Trustees approve the request to publish the APA Resource Document: *Assessment and Treatment of Gender Dysphoria and Gender Variant Patients: A Primer for Psychiatrists*. It was noted that the APA Journals have the right of first refusal to publish APA content.	Shaun Snyder, JD Margaret Cawley Dewar Ardell Lockerman	Report to Board of Trustees – 12/16 Deadline: November 16, 2016
8.L.2	Restructure of the Steering Committee on Practice Guidelines **Will the Joint Reference Committee recommend that the Board of Trustees approve the restructure of the Steering Committee on Practice Guidelines as detailed in attachment #2, with the restructure to begin in May 2017.**	The Joint Reference Committee recommended that the Board of Trustees approve the restructure of the Steering Committee on Practice Guidelines as detailed in attachment #2, to begin in May 2017.	Shaun Snyder, JD Margaret Cawley Dewar Ardell Lockerman	Report to Board of Trustees – 12/16 Deadline: November 16, 2016
8.L.3	No action required Referral Update: APA Position Statement: Mental Health Hotlines (JRCJUNE166.3; ASMMAY1612.C) The Council has identified that there exists minimal information on uniform standards in this area and plans to continue to research what standards for these hotlines have been developed and are utilized.	The Joint Reference Committee thanked the Council for the update on the referral.	N/A	

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.L.4	No action required Referral Update: Standards for Inpatient Psychiatric Care (JRCJUNE166.2; ASMMAY1612.B) In response to the request that the Council on Quality Care provide input or identify follow-up activity to address the action paper, under advisement of the APA Executive Committee on Practice Guidelines, it was concluded that not enough evidence exists in this space to develop a practice guideline document. The Council recommends the development of a policy statement or resource document. The Council is unaware of the appropriate APA component to request of this effort. (Please see attachment #3.)	The Joint Reference Committee thanked the Council for the update on this referral and requested that an update be send to the Assembly.		

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
8.L.5	No action required <u>Referral Update: Pharmacists Substituting Medications with Similar Mechanisms of Action</u> (JRCJUNE166.9; ASMMAY1612.I) As requested by the JRC in June 2016, the Council on Quality Care has reviewed the action paper. The Council reviewed the current APA position statement on Medication Substitutions (please see attachment #4) and determined it required redrafting to appropriately address the action paper. The Council on Quality Care agreed that the policy addressing this issue from the American Medical Association is sensible. (Please see attachment #5). • The new statement drafted by the Council has been shared with the Council on Healthcare Systems and Financing and the Council on Advocacy and Government Relations. Please see attachment #6. • The Council on Advocacy and Government Relations is recommending that the position statement use very simple language to make it well understood. The word "moiety" struck the members as too technical. In further discussion, they considered and refuted suggestion of the word "compound" as in the pharmaceutical world that has a different and specific meaning. Other members suggested using the word "molecule." The Council ultimately decided to recommend the word "molecule" but we are not committed to the language, if other suggestions are offered. The overview feedback was the position statement was well-written and thought its proposal was warranted. • The Council on Healthcare Systems and Financing do not agree that there is a need for a new position statement and feel the 2015 statement is sufficient.	The Joint Reference Committee thanked the Council for the referral update and requested that the Council on Quality Care redraft a position statement on pharmacists substituting medications with similar mechanisms of action and include in the statement generic and biosimilar medications.	Kristin Kroeger Samantha Shugarman, MS	Council on Quality Care Report to JRC – 2/17 Deadline: January 19, 2017
8.M	**Council on Research** Please see item 8.M for the Council's report, summary of current activities and information items.	The Joint Reference Committee thanked Dr. Evans and the Council for their report.		
9	**Other Reports**			

Agenda Item #	Action	Comments/Recommendation	Administration Responsible	Referral/Follow-up & Due Date
9.A	<u>Request for Caucus: Positive Psychiatry</u> **Will the Joint Reference Committee recommend that the Board of Trustees approve the creation of a Caucus on Positive Psychiatry under the Council on Geriatric Psychiatry?**	The Joint Reference Committee recommended that the Board of Trustees approve the creation of a Caucus on Positive Psychiatry under the Council on Geriatric Psychiatry.	Shaun Snyder, JD Margaret Cawley Dewar Ardell Lockerman	Report to Board of Trustees – 12/16 Deadline: November 16, 2016

Action	CEO/MDO Response	Staff/Component Responsible	Status
8.E.2 Joint Consensus Statement: Diagnosing Schizophrenia in Skilled Nursing Centers Will the Joint Reference Committee recommend that the Board of Trustees approve the Consensus Statement: *Diagnosing Schizophrenia in Skilled Nursing Centers?*	The Joint Reference Committee referred this item to the APA President and the CEO/Medical Director to sign on to this issue as it is consistent with current APA Practice Guidelines. In addition, the Joint Reference Committee refers this issue back to the Council on Geriatric Psychiatry to develop a formal position statement on diagnosing schizophrenia in skilled nursing centers.	CEO/Medical Director's Office Saul Levin, MD, MPA Ranna Parekh, MD, MPH; Sejal Patel; Kristin Kroeger	Signed on to Joint Summary Statement from American Health Care Association. Policy, Programs and Partnerships and DDHE working on rollout plan. Council on Geriatric Psychiatry discussing the need to develop a position statement on diagnosing schizophrenia in skilled nursing centers.

EXECUTIVE SUMMARY
Assembly

The Assembly met in Washington, DC, November 4-6, 2016, and passed several actions that are referred to the Joint Reference Committee (JRC), below. The draft summary of actions from the meeting is provided as attachment 16.

The Assembly brings the following action items:

1. **All Prescribers, not just Physicians, shall be Subject to Open Payments (ASM Item #2016A2 12.A) [Attachment 1]**

   Action paper 2016A2 12.A asks that the APA engage with the American Medical Association and the American Osteopathic Association to pursue regulatory change such that non-physician providers are included along with physicians in the Open Payments reporting and database.

   Action: Will the JRC refer the Assembly passed action paper *2016A2 12.A: All Prescribers, not just Physicians, shall be Subject to Open Payments* to the appropriate Component(s) for input or follow-up?

2. **Return of Interest for ABPN Continuous Pathways Payments (ASM Item #2016A2 12.B) [Attachment 2]**

   Action paper 2016A2 12.B asks that as part of the APA's efforts to have ABPN change its requirements for MOC, APA additionally demand credit for the interest on the monies deposited towards the ten-year examination fee be returned to the psychiatrist either directly or in the form of an appropriate discount on the examination fee.

   Action: Will the JRC refer the Assembly passed action paper *2016A2 12.B: Return of Interest for ABPN Continuous Pathways Payments* to the appropriate Component(s) for input or follow-up?

3. **Continuity of Care**
   (ASM Item #2016A2 12.C) [Attachment 3]

   Action paper 2016A2 12.C asks that the Council on Quality Care explore options such as a position statement or resource document to encourage timely communication between inpatient and outpatient teams, including both general medical and psychiatric facilities.

   Action: Will the JRC refer the Assembly passed action paper *2016A2 12.C: Continuity of Care* to the appropriate Component(s) for input or follow-up?

4. **Towards Universal Health Insurance in the United States (ASM Item # 2016A2 12.D) [Attachment 4]**

Action paper 2016A2 12.D asks:

1. That the APA collaborate with the AMA on its newly adopted resolution to assess various models of healthcare finances including single payer models and universal healthcare and to include data from other developed countries which employ these models;
2. That to facilitate this action, the issue will be referred to the Council on Health Care Systems and Financing and the AMA Delegation of the APA;
3. That a status report will be delivered by the Council on Health Care Systems and Financing and the AMA Delegation of the APA at the May 2017 meeting of the APA Assembly.

Action: Will the JRC refer the Assembly passed action paper *2016A2 12.D: Towards Universal Health Insurance in the United States* to the appropriate Component(s) for input or follow-up?

5. **Improving the Confidentiality of Prescription Drug Monitoring Programs (ASM Item # 2016A2 12.G) [Attachment 5]**

Action paper 2016A2 12.G asks that the American Psychiatric Association study the variations in the PDMPs to ensure that they are consistent with current federal regulations, and to make recommendations to improve the PDMP system with special attention to ensure the appropriate confidentiality of patient records.

Action: Will the JRC refer the Assembly passed action paper *2016A2 12.G: Improving the Confidentiality of Prescription Drug Monitoring Programs* to the appropriate Component(s) for input or follow-up?

6. **APA Position Statement on Screening and Treatment for Mental Health Disorders During Pregnancy and Postpartum (ASM Item # 2016A2 12.I) [Attachment 6]**

Action paper 2016A2 12.I asks:

That the APA develop and announce a position statement recommending:
1) The need for screening and subsequent treatment for mood and anxiety disorders during pregnancy and the postpartum period.
2) The need to address the higher rates of these disorders in low-income women from minority groups.

Action: Will the JRC refer the Assembly passed action paper *2016A2 12.I: APA Position Statement on Screening and Treatment for Mental Health Disorders During Pregnancy and Postpartum* to the appropriate Component(s) for input or follow-up?

7. <u>Exhibitor-Funded Scholarships for Consumer Presenters at Annual Meetings</u> (ASM Item #2016A2 12.J) [Attachment 7]

Action paper 2016A2 12.J asks:

That a relevant component of the APA or APA Foundation develop a program, at no cost to the APA, to fund a voluntary exhibitor-funded scholarship program intended to defray some or all of the travel, hotel, and registration expenses of consumer presenters who speak at one of the two APA annual meetings:

That exhibitors who voluntarily donate to the scholarship program be recognized in program materials; may not place any conditions on such donations; may not influence the choice of consumer presenter in any manner; and that all such donated funds be pooled such that no speaker would be associated with any specific contributor;

That consumer presenters must adhere to the requirements specified of all presenters; and

That necessary additional expenses incurred by the program be kept to a minimum and be paid out of the pool of donated funds.

Action: Will the JRC refer the Assembly passed action paper 2016A2 12.J: *Exhibitor-Funded Scholarships for Consumer Presenters at Annual Meetings* to the appropriate Component(s) for input or follow-up?

8. <u>Standards for the Practice of Medicine Pertaining to the Treatment of Patients with Mental Disorders</u> (ASM Item #2016A2 12.L) [Attachment 8]

Action paper 2016A2 12.L asks that:

1. The APA will publicly reaffirm its position that the medical treatment of psychiatric illnesses, including the prescription of psychotropic medication, requires a biologically based medical education and supervised clinical training;

2. Individuals practicing medicine, including those who prescribe medication, should be licensed and regulated by governmental boards with expertise and experience in the practice of medicine.

Action: Will the JRC refer the Assembly passed action paper 2016A2 12.L: *Standards for the Practice of Medicine Pertaining to the Treatment of Patients with Mental Disorders* to the appropriate Component(s) for input or follow-up?

9. **<u>Smart Guns as a Gun Safety Response to Gun Violence, a Public Health Hazard</u> (ASM Item #2016A2 12.M) [Attachment 9]**

Action paper 2016A2 12.M asks:

That the American Psychiatric Association (APA) support smart gun technology as one piece of a solution to gun violence, and, be it further

Resolved, that the APA delegation to the American Medical Association (AMA) take this issue to the AMA, and, be it further

Resolved, that the Council on Advocacy and Government Relations and the Council on Psychiatry and the Law review the issues involved and, if so identified, make any additional recommendations to the APA Board of Trustees.

Action: Will the JRC refer the Assembly passed action paper 2016A2 12.M: *Smart Guns as a Gun Safety Response to Gun Violence, a Public Health Hazard* to the appropriate Component(s) for input or follow-up?

10. **<u>Protecting the Seriously Mentally Ill Incarcerated Individuals</u> (ASM Item #2016A2 12.N) [Attachment 10]**

Action paper 2016A2 12.N asks:

1. That the American Psychiatric Association advocate for an increased number of psychiatrists to provide needed care and treatment for incarcerated individuals, moving towards compliance with the American Psychiatric Association's guideline of 1 FTE psychiatrist for every 150-200 patients with a severe mental illness in prison settings and 1 FTE psychiatrist for every 75-100 patients with a severe mental illness in jail settings.

2. That our AMA delegation advocate at the AMA House of Delegates for an increased number of Primary Care Physicians and Psychiatrists to provide needed care and treatment for detained individuals in correctional facilities.

3. That the APA strongly oppose policies that permit psychologists or pharmacists to prescribe medications in correctional settings.

4. That the APA advocate for psychiatrists to be leaders of multidisciplinary mental health treatment teams in correctional institutions, such as mental health integrated and collaborative care.

5. That the APA collaborate with AADPRT and Public and Community Psychiatry, and Forensic Psychiatry Fellowship Programs to advocate for increased exposure, training and experience in correctional psychiatry in order to increase the number of psychiatrists working in correctional settings.

Action: Will the JRC refer the Assembly passed action paper 2016A2 12.N: *Protecting the Seriously Mentally Ill Incarcerated Individuals* to the appropriate Component(s) for input or follow-up?

11. <u>Ending Childhood Poverty</u> (ASM Item #2016A2 12.O) [Attachment 11]

Action paper 2016A2 12.O asks:

That the American Psychiatric Association join with other organizations in acknowledging the detrimental effects of childhood poverty on cognitive and emotional development, self-esteem, academic and vocational achievement, and overall mental and physical health in both childhood and through adulthood; and

That the American Psychiatric Association, in its educational, advocacy, and legislative efforts, make it a priority to partner on an ad hoc basis with other allies and organizations (such as the American Academy of Pediatrics, Children's Defense Fund, First Focus, National Immigration Law Center, Community Action Partnership) to advance relevant issues and/or legislation designed to reduce and eliminate childhood poverty in America; and

That the American Psychiatric Association encourage and support its Areas and District Branches to partner with their local community groups, organizations, and legislators to raise awareness of the impact of childhood poverty on early childhood and brain development and lifetime well-being, including economic stability and mental health; and

That the Board of Trustees establish an ad hoc Workgroup on Ending Childhood Poverty to coordinate such efforts, with particular emphasis on reducing the lifetime consequences on mental health due to early childhood poverty.

Action: Will the JRC refer the Assembly passed action paper 2016A2 12.O: *Ending Childhood Poverty* to the appropriate Component(s) for input or follow-up?

12. <u>Mental Health Parity for Individuals with Intellectual and Developmental Disability (IDD)</u>
(ASM Item #2016A2 12.P) [Attachment 12]

Action paper 2016A2 12.P asks:

That the American Psychiatric Association develop a position statement supporting mental health parity for individuals with IDD.

That the American Psychiatric Association join with other allies and organizations to prioritize the educational, access to care, advocacy, and legislative efforts needed to assure that all individuals with IDD receive appropriate mental healthcare consistent with established mental health parity rights.

Action: Will the JRC refer the Assembly passed action paper 2016A2 12.P: *Mental Health Parity for Individuals with Intellectual and Developmental Disability (IDD)* to the appropriate Component(s) for input or follow-up?

13. <u>Task Force on Fighting Discrimination</u> (ASM Item #2016A2 12.R) [Attachment 13]

Action paper 2016A2 12.R asks:

1) That the Board of Trustees quickly appoint a Task Force on Fighting Discriminatory laws and policies, due to their deleterious effects on mental health, with the following charges:

A) Develop a strategic plan to fight discrimination by state and federal legislative and other policy making bodies.
B) Help the APA and state associations to quickly respond to discrimination issues.
C) Help the state associations to share their knowledge base and collaborate with each other.
D) Advise the Board of Trustees about funding for the above.
E) Collaborate with the Council on Advocacy and Government Relations and the Division of Government Relations.

2) That the Board of Trustees consider converting this Task Force to a permanent committee in the future, under the Council on Advocacy and Government Relations.

Action: Will the JRC refer the Assembly passed action paper 2016A2 12.R: *Task Force on Fighting Discrimination* to the appropriate Component(s) for input or follow-up?

14. <u>DB Involvement of Residents and Early Career Psychiatrists Involved with Psychiatry at the National Level</u> (ASM Item #2016A2 12.V) [Attachment 14]

Action paper 2016A2 12.V asks:

That the APA:

Revise the APA fellowship application process to incorporate formal introduction by the APA of all applicants to their relevant District Branch leadership for the purpose of engagement, but not awardee or candidate selection.

Explore additional ways to encourage residents and early career psychiatrists who get involved with psychiatry at the national level through the Assembly and APA fellowships and other programs to regularly connect with their local district branches at the same time.

Action: Will the JRC refer the Assembly passed action paper 2016A2 12.V: *DB Involvement of Residents and Early Career Psychiatrists Involved with Psychiatry at the National Level* to the appropriate Component(s) for input or follow-up?

15. **Retire Position Statement: Confidentiality of Medical Records: Does the Physician Have a Right to Privacy Concerning His or Her Own Health Records? (1981) (JRCJUNE168.J.1/ASMNOV164.B.8)**
[Attachment 15]

The Assembly did not approve the retirement of the Position Statement: *Confidentiality of Medical Records: Does the Physician Have a Right to Privacy Concerning His or Her Own Health Records? (1981)* as the Assembly felt that a new position statement on this issue was required before retiring the statement.

Action: Will the JRC refer the Position Statement: *Confidentiality of Medical Records: Does the Physician Have a Right to Privacy Concerning His or Her Own Health Records? (1981)* to the appropriate Component(s) for input or follow-up?

The Assembly brings the following informational items:

1. Assembly Nominating Committee Report

The Assembly voted to approve the slate of candidates for the May 2017 Assembly election as follows:

Speaker-Elect:	James R. (Bob) Batterson, M.D., Area 4 James Polo, M.D., Area 7
Recorder:	Steven Daviss, M.D., Area 3 Paul O'Leary, M.D., Area 5

2. **Revised Position Statement: Adolescent Substance Use (JRCJUNE168.A.1/ASM Item #2016A2 4.B.1)**

The Assembly voted, on its Consent Calendar, to approve the Revised Position Statement: *Adolescent Substance Use*. This was forwarded to the Board of Trustees for consideration in December 2016. The Board of Trustees approved the revised position statement.

3. **Revised Position Statement: Assuring the Appropriate Care of Pregnant and Postpartum Women with Substance Use Disorders (JRCJUNE168.A.2/ASM Item #2016A2 4.B.2)**

The Assembly voted, on its Consent Calendar, to approve the Revised Position Statement: *Assuring the Appropriate Care of Pregnant and Postpartum Women with Substance Use Disorders*. This was forwarded to the Board of Trustees for consideration in December 2016. The Board of Trustees approved the revised position statement.

4. **Proposed Position Statement: Treatment of Substance Use Disorders in the Criminal Justice System (JRCJUNE168.A.3/ASM Item #2016A2 4.B.3)**

The Assembly voted, on its Consent Calendar, to approve the Proposed Position Statement: *Treatment of Substance Use Disorders in the Criminal Justice System*. This was forwarded to the Board of Trustees for consideration in December 2016. The Board of Trustees approved the proposed position statement.

5. **Proposed Position Statement: Out of Network Restriction of Psychiatrists (JRCJUNE168.F.1/ASM Item #2016A2 4.B.4)**

The Assembly voted, on its Consent Calendar, to approve the Proposed Position Statement: *Out of Network Restriction of Psychiatrists*. This was forwarded to the Board of Trustees for consideration in December 2016. The Board of Trustees approved the proposed position statement with some minor revisions.

6. **Retain the Position Statement: Identification of Abuse and Misuse of Psychiatry (JRCJUNE168.G.1/ ASM Item #2016A2 4.B.5)**

The Assembly voted **to combine** the Position Statements: *Identification of Abuse and Misuse of Psychiatry* and *Abuse and Misuse of Psychiatry* into a single position statement per the recommendation of the Joint Reference Committee. It was forwarded to the Board of Trustees for consideration in December 2016. The Board of Trustees referred the position statement back to the Joint Reference Committee.

7. **Retain the Position Statement: Abuse and Misuse of Psychiatry (JRCJUNE168.G.2/ASM Item #2016A2 4.B.6)**

The Assembly voted **to combine** the Position Statements: *Identification of Abuse and Misuse of Psychiatry* and *Abuse and Misuse of Psychiatry* into a single position statement per the recommendation of the Joint Reference Committee. This was forwarded to the Board of Trustees for consideration in December 2016. The Board of Trustees referred the position statement back to the Joint Reference Committee.

8. **Revised Position Statement: Use of Psychiatric Institutions for the Commitment of Political Dissenters (JRCJUNE168.G.3/ASM Item #2016A2 4.B.7)**

The Assembly voted, on its Consent Calendar, to approve the Revised Position Statement: *Use of Psychiatric Institutions for the Commitment of Political Dissenters*. This was forwarded to the Board of Trustees for consideration in December 2016. The Board of Trustees approved the revised position statement.

9. **Proposed Position Statement: Location of Civil Commitment Hearings (JRCJUNE168.J.2/ASM Item #2016A2 4.B.9)**

The Assembly voted, on its Consent Calendar, to approve the Proposed Position Statement: *Location of Civil Commitment Hearings*. This was forwarded to the Board of Trustees for consideration in December 2016. The Board of Trustees approved the proposed position statement.

10. **Revised Position Statement: Recognition and Management of HIV-Associated Neurocognitive Impairment and Disorders (HAND) (JRCJUNE168.K.1/ASM Item #2016A2 4.B.10)**

The Assembly voted, on its Consent Calendar, to approve the Revised Position Statement: *Recognition and Management of HIV-Associated Neurocognitive Impairment and Disorders (HAND)*. This was forwarded to the Board of Trustees for consideration in December 2016. The Board of Trustees approved the revised position statement.

11. **Revised Position Statement: Screening and Testing for HIV Infection (JRCJUNE168.K.2/ASM Item #2016A2 4.B.11)**

The Assembly voted, on its Consent Calendar, to approve the Revised Position Statement: *Screening and Testing for HIV Infection*. This was forwarded to the Board of Trustees for consideration in December 2016. The Board of Trustees approved the revised position statement.

12. **Proposed Position Statement: Mental Health and Climate Change (JRCJUNE168.M.1/ASM Item #2016A2 4.B.12)**

The Assembly voted, on its Consent Calendar, to approve the Proposed Position Statement: *Mental Health and Climate Change*. This was forwarded to the Board of Trustees for consideration in December 2016. The Board of Trustees referred the position statement back to the Joint Reference Committee.

12. **Proposed Position Statement: Medical Euthanasia (ASM Item #2016A2 14.A.1)**

The Assembly voted, as a new business item, to approve the Proposed Position Statement: *Medical Euthanasia*. This was forwarded to the Board of Trustees for consideration in December 2016. The Board of Trustees approved the proposed position statement.

Attachment #1
Item 2016A2 12.A
Assembly
November 4-6, 2016

ACTION PAPER
FINAL

TITLE: All Prescribers, not just Physicians, shall be Subject to Open Payments

WHEREAS:
Whereas: Open Payments was established to satisfy the requirements in Section 6002 of the Affordable Care Act which requires applicable manufacturers of drugs, devices, biologicals, or medical supplies to report annually certain payments or other transfers of value to physicians and teaching hospitals;

Whereas: The provisions were based on recommendations to implement a national disclosure program for payments to healthcare providers and programs;

Whereas: The recommendations and provisions of the ACA theoretically bring increased transparency regarding the extent and nature of relationships between physicians, teaching hospitals, and industry manufacturers, and theoretically the provisions "permit patients to make better informed decisions when choosing health care professionals and making treatment decisions, and deter inappropriate financial relationships";

Whereas: Prescribing and ordering of drugs, devices, biological, or other medical supplies often occurs by nonphysician providers, and the frequency of the prescribing and ordering by nonphysican providers is likely to continue to increase;

Whereas: Nonphysican providers, like physicians, receive payments or other transfers of value from applicable manufacturers;

BE IT RESOLVED:
That the APA engages with the American Medical Association and the American Osteopathic Association to pursue regulatory change such that nonphysician providers are included along with physicians in the Open Payments reporting and database.

AUTHORS:
Debra M. Barnett, M.D., Representative, Florida Psychiatric Society (drdebb1@verizon.net)
Harold Ginzburg, M.D., Representative, Oklahoma Psychiatric Physicians Association

ESTIMATED COST:
Author: $0
APA: $385

ESTIMATED SAVINGS:

ESTIMATED REVENUE GENERATED:

ENDORSED BY:

KEY WORDS:

APA STRATEGIC PRIORITIES: Advancing Psychiatry, Supporting Research, Education, Diversity

REVIEWED BY RELEVANT APA COMPONENT:

Attachment #2
Item 2016A2 12.B
Assembly
November 4-6, 2016

ACTION PAPER
FINAL

TITLE: Return of Interest for ABPN Continuous Pathways Payments

WHEREAS:
Whereas: In past years, psychiatrists paid the fee for their Maintenance of Certification in the form of one fee collected every ten years in conjunction with the re-certification examination. ABPN has changed their fee collection such that the one fee is now collected in portions annually;

Whereas: ABPN posts a negative comment regarding the status of a psychiatrist's certification if the psychiatrist has not paid the annual fee;

Whereas: ABPN now has the ability to obtain additional profit from the continuous early fees paid by psychiatrists as the monies are gaining interest in ABPN's account(s);

Whereas: Other corporations pay interest on monies held on deposit to account holders;

BE IT RESOLVED:
As part of the APA's efforts to have ABPN change its requirements for MOC, APA additionally demand credit for the interest on the monies deposited towards the ten-year examination fee be returned to the psychiatrist either directly or in the form of an appropriate discount on the examination fee.

AUTHOR:
Debra M. Barnett, M.D., Representative, Florida Psychiatric Society (drdebb1@verizon.net)

ESTIMATED COST:
Author: $0
APA: $308

ESTIMATED SAVINGS:

ESTIMATED REVENUE GENERATED:

ENDORSED BY:

KEY WORDS:

APA STRATEGIC PRIORITIES: Advancing Psychiatry, Supporting Research, Education, Diversity

REVIEWED BY RELEVANT APA COMPONENT:

Attachment #3
Item 2016A2 12.C
Assembly
November 4-6, 2016

ACTION PAPER
FINAL

TITLE: Continuity of Care

WHEREAS:

Whereas; care for patients can become compromised due to lack of coordination of care between the inpatient team and the outpatient team,

Whereas; HIPAA was never designed to prevent communication between physicians,

BE IT RESOLVED:

Refer to the Council on Quality Care to explore options to encourage timely communication between inpatient and outpatient teams, including both general medical and psychiatric facilities, such as, a position statement or resource document.

AUTHORS:
Louise Buhrmann, M.D., DLFAPA Representative, Florida Psychiatric Society lbuhrmann@aol.com
Joseph Mawhinney M.D., Representative, Area 6

ESTIMATED COST:
Author: $2,788
APA: $1,925

ESTIMATED SAVINGS: None to the APA but could have significant savings to patients and third party Payers.

ESTIMATED REVENUE GENERATED: 0

ENDORSED BY:

KEY WORDS: Hospitalists, continuity of care, patient safety HIPAA

APA STRATEGIC PRIORITIES: Advancing Psychiatry, Education

REVIEWED BY RELEVANT APA COMPONENT: Sent but not reviewed.

Attachment #4
Item 2016A2 12.D
Assembly
November 4-6, 2016

ACTION PAPER
FINAL

TITLE: Towards Universal Health Insurance in the United States

WHEREAS:
1. It is widely recognized that despite significant advances in health care technology, delivery of health care in the United States under the current system is not meeting the health care needs of its citizens and significant health care disparities exist, including in mental health care.

2. The U.S. is one of only three out of the thirty-five members of the Organization for Economic Co-operation and Development (OECD) which does not provide universal health insurance coverage. Despite having one of the highest health care expenditures of any nation in the world, our healthcare outcomes are in the lower third of all countries. Excessive expenditures are largely due to administrative costs.

3. Our current system of reimbursement is largely procedure driven which potentially incentivizes unnecessary care and a 2011 Cochrane review found "no evidence" that financial incentives improves patient care outcomes(a). The payment system is also biased against the more "labor intensive" specialties of primary care and psychiatry, the two specialties with greatest shortages.

4. While the Affordable Care Act (ACA) has led to reduction in uninsured citizens from 14.4% in 2013 to 11.5% in 2014, millions of U.S. citizens remain uninsured. News that major insurance carriers in the U.S. including most recently Aetna, are dropping their participation in the healthcare exchanges* in various states suggests there will be a significant slowing of the expanded healthcare coverage under the ACA(b). Along with attempted mergers of large health insurers these changes are likely to limit both patient access and affordability and thus such mergers have been vigorously opposed by both the APA and the AMA.

5. Conversely, "competition" in the health insurance market has not lowered health care costs due to attempts by for-profit insurers to seek out the healthiest populations in order to limit their financial liability.

6. Currently physicians, including psychiatrists, spend substantial time and resources interacting with multiple insurance plans about claims, coverage, and billing for patient care and pre-authorization for prescription drugs. For example, a recent comparison of physician practices in Canada (which has a single payer system) and a companion survey of U.S. physician practices found that Canadian practices spent only 27 percent of that spent by U.S. practices. The same study found that nursing staff in U.S. physicians offices spent nearly **ten times** as much time as their Canadian counterparts interacting with health plans (c).
Similarly, while growth in number of physicians in the U.S. from 1970 to 2015 has increased by a factor of about **1.7**, the growth insurance administrator/managers has increased by a factor of **30**(d).

7. The Illinois Psychiatric Society reports that there are over 20 managed Medicaid insurance plans in Illinois each with their own contact information, pre-authorization criteria and other unique administrative features, causing inordinate amounts to time for physician practices which diminishes physician participation in Medicaid, thus endangering the mental health care of one of our most vulnerable patient populations.

8. Insurance **coverage** by one of the many private insurance plans does not guarantee **access to care,** for various reasons including lack of specialist (including psychiatrist) participation and "ghost networks" held by some insurance carriers which list physicians who are actually not participating in the plan as advertised. Variation in insurance commission rules and levels of enforcement from state to state adds to concerns about access to care and complicates nationwide advocacy efforts.

9. In the case of psychiatric care, the lack of enforcement of mental health parity laws has required ongoing, vigilant efforts by the APA and other groups which can be expected to continue under the current system of healthcare financing**.** After years of vigorous advocacy to obtain parity laws, organized psychiatry still finds itself having to devote limited resources to the enforcement of these gains. Again, the multiplicity of insurance carriers is a driving factor behind this problem.

10. While the AMA has previously opposed advocating for single payer healthcare, in June 2016, the AMA House of Delegates approved Resolution 111 which directs the AMA to "research and analyze a variety of models of healthcare financing" including single payer models. The resolution further requires "consideration of the impact on economic and health outcomes and on health disparities and including information from domestic and international experiences"(e).

BE IT RESOLVED:

1. That the APA will collaborate with the AMA on its newly adopted resolution to assess various models of healthcare finances including single payer models and universal healthcare and to include data from other developed countries which employ these models;
2. That to facilitate this action, the issue will be referred to the Council on Health Care Systems and Financing and the AMA Delegation of the APA;
3. That a status report will be delivered by the Council on Health Care Systems and Financing and the AMA Delegation of the APA at the May 2017 meeting of the APA Assembly.

AUTHORS:
James L. Fleming, M.D., Assembly Representative, Missouri Psychiatric Association
(jflemingmd@yahoo.com)
Joseph Mawhinney, M.D., Representative, Area 6
Leslie H. Gise, M.D., Representative, Hawaii Psychiatric Medical Association
Stephen Kimble, M.D., APA Member
Steven Sharfstein, M.D., APA Member

ESTIMATED COST:
Author: $1,126
APA: $1,848

ESTIMATED SAVINGS: $0

ESTIMATED REVENUE GENERATED: $0

ENDORSED BY:

KEY WORDS: Universal healthcare coverage; single payer healthcare

APA STRATEGIC PRIORITIES: Advancing Psychiatry, Diversity

REVIEWED BY RELEVANT APA COMPONENT:
Requests for comments sent via email on Sept 2 to the following entities (no comments received as of Sept 17):
1. Council on Healthcare Systems and Financing
2. Council on Minority Mental Health and Health Disparities
3. APA Delegation to the AMA

REFERENCES

a. (Flodgren et. al. "An overview of reviews evaluating the effectiveness of financial incentives in changing healthcare professional behaviors and patient outcomes", The Cochrane Collaboration, July 6, 2011)

b. (http://www.cnsnews.com/news/article/blue-cross-aetna-united-humana-flee-obamacare-exchange)
*NOTE: The exchanges allow individuals making up to 400 percent of the poverty level to obtain a federal subsidy to purchase health insurance. Low to moderate income citizens will now have fewer choices and fewer will likely obtain coverage, exacerbating healthcare disparities.

c. (http://content.healthaffairs.org/content/30/8/1443.abstract)

d. Himmelstein/Woolhandler Analysis, Bureau of Labor Statistics, National Center for Health Statistics

e. (http://pnhp.org/blog/2016/06/16/ama-adopts-resolution-for-study-of-health-care-payment-models-including-single-payer/)

Attachment #5
Item 2016A2 12.G
Assembly
November 4-6, 2016

ACTION PAPER
FINAL

TITLE: Improving the Confidentiality of Prescription Drug Monitoring Programs

WHEREAS:

Prescription drug monitoring programs (PDMPs) are statewide electronic databases, currently, in 49 states, the District of Columbia and U.S. territory Guam have legislation authorizing the creation and operation of a PDMP accessible to health care practitioners, pharmacists, regulatory boards, and law enforcement agencies, and

Federal regulations such as 42 CFR Part 2 (2.1) states: "Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any drug abuse prevention function conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall, except as provided in subsection (e) of this section, be confidential and be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b) of this section," and

42 CFR Part 2 permits program to release information in response to a subpoena if the patient signs a consent permitting release of the information requests in the subpoena. When the patient does not consent, Part 2 prohibits programs from releasing information in response to a subpoena, unless a court has issued an order that complies with the rule, and

PDMP are 49 independent state regulated programs that have variable operations

Law enforcement agencies may use prescription drug records for the sole purpose of prosecuting individuals leading to the further criminalization of mental health disorders and reinforcement of stigma associated with mental treatment.

BE IT RESOLVED:

The American Psychiatric Association study the variations in the PDMPs to ensure that they are consistent with current federal regulations, and to make recommendations to improve the PDMP system with special attention to ensure the appropriate confidentiality of patient records.

AUTHORS:
Dionne Hart, M.D., Representative, Minnesota Psychiatric Society (dionnehart@charter.net)
David Lott, M.D., Representative, American Academy Addiction Psychiatry
(davidclott@gmail.com)

ESTIMATED COST:
Author: $5,132
APA: $1,925

ESTIMATED SAVINGS: $0.00

ESTIMATED REVENUE GENERATED: $0.00

ENDORSED BY: Minnesota Psychiatric Society

KEY WORDS: Prescription, Opioids, Safety

APA STRATEGIC PRIORITIES: Advancing Psychiatry

REVIEWED BY RELEVANT APA COMPONENT: (submitted):
Council on Advocacy and Government Relations
Council on Healthcare Systems and Financing
Council on Psychiatry and the Law

Attachment #6
Item 2016A2 12.I
Assembly
November 4-6, 2016

ACTION PAPER
FINAL

TITLE: APA Position Statement on Screening and Treatment for Mental Health Disorders During Pregnancy and Postpartum

WHEREAS:

Whereas the APA is the only major professional medical organization in women's health without a published policy on the screening and treatment of perinatal depressive, anxiety, and psychotic disorders.

Whereas the total incidence of perinatal mental health disorders is at an alarming rate of 10-20%, and is disproportionately higher in low-income women from minority groups.

Whereas depression in pregnancy and postpartum often go undetected and untreated.

Whereas untreated depression in pregnancy may result in preterm births, low birth weight, and behavioral disturbances at birth.

Whereas untreated postpartum depression may result in impaired cognitive, behavioral, and emotional development in children.

Whereas untreated psychosis or depression can lead to suicide or infanticide

Whereas convenient, evidence-based screening tools exist to detect these disorders

BE IT RESOLVED:

That the APA develop and announce a position statement recommending:
1) The need for screening and subsequent treatment for mood and anxiety disorders during pregnancy and the postpartum period.
2) The need to address the higher rates of these disorders in low-income women from minority groups.

AUTHORS:
Maureen Sayres Van Niel, M.D., Representative, Women Psychiatrists maureen.vanniel@gmail.com
Gail Robinson, M.D., DPsych, FRCPC, APA Member
Nada Stotland, M.D., APA Member

ESTIMATED COST:
Author: $0
APA: $1,540

ESTIMATED SAVINGS: 0

ESTIMATED REVENUE GENERATED: 0

ENDORSED BY: Assembly Committee of Minority and Underrepresented Groups, Women's Caucus, Black Caucus, Hispanic Caucus, Asian-American Caucus, LGBTQ Caucus, International Medical Graduates Caucus, and Native American/Alaskan/Hawaiian Caucus, Area 1 Council

KEY WORDS: Mood and anxiety disorders in pregnant and postpartum women, screening tools for depression detection, need for APA to take a position on the screening and treatment of PMAD

APA STRATEGIC PRIORITIES: Advancing Psychiatry, Education, Diversity

REVIEWED BY RELEVANT APA COMPONENT: The Council on Minority Mental Health and Health Disparities

SUPPORT DOCUMENT:

POSITION STATEMENT ON SCREENING AND TREATMENT FOR MENTAL HEALTH DISORDERS DURING PREGNANCY AND POSTPARTUM

All other professional medical organizations related to women's health and mental health have a published position statement and suggested policy on screening for perinatal mood and anxiety disorders including the American College (Congress) of Obstetricians and Gynecologists, the American Academy of Pediatrics, the American Academy of Family Physicians, the American Psychological Association, etc. The recommendations of these group differ (see table below). As president of the Women's Caucus, I have received a number of requests from outside agencies, press representatives, and governmental agencies for the APA's position on this topic.

The total incidence of all perinatal mood and anxiety disorders in the United States (including depressive disorders, anxiety disorders, and psychotic disorders) is now at an alarming rate of 10 -20%, with an even higher incidence in low-income women from minority groups. There is research evidence that untreated depression during pregnancy can lead to complications including preterm delivery, low birth weight, and behavioral disturbances in the baby at birth. There is also research evidence that children born to mothers with untreated postpartum depression are more likely to have impaired cognitive, behavioral, and emotional development into childhood. Depression during the perinatal period can progress to ideation of self-harm or of harming the child. An infanticide by a mother occurs approximately every three days in this country and suicide is the second leading cause of death in the postpartum period

Of those women who have perinatal mood and anxiety disorders, only fewer than half of them are currently diagnosed and only half of those who are diagnosed are treated adequately. Therefore, alarmingly, only one out of four women with these disorders receives proper diagnosis and treatment. Three decades of research reveal that we can dramatically increase the rate of diagnosing these disorders using simple screening tools that take fewer than five minutes to complete and can be done in an office or home setting. Screening has been proved to be more effective in detecting perinatal mood

and anxiety conditions than a standard clinical interview, partly because women feel too ashamed and guilty to admit they are depressed when everyone expects them to feel very happy.

There is excellent evidence for the effectiveness of screening tools to detect perinatal depression and anxiety, with statistically significant high sensitivity and specificity rates in two screening tools: Edinburgh Postnatal Depression Scale (EPDS) and the Patient Health Questionnaire-9 (PHQ-9.) The United States Preventive Services Task Force concluded in January 2016 that, with at least moderate certainty, there is data to substantiate a moderate net benefit to screening for depression in pregnant and postpartum women.

There is currently no federal law requiring perinatal screening; only New Jersey has a state law requiring it. A recent study revealed only 44% of obstetricians are screening for perinatal mood and anxiety disorders; anecdotal evidence suggests it takes place more frequently in private practice settings than in the public sector. It is imperative to do routine screening in the group of women whose incidence of these disorders is the highest, low-income minority women, to equalize the health care disparity between the screening frequency now done in private practice patients vs. low income patients.

TABLE OF CURRENT POSITION STATEMENTS FOR PERINATAL MENTAL HEALTH SCREENING IN OTHER PROFESSIONAL MEDICAL ORGANIZATIONS:

American Academy of Pediatrics: 2010
The American Academy of Pediatrics recommends that pediatricians screen mothers for postpartum depression at the infant's one-, two-, and four-month postpartum visits.

American Academy of Family Medicine: 2016
The American Academy of Family Physicians recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow up.

American Psychological Association:
The American Psychological Association supports universal screening for depression in the perinatal period, as well as full funding of the postpartum depression provisions in the Affordable Care Act.

US Preventive Services Task Force on Depression: 2016
The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow up.

American College of Obstetricians and Gynecologists: 2015
ACOG recommends that clinicians screen patients at least once during the perinatal period for depression and anxiety symptoms using a standard, validated tool. Screening itself is insufficient to improve clinical outcomes and must be coupled with appropriate follow up and treatment.

References:

American Academy of Family Physicians. Clinical preventive service recommendation: depression. 2016. http://www.aafp.org/patient-care/clinical-recommendations/all/depression.html Accessed September 15, 2016.

American College of Obstetricians and Gynecologists. Committee opinion no. 630: screening for perinatal depression. *Obstet Gynecol.* 2015;125:1268-1271. website

American Psychiatric Association, ed. *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. Arlington, VA: American Psychiatric Association, 2013.

An Act Concerning Post-Partum Depression and Amending P.L. 2000, c. 167. N.J. Laws P.L. 2006 c. 12 (2006). http://www.njleg.state.nj.us/2006/Bills/PL06/12_.HTM.

Avalos LA, Raine-Bennett T, Chen H, Adams AS, Flanagan, T. Improved Perinatal Depression Screening, Treatment, and Outcomes with a Universal Obstetric Program *Obstetrics and Gynecology* 2016 May; 127 (5):917-25

Belluck P. Panel calls for depression screenings during and after pregnancy. *New York Times*. January 26, 2016. http://www.nytimes.com/2016/01/27/health/post-partum-depression-test-epds-screening-guidelines.html?hp&action=click&pgtype=Homepage&clickSource=story-heading&module=first-column-region&region=top-news&WT.nav=top-news&_r=1. Accessed January 26, 2016.

Boyd RC, Le HN, Somberg R. Review of screening instruments for postpartum depression. *Arch Womens Mental Health*. 2005;8(3):141-153. abstract

Chabrol H, Teissedre F, Saint-Jean M, Teisseyre N, Rogé B, Mullet E. Prevention and treatment of post-partum depression: a controlled randomized study on women at risk. *Psychol Med*. 2002;32(6):1039–1047. abstract

Cox JL, Chapman G, Murray D, Jones B. Validation of the Edinburgh Postnatal Depression Scale (EPDS) in non-postnatal women. *J Affec Disord*. 1996;39(3):185-189. abstract

Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *Br J Psychiatry*. 1987;150(6):182-186. abstract

Dennis CL. Preventing and treating postnatal depression [comment]. *BMJ.* 2009;338:a2975. abstract

Doyle M, Carballedo A, O'Keane V. Perinatal depression and psychosis: an update. *BJPsych Advances.* 2015;21(1):5-14. abstract

Earls MF; Committee on Psychosocial Aspects of Child and Family Health of the American Academy of Pediatrics. Incorporating recognition and management of perinatal and postpartum depression into pediatric practice. *Pediatrics*. 2010;126(5):1032-1039. full text

Evins GG, Theofrastous JP, Galvin SL. Postpartum depression: a comparison of screening and routine clinical evaluation. *Am J Obstet Gynecol.* 2000;182(5):1080-1082. abstract

Flanagan T, Avalos LA. Perinatal obstetric office depression screening and treatment: implementation in a health care system. *Obstet Gynecol*. 2016;127(5):911-915. abstract

Gavin NI, Gaynes BN, Lohr KN, Meltzer-Brody S, Gartlehner G, Swinson T. Perinatal depression: a systematic review of prevalence and incidence. *Obstet Gynecol*. 2005;106(5, pt 1):1071-1083. abstract

Gaynes BN, Gavin NI, Meltzer-Brody S, et al. Perinatal depression: prevalence, screening accuracy, and screening outcomes. *Evid Rep Technol Assess (Summ).* 2005;(119): 1-8. full text

Georgiopoulos AM, Bryan TL, Wollan P, Yawn BP. Routine screening for postpartum depression. *J Fam Pract.* 2001;50(2):117-122. abstract

Goodman JH, Tyer-Viola L. Detection, treatment, and referral of perinatal depression and anxiety by obstetrical providers. *J Womens Health (Larchmt)*. 2010;19(3):477-490. abstract

Henshaw C. Mood disturbances in the early puerperium: a review. *Arch Womens Ment Health*. 2003;6(suppl 2):S33-S42. abstract

Jennings KD, Ross S, Popper S, Elmore M. Thoughts of harming infants in depressed and nondepressed mothers. *J Affect Disord*. 1999;54(1-2):21-28. abstract

Joyce A. Postpartum depression affects more women than you think. *Washington Post*. October 14, 2015. https://www.washingtonpost.com/news/parenting/wp/2015/10/14/postpartum-depression-affects-more-women-than-you-think/. Accessed December 10, 2015.

Kelly R, Zatzick D, Anders T. The detection and treatment of psychiatric disorders and substance use among pregnant women cared for in obstetrics. *Am J Psychiatry*. 2001;158(2):213-219. full text

Kozhimannil KB, Trinacty CM, Busch A, Huskamp HA, Adams AS. Racial and ethnic disparities in postpartum depression care among low-income women. *Psychiatr Serv*. 2011;62(6):619-625. full text

La Rocca-Cockburn A, Melville J, Bell M, Katon W. Depression screening attitudes and practices among obstetrician-gynecologists. *Obstet Gynecol.* 2003;101(5, pt 1):892-898. abstract

Leung SS, Leung C, Lam TH, et al. Outcome of a postnatal depression screening programme using the Edinburgh Postnatal Depression Scale: a randomized controlled trial. *J Public Health (Oxf).* 2011;33(2):292-301. full text

Lindahl V, Pearson JL, Colpe L. Prevalence of suicidality during pregnancy and the postpartum. *Arch Womens Ment Health.* 2005;8(2):77-87. abstract

Lundy BL, Jones NA, Field T, et al. Prenatal depression effects on neonates. *Infant Behav Dev*. 1999;22(1):119-129. full text

Mishina H, Takayama JL. Screening for maternal depression in primary care pediatrics. *Curr Opin Pediatr.* 2009;21(6):789-793. abstract

Nimalasuriya K, Compton MT, Guillory VJ; Prevention Practice Committee of the American College of Preventive Medicine. Screening adults for depression in primary care: a position statement of the American College of Preventive Medicine. *J Fam Pract*. 2009;58(10):535-538. abstract

O'Hara MW, Swain AM. Rates and risk of postpartum depression—a meta-analysis. *Int Rev Psychiatry*. 1996;8:37-54. abstract

Orr ST, James SA, Blackmore Prince C. Maternal prenatal depressive symptoms and spontaneous preterm births among African-American women in Baltimore, Maryland. *Am J Epidem*. 2002;156(9):797-802. full text

Tandon, SD, Cluxton-Keller F, Leis J, Le HN, Perry DF. A comparison of three screening tools to identify perinatal depression among low-income African American Women. *J Affect Disord.* 2012;136(1-2):155-162. full text

Thurgood S, Avery DM, Williamson L. Postpartum depression (PPD). *Amer J Clin Med.* 2009;6(2):17-22. full text

US Preventive Services Task Force. Final recommendation statement: depression in adults: screening. January 2016. http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-adults-screening1.

Weissman MM, Pilowsky DJ, Wickramaratne PJ, et al. Remissions in maternal depression and child psychopathology: a STAR*D-child report. *JAMA* 2006;295(12):1389-1398. full text

Wisner KL, Scholle SH, Stein B. Perinatal disorders: advancing public health opportunities. *J Clin Psychiatry*. 2008;69(10):1602-1605. full text

Wisner, KL, Sit DK, McShea MC, et al. Onset timing, thoughts of self-harm, and diagnoses in postpartum women with screen-positive depression findings. *JAMA Psychiatry*. 2013;70(5):490-498. full text

Yawn BP, Bertram S, Kurland M, Wollan PC. Repeated depression screening during the first postpartum year. *Ann Fam Med* 2015;13(3):228-234. full text

Yawn BP, Olson AL, Bertram S, Pace W, Wollan P, Dietrich AJ. Postpartum depression: screening, diagnosis, and management programs 2000 through 2010. *Depress Res Treat*. 2012;2012:363964. doi:10.1155/2012/363964. full text

Yeung A, Yu SC, Fung F, Vorono S, Fava M. Recognizing and engaging depressed Chinese Americans in treatment in a primary care setting. *Int J Geriatr Psychiatry*. 2006;21(9):819-23. abstract

Attachment #7
Item 2016A2 12.J
Assembly
November 4-6, 2016

ACTION PAPER
FINAL

TITLE: Exhibitor-Funded Scholarships for Consumer Presenters at Annual Meetings

WHEREAS:
Consumers (patients) have unique perspectives that can enhance educational sessions;

Having the external diversity of consumer voices in presentations at APA annual meetings is an important goal that serves attendees educational objectives;

A Strategic Priority of the APA is "supporting and increasing diversity within APA; serving the needs of evolving, diverse, underrepresented, and underserved patient populations; and working to end disparities in mental health care," and patient/consumer perspectives are underrepresented in APA annual meetings;

Consumers often lack institutional financial support that would otherwise permit them to travel to and participate in Meetings;

There have in the past been consumers invited to speak at a meeting yet were unable to attend because of the associated travel and registration expenses;

Some exhibitors would enjoy no-strings donations of scholarship funds to enable consumer presenters to attend and would benefit from formal recognition of their donations; and

It would serve all interests to have a recognized scholarship program that would: manage exhibitor-funded scholarships for consumer presenters; be the navigator for exhibitors, presenters, consumers, and the Program Committee; and manage the financial and recognition details required for a successful program; therefore,

BE IT RESOLVED:
That a relevant component of the APA or APA Foundation develop a program, at no cost to the APA, to fund a voluntary exhibitor-funded scholarship program for the purpose of defraying some or all of the travel, hotel, and registration expenses of consumer presenters who speak at one of the two APA annual meetings;

That exhibitors who voluntarily donate to the scholarship program be recognized in program materials; may not place any conditions on such donations; may not influence the choice of consumer presenter in any manner; and that all such donated funds be pooled such that no speaker would be associated with any specific contributor;

That consumer presenters must adhere to the requirements specified of all presenters; and

That necessary additional expenses incurred by the program be kept to a minimum and be paid out of the pool of donated funds.

AUTHOR:
Steven Daviss, M.D., DFAPA, Representative, Maryland Psychiatric Society (steve@fusehealth.org)

ESTIMATED COST:
Author: $0
APA: $2,310

ESTIMATED SAVINGS: $0

ESTIMATED REVENUE GENERATED: $0

ENDORSED BY:

KEY WORDS: patient advocacy; external diversity; educational meetings

APA STRATEGIC PRIORITIES: Diversity, Education

REVIEWED BY RELEVANT APA COMPONENT: The general idea was presented at the Area 3 Council prior to the drafting of this Action Paper.

Attachment #8
Item 2016A2 12.L
Assembly
November 4-6, 2016

ACTION PAPER
FINAL

TITLE: Standards for the Practice of Medicine Pertaining to the Treatment of Patients with Mental Disorders

WHEREAS:

Whereas as public awareness of mental illness increases, there is a growing demand for mental health care;

Whereas this increased demand for mental health care calls for a need for additional well-trained clinicians who can safely and skillfully evaluate, diagnose and treat psychiatric illnesses, including the prescribing of psychiatric medication;

Whereas there is a shortage of psychiatrists at this time and likely in the future as a recent survey of the Association of American Medical Colleges found that 59 % of psychiatrists are 55 years of age or older suggesting that many may be retiring or reducing their workload soon;

Whereas this shortage could be directly addressed by increasing the use of tele-psychiatry, collaborative care, and strategic training programs for already-trained medical professions, including primary care physicians, advance practice nurses and physicians assistants;

Whereas the safe prescribing of psychiatric medication and ensuring the quality of medical care requires a complete and thorough medical education along with supervised training in clinical settings;

Whereas some states have expanded and others are considering expansion of the categories of licensed clinicians permitted to prescribe psychotropic medications;

Whereas non-physicians allowed to prescribe medication should have appropriate education and training, with regulatory oversight by governmental boards experienced at assessing the quality of medical practice;

Whereas clear principles and guidance from APA, emphasizing the requirements of quality care and patient safety, will inform policymakers seeking to expand access to psychiatric treatment;

BE IT RESOLVED:

1. The APA will publicly reaffirm its position that the medical treatment of psychiatric illnesses, including the prescription of psychotropic medication, requires a biologically based medical education and supervised clinical training;

2. Individuals practicing medicine, including those who prescribe medication, should be licensed and

regulated by governmental boards with expertise and experience in the practice of medicine.

AUTHORS:
Maria Tiamson-Kassab, M.D., DFAPA, Representative, San Diego Psychiatric Society
Joseph Mawhinney, M.D., DLFPA, Representative, Area 6
Lawrence Gross, M.D., Representative, Southern California Psychiatric Society

ESTIMATED COST:
Author: $0
APA: $770

ESTIMATED SAVINGS: NA

ESTIMATED REVENUE GENERATED: NA

ENDORSED BY:

KEY WORDS: scope of practice, prescription of medications

APA STRATEGIC PRIORITIES: Advancing Psychiatry

REVIEWED BY RELEVANT APA COMPONENT: Healthcare Systems and Financing

Attachment #9
Item 2016A2 12. M
Assembly
November 4-6, 2016

ACTION PAPER
FINAL

TITLE: Smart Guns as a Gun Safety Response to Gun Violence, a Public Health Hazard

WHEREAS:
Whereas firearm injuries and deaths cost the United States at least $229 billion per year in medical treatment, legal fees, emergency services, security, law enforcement, mental health services and lost income, and

Whereas there is an increasing national focus on accidental shootings, including, recently, four toddlers who shot and killed themselves, and a mother, driving, who was killed after her 2 year old apparently picked up a gun that had slid out from under the driver's seat, and

Whereas shootings by preschoolers are happening at a pace of about two per week, and in 2015 there were at least 278 unintentional shootings at the hands of young children and teenagers, and

Whereas a 2013 investigation by the New York Times of children killed with firearms found that accidental shootings were being vastly undercounted, and

Whereas one way to reduce gun violence is to make guns safer with technological checks on misuse, and

Whereas a smart gun is a firearm that includes a safely feature or features that allow it to fire only when activated by an authorized user, and

Whereas a smart gun can reduce not only accidental shootings, but also gun thefts and the use of the weapon against the owner, and

Whereas in June of 2016 the American Medical Association declared that gun violence in the United States is a public health crisis, therefore

BE IT RESOLVED:
That the American Psychiatric Association (APA) support smart gun technology as one piece of a solution to gun violence, and, be it further

Resolved, that the APA delegation to the American Medical Association (AMA) take this issue to the AMA, and, be it further

Resolved, that the Council on Advocacy and Government Relations and the Council on Psychiatry and the Law review the issues involved and, if so identified, make any additional recommendations to the APA Board of Trustees.

AUTHORS:
Robert P. Cabaj, M.D., Representative, Northern California Psychiatric Society, bobcabaj@sbcglobal.net
Barbara Weissman, M.D., Deputy Representative, Area 6,

ESTIMATED COST:
Author: $0
APA: $4,466

ESTIMATED SAVINGS: $0

ESTIMATED REVENUE GENERATED: $0

ENDORSED BY: Northern California Psychiatric Society

KEY WORDS: Gun Violence, Safe Guns

APA STRATEGIC PRIORITIES: Advancing Psychiatry

REVIEWED BY RELEVANT APA COMPONENT: not yet. Suggest Council on Psychiatry and the Law and the Council on Advocacy and Government Relations

Attachment #10
Item 2016A2 12.N
Assembly
November 4-6, 2016

ACTION PAPER
FINAL

TITLE: Protecting the Seriously Mentally Ill Incarcerated Individuals

WHEREAS:
The United States has the highest rate of incarceration in the world: one of every 100 adults, a 600% increase in 40 years.

In 2010, over 800,000 men and women were released from local, state, and federal jails and prisons in the United States (US). About six in ten of these individuals were not convicted but were awaiting court action[1,2].

Correctional facilities comprise state and federally regulated jails and prisons. There are over 3,200 jails nationwide that house individuals awaiting trial or sentencing, convicted of misdemeanors and serving terms shorter than a year. Between July 2012 and June 2013, an estimated 11.7 million people were admitted to jails, which experienced a weekly turnover rate of 60%[2].

Adult males of color make up the majority of the incarcerated population. In 2013, 99% of jail inmates were adults, and 86% were male. Over half (53%) were minorities, over a third were Black (36%) and 15% Hispanic[1].

Those in the criminal justice system have higher rates of chronic diseases and so require medical expertise in evaluating and treating their physical and mental health disorders.

The overall proportion of the population with mental disorders in correctional facilities and hospitals together is the same as about 50 years ago when the vast majority were in hospitals; however, the proportions in the jails and hospitals have drastically changed so that there are now 95% incarcerated and only 5% in hospitals.

Over half of prison and jail inmates have a major mental health disorder (55%), with local jail inmates experiencing the highest rate (64%).

The majority of inmates with a mental health disorder also have a substance or alcohol use disorder (65-80% vs. 10% in general population).

A June 2014 study by the American Medical Association found that 22% of patients believe that a chiropractor is a doctor; 35% of patients believe that a doctor of nursing practice is a medical doctor; 36% of patients believe that a psychologist is a medical doctor; 42% of patients believe that an optometrist is a medical doctor; and 74% of patients believe a podiatrist is a medical doctor. Thus, in a closed setting with limited resources and restricted communication, prisoners may be unaware that they are receiving psychiatric treatment from a provider who is not a medical doctor; and

Legislators in the states of Illinois, Iowa, Louisiana, and New Mexico voted to legalize the practice of psychologists prescribing medications and so may receive their prescriptions from a psychologist rather than a medical doctor or mid-level provider.

Prisoners face restrictions on their liberty and so do not have the option to seek treatment from a psychiatrist if a psychologist is the sole prescriber at a federal correctional facility, thus they may need specific protections.

Federal laws mandating treatment of prisoners with mental illness apply only to federal prisoners. In 1976 the Supreme Court wrote in the Estelle v. Gamble decision that deprivation of health care in those incarcerated constituted cruel and unusual punishment, a violation of the Eighth Amendment to the Constitution.

BE IT RESOLVED:
1. That the American Psychiatric Association advocate for an increased number of psychiatrists to provide needed care and treatment for incarcerated individuals, moving towards compliance with the American Psychiatric Association's guideline of 1 FTE psychiatrist for every 150-200 patients with a severe mental illness in prison settings and 1 FTE psychiatrist for every 75-100 patients with a severe mental illness in jail settings.

2. That our AMA delegation advocate at the AMA House of Delegates for an increased number of Primary Care Physicians and Psychiatrists to provide needed care and treatment for detained individuals in correctional facilities.

3. That the APA strongly oppose policies that permit psychologists or pharmacists to prescribe medications in correctional settings.

4. That the APA advocate for psychiatrists to be leaders of multidisciplinary mental health treatment teams in correctional institutions, such as mental health integrated and collaborative care.

5. That the APA collaborate with AADPRT and Public and Community Psychiatry, and Forensic Psychiatry Fellowship Programs to advocate for increased exposure, training and experience in correctional psychiatry in order to increase the number of psychiatrists working in correctional settings.

AUTHORS:
Dionne Hart, M.D., Representative, Minnesota Psychiatric Society
Kenneth Busch, M.D., Deputy Representative, Area 4
Jeffrey Bennett, M.D., Representative, Illinois Psychiatric Society
Eileen McGee, M.D., Representative, Ohio Psychiatric Physicians Association

ESTIMATED COST:
Author: $5,132
APA: $7,315

ESTIMATED SAVINGS: $0

ESTIMATED REVENUE GENERATED: $0

ENDORSED BY:

KEY WORDS: Advocacy, Correctional Psychiatry

APA STRATEGIC PRIORITIES: Advancing Psychiatry, Supporting Research

REVIEWED BY RELEVANT APA COMPONENT:
Council on Advocacy and Government Relations (submitted via email)
Council on Minority Mental Health and Health Disparities (pending)
Council on Healthcare Systems and Financing (submitted via email and incorporated into action paper)
American Academy on Psychiatry and The Law (comments attached)
Assembly Committee on Public & Community Psychiatry (reviewed by members with changes incorporated into action paper)

REFERENCES:

[1] Bureau of Justice Statistics, Annual Survey of Jails, Annual Survey of Parole, Annual Survey of Probation, Census of Jail Inmates, & National Prisoner Statistics, 1980-2014. Available at http://www.bjs.gov/index.cfm?ty=kfdetail&iid=487. Accessed 5 March 2016.

[2] KFF Brief – Health Coverage and Care for the Adult Criminal Justice-Involved Population.

[3] Ollove, M. Linking Released Inmates to Healthcare. Pew Charitable Trusts Stateline. June 11, 2015. http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/6/11/linking-released-inmates-to-health-care. Accessed 3/5/16.

[4] Biswanger, IA, et al. Release from Prison – A High Risk of Death for Former Inmates. N Engl J Med 2007; 356:157-65

[5] Mallik-Kane, K, Visher, CA. Health and Prisoner Reentry: How Physical, Mental and Substance Abuse Conditions Shape the Process of Reintegration. Urban Institute Justice Policy Center. Feb 2008. http://www.urban.org/sites/default/files/alfresco/publication-pdfs/411617-Health-and-Prisoner-Reentry.PDF Accessed 3/4/16.

[6] United States General Accounting Office. Bureau of Prisons Health Care: Inmates' Access to Health Care Is Limited by Lack of Clinical Staff
HEHS-94-36: Published: Feb 10, 1994. Publicly Released: Mar 11, 1994.

Attachment #11
Item 2016A2 12.O
Assembly
November 4-6, 2016

ACTION PAPER
FINAL

TITLE: Ending Childhood Poverty

WHEREAS:

- 19.7% of children under eighteen in America live in poverty (1), and represent the largest impoverished demographic. More than 1 in 5 U.S. children under age 5 live below the Federal Poverty Level; nearly half of them live in extreme poverty on $33 per day for a family of four (2).

- The rate of childhood poverty is the 21st century equivalent of infant mortality as a marker of the health and wellbeing of a society. It is not childhood health or adult health—it is health across the entire life span. It is practicing geriatric medicine and psychiatry for the 22nd century today.

- Poverty has been shown to be associated with smaller white and cortical gray matter and hippocampal and amygdala volumes—regions involved in stress regulation and emotional processing (3). The longer children live in poverty, and the farther below the FPL, the greater the gap with developmental norms; this effect is mediated in part by maturational lags in frontal and temporal lobe gray matter (4).

- Effects of poverty on academic lags are real and measurable. In the first two years of life the human brain triples in size to almost its full adult size; during this same period, disparities based on family economic level have already begun, and widen over time (5). By third grade, gaps in math scores present by school entry have already stabilized; by fourth grade, half of poor children have difficulty reading and never catch up (6).

- Poverty's "toxic stress" effect on early brain and childhood development—that persistent stress and exposure to trauma trigger hormonal production that leads to structural brain alterations and stable epigenetic change (7)—continues its effect into adolescence, with exaggerated response to stress, emotional dysregulation, and impact on memory; higher rates of high school dropout; and more high-risk behaviors (early unprotected sex and increased teen pregnancy, drug and alcohol abuse, increased teen criminal behavior) (8). Young people witnessing and experiencing chronic poverty, trauma, violence, and food insecurity and hunger have levels of long-term anxiety and worry seven times that of their peers in the nation (9).

- The pattern set by deprivations of nutrition and self-esteem alike continues into adulthood, with higher rates of maternal depression, and prevalence of adult depression in impoverished neighborhood four times higher than the national average (10). Poor children become poor adults, with lower academic achievement, self-esteem, productivity, and earnings.

- Childhood poverty rates have been demonstrated to be able to be reduced by concerted societal will and leadership. In 1998, Great Britain addressed its childhood poverty rate of 26.1% as a national issue, and by 2010 had reduced that rate to 10.6% (11).

- Reversing America's rising rates of childhood poverty depends on advocacy on local, state and national levels to influence policymakers and support societal change. Reducing and eliminating childhood poverty will both markedly improve the health and well-being of the nation and dramatically reduce health inequities. It will improve health overall and especially mental health.

- Childhood poverty's effects are particularly psychiatric in nature—on the brain, the mind, on relationships, on learning, on emotions, on worldview. The APA is an organization many of whose members see in daily encounters with those they treat the deleterious effects of food insecurity and hunger, impoverished neighborhoods where substandard housing, trauma, and violence are endured, and the creation and aggravation of anxiety and depression and other mental illness due to long-term cycles of poverty. What psychiatry says matters on this issue.

BE IT RESOLVED:
That the American Psychiatric Association join with other organizations in acknowledging the detrimental effects of childhood poverty on cognitive and emotional development, self-esteem, academic and vocational achievement, and overall mental and physical health in both childhood and through adulthood; and

That the American Psychiatric Association, in its educational, advocacy, and legislative efforts, make it a priority to partner on an ad hoc basis with other allies and organizations (such as the American Academy of Pediatrics, Children's Defense Fund, First Focus, National Immigration Law Center, Community Action Partnership) to advance relevant issues and/or legislation designed to reduce and eliminate childhood poverty in America; and

That the American Psychiatric Association encourage and support its Areas and District Branches to partner with their local community groups, organizations, and legislators to raise awareness of the impact of childhood poverty on early childhood and brain development and lifetime well-being, including economic stability and mental health; and

That the Board of Trustees establish an ad hoc Workgroup on Ending Childhood Poverty to coordinate such efforts, with particular emphasis on reducing the lifetime consequences on mental health due to early childhood poverty.

AUTHORS:
Sheila Judge, M.D., DLFAPA, Representative, Pennsylvania Psychiatric Society sjudgemd@comcast.net
Kenneth S. Thompson, M.D., APA Member
Beverly J. Fauman, M.D., DLFAPA, Representative, American Association for Social Psychiatry
Megan E. Baker, M.D., APA Member
Carissa Caban-Aleman, M.D., APA Member
Carl I. Cohen, M.D., DLFAPA, APA Member
Stephanie N. Cripps, M.D., APA Member
James L. Curtis, M.D., DLFAPA, APA Member
Carol R. Koplan, M.D., APA Member
Michael S. Lancaster, M.D., DLFAPA, APA Member

Aida S. Mihajlovic, M.D., FAPA, APA Member
Andres J. Pumariega, M.D., DLFAPA, APA Member
Lawrence A. Real, M.D., DLFAPA, APA Member
Mary Anne Albaugh, M.D., Representative, Pennsylvania Psychiatric Society
Eliot Sorel, M.D., Representative, Washington Psychiatric Society
Constance E. Dunlap, M.D., Representative, Washington Psychiatric Society
Jessica Abellard, M.D., RFM Representative, Area 3
Charles Peter Ciolino, M.D., Representative, New Jersey Psychiatric Association
Annette L. Hanson, M.D., Representative, Maryland Psychiatric Society, Inc.
Gerard Gallucci, M.D., Representative, Psychiatric Society of Delaware
Manuel D. Reich, D.O., Representative, Pennsylvania Psychiatric Society
William M. Greenberg, M.D., Deputy Representative, Area 3
Mary Helen Davis, M.D., Representative, Kentucky Psychiatric Medical Association
Isabel K. Norian, M.D., Representative, New Hampshire Psychiatric Society
Charles H. Blackinton, M.D., Representative, New Jersey Psychiatric Association
Ranga N. Ram, M.D., Representative, Psychiatric Society of Delaware
Judith F. Kashtan, M.D., DLFAPA, Deputy Representative, Women Psychiatrists
Margery Sved, M.D., Representative, Association of Gay and Lesbian Psychiatrists
Lily Arora, M.D., Representative, New Jersey Psychiatric Association
Sudhakar Madakasira, M.D., Representative, Mississippi Psychiatric Association, Inc.
Gabrielle L. Shapiro, M.D., Representative, New York County Psychiatric Society
Michelle P. Durham, M.D., MPH, FAPA, Representative, Massachusetts Psychiatric Society
John E. Pappenheim, M.D., Representative, Alaska Psychiatric Association
Stephen E. Buie, M.D., Representative, North Carolina Psychiatric Association
Debra Atkisson, M.D., DFAPA, Representative, Texas Society of Psychiatric Physicians
John M. De Figueiredo, M.D., Representative, Connecticut Psychiatric Society
Stephen V. Marcoux, M.D., RFM Deputy Representative, Area 5
Joseph C. Napoli, M.D., Representative, Area 3
L. Charolette Lippolis, D.O., MPH, Representative, Colorado Psychiatric Society
Ramaswamy Viswanathan, M.D., DSc, Representative, Brooklyn Psychiatric Society, Inc.
Maureen Sayres Van Niel, M.D., Representative, Women Psychiatrists
James A. Polo, M.D., MBA, Representative, Washington State Psychiatric Association
Rahn K. Bailey, M.D., Representative, Black Psychiatrists
Richard Altesman, M.D., DLFAPA, Representative, Psychiatric Society of Westchester County, Inc.
Steven R. Daviss, M.D., Representative, Maryland Psychiatric Society, Inc.

ESTIMATED COST:
Author: $15,690
APA: $3,080

ESTIMATED SAVINGS: $0 – [Untold savings in mental and physical health costs]

ESTIMATED REVENUE GENERATED: $0

ENDORSED BY: Area 3 Council

KEY WORDS: Childhood Poverty, Health Inequity

APA STRATEGIC PRIORITIES: Diversity

REVIEWED BY RELEVANT APA COMPONENT:
Council on Advocacy and Government Relations:
"The Council on Advocacy and Government Relations had the opportunity to discuss your pre-submitted Action Paper. They agreed the paper was well written. One member suggested that the Action Paper could be stronger by including a statement on food deserts and malnutrition having a long-term effect on brain development."

Council on Children, Adolescents and their Families (pending review)

REFERENCES:

(1) U.S. Census Bureau, Income and Poverty in the United States: 2015 (September 2016)
(2) Children's Defense Fund, P Hassler, September 13, 2016
(3) The Effects of Poverty on Childhood Brain Development: The mediating effect of caregiving and stressful life events, J Luby et al, JAMA Pediatr 2013:167(12):1135-1142
(4) Association of Child Poverty, Brain Development, and Academic Achievement, JAMA Pediatr 2015:169 (9):822-829
(5) Meaningful Differences in the Everyday Experience of Young American Children, B Hart and T Risley (1995)
(6) U.S. Department of Education, National Center for Education Statistics (2012)
(7) Cumulative effects of early poverty on cortisol in young children: Moderation by autonomic nervous activity, C Blair et al, Psychoneuroendocrinology 2013-11-1, 38:11, pp. 2666-2675
(8) Children in poverty: trends, consequences, and policy options, KA Moore et al, Child Trends Research Brief (2009)
(9) Urban Institute (2013)
(10) KA Moore et al (2009)
(11) Fighting Childhood Poverty In the US and UK: an update, T Smeeting and J Waldfogel (2010)
(12) History, Public Policy, and the Geography of Poverty: Understanding Challenges Facing Baltimore City and Maryland, Maryland General Assembly - Department of Legislative Services, January 2016
(13) Mediators and Adverse Effects of Child Poverty in the United States, JM Pascoe, DL Wood, JH Duffee et al, AAP Committee on Psychosocial Aspects of Child and Family Health, Council on Community Pediatrics, Pediatrics 2016:137(4)
(14) $2.00 a Day: Living on Almost Nothing in America, K Edin and L Shaefer, Boston: Houghton Mifflin, Harcourt, 2015
(15) Neuroscience, molecular biology, and the childhood roots of health disparities: building a new framework for health promotion and disease prevention, Shonkoff JP, Boyce WT, McEwen BS, JAMA 2009;301(21):2252–2259

ADDITIONAL DATA FOR AP: Ending Childhood Poverty
Some members of Area 3 Council and the Council on Advocacy and Government Relations have requested the inclusion of more of the research findings linking poverty in childhood with physical health as well as mental health inequities and compromise through the lifetime. Poverty has been shown to be the common link in complex relationships between biologic and social factors:

- In 2011, 1.5 million U.S. households with 3 million children were living in extreme poverty (income ≤ $2 per day per person)—that is, 4% of all families with children (14)
- American poverty is everywhere—cities (inner and non-inner), suburbs, and rural. According to the Brookings Institute, the suburbs are the fast-growing area of people living below the FLP.
- Since the 1960s urban flight has produced dysfunctional inner city neighborhoods, including "food deserts" where there is no available fresh food. Malnutrition coupled with higher teen pregnancy rates--shown to be linked to depression (8, 13)—lead to statistically higher neonatal and infant mortality due to prematurity and low birth weight (8). Up to 30% of a city's population of children may be living in such deserts (12); research shows lack of fresh food also linked to higher rates of obesity and diabetes in children and adults. Without access to nutrient-dense food, cheap available diets are laden with high sugar, trans-fats and empty calories (13).
- The origins of adult disease are increasingly perceived as a direct result of childhood adverse experiences, affecting adult health either through "cumulative damage" or "biological embedding of adversities" (15). Two biological processes in particular—toxic stress mediated by chronic elevation of cortisol, and chronic inflammation—have been demonstrated to result in disease in adults who experienced childhood poverty: higher rates of hypertension, arthritis, and limited mobility (13). An attenuated cardiovascular response to acute stress was evident by age thirteen.
- Affordable housing in a safe and stable environment is a key factor in health outcomes. When there is no affordable housing available, there are tradeoffs between paying the rent, and food, clothing, transportation, and health care. "In children, housing instability is associated with asthma, low weight, developmental delays [e.g. lead exposure], and an increased lifetime risk of depression. In adults, housing instability is associated with reduced access to health care, post-poning needed care and medications, mental distress, difficulty sleeping, and depression" (12).
- Duration of living in impoverished conditions correlates positively and significantly with how the health of the older child and the adult are affected. The Moving to Opportunity demonstration project gave vouchers to families with children living in high poverty public housing, enabling them to move into private housing in low-poverty areas. Ten to fifteen years later, lower rates of obesity, diabetes, depression, and local-area crime were reported. Adult health was positively impacted, but not economics; older children did not seem to benefit. However, those children who were very young when they moved were more likely to attend college and earn higher income in their 20s than control groups, ended up living in better neighborhoods as adults, and were less likely to become single parents (12).
- There are many ways that poverty has been shown to affect academics: almost 17 million children are from low-income families "at risk" of going hungry; hungry kids have poor scores on achievement tests, grade repetition, and absenteeism. In addition, chronic high-noise and exposure to indoor air pollution, especially passive smoking, have been associated with decreased academic performance; asthma accounts for about 10 million days of school missed each year (13). In a recent analysis of data from the National Center for Health Statistics (2009–2011), asthma prevalence was associated with both urban and nonurban poverty. Poorer children are not being enrolled in preschool—where early detection and intervention might offset some of the difference in brain development (3, 4) due to infant deprivation. According to the US Department of Education (2014), 7000 students drop out of high school each day—1.2 million per year; they will earn $1million less over their lifetime than a college graduate.

Attachment #12
Item 2016A2 12.P
Assembly
November 4-6, 2016

ACTION PAPER
FINAL

TITLE: Mental Health Parity for Individuals with Intellectual and Developmental Disability (IDD)

WHEREAS:

Whereas: According to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, the prevalence of mental disorders in people with intellectual disabilities is three to four times higher than in the general population. (1)

Whereas: People with intellectual and developmental disability (IDD), as well as with a second mental health diagnosis, are a marginalized population within the mental health field in need of differentiated mental health care (4)

Whereas: IDD, "diagnostically overshadows" any other concurrent mental diagnosis. (Reiss, Levitan, & Sxysko, 1982)

Whereas: This overshadowing renders it almost impossible for an individual with IDD and severe mental illness to find the necessary psychotherapy and mental health support. (4)

Whereas: Self-injurious behaviors were stereotypically subscribed to IDD diagnoses and supportive psychotherapy was not considered indicated because of a lack of intelligence. (2)

Whereas: Outcomes research demonstrates success of supportive psychotherapy with individuals with IDD and dual diagnoses (6)

Whereas: Individuals with IDD benefit greatly from psychotherapy for persistent chronic depression and anxiety (7).

Whereas: Mood, anxiety, psychotic, personality, and impulse disorders are often missed, explained away, or even denied to the individual as simply being part of the IDD (5)

Whereas: 2016 ACGME psychiatric residency requirements IV>A.5.e). (5) Resident are expected to demonstrate: sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, **disabilities**, and sexual orientation.

Whereas: Individuals with IDD and their families go through acute, chronic, and possibly fatal severe mental health experiences. Often they are turned away from access to outpatient, partial, and inpatient mental health treatment.

BE IT RESOLVED:
That the American Psychiatric Association develop a position statement supporting mental health parity for individuals with IDD.

That the American Psychiatric Association join with other allies and organizations to prioritize the educational, access to care, advocacy, and legislative efforts needed to assure that all individuals with IDD receive appropriate mental healthcare consistent with established mental health parity rights.

AUTHORS:
Mary Ann Schaepper, M.D., M. Ed, DFAPA, Representative, Southern California Psychiatric Society
Joseph Mawhinney, M.D., DFAPA, Representative, Area 6

ESTIMATED COST:
Author: $1,600
APA: $3,080

ESTIMATED SAVINGS:

ESTIMATED REVENUE GENERATED:

ENDORSED BY:

KEY WORDS: Intellectual disability, Developmental Disability, Parity, Access to Care, Vulnerable Population

APA STRATEGIC PRIORITIES: Advancing Psychiatry, Education, Diversity

REVIEWED BY RELEVANT APA COMPONENT:

References:

1. ACGME Program Requirements for Graduate Medical Education in Psychiatry, requirements IV>A.5.e). (5), 2016
2. Carlsson, B. (2000) Psychoanalytic psychotherapy with intellectually disabled adults–Evaluation by using projective tests: A collaboration project between a psychiatric clinic and the services for mentally handicapped. National Association of the Dually Diagnosed. 3(5) http://thenadd.org/nadd-bulletin/archive/volume-iii/
3. Diagnostic and Statistical Manual of Mental Disorders: American Psychiatric Publishing; 5th edition
4. Gentile, J. P. & Jackson, C.S. (2008). Supportive psychotherapy with the dual-diagnosis patient: Co-occurring mental illness/intellectual disabilities. *Psychiatry (Edgmont).* 5(3): 49–57. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2710105/
5. Gentile, J. P. & Gillig, P.M. (2012). *Psychiatry of intellectual disability: A practical manual.* Chishester, West: Wiley-Blackwell.
6. Lefley, H. P. (2009). Families, Schizophrenia, And Other Major Disorders. Family Psychoeducation for Serious Mental Illness, 15-27. Doi: 10.1093/acprof:oso/9780195340495.003.0003

7. Smith, L. E., Greenberg, J. S., & Mailick, M. R. (2012). Adults with Autism: Outcomes, Family Effects, and the Multi-Family Group Psychoeducation Model. *Current Psychiatry Reports,* 14(6), 732-738. Doi: 10.1007/s11920-012-0328-1

Attachment #13
Item 2016A2 12.R
Assembly
November 4-6, 2016

ACTION PAPER
FINAL

TITLE: Task Force on Fighting Discrimination

WHEREAS:
Several state legislatures have recently passed or are considering passing bills and policies that are discriminatory against and injurious to the mental health of the LGBTQ community and other groups, and hurt the integrity of the profession of psychiatry,

It is important for the APA to have a strategic plan and a quick action mechanism to fight these discriminatory practices at the national and local levels,

BE IT RESOLVED:
1) That the Board of Trustees quickly appoint a Task Force on Fighting Discriminatory laws and policies, due to their deleterious effects on mental health, with the following charges:

A) Develop a strategic plan to fight discrimination by state and federal legislative and other policy making bodies.
B) Help the APA and state associations to quickly respond to discrimination issues.
C) Help the state associations to share their knowledge base and collaborate with each other.
D) Advise the Board of Trustees about funding for the above.
E) Collaborate with the Council on Advocacy and Government Relations and the Division of Government Relations.

2) That the Board of Trustees consider converting this Task Force to a permanent committee in the future, under the Council on Advocacy and Government Relations.

AUTHORS:
Ramaswamy Viswanathan, M.D., DMSc, Representative, Brooklyn Psychiatric Society (rviswa@aol.com)
A. David Axelrad, M.D., Representative, Texas Society of Psychiatric Physicians
Elie G. Aoun, M.D., APA Member
L. Charolette Lippolis, D.O., MPH, Representative, Colorado Psychiatric Association
Felix Torres, M.D., Representative, New York County Psychiatric Society
Shery Zener, M.D., Representative, Ontario District Branch
Paul Lieberman, M.D., Representative, Rhode Island Psychiatric Society
Roger Peele, M.D., APA Member
Lawrence S. Gross, M.D., Representative, Southern California Psychiatric Society
Beverly Fauman, M.D., Representative, American Association for Social Psychiatry
Brian S. Hart, M.D., Representative, Indiana Psychiatric Society
Dionne Hart, M.D., Representative, Minnesota Psychiatric Society
Jaskanwar S. Batra, M.D., Representative, Vermont Psychiatric Association

Laurence H. Miller, M.D., Representative, Area 5
Lisa K. Catapano-Friedman, M.D., Representative, Vermont Psychiatric Association
Sarit Hovav, M.D., Deputy Representative, International Medical Graduate Psychiatrists
Jack Bonner, M.D., Representative, Senior Psychiatrists
Jeremy D. Kidd, M.D., MPH, RFM Representative, Area 2
Jyoti R. Shah, MD, APA Member
Robert Cabaj, M.D., Representative, Northern California Psychiatric Society
John Bradley, M.D., Representative, Massachusetts Psychiatric Society
James L. Fleming, M.D., Representative, Missouri Psychiatric Association
John De Figueiredo, M.D., Representative, Connecticut Psychiatric Society
Eric M. Plakun, M.D., DLFAPA, FACPsych, Representative, Academy of Psychoanalysis and Dynamic Psychiatry
Charles H. Blackinton, M.D., Representative, New Jersey Psychiatric Association

ESTIMATED COST:
Author: $15,408
APA: $1,925

ESTIMATED SAVINGS:

ESTIMATED REVENUE GENERATED:

ENDORSED BY:

KEY WORDS: Discrimination, LGBTQ, Stigma

APA STRATEGIC PRIORITIES: Advancing Psychiatry, Education, Diversity

REVIEWED BY RELEVANT APA COMPONENT:

Attachment #14
Item 2016A2 12.V
Assembly
November 4-6, 2016

ACTION PAPER
FINAL

TITLE: DB Involvement of Residents and Early Career Psychiatrists Involved with Psychiatry at the National Level

WHEREAS:

1) The APA has many routes for residents and early career psychiatrists to get involved with psychiatry at the national level both through the Assembly and through its fellowships and other programs, and

2) Currently, APA does not require DB participation in RFMs and ECPs applying for APA fellowship awards, relying only recommendations of training program directors and supervisors, many of whom are not currently APA members themselves, and

3) These residents and early career psychiatrists may not be involved with, or even aware of their local district branch's activities during that time, and

4) There is value to these individuals participating both at the national and local level for the individuals, the local district branch and the APA, and

5) This could be accomplished perhaps through an emphasis on local involvement at the time the individual is committing to their national position, therefore

BE IT RESOLVED
That the APA:

1) Revise the APA fellowship application process to incorporate formal introduction by the APA of all applicants to their relevant District Branch leadership for the purpose of engagement, but not awardee or candidate selection.

2) Explore additional ways to encourage residents and early career psychiatrists who get involved with psychiatry at the national level through the Assembly and APA fellowships and other programs to regularly connect with their local district branches at the same time.

AUTHORS:
Adam Nelson, M.D., Representative, Northern California Psychiatric Society
Barbara Yates-Weissman, M.D., Deputy Representative, Area 6

ESTIMATED COST:
Author: $1,463
APA: $3,080

ESTIMATED SAVINGS: none

ESTIMATED REVENUE GENERATED: none

ENDORSED BY: none

KEY WORDS: RFM, ECP, fellowship, application

APA STRATEGIC PRIORITIES: Education, Diversity

REVIEWED BY RELEVANT APA COMPONENT:

Confidentiality of Medical Records: Does the Physician Have a Right to Privacy Concerning His or Her Own Health Records?

POSITION STATEMENT

Approved by the Board of Trustees, December 1980
Approved by the Assembly, May 1981

"Policy documents are approved by the APA Assembly and Board of Trustees…These are … position statements that define APA official policy on specific subjects…" -- *APA Operations Manual.*

Prepared by the Task Force on the Impaired Physician[*] *of the Council on Medical Education and Career Development.*

It has been proposed that physicians (and students aspiring to become physicians) have a special duty to the public which can only be discharged by requiring that the physician's own health record, especially information pertaining to the physician's mental health, be exposed to the scrutiny of those who oversee the quality of medical care or the fitness of individuals to practice medicine. This supposed duty of disclosure is said to arise from the special role physicians have in society and the vulnerability of the public to potential harm from inept, malicious, or otherwise dangerous doctors. This role also places a burden on those who select physicians and scrutinize their performance so that the public interest is adequately safeguarded. This raises the general question, Does the expectation of medical confidentiality extend to the physician's own health records when the physician is a patient?

The short answer to this question is, No convincing argument has been advanced to show that a patient should be deprived of the right to the privacy of his or her medical record simply because he or she has chosen to study or practice medicine.

The traditional privacy of communications between a patient and his or her physician rests on the judgment that society benefits when sick people have unimpeded access to necessary medical treatment. This expectation of medical confidentiality is reflected in medical ethics (1), contract law (2), and the common law (3) and has been enacted into statutory law in a majority (N=36) of jurisdictions (4).[**] Recently, a federal district court found that the right to privacy of medical records has a Constitutional basis (5). We have been unable to find laws that except physicians from these protections when they become ill and seek treatment.

In attempting to balance the danger to the public from mental disorders in physicians against the rights of all patients to privacy, we believe that the reasonable protection of patients does not require the assumption that anyone who is or who has been a psychiatric patient is potentially so harmful to patients that he or she cannot practice medicine without first presenting his or her otherwise private medical record for public scrutiny. There is no evidence to suggest that the hazard is so great that normal safeguards are inadequate. Moreover, there is, in our view, a greater danger that individuals needing treatment will be barred from obtaining professional help if getting it would require them to bare their innermost secrets to public or private overseers. More likely, they would try to conceal the need and continue to practice without diagnosis and treatment for what might be curable ills.

---

[*]The Task Force (now a committee) included Robert E. Jones, M.D. (chairperson), Manuel M. Pearson, M.D., Stephen Scheiber, M.D., Douglas A. Sargent, M.D., and Robert Marvin, M.D. (Assembly liaison).

[**]As of February 1983, 42 states plus the District of Columbia had enacted psychotherapist-patient privilege statutes. The authority is the case of Zuniga v. Pierce (714 Federal Reporter 2d, 632-642, 1983).

that potential physicians who had consulted psychiatrists or other mental health professionals would be required to disclose that fact in the medical school application process, many needing treatment either would not get it or would conceal the fact, viewing a "psychiatric history" as an impediment to acceptance. Further, as Silver and associates (6) have shown, there are no data correlating psychiatric diagnosis and treatment with performance in medical school or practice.

What is true for medical students is even more likely in the case of the practicing physician, who stands to lose his or her means of livelihood, cannot easily change a career already launched, and does not have the student's option of simply choosing not to enter medicine rather than have his or her secrets known. Recent experience with "snitch laws" in New York and elsewhere (7) suggests that this fear of disclosure is real and not merely theoretical, confirming Slovenko's suggestion (8) that mental disorder is today's "loathsome disease," the analogue of those socially impairing conditions that first led to the development of the physician-patient privilege. Citing Eldridge's *The Law of Defamation*, Slovenko said,

Surveys indicate that the general public regards a person seeking a psychiatrist with fear, distrust, or dislike. The public generally acts differently toward a psychiatric patient. This is reflected in the law of defamation where it is provided that a statement that a person is mentally ill is an "imputation of want of ability to discharge the duties of that person's ... profession ..." and thus slander on its face.

It is no comfort to the disturbed medical student or physician that the public's prejudices may not be shared by medical school admissions committees or medical practice boards, especially since experience suggests that physicians share the public view of psychiatry and our patients. Far from protecting the public, it is likely that abolition of the confidentiality of the physician's or medical student's personal health record would simply discourage troubled people, many with treatable disorders, from finding appropriate medical help and would hamper those who try to help them. We are naturally concerned, since we believe that such an impaired individual is far more likely to endanger patients than would be the case if medical treatment were a private matter for medical practitioners as it is for others.

Medical schools, hospitals, licensure boards, and other regulatory bodies seeking to know whether a history of medical or psychiatric disorder impairs present functioning are advised to do so on a case-by-case basis, as such a history has little predictive value. A medical psychiatric evaluation by a consultant hired for the purpose of determining present competence should be obtained for evaluating applicants whose fitness is questioned and who have given voluntary, informed consent. Such evaluations should be made only for cause and should not be routinely required of all applicants.

In short, the mandatory disclosure of the physician's confidential medical or personal history is without merit.

Both tradition and public policy, as reflected in the laws of privacy, favor access to therapy for all who need it, including physicians. The supposedly heightened protections for patients sought by those who would exclude physicians from the traditional safeguards of medical confidentiality are illusions. We urge support for the traditional view and oppose forced disclosure, which seems to promise more benefit than we think it can deliver.

1. American Medical Association Judicial Council: Section 9, in Principles of Medical Ethics. Chicago, AMA, 1969
2. Horne v Patton, 287 S 2d 824 (Ala S Ct 1974)
3. Warren SD, Brandeis S: The right to privacy. Harvard Law Review 4:193, 1890
4. Slovenko R: Psychotherapist-patient testimonial privilege: a picture of misguided hope. Catholic University Law Review 23:649-673, 1974
5. Hawaiian Psychiatric Society, District Branch, American Psychiatric Association v Ariyoshi, 481 S Supt 1028, 1052 (D Hawaii 1979)
6. Silver LB, Nadelson CC, Joseph EJ, et al: Mental health of medical school applicants: the role of the admissions committee. J Med Educ 54:534-538, 1979
7. Block MA: Disabled physician: rehabilitation versus punishment. NY State J Med 79:1025-1028, 1979
8. Slovenko R: Accountability and abuse of confidentiality in the practice of psychiatry. Int J Law Psychiatry 2:431-454, 1979

Attachment #16

Assembly
November 4-6, 2016
Washington, D.C.

DRAFT SUMMARY OF ACTIONS

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2016 A2 4.B.1	Revised Position Statement: *Adolescent Substance Use*	The Assembly voted, on its Consent Calendar, to approve the Revised Position Statement: *Adolescent Substance Use*.	Board of Trustees, December, 2016 FYI- Joint Reference Committee, February 2017
2016 A2 4.B.2	Revised Position Statement: *Assuring the Appropriate Care of Pregnant and Postpartum Women with Substance Use Disorders*	The Assembly voted, on its Consent Calendar, to approve the Revised Position Statement: *Assuring the Appropriate Care of Pregnant and Postpartum Women with Substance Use Disorders*.	Board of Trustees, December, 2016 FYI- Joint Reference Committee, February 2017
2016 A2 4.B.3	Proposed Position Statement: *Treatment of Substance Use Disorders in the Criminal Justice System*	The Assembly voted, on its Consent Calendar, to approve the Proposed Position Statement: *Treatment of Substance Use Disorders in the Criminal Justice System*.	Board of Trustees, December, 2016 FYI- Joint Reference Committee, February 2017
2016 A2 4.B.4	Proposed Position Statement: *Out of Network Restriction of Psychiatrists*	The Assembly voted, on its Consent Calendar, to approve the Proposed Position Statement: *Out of Network Restriction of Psychiatrists*.	Board of Trustees, December, 2016 FYI- Joint Reference Committee, February 2017
2016 A2 4.B.5	Retain the Position Statement: *Identification of Abuse and Misuse of Psychiatry*	The Assembly voted to **combine** the Position Statements: *Identification of Abuse and Misuse of Psychiatry* and *Abuse and Misuse of Psychiatry* into a single position statement per the recommendation of the Joint Reference Committee.	Board of Trustees, December, 2016 FYI- Joint Reference Committee, February 2017
2016 A2 4.B.6	Retain the Position Statement: *Abuse and Misuse of Psychiatry*	The Assembly voted to **combine** the Position Statements: *Identification of Abuse and Misuse of Psychiatry* and *Abuse and Misuse of Psychiatry* into a single position statement per the recommendation of the Joint Reference Committee.	Board of Trustees, December, 2016 FYI- Joint Reference Committee, February 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2016 A2 4.B.7	Revised Position Statement: *Use of Psychiatric Institutions for the Commitment of Political Dissenters*	The Assembly voted, on its Consent Calendar, to approve the Revised Position Statement: *Use of Psychiatric Institutions for the Commitment of Political Dissenters*.	Board of Trustees, December, 2016 FYI- Joint Reference Committee, February 2017
2016 A2 4.B.8	Retire Position Statement: *Confidentiality of Medical Records: Does the Physician Have a Right to Privacy Concerning His or Her Own Health Records? (1981)*	The Assembly **did not approve** the retirement of the Position Statement: *Confidentiality of Medical Records: Does the Physician Have a Right to Privacy Concerning His or Her own Health Records (1981)* as the Assembly felt that a new position statement on this issue was required before retiring the statement.	Joint Reference Committee, February 2017
2016 A2 4.B.9	Proposed Position Statement: *Location of Civil Commitment Hearings*	The Assembly voted, on its Consent Calendar, to approve the Proposed Position Statement: *Location of Civil Commitment Hearings*.	Board of Trustees, December, 2016 FYI- Joint Reference Committee, February 2017
2016 A2 4.B.10	Revised Position Statement: *Recognition and Management of HIV-Associated Neurocognitive Impairment and Disorders (HAND)*	The Assembly voted, on its Consent Calendar, to approve the Revised Position Statement: *Recognition and Management of HIV-Associated Neurocognitive Impairment and Disorders (HAND)*.	Board of Trustees, December, 2016 FYI- Joint Reference Committee, February 2017
2016 A2 4.B.11	Revised Position Statement: *Screening and Testing for HIV Infection*	The Assembly voted, on its Consent Calendar, to approve the Revised Position Statement: *Screening and Testing for HIV Infection*.	Board of Trustees, December, 2016 FYI- Joint Reference Committee, February 2017
2016 A2 4.B.12	Proposed Position Statement: *Mental Health and Climate Change*	The Assembly voted, on its Consent Calendar, to approve the Proposed Position Statement: *Mental Health and Climate Change*.	Board of Trustees, December, 2016 FYI- Joint Reference Committee, February 2017
2016 A2 5.A	Will the Assembly vote to approve the minutes of the May 13-15, 2016, meeting?	The Assembly voted to approve the Minutes & Summary of Actions from the May 13-15, 2016 Assembly meeting.	Chief Operating Officer • Association Governance

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2016 A2 6.B	Will the Assembly vote to approve the Consent Calendar?	Items 2016A2, 4.B.8 and 12.V were removed from the consent calendar. The Assembly approved the consent calendar as amended.	Chief Operating Officer • Association Governance
2016 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 • Association Governance
2016 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 2017 Assembly election is as follows: *Speaker-Elect*: James R. Batterson, M.D., Area 4 James Polo, M.D., Area 7 *Recorder*: Steven Daviss, M.D., Area 3 Paul O'Leary, M.D., Area 5	Chief Operating Officer • Association Governance
2016 A2 7.B.1	Will the Assembly vote to approve the proposed language to incorporate the approved *Action Paper 12.DD: Allow Deputies to Vote* in the Procedural Code of the Assembly?	The Assembly voted to approve the proposed language to incorporate the approved *Action Paper 12.DD: Allow Deputies to Vote* in the Procedural Code of the Assembly.	Chief Operating Officer • Association Governance
2016 A2 7.B.2	Will the Assembly vote to approve the proposed language to incorporate the approved Assembly Committee on Access to Care in the Procedural Code of the Assembly?	The Assembly voted to approve the proposed language to incorporate the approved Assembly Committee on Access to Care in the Procedural Code of the Assembly.	Chief Operating Officer • Association Governance

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2016 A2 7.B.3	Will the Assembly vote to approve the proposed language to incorporate the liaison language for both the Assembly Committee on Access to Care and the Assembly Committee on Public and Community Psychiatry since their issues overlap?	The Assembly voted to approve the proposed language to incorporate the liaison language for both the Assembly Committee on Access to Care and the Assembly Committee on Public and Community Psychiatry in the Procedural Code of the Assembly since their issues overlap.	Chief Operating Officer • Association Governance
2016 A2 7.B.4	Will the Assembly vote to approve the proposed language to incorporate the approved Assembly Committee on Maintenance of Certification (MOC) in the Procedural Code of the Assembly?	The Assembly voted to approve the proposed language to incorporate the approved Assembly Committee on Maintenance of Certification (MOC) in the Procedural Code of the Assembly.	Chief Operating Officer • Association Governance
2016 A2 7.B.5	Will the Assembly vote to approve the proposed language to incorporate the approved action paper *12.T: Election of Assembly Officers* in the Assembly in the Procedural Code of the Assembly, making the election of Assembly Officers based on a majority of votes with each voting member of the Assembly casting one vote?	The Assembly **did not approve** the proposed language to incorporate the approved action paper *12.T: Election of Assembly Officers* in the Assembly in the Procedural Code of the Assembly, making the election of Assembly Officers based on a majority of votes with each voting member of the Assembly casting one vote.	Chief Operating Officer • Association Governance
2016 A2 12.A	All Prescribers, not just Physicians, Shall be Subject to Open Payments	The Assembly voted, on its Consent Calendar, to approve action paper 2016A2 12.A, which asks that the APA engage with the American Medical Association and the American Osteopathic Association to pursue regulatory change such that non-physician providers are included along with physicians in the Open Payments reporting and database.	Joint Reference Committee, February 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2016 A2 12.B	Return of Interest for ABPN Continuous Pathways Payments	The Assembly voted to approve action paper 2016A2 12.B, which asks that as part of the APA's efforts to have ABPN change its requirements for MOC, APA additionally demand credit for the interest on the monies deposited towards the ten-year examination fee be returned to the psychiatrist either directly or in the form of an appropriate discount on the examination fee.	Joint Reference Committee, February 2017 Office of the CEO and Medical Director
2016 A2 12.C	Continuity of Care	The Assembly voted to approve action paper 2016A2 12.C, which asks that the Council on Quality Care explore options to encourage timely communication between inpatient and outpatient teams, including both general medical and psychiatric facilities, such as, a position statement or resource document.	Joint Reference Committee, February 2017
2016 A2 12.D	Towards Universal Health Insurance in the United States	The Assembly voted to approve action paper 2016A2 12.D, which asks: 1. That the APA collaborate with the AMA on its newly adopted resolution to assess various models of healthcare finances including single payer models and universal healthcare and to include data from other developed countries which employ these models; 2. That to facilitate this action, the issue will be referred to the Council on Health Care Systems and Financing and the AMA Delegation of the APA; 3. That a status report will be delivered by the Council on Health Care Systems and Financing and the AMA Delegation of the APA at the May 2017 meeting of the APA Assembly.	Joint Reference Committee, February 2017
2016 A2 12.E	Regulation of Alcohol at the Federal Level	The action paper was withdrawn by the author.	N/A
2016 A2 12.F	APA as the Premier Provider of Psychiatric and Mental Health Information	The action paper was withdrawn by the author.	N/A

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2016 A2 12.G	Improving the Confidentiality of Prescription Drug Monitoring Programs	The Assembly voted to approve action paper 2016A2 12.G, which asks that the American Psychiatric Association study the variations in the PDMPs to ensure that they are consistent with current federal regulations, and to make recommendations to improve the PDMP system with special attention to ensure the appropriate confidentiality of patient records.	Joint Reference Committee, February 2017
2016 A2 12.H	Exercise: Too Little, Too Much	The action paper was withdrawn by the author.	N/A
2016 A2 12.I	APA Position Statement on Screening and Treatment for Mental Health Disorders During Pregnancy and Postpartum	The Assembly voted, on its Consent Calendar, to approve action paper 2016A2 12.I, which asks: That the APA develop and announce a position statement recommending: 1) The need for screening and subsequent treatment for mood and anxiety disorders during pregnancy and the postpartum period. 2) The need to address the higher rates of these disorders in low-income women from minority groups.	Joint Reference Committee, February 2017
2016 A2 12. J	Exhibitor-Funded Scholarships for Consumer Presenters at Annual Meeting	The Assembly voted to approve action paper 2016A2 12.J, which asks: That a relevant component of the APA or APA Foundation develop a program, at no cost to the APA, to fund a voluntary exhibitor-funded scholarship program intended to defray some or all of the travel, hotel, and registration expenses of consumer presenters who speak at one of the two APA annual meetings: That exhibitors who voluntarily donate to the scholarship program be recognized in program materials; may not place any conditions on such donations; may not influence the choice of consumer presenter in any manner; and that all such donated funds be pooled such that no speaker would be associated with any specific contributor; That consumer presenters must adhere to the requirements specified of all presenters; and That necessary additional expenses incurred by the program be kept to a minimum and be paid out of the pool of donated funds.	Joint Reference Committee, February 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2016 A2 12.K	Survey to Determine Maintenance of Certification Status of APA Members	The Assembly did not approve action paper 2016A2 12.K.	N/A
2016 A2 12.L	Standards for the Practice of Medicine Pertaining to the Treatment of Patients with Mental Disorders	The Assembly voted, on its Consent Calendar, to approve action paper 2016A2 12.L, which asks that: 1. The APA will publicly reaffirm its position that the medical treatment of psychiatric illnesses, including the prescription of psychotropic medication, requires a biologically based medical education and supervised clinical training; 2. Individuals practicing medicine, including those who prescribe medication, should be licensed and regulated by governmental boards with expertise and experience in the practice of medicine.	Joint Reference Committee, February 2017
2016 A2 12.M	Smart Guns as a Gun Safety Response to Gun Violence, a Public Health Hazard	The Assembly voted to approve action paper 2016A2 12.M, which asks: That the American Psychiatric Association (APA) support smart gun technology as one piece of a solution to gun violence, and, be it further Resolved, that the APA delegation to the American Medical Association (AMA) take this issue to the AMA, and, be it further Resolved, that the Council on Advocacy and Government Relations and the Council on Psychiatry and the Law review the issues involved and, if so identified, make any additional recommendations to the APA Board of Trustees.	Joint Reference Committee, February 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2016 A2 12.N	Protecting the Seriously Mentally Ill Incarcerated Individuals	The Assembly voted to approve action paper 2016A2 12.N, which asks: 1. That the American Psychiatric Association advocate for an increased number of psychiatrists to provide needed care and treatment for incarcerated individuals, moving towards compliance with the American Psychiatric Association's guideline of 1 FTE psychiatrist for every 150-200 patients with a severe mental illness in prison settings and 1 FTE psychiatrist for every 75-100 patients with a severe mental illness in jail settings. 2. That our AMA delegation advocate at the AMA House of Delegates for an increased number of Primary Care Physicians and Psychiatrists to provide needed care and treatment for detained individuals in correctional facilities. 3. That the APA strongly oppose policies that permit psychologists or pharmacists to prescribe medications in correctional settings. 4. That the APA advocate for psychiatrists to be leaders of multidisciplinary mental health treatment teams in correctional institutions, such as mental health integrated and collaborative care. 5. That the APA collaborate with AADPRT and Public and Community Psychiatry, and Forensic Psychiatry Fellowship Programs to advocate for increased exposure, training and experience in correctional psychiatry in order to increase the number of psychiatrists working in correctional settings.	Joint Reference Committee, February 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2016 A2 12.O	Ending Childhood Poverty	The Assembly voted to approve action paper 2016A2 12.O, which asks: That the American Psychiatric Association join with other organizations in acknowledging the detrimental effects of childhood poverty on cognitive and emotional development, self-esteem, academic and vocational achievement, and overall mental and physical health in both childhood and through adulthood; and That the American Psychiatric Association, in its educational, advocacy, and legislative efforts, make it a priority to partner on an ad hoc basis with other allies and organizations (such as the American Academy of Pediatrics, Children's Defense Fund, First Focus, National Immigration Law Center, Community Action Partnership) to advance relevant issues and/or legislation designed to reduce and eliminate childhood poverty in America; and That the American Psychiatric Association encourage and support its Areas and District Branches to partner with their local community groups, organizations, and legislators to raise awareness of the impact of childhood poverty on early childhood and brain development and lifetime well-being, including economic stability and mental health; and That the Board of Trustees establish an ad hoc Workgroup on Ending Childhood Poverty to coordinate such efforts, with particular emphasis on reducing the lifetime consequences on mental health due to early childhood poverty.	Joint Reference Committee, February 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2016 A2 12.P	Mental Health Parity for Individuals with Intellectual and Developmental Disability (IDD)	The Assembly voted to approve action paper 2016A2 12.P, which asks: That the American Psychiatric Association develop a position statement supporting mental health parity for individuals with IDD. That the American Psychiatric Association join with other allies and organizations to prioritize the educational, access to care, advocacy, and legislative efforts needed to assure that all individuals with IDD receive appropriate mental healthcare consistent with established mental health parity rights.	Joint Reference Committee, February 2017
2016 A2 12.Q	World Psychiatric Association Representation in the APA Assembly	The action paper was withdrawn by the author.	N/A
2016 A2 12.R	Task Force on Discrimination	The Assembly voted to approve action paper 2016A2 12.R, which asks: 1) That the Board of Trustees quickly appoint a Task Force on Fighting Discriminatory laws and policies, due to their deleterious effects on mental health, with the following charges: A) Develop a strategic plan to fight discrimination by state and federal legislative and other policy making bodies. B) Help the APA and state associations to quickly respond to discrimination issues. C) Help the state associations to share their knowledge base and collaborate with each other. D) Advise the Board of Trustees about funding for the above. E) Collaborate with the Council on Advocacy and Government Relations and the Division of Government Relations. 2) That the Board of Trustees consider converting this Task Force to a permanent committee in the future, under the Council on Advocacy and Government Relations.	Joint Reference Committee, February 2017
2016 A2 12.S	Extension of Eligibility for the Ronald A. Shellow Award to all Voting Members of the Assembly	The Assembly voted, on its Consent Calendar, to approve action paper 2016A2 12.S, which asks that the eligibility criteria for the Ronald A. Shellow Award be extended to include all voting members of the Assembly.	Assembly Executive Committee, February 2017

Agenda Item #	Action	Comments/Recommendations	Governance Referral/Follow-up
2016 A2 12.T	Assembly to Study the Creation of APA Minority Branches	The action paper was withdrawn by the author.	
2016 A2 12.U	Presidential Appointments to the Council on Minority Mental Health and Health Disparities	The action paper was withdrawn by the author.	
2016 A2 12.V	DB Involvement of Residents and Early Career Psychiatrists Involved with Psychiatry at the National Level	The Assembly voted to approve action paper 2016A2 12.V, which asks: That the APA: 1) Revise the APA fellowship application process to incorporate formal introduction by the APA of all applicants to their relevant District Branch leadership for the purpose of engagement, but not awardee or candidate selection. 2) Explore additional ways to encourage residents and early career psychiatrists who get involved with psychiatry at the national level through the Assembly and APA fellowships and other programs to regularly connect with their local district branches at the same time.	Joint Reference Committee, February 2017
2016 A2 12.W	APA Assembly Plenary Sessions to be Limited to Business of Assembly	The action paper was withdrawn by the author.	N/A
2016 A2 12.X	Equity in Voting in Election of Assembly Officers	The action paper was withdrawn by the author.	N/A
2016A2 14.A.1	Proposed Position Statement: *Medical Euthanasia*	The Assembly voted, as a new business item, to approve the Proposed Position Statement: *Medical Euthanasia*.	Board of Trustees, December 2016

Appointment Year: June 1st to May 31st
Council: Minority Mental Health & Health Disparities

Meetings – in person	Chairperson	Vice Chairperson	Members	Corresponding Mbrs	Consultants	Fellows
Conference Calls [specify dates; June to May]						
January 19, 2016	Yes		7 of 12			4 of 5
March 14, 2016	Yes		8 of 12			4 of 5

Please identify those council members who missed more than 30% of the council's conference calls/meetings with prior notice of inability to attend.

Council on Minority Mental Health and Health Disparities
Position Statement Preliminary Assignments

POSITION STATEMENT	MEMBER	FELLOW	REVISE	RETAIN	RETIRE
Abortion	Graves, Amanda	Strawn, Brittany			
Affirmative Action	Hansen, Helena	Meadows, Travis		X	
Discrimination Against IMGs	Pi, Edmond	N/A		X	
Discrimination Against Persons w/Previous Psych Treatment	Williams, Don	Petersen, Daena			
Diversity	Lu, Francis	Meadows, Travis		X	
Domestic Violence	Carter, Debbie	Simpson, Annabelle		X	
Domestic Violence Against Women	Carter, Debbie	Simpson, Annabelle		X	
Don't Ask, Don't Tell	Torres, Felix	Montano, Pamela			X
Prevention of Violence	Torres, Felix	Douglas, Lauren		X	
Psychiatrists from MUR Groups in Leadership Roles	Castillo, Enrico	Dominguez, Matthew		X	
Religious Persecution	Hankerson, Sidney	Sahota, Puneet	X		
Resolution Against Racism	Walker, Sandra	Gajaria, Amy		X	
Resolution Opposing Restriction on Number of IMGs Entering Graduate Medical Training	Pi, Edmond	N/A		X	

COUNCIL WORK PLAN TEMPLATE

Complete the Template for Current and Future Tasks

Please complete for each primary issue/topic of the Council and place in priority order.

ISSUE:	**Address the increase against minorities/ vulnerable populations**
Work Product:	Web-based Toolkit: Trauma related to Hate Crimes
Brief Background/Rationale for the work product:	The CMMH/HD along with APA's DDHE and Communications Division has begun to develop an educational resource to help groups deal with the trauma associated with a recent increase in hate crimes.
Required resources:	CMMH/HD, APA's DDHE and Communications Division
Responsible Entities:	CMMH/HD
Tasks:	The CMMH/HD will continue to work on this toolkit which will help psychiatrists and their patients deal with trauma associated with recent hate crimes. The online platform will be made publicly available and will include tools and bullet points. The CMMH/HD with guidance from DDHE will take the lead in writing and presenting an initial outline. The CMMH/HD will be asked to provide a list of recommended resources that support this effort.
Timeline for Completion:	Q4 2017

ISSUE:	**The Psychiatric Impact of Climate Change**
Work Product:	New Position Statement
Brief Background/Rationale for the work product:	In November 2016, Felix Torres, MD was appointed as a member of the CMMH/HD and has joined the Work Group on The Impact of Global Climate Change on Mental Health. Dr. Torres is the co-author of the action paper on The Impact of Global Climate Change on Mental Health.
Required resources:	Work Group on The Impact of Global Climate Change on Mental Health
Responsible Entities:	Committee of Psychiatric Dimensions of Disaster, CMMH/HD
Tasks:	The work group was tasked to advise whether or not APA should develop a position statement on the issue. The work group also examined bibliographies and references, including the American Psychological Association's position statements that address the psychological ramifications of climate change.

	DDHE helped the work group move forward by recommending that it consult with a group of psychiatrists and APA members from around the country (Drs. Lise Van Susteren, James Recht, Elizabeth Haase, Gregory Fricchione, and David Henderson) who are also interested in the mental health effects of climate change, an in particular, the impact upon underserved minority populations. On December 14, 2015, these psychiatrists along with Drs. Rao and Torres participated in a conference call. DDHE also participated. Discussion included various perspectives, essential elements of a position statement, and the need for member and public education. Dr. Rao and Ms. Bondurant had a phone conversation with Dr. Robin Cooper, an APA member and psychiatrist from San Francisco with interest in this area. Dr. Rao proposed that the APA work group consider a workshop or symposium at an appropriate meeting. Dr. Cooper subsequently distributed a literature review on psychiatric aspects of climate change and its impact on underserved minority populations, as well as a list of organizations that have developed position statements on this topic. Dr. Rao had a meeting at the Group for the Advancement of Psychiatry meeting in White Plains, NY, with Dr. Elizabeth Haase, who is a film producer. She discussed her work in making films on climate disasters including the documentary "And Then the Climate Changed" (2016). She looks forward to contributing her ideas to the APA effort. The CMMH/HD will be glad to be a contributor with literature on the particularly inequitable impact of climate change on minority populations.
Timeline for Completion:	Complete

ISSUE:	**Council Cross Collaboration**
Work Product:	Council Liaisons
Brief Background/Rationale for the work product:	The CMMH/HD is working to establish liaisons who will serve as conduits to other APA Councils to maximize the resources and expertise of members in a mutually beneficial capacity as needed.
Required resources:	CMMH/HD
Responsible Entities:	CMMH/HD
Tasks:	Assignment of liaisons to all APA Councils
Timeline for Completion:	Complete

COUNCIL WORK PLAN TEMPLATE

Complete the Template for Current and Future Tasks

ISSUE:	**Establish formal linkages with the seven Assembly MUR Caucuses by assigning liaisons.**
Work Product:	The CMMH/HD established member and fellow liaisons for M/UR Caucuses to ensure that the needs of all M/UR groups are met.
Brief Background/Rationale for the work product:	The function of this role is to inform the M/UR Caucuses about Council activity, solicit feedback and nominations on M/UR Awards and to review action papers, position statements, abstracts for upcoming workshops, symposia, etc.
Required resources:	CMMH/HD
Responsible Entities:	CMMH/HD
Tasks:	The CMMH/HD has appointed member and fellow liaisons to 6 MU/R Caucuses. Assignment process is currently underway
Timeline for Completion:	Complete

ISSUE:	**Recruitment into the Profession**
Work Product:	User-friendly Electronic Interface
Brief Background/Rationale for the work product:	The CMMH/HD Chairperson, Dr. Mangurian, discussed efforts to enhance the value in APA for MUR members by creating a user-friendly electronic interface where open jobs across the country could be readily accessible. This would also be useful to academic medical centers, government agencies, non-profits, as so many of them are trying to outreach to excellent MUR candidates.
Required resources:	CMMH/HD
Responsible Entities:	CMMH/HD
Tasks:	The CMMH/HD continued discussions on how to recruit and retain M/URs within APA (during September 2016 Components) and how to provide professional opportunities to those populations. Dr. Saul Levin joined the 2016 September CMMH/HD meeting. Drs. Mangurin and Levin reviewed APA's administration report on the number of African American employees within the APA Administration along with similar employee data of comparable organizations.
Timeline for Completion:	Ongoing activity, no firm deadline.

COUNCIL WORK PLAN TEMPLATE

Complete the Template for Current and Future Tasks

ISSUE:	**Conversion Therapies**
Work Product:	New Position Statement
Brief Background/Rationale for the work product:	The JRC referred the Action Paper "U.S. Joint Statement on Conversion Therapy" to the CMMH/HD for discussions and feedback.
Required resources:	CMMH/HD
Responsible Entities:	CMMH/HD
Tasks:	The CMMH/HD discussed the statement and requested members to send their additional responses via email. The CMMH/HD supported this Action Paper, with the only suggestion to consider saying that this statement applies across the lifespan.
Timeline for Completion:	CMMH/HD voiced support for the Action Paper as documented in the JRC report submitted on January 19, 2017.

ISSUE:	**Removing Barriers to Providing Compassionate Care to Victims of Sexual Assault**
Work Product:	Resource document
Brief Background/Rationale for the work product:	The CMMH/HD's Work Group on Removing Barriers to Providing Compassionate Care to Victims of Sexual Assault held conference calls on October 20 and November 17. The work group is currently conducting a literature review and is researching nationwide protocols and requirements for mental health care to victims, roadblocks to access to care, funding issues, and legislation related to sexual assault. A draft rape resource document, prepared by work group chairperson Dr. De Faria, was completed.
Required resources:	Council on Psychiatry and Law
Responsible Entities:	Work group (CMMH/HD, Council on Psychiatry and the Law)
Tasks:	Council on Psychiatry and Law felt that the documents needed additional work (more references and focus on psychiatry), it is now re-circulating among work group members for editing and expansion
Timeline for Completion:	Q2 2017

COUNCIL WORK PLAN TEMPLATE

Complete the Template for Current and Future Tasks

ISSUE:	**Chester M. Pierce Human Rights Award Proposal**
Work Product:	Renaming of APA's Human Rights Award
Brief Background/Rationale for the work product:	The Council on International Psychiatry is bringing forward a joint proposal with the CMMH/HD and the Caucus of Black Psychiatrists, and with the support of the Black Psychiatrists of America (BPA), to rename the "Human Rights Award" the "Chester M. Pierce Human Rights Award."
Required resources:	Council on International Psychiatry, CMMH/HD, the Caucus of Black Psychiatrists
Responsible Entities:	Council on International Psychiatry, CMMH/HD, the Caucus of Black Psychiatrists
Tasks:	As the Human Rights Award is currently managed by the Council on International Psychiatry, the proposal and the associated action items are being submitted by the Council on International Psychiatry to the JRC.
Timeline for Completion:	Q3 2017

ISSUE:	**Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement"**
Work Product:	New Position Statement
Brief Background/Rationale for the work product:	Following up on the referral of the Joint Reference Committee to develop a position statement on refugee mental health, which stemmed from an Assembly Action Paper (Attachment), the cross-Council Work Group on Refugee Mental Health developed a Position Statement (Word Doc Attachment) on the "Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement." Overall support was received from all the Councils and recommendations from the Council on Psychiatry and Law to help clarify the intent and enhance the caliber of the position statement were incorporated.
Required resources:	The Work Group on Refugee Mental Health (CMMH/HD, the Council on International Psychiatry, the Council on Children, Adolescents, and Their Families, and the Council on Psychiatry and Law)
Responsible Entities:	CMMH/HD
Tasks:	The cross-council work group worked over the course of several months meeting via conference call, working electronically via email, and collaboratively through an online platform to share documents and co-edit drafts of the position statement and background information. These drafts were then forwarded to the Councils with

	representatives in the work group to review and provide comments and feedback to the cross-council work group for consideration. Submitted to the Assembly for approval
Timeline for Completion:	Q2 2017

ISSUE:	**Domestic Violence Against Women and Domestic Violence**
Work Product:	Combined and Revised Position Statement
Brief Background/Rationale for the work product:	The JRC requested that these be combined and revised.
Required resources:	CMMH/HD
Responsible Entities:	CMMH/HD
Tasks:	The JRC referred the statements back to the CMMH/HD and requested that these be combined and revised. In response, the CMMH/HD initiated conversations and will discuss further at the next teleconference slated for February 2017.
Timeline for Completion:	Completed

ISSUE:	**Prevention of Violence and Violence in America Can and Must Be Prevented: A Call for Action from Medicine, Nursing, and Public Health**
Work Product:	Combined and Revised Position Statement
Brief Background/Rationale for the work product:	The JRC requested that these be combined and revised.
Required resources:	CMMH/HD
Responsible Entities:	CMMH/HD
Tasks:	The JRC referred the statements back to the CMMH/HD and requested that these be combined and revised. In response, the CMMH/HD initiated conversations and will discuss further at the next teleconference slated for February 2017.

COUNCIL WORK PLAN TEMPLATE

Complete the Template for Current and Future Tasks

Timeline for Completion:	Q2 2017

ISSUE:	**Religious Persecution and Genocide**
Work Product:	Revised Position Statement
Brief Background/Rationale for the work product:	The JRC requested that this be retained, revised or retired
Required resources:	CMMH/HD
Responsible Entities:	CMMH/HD
Tasks:	The JRC referred the position statement back to the CMMH/HD and asked that CMMH/HD think through the current position statement and its potential implications and determined whether it should be retained, retired or revised. In response, the CMMH/HD initiated conversations and will discuss further at the next teleconference slated for February 2017.
Timeline for Completion:	Completed

ISSUE:	**Promoting cultural sensitivity and competency**
Work Product:	Creating venues for improved cultural sensitivity
Brief Background/Rationale for the work product:	DDHE and CMMH/HD to collaborate on cultural sensitivity training programs for APA members including the continuation of *Conversations on Diversity.*
Required resources:	CMMH/HD, DDHE
Responsible Entities:	DDHE
Tasks:	The Board of Trustees approved the extension of *Conversations on Diversity* at 2017 APA Annual Meeting and IPS. The CMMH/HD and DDHE are working to identify a person to serve as facilitator for the 2017 Annual Meeting session on *Conversations on Diversity*.
Timeline for Completion:	May 2017

COUNCIL WORK PLAN TEMPLATE

Complete the Template for Current and Future Tasks

ISSUE:	**APA's Membership Demographics**
Work Product:	DDHE Membership Descriptions/Map
Brief Background/Rationale for the work product:	Drs. Travis Meadows, Jessica Moore, and Jared Taylor all volunteered to work with DDHE on how the Council would like to see the membership "map" for September. In particular, the group wanted to see gender differences separated out (ideally over time), and race/ethnicity changes over time. The Council also requested to see how this compared to the general population and the general population of psychiatrists (from AAMC).
Required resources:	CMMH/HD, DDHE, APA's Membership Committee
Responsible Entities:	CMMH/HD
Tasks:	TBD
Timeline for Completion:	Q2 2017

ISSUE:	**Structural Racism**
Work Product:	Peer Reviewed Journal Article
Brief Background/Rationale for the work product:	The CMMH/HD is working on a journal article that deals with structural racism and how the psychiatric field can deal with.
Required resources:	CMMH/HD
Responsible Entities:	CMMH/HD
Tasks:	TBD
Timeline for Completion:	May 2017

ISSUE:	**Community Engagement**
Work Product:	Annual Meeting peer-reviewed presentations, website materials, and other products

COUNCIL WORK PLAN TEMPLATE

Complete the Template for Current and Future Tasks

Brief Background/Rationale for the work product:	The CMMH/HD's taskforces will continue to work towards producing educational resources as part of its community engagement effort
Required resources:	CMMH/HD
Responsible Entities:	CMMH/HD
Tasks:	TBD
Timeline for Completion:	December 2017

COUNCIL WORK PLAN TEMPLATE

Complete the Template for Current and Future Tasks

Please complete for each primary issue/topic of the Council and place in priority order.

ISSUE:	**Address the increase against minorities/ vulnerable populations**
Work Product:	Web-based Toolkit: Trauma related to Hate Crimes
Brief Background/Rationale for the work product:	The CMMH/HD along with APA's DDHE and Communications Division has begun to develop an educational resource to help groups deal with the trauma associated with a recent increase in hate crimes.
Required resources:	CMMH/HD, APA's DDHE and Communications Division
Responsible Entities:	CMMH/HD
Tasks:	The CMMH/HD will continue to work on this toolkit which will help psychiatrists and their patients deal with trauma associated with recent hate crimes. The online platform will be made publicly available and will include tools and bullet points. The CMMH/HD with guidance from DDHE will take the lead in writing and presenting an initial outline. The CMMH/HD will be asked to provide a list of recommended resources that support this effort.
Timeline for Completion:	Q4 2017

ISSUE:	**The Psychiatric Impact of Climate Change**
Work Product:	New Position Statement
Brief Background/Rationale for the work product:	In November 2016, Felix Torres, MD was appointed as a member of the CMMH/HD and has joined the Work Group on The Impact of Global Climate Change on Mental Health. Dr. Torres is the co-author of the action paper on The Impact of Global Climate Change on Mental Health.
Required resources:	Work Group on The Impact of Global Climate Change on Mental Health
Responsible Entities:	Committee of Psychiatric Dimensions of Disaster, CMMH/HD
Tasks:	The work group was tasked to advise whether or not APA should develop a position statement on the issue. The work group also examined bibliographies and references, including the American Psychological Association's position statements that address the psychological ramifications of climate change.

	DDHE helped the work group move forward by recommending that it consult with a group of psychiatrists and APA members from around the country (Drs. Lise Van Susteren, James Recht, Elizabeth Haase, Gregory Fricchione, and David Henderson) who are also interested in the mental health effects of climate change, an in particular, the impact upon underserved minority populations. On December 14, 2015, these psychiatrists along with Drs. Rao and Torres participated in a conference call. DDHE also participated. Discussion included various perspectives, essential elements of a position statement, and the need for member and public education. Dr. Rao and Ms. Bondurant had a phone conversation with Dr. Robin Cooper, an APA member and psychiatrist from San Francisco with interest in this area. Dr. Rao proposed that the APA work group consider a workshop or symposium at an appropriate meeting. Dr. Cooper subsequently distributed a literature review on psychiatric aspects of climate change and its impact on underserved minority populations, as well as a list of organizations that have developed position statements on this topic. Dr. Rao had a meeting at the Group for the Advancement of Psychiatry meeting in White Plains, NY, with Dr. Elizabeth Haase, who is a film producer. She discussed her work in making films on climate disasters including the documentary "And Then the Climate Changed" (2016). She looks forward to contributing her ideas to the APA effort. The CMMH/HD will be glad to be a contributor with literature on the particularly inequitable impact of climate change on minority populations.
Timeline for Completion:	Complete

ISSUE:	**Council Cross Collaboration**
Work Product:	Council Liaisons
Brief Background/Rationale for the work product:	The CMMH/HD is working to establish liaisons who will serve as conduits to other APA Councils to maximize the resources and expertise of members in a mutually beneficial capacity as needed.
Required resources:	CMMH/HD
Responsible Entities:	CMMH/HD
Tasks:	Assignment of liaisons to all APA Councils
Timeline for Completion:	Complete

COUNCIL WORK PLAN TEMPLATE

Complete the Template for Current and Future Tasks

ISSUE:	**Establish formal linkages with the seven Assembly MUR Caucuses by assigning liaisons.**
Work Product:	The CMMH/HD established member and fellow liaisons for M/UR Caucuses to ensure that the needs of all M/UR groups are met.
Brief Background/Rationale for the work product:	The function of this role is to inform the M/UR Caucuses about Council activity, solicit feedback and nominations on M/UR Awards and to review action papers, position statements, abstracts for upcoming workshops, symposia, etc.
Required resources:	CMMH/HD
Responsible Entities:	CMMH/HD
Tasks:	The CMMH/HD has appointed member and fellow liaisons to 6 MU/R Caucuses. Assignment process is currently underway
Timeline for Completion:	Complete

ISSUE:	**Recruitment into the Profession**
Work Product:	User-friendly Electronic Interface
Brief Background/Rationale for the work product:	The CMMH/HD Chairperson, Dr. Mangurian, discussed efforts to enhance the value in APA for MUR members by creating a user-friendly electronic interface where open jobs across the country could be readily accessible. This would also be useful to academic medical centers, government agencies, non-profits, as so many of them are trying to outreach to excellent MUR candidates.
Required resources:	CMMH/HD
Responsible Entities:	CMMH/HD
Tasks:	The CMMH/HD continued discussions on how to recruit and retain M/URs within APA (during September 2016 Components) and how to provide professional opportunities to those populations. Dr. Saul Levin joined the 2016 September CMMH/HD meeting. Drs. Mangurin and Levin reviewed APA's administration report on the number of African American employees within the APA Administration along with similar employee data of comparable organizations.
Timeline for Completion:	Ongoing activity, no firm deadline.

COUNCIL WORK PLAN TEMPLATE

Complete the Template for Current and Future Tasks

ISSUE:	**Conversion Therapies**
Work Product:	New Position Statement
Brief Background/Rationale for the work product:	The JRC referred the Action Paper "U.S. Joint Statement on Conversion Therapy" to the CMMH/HD for discussions and feedback.
Required resources:	CMMH/HD
Responsible Entities:	CMMH/HD
Tasks:	The CMMH/HD discussed the statement and requested members to send their additional responses via email. The CMMH/HD supported this Action Paper, with the only suggestion to consider saying that this statement applies across the lifespan.
Timeline for Completion:	CMMH/HD voiced support for the Action Paper as documented in the JRC report submitted on January 19, 2017.

ISSUE:	**Removing Barriers to Providing Compassionate Care to Victims of Sexual Assault**
Work Product:	Resource document
Brief Background/Rationale for the work product:	The CMMH/HD's Work Group on Removing Barriers to Providing Compassionate Care to Victims of Sexual Assault held conference calls on October 20 and November 17. The work group is currently conducting a literature review and is researching nationwide protocols and requirements for mental health care to victims, roadblocks to access to care, funding issues, and legislation related to sexual assault. A draft rape resource document, prepared by work group chairperson Dr. De Faria, was completed.
Required resources:	Council on Psychiatry and Law
Responsible Entities:	Work group (CMMH/HD, Council on Psychiatry and the Law)
Tasks:	Council on Psychiatry and Law felt that the documents needed additional work (more references and focus on psychiatry), it is now re-circulating among work group members for editing and expansion
Timeline for Completion:	Q2 2017

COUNCIL WORK PLAN TEMPLATE

Complete the Template for Current and Future Tasks

ISSUE:	**Chester M. Pierce Human Rights Award Proposal**
Work Product:	Renaming of APA's Human Rights Award
Brief Background/Rationale for the work product:	The Council on International Psychiatry is bringing forward a joint proposal with the CMMH/HD and the Caucus of Black Psychiatrists, and with the support of the Black Psychiatrists of America (BPA), to rename the "Human Rights Award" the "Chester M. Pierce Human Rights Award."
Required resources:	Council on International Psychiatry, CMMH/HD, the Caucus of Black Psychiatrists
Responsible Entities:	Council on International Psychiatry, CMMH/HD, the Caucus of Black Psychiatrists
Tasks:	As the Human Rights Award is currently managed by the Council on International Psychiatry, the proposal and the associated action items are being submitted by the Council on International Psychiatry to the JRC.
Timeline for Completion:	Q3 2017

ISSUE:	**Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement"**
Work Product:	New Position Statement
Brief Background/Rationale for the work product:	Following up on the referral of the Joint Reference Committee to develop a position statement on refugee mental health, which stemmed from an Assembly Action Paper (Attachment), the cross-Council Work Group on Refugee Mental Health developed a Position Statement (Word Doc Attachment) on the "Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement." Overall support was received from all the Councils and recommendations from the Council on Psychiatry and Law to help clarify the intent and enhance the caliber of the position statement were incorporated.
Required resources:	The Work Group on Refugee Mental Health (CMMH/HD, the Council on International Psychiatry, the Council on Children, Adolescents, and Their Families, and the Council on Psychiatry and Law)
Responsible Entities:	CMMH/HD
Tasks:	The cross-council work group worked over the course of several months meeting via conference call, working electronically via email, and collaboratively through an online platform to share documents and co-edit drafts of the position statement and background information. These drafts were then forwarded to the Councils with

	representatives in the work group to review and provide comments and feedback to the cross-council work group for consideration. Submitted to the Assembly for approval
Timeline for Completion:	Q2 2017

ISSUE:	**Domestic Violence Against Women and Domestic Violence**
Work Product:	Combined and Revised Position Statement
Brief Background/Rationale for the work product:	The JRC requested that these be combined and revised.
Required resources:	CMMH/HD
Responsible Entities:	CMMH/HD
Tasks:	The JRC referred the statements back to the CMMH/HD and requested that these be combined and revised. In response, the CMMH/HD initiated conversations and will discuss further at the next teleconference slated for February 2017.
Timeline for Completion:	Completed

ISSUE:	**Prevention of Violence and Violence in America Can and Must Be Prevented: A Call for Action from Medicine, Nursing, and Public Health**
Work Product:	Combined and Revised Position Statement
Brief Background/Rationale for the work product:	The JRC requested that these be combined and revised.
Required resources:	CMMH/HD
Responsible Entities:	CMMH/HD
Tasks:	The JRC referred the statements back to the CMMH/HD and requested that these be combined and revised. In response, the CMMH/HD initiated conversations and will discuss further at the next teleconference slated for February 2017.

COUNCIL WORK PLAN TEMPLATE

Complete the Template for Current and Future Tasks

Timeline for Completion:	Q2 2017

ISSUE:	**Religious Persecution and Genocide**
Work Product:	Revised Position Statement
Brief Background/Rationale for the work product:	The JRC requested that this be retained, revised or retired
Required resources:	CMMH/HD
Responsible Entities:	CMMH/HD
Tasks:	The JRC referred the position statement back to the CMMH/HD and asked that CMMH/HD think through the current position statement and its potential implications and determined whether it should be retained, retired or revised. In response, the CMMH/HD initiated conversations and will discuss further at the next teleconference slated for February 2017.
Timeline for Completion:	Completed

ISSUE:	**Promoting cultural sensitivity and competency**
Work Product:	Creating venues for improved cultural sensitivity
Brief Background/Rationale for the work product:	DDHE and CMMH/HD to collaborate on cultural sensitivity training programs for APA members including the continuation of *Conversations on Diversity.*
Required resources:	CMMH/HD, DDHE
Responsible Entities:	DDHE
Tasks:	The Board of Trustees approved the extension of *Conversations on Diversity* at 2017 APA Annual Meeting and IPS. The CMMH/HD and DDHE are working to identify a person to serve as facilitator for the 2017 Annual Meeting session on *Conversations on Diversity*.
Timeline for Completion:	May 2017

COUNCIL WORK PLAN TEMPLATE

Complete the Template for Current and Future Tasks

ISSUE:	**APA's Membership Demographics**
Work Product:	DDHE Membership Descriptions/Map
Brief Background/Rationale for the work product:	Drs. Travis Meadows, Jessica Moore, and Jared Taylor all volunteered to work with DDHE on how the Council would like to see the membership "map" for September. In particular, the group wanted to see gender differences separated out (ideally over time), and race/ethnicity changes over time. The Council also requested to see how this compared to the general population and the general population of psychiatrists (from AAMC).
Required resources:	CMMH/HD, DDHE, APA's Membership Committee
Responsible Entities:	CMMH/HD
Tasks:	TBD
Timeline for Completion:	Q2 2017

ISSUE:	**Structural Racism**
Work Product:	Peer Reviewed Journal Article
Brief Background/Rationale for the work product:	The CMMH/HD is working on a journal article that deals with structural racism and how the psychiatric field can deal with.
Required resources:	CMMH/HD
Responsible Entities:	CMMH/HD
Tasks:	TBD
Timeline for Completion:	May 2017

ISSUE:	**Community Engagement**
Work Product:	Annual Meeting peer-reviewed presentations, website materials, and other products

COUNCIL WORK PLAN TEMPLATE

Complete the Template for Current and Future Tasks

Brief Background/Rationale for the work product:	The CMMH/HD's taskforces will continue to work towards producing educational resources as part of its community engagement effort
Required resources:	CMMH/HD
Responsible Entities:	CMMH/HD
Tasks:	TBD
Timeline for Completion:	December 2017

Appointment Year: June 1st to May 31st
Council: Minority Mental Health & Health Disparities

Meetings – in person	Chairperson	Vice Chairperson	Members	Corresponding Mbrs	Consultants	Fellows
Conference Calls [specify dates; June to May]						
January 19, 2016	Yes		7 of 12			4 of 5
March 14, 2016	Yes		8 of 12			4 of 5

Please identify those council members who missed more than 30% of the council's conference calls/meetings with prior notice of inability to attend.

Council on Minority Mental Health and Health Disparities
Position Statement Preliminary Assignments

POSITION STATEMENT	MEMBER	FELLOW	REVISE	RETAIN	RETIRE
Abortion	Graves, Amanda	Strawn, Brittany			
Affirmative Action	Hansen, Helena	Meadows, Travis		X	
Discrimination Against IMGs	Pi, Edmond	N/A		X	
Discrimination Against Persons w/Previous Psych Treatment	Williams, Don	Petersen, Daena			
Diversity	Lu, Francis	Meadows, Travis		X	
Domestic Violence	Carter, Debbie	Simpson, Annabelle		X	
Domestic Violence Against Women	Carter, Debbie	Simpson, Annabelle		X	
Don't Ask, Don't Tell	Torres, Felix	Montano, Pamela			X
Prevention of Violence	Torres, Felix	Douglas, Lauren		X	
Psychiatrists from MUR Groups in Leadership Roles	Castillo, Enrico	Dominguez, Matthew		X	
Religious Persecution	Hankerson, Sidney	Sahota, Puneet	X		
Resolution Against Racism	Walker, Sandra	Gajaria, Amy		X	
Resolution Opposing Restriction on Number of IMGs Entering Graduate Medical Training	Pi, Edmond	N/A		X	

COUNCIL WORK PLAN

Complete the Template for Current and Future Tasks

A meaningful component work plan should contain:

1) Clear statement of the issue and rationale for a given work product and its strategic utility
2) The work product defined for the given issue/topic. [e.g., position statement, resource document, curriculum, recommendations on policy]
3) Identification of the key resources needed to develop/implement the product (e.g. key components, administrative expertise, funding)
4) A specific plan for development and implementation of the work product. (i.e., tasks to be performed, assignment of responsibility for tasks, coordination of tasks with a defined completion timeline)
5) Plan to execute and monitor and evaluate

Please complete for each primary issue/topic of the Council and place in priority order.

ISSUE:	**Risks of Online Behavior**
Work Product:	Position statement and IPS/APA Annual Meeting workshop
Brief Background/Rationale for the work product:	The product(s) address a new and evolving subject matter in the field of psychiatry and child, adolescent and family mental health.
Required resources:	Council on Psychiatry and the Law, Council on Communications
Responsible Entities:	Council on Children, Adolescents, and Their Families (workgroup)
Tasks:	Draft resources and statement/abstract for Council review and JRC submission
Timeline for Completion:	January 2017 – Final statement and abstract for IPS due, submit to JRC for approval

ISSUE:	**Preventing Violence in America**
Work Product:	Revised position statement
Brief Background/Rationale for the work product:	Current statement is outdated
Required resources:	Committee on Psychiatric Dimensions of Disasters
Responsible Entities:	Council on Children, Adolescents, and Their Families (workgroup)

COUNCIL WORK PLAN

Complete the Template for Current and Future Tasks

Tasks:	Draft resources and statement for Council review and JRC submission
Timeline for Completion:	May 2017 – Final draft due for Council review and approval

ISSUE:	**Migrant and Refugee Crisis Around The World**
Work Product:	Revised position statement
Brief Background/Rationale for the work product:	Current statement is outdated
Required resources:	Council on International Psychiatry,
Responsible Entities:	Council on Children, Adolescents, and Their Families (workgroup)
Tasks:	Collaborate with interested councils, draft resources and statement for Council review and JRC submission
Timeline for Completion:	January 2017 – Final statement due, submit to JRC for approval

ISSUE:	**Gender Dysphoria**
Work Product:	TBD
Brief Background/Rationale for the work product:	The product(s) address a new and evolving subject matter in the field of psychiatry and child, adolescent and family mental health.
Required resources:	Council on Minority MH and Health Disparities, LGBTQ Caucus
Responsible Entities:	Council on Children, Adolescents, and Their Families (workgroup)
Tasks:	Develop an action plan to address issues, seek opportunities to collaborate with other Councils and APA offices to contribute views, and ways in which to address the issues and fill in membership learning gaps
Timeline for Completion:	No firm deadline

COUNCIL WORK PLAN

Complete the Template for Current and Future Tasks

ISSUE:	**New Drugs of Abuse**
Work Product:	APA workshop, resource/educational document, TBD
Brief Background/Rationale for the work product:	The issue is a new and evolving subject minimally addressed by APA
Required resources:	Council on Addiction Psychiatry, APA administrative expertise
Responsible Entities:	Council on Children, Adolescents, and Their Families (workgroup)
Tasks:	Develop an action plan to address issues, seek opportunities to collaborate with other Councils and APA offices to contribute views, and ways in which to address the issues and fill in membership learning gaps
Timeline for Completion:	No firm deadline

ISSUE:	**Reactive Attachment Disorder**
Work Product:	Revised position statement
Brief Background/Rationale for the work product:	Current statement is outdated
Required resources:	AACAP
Responsible Entities:	Council on Children, Adolescents, and Their Families (workgroup)
Tasks:	Research existing AACAP statements, draft resources and statement for Council review and JRC submission
Timeline for Completion:	No firm deadline

ISSUE:	**Mental Health, Children, and Disasters**
Work Product:	Revised position statement

COUNCIL WORK PLAN

Complete the Template for Current and Future Tasks

Brief Background/Rationale for the work product:	Current statement is outdated
Required resources:	Committee on Psychiatric Dimensions of Disasters, APA administrative expertise
Responsible Entities:	Council on Children, Adolescents, and Their Families (workgroup)
Tasks:	Draft resources and statement for Council review and JRC submission
Timeline for Completion:	No firm deadline

ISSUE:	**Prevention of Bullying Related Morbidity and Mortality**
Work Product:	Revised position statement
Brief Background/Rationale for the work product:	Current statement is outdated
Required resources:	AACAP, APA administrative expertise
Responsible Entities:	Council on Children, Adolescents, and Their Families (workgroup)
Tasks:	Research existing AACAP statements, draft resources and statement for Council review and JRC submission
Timeline for Completion:	No firm deadline

ISSUE:	**Proposed Legislation Permitting Guns on College and University Campuses**
Work Product:	Revised document
Brief Background/Rationale for the work product:	Current statement is outdated
Required resources:	Caucus on College Mental Health

COUNCIL WORK PLAN

Complete the Template for Current and Future Tasks

Responsible Entities:	Council on Children, Adolescents, and Their Families (workgroup)
Tasks:	Draft resources and document for Council review and JRC submission
Timeline for Completion:	No firm deadline

ISSUE:	**Corporal Punishment in Schools**
Work Product:	Revised position statement
Brief Background/Rationale for the work product:	Current statement is outdated
Required resources:	Caucus on College Mental Health
Responsible Entities:	Council on Children, Adolescents, and Their Families (workgroup)
Tasks:	Draft resources and statement for Council review and JRC submission
Timeline for Completion:	No firm deadline

ISSUE:	**Child Abuse and Neglect by Adults**
Work Product:	Revised position statement
Brief Background/Rationale for the work product:	Current statement is outdated
Required resources:	AACAP
Responsible Entities:	Council on Children, Adolescents, and Their Families (workgroup)
Tasks:	Research existing AACAP statements, draft resources and statement for Council review and JRC submission

COUNCIL WORK PLAN

Complete the Template for Current and Future Tasks

Timeline for Completion:	No firm deadline

Appointment Year: June 1st to May 31st
Council: Council on Children, Adolescents and Their Families

Meetings – in person	Chairperson	Vice Chairperson	Members	Corresponding Mbrs	Consultants	Fellows
September Components (2016)	Yes	Yes	9 of 12	N/A	3 of 5	10 of 10
Annual Meeting (2016)	Yes	N/A	11 of 12	N/A	5 of 5	10 of 10
Conference Calls [specify dates; June to May]						
June 15, 2016	Yes	Yes	11 of 12	N/A	5 of 5	10 of 10
August 17, 2016	Yes	Yes	10 of 12	N/A	5 of 5	9 of 10
November 30, 2016	Yes	Yes	7 of 12	N/A	3 of 5	6 of 10
January 18, 2016	Yes	Yes	9 of 12	N/A	3 of 5	6 of 10

Please identify those council members who missed more than 30% of the council's conference calls/meetings with prior notice of inability to attend.
N/A

COUNCIL ON MEDICAL EDUCATION AND LIFELONG LEARNING WORK PLAN TEMPLATE

Template for Current and Future Tasks

A meaningful component work plan should contain:

1) Clear statement of the issue and rationale for a given work product and its strategic utility
2) The work product defined for the given issue/topic. [e.g., position statement, resource document, curriculum, recommendations on policy]
3) Identification of the key resources needed to develop/implement the product (e.g. key components, administrative expertise, funding)
4) A specific plan for development and implementation of the work product. (i.e., tasks to be performed, assignment of responsibility for tasks, coordination of tasks with a defined completion timeline)
5) Plan to execute and monitor and evaluate

Council on Medical Education and Lifelong Learning – Submitted January 2017
2017

ISSUE:	**National organizations seek input from APA on issues in psychiatric education at all levels**
Work Product:	Provide consultation and opinion to form an APA response, position, or recommendation regarding national issues in medical education, residency training, continuing medical education, certification and maintenance of certification
Brief Background/Rationale for the work product:	Council represents the membership on issues of psychiatry education.
Required resources:	meetings, phone calls, administrative assistance
Responsible Entities:	Council, Director of Education, Director of CME/administrative assistance
Tasks:	Council is following Congress bill HR 6333: to amend title 18 of the Social Security Act with respect to the accreditation of osteopathic residency training programs for purposes of GME payments under the Medicare program. The bill would name additional accreditors beyond ACGME.
Timeline for Completion:	
ISSUE:	**Maintain critical alliances in psychiatric education: AADPRT, ADMSEP, AAP, ABPN and AACDP**
Work Product:	Discuss common concerns and join forces.
Brief Background/Rationale for the work product:	The Council is a convening body for allied educational organizations, including AADPRT, ADMSEP, AAP, ABPN and AACDP.
Required resources:	Meetings, phone calls, administrative work

COUNCIL ON MEDICAL EDUCATION AND LIFELONG LEARNING WORK PLAN TEMPLATE

Template for Current and Future Tasks

Responsible Entities:	Council, Director of Education
Tasks:	Report on current activities; bring information to the council
Timeline for Completion:	
ISSUE:	**Provide high level oversight and input regarding the CME program and the Joint Sponsorship program.**
Work Product:	Review and provide general oversight of the APA CME program. Review the CME mission; review data regarding the effectiveness of the overall CME program; advise the program. Provide oversight/consultation to the Joint Sponsorship program; Review the newly established ACCME criteria for providing continuing medical education and provide input on APA's CME mission, meeting the new ACCME criteria, and aligning with ACCME priorities.
Brief Background/Rationale for the work product:	In May 2009, CMELL subsumed the charge of the former Committee on CME/Lifelong Learning.
Required resources:	Meetings, phone calls, administrative
Responsible Entities:	Council, Director of Education, Director of CME/administrative
Tasks	Council reviews materials provided by Division of Education; Council discusses and provides input
Timeline for Completion:	Ongoing
ISSUE:	**Projects: Psychiatry Education**
Work Product:	Three active projects were established following the 2016 CMELL Education Summit 1. Teaching and receiving feedback - survey the training community to determine best-practices and preferences for self-directed learning and feedback 2. Personal Learning Project (PLP) Tool based on the Canadian PLP APP: develop an accredited personal learning project activity that relates directly to a problem in practice, in administration, in research. 3. Survey the Membership – learn more about Member cohorts' interests, perceptions and needs related to self-assessment and motivation for learning.
Brief Background/Rationale for the work product:	Education Summit on Assessment led to three projects
Required resources:	Administrative, phone calls, list serve, access to survey instrument, CME, integration with APA LMS, APP development
Responsible Entities:	Council members, Council Chair, Education Director, Director CME

COUNCIL ON MEDICAL EDUCATION AND LIFELONG LEARNING WORK PLAN TEMPLATE

Template for Current and Future Tasks

Tasks:	Define projects, define goals, review need and data and expected result, develop product, assess result
Timeline for Completion:	2017
ISSUE:	**Addiction Education: A gap in resources available to training programs has been identified**
Work Product:	National Substance Abuse Curriculum Curation and Dissemination
Brief Background/Rationale for the work product:	Supported by NIDA, Council on Addiction Psychiatry and CMELL have been working to identify, evaluate, and make widely available open source resources for a curriculum on substance use disorders that can be used to guide and augment the didactic curriculum of general psychiatry residency training programs in accordance with ACGME program requirements.
Required resources:	Grant support
Responsible Entities:	Council members
Tasks:	Review identified resources
Timeline for Completion:	2017
ISSUE:	**Assembly Actions**
Work Product:	Opinion, reports back to Governance groups
Brief Background/Rationale for the work product:	Assembly Actions are referred to the Council
Required resources:	Meeting, phone calls, administrative
Responsible Entities:	Council, administrative
Tasks:	The Joint Reference Committee referred the action paper Performance in Practice Certification by the American Psychiatric Association (ASMMAY1612.A) to the Council on Medical Education and Lifelong Learning.
Timeline for Completion:	Report update in January 2017 after final MACRA ruling

COUNCIL ON MEDICAL EDUCATION AND LIFELONG LEARNING WORK PLAN TEMPLATE

Template for Current and Future Tasks

ISSUE:	**Yearly APA awards to recognize excellence in medical education.**
Work Product:	• Irma Bland Award for Excellence in Teaching Psychiatry Residents • Nancy C.A. Roeske, M.D., Certificate of Recognition for Excellence in Medical Student Education • Vestermark Psychiatry Educator Award
Brief Background/Rationale for the work product:	The operations manual includes established education awards
Required resources:	Administrative; meet during Annual Meeting to review
Responsible Entities:	Coordinator of CME/administrative; council
Tasks:	Review nominations
Timeline for Completion:	Yearly by May meeting of council

2016

ISSUE:	**National organizations seek input from APA on issues in psychiatric education at all levels**
Work Product:	Provide consultation and opinion to form an APA response or recommendation regarding national issues in medical education, residency training, continuing medical education, certification and maintenance of certification
Brief Background/Rationale for the work product:	Council represents the membership on issues of psychiatric education.
Required resources:	Meetings, phone calls, administrative
Responsible Entities:	Council, Director of Education, Director of CME/administrative assistance
Tasks:	• American Board of Psychiatry and Neurology requested comments on a proposal that would allow psychiatry residents the option of using their PGY-4 year of training to also fulfill the requirements for ACGME accredited subspecialty fellowship training. • Provided formal organizational feedback regarding changes to ACGME duty hour rules • Accreditation Council for Graduate Medical Education requested formal position on topics related to the ACGME's review of the Common Program Requirements.
Timeline for Completion:	

COUNCIL ON MEDICAL EDUCATION AND LIFELONG LEARNING WORK PLAN TEMPLATE

Template for Current and Future Tasks

ISSUE:	**Maintain critical alliances in psychiatric education: AADPRT, ADMSEP, AAP, ABPN and AACDP**
Work Product:	Discuss common concerns and join forces.
Brief Background/Rationale for the work product:	The Council is a convening body for allied educational organizations, including AADPRT, ADMSEP, AAP, ABPN and AACDP.
Required resources:	Meetings, phone calls, administrative work
Responsible Entities:	Council, Director of Education
Tasks:	Report on current activities; bring information to the council
Timeline for Completion:	Ongoing
ISSUE:	**Provide high level oversight and input regarding the APA CME program and the Joint Sponsorship program.**
Work Product:	Review and provide general oversight of the APA CME program. Review the CME mission; review data regarding the effectiveness of the overall CME program; advise the program. Provide oversight/consultation to the Joint Sponsorship program
Brief Background/Rationale for the work product:	In May 2009, CMELL subsumed the charge of the former Committee on CME/Lifelong Learning.
Required resources:	Meetings, phone calls, administrative
Responsible Entities:	Council, Director of Education, Director of CME/administrative
Tasks	• Council reviews materials provided by Division of Education; Council discusses and advises • Recommended updates to the CME mission statement to align more closely with APA's current goals
Timeline for Completion:	Ongoing
ISSUE:	**Education Summit -Self-Assessment in Psychiatry: national education issue of assessment and self-assessment at all levels of psychiatry education**
Work Product:	CMELL Education Summit on Assessment; work products that are derived from the Summit

COUNCIL ON MEDICAL EDUCATION AND LIFELONG LEARNING WORK PLAN TEMPLATE

Template for Current and Future Tasks

Brief Background/Rationale for the work product:	Convene education leaders, Council and guests, to discuss important topic in psychiatric education. Canadian Royal College leaders in medical education have studied assessment and self-assessment and can help educators move forward by sharing knowledge and ideas
Required resources:	Meeting room, speaker funding, administrative
Responsible Entities:	Council, Director of Education, Director of CME/administrative
Tasks:	Identify topic and objectives, confirm speaker, hold during component meetings, next steps – council projects
Timeline for Completion:	Fall 2016
ISSUE:	**Addiction Education: A gap in resources available to training programs has been identified**
Work Product:	National Substance Abuse Curriculum Curation and Dissemination
Brief Background/Rationale for the work product:	Supported by NIDA, Council on Addiction Psychiatry and CMELL have been working to identify, evaluate, and make widely available open source resources for a curriculum on substance use disorders that can be used to guide and augment the didactic curriculum of general psychiatry residency training programs in accordance with ACGME program requirements.
Required resources:	Grant support
Responsible Entities:	Council members
Tasks:	Identify resources, review resources
Timeline for Completion:	2017
ISSUE:	**Assembly Actions**
Work Product:	Opinion, reports back to Governance groups
Brief Background/Rationale for the work product:	Assembly Actions are referred to the Council
Required resources:	Meeting, phone calls administrative
Responsible Entities:	

COUNCIL ON MEDICAL EDUCATION AND LIFELONG LEARNING WORK PLAN TEMPLATE

Template for Current and Future Tasks

Tasks:	Action paper - 2016A1 12.A Assembly May 13-15, 2016: Performance in Practice Certification by the American Psychiatric Association. Description: The Joint Reference Committee referred this action paper (ASMMAY1612.A) to the Council on Medical Education and Lifelong Learning and requested a report to the JRC in October 2016.
ISSUE:	**Yearly APA awards to recognize excellence in medical education. The Council is named as a reviewer of the award honorees**
Work Product:	• Irma Bland Award for Excellence in Teaching Psychiatry Residents • Nancy C.A. Roeske, M.D., Certificate of Recognition for Excellence in Medical Student Education • Vestermark Psychiatry Educator Award
Brief Background/Rationale for the work product:	The operations manual includes established education awards
Required resources:	Administrative; meet during Annual Meeting to review
Responsible Entities:	Coordinator of CME/administrative; Council
Tasks:	Review nominations
Timeline for Completion:	Yearly by May meeting of council

2015

ISSUE:	**National Organizations Seek input from APA on issues in psychiatric education at all levels**
Work Product:	Provide consultation and opinion to form an APA response or recommendation regarding national issues in medical education, residency training, continuing medical education, certification and maintenance of certification
Brief Background/Rationale for the work product:	Council along with Director of Education represents the membership on issues of psychiatric education.
Required resources:	Meetings, phone calls, administrative
Responsible Entities:	Council, Director of Education, Director of CME/administrative assistance
Tasks:	• CMELL discussed and voted to support ABPN's current policy of requiring MOC certification in general psychiatry for subspecialists

COUNCIL ON MEDICAL EDUCATION AND LIFELONG LEARNING WORK PLAN TEMPLATE

Template for Current and Future Tasks

	• The Council continues to monitor the following GME issues: combined residencies, and "fast tracking" into addiction psychiatry, psychosomatic medicine, and geriatric psychiatry fellowships. • The Council provided input for the APA response to the House Energy and Commerce Committee request for stakeholder comments concerning the IOM's GME report, funding of the GME system, and the future of GME in general.
Timeline for Completion:	
ISSUE:	**The Council advised on governance actions, and ABPN policy. The council discussed and weighed in on actions related to education that came through the membership.**
Work Product:	Provide consultation to JRC or Assembly regarding Assembly actions related to education
Brief Background/Rationale for the work product:	Council is identified as best positioned to provide input on Education related matters
Required resources:	Meetings, phone calls, administrative
Responsible Entities:	Council, Director of Education, administrative
Tasks:	2015 Assembly Actions referred to the Council • Strengthening the role of residency training to improve access to buprenorphine • Create a foundation for loan repayment for those willing to work in under-served areas • Addressing the shortage of psychiatrists • Fostering the next generation of leaders • Promoting military cultural knowledge • Parity in permanent licensure policy • Partial hospital training in psychiatry residency • Psychiatric education with respect to patients at risk of violent behavior. • Addressing the impact of environmental toxins on neurodevelopment and behavior
Timeline for Completion:	
ISSUE:	**Maintain critical alliances in psychiatric education: AADPRT, ADMSEP, AAP, ABPN and AACDP**
Work Product:	Discuss common concerns and join forces.
Brief Background/Rationale for the work product:	The Council is a convening body for allied educational organizations, including AADPRT, ADMSEP, AAP, ABPN AACDP, and Psychsign.

COUNCIL ON MEDICAL EDUCATION AND LIFELONG LEARNING WORK PLAN TEMPLATE

Template for Current and Future Tasks

Required resources:	Meetings, phone calls, administrative work
Responsible Entities:	Council, Director of Education
Tasks:	Report on current activities; bring information to the council
Timeline for Completion:	
ISSUE:	**Advance education and training of psychiatrists for new roles in integration with primary care.**
Work Product:	• A white paper developed as a Resource Document on integrated care education entitled "Training Psychiatrists for Integrated Behavioral Health Care". • Publication in Academic Psychiatry of a synopsis of the Council on Medical Education white paper: Summers RF. Integrated Behavioral Health Care and Psychiatric Training. Acad Psychiatry. 2015 Aug;39(4):425-9. doi: 10.1007/s40596-015-0326-9. • Liaison relationships with AADPRT and ADMSEP to conduct an environmental scan of integrated care education in medical student and resident education. This environmental scan was included in the white paper and reported on how (or whether) medical schools and psychiatry residency programs are making clinical experience in integrated care a part of the curriculum and what current best practices for education in this area. • A series of webinars were held with topic experts, including Drs. Lori Raney, Howard Goldman, Jürgen Unützer, and Anna Ratzliff, to educate and inform the Council members on integrated care education.
Brief Background/Rationale for the work product:	APA initiative to contribute to blending behavioral health services with general and/or specialty medical services.
Required resources:	White paper written by Council, phone calls
Responsible Entities:	Council chair, council members, APA staff
Tasks:	Research, development of document
Timeline for Completion:	2015
ISSUE:	**2015 APA Education Summit - Focus on Faculty Development**

COUNCIL ON MEDICAL EDUCATION AND LIFELONG LEARNING WORK PLAN TEMPLATE

Template for Current and Future Tasks

Work Product:	Meeting of Council and guests to discuss improving the health of the public through excellence in education of physicians — ensuring that educators are supported through a strong educational infrastructure, and valued through academic promotion and recognition
Brief Background/Rationale for the work product:	The BOT Workgroup on Education and Training asked the APA to act as a convener of those involved in psychiatric medical education. The council considered aims and helped to identify topics for a meeting held in Fall 2015. How can the council support faculty development? faculty development is of critical importance to the educator community and the education of the field
Required resources:	One day meeting
Responsible Entities:	Council, Director of Education
Tasks:	Plan, Invite, Facilitate, Evaluate
Timeline for Completion:	Fall 2015
ISSUE:	**Advise the CME program**
Work Product:	Review elements of the APA CME program including the mission, needs assessment, data on effectiveness, ideas for improvement
Brief Background/Rationale for the work product:	Council assumed the duties of the former Committee on CME
Required resources:	Meetings, phone calls, administrative assistance
Responsible Entities:	Council chair, council, Division of Education
Tasks:	Review and discuss elements of the APA CME program and Joint Sponsorship program; advise
Timeline for Completion:	Ongoing
ISSUE:	**Yearly APA awards to recognize excellence in medical education.**
Work Product:	• Irma Bland Award for Excellence in Teaching Psychiatry Residents • Nancy C.A. Roeske, M.D., Certificate of Recognition for Excellence in Medical Student Education • Vestermark Psychiatry Educator Award
Brief Background/Rationale for the work product:	The operations manual includes established education awards

COUNCIL ON MEDICAL EDUCATION AND LIFELONG LEARNING WORK PLAN TEMPLATE

Template for Current and Future Tasks

Required resources:	Administrative
Responsible Entities:	Coordinator of CME/administrative; council
Tasks:	Review nominations
Timeline for Completion:	Yearly by Fall meeting of council

Item #8.A
Joint Reference Committee
February, 2017

Report of the Council on Addiction Psychiatry

1. Update on Action Paper 2016A2 12.G: Improving The Confidentiality of Prescription Drug Monitoring Programs

Council again reviewed the action paper, which advocates that that Opioid Treatment Programs (OTPs) report dispensed or prescribed methadone and buprenorphine to PDMPs. At the request of the Joint Reference Committee, Council reviewed the paper again and reconsidered the recommendations it previously submitted. After full consideration, the Council reaffirms its original recommendations on this matter.

The Substance Abuse and Mental Health Services Administration issued guidance to OTPs in 2011 indicating that the confidentiality requirements of 42CFR Part 2 limit OTPs to accessing PDMP information; they are not permitted to report information to it. Similar guidance was provided to OTPs by the American Association for the Treatment of Opioid Dependence (AATOD).

The Council has had additional discussions with APA's Division of Government Relations as well as the AATOD President. The Joint Commission standards for opioid treatment programs were also reviewed.

It believes that current accreditation standards for OTPs appropriately call for patients to receive education and training on potential drug interactions. It also believes that no further modifications to 42CFR be sought.

Note: Revised regulations on 42CFR Part 2 were released by SAMHSA the week of January 16. Though there has been insufficient time to complete an in-depth review of them, it does not appear that there is any change that would permit OTPs to report to prescription drug monitoring programs.

2. Information Items:

- A council-sponsored workshop will be presented at the upcoming meeting of the American Association of Directors of Psychiatric Residency Training. ***Enhancing Your Substance Use Disorder Training Through the Development of Personalized Action Plans*** will be a highly interactive session that will focus on identifying strengths and deficits within general residency training programs related to substance use disorders (SUD). Utilizing a Council-prepared resource document, participants will complete an inventory as to how their programs are addressing the recommended competencies within the resource document and create a personalized action plan.

- A workgroup of the council continues to make progress on reviewing and scoring open-source curriculum on SUDs. The resources will be organized in educational toolkits that will be made available to general residency programs. This project is funded by the National Institute on Drug Abuse.

- Council will continue to remain in frequent communication with the Division of Government Relations as new Administration appointees assume their roles. Efforts will be made to meet with key officials to discuss key policy issues and advocate that drug policies maintain the current emphasis on prevention and treatment.

COUNCIL ON ADVOCACY AND GOVERNMENT RELATIONS

EXECUTIVE SUMMARY:
The Council on Advocacy and Government Relations (CAGR) held three conference calls from October throughout December 2016. The Council continues to serve as APA's principle coordinating component for all legislative and regulatory activities involving the federal and state governments.

Specifically, the Council has provided recommendations and counsel to APA's Department of Government Relations on several key areas:

- Mental health reform package incorporated into the 21st Century Cures Act
- Repealing and replacing the Affordable Care Act
- State battles related to prescribing privileges
- State implementation of mental health parity
- APA membership Advocacy Training Tools
- APAPAC Congressional Advocacy Network Initiative

The approved minutes from the three conference calls are attached **(Attachment #1, #2, #3)**

The Council brings the following Information Item to the Joint Reference Committee:

1. **JRC REFERRAL: POSITION STATEMENT ON HOSPITAL PRIVILEGES FOR PSYCHOLOGISTS**
   The Council on Advocacy and Government Relations reviewed the Position Statement on *Hospital Privileges for Psychologists* as directed by the JRC. In September, the Council agreed the intent of the Position Statement is still applicable to the organization's policy. Members selected to modify the language to encompass current issues surrounding prescribing privileges of non-physician practitioners. Through unanimous consent, the Council recommended the Position Statement be revised. Members are in the process of amending the language and will forward, when ready, an updated draft to the JRC.

Attachment #1

Council on Advocacy and Government Relations
Conference Call
October 19, 2016
Meeting Minutes

Members Present:

Debra A. Pinals, M.D. – *Chair*
David R. Diaz, M.D. – *Vice Chair*
John Bailey, D.O.
Jenny L. Boyer, M.D.
Napoleon B. Higgins, M.D.
Steve Koh, M.D.
David A. Lowenthal, M.D.
Matthew Erlich, M.D.
Cassandra F. Newkirk, M.D., P.C.
Katherine G. Kennedy, M.D.
Frank G. Dowling, M.D. – *Consultant*
Dakota Carter, M.D., - *APA/SAMHSA Fellow*
Morgan Medlock, M.D. - *APA/Leadership Fellow*
Laura Willing, M.D. - *Spurlock Congressional Fellow*
Rachel Talley, M.D. - *APA Public Psychiatry Fellow*
Mary Zeng, M.D. - *APA Public Psychiatry Fellow*

Members Absent:

Steve Koh, M.D.
Jessica Lynn Thackaberry, M.D.
Craig Zarling, M.D
Wilsa Charles Malveaux, M.D. – *Consultant*
Bem Atim, M.D. - *APA/SAMHSA Fellow*
Jacob Izenberg, M.D. - *APA Public Psychiatry Fellow*
Nicole Wimberger, M.D. - *Public Psychiatry Fellow*
Natalie Ramirez, M.D. - *Diversity Leadership Fellow*
Onyinye Ugorji. M.D. - *APA Public Psychiatry Fellow*

WELCOME, INTRODUCTIONS & REVIEW OF CALL AGENDA

Council Chair Debra Pinals welcomed the Council and provided an overview of the agenda for the conference call. Followed by Council roll call.

UPDATES FROM DEPARTMENT OF GOVERNMENT RELATIONS ADMINISTRATION

Federal Activity

Federal Affairs Director Jeff Regan provided an update on the status of the presidential race and reviewed the latest polls 20 days out from Election Day. He also noted the high probability of the US House remaining in Republican control while the US Senate is a tossup. Mr. Regan described what the lame duck session of Congress might focus on when it returns after the election. Two items are specific to healthcare: (1) the 21st Century Cures legislation and (2) mental health reform legislation in the US Senate. On mental health reform, APA will be leading another grassroots engagement effort with Congress to pass this legislation in November alongside stakeholders. If Congress does not act on reform this year, prospects next year are murky as the bills must be freshly reintroduced. Next year's healthcare agenda for Congress is filling up with the Children's Health Insurance Program reauthorization as well as prescription drug user fee reauthorizations. Dr. Pinals asked how the election might impact Dr. Everett's position as SAMHSA CMO. Mr. Regan noted her position is not a presidential appointment and is safe.

State Activity

State Affairs Director Brian Smith overviewed two priority issues in the states on psychologist prescribing: Ohio and New Jersey. In the former, we are still unsure of the bill's prospects and will know more by the end of the year. In the latter, we are currently in the process of figuring out what's next as we get closer to the end of session. The essential point is both bills are still in limbo but we are monitoring. On the

regulatory side, the Illinois final regulations implementing the 2014 prescribing bill are expected any day now. In addition, Iowa's dual board certification process for that prescribing bill is underway and we are positioned to influence. In 2017, we are still looking at 17 states where legislative action could occur on prescriptive authority for psychologists. We are actively discussing alternatives to these bills including collaborative care. Dr. Zarling asked about the status of Idaho. Mr. Smith replied that they have had the first initial meeting on prescriptive authority and to push alternatives. The district branch will be applying for another CALF grant to help with 2017 efforts. Mr. Smith also mentioned New Mexico as there is an effort there by the psychologists to weaken the current education standards. The state's medical society was recently awarded an AMA scope of practice grant to help combat. Dr. Boyer noted she ran into a non-APA member psychiatrist who has been having trouble with pre-authorization issues as it relates to parity. Mr. Smith noted he would connect with Dr. Boyer to discuss as it is important to identify gaps in parity.

REVIEW OF ACTION ITEMS FROM PRIOR MEETING

Ms. McRae reviewed items from the Council's in-person September Component meeting. The JRC will be holding its quarterly meeting on Saturday and Dr. Pinals will be presenting on behalf of the Council and anticipates a slew of follow-up items. The Assembly will meet at the beginning of November and follow-up items are to be expected for the Council as well. Ms. McRae thanked the Council for their work on the APA Position on a Patient's Bill of Rights; Council on Healthcare Systems and Financing is currently reviewing the Council's latest draft.

ADVOCACY WORK PRODUCT PLANNING

Dr. Pinals overviewed the discussion covering the last couple of months and the division of two groups to work on a 101 and 201 for advocacy training. Council Vice Chair David Diaz will be spearheading the Advocacy 201 effort. In the meantime, Dr. Koh sent around some useful documents that may inform the Council's efforts. Dr. Pinals wondered what the Council thought of the documents. Dr. Medlock agreed these documents are helpful and could get learners excited about advocacy if incorporated. Dr. Pinals asked the fellows on the call whether the items sent by Dr. Koh would be helpful to target residents. Drs. Carter and Willing agreed. Dr. Kennedy did not find the sections on setting up a practice or a transition from training to ECP to be very informative. However, she will be starting an elective at Yale for residents to learn more about advocacy; the ACGME does consider advocacy important and perhaps approaching residency training programs would meet some of their guidelines. Dr. Pinals liked this idea, specifically getting a document or white paper to residency training directors about how different programs have woven advocacy into curriculum. Dr. Kennedy offered to lead that effort. Dr. Willing also voiced interest. A placeholder for the next call was made. Grassroots Manager Adam Lotspike shared an overviewed of some of the modifications to the Advocacy 101 document, including graphic changes and a video segment to lighten it up. The next step is Council feedback. Dr. Pinals noted some Council members volunteered to be part of this effort and looks forward to feedback. A placeholder for the next call was made. With respect to the Advocacy 201, Dr. Diaz noted he discussed with Mr. Gonzalez about the next steps here. Dr. Medlock wondered if the Advocacy 201 should include information on how to communicate with legislators or more specifically, how to run for office yourself if you are interested. The Chair requested a placeholder for the next call.

ADDITIONAL BUSINESS

APAPAC Board Chair Dr. Price noted the PAC is working to reach its yearly goal as it is $20,000 below the goal. The PAC is close to 100% participation with CAGR. Deputy Director of Political Affairs Ashley Mild will send around a link for Council members who are considering a contribution.

It was moved and seconded to adjourn. Next meeting Wednesday, November 16th.

Attachment #2

Council on Advocacy and Government Relations
Conference Call
November 16, 2016
Meeting Minutes

Members Present:

Debra A. Pinals, M.D. – Chair
David R. Diaz, M.D. – Vice Chair
Barry Perlman, M.D.
John Bailey, D.O.
Jenny L. Boyer, M.D.
Napoleon B. Higgins, M.D.
Steve Koh, M.D.
David A. Lowenthal, M.D.
Altha J. Stewart, M.D.
Jessica Lynn Thackaberry, M.D.
Craig Frederic Zarling, M.D
Frank G. Dowling, M.D. – *Consultant*
Wilsa Charles Malveaux, M.D. – *Consultant*
Morgan Medlock, M.D. - *APA/Leadership Fellow*
Laura Willing, M.D. - *Spurlock Congressional Fellow*
Rachel Talley, M.D. - *APA Public Psychiatry Fellow*
Mary Zeng, M.D. - *APA Public Psychiatry Fellow*

Members Absent:

Matthew Erlich, M.D.
Cassandra F. Newkirk, M.D., P.C.
Katherine Gershman Kennedy, M.D.
Bem Atim, M.D. - *APA/SAMHSA Fellow*
Jacob Izenberg, M.D. - *APA Public Psychiatry Fellow*
Nicole Wimberger, M.D. - *Public Psychiatry Fellow*
Natalie Ramirez, M.D. - *Diversity Leadership Fellow*
Onyinye Ugorji. M.D. - *APA Public Psychiatry Fellow*
Dakota Carter, M.D., *APA/SAMHSA Fellow*

WELCOME, INTRODUCTIONS & REVIEW OF CALL AGENDA

Council Chair Debra Pinals welcomed the Council and provided an overview of the agenda for the conference call. Followed by Council roll call.

UPDATES FROM DEPARTMENT OF GOVERNMENT RELATIONS ADMINISTRATION

Introduction of New DGR Staff

Chief of the Department, Ariel Gonzalez reported that the Government Affairs Department has hired two new team members. Kaileen Dougherty will be joining the Department as part of the federal affairs team to learn the tools of the trade, attend hearings and briefings, and begin to build relationships on Capitol Hill. KJ Hertz will also be joining the federal affairs team as a senior lobbyist. Mr. Hertz brings a policy background in Medicaid and is coming from AARP. He will begin with APA in two weeks. Mr. Gonzalez also noted that the Department is looking to hire a Manager of State Affairs who will work alongside Brain Smith and with the State Regional Directors. Mr. Gonzalez reviewed the organizational structure of the Department and assured Council members he will share an updated org chart following the end of the call. He noted with the two new additional hires, the Department will be able to divide up the lobbying issue areas with a fully formed federal team.

Federal Legislative / Post-election Activity

Federal Affairs Director Jeff Regan noted it has been 8 days since the election and President-elect Trump is in the process of organizing his transition team and will be naming key staff soon. Mr. Gonzalez has been in touch with the Trump transition team and expects to have a meeting with some of them in the next couple of weeks to present APA as a resource. Dr. Price asked whether APA member Dr. John Wernert of Indiana would be involved in these conversations. Mr. Gonzalez shared with the Council that

Dr. Wernert has been already reached out to Vice President-Elect Mike Pence and his team. Dr. Perlman asked what could happen to Dr. Annette Everett in her current role as CMO at SAMHSA. Mr. Regan replied that the CMO position had been vacant for some time, but there is no guarantee her position will remain under the new administration. The election resulted in the Republican Party retaining both the House and Senate in Congress. Soon after, Congressman Paul Ryan was unanimously chosen as Speaker of the House. During lame duck, the expectation is the 21st Century Cures Act will be considered. Even better news is the conversation surrounding possible inclusion of a mental health reform package. APA is currently engaged in a grassroots campaign via social media and will be tallying the numbers at the end of this week. Staff are also engaged on the Hill. Mr. Regan detailed the APA Administration from the DGR, Practice Management, and Parity Enforcement will be reassessing the Affordable Care Act and reviewing some of the Republican healthcare proposals in the coming days; evaluating what provisions we would need to advocate for/against in anticipation a repeal and replace activity.

State Legislative Activity

Mr. Smith noted that there is a mental health parity effort underway which entails reaching out to some district branches that have received grant dollars as a result of the White House Parity Task Force Report. Scope of practice remains a top priority for the State team. We anticipate roughly 17 to 19 states could potentially introduce psychologist prescribing bills during the 2017 legislative session. Angela Gochenaur, Northeast Regional Director, spoke about New Jersey's recent scope battle and the psychologist prescriptive authority bill. Amanda Chesley, Midwest Regional Director, spoke about the Ohio psychologist prescriptive bill. Dr. Pinals suggested the State team make the APA scope of practice toolkit and other resources made available and placed on the Council agenda on a future call.

APAPAC Update

Dr. Price informed the members that the Council is now at 100% participation toward the PAC.

WORK PRODUCT DEVELOPMENT REPORT OUT

Dr. Pinals briefly updated the Council on the status of Advocacy 101 and 201 deliverables. As part of the training tool, the Council asked staff to inquire about how to earn CME credit for participants. Ms. McRae shared with the Council, that she recently met with APA's Department of Education. The Education staff will assist in developing the two work products. The final product will allow participants to earn 1 credit CME. Dr. Pinals noted that the Advocacy 101 workgroup will need to come together to offer further refinements as next steps. Dr. Diaz provided an update from the Advocacy 201 workgroup. One member shared their concern in developing an Advocacy 201, including how the product will be defined, differentiating between Advocacy 101 and 201, and where to begin after the 101. The workgroup agreed the 201 product could focus on longer term relationships with legislators, and perhaps extend to offering templates that individuals could fill in about their local, state, and federal representatives.

COUNCIL DISCUSSION: *Erectile Medication Inclusion in Medicare Formulary*

Considering the time, Dr. Pinals asked if the Council would move to place this item atop of the agenda for next month's call. A supporter of the action paper, Dr. Perlman has no issue waiting until next month to discuss.

ADDITIONAL BUSINESS

There was no additional business to be discussed, due to the time constraint.

It was moved and seconded to adjourn. The Council's next conference call is scheduled for December 21st.

Attachment #3

Council on Advocacy and Government Relations
Conference Call
December 21, 2016
Meeting Minutes

Members Present

Debra A. Pinals, M.D. – *Chair*
David R. Diaz, M.D. – *Vice Chair*
Barry Perlman, M.D.
John Bailey, D.O.
Jenny L. Boyer, M.D.
Napoleon B. Higgins, M.D.
Steve Koh, M.D.
Altha J. Stewart, M.D.
Craig Frederic Zarling, M.D
Frank G. Dowling, M.D. - *Consultant*
Wilsa Charles Malveaux, M.D. – *Consultant*
Laura Willing, M.D. - *Spurlock Congressional Fellow*
Natalie Ramirez, M.D. - *Diversity Leadership Fellow*
Rachel Talley, M.D. - *APA Public Psychiatry Fellow*
Mary Zeng, M.D. - *APA Public Psychiatry Fellow*
Onyinye Ugorji. M.D. - *APA Public Psychiatry Fellow*

Members Absent

Katherine Gershman Kennedy, M.D.
David A. Lowenthal, M.D.
Cassandra F. Newkirk, M.D., P.C.
Jessica Lynn Thackaberry, M.D.
Jacob Izenberg, M.D. - *APA Public Psychiatry Fellow*
Bem Atim, M.D. - *SAMHSA Fellow*
Nicole Wimberger, M.D. - *Public Psychiatry Fellow*
Dakota Carter, M.D. - *APA/SAMHSA Fellow*
Morgan Medlock, M.D. - *APA/Leadership Fellow*

WELCOME, INTRODUCTIONS & REVIEW OF CALL AGENDA

Council Chair Debra Pinals welcomed the Council and provided an overview of the agenda for the conference call. Followed by Council roll call.

COUNCIL DISCUSSION: Advocacy Update on *Erectile Medication Inclusion in the Medicare Formulary*

The Council discussed several options in promoting the issue:

a) Working with the field of geriatric psychiatry
b) Developing a one-pager on this issue and the evidence
c) Develop education materials to be shared on the Hill and to federal agencies

Dr. Zarling noted this was a combined comorbidity, and this is a common issue that APA could have the entire House of Medicine advocate for. Mr. Gonzalez welcomes a conversation with Dr. Perlman on this topic to further discuss and strategize. Dr. Perlman will put some points together and share. Dr. Stewart added this is a good idea to include cost measures and cost analysis on this issue.

UPDATES FROM DEPARTMENT OF GOVERNMENT RELATIONS ADMINISTRATION

Federal Legislative Activity

DGR Chief Ariel Gonzalez shared an overview of the passage of 21st Century Cures and some of the grassroots activities conducted. He thanked the Council for their leadership. Federal Affairs Director Jeff Regan added that APA Spurlock Fellow Dr. Laura Willing has helped open the path toward moving the legislation forward from her work with Senator Chris Murphy. Mr. Gonzalez noted that APA President Dr. Maria Oquendo was present for the signing on the legislation at the White House. But there is more work to do especially on implementation - looking at the appointment of a new ASMH and beginning stages of

Trump transition team conversation and put policies objectives in front of them. An effort is currently underway on ACA strategy.

State Legislative Activity

State Affairs Director Brian Smith thanked the regional team for their work this year. He shared with the members, Ohio and New Jersey will not be introducing scope bills before the close of the 2016 session. However, Texas remains to be seen; and Florida is a bit difficult to predict. He anticipates the State team will begin to see more scope bills in the coming 3-6 weeks as some legislatures convene the new session. He also noted, Texas has introduced a duty to warn bill. APA has already spoken with the contract lobbyist, and do not see this bill as a threat. Mr. Smith maintained the State team will continue to monitor the bill and any further activity. In addition, he reminded the Council to vote on approving the three requests for CALF grants. Dr. Perlman noted APA has long supported a woman's right to choose and reproductive healthcare for women. Mr. Smith disclosed that this is something APA CEO/MDO Dr. Saul Levin has raised as an issue we should track and consider as these bills are introduced. Dr. Perlman retorted that this is an important issue as we anticipate it will be a difficult legislative time next year. Mr. Gonzalez added that Dr. Levin is speaking with his counterparts at other medical specialty organizations. Dr. Altha Stewart agreed that this may be an issue to raise to APA's Board. Dr. Perlman asked that his concern be reflected in the minutes.

Mr. Gonzalez took a moment to introduce KJ Hertz, who joined APA at the beginning of the month, as Director of Federal Relations. He reminded the Council that they have an updated organization chart of the department that was attached in the conference call announcement.

CONGRESSIONAL ADVOCACY NETWORK (CAN): Openings for Federal Advocacy Coordinators

APAPAC Board Director Dr. Charles Price referenced the document shared with the Council prior to the call. The document shows several openings—i.e., Oregon, Massachusetts, and Michigan—for APA members to volunteer as federal coordinators for CAN. He asked for the Council to review and either volunteer themselves or identify an APA who would make a good coordinator. And he directed the members to speak with Adam Lotspike if they had any questions.

CAGR WORK GROUP REPORTS

Report on Advocacy 101

Assoc. Director Deana McRae provided an abbreviated update following a meeting with APA's Education Department as to the process in applying for CME credit. Council Chair Dr. Debra Pinals reiterated the Advocacy 101 work product is a basic overview about the Department, the Council, and how advocacy works.

Plan for Advocacy 201

Council Vice-Chair Dr. David Diaz provided an update following the work group's conference call last month. The work group decided to being work following the completion of the Advocacy 101 product, allowing for fluidity between topic areas

Advocacy White Paper Draft

Dr. Mary Zeng provided an update, in which, she and Dr. Kennedy have spoken by phone about some other advocacy programs around the country. Dr. Kennedy is gathering more information and anticipates she will have a draft by February or March. Dr. Kennedy is interested in whether Council members would be willing to share names of program directors who could provide some insight. ***Dr. Kennedy was unable to participate on the call.*

JACOB JAVITS AWARDEES

The Council selected to table the discussion of the Jacob Javits Award until a later date.

UPDATES OF APA DOCUMENTS: Position Statements

Bill of Rights

To ensure transparency, we wanted to keep the Council abreast of the progress on items we have worked or commented on for the JRC. The APA Position Statement on the Bill of Rights, moved through the Council earlier this year has been forwarded to the Council on Healthcare Systems and Financing for review. CHSF members seemed pleased with the document providing some minor modifications. CHSF is the primary council and will be submitting the document to the JRC. Ms. McRae has asked their council staff liaison to share the final product before moving for approval.

Hospital Privileges for Psychologists

Per the vote during the September Component Meeting, the Council is responsible to revise the APA Position Statement on Hospital Privileges for Psychologists. Due to the minimum rewording, Council Chair Pinals suggested the Council can share feedback via email.

APA ANNUAL MEETING IN SAN DIEGO, CA

Dr. Pinals noted the Council will be meeting on Tuesday, May 23rd 1:00 PM – 5:00 PM during the Annual Meeting. The date and time for component workshop is still pending, and will be shared with the Council as soon as it has been made available.

ADDITIONAL BUSINESS

Dr. Perlman raised the issue of the black box warning. He noted that when the black box was introduced there was a drop in the antidepressant prescribing. Dr. Perlman questioned if there should be some cross-connection with child and adolescent psychiatry to remove the warnings on these medicines. Dr. Higgins volunteered to reach out to AACAP as a follow-up, to learn their position on the issue. Council members agreed this is an important issue to investigate.

It was moved and seconded to adjourn. The Council's next conference call is scheduled for January 18th.

Item 8.C
Joint Reference Committee
February 2016

EXECUTIVE SUMMARY

Council on Children, Adolescents, and Their Families

Council Overview

The work of the Council is directed toward maximizing the effectiveness of APA in addressing the mental health needs of children, adolescents, and their families. Its charge is primarily carried out through APA meetings workshops, position statements, and collaborations with allied children and adolescents organizations.

The Council met via conference call on Wednesday, November 30th 2016 and Wednesday, January 18th, 2017. Stemming from the meetings is the following action item.

JRC Referrals

N/A

Action Item

Will the Joint Reference Committee recommend that the Board of Trustees vote to approve the Position Statement on Risks of Adolescents' Online Behavior? See attachment 5

Information Items

1. The Council continues to assess and revise existing APA position statements related to children and adolescents.
2. The Council is cross collaborating with various councils on issues that overlap with the Council's work and primary charge. The Council continues to work with the Council on Psychiatry and Law, Council on Communications, Council on Minority Mental Health and Health Disparities and the Council on International Psychiatry. The Council plans to work with the Council on Addictions as they explore ways in which to address new drugs of abuse.

Attachments

1. November 2016 Agenda
2. November 2016 Minutes
3. January 2017 Agenda
4. January 2017 Minutes
5. Online Activity Position Statement

AGENDA

Council on Children, Adolescents and Their Families
Wednesday, November 30, 2016
7:00 p.m. – 8:00 p.m. EST
Conference Call – Various Locations

Welcome and Approval of September Minutes	J.Penn
Online Activity/Cyber Bullying	C. Costello/S. Krishna
Violence Position Statement	K. Gordon
New Drugs of Abuse	J. Penn
AOB	Council
Closing Remarks	J.Penn

MINUTES

Council on Children, Adolescents, and Their Families

Wednesday, November 30, 2016

7:00 p.m. – 8:00 p.m. EST

Conference Call – Various Locations

Present:

- Joseph Penn, M.D. (Chair)
- Toi Blakley Harris, M.D.
- Steven Adelsheim, M.D.
- Colby Chapman, M.D.
- Caitlin Costello, M.D.
- Carlos Fernandez, M.D.
- Swathi Krishna, M.D.
- Qortni Lang, M.D.
- Ferdnand Osuagwu, M.D.
- Karen Pierce, M.D.
- Lorena Reyna, M.D.
- John Sargent, M.D.
- Gabi Shapiro, M.D.
- Maryanne Schaepper, M.D.
- Ricardo Vela, M.D.

Absent:

- Azeesat Babajide, M.D.
- Kimberly Gordon, M.D.
- Michael Houston, M.D.
- Jean Thomas, M.D.
- Caroline Brozyna, M.D.
- Megan Baker, M.D.
- Cindy Vargas Cruz, M.D.
- Eraka Bath, M.D.
- Anish Dube, M.D.
- Kathleen Myers, M.D.

Welcome and Approval of November Minutes

- J. Penn opened the meeting thanking the Council for their flexibility in changing the date/time of the call.
- The Council approved the November minutes

Reactive Attachment Disorder

The council would like to develop a new position statement

- R. Vela will start a draft, and then tie in the Council
- AACAP just published a practice parameter for the assessment and treatment of children and adolescents with reactive attachment disorder and disinhibited social engagement disorder (link)
- The council does not want to duplicate work, but had the idea of gearing something towards general psychiatrist.
    - R. Vela mentioned that it was relevant to adult psychiatry/incarcerated individuals (morbidity and mortality)

M. Schaepper requested feedback and help on an action paper/position paper.

Online Activity/Cyber Bullying C. Costello/S. Krishna

- Using the communications and media council to propel this forward
- C. Costello requested feedback from the council
    - J. Sargent really liked it and wondered about the need for references as it would add further weight. He also commented that it is okay for the author to site herself.
    - Issue on morbidity and mortality – J. Penn
    - Make it a little more succinct – A. Dube

Violence Position Statement (tabled for next call) K. Gordon

New Drugs of Abuse (Brainstormin) J. Penn

- The Council brainstormed ways to address new drugs like (kush, flakka, etc.).
- J. Penn asked what the Council thought of adding a new member who is an expert.
- K. Pierce suggested reaching out to the committee on substance abuse on possibly cosponsoring a position statement.
- S. Adelsheim recommended Dr. Riggs from Colorado
    - Marijuana
- Do consultants need to be APA members?
- C. Fernandez is interested in collaborating on this topic area as we well as addressing gender dysphoria

AOB Council

- T. Harris – requested to circulate projects, educational projects in order to collaborate further among council members

Closing Remarks J.Penn

AMERICAN PSYCHIATRIC ASSOCIATION

AGENDA

Council on Children, Adolescents and Their Families
Wednesday, January 18, 2017
7:00 p.m. – 8:00 p.m. EST
Conference Call – Various Locations

Welcome and Approval of November Minutes	J.Penn
Council on Minority MH & Health Disparities Collaboration • Bullying of minorities (religious, racial/ethnic, immigrants) in schools • How to talk to children about post-election events	S. Sahlu/J. Moore (guests)
Online Activity Position Paper Update	C. Costello
Violence Position Statement Update	K. Gordon/T. Gibbs
New Drugs of Abuse	C. Fernandez
Closing Remarks	J.Penn

AMERICAN PSYCHIATRIC ASSOCIATION

MINUTES

Council on Children, Adolescents and Their Families
Wednesday, January 18, 2017
7:00 p.m. – 8:00 p.m. EST
Conference Call – Various Locations

Present:

- Joseph V. Penn, M.D. – Chair
- Toi Blakley Harris, M.D. – Vice Chair
- Caitlin Rose Costello, M.D.
- Tresha A. Gibbs, M.D.
- Kimberly A. Gordon, M.D.
- Albert John Sargent, M.D.
- Mary Ann Schaepper, M.D.
- Gabrielle L. Shapiro, M.D.
- Ricardo M. Vela, M.D.
- Caroline De Oleo Brozyna, M.D. – APA/Diversity Leadership Fellow
- Lorena Reyna, M.D. – APA/Diversity Leadership Fellow
- Ferdnand Osuagwu, M.D. – APA/Diversity Leadership Fellow
- Carlos Fernandez, M.D. – APA/SAMHSA Fellow
- Colby Chapman, M.D. – APA/SAMHSA Fellow
- Qortni Lang, M.D. – APA/Child and Adolescent Psychiatry Fellow
- Steven N. Adelsheim, M.D.
- Kathleen Mary Myers, M.D.
- Karen Pierce, M.D.

Absent:

- Azeesat Babajide, M.D.
- Michael Houston, M.D.
- Jean M. Thomas, M.D.
- Megan Elizabeth Baker, M.D. – APA Public Psychiatry Fellow
- Swathi Krishna, M.D. – APA/SAMHSA Fellow
- Maria Jose Lisotto, M.D. – APA/SAMHSA Fellow
- Cindy Vargas Cruz, M.D. – APA/SAMHSA Fellow
- Eraka P. Bath, M.D.
- Anish Ranjan Dube, M.D.

Guests:

- Samra Sahlu, MD (Council on Min. MH)
- Jessica Moore, MD (Council on Min. MH)

Welcome and Approval of November Minutes **J.Penn**

- The Council approved November minutes

Council on Minority MH & Health Disparities Collaboration **J. Moore, S. Sahlu**

- Bullying of minorities (religious, racial/ethnic, immigrants) in schools
- How to talk to children about post-election events

- Guests and members of the Council on Minority MH and Health Disparies, Samra Sahlu, MD and Jessica Moore, MD, joined the call to share their ideas:
    - Toolkits that might be helpful for parents and psychiatrists.
        - S. Sahlu suggested using mixed media files in the toolkit to build further discussion, like clips from the latest episode of *Blackish*
    - K. Gordon commented that she is glad that this conversation is happening and thinks this topic should include hate crimes.
    - The Council talked about end results, short and long term goals
        - Informational/fact sheets, a tangible goal that people can easily access
        - Blog posts that members from both councils contribute to are short and actionable
        - APA Learning Center
    - S. Sahlu noted to keep in mind the different targets when developing products/goals
    - A member recommend looking into AACAP's resources
    - Drs. Kim Gordon, Caroline Brozyna, Ferdnand Osuagwu, Gabrielle Shapiro (reviewer), and Qortni Lang are interested in helping develop ideas and products further.

Online Activity Position Paper Update **C. Costello/S. Krishna**

- C. Costello addressed the status of the paper.
- Council members were impressed with the paper and all were in favor of moving it forward for JRC review.

Violence Position Statement Update **K. Gordon/T. Gibbs**

- Dr. Gordon gave an update on the reasoning to sunset and create a new position. She summarized the key objectives of the statement.
    - Adverse childhood experiences, internalizing behavior, risk factor mitigation
    - Issues of violence in African American communities, and how that can affect young people in their communities/ developmental health
- J. Penn is impressed by the number of kids who have some sort of court involvement, and exposure to violence.
- Fellows are already involved, and T. Harris is interested in as well.
- C. Chapman suggested that the paper address social norms and encourage MH providers to have these types of discussions.
- M. Schaepper added that it should not only encourage psychiatrists but primary physicians too

New Drugs of Abuse **C. Fernandez**

- C. Fernandez stressed that public education was key and welcomed feedback on his power point presentation from the Council.
    - M. Schaepper was impressed with the content and suggested that this be turned into a workshop
    - G. Shapiro suggested that he connect with Jose Vito, MD

- J. Penn suggested connecting with Amer. Acad of Pediatrics and other interested groups
- C. Fernandez proposed creating a “cheat sheet”

Other Business

- G. Shapiro encouraged fellows on the Council to take advantage of the resources and mentorship available on the Council.
- The next call will be on March 15 or 22, 2017 from 7:00PM-8:00PM EST.

Closing Remarks **J.Penn**

APA Position Statement on the Risks of Adolescents' Online Behavior

ISSUE:

In recent years, adolescents have become increasingly invested in social media and online activities. A recent Pew Research Center survey found that 92% of teens reported going online daily, and 24% were online "almost constantly."[1] In addition, 71% of teens reported using more than one social networking site. On social media sites, teens frequently share copious personal information including their full names, photographic likenesses, schools, and locations. Communicating and sharing personal information online exposes adolescents to many risks including cyberbullying, legal consequences from sexting, and exposure to online predators. Additional inadvertent personal and social consequences can be exceptionally distressing such as poorly-thought-out posts being read by unintended people, individual posts "going viral" through unwelcome reposting by others and even private photos being accessible to college admissions officers and other unintended audiences which could impact their plans for the future. Furthermore, the increase in online activity and online bullying has become a looming safety concern in this population. Negative online exposure can have detrimental effects on the physical and mental health of teenagers causing depression, anxiety, increased suicidal thoughts and even reports of completed teen suicide in some cases.

These increases in online activity and social media use have widespread legal ramifications in the adolescent population. Although adolescents under the age of 18 are neither recognized in the law as adults, nor understood in psychiatry to have the fully developed capacity of adults, they easily enter into online contracts to be able to use social media.[2] Teens' legal ability to access social media sites and share their personal information falls under contract law. When any individual clicks "I agree" on the terms of service of a website, that person is entering a legal contract with the website. In these cases, contracts between adolescents and websites are being upheld in courts.[2] Despite laws in many jurisdictions that recognize that teens are incapable of contracting the same way as adults and void their non-online contracts or allow them to be voided, courts are upholding online contracts between teens and online service providers.

In many other legal areas and in adolescent psychiatry, teens are recognized as developmentally immature when compared to adults. The growing body of research demonstrates that, compared to adults, adolescents act more impulsively, overvalue short-term rewards and undervalue long-term consequences, and are more vulnerable to peer pressure. Many laws serve to protect youth from the risks of their immaturity, including prohibiting them from entering contracts, marrying without parental consent, purchasing alcohol and tobacco, and owning firearms. Such protection is not, however, applied to teens' online activity.

Currently children under age 13 have legal protection under a limited federal law, the Children's Online Privacy Protection Act (COPPA), which requires websites to obtain

parental permission before collecting children's information.[3] This law, however, applies only to children under age 13. Adolescents ages 13-17 are free to enter contracts with online service providers and post as much personal information as they wish. Some individual states have enacted laws to try to protect teens from the risks of online posting. For example, California has an "eraser button" law that requires websites to allow users under age 18 to be able to delete their posts.[2] This is an imperfect solution, however. Many people could have read a post and forwarded it to many others, or it could even have gone viral, before the teen deleted it.

With insufficient legal protection for adolescents posting online, the role of protecting teens from the risks of their own immature online decision-making largely falls to parents. According to another recent Pew survey, parents are doing some monitoring of their teens online, but consistent monitoring does not appear to be the norm.[1] Many parents are unaware and/or uneducated about the risks of their children's online activity.

APA POSITION:

It is the position of The American Psychiatric Association to:

1) Encourage psychiatrists to address social media use and its risks in their work with adolescents:
    a. Incorporate an evaluation of adolescents' social media use, and online behaviors as a whole, into their assessment procedures and treatment plans.
    b. Ask families about the social media policy in the home and urge them to agree upon a social media policy that allows for parental monitoring and for communication between parents and teens about how they post.
    c. Encourage their adolescent patients to "pause before you post," discuss with them the risks they can face from posting online, and work with them on problem-solving around their online decision-making
2) Work to educate the public and the health care community about the legal status of adolescents' online participation, the insufficiency of the laws to protect them, and the need for increased monitoring by parents of adolescents' online activities
3) Support further research into adolescents' online risk-taking behaviors, the consequences they are facing of immature online decision-making, and strategies to increase adolescents' thoughtful consideration of their online posting
4) Support legislative efforts to provide increased protection for adolescents posting online

AUTHORS:

Presented by the Council on Children, Adolescents and Their Families

Caitlin R. Costello, M.D.
Swathi Krishna M.D.

REFERENCES

1) Pew Research Center: Teen, Social Media and Technology Overview 2015. April 2015. Available at: http://www.pewinternet.org/files/2015/04/PI_TeensandTech_Update2015_0409151.pdf

2) Costello CR, McNiel DE, Binder RL. Adolescents and Social Media: Issues of Privacy, Brain Development and the Law. Journal of American Academy of Psychiatry and Law.44:313-21,2016

3) Federal trade Commission's Children's Online Privacy Protection Rule (COPPA). Updated 2015. Available at: https://www.ftc.gov/enforcement/rules/rulemaking-regulatory-reform-proceedings/childrens-online-privacy-protection-rule

1/24/2017

Council on Communications Yearly Assessment 2017

The Council on Communications is charged with the following:

Transform public attitudes toward psychiatry by:

- Connecting the public emotionally to psychiatrists
- Creating excitement about psychiatrists' ability to prevent and treat mental illness
- Branding psychiatrists as the mental health and physician specialists with the most knowledge, training, and experience in the field

Top Council Activities in 2016:

- Promotion and Support of the APA Mission: The council remains engaged in exploring new and innovative ways for psychiatrists to use technology and social media to benefit their patients and their practice. Council work in pursuit of this goal largely took on the form of using technology and social media to help promote, or "signal boost," information that could be of interest to both members and the general public.
- Social Media Training for Psychiatrists: Members of the Council are working on a video training webinar that would help psychiatrists use social media responsibly within the bounds of medical ethics. The webinar is intended to help experienced social media users, as well as those who are new to it, and will be available by the summer of 2017. As part of a broader effort to help members with communications, Council members are also completing short videos that answer commonly asked questions from colleagues regarding social media and other communications issues.
- Resident-Fellow Column in Psychiatric News: Resident-fellow members of the Council are collaborating with Psychiatric News staff on a regular column aimed at RFMs and Early Career Psychiatrists. A new column should be published in the coming weeks.

Council Participation:

Attendance at in-person meetings has been good, but achieving full member participation in regular conference calls has been a challenge in 2016. This is largely due to finding a meeting time suitable for members on both coasts that also takes into consideration work demands. To remedy this, we have experimented with different times for our calls, with promising results.

Work Priorities for 2017:

Work priorities for the Council on Communications include the vigorous pursuit of the goals of each of the activities listed above, as well as providing auxiliary consultation and assistance regarding communications to other APA bodies (councils, DBs/SAs) as needed.

Executive Summary

Council on Geriatric Psychiatry

Description of the Council:

The Council supports the APA in its work on behalf of older adults and the psychiatrists who care for them. To this end, the Council develops Position Statements and Resource Documents on important issues in geriatric psychiatry, thereby providing the APA with background information essential for advocacy efforts and interactions with the media. The Council also works collaboratively with other professional groups to develop best practices in geriatric psychiatry, to promote research, and to provide education and training to psychiatrists, other physicians, residents, medical students, and allied mental health professionals.

Information Items:

- The Council convenes regularly by email and conference call.
- The Council is completing a draft position statement on the role of psychiatrists in palliative care.
- The Council is working on a position statement on diagnosing schizophrenia in skilled nursing centers.
- The Council is planning to review existing position statements relevant to geriatric psychiatry to determine if they need to be updated.

Position Statements:

- **Role of Psychiatrists in Palliative Care:** A workgroup consisting of volunteers from the Council on Geriatric Psychiatry and the Council on Psychosomatic Medicine is working on this statement. The draft statement was sent to the Council on Child and Adolescent for their comments. Currently the Council is working on final edits. The statement is expected to be ready for submission to the JRC by 2017 spring.
- **Diagnosing Schizophrenia in Skilled Nursing Centers**: At the request of Kristin Kroeger, the Council reviewed a statement prepared by a number of other organizations on diagnosing schizophrenia in skilled nursing centers. The Council proposed extensive revisions, which were accepted by the other organizations. The Joint Reference Committee referred the draft to the APA President and the CEO/Medical Director to sign onto this statement as it is consistent with current APA Practice Guidelines. The Joint Reference Committee went on to ask the Council to develop a formal position statement on this issue. The Council has begun working on this statement.

Cultural Competency and the Elderly

The Council is developing a guide to the culturally competent care of elderly persons. Many Council members and fellows are engaged in writing chapters. The first draft of the document should be complete during the winter of 2017. The final draft is due for release after the 2017 Annual meeting.

Review old APA Position Statements:

The Council is also planning to review existing position statements relevant to geriatric psychiatry to determine if they need to be updated.

Report of the
Council on Healthcare Systems and Financing
Harsh K. Trivedi, MD, MBA, Chair

Executive Summary

The Council on Healthcare Systems and Financing has focused their efforts on reviewing position statements and responding to action papers presented to the Committee in the past months. Additionally, considering the political transition and focus on health care reform changes within the new administration, the Council will be reviewing and revising their work plan to identify key priorities to ensure that the APA remains a trusted voice on issues of mental health and substance abuse during the discussion of health reform.

The Council brings the following Action Items:

Action Item #1: Position Statement on Out of Pocket Costs a Significant Barrier to Care for Patients with Serious and Recurrent Disabling Mental Disorders

Background: In response to Assembly Action Paper ASMMAY1612.J, the Council has drafted a position statement on out of pocket costs as a significant barrier to care for patients with serious recurrent disabling mental disorders.

The position statement outlines that the American Psychiatric Association will advocate through legislative, regulatory and state collaboration to implement strategies to waive or lessen the co-pay, deductible or cost sharing of patients. The Council recognizes that out of pocket costs hinder a patient's ability to access mental health or substance abuse services. The Council believes that continued efforts to minimize the out of pocket costs for patients to ensure that they are able to access needed treatment.

Will the Joint Reference Committee (JRC) recommend to the Assembly to vote to approve the proposed position statement titled "Position Statement on Out of Pocket Costs a Significant Barrier to Care for Patients with Serious and Recurrent Disabling Mental Disorders"?

APA Position:
The American Psychiatric Association will advocate through legislation and regulatory lobbying, state legislative outreach and collaboration with all of its advocacy partners, asserting that care managing entities, public and private, shall implement strategies to waive or minimize co-pays, deductibles, and share of costs, including the cost of medications for patients with serious or recurrent disabling mental disorders including child, adolescent and adult populations. Further, since this phenomenon has a similar impact on all patients with serious and recurrent disabling medical illness, the American Psychiatric Association through the American Medical Association delegation will advocate for a similar resolution for all of Medicine. Furthermore, the APA will work with other organizations to advocate for greater affordability of medications.

Action Item #2: Creation of the Committee on Integrated Care

Background: For several years, the Workgroup on Integrated Care has been working to identify and promote effective integrated care models. The Workgroup has developed a number of materials helpful to APA, such as a Resource Document on Risk Management and Liability Issues in Integrated Care Models and a Position Statement on Integrated

Care. They also started the Integrated Care News Notes, a monthly APA newsletter that goes to over a 1000 clinicians, consumer advocates, and policymakers with the latest news and resources related to integrated care. They are currently in the process of developing a white paper on integrated care for persons with serious mental illness. As we shift toward value- and team-based care, creating an official committee within the Council will provide greater visibility about this important issue.

Will the Joint Reference Committee (JRC) approve the creation of the Committee on Integrated Care?

Proposed Charge:
The committee is charged with advising and supporting APA on policy development and educational efforts – such as developing resource documents, tool kits, and advocacy materials – to improve access to psychiatric care through improved care coordination and effective integrated care models. This includes identifying financing mechanisms and other ways to advance the use of promising, innovative models of care used to effectively integrate behavioral health care, including mental illness and substance use disorders, with general medical care and other services needed to meet the whole health needs of patients. The Committee will also work with the Telepsychiatry Committee and Committee on Mental Health Information Technology to explore the role of technology in delivering these models and coordinate with the APA administration on regulatory comments and legislative proposals related to integrated care. It will also advise APA on best practices and training necessary to support integrated care, including bidirectional integration

Action Item #3: Revised Charge of the Committee on Reimbursement

During their meeting at the September Components Meeting, the Council identified the need to revise the charge of the Committee on Reimbursement to better reflect the scope of the work of the committee, particularly as MACRA regulations are implemented. The Committee has developed the attached proposed revised charge. The Council approved the revised charge during their November 30 conference call.

Will the Joint Reference Committee (JRC) approve the Committee on Reimbursement's revised charge?

Revised Charge:
This committee is charged with advising and informing APA policy development and advocacy efforts regarding public and private sector reimbursement, with a particular focus on new payment models. The committee is tasked with helping to track emerging issues, trends and models that impact payment for and access to psychiatric care, as the U.S. health care system increasingly adopts value-based payment methodologies and other innovative approaches. On behalf of the CHSF and the JRC, the committee: 1) lends it expertise on issues involving public and private sector reimbursement for psychiatrists, particularly new models of care; 2) informs APA policy development and advocacy with policymakers and payers about how policies should optimally be structured to ensure access to high-quality psychiatric care as well as adequate payment for psychiatrists; and 3) helps inform, educate, and equip APA members with the information needed to manage these changes.

Action Item #4: Patient Bill of Rights: What to Expect When Seeking Behavioral Health Treatment

Background: The JRC requested that the Council on Healthcare Systems and Financing (CHSF) serve as the lead component on the development of a new position statement to replace the existing APA position statement "Endorsement of Principles for the Provision of Mental Health and Substance Abuse Treatment Services: A Bill of Rights".

which was approved in 1996 and reaffirmed in 2007. A small workgroup was formed which included a representative from CHSF and several members from the Council on Advocacy and Government Relations (CAGR). The workgroup developed and approved the following position statement which was then reviewed and approved by both the Council on Advocacy and Government Relations and CHSF. The CHSF would like to acknowledge the work of the CAGR members who served as the primary authors of this statement and to thank them for their efforts.

Will the Joint Reference Committee (JRC) recommend to the Assembly to vote to approve the proposed document titled "Patient Bill of Rights: What to Expect When Seeking Behavioral Health Treatment"?

If the new position statement is approved, will the Joint Reference Committee (JRC) recommend to the Assembly to vote to retire the current position statement "Endorsement of Principles for the Provision of Mental Health and Substance Abuse Treatment Services: A Bill of Rights"?

Additional Council Activities

The Council continues to work on several important issues, including:

1. The Council has reviewed several position statements as prescribed by the governance protocols of the APA. The Council has identified that the following position statements need revision and will be working on these revisions in the coming weeks.
    a. Position Statement on the Need to Maintain Long-Term Mental Hospital Facilities
    b. Position Statement on Codification of Medical Evaluation and Management Services for Psychotherapy
    c. Position Statement on Psychiatric Services in Jails and Prisons
    d. Position Statement on Minimum Necessary Guidelines for Third-Party Payers for Psychiatric Treatment
    e. Position Statement on Carve-Outs and Discrimination
    f. Position Statement on Psychiatry and Primary Care Integration across the Lifespan
    g. Psychiatrists' Time Performing Utilization Review

2. The Council had a preliminary discussion on the Action Paper as part of its November Conference call. The Council noted that the ethics issues raised were beyond its expertise but did review the parity issues raised in the context of utilization review standards and processes. These matters fall within the so-called nonquantitative treatment limitation realm of the parity law and rules which involves a complex set of tests. Utilization review standards and processes are not per se prohibited by the law but must generally be comparable to the standards and processes applied to medical benefits. The Council thought it needed more background and asked staff to prepare a briefing for it in order to provide input to the JRC on the complexity and realities of health plan policies and corporate responsibility for parity compliance, what constitutes a parity violation, who has jurisdiction to formally issue a finding that there has been a parity violation, the general nondisclosure of formal parity noncompliance findings and the practical problems this presents for a physician working in a managed care entity as a reviewer approving or disapproving coverage to determine or in fact know the standards or processes violate parity law. The Council anticipates this briefing and discussion will occur as part of its next conference call

3. Following extensive analysis of Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and the impact to psychiatry, the Council has worked with APA staff on educational materials, including a webinar series and dedicated website development.

4. Members of the Committee on RBRVS, Codes and Reimbursements have been heavily involved in the development and valuation of CPT codes to describe the work involved in providing collaborative care services for patients with psychiatric disorders. CMS has begun to pay for these services beginning January 1, 2017 using HCPCS codes; a full year earlier than waiting for the standard CPT/RUC process. The Committee will be developing educational materials on the new code set in collaboration with our primary care colleagues. Committee members with appointments to the AMA CPT Editorial Panel and the AMA RUC continue to review and respond to requests for new and/or revised CPT codes. Additionally, the Committee will be presenting a 90-minutes workshop on CPT coding and documentation at the May 2017 APA Annual Meeting.

5. Review of models and effective components of integrated care for persons with serious mental illness. The Workgroup on Integrated Care is currently working on a white paper focused on general medical care for people with serious mental illness.

6. The Committee on Telepsychiatry submitted to present at APA's 2017 Annual Meeting and their content was accepted, with most of the Committee expected to serve as panelists. The workshop is titled, "Integrating successful Telepsychiatry models into psychiatric practice." The Committee has also continued to develop content for its Telepsychiatry Toolkit, including new educational videos and revised policy points. Finally, the Committee is in the initial stages of coordinating with the American Telemedicine Association (ATA) to develop joint APA-ATA Guidelines on Telepsychiatry.

7. Ongoing outreach regarding parity including implementation of a series of "secret shopper" surveys in different geographic locations to determine the accuracy of provider network lists (See PN article http://www.psychiatry.org/newsroom/news-releases/majority-of-psychiatrists-listed-in-dc-health-insurance-exchange-network-not-available-for-new-patient-appointments). Meetings with the Department of Labor, which is charged with enforcing parity, continue and are generally focused on parity complaints, particularly complaints about network adequacy. Discussions with MCOs and state enforcement agencies including several Attorneys General, continue. APA has been engaging the White House's Mental Health and Substance Use Disorder Parity Task Force to provide expertise and guidance. As a result of this effort, APA coordinated a listening session held during the May 2016, APA Annual Meeting in Atlanta, which provided psychiatrists with an opportunity to voice concerns in person to the Task Force leadership.

APA Council on Healthcare Systems and Financing
Harsh Trivedi, MD, MBA, Chair

Conference Call
November 30, 2016

Draft Minutes

Participants
Council Members: Harsh Trivedi, MD, MBA, Chair, Lori Raney, MD, Vice Chair; Naakesh Dewan, MD; Gregory Harris, MD, MPH; Joseph Mawhinney, MD; Eileen McGee, MD; Susan McLeer, MD; Lawrence Miller, MD; Bruce Schwartz, MD;

Fellows: Matthew Goldman, MD, MS; Shuo Sally He, MD, MPH; Michael Hann, MD

Absent: Robert Cabaj, MD; Ranota Hall, MD; Sabina Lim, MD, MPH; Eliot Sorel, MD; Ole Thienhaus, MD; Seth Berger, MD, MBA (Consultant)

APA Administration: Michelle Dirst; Amanda Grimm, M.Sc.HSRA; Becky Yowell

I. Welcome and Introductions
Dr. Trivedi welcomed the members of the Council.

II. Minutes
The Council voted to approve the meeting minutes from the Council's in-person meeting during the September Components Meeting.

III. Position Statement Review
The Council discussed a reviewed a number of position statements that should be either retained, revised, or retired. The Council determined that the following position statements should undergo revision:

a. Position Statement on the Need to Maintain Long-Term Mental Hospital Facilities
b. Position Statement on Codification of Medical Evaluation and Management Services for Psychotherapy
c. Position Statement on Psychiatric Services in Jails and Prisons
d. Position Statement on Minimum Necessary Guidelines for Third-Party Payers for Psychiatric Treatment
e. Position Statement on Carve-Outs and Discrimination
f. Position Statement on Psychiatry and Primary Care Integration across the Lifespan
g. Psychiatrists' Time Performing Utilization Review

IV. Action Item Review
The Council reviewed action items from the JRC and Assembly. Council members reviewed the action item on third party coverage of medication. Members will be reviewing the current policies of the AMA regarding off-label prescribing and will be working to identify the most appropriate steps moving forward.

The Council also discussed the action paper on eliminating out of pocket barriers to care for patients. The Council entertained a draft position statement authored by Dr. Mawhinney. Following verbal edits, the Council agreed to finalize the position statement electronically. *Note: the draft position statement is being presented to the JRC for consideration.*

The Council had a preliminary discussion on the Action Paper as part of its November Conference call. The Council noted that the ethics issues raised were beyond its expertise but did review the parity issues raised in the context of utilization review standards and processes. These matters fall within the so-called nonquantitative treatment limitation realm of the parity law and rules which involves a complex set of tests. Utilization review standards and processes are not per se prohibited by the law but must generally be comparable to the standards and processes applied to medical benefits. The Council thought it needed more background and asked staff to prepare a briefing for it in order to provide input to the JRC on the complexity and realities of health plan policies and corporate responsibility for parity compliance, what constitutes a parity violation, who has jurisdiction to formally issue a finding that there has been a parity violation, the general nondisclosure of formal parity noncompliance findings and the practical problems this presents for a physician working in a managed care entity as a reviewer approving or disapproving coverage to determine or in fact know the standards or processes violate parity law. The Council anticipates this briefing and discussion will occur as part of its next conference call.

V. Charge of the Committee on Reimbursement
Following the September Components Meeting, the Committee on Reimbursement revised their charge to more adequately describe the mission and work of the committee. The Council unanimously approved the revised charge of the committee. *Note: the revised charge is being presented to the JRC for review and approval.*

VI. Adjournment
Hearing no other business, Dr. Trivedi adjourned the conference call.

APA Official Actions

Position Statement on Out of Pocket Costs a Significant Barrier to Care for Patients with Serious and Recurrent Disabling Mental Disorders

Approved by the Board of Trustees, XXXX
Approved by the Assembly, XXXX

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

Issue:
Recognizing that there are other major barriers to effective care such as stigma and socioeconomic factors., the phenomenon of increasing out of pocket costs for patients is creating a significant barrier to care resulting in delayed, disrupted and deferred treatment, increased disability and increased cost of care. These outcomes include increased use of acute hospital care, Emergency Department treatment, increase in co-occurring medical illness and cost shifting, particularly among those patients with serious and recurrent disabling mental disorders. (Ref. "CDC Tracking Trends in Health Care" March 2011).

In that over 50% of serious and recurrent disabling mental disorders have onset in childhood or adolescence, early, effective treatment of these disorders is critical for effective prevention and disease management.

In general, the severity of the public health impact and cost to society of under treated or untreated serious and recurrent mental disorders is similar to the impact of other severe, persistent and recurrent medical disorders and calls for effective measures to reduce or eliminate known barriers to care in this population.

POSITION:
The American Psychiatric Association will advocate through legislation and regulatory lobbying, state legislative outreach and collaboration with all of its advocacy partners, asserting that care managing entities, public and private, shall implement strategies to waive or minimize co-pays, deductibles and share of costs, including the cost of medications for patients with serious or recurrent disabling mental disorders including child, adolescent and adult populations. Further, since this phenomenon has a similar impact on all patients with serious and recurrent disabling medical illness, the American Psychiatric Association through the American Medical Association delegation will advocate for a similar resolution for all of Medicine. Furthermore, the APA will work with other organizations to advocate for greater affordability of medications.

Authors:
The Council on Healthcare Systems and Financing

FORM TO PROPOSE A NEW APA COMPONENT

This form is to be used for proposing components other than councils and those evolving from an existing component. However, the General Principles for Establishing an APA Committee outlined in Appendix I-2, Section 2.a-e, excerpted below with appropriate modification, should be addressed in this proposal.

TYPE OF COMPONENT (committee, corresponding committee, task force, work group, etc.): Committee

PROPOSED COMPONENT NAME: Committee on Integrated Care

JUSTIFICATION FOR THE COMPONENT:

A. Why would email and phone conferencing not be adequate? (for committees only)
Given the committee budget does not allow for face to face meetings outside of the APA Annual Meeting, most of the work would continue to be done by email and phone.

B. How is the proposed component charge consistent with current APA goals?
The focus of the work is on improving access to psychiatric care.

C. The proposed work product:
The committee, in collaboration with APA administration, will develop resource documents, tool kits and advocacy materials supporting/advocating the adoption of effective integrated models of care.

1. Why is it needed?
There is a growing body of evidence that certain integrated models of care improve access to psychiatric care. Emerging payment models are focused on ensuring access to care. This will help to address some of the problems associated with workforce shortage.

2. How long will it take to produce?
Given the shifting payment environment this is hard to determine.

3. What is currently available?
The Workgroup on Integrated Care has laid the ground work with basic materials. Now that one payment mechanism has been established, additional work will need to occur to ensure the models are implemented appropriately and covered adequately. There is also a large educational effort necessary to identify and train those individuals interested in working in the Collaborative Care Model.

D. The potential benefits of the component's work product to APA members.
This affords APA members an opportunity to use their clinical skills in a different way by providing population health care to a caseload of patients; it increases communication and connection to their primary care colleagues; and ensures patients are getting adequate care. It will also raise the visibility of APA's focus on integrated care and provide valuable resources and expertise on how to advance the use of best practices and training necessary to support effective integrated care, including bidirectional integration.

E. The cost involved and the available funds for new components (see cost estimate below).
Funds would be allocated in the 2017 APA budget.

RECOMMENDED CHARGE (Include desirable outcome of work and tasks required):

Committee on Integrated Care: The committee is charged with advising and supporting APA on policy development and educational efforts – such as developing resource documents, tool kits, and advocacy materials – to improve access to psychiatric care through improved care coordination and effective integrated care models. This includes identifying financing mechanisms and other ways to advance the use of promising, innovative models of care used to effectively integrate behavioral health care, including mental illness and substance use disorders, with general medical care and other services needed to meet the whole health needs of patients. The Committee will also work with the Telepsychiatry Committee and Committee on Mental Health Information Technology to explore the role of technology in delivering these models and coordinate with the APA administration on regulatory comments and legislative proposals related to integrated care. It will also advise APA on best practices and training necessary to support integrated care, including bidirectional integration.

TENURE AND SIZE: Standard Composition: (1) Up to six (6) voting members with vote on committee actions; (2) Up to two (2) consultants may be appointed as needed, but only in rare instances.

COST ESTIMATE: (See Chapter Two, "Component Structure of the Association," of this manual for component definitions, size, tenure, and budget/conduct of business requirements.) Contact Finance for assistance.

- Airfare _____
- Hotel & Per Diem _____
- Conference Calls $360
- Postage $160
- Meeting Room Costs (one-half) _____
- List serve Costs _____
- Staff time required _____ hours/week @ $____/hour

SOURCE OF FUNDING: APA Budget

PROPOSED BY: Council on Healthcare Systems and Financing

Revised Charge of the Committee on Reimbursement
November 2016
For Council Approval

Proposed Revised Charge:

Committee on Reimbursement for Psychiatric Care: Charge: This committee is charged with advising and informing APA policy development and advocacy efforts regarding public and private sector reimbursement, with a particular focus on new payment models. The committee is tasked with helping to track emerging issues, trends and models that impact payment for and access to psychiatric care, as the U.S. health care system increasingly adopts value-based payment methodologies and other innovative approaches. On behalf of the CHSF and the JRC, the committee: 1) lends it expertise on issues involving public and private sector reimbursement for psychiatrists, particularly new models of care; 2) informs APA policy development and advocacy with policymakers and payers about how policies should optimally be structured to ensure access to high-quality psychiatric care as well as adequate payment for psychiatrists; and 3) helps inform, educate, and equip APA members with the information needed to manage these changes.

Current Charge:

This committee is charged with policy development and advocacy efforts regarding public and private sector reimbursement methodology and payment for psychiatric treatment provided in/by inpatient and other non-office settings (e.g., partial hospital, nursing homes, etc.). It undertakes analytic, policy liaison and educational activities on behalf of the CHSF and the JRC, respecting those issues which are of major concern to the APA (e.g., prospective payment for inpatient psychiatric care under Medicare, PPS for partial hospitalization programs, etc.

APA Official Actions

Patient Bill of Rights:
What to Expect When Seeking Behavioral Health Treatment

Approved by the Board of Trustees, XXXX
Approved by the Assembly, XXXX

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

Equity
Individuals have the right to receive quality behavioral health services, without regard to their age, race, ethnicity, religion, gender, gender identity, sexual orientation, or disabilities.

Professional Expertise
Individuals have the right to access a duly licensed/certified behavioral health professional; to receive full information from their provider regarding that provider's knowledge, skills, preparation, experience, and credentials; and to understand their rights regarding refusal of professional services.

Shared decision-making
Individuals have the right to be informed about all options available for treatment interventions (including risks, benefits, cost implications, the "no treatment" option, etc.) in order to make an informed choice regarding the recommended treatment. Individuals have the right to be informed by their providers of any arrangements, restrictions, and/or covenants established between third party payers and the provider that could interfere with or influence treatment recommendations. In cases where individuals receiving services are minors or have other legally authorized representatives (LARs) involved in behavioral health treatment decisions, the person authorized to make these decisions has the same rights to information.

Confidentiality
Individuals have the right to be guaranteed the protection of the confidentiality of their relationship with their provider, except when laws, regulations, ethics, or for the coordination of care dictate otherwise. Individuals have the right to be informed of the nature of information that may be disclosed for the purposes of paying benefits.. When information technology is used, individuals have a right to understand the limitations to individual's privacy and that protection of privacy will be upheld in accordance with the privacy policies used in the particular electronic health record system.

Fair insurance coverage
Individuals have the right to fair insurance coverage, which does not discriminate against them because they have a behavioral health disorder. As required by federal law, coverage for a behavioral health concern must be equivalent to coverage for physical health problems, such as heart disease, diabetes, and cancer.

Disclosure of benefits

Individuals have the right to be provided information from their insurance provider or other third party payer, such as employer or attorney, describing the nature and extent of their behavioral health treatment benefits. This information should include details on procedures to obtain access to services, on utilization management procedures, and on appeal rights. The information should be made available by the provider of benefits in order to be presented clearly in writing with language that the individual can understand.

Utilization review

Individuals have the right to be guaranteed that review of their behavioral health treatment will be completed by a trained professional using well established/validated standards what are publically available. The right a right to access their treatment review. Individuals should expect their providers to advocate for and document necessity of care and advise the individual of options if authorization for payment of treatment and/or related behavioral health services is denied.

Authors:
Council on Advocacy and Government Relations
Council on Healthcare Systems and Financing

Endorsement of *Principles for the Provision of Mental Health and Substance Abuse Treatment Services: A Bill of Rights*

Approved by the Board of Trustees, November 1996
Reaffirmed, 2007

"Policy documents are approved by the APA Assembly and Board of Trustees…These are…position statements that define APA official policy on specific subjects…" – *APA Operations Manual*.

Our commitment is to provide quality mental health and substance abuse services to all individuals without regard to race, color, religion, national origin, gender, age, sexual orientation, or disabilities.

RIGHT TO KNOW

Benefits
Individuals have the right to be provided information from the purchasing entity (such as employer or union or public purchaser) and the insurance/third party payer describing the nature and extent of the mental health and substance abuse treatment benefits. This information should include details on procedures to obtain access to services, on utilization management procedures, and on appeal rights. The information should be presented clearly in writing with language that the individual can understand.

Professional Expertise
Individuals have the right to receive full information from the potential treating professional about that professional's knowledge, skills, preparation, experience, and credentials. Individuals have the right to be informed about the options available for treatment interventions and the effectiveness of the recommended treatment.

Contractual Limitations
Individuals have the right to be informed by the treating professional of any arrangements, restrictions, and/or covenants established between third party payers and the treating professional that could interfere with or influence treatment recommendations. Individuals have the right to be informed of the nature of information that may be disclosed for the purposes of paying benefits.

Appeals and Grievances
Individuals have the right to receive information about the methods they can use to submit complaints or grievances regarding provision of care by the treating professional to that profession's regulatory board and to the professional association.

Confidentiality
Individuals have the right to be guaranteed the protection of the confidentiality of their relationship with their mental health and substance abuse professional, except when laws or ethics dictate otherwise. Any disclosure to another party will be time limited and made with the full written, informed consent of the individuals. Individuals shall not be required to disclose confidential, privileged or other information other than: diagnosis, prognosis, type of treatment, time and length of treatment, and cost.

Entities receiving information for the purposes of benefits determination, public agencies receiving information for health care planning, or any other organization with legitimate right to information will maintain clinical information in confidence with the same rigor and be subject to the same penalties for violation as is the direct provider of care.

Information technology will be used for transmission, storage, or data management only with methodologi4es that remove individual identifying information and assure the protection of the individual's privacy. Information should not be transferred, sold or otherwise utilized.

Choice
Individuals have the right to choose any duly licensed/certified professional for mental health and substance abuse services. Individuals have the right to receive full information regarding the education and training of professsionals, treatment options (including risks and benefits), and cost implications to make an informed choice regarding the selection of care deemed appropriate by individual and professional.

Determination of Treatment
Recommendations regarding mental health and substance abuse treatment shall be made only by a duly licensed/certified professional in conjunction with the individual and his or her family as appropriate. Treatment decisions should not be made by third party payers. The individual has the right to make final decisions regarding treatment.

Parity
Individuals have the right to receive benefits for mental health and substance abuse treatment on the same basis as they do for any other illnesses, with the same provisions, co-payments, lifetime benefits, and catastrophic coverage in both insurance and self-funded/self-insured health plans.

Discrimination
Individuals who use mental health and substance abuse benefits shall not be penalized when seeking other health insurance or disability, life or any other insurance benefit.

Benefit Usage
The individual is entitled to the entire scope of the benefits within the benefit plan that will address his or her clinical needs.

Benefit Design
Whenever both federal and state law and/or regulations are applicable, the professional and all payers shall use whichever affords the individual the greatest level of protection and access.

Treatment Review
To assure that treatment review processes are fair and valid, individuals have the right to be guaranteed that any

review of their mental health and substance abuse treatment shall involve a professional having the training, credentials and licensure required to provide the treatment in the jurisdiction in which it will be provided. The reviewer should have not financial interest in the decision and is subject to the section on confidentiality.

Accountability

Treating professionals may be held accountable and liable to individuals for any injury caused by gross incompetence or negligence on the part of the professional. The treating professional has the obligation to advocate for and document necessity of care and to advise the individual of options if payment authorization is denied. Payers and other third parties may be held accountable and liable to individuals for any injury caused by gross incompetence or negligence or by their clinically unjustified decisions.

Participating Groups

American Association for Marriage and Family Therapy
American Counseling Association
American Family Therapy Academy
American Nurses Association
American Psychiatric Association
American Psychiatric Nurses Association
National Association of Social Workers
National Federation of Societies for Clinical Social Work

Supporting Groups

National Mental Health Association
American Group Psychotherapy Association
National Depressive and Manic Depressive Association

Item 8.G
Joint Reference Committee
February 12-13, 2017

EXECUTIVE SUMMARY

ACTION 1: Will the Joint Reference Committee recommend to the Board of Trustees to approve that the "Human Rights Award" be renamed the "Chester M. Pierce Human Rights Award?"

ACTION 2: Will the Joint Reference Committee recommend to the Board of Trustees that a joint nominating committee be established to manage the "Chester M. Pierce Human Rights Award?"

Council on International Psychiatry

The Council on International Psychiatry is focused on increasing international membership by working cross-collaboratively with individuals and organizations to identify and develop benefits that support the education and training of psychiatrists in the United States and around the world.

Joint Reference Committee Referral Updates

- **12.D: Position Statement on Migrant and Refugee Mental Health**
  Several members of the Council worked on the cross-council work group, Work Group on Refugee Mental Health, which included representation from the Council on Minority Mental Health and Health Disparities, the Council on Children, Adolescents, and Their Families, and the Council on Psychiatry and Law, following a referral by the Joint Reference Committee to these components to develop a position statement on refugee mental health.

  The cross-council work group worked over the course of several months meeting via conference call, working electronically via email, and collaboratively through an online platform to share documents and co-edit drafts of the position statement and resource document. These drafts were then forwarded to the Councils with representatives in the work group, including the Council on International Psychiatry, to review and provide comments and feedback to the cross-council work group for consideration.

  The Position Statement and the Resource Document on the "Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement" are being brought forward to the Joint Reference Committee for consideration by the lead Council, the Council on Minority Mental Health and Health Disparities.

- **Consolidate Position Statements on Abuse and Misuse of Psychiatry**
  Following a referral from the Joint Reference Committee, the Council on International Psychiatry is reviewing how to best consolidate and potentially expand upon these position statements to meet the current standards and requirements for position statements and resource documents, and discuss with the Council on Psychiatry and Law potential issues to address.

Human Rights Award

- **2017 Human Rights Award Presentation**
  The Council is coordinating the presentation of the 2017 Human Rights Award during the upcoming APA Annual Meeting to the National Consortium of Torture Treatment Programs (NCTTP) which works to provide mental health and health services to refugees and other displaced persons. The Council identified a workshop covering topics and issues overlapping with the work of NCTTP titled "Refugee Psychiatry: Practical Tools for Building Resilience of Displaced Persons and Refugee

Communities to Migration-Related Stressors" which is supported by the Council. The presentation of the Human Rights Award to the NCTTP executive committee is scheduled to occur at the beginning of the workshop on Sunday, May 21, 1:30pm to 3pm.

- **Chester M. Pierce Human Rights Award Proposal**
  The Council is bringing forward a joint proposal (Attachment 3) with the Council on Minority Mental Health and Health Disparities, in coordination with the Assembly Black Psychiatrists Caucus, and with the support of the Black Psychiatrists of America, to rename the "Human Rights Award" the "Chester M. Pierce Human Rights Award."

  The joint proposal provides background on Dr. Chester M. Pierce and details on the management and administration of the proposed Chester M. Pierce Human Rights Award. It should be noted that upon review of the APA Operations Manual Appendix W-5, "Policy for the Administration of Awards", no changes to the presentation of the award that would require additional funding, such as honoraria or travel, are being recommended.

  ACTION 1: Will the Joint Reference Committee recommend to the Board of Trustees to approve that the "Human Rights Award" be renamed the "Chester M. Pierce Human Rights Award?"

  In order to honor the legacy of Dr. Pierce through collaboration, the joint proposal also recommends the establishment of a joint nominating committee, including representation by the Council on International Psychiatry, the Council on Minority Mental Health and Health Disparities, the Assembly Black Psychiatrists Caucus, and Black Psychiatrists of America.

  Upon review of the APA Operations Manual Appendix I-2, "General Principles and Process for Establishing an APA Component," a form from the Council on International Psychiatry and the Council on Minority Mental Health and Health Disparities proposing the new committee is provided (Attachment 4).

  ACTION 2: Will the Joint Reference Committee recommend to the Board of Trustees that a joint nominating committee be established to manage the "Chester M. Pierce Human Rights Award?"

International Development and Engagement

- **International Poster Engagement Pilot Program**
  In coordination with the Scientific Programs Committee and the Division of Education, the Council on International Psychiatry developed a pilot program to engage with international poster presenters at the APA Annual Meeting. The goal of the pilot program is to establish relationships for knowledge exchange, collaboration, and the recruitment of international trainees and early career psychiatrists.

In coordination with the Division of Education, the Council will reach out to the 90+ international poster presenters accepted to present at the Annual Meeting to solicit participation in the pilot program. Participants will have the opportunity to submit their poster electronically for review and feedback by identified reviewers from the Council on International Psychiatry. Reviewers will then connect in-person with participants during the scheduled international poster sessions at the Annual Meeting to discuss the presenters research, provide feedback, and identify opportunities for greater engagement and collaboration with the APA and the Council on International Psychiatry.

The Council will complete a comprehensive analysis of the pilot program after the Annual Meeting and will develop a proposal for review by the Joint Reference Committee for consideration as an ongoing charge to the Council on International Psychiatry.

- **Global Mental Health Webpage**
  Council members worked with Administration to develop online resources on the topic of global mental health following the increasing interest in the area by medical students, residents and trainees, and psychiatric training programs. The "Global Mental Health" webpage features information and references from the National Institutes of Health and the World Health Organization, and features resources from APA including the issue of *FOCUS* "Psychiatry and Society: Global Mental Health" and a list of titles from the *American Journal of Psychiatry* series "Perspectives in Global Mental Health." The webpage also includes links to U.S. psychiatric training programs with global mental health curriculums and to additional resources from international organizations and coalitions.

- **International Humanitarian Opportunities Webpage**
  Council members worked with Administration to update the "International Humanitarian Opportunities" webpage to include links to international humanitarian opportunities with identified organizations. The webpage also includes links to resources from the U.S. Department of State and the Centers for Disease Control and Prevention for individuals considering traveling to areas outside the United States.

- **World Psychiatric Association**
  The Council supported the nominations of Dr. Michelle Riba to run for WPA President-Elect and of Dr. Edmond Pi to run for WPA Zone 2 Representative (United States) for the upcoming WPA Election scheduled to be held during the WPA World Congress of Psychiatry, October 8-12, in Messe Berlin, Germany. The Council also supported the nomination of Dr. Dilip Jeste for the WPA Jean Delay Prize which honors psychiatrists who scholarly bridged the biological, psychological, and social sciences in the profession of psychiatry. Council members are also coordinating their presentations at the World Congress of Psychiatry.

ATTACHMENT 1: COUNCIL MINUTES - DECEMBER

Council Name: Council on International Psychiatry
Date: December 12, 2016
Time: 8:00 PM – 9:00 PM
Location: Conference Call

Council Members Present: B. Ng, K. Busch, J. Griffith, D. Jeste, S. Okpaku, E. Pi, M. Riba, P. Ruiz, R. Rao Gogineni, J. McIntyre, E. Sorel, G. Jayaram, J. Immanuel, D. Loo, A. Zakers, R. De Similien

Council Members with Excused Absences: B. Acharya, A. Becker, U.K. Quang-Dang, A. Tasman, G. Raviola, J. Srinivasaraghavan (Dr. Van), I. Vihang Vahia, D. Henderson, N. Natala, J. Severe, S. Jani, C. Buzza, J. Winfield Tan, V. Di Nicola

Council Members with Unexcused Absences: None

Guests in Attendance: Vivian Pender (United Nations Liaison)

Staff in Attendance: R. Juarez

Council Minutes

The minutes of the November 9 Council meeting were approved without edit.

International Posters

The Council reviewed and discussed the international poster proposal submitted by a work group composed of Drs. Quang-Dang, Severe, and Immanuel as a way for the Council to engage with international attendees at the APA Annual Meeting. It was noted that 5 to 6 Council members would be assigned to review the posters of those participating in the pilot program. The work group noted that the total time commitment by each Council member participating as a reviewer should be 2 hours. This includes the review of the PDF versions of posters to use to develop feedback prior to the Annual Meeting and also meeting in-person with the participating presenters during the Annual Meeting. This timeline should accommodate for about 10 minutes with each presenter assigned. This will be an opportunity for presenters to become aware of the Council and possibly collaborate in the future.

The Council moved to pass this proposal for a pilot program to be implemented at the upcoming Annual Meeting in San Diego. Identified reviewers included Drs. Ng, Quang-Dang, Immanuel, Severe, Zakers, and Jayaram.

Human Rights Award

The Council reviewed and discussed a proposal submitted by Dr. Sorel and other Council members, including Drs. Griffith, Busch, Okpaku, McIntyre, Ruiz, Jayaram, and Immanuel, to name the APA Human

Rights Award after recently deceased, Dr. Chester M. Pierce. It was noted that Drs. Rahn Bailey and Altha Stewart would be reaching out to the Black Psychiatrists of America to identify their support. Dr. Ruiz noted that he would reach out to the American Society of Hispanic Psychiatry and Dr. Jayaram noted that she would reach out to the Indian American Psychiatric Association to identify their support. Dr. Sorel reported that Dr. Levin stated that the Council would need to identify $150,000 to sustain the award and shared he would reach out a former resident who is now a leading director at a wealthy corporation to possibly provide some funding. It was also noted that Dr. Stewart suggested considering reaching out to APA members to contribute funds in the amount of $69 in recognition of the year 1969 when the organization Black Psychiatrists of America was incorporated and Dr. Pierce became the president of the organization. Dr. Gogineni suggested that he could reach out to prominent Black psychiatrist leaders. The question was raised if the recipient of the award would now receive funding for travel and accommodation to the Annual Meeting. It was also asked if this would be a joint award with the Black Psychiatrists of America, which the response was given that "no" it would remain an APA award. It was then noted that it would be important for the Black Psychiatrists of America to be involved. The Council also discussed that a work group had recently reviewed the Human Rights Award earlier in the year, though noted that the renaming of the award would not impact any of the criteria and eligibility determined. It was suggested the Dr. Ezra Griffith be contacted and that the management of the award should stay within the Council. The next Council call will include in the agenda an update of any information from contacted organizations.

ICD-11 Proposal for Dementia

The Council reviewed and discussed a proposal to reclassify dementia as a neurological disorder in the upcoming edition of ICD-11. It was asked what prompted the change and mentioned that the originator against the protestation to this change was a group of German neurologists. It was noted that this issue should be referred to the APA's neuropsychiatric group as there may be questions about semantics that may be more meaningful to them. The Council noted that they would be available to provide comment on something specific, however did not feel comfortable responding to a particular diagnosis.

World Psychiatric Association

It was noted by Dr. Ruiz that he was preparing the nomination of Dr. Jeste to the WPA for the Jean Delay Prize. The recommendation will be submitted to the WPA by the deadline at the end of the month. It was also noted that the deadline for submissions to the WPA meeting is January 15 and Drs. Pi and Riba would be coordinating submissions.

Next Meeting

It was noted that an agenda item to discuss a publication from a joint meeting of the World Bank would be added to Council's next meeting agenda. Dr. Sorel mentioned that a group of 6-7 individuals produced the report and noted that the World Bank is beginning to realize that mental health is an important issue.

ATTACHMENT 2: COUNCIL MINUTES - NOVEMBER

Council Name: Council on International Psychiatry
Date: November 9, 2016
Time: 8:00 PM – 9:00 PM
Location: Conference Call

Council Members Present: B. Ng, K. Busch, J. Griffith, E. Pi, U.K. Quang-Dang, P. Ruiz, R. Rao Gogineni, J. McIntyre, E. Sorel, J. Immanuel, D. Loo, A. Zakers, J. Winfield Tan

Council Members with Excused Absences: B. Acharya, A. Becker, D. Jeste, S. Okpaku, A. Tasman, G. Raviola, J. Srinivasaraghavan (Dr. Van), I. Vihang Vahia, D. Henderson, G. Jayaram, N. Natala, J. Severe, S. Jani, C. Buzza, R. De Similien

Council Members with Unexcused Absences: None

Guests in Attendance: Vincenzo Di Nicola (GMH Caucus Chair)

Staff in Attendance: R. Juarez

Council Minutes

The minutes of the September 16 Council meeting were approved without edit.

International Posters

Following up on a discussion during the Council's in-person meeting at the September Components meetings, Drs. Ng, Quang-Dang, Immanuel, and Severe, discussed an opportunity for the Council to engage with the large number of international poster presenters in attendance at the Annual Meeting each year. It was noted that the APA Scientific Program Committee (SPC) reviews and accepts all international poster submissions and accepts them. Approximately 264 international posters were presented during the Annual Meeting in New York, NY and approximately 94 have been accepted for the upcoming Annual Meeting in San Diego, CA. While the resident posters at the Annual Meeting are part of a competition process, it was noted that the proposed engagement for international poster presenters may best serve participants by not being a competition and focusing on engagement and feedback and build a foundation for future collaborations between international poster presenters and the Council – such as with the collaborative care around the world initiative. It was noted for the resident poster competition that SPC reviews the abstracts submitted for each poster, rather than the final poster layout.

It was noted that this new initiative could be rolled out as a pilot project and would only focus on a select number of the total participants in the international poster presentations as it would require that participants submit a PDF of their poster prior to the Annual Meeting. The Council would need to identify reviewers to review an estimate of 3 to 6 posters each, participate in 3 to 4 conference calls,

and spend 20 minutes with each poster presenter during the international poster sessions at the Annual Meeting.

The Council raised the question of what type of feedback would be provided to participants, what type of value would be added by this program, what the time commitment would be, and if it would be possible to discuss metrics to track, including membership recruitment. Concern was raised regarding the importance of reviewers to connect with participants and follow through with their assignments, as a past-experience shared by a Council member with a different organization noted a negative impression when a reviewer did not show up. There was also concern regarding language as for some presenters, English may not be their primary language, which can misrepresent their work with badly translated posters, so if this program could address that issue, it may be beneficial.

The group discussing this initiative noted that they will develop a proposal for review the Council and circulate options for naming it.

Caucus on Global Mental Health and Psychiatry

Dr. Di Nicola provided an update of the Caucus's work which included sponsorsing Dr. Veronica Slotsky to attend the World Association of Society Psychiatry (WASP) Annual Meeting, November 30 to December 4 in New Delhi, India, establishing a WASP Global Mental Health in Psychiatry Mentor and Mentees Network, and submitting an abstract on "Global Issues in Mental Health" with participation by Drs. Gabriel Ivbijaro, Fernando Lolas, Nakita Natala, and Aleema Zakers for the 2017 APA Annual Meeting. It was also shared that the Caucus will expand it's in-person meeting at the Annual Meeting to at least 2 hours and that the Caucus is currently encouraging members to come forward to become the Caucus Chair for the 2017-18 year. Dr. Di Nicola also noted that he will become the President-Elect of the Quebec District Branch in October.

World Psychiatric Association (WPA)

Dr. Pi provided an update on the WPA noting that several Council members will be present in South Africa for the WPA International Congress in Cape Town. Dr. Pi is arranging a symposium that will be presented there with participation by Drs. Riba and Loo on the "Global Psychiatry." the APA Assembly as an allied organization was withdrawn. A recent letter from Drs. Maria Oquendo and Saul Levin provided a well written response to the U.S. election results that can be used for any comments at the WPA meeting. Dr. Sorel noted that he will also be in Cape Town for an African diaspora meeting started at Harvard University that will be dedicated to African mental health and will feature attendance by Drs. Rahn Bailey and Altha Stewart.

It was also noted that the Dr. Mario Maj of the WPA reported that the WPA journal has received the highest impact rating and that the deadline for abstract submissions for the 2017 WPA World Congress of Psychiatry in Berlin, Germany is mid-January. The Council discussed pulling together a presentation with Council members planning to be present focused on a global perspective. Dr. Riba stated that she

will take the lead on the submission and that anyone on the Council who has interest in working on it should contact her about that and with any interest in submitting something for publication based on the work of the Council.

It was noted that the WPA Action Paper reviewed by the Council regarding the addition of the WPA in

Human Rights Award

With the recent passing of Dr. Chester Pierce, the Council discussed pulling together a proposal for review by the Council to name the APA Human Rights Award after him. Drs. Riba, Ruiz, McIntyre, Ng, and Sorel noted that they would work on developing that proposal.

ATTACHMENT 3: CHESTER M. PIERCE HUMAN RIGHTS PROPOSAL

Title: Chester M. Pierce Human Rights Award Proposal

Purpose: Rename the APA Human Rights Award after Dr. Chester M. Pierce

Background: Dr. Chester M. Pierce (1927-2016) was an innovative researcher on humans in deprived environments and a lifelong advocate against disparities, stigma, and discrimination, coining the term "microagression" in 1970. He was the Professor Emeritus of Psychiatry at Harvard Medical School, Professor Emeritus of Education at Harvard University, and served on the faculty of the Harvard School of Public Health. He was a Senior Psychiatrist at Massachusetts General Hospital (MGH), where he spent much of his career, and also a psychiatrist at the Massachusetts Institute of Technology for almost 25 years. His legacy continues through the Chester M. Pierce Research Society for Minority Investigators at MGH as well as the Chester M. Pierce Division of Global Psychiatry, which is part of the Department of Psychiatry at MGH and is inspired by the lifework of the founder, Dr. Pierce, and committed to improving mental health training, research, and clinical care in the international community.

Dr. Pierce was the Past President of both the American Board of Psychiatry and Neurology and the American Orthopsychiatric Association, served on The Carter Center Mental Health Task Force from 2001 to 2004, and was the founding president of the Black Psychiatrists of America Association and the National Chairperson of the Child Development Associate Consortium. Dr. Pierce held the rank of Commander in the US Navy and was the senior consultant to the Surgeon General of the U.S. Air Force, the Children's Television Network (Sesame Street, Electric Company), the U.S. Arctic Research Commission (naming a peak in Antarctica "Pierce Peak"), and the Peace Corps. His professional service has included chairing committees for the National Institute of Mental Health, the National Research Council, the National Science Foundation, the National Aeronautics and Space Administration, the board of the World Association of Social Psychiatry, as well as the boards of local and national voluntary organizations concerned with youth, human rights, and conservation. Dr. Pierce has been invited to lecture on all seven continents and has spoken at more than 100 colleges and universities in the United States. In 2002, Dr. Pierce organized a groundbreaking "African Diaspora" international conference, which recently convened again in 2016 in South Africa, that brought together psychiatrists of African descent from all over the globe to discuss common issues and challenges. He has received numerous honorary degrees, and honorary fellowships in the Royal College of Psychiatry and in the Royal Australian and New Zealand College of Psychiatrists, and was the recipient of the 2015 American Psychiatric Association Human Rights Award.

Dr. Pierce is revered by his many students of all backgrounds and ethnic groups as a brilliant, scholarly, kind, and humble professor who brought great dignity and honor to his profession. He was a visionary pioneer in the field of global mental health and his wisdom continues to guide us today.

The **APA Human Rights Award** recognizes the extraordinary efforts of an individual or organization to promote human rights of populations with mental health needs. Established in 1990, the award was originally established to raise awareness of human rights abuses by recognizing individuals and

organizations working towards the prevention of such violations and responding to the needs of the victims of human rights violations. While notable past recipients of the award include President Jimmy and Rosalyn Carter, the Carter Center, and the organization Physicians for Human Rights, the current 2017 recipient of the Human Rights Award, the National Consortium of Torture Treatment Programs, was identified to publicly acknowledge the work of a network of organizations working to provide front line care to refugees, political torture survivors, and children and families in U.S. immigration detention centers. The intent of this nomination was to spotlight the invaluable efforts of individuals addressing the mental health of a community and to draw greater public attention and interest to their work.

Proposal: In order to honor the life and work of Dr. Chester M. Pierce, this proposal recommends renaming the APA "Human Rights Award", the "Chester M. Pierce Human Rights Award."

Comparison of Current vs. New Award

Current	New
Name: Human Rights Award **Criteria/Eligibility:** Any individual or organization focused on promoting the human rights of populations with mental health needs. **Nomination Requirements:** - Letter of Recommendation, including a summary of relevant contributions and activities, from an APA Member - Letter(s) of Support - CV (condensed) - Relevant supporting documents (optional) **Prize:** Plaque **Funding Amount:** None **Funding Type:** None **Funding Source:** None **Lecture:** None **Honoraria:** None **Travel:** None **Awarding Component:** APA Council on International Psychiatry **Approving Board:** APA Board of Trustees **Presentation Location:** APA Annual Meeting	**Name:** Chester M. Pierce Human Rights Award **Criteria/Eligibility:** Any individual or organization focused on promoting the human rights of populations with mental health needs. **Nomination Requirements:** - Letter of Recommendation, including a summary of relevant contributions and activities, from an APA Member - Letter(s) of Support - CV (condensed) - Relevant supporting documents (optional) **Prize:** Plaque **Funding Amount:** None **Funding Type:** None **Funding Source:** None **Lecture:** None **Honoraria:** None **Travel:** None **Awarding Component:** APA Joint Committee **Approving Board:** APA Board of Trustees **Presentation Location:** APA Annual Meeting

Upon review of the APA Operations Manual Appendix W-5, "Policy for the Administration of Awards", it

was determined that given the lack of the identification and allocation of funding for honoraria, travel, or lecture for the recipient of this award, it is proposed that no such changes be made requiring additional funding in order to better ensure the sustainability of the award over time.

With the understanding that multiple APA components, including the Council on International Psychiatry, the Council on Minority Mental Health and Health Disparities, and the Assembly Black Psychiatrists Caucus, are all involved in identifying an APA award to honor Dr. Pierce, it is being recommended that the establishment of a joint award nominating committee composed of the members of those components, within the limitations of a standard committee composition as dictated by the APA Operations Manual, be considered.

Chester M. Pierce Human Rights Award Nominating Committee
Members: 1. Council on International Psychiatry, Member 2. Council on International Psychiatry, Fellow/ECP 3. Council on Minority Mental Health and Health Disparities, Member 4. Council on Minority Mental Health and Health Disparities, Fellow/ECP 5. Assembly Black Psychiatrists Caucus, Member 6. Assembly Black Psychiatrists Caucus, Fellow/ECP Consultants: 7. Black Psychiatrists of America, President/Member 8. Presidential Appointment

It should be noted that the intent of adding Fellows and/or Early Career Psychiatrists to the composition of this joint committee is to build in the opportunity for future generations to become better acquainted with Dr. Pierce's work and legacy. If possible, it is preferred that current and/or past participants in the APA Minority Fellowships have the opportunity to participate on this committee. Additionally, the addition of the president or member of the organization Black Psychiatrists of America as a consultant ensures the representation and input by this important organization.

Currently, in addition to the named APA components supporting this proposal, the following individuals, groups, and organizations have also expressed their support for renaming the APA Human Rights Award after Dr. Chester M. Pierce.

- Black Psychiatrists of America (letter attached)
- APA Assembly Asian-American Psychiatrists Caucus (letter attached)
- APA Assembly Black Psychiatrists Caucus (letter attached)

Item 8.G
Joint Reference Committee
February 12-13, 2017

BLACK PSYCHIATRISTS OF AMERICA
2020 Pennsylvania Avenue, #725
Washington, DC 20006
www.bpaincpsych.org

MEMORANDUM

TO: Eliot Sorel. M.D.
Bernardo Ng, M.D.
Council on International Psychiatry
American Psychiatric Association

FROM: Samuel Okpaku, M.D., Ph.D.
President
Patricia Newton, M.D., MPH, M.A.
CEO & Medical Director

DATE: January 9, 2017

SUBJECT: APA HUMAN RIGHTS AWARD

Please be advised that the Black Psychiatrists of America is sending this communique in support of the renaming of the Human Rights Award of the American Psychiatric Association to that of the **Chester M. Pierce Human Rights Award** to honor the distinguished work of Dr. Piece who recently made his transition to the realm of "Ancestor", and his major contribution both nationally and internationally in the field of psychiatry. We, at BPA, are especially supportive of this renaming as he was also one of the founding members of our professional medical association back in 1969.

It seems only fitting for such an accomplished psychiatrist who has global recognition to be afforded with such an honor in this way by the APA. His life and life's work exemplified the epitome of human rights for all people regardless of class, ethnicity, culture, or gender. It is with the utmost respect for his legacy that we feel strongly about his name being recognized for posterity in such a meaningful way.

Thank you!

Item 8.G
Joint Reference Committee
February 12-13, 2017

January 1st, 2017

Eliot Sorel, MD
Bernardo Ng, MD
APA Council on International Psychiatry

Dear Gentlemen,

The Caucus of Asian American psychiatrists would like to support the resolution of the APA Council on International Psychiatry identifying the APA's Human Rights Award as the APA Chester M. Pierce Human Rights award.

We join the mental health community in recognizing the significant body of work that Dr. Pierce has accomplished. Well done.

Sincerely,

Francis Sanchez, MD
Representative, Asian American Caucus

Kimberly Yang, MD
Deputy Representative, Asian American Caucus

Paul Yeung, MD
President, Asian American Caucus

Item 8.G
Joint Reference Committee
February 12-13, 2017

TO: Members of the American Psychiatric Association Board of Trustees

FROM: American Psychiatric Association Caucus of Black Psychiatrists

DATE: January 16, 2017

SUBJECT: Naming APA Human Rights Award after Dr. Chester M. Pierce

"*Mathematically, victimization is defined by the degree of control an oppressor has over the space, time, energy, and freedom of movement of the oppressed. The more the oppressed can regain command or control over space, time, energy, and freedom of movement, the less he or she is oppressed. Such mathematical postulates allow oppression to be measured and objectified. Such measurements might lead to newer, more effective methods of cure and prevention of victimization.*"

-Chet Pierce, M.D.

Members of the Board, we urge you to name the APA Human Rights Award in honor of Dr. Chester M. Pierce. The heart of Dr. Pierce's life mission was to describe human behavior in extreme and isolated environments. From the study of extreme geographic and spatial environments (including his consultative work with the United States Arctic Research Commission, the Peace Corps and the National Aeronautics and Space Administration) he extrapolated the framework for insights into the extreme sociocultural conditions of racism and sexism. He pioneered the concepts of *micro-aggressions* and *micro-traumata* and postulated how racism and sexism were analogous to situations of torture, terrorism and disaster. He remained mindful of social injustices and challenges toward human rights.

Dr. Pierce maintained a global perspective in his practice and academic career. In his enduring work in organized psychiatry, he inspired international and interdisciplinary projects and programs designed to serve all. His legacy is in accord with the central tenet of the Human Rights Award which recognizes work aimed at the prevention of human rights violations and response to the needs of its victims. We join the Councils on International Psychiatry and Minority Mental Health and Health Disparities to honor Dr. Pierce with this posthumous designation in what would have been his ninetieth year.

Respectfully,

Rahn K. Bailey, M.D., DFAPA
Representative to the Assembly, Caucus of Black Psychiatrists
American Psychiatric Association

Steven Starks, M.D., FAPA
Deputy Representative to the Assembly, Caucus of Black Psychiatrists
American Psychiatric Association

Kimberly Gordon, M.D., FAPA
President, Caucus of Black Psychiatrists
American Psychiatric Association

ATTACHMENT 4: PROPOSAL FOR JOINT COMMITTEE FOR CHESTER M. PIERCE HUMAN RIGHTS AWARD

FORM TO PROPOSE AN APA COMMITTEE

TYPE OF COMPONENT: Committee

EXISTING COMPONENT NAME AND TYPE: Human Rights Award Work Group

PROPOSED COMPONENT NAME: Chester M. Pierce Human Rights Award Nominating Committee

PROPOSED COMPONENT CHARGE:

The committee is charged with soliciting nominations from the APA membership for the Chester M. Pierce Human Rights Award and submitting recommendations for review and approval by the Board of Trustees.

TENURE AND SIZE:

Composition:

Standard committee composition, as outlined in the Operations Manual, of up to six (6) voting members with vote on committee actions and up to two (2) consultants (in rare instances), with the following ongoing requirements.

- Two (2) members from the Council on International Psychiatry (one identified as APA Fellow or ECP)
- Two (2) members from the Council on Minority Mental Health and Health Disparities (one identified as APA Fellow or ECP)
- Two (2) members from the Assembly Black Psychiatrists Caucus (one identified as APA Fellow or ECP)
- One (1) consultant from the Black Psychiatrists of America (President or member – must be APA member)*
- One (1) consultant appointed by the President (must be APA member)*

*While the appointment of consultants to a committee only occurs in rare instances, this committee necessitates such a composition in order to work cross-collaboratively with an organization and individuals as identified by the President.

Appointment/Tenure:

- Chairperson appointed annually
- Members are appointed to three (3) year terms, with one additional three (3) year term permitted if the number of years to be served does not exceed six (6). Six years of members on a committee makes one ineligible for reappointment to the same committee until two years have passed. Two appointments annually (insofar as possible)

- Consultants are appointed to one (1) year appointment, tenure shall not exceed a total of three (3) contiguous years of service on the committee, one (1) year must past before a consultant with three (3) years contiguous service may be reappointed to the committee as a consultant. Consultants may be appointed to the Committee as members are serving three (3) years or less as consultants.

Budget/Conduct of Business: Committee conducts business electronically and via conference calls.

JUSTIFICATION FOR CHANGING TO COMMITTEE STATUS:

The establishment of a committee, as opposed to a work group, was determined based on the definitions for each in the Operations Manual with work groups established "to address specific projects of short duration", while committees are established "to perform ongoing functions (as opposed to time- and task-limited)." As the Human Rights Award is an ongoing function, a committee was determined to be the best fit. Additionally, given the cross representation by groups outside of the Councils, including the Assembly Black Psychiatrists Caucus and the president or a member of the organization Black Psychiatrists of America, it was determined to be important to establish a formal structure to sustain the cross-collaborative work for the Chester M. Pierce Human Rights Award.

1. How is the proposed committee charge consistent with current APA goals?
   The committee charge supports the management of the Human Rights Award which recognizes the extraordinary efforts of individuals and organizations to promote the rights of populations with mental health needs. With the renaming of the Human Rights Award after Dr. Chester M. Pierce, the Human Rights Award also honors the accomplishments of a notable African-American psychiatrist for his research and lifework which intersected communities and cultures around the world. Together, the award and the committee serve to meet the APA strategic priorities of Diversity and Education through public recognition and the APA goal "to foster collaboration among all who are concerned with medical, psychological, socio-cultural and legal aspects of mental health and illness" as the award recognizes not only psychiatrists, but any individual and/or organization supporting the human rights and mental health needs of communities in and from any part of the world.

   The proposed work product:
   a) Why is it needed? The award recognizes and provides public recognition to individuals and organizations that work on the front lines to support the rights of communities with mental health needs. The award brings public awareness to social and cultural issues intersecting with psychiatric and mental health services.
   b) How long will it take to produce? The award nomination process starts at the beginning of each year with recommendations submitted to the October Joint Reference Committee and the December Board of Trustees meeting.
   c) What is currently available? Currently, there are no APA awards that have the opportunity to recognize the efforts of individuals or organizations from the context of rights of communities with mental health needs and the intersection with social and cultural issues.

2. What are the potential benefits of the committee's work product to APA members? The intent of the Human Rights Award is to raise awareness in the APA community of the important work of individuals and organizations serving communities in any part of the world with mental health needs. By raising awareness on issues that intersect social and cultural issues and psychiatry and mental health services, APA members can better understand the impact of psychiatry on society and better define their role as psychiatrists in such issues.

3. What are the costs involved and the available funds? The Human Rights Award has no funds associated with it and is staffed as a sub-component of the Council on International Psychiatry. The cost of the plaque presented comes from the managing department's supply expenses. There are no other available funds.

4. What is the component's track record? The Human Rights Award Work Group was established after the management of the Human Rights Award was moved from the Council on Psychiatry and Law to the Council on International Psychiatry. Initially, the work group reviewed the relevancy and impact of the award in the APA and discussed how the criteria for awarding could be improved to better serve the APA and the recipient. Under the previous component, there was no award given in three out of the five years from 2010 to 2014, however, under the current component, an awardee has been identified for three consecutive years, 2014-2017. The most recent recipient, the National Consortium on Torture Treatment Programs, reflects the work group's intent to begin to recognize individuals and organizations whose work can benefit from public recognition and support.

COST ESTIMATE: (See Chapter Two, "Component Structure of the Association," of this manual for component definitions, size, tenure, and budget/conduct of business requirements.) Contact Finance for assistance.

Airfare:	$0
Hotel & Per Diem:	$0
Conference Calls:	2
Plaque:	$157.00
Postage:	$0
Meeting Room Costs (one-half):	$0
List serve Costs:	$0
Staff time required:	$1,540.00 20 hours @ $77/hour

SOURCE OF FUNDING: Division of Diversity and Health Equity

PROPOSED BY: Council on International Psychiatry, Council on Minority Mental Health and Health Disparities

Item #8.H
Joint Reference Committee
February, 2017

Executive Summary
COUNCIL ON MEDICAL EDUCATION AND LIFELONG LEARNING
Report to the Joint Reference Committee

The Council's purview covers issues affecting the continuum of medical education in psychiatry – from undergraduate medical education to lifelong learning and professional development of practicing physicians. The Council is a convening body for the allied educational organizations including AADPRT, ADMSEP, AACDP and the ABPN.

The Council and Division of Education bring the following information items:

REFERRAL UPDATES:

ASMMAY1612.A - Performance in Practice Certification by American Psychiatric Association
The Joint Reference Committee referred the action paper *Performance in Practice Certification by the American Psychiatric Association* (ASMMAY1612.A) to the Council on Medical Education and Lifelong Learning.
The Council provided input to the JRC in October, 2016. Since that time, CMS has published a final rule and formally listed 92 Clinical Practice Improvement Activities (CPIA) as options for the MACRA/Merit Based Incentive Payment System (MIPS) program, many of which clinicians may already be doing in their practice (external link to CMS Quality Payment Program Improvement Activities). Of the listed activities, APA provides or will provide several qualifying activities: Learning Collaborative participation as part of the CMS Transforming Clinical Practice Initiative; Participation in a Qualified Clinical Data Registry; Completion of training and receipt of approved waiver for provision opioid medication-assisted treatments; and qualifying MOC part IV activities for those participating in Maintenance of certification.

OTHER UPDATES:

Council is following Congress bill HR 6333: the bill calls for amendment to title 18 of the Social Security Act with respect to the accreditation of osteopathic residency training programs for purposes of GME payments under the Medicare program. The bill would name additional accreditors beyond the Accreditation Council for Graduate Medical Education (ACGME).

APA response to ACGME with Council Input. In November 2016, the APA sent a letter to the ACGME in response to their request for comment on common program requirements. The APA used this opportunity to underscore the importance of resident wellness. The APA asked that the ACGME consider requiring that programs inform residents of how to seek confidential mental health and substance use treatments services within their institutions and/or off-campus clinicians, and that the ACGME consider a formal wellness-focused curricular requirement.

Update on Projects of the Council
As follow up to the Education Summit fall 2016, the Council is organizing three projects: Teaching and Receiving Feedback; Personal Learning Project Tool, based on the Canadian Model introduced at the Education Summit; outreach to the membership regarding needs and interests in self-assessment and motivation for learning. Currently the Council is working on designing a pilot project to test this tool.

Launch of Learning Collaboratives as part of the Centers for Medicare and Medicaid Services (CMS) Transforming Clinical Practice Initiative (TCPI) Support and Alignment Network (SAN) Grant – APA is working with the AIMS Center to provide training and make practice connections for physicians interested in practicing in integrated care settings. A three month Learning Collaborative course project is underway with resource, geographical, and practice area cohorts. ABPN has approved participation in the Learning Collaborative program for MOC 2 and 4. Participation in Learning Collaboratives also qualifies as a MACRA/MIPS Improvement Activity.

Joint Sponsorship Pilot Program - With input from the Council on Medical Education and Lifelong Learning, APA has expanded the Joint Sponsorship program to Allied Associates: New Jersey District Branch of AACAP, ADMSEP, and Cohens Veterans network.

Council on Medical Education and Lifelong Learning met by phone November 30, 2016 (Attachment 1 CMELL)

Minutes
COUNCIL ON MEDICAL EDUCATION AND LIFELONG LEARNING
By phone, November 30, 2016

Attendance:
Mark Hyman Rapaport, MD – Chairperson
Marshall Forstein, M.D. – Vice Chair
Rashi Aggarwal, M.D., Member
Steven Fischel, MD, Member
Venkata B. Kolli, M.D., Consultant
M. Philip Luber, M.D., Corresponding Member
Edward Kenneth Silberman, M.D., Member
Jose P. Vito, M.D., Member
Art Walaszek, MD, (AADPRT) Corresponding Member, reporting by phone
Ashley Curry, M.D. – APAF/Public Psychiatry Fellow
Claudine Jones-Bourne, M.D. – APAF/Diversity Leadership Fellow
Laura Pientka, D.O. – APAF/Leadership Fellow
W. Gregory Briscoe, M.D. – ADMSEP, Corresponding Member
Esperanza Diaz, M.D., Consultant
Larry R. Faulkner, M.D. – ABPN, Corresponding Member
Ondria C. Gleason, M.D. – AACDP, Corresponding Member
Richard Summers, M.D., Corresponding Member

APA Administration:
Tristan Gorrindo, M.D.
Kristen Moeller

Not Attending:
Benoit Dube, M.D., Member
Eric Kwan Jo Hung, M.D., Member
Justin Hunt, M.D., Member
Christopher R. Thomas, M.D., Member
Melinda Young, M.D., Member
Nicole Albrecht, M.D. – APAF/Diversity Leadership Fellow
Linda Drozdowicz, M.D. – APAF/Leadership Fellow
Erica Lubliner, M.D. – APAF/Diversity Leadership Fellow
Stefania Prendes-Alvarez, M.D., M.P.H. – APAF/SAMHSA Fellow
Lisette Rodriguez-Cabezas, M.D. – APAF/SAMHSA Fellow
Lynneice Bowen, M.D. – APAF/Diversity Leadership Fellow

Minutes
Council on Medical Education and Lifelong Learning
November 30, 2016 5:00 pm – 6:00 pm Eastern by phone

Information Item – Council Work Plan 2015-2017

The Council on Medical Education and Lifelong Learning is scheduled to complete its 3-year work plan for the February 2017 JRC meeting - The deadline for receipt is January 19th, 2017.

Council Projects – Further thoughts and Next Steps

Feedback Project – AADPRT is currently already focusing on a number of survey projects; the feedback project hopes to connect with APA CORF to incorporate the resident perspective.

Personal Learning Project Tool – Discussion of Next Steps. Would need to be able to coordinate with ACCME, ABPN, and others in order to align requirements. Think about development of app which would track literature searches and provide credit for self-directed learning.

Assessment and Self-Assessment – Qualitative work needed to inform the survey questions. Could plan to incorporate one or two questions into an existing member survey.

Possible of interest development in GME – report from Art Walaszek, AADPRT liaison to the Council

- US House W&MC currently evaluating proposed bill that would amend the definition of FMG and remove ACGME as the accreditor and allow CMS director to approve 2 potential accrediting bodies. One of the potential downstream consequences of modifying the definition of FMG would be to remove Mhhedicare dollars for funding training slots. Concern from training community that programs might have variable training experiences based on different standards.
- Possible driver for this bill may be related to increasing number of US medical grads and making more room in residency programs for US grads coming out of allopathic and osteopathic schools.
- Need to check-in with AAMC and AMA re their efforts. (Update 12/2/16: AAMC taking lead on advocacy efforts. APA DGR will find out how Council can be involved.)

Updates on Action items

Update on MACRA and Action item ASMMAY 1612A

The action paper asks that the APA explore the possibility of the APA creating a program that packages MOC requirements such as PIP, Self-Assessment CME.

BE IT RESOLVED: The APA Division of Education along with the Council on Medical Education and Lifelong Learning explore the possibility of the APA creating a program whereby the currently existing products that satisfy MOC requirements such as PIPs, Self-Assessment CME and the safety course be packaged together and if required elements are met, the physician would receive a certificate recognizing participation in the program. The certificate could be used by the member to satisfy Part 4 of MOC if they are participating in MOC or used to prove participation in quality improvement for federal reimbursement if not participating in MOC.

Improvement Activities that APA can provide:

- Participation in the CMS Transforming Clinical Practice Initiative
- Participation in a Qualified Clinical Data Registry, demonstrating performance of activities that promote use of standard practices, tools and processes for quality improvement (e.g., documented preventative screening and vaccinations that can be shared across MIPS eligible clinician or groups).

Information item

ACCME Introduces New Commendation Criteria -On the next call, discuss new criteria, APA CME mission and goals and ways to meet commendation criteria.

Other Business

None

Meet at Annual Meeting San Diego Saturday, May 20 Time TBD

Executive Summary
Council on Minority Mental Health and Health Disparities

Christina Mangurian, M.D., M.A.S., Chairperson

The Council on Minority Mental Health and Health Disparities (CMMH/HD) has the responsibility for the representation of and advocacy for both minority and underserved populations and psychiatrists from minority and underrepresented groups. The CMMH/HD seeks to reduce mental health disparities in clinical services and research, which disproportionately affect women and minority populations. The CMMH/HD aims to increase awareness and understanding of cultural diversity and to foster the development of attitudes, knowledge, and skills in the areas of cultural competence through consultation, education, and advocacy within both the APA and the field of psychiatry and public policy. The CMMH/HD aims to promote the recruitment into the profession and into the APA and retention/leadership development of psychiatrists from minority and underrepresented groups both within the profession and in the APA.

Action Item:

ACTION: Will the Joint Reference Committee recommend that the Assembly approve the Position Statement on the "Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement?"

Information Items:

Conversations on Diversity
The Board of Trustees approved extension of "Conversations on Diversity" at 2017 APA Annual Meeting and IPS. The CMMH/HD and DDHE are working to appropriate person to serve as facilitator for the 2017 Annual Meeting session on Conversations on Diversity.

Toolkit: Trauma related to Hate Crimes
The CMMH/HD along with APA's DDHE and Communication's Division is just starting to develop an educational resource to help groups deal with the trauma associated with a recent increase in hate crimes. This resource may help both physicians and the patients with whom they serve. It will be hosted on APA's website in late 2017.

Joint statement on Conversion Therapy
The JRC referred the action paper "U.S. Joint Statement on Conversion Therapy" to the CMMH/HD for discussions and feedback. The CMMH/HD discussed the statement and requested members to send their additional responses via email. The CMMH/HD supported this Action Paper, with the only suggestion to consider saying that this statement applies across the lifespan.

Council Liaisons
The CMMH/HD Council is working to establish liaisons who will serve as conduits to other APA Councils to maximize the resources and expertise of members in a mutually beneficial capacity as needed.

M/UR Caucus Liaisons
The CMMH/HD has appointed member and fellow liaisons to 6 MU/R Caucuses. The CMMH/HD established member and fellow liaisons for M/UR Caucuses to ensure that the needs of all M/UR groups are met. The function of this role is to inform the M/UR Caucuses about CMMH/HD activity, solicit feedback and nominations on M/UR Awards and to review action papers, position statements, abstracts for upcoming workshops, symposia, etc.

BOT Ad Hoc Work group on Bias
The CMMH/HD looks forward to working collaboratively with BOT on this Ad Hoc Work Group

Chester M. Pierce Human Rights Award Proposal
The Council on International Psychiatry is bringing forward a joint proposal with the CMMH/HD, in coordination with the Assembly Black Psychiatrists Caucus, and with the support of the Black Psychiatrists of America, to rename the "Human Rights Award" the "Chester M. Pierce Human Rights Award." As the Human Rights Award is currently managed by the Council on International Psychiatry, the proposal and the associated action items are being submitted by the Council on International Psychiatry to the JRC.

Position Statements:

"Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement"
Following up on the referral of the Joint Reference Committee to develop a position statement on refugee mental health, which stemmed from an Assembly Action Paper (Attachment), the cross-Council Work Group on Refugee Mental Health developed a Position Statement on the "Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement."

The Work Group on Refugee Mental Health was a cross-council work group and consisted of members from the CMMH/HD, the Council on International Psychiatry, the Council on Children, Adolescents, and Their Families, and the Council on Psychiatry and Law.

The cross-council work group worked over the course of several months meeting via conference call, working electronically via email, and collaboratively through an online platform to share documents and co-edit drafts of the position statement and background information. These drafts were then forwarded to the Councils with representatives in the work group to review and provide comments and feedback to the cross-council work group for consideration. Overall support was received from all the Councils and recommendations from the Council on Psychiatry and Law to help clarify the intent and enhance the caliber of the position statement were incorporated.

"Domestic Violence Against Women" and "Domestic Violence"
The JRC referred the above-mentioned statements back to the CMMH/HD and requested that these be combined and revised. In response, the CMMH/HD initiated conversations and will discuss further at the next teleconference slated for February 2017.

"Prevention of Violence" and "Violence in America Can and Must Be Prevented: A Call for Action from Medicine, Nursing, and Public Health"
The JRC referred the above-mentioned statements back to the CMMH/HD and requested that these be combined and revised. In response, the CMMH/HD initiated conversations and will discuss further at the next teleconference slated for February 2017.

"Religious Persecution and Genocide"
The JRC referred the position statement back to the CMMH/HD and asked that CMMH/HD think through the current position statement and its potential implications and determined whether it should be

retained, retired or revised. In response, the CMMH/HD initiated conversations and will discuss further at the next teleconference slated for February 2017.

Dissemination of Work
The CMMH/HD has several accepted presentations at the APA Annual Meeting and submitted for the IPS meeting.

Logistics
The CMMH/HD council has established monthly conference calls.

Item 2016A1 12.D
Assembly
May 13-15, 2016

ACTION PAPER
FINAL

TITLE: Position Statement on Migrant and Refugee Crisis around the World

WHEREAS:

1. Massive migrations have taken place creating a major challenge to the Governments of the host countries

2. Such migrations have created a major demand for basic physical and mental health care as well as cultural understanding of complex personal and social issues

3. The long haul of the migration journey and its traumatic sequelae engender demoralization and mental health casualties among refugees and other migrants

4. Concrete and well-coordinated actions are needed with emphasis on positive use of clinical resources to attend to the needs of refugees and other migrants

5. The World Association of Cultural Psychiatry (WACP), an international organization of experts in cultural psychiatry, has approved a Position Statement on this issue (http://waculturalpsy.org/wp/wp-content/uploads/2016/03/WACP-Declaration-2015-F-Final.pdf)

6. The APA does not have a Position Statement on refugees or migrant crisis

BE IT RESOLVED:

The appropriate component of the APA develop a position statement on the mental health impact of the migrant and refugee crisis in time for review at the Assembly meeting in the fall of 2016.

The APA supports the intent and sentiment as expressed by the WACP's Call for Action on the Position Statement *Migrant Crisis Around the World.*

AUTHORS:
John M. de Figueiredo, M.D., ScD, DLFAPA, Representative, Connecticut Psychiatric Society
Steven Daviss, M.D., DFAPA, Representative, Maryland Psychiatric Society
Judy Glass, M.D., MAPA, Representative, Quebec and Eastern Canada District Branch
Roger Peele, M.D., DLFAPA, Representative, Washington Psychiatric Society
Ranga Ram, M.D., Representative, Psychiatric Society of Delaware
Maria Tiamson-Kassab, M.D., DFAPA, FAPM, Representative, San Diego Psychiatric Society
Craig Zarling, M.D., Representative, Area 7

ESTIMATED COST:
Author: $0
APA: $154

ESTIMATED SAVINGS: $0

ESTIMATED REVENUE GENERATED: $0

ENDORSED BY: San Diego Psychiatric Society

KEY WORDS: Refugees Migrants Culture Demoralization Mental health

APA STRATEGIC PRIORITIES: Advancing Psychiatry, Education, Diversity

REVIEWED BY RELEVANT APA COMPONENT: Council on International Psychiatry

APA Official Actions

Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement

Approved by the Board of Trustees, XXXX
Approved by the Assembly, XXXX

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

Issue:
An unprecedented level of migration due to a variety of socio-political and economic factors has marked the 21st century. Currently, 65.3 million persons worldwide have been forcibly displaced by armed conflict, political oppression, starvation, or other catastrophes (1). While people who are displaced both within and out of countries can demonstrate high levels of resiliency, they can also experience disabling posttraumatic disorders or other consequences that adversely impact medical, psychological, social, and spiritual well-being. These consequences can range from demoralization to various sequelae involving simple and complex trauma complicated by the migratory journey and resettlement process. Perpetuating factors can include limited access to basic services, including appropriate medical and mental health care, legal and financial stressors, as well as discrimination faced in the host community, all of which can contribute to poorer mental health outcomes. These migration-related and post-migration stressors can produce demoralization, grief, loneliness, loss of dignity, and feelings of helplessness as normal syndromes of distress that impede refugees from living healthy and productive lives (2, 3, 4).

Position:
American psychiatrists have broad skill sets for relieving suffering inflicted upon immigrants and refugees by displacement from and within their home countries and can provide direct psychotherapeutic and psychosocial interventions, as well as programmatic leadership, for the care of persons suffering posttraumatic symptoms and other migration-related syndromes of distress (5, 6, 7, 8, 9, 10).

The American Psychiatric Association (APA) supports the following:

1. The treatment of all immigrants, refugees and displaced persons with dignity and respect during all stages of the migratory process.

2. The development of partnerships between health and mental health providers, communities, elected officials, social and spiritual groups, immigration and customs enforcement (ICE) detention centers, and the asylum evaluation process, to address gaps in providing comprehensive, appropriate, and culturally competent care for these patients.

3. The identification of patients who have unidentified or unmet mental health needs and intervention when appropriate.

4. The appropriate training of psychiatrists to improve competency in delivering trauma-informed and culturally competent care to diverse immigrant, refugee, and displaced populations.

Authors: Council on Minority Mental Health and Health Disparities (Francis Lu, M.D., Evaristo Akerele, M.D., Samra Sahlu, M.D., Carine Nzodom, M.D.), Council on International Psychiatry (James Griffith, M.D., Dyani Loo, M.D., Colin Buzza, M.D., M.P.H., M.Sc.), Council on Children, Adolescents, and Their Families (Kimberly Gordon, M.D.), Council on Psychiatry and Law (Furqan Nusair, M.B.B.S., Rachel Robitz, M.D.)

---

1. United Nations High Commissioner for Refugees, *Global Trends: Forced Displacement in 2015* (2016). Retrieved from www.unhcr.org/576408cd7.pdf.
2. Miller, K.E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. Social Science & Medicine 70:7–16.
3. Al-Krenawi, A., Lev-Wiesel, R., & Sehwail, M. (2007). Psychological symptomatology among Palestinian children living with political violence. Child and Adolescent Mental Health 12:27–31.
4. Fernando, G.A., Miller, K.E., & Berger, D.E. (2010). Growing pains: the impact of disaster-related and daily stressors on the psychological and psychosocial functioning of youth in Sri Lanka. Child Development 81:1192-1210.
5. Griffith J.L., & Gaby L. (2005). Brief psychotherapy at the bedside: Countering demoralization from medical illness. Psychosomatics 46:109-116.
6. Griffith J.L. (2013). Existential Inquiry: Psychotherapy for crises of demoralization. The European Journal of Psychiatry, 27:42-47.
7. Hinton D.E., & Jalal, B. (2014). Guidelines for the implementation of culturally sensitive cognitive behavioral therapy among refugees and in global contexts. Intervention 12:78-93.
8. Somasundaram, D. (2014). Addressing collective trauma: conceptualizations and interventions. Intervention 12:43-60.
9. World Psychiatric Association, *Position Statement on Europe Migrant and Refugee Crisis* (2016). Retrieved from www.wpanet.org/detail.php?section_id=7&content_id=1772.
10. World Association of Cultural Psychiatry, *Position Statement on the Migrant Crisis Around the World* (2015). Retrieved from waculturalpsy.org/wp/wp-content/uploads/2016/03/WACP-Declaration-2015-F-Final.pdf.
11. World Bank Group, *Mental health among displaced people and refugees: Making the case for action at the World Bank Group* (2016). Retrieved from pubdocs.worldbank.org/en/728101481211075256/Mental-health-among-displaced-people-and-refugees-pmarquez-version-december-8-2016.pdf

Background Information on the Role of Psychiatrists in Addressing Care for People Affected by Forced Displacement

American psychiatrists have broad skill sets for relieving suffering inflicted upon immigrants and refugees by displacement from their home countries. Currently, 65.3 million persons worldwide have been forcibly displaced by armed conflict, political oppression, starvation, or other catastrophes (1). Since 1975, 3 million refugees have arrived in the U.S., 40% of whom have been children (2, 3). Approximately 44% of U.S. refugees have reported torture (4). Psychiatrists have skills for biopsychosocial assessment and treatment that can discriminate among the differing needs for mental health services and psychiatric care presented by different displaced persons, including migrants, immigrants, refugees, torture-survivors, and political asylees. Psychiatric treatment is needed for refugees suffering symptoms of posttraumatic stress disorder (PTSD), dissociative disorders, and depression as psychiatric illnesses precipitated by the traumatic events that propelled flight from home countries (5). However, recent studies have found migration-related and post-migration stressors - such as unsafe or crowded living conditions, social isolation, stigma, and inadequate schools for children - to have adverse effects of equivalent magnitude to initial traumatic events in their activation of PTSD and depression (6, 7, 8). These migration-related and post-migration stressors can produce demoralization, grief, loneliness, loss of dignity, and feelings of helplessness as normal syndromes of distress that impede refugees from living healthy and productive lives (6, 7, 8). Psychiatrists can provide direct psychotherapeutic and psychosocial interventions, as well as programmatic leadership, for humanistic care of persons suffering normal syndromes of distress (9, 10, 11, 12, 13, 14). In summary, psychiatrists have roles in the care of immigrants, refugees, and displaced persons that include: (1) assessing the differing needs for psychiatric treatment and mental health services among immigrants, refugees, and other displaced persons; (2) assessing and treating both psychiatric illnesses and normal syndromes of distress that are a consequence of forced displacement and stresses of migration; and (3) implementing resilience-building strategies that can strengthen mental health of refugees, both as individuals and as refugee communities.

---

1. United Nations High Commissioner for Refugees, *Global Trends: Forced Displacement in 2015* (2016). Retrieved from www.unhcr.org/576408cd7.pdf.
2. Igielnik, R. (2016). Where do refugees to the U.S. come from? Pew Research Center. Retrieved from www.pewresearch.org/fact-tank/2016/06/17/where-refugees-to-the-u-s-come-from/.
3. Bridging Refugee Youth & Children's Services. Refugee 101. Retrieved from www.brycs.org/aboutRefugees/refugee101.cfm.
4. Higson-Smith, C. (2015). Updating the estimate of refugees resettled in the United States who have suffered torture. Center for Victims of Torture. Retrieved from www.cvt.org/sites/cvt.org/files/SurvivorNumberMetaAnalysis_Sept2015_0.pdf
5. Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R.A., van Ommeren, M. (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement. The Journal of the American Medical Association, 5:537–49.
6. Miller, K.E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. Social Science & Medicine 70:7–16.

7. Al-Krenawi, A., Lev-Wiesel, R., & Sehwail, M. (2007). Psychological symptomatology among Palestinian children living with political violence. Child and Adolescent Mental Health 12:27–31.
8. Fernando, G.A., Miller, K.E., & Berger, D.E. (2010). Growing pains: the impact of disaster-related and daily stressors on the psychological and psychosocial functioning of youth in Sri Lanka. Child Development 81:1192-1210.
9. Griffith J.L., & Gaby L. (2005). Brief psychotherapy at the bedside: Countering demoralization from medical illness. Psychosomatics 46:109-116.
10. Griffith J.L. (2013). Existential Inquiry: Psychotherapy for crises of demoralization. The European Journal of Psychiatry, 27:42-47.
11. Hinton D.E., & Jalal, B. (2014). Guidelines for the implementation of culturally sensitive cognitive behavioral therapy among refugees and in global contexts. Intervention 12:78-93.
12. Somasundaram, D. (2014). Addressing collective trauma: conceptualizations and interventions. Intervention 12:43-60.
13. World Psychiatric Association, *Position Statement on Europe Migrant and Refugee Crisis* (2016). Retrieved from www.wpanet.org/detail.php?section_id=7&content_id=1772.
14. World Association of Cultural Psychiatry, *Position Statement on the Migrant Crisis Around the World* (2015). Retrieved from waculturalpsy.org/wp/wp-content/uploads/2016/03/WACP-Declaration-2015-F-Final.pdf.
15. World Bank Group, *Mental health among displaced people and refugees: Making the case for action at the World Bank Group* (2016). Retrieved from pubdocs.worldbank.org/en/728101481211075256/Mental-health-among-displaced-people-and-refugees-pmarquez-version-december-8-2016.pdf

COUNCIL ON PSYCHIATRY AND LAW

EXECUTIVE SUMMARY:
The Council on Psychiatry and Law has continued its work evaluating legal developments of national significance, proposed legislation, regulations, and other government intervention that will affect the practice of psychiatry, including the subspecialty of forensic psychiatry.

Informational Items:

1. WORKGROUP ON MENTAL ILLNESS AND CRIMINAL JUSTICE

The Workgroup on Mental Illness and Criminal Justice, chaired by Dr. Robert Trestman, drafted a Resource Document titled "Why Should More Psychiatrists Participate in the Treatment of Patients in Jails and Prisons?". That document was approved by the JRC in October 2016, and permission to publish a longer version of the document was requested and granted by the Board of Trustees in December 2016. The Workgroup decided not to move forward with the publication process for the longer document, and the Resource Document has now been placed on the APA website.

2. GUN SEIZURE LAWS WORKGROUP

The Gun Seizure Laws Workgroup, chaired by Dr. Reena Kapoor, is working to develop a Resource Document. At this time, the document's working title, subject to change, is "Gun Seizure Laws Based on Dangerousness."

3. PHYSICIAN ASSISTANCE WITH DYING WORKGROUP

The Physician Assistance with Dying Workgroup, chaired by Dr. Stuart Anfang, is working to revise the draft Resource Document which it presented to the Council in September 2016, with hopes to have a revised version for review by the full Council at the May 2017 Annual Meeting.

4. WORKGROUP ON LAW ENFORCEMENT RESPONSES TO PERSONS WITH MENTAL ILLNESS

The Workgroup on Law Enforcement Responses to Persons with Mental Illness, chaired by Dr. Debra Pinals, was established at the September 2016 Components meeting to consider a position statement regarding law enforcement responses to mental illness. The Council on Minority Mental Health and Health Disparities wanted to ensure that the statement also made mention of racial tensions embedded in any document. The Workgroup has drafted a Position Statement that is currently under review by the full Council on Psychiatry and Law. It is anticipated that the document will be able to be presented formally to the JRC prior to or at the May APA Annual Meeting. Per the recommendation of the full Council on Psychiatry and Law, the Position Statement was determined to be the needed next step, and the possibility of a Resource Document will be discussed further for the Workgroup's consideration.

5. WORKGROUP ON FIREARMS IN HOSPITALS/ERS

The Workgroup on Firearms in Hospitals/ERs, chaired by Dr. Jeff Janofsky, made a presentation on the topic of firearm use in hospital settings at the October 2016 meeting of the American Academy of Psychiatry and the Law and the document is being modified based on feedback received.

6. PHYSICIAN HEALTH PROGRAMS WORKGROUP

The Physician Health Programs Workgroup, chaired by Dr. Pat Recupero, is preparing a document and plans to complete a draft prior to the Annual Meeting in May for review by the full Council on Psychiatry and Law and the Council on Addiction Psychiatry.

7. WORKGROUP TO REVISE 2011 POSITION STATEMENT ON REVIEW OF SENTENCES FOR JUVENILES SERVING LENGTHY MANDATORY TERMS OF IMPRISONMENT

At the 2016 September Components Meeting a Workgroup, chaired by Dr. Peter Ash, was formed to rewrite the 2011 Position Statement on Review of Sentences for Juveniles Serving Lengthy Mandatory Terms of Imprisonment, which had been referred to the Council for review. The Workgroup is continuing its work to rewrite the position statement.

Item #8.K
Joint Reference Committee
February 12-13, 2017

Executive Summary

The Council on Psychosomatic Medicine (CPM) focuses on psychiatric care of persons who are medically ill and/or pregnant and works at the interface of psychiatry with all other medical, obstetrical, and surgical specialties. It recognizes that integration of biopsychosocial care is vital to the well-being and healing of patients and that full membership in the house of medicine is essential for our profession.

Since the JRC report in July 2016, the Council has been focused on the following issues:

- **Name Change.** Over the past year, the Council has had multiple discussions of the viability of changing the name of the field from Psychosomatic Medicine to an alternative choice. This has been primarily based on the poor recognition of name "Psychosomatic Medicine" by the public, other medical specialties, and many general psychiatrists. In addition, the term "psychosomatic" is considered by many to be pejorative. Working closely with the Academy of Psychosomatic Medicine (APM), surveys were sent widely to psychiatrists in the field, who strongly agreed with both name change as well as the specific choice of Consultation-Liaison Psychiatry. This change received overwhelming support by the Council, APM members, and the APA Board of Trustees during its most recent meeting. We now are engaged in seeking approval from other critical national organizations including ACGME and ABPN.
- **Video Project.** The Council is developing a Prezi Video that will be used as a recruiting tool to increase interest for medical students and Psychiatry residents in Psychosomatic Medicine/Consultation-Liaison Psychiatry. You may view it here. We are working with APM and APA's Department of Communications to disseminate the video. The fellows on the PM Council who initially launched this project felt that knowing about the field as a medical student would have greatly facilitated their choice to enter psychiatry as a career.
- **Position Statement.** The Council is working in partnership with the APA Council on Geriatric Psychiatry to develop a Position Statement on "Palliative Care and Psychiatry."
- **Work Groups.** Currently, several subgroups are working on the development of Resource Documents on the following topics:
    - QTc Prolongation Associated with Psychotropic Medications
    - Assessment of Capacity for Medical Decision Making
    - Emergency Department Boarding of Individuals with Acute Mental Illness

No actions requested.

Item JRC #8.L
Joint Reference Committee
March 2017

Executive Summary

Action Item

Will the Joint Reference Committee recommend that the Board of Trustees approve the American Psychiatric Association's Platform and Strategy on Performance Measurement?

- During the July 2015 Board of Trustee's meeting, the Board approved the establishment of the Performance Measurement Committee and its assigned charge. The Board determined the Committee will report to the Council on Quality Care.
- The first item within the approved charge directs the Committee to develop an Association platform and strategy on quality measurement. Please see the attachment for the previously approved Committee charge.
- Please see the attachment for the Performance Measurement Committee's draft Platform and Strategy.

Referral Updates

In October 2016, the JRC requested that the Council on Quality Care continue to review existing uniform standards for mental health hotlines, in response to the action paper: *APA Position Statement: Mental Health Hotlines* (ASMMAY1612.C). The Council has concluded that there is minimal information on such uniform standards. However, the Council members agree that some form of guidelines do already exist by at least two reputable entities and the Council supports the endorsement of these guidelines.

- Please see the attached original Position Statement.
- American Society of Suicidology Accreditation Manual linked here.
- National Suicide Prevention Lifeline (NSPL) Suicide Risk Assessment Standards linked here.

In response to the original June 2016 JRC request that the Council on Quality Care draft a new position statement addressing the attached Action Paper: *Pharmacists Substituting Medications with Similar Mechanisms of Action* (ASMMAY1612.I), the following has occurred:

- In October 2016, the JRC requested that the Council on Quality Care redraft a position statement on pharmacists substituting medications with "similar mechanisms of action" and include in the statement generic and biosimilar medications.

  As a result of Council discussion during the December 2016 Council on Quality Care Teleconference, Council members agreed that they will not include a "generics and biosimilar statement" in their updated position statement as it is "not considered of value within this current statement."

- The Council was also asked by the JRC to determine why the American Medical Association (AMA) utilized the term "moiety" in their policy statement (attached): "Therapeutic and Pharmaceutical Alternatives by Pharmacists," which the Council on Quality Care utilized to draft the new APA statement. The Council determined that "Pharmaceutical moiety" or "moiety," which is defined as "the molecule or ion which is responsible for the physiological or pharmacological action of the drug or chemical substance," is the most accurate term to describe the action which the Action Paper: *Pharmacists Substituting Medications with Similar Mechanisms of Action*
(ASMMAY1612.I) is attempting to describe. Please see the attached draft statement from the Council.

Meeting Minutes

- Please see the minutes of the December 2016 meeting of the Council on Quality Care, in the attachment.

Approved 7/12/15
Charge: Quality Measurement Committee

The APA Measurement Committee is a reporting component of the Council on Quality Care that includes members with expertise in both: 1) care systems, services, and settings; and 2) quality and performance measurement. This committee acts as an immediate resource for APA Quality staff for various quality policy initiatives and regulations. The work group is charged with:

1. Establishing an Association strategy and platform on quality measurement;
2. Laying out the potential nature, scope and purposes of quality measures and key questions that such measures might answer;
3. Advising on which types of measure development projects might be most suitable and appropriate for APA involvement.
4. Identifying key stakeholders for such APA measure development;
5. Assessing the current environment of medical specialty society's involvements with measures: currently active and developing measures among medical specialty societies and other healthcare organizations;
6. Determining the different mechanisms through which the APA might become involved in performance measurement, which should include direct involvement in the establishment of new measures focused on various conditions and the possible provision of guidance to existing measure development efforts;
7. Addressing long-term sustainability, including outlining budgetary considerations for various performance measurement development scenarios and identifying potential funding sources.

This committee should be chartered so that it is not dependent on semi-annual council meetings to be able to render expertise regarding quality proposals proposed to be adopted nationally. It will provide periodic written or verbal updates to the Council on Quality Care.

American Psychiatric Association Platform and Strategy on Performance Measurement (2017)

The American Psychiatric Association (APA), with its leadership in synthesizing psychiatric research evidence into practice guidelines, is well poised to improve the quality of care in the areas of mental health and patient engagement. Measuring and monitoring treatment and outcomes are essential components of quality improvement, and thus performance measurement is a high priority for APA and our national health care needs.

In summary, APA Board of Trustee approved (May, 2015) "strategic findings" of the Ad Hoc Work Group on APA Health Care Reform include, among others, recommendations to prioritize psychiatric leadership in defining the quality measurement of psychiatric services in US healthcare, establish a specific plan of action to ensure representation of the APA on the boards or advisory councils of the national stakeholders that are involved with nationally significant quality measures, and create a standing committee within the Council on Quality Care that includes members with expertise in both: 1) care systems, services, and settings; and 2) quality and performance measurement.

The APA Committee on Performance Measurement drafted the following Platform and Strategy to reflect the Committee's Board of Trustee's approved (July, 2015) charge. Performance Measurement Committee members and authors include:

Karen Pierce, MD (Chair)
Matthew Iles-Shih MD, MPH
John (Jack) McIntyre, MD
James Nininger, MD
Paul Pfeiffer, MD
Glenda Wrenn, MD

The APA is committed to engage in the following activities:

1. **Upstream Guidance:** Provide leadership and influence to develop quality measures with input and guidance based upon our members' specialized clinical expertise. The APA as a national physician-led organization is dedicated to improving patient health and safety, identifying, and developing evidence-based practices, promoting the use of clinical guidelines, and advancing the science of patient care. Measuring quality requires substantial resources and many stakeholders. Due to the high cost of measure development, the APA agrees that in-house development of measures by the Association will not be the prime focus of the APA's resources. Rather, the APA will typically collaborate with other organizations, societies, and entities wherein the requisite resources for such development already exist.

   The APA will also take into consideration the need for electronically specified performance measures. It is valuable to maintain a level of awareness with the various information technology (IT) applications (e.g. EHRs, smart device applications, etc.) through synergizing efforts between the APA Performance Measurement Committee and the APA Committee on Mental Health and Information Technology. Currently, there is limited integration of IT within mental health and

substance use disorder performance measures. Though these technological advancements have been shown to have significant potential to facilitate the delivery of safe, high-quality, and cost-effective care within general health care, its application into mental health care has been slow. These efforts will aim to increase the likelihood of utilization by clinicians in practice without great resistance and with decreased burden.

2. **Partner:** Our goal is to become involved in development efforts through partnering with others in the *National Quality Enterprise*. By partnering with multidisciplinary groups involving patients, other physician groups, and other stakeholders, the APA will seek to lend its psychiatric clinical expertise to facilitate the development of measures and guidelines that are concise, evidence-based, and easy to implement. A recent review (3) suggested that Safe Harbors for Improving Performance (SHIP) recommends future development and maintenance of measures will require such partnerships. The APA Committee on Performance Measurement has identified a list of potential partners which include, but are not limited to:
   - National Quality Forum (NQF)
   - The Physician Consortium for Performance Improvement® (PCPI)
   - NQF convened National Priorities Partnership (NPP) and Measure Applications Partnership (MAP)
   - Health Information and Management Systems Society (HIMSS)
   - HIMSS Electronic Health Record (EHR) Association
   - National Committee for Quality Assurance (NCQA)
   - Institute for Healthcare Improvement (IHI)

3. Continue to **monitor** and **maintain** current measures that have been assigned to the APA from PCPI. In 2014/2015 the APA became measure stewards and joint copyright holders of several measure sets comprised of several individual measures including Adult Major Depressive Disorder, Substance Use Disorder, Dementia, and Child and Adolescent Major Depressive Disorder. In taking on these measures, we have agreed to manage their utilization (by submitting these measures for potential use in measure reporting programs and then working with the reporting program managers should the submitted measure be instituted within the measure reporting program), NQF endorsement, and any necessary scientific updates.

4. **Identify** and **advise** on measurement priorities by providing an environmental scan of the gaps in psychiatric care as a means of guiding future projects. In coordination with the APA's Council on Quality Care and Committee on Practice Guidelines, the Performance Measurement Committee will identify and recommend measures for development that are relevant and reflective of gaps in care, are practical, and user-friendly. In addition, a member of the Performance Measurement Committee will be assigned to each Practice Guideline Writing Group and will participate in the group's drafting of guidelines to ensure recommendations within the guidelines are written in a measurable fashion. We will continue to include a measurement/quality improvement section within each APA clinical practice guideline that discusses the guideline's recommendation statements. This measurement/quality improvement section and collaboration between the members of the Performance Measurement Committee and Practice Guideline Writing Group

(appointed by the Committee on Practice Guidelines) will aid in development and appropriate use of quality measures.

5. **Respond** to white papers, measure development reports, regulations, etc. that are developed by other stakeholders when the psychiatric clinical perspective is needed, as well as to better advocate for psychiatric clinicians who will be affected by such documents (rules or regulations). The APA will review measures and quality improvement papers from other stakeholders and provides a rapid turn-around with both our clinical subject matter expertise and measurement expertise.

6. The APA, through its Performance Measurement Committee, will look to **develop** new performance measures for integration into the APA-led PsychPro Registry and possible integration into the Merit-Based Incentive Payment System's (MIPS) Quality Performance Category. This is an effort that will require collaboration with the Registry Oversight Workgroup and its sub-workgroup on measures implementation, as well as additional member participation and leadership. This will evolve as the registry is further integrated into member practices.

References:

1. Goldman, M, Spaeth-Rublee, B, Pincus, H, Quality Indicators for Physical and Behavioral Health Care Integration, *JAMA.* 2015;314(8):769-770.
2. Glied, S, Stein, B, et al, Measuring Performance in Psychiatry: A Call to Action, Psychiatric Services. 2015; 66;8:872-878.
3. McGlynn, E, and Kerr, E, Creating Safe Harbors for Quality Measurement Innovation and Improvement, *JAMA.* 2016;315(2):129-130.
4. Pincus HA, Scholle SH, Spaeth-Rublee B, Hepner KA, Brown J. Quality Measures For Mental Health And Substance Use: Gaps, Opportunities, And Challenges, Health Affairs (Millwood). 2016 Jun 1;35(6):1000-1008.
5. Ranallo PA, Kilbourne AM, Whatley AS, Pincus HA. Behavioral Health Information Technology: From Chaos To Clarity, Health Affairs (Millwood). 2016 Jun 1;35(6):1106-1113.

Item 2016A1 12.C
Assembly
May 13-15, 2016

ACTION PAPER
FINAL

Title: APA Position Statement on Mental Health Hotlines

WHEREAS:
1. The APA has no position statement on mental health hotlines.

2. States have varying standards on mental health hotlines.

3. There have been several cases of calls made to mental health hotlines being referred to a voice mail in the VA System and similar routing to voice mail may happen in other settings.

4. Mental health hotlines are meant to produce an immediate response by a trained live operator at all times.

5. The lack of such immediate response by a trained live operator could result in attempted or successful suicide or homicide by the caller.

6. There is a critical need to provide a competent and prompt response to all calls and requests for help made by individuals who feel suicidal or homicidal or facing a serious mental health crisis.

7. Mental health hotlines in the United States and Canada should be answered by a live operator trained to answer calls made by individuals who feel suicidal or homicidal or facing a serious mental health crisis at all times during their operating hours and such calls should never be routed to a voice mail.

8. This is an issue that affects quality of care and patients' safety.

BE IT RESOLVED:
The APA Assembly requests the Council on Quality Care to develop a Position Statement presenting minimum uniform standards for mental health hotlines in the United States and Canada and to present such Position Statement to the Assembly during the November 2016 meeting for approval.

AUTHORS:
John M. de Figueiredo, M.D., ScD, DLFAPA, Representative, Connecticut Psychiatric Society
Harold M. Ginzburg, M.D., JD, MPH, DLFAPA, Representative, Oklahoma Psychiatric Physicians Assoc.
Manuel Pacheco, M.D., DFAPA, Deputy Representative, Area 1
Vincenzo Di Nicola, M.D., FAPA, Representative, Quebec and Eastern Canada District Branch
Eileen McGee, M.D., DFAPA, Representative, Ohio Psychiatric Physicians Association
Judy Glass, M.D., MAPA, Representative, Quebec and Eastern Canada District Branch
Dionne Hart, M.D., FAPA, Representative, Minnesota Psychiatric Society
Lisa Catapano-Friedman, M.D., DLFAPA, Representative, Vermont Psychiatric Association

ESTIMATED COST:
Author: $308
APA: $308

ESTIMATED SAVINGS: $0

ESTIMATED REVENUE GENERATED: $0

ENDORSED BY:

KEY WORDS: Mental health hotlines Suicide

APA STRATEGIC PRIORITIES: Advancing Psychiatry

REVIEWED BY RELEVANT APA COMPONENT: Council on Quality Care

Item 2016A1 12.I
Assembly
May 13-15, 2016

ACTION PAPER
FINAL

TITLE: Pharmacists Substituting Medications with Similar Mechanisms of Action

WHEREAS:

1. In 2013, Arkansas legislature passed an Act[1] enabling prescribers to "authorize the pharmacist to substitute a *therapeutically equivalent* drug", and the Act modified the definition of "therapeutically equivalent," striking out the requirement for pharmaceutical equivalence and, instead, allowing for drug products "from the same *therapeutic class*", AND

2. The Act defined "therapeutic class" as "a group of similar drug products that have the same or similar mechanisms of action and are used to treat a specific condition", AND

3. The Act specified that the "pharmacist shall send notice of the substitution to the prescriber in writing or by electronic communication within twenty-four (24) hours AFTER the drug is dispensed to the patient".

4. There are vast inter-individual differences in genetics and biology. Medications may be lumped together and described as a "therapeutic class," but which are not therapeutically equivalent as there are frequently significant differences in metabolic pathways, drug interactions, multiple receptor actions and adverse reactions.

This Act enables prescribers in Arkansas to authorize pharmacists to substitute medications with similar mechanisms of action, with dosages determined by the pharmacist, and with notification to *(and not necessarily in consultation with)* the prescriber AFTER the drug has already been dispensed. Amongst other concerns, this practice is not consistent with the doctrine of Informed Consent.

BE IT RESOLVED:
That the Joint Reference Committee refer this Action to the Council on Quality Care and Council on Advocacy and Government Relations re: scope of practice issues to update the APA's 2009 "Position Statement on Medication Substitutions," incorporating such considerations as "therapeutic class" and/or "mechanisms of action," and to present the draft Position Statement to the Assembly in May, 2017.

That among these considerations be included the following concerns:
There are vast inter-individual differences in genetics and biology. Medications may be lumped together and described as a "therapeutic class," but which are not therapeutically equivalent as there are frequently significant differences in metabolic pathways, drug interactions, multiple receptor actions and adverse reactions.

[1] ftp://www.arkleg.state.ar.us/acts/2013/Public/ACT274.pdf

AUTHORS:
Eugene Lee, M.D., FAPA, Representative, Arkansas Psychiatric Society, eugene.lee@alumni.med.nyu.edu
Mark S. Komrad M.D., DFAPA, Representative, Southern Psychiatric Association
Molly M. Gathright, M.D., FAPA, Representative, Arkansas Psychiatric Society
Robert P. Forrest, M.D., FAPA, Member & Past President, Arkansas Psychiatric Society
Adam T. Kaul, M.D., DFAPA, Representative, Psychiatric Society of Virginia, Inc.
Erin Smith, M.D., Resident-Fellow Member Representative, Arkansas Psychiatric Society

ESTIMATED COST:
Author: $154
APA: $154

ESTIMATED SAVINGS: none directly

ESTIMATED REVENUE GENERATED: none directly

ENDORSED BY: Executive Council, Arkansas Psychiatric Society, Area 3 Council, Area 5 Council

KEY WORDS: scope of practice, medication substitution, mechanism of action, therapeutic equivalence, pharmaceutical equivalence, pharmacist

APA STRATEGIC PRIORITIES: Advancing Psychiatry, Education, Supporting Research

REVIEWED BY RELEVANT APA COMPONENT:

Therapeutic and Pharmaceutical Alternatives by Pharmacists H-125.995

Topic: Drugs	Policy Subtopic: Substitution
Meeting Type: Annual	Year Last Modified: 2008
Action: Reaffirmed	Type: Health Policies
Council & Committees: Council on Science and Public Health	undefined

The AMA opposes legislative attempts at any level of government that would permit pharmacists, when presented with a prescription for a drug product, to: (1) dispense instead a drug product that is administered by the same route and which contains the same pharmaceutical moiety and strength, but which differs in the salt or dosage form (pharmaceutical alternatives); and (2) dispense a drug product containing a different pharmaceutical moiety but which is of the same therapeutic and/or pharmacological class (therapeutic substitution). Our AMA will work with state medical associations to ensure that state pharmacy laws and medical practice acts are properly enforced so that treating physician's prescriptions cannot be overruled or substituted without prior physician approval. If this issue is not addressed in existing laws, our AMA will develop model legislation to assist state medical associations in this endeavor.

Policy Timeline

Res. 89, I-85

Reaffirmed by Sub. Res. 501, A-95

Reaffirmed by CLRPD Rep. 2, I-95

Appended by Res. 501, A-98

Reaffirmed: CSAPH Rep. 2, A-08

Title: The APA Position Statement on legislative attempts permitting pharmacists to alter prescriptions

Issue: In 2013 Arkansas legislature passed an act that enables prescribers to "authorize the pharmacist to substitute a *therapeutically equivalent* drug", and this act modified the definition of "therapeutically equivalent," striking out the requirement for pharmaceutical equivalence and, instead, allowing for drug products "from the same *therapeutic class*." Additionally, the act defines "therapeutic class" as "a group of similar drug products that have the same or similar mechanisms of action and are used to treat a specific condition. Further, the act specified that the "pharmacist shall send notice of the substitution to the prescriber in writing or by electronic communication within twenty-four (24) hours AFTER the drug is dispensed to the patient". There are vast inter-individual differences in genetics and biology. Medications may be lumped together and described as a "therapeutic class," but which are not therapeutically equivalent as there are frequently significant differences in metabolic pathways, drug interactions, multiple receptor actions and adverse reactions. This act enables prescribers in Arkansas to authorize pharmacists to substitute medications with similar mechanisms of action, with dosages determined by the pharmacist, and with notification to *(and not necessarily in consultation with)* the prescriber after the drug has already been dispensed. Amongst other concerns, this practice is not consistent with the doctrine of Informed Consent.

Position Statement: The American Psychiatric Association opposes legislative attempts at any level of government that would permit pharmacists, when presented with a prescription for a pharmaceutical product, to dispense a medication containing a different pharmaceutical moiety but which is of the same therapeutic and/or pharmacological class (therapeutic substitution). Physician's prescriptions should not be overruled or substituted without prior physician approval and should recognize patient preference.

Authors: Council on Quality Care (led by Grayson Norquist, MD)

Date of Approval:

APA Council on Quality Care
December 5, 2016, 11:30-1:00 PM ET
Teleconference
Minutes

Attendance: Steven Altchuler, MD, PhD, Melissa Arbuckle, MD, PhD, Jacob Behrens, MD, Gregory Dalack, MD, Jerry Halverson, MD, Roger Kathol, MD, Grayson Norquist, MD (chair), Harold Pincus, MD, Alexander Young, MD, Bonnie Zima, MD, MPH, Christina Cruz, MD, Jeremy Kidd, MD, MPH

Absent: Marcy Borlick, MD, MPH, Robert McCarron, DO, Kunmi Sobowale, MD, Nina Vasan, MD, Krysti Vo, MD

Invited Guests: Steve Daviss, MD, Laura Fochtmann, MD, Karen Pierce, MD, Michael Vergare, MD

APA Administration: Samantha Shugarman, MS, Phil Wang, MD, DrPH

I. Opening/Introductions: Grayson Norquist, MD, Chair
   A. Conflict of Interest/Disclosure Statements
      Dr. Norquist invited members to share verbal updates to their conflicts of interest.
      Dr. Altchuler informed the group that conflict could possibly occur due to recent contract with the FAA.

II. Minutes from last meeting
   A. September 15, 2016, In-Person Meeting
      Minutes approved.

III. Registry Update: Phil Wang, MD, DrPH

Dr. Wang provided an update on the activities of the various components of the APA Registry. He began by reminding the group that Dr. Norquist, Chair of the Council, is also the Chair of the Registry Oversight Workgroup (ROW), a Board of Trustees (BOT) appointed workgroup. Several subgroups have been formed within the ROW, including the Measures Subgroup, chaired by Dr. Dalack, and the Patient Portal Subgroup led by Dr. Behrens.

Dr. Wang informed the group that since his last Registry related update at the Fall Components Meeting, a name has been finalized and the Registry will now be referred to as "PsychPro."

Dr. Wang further shared the news that the Sheppard Pratt Health System contract, which allows Sheppard Pratt psychiatrists to participate in PsychPro, has been finalized. This milestone provides PsychPro with enough identified users that the APA can formally apply to CMS for Qualified Clinical Data Registry (QCDR) status. In addition to Sheppard Pratt, there are also at least 15 other psychiatric practices and hospitals that have finalized their participation agreements with the APA, and several others are on the verge of finalizing their contracts. These include child and adolescent facilities.

Initially, six quality measures were recommended for utilization in the Proof of Concept (POC) Phase, with the plan to integrate more quality measures during the initial cohort phase. This quality

measures list was originally developed based on the quality measures identified for utilization in the Medicare Physician Quality Reporting System (PQRS) program. With the sunsetting of the PQRS program at the end of 2016 (for reporting) and 2018 (for adjustments), and the start of the new Merit-Based Incentive Payment System (MIPS), the original measures list was updated and the number of quality measures were increased to reflect the changes of the new MIPS program. APA staff and consultants (i.e. FigMD and Dr. Fochtmann) continue to develop and refine data dictionaries and logic flows to prepare the quality measures for use in the Registry.

With the goal of presenting the POC and first cohort users feedback on their reported performance through a user dashboard, the Registry staff plan to present a PowerPoint presentation on the collection of patient reported outcomes and user feedback before the Portal Subgroup begins its work. This will provide this subgroup the opportunity to see what staff and the ROW have in mind when referencing a dashboard and portal.

Recently a PCORI grant opportunity has been elucidated that will partner the APA with the American Association of Family Physicians (AAFP). This has created an opportunity for the APA to integrate more psychiatric specific measures into the Registry. These extra measures will address ADHD in adults and Bipolar disorder. Initially not considered for first round inclusion by the APA, the AAFP has identified ADHD in adults and Bipolar disorder as conditions often treated or identified within the family practice care setting. ROW and Registry staff will consult with the APA Performance Measurement Committee to ensure the "right measures" are included.

As of now the POC phase has been approved by the APA Institutional Review Board, while approval of the subsequent cohort phases has not yet occurred. However, a determination must be made on whether to collect de-identified-patient-level data and related informed consent, or identified-patient-level data will be collected, which would require patient-level informed consent. It is desirable to the Registry staff and ROW that patients can be re-contacted for future research. Dr. Wang reminded the group that it is essential to not only consider the immediate uses for the data that will be collected (quality reporting, etc.), but for future end users, like National Institutes of Health researchers. The plan to make this determination is to draft both kinds of informed consent documents and decide if the language within either version is more desirable, than the other. Before presenting to the APA "ethics group" that will make this determination, the ROW and related staff will request input from the Councils on Quality Care and on Research.

IV. Component Discussion

A. **Committee on Mental Health and Information Technology (CMHIT)**: Steve Daviss, MD
During Dr. Daviss' discussion with the Council, he reported on the various activities the CMHIT has been involved with. At present time, the group does not have requests to make of the Council, rather they reported on the progress of projects that were recently approved.

1. As an alternative to maintaining an electronic health record (EHR) review site (requested by an Action Paper but later deemed infeasible by the Joint Reference Committee), the CMHIT and its staff liaison have developed a list of Frequently Asked Questions (FAQs) on Electronic Health Records (EHRs). These FAQs came out of questions submitted to APA by e-mail and phone and are

intended to be updated as APA Members continue to contact APA for assistance in selecting EHRs for their practice.

2. The **Apps Workgroup**, a subgroup of CMHIT that came out of CQC recommendations, has developed a "Mobile Apps Evaluation Model" for APA members. The Model, which provides step-by-step rationale on determining whether a particular mobile application is appropriate to use with patients, is a first step in providing guidance to members and others on the ever-expanding library of mobile health apps available for mobile devices. The model is now available at psychiatry.org/psychiatrists/practice/mental-health-apps and the APA Administration is currently working on a marketing plan to inform Membership about its benefits. The Apps Workgroup also conducted a very successful workshop at the IPS Meeting in October about rating mental health and substance use apps.

3. The **Electronic Clinical Decision Support (ECDS) Workgroup**, a subgroup of CMHIT that came out of an Action Paper, has been meeting biweekly since August. The workgroup, chaired by Dr. Daviss, in cooperation with the APA Administration, has completed an environmental scan on current industry standards and business models around ECDS technology, and an interim report to the Council on Quality Care is forthcoming.

   Dr. Daviss commented on a brief conversation he had with a person involved with the federal Immunization Registry, while attending the American Medical Informatics Association meeting. Dr. Daviss will invite this person to speak with the ECDS group about the relationship between registries and ECDS.

4. The Committee has been very involved with planning for the **Psychiatry Innovation Lab** that Dr. Vasan established. The second Innovation Lab at October's IPS was very successful, and planning is underway for the third Innovation Lab to be held at the May Annual Meeting.

5. Mr. Nathan Tatro (APA EHR Specialist) attended the Fall **HL7** meeting for the first time, as part of a previous Action Paper to increase APA involvement in the establishment of health IT standards that are supportive of Psychiatry. The CMHIT reaffirmed its commitment to the importance of having meaningful involvement in HL7's three annual workgroup meetings and regular phone calls. The American Psychological Association is starting to express interest in HL7, as well.

B. **Committee on Performance Measurement**: Karen Pierce, MD

   Dr. Pierce presented the work accomplished by the Committee since their last report in May 2016. She welcomed discussion on the Committee's continued efforts. Her report included:

   1. Submission of the Committee's responses to the:
      a. Inpatient Psychiatric Facility Quality Reporting Program (IPFQRP)
      b. MACRA proposed rule's section of the MIPS program addressing the new Quality Performance Category
      c. NQF-convened MAP Task Force on Medicaid (adult and child) Core Sets of Quality Measures

2. The determination not to submit the Child and Adolescent Major Depressive Disorder: Diagnostic Evaluation Measure (originally developed by PCPI), based on the current limitations of the measure specifications including:
    a. Requiring multiple patient visits within an unlikely and too frequent period.
    b. Focusing on the performance year, rather than the patient visit. This often can confuse the determination of when to start to apply the measure and has the potential to cause the physician to fail the measure because it creates a situation where it is not appropriately applied to a patient (i.e., the specifications designate applying the measure to a patient six-17 years old. Because the measure dictates the performance period, clinicians might not apply the measure when the child is five, but TURNING six during the specified measurement period).
    c. Lack of face validity and feasibility as no current test results exist.
    d. Possible consideration to integrate into the APA-led PsychPro registry for the purposes of future testing, provided a more extensive review occurs and if related updates are made to this measure.

3. Recent APA member appointments to PCPI-TEPs:
    a. Karen Pierce, MD
    b. Jack McIntyre, MD,
    c. Jerry Halverson, MD
    d. Lorin Scher, MD

In addition to the recent appointments, Ms. Shugarman, Committee on Performance Measurement staff liaison, acts as a subject matter expert contact between the APA and the PCPI Foundation to provide our organizational input in addition to the APA member participation.

During her update, Dr. Pierce requested approval of the paper drafted as a Policy Statement of the APA on Performance Measurement. The Council approved the paper, if minimal suggested changes are made before submission to the JRC. Dr. Pierce accepted the suggested changes. **The paper will be recommended to the JRC.**

C. **Steering Committee on Practice Guidelines**: Michael Vergare, MD

Dr. Vergare began his discussion with the Council by introducing the new APA Deputy Director of Practice Guidelines, Jennifer Medicus. He explained that even with the recent shift in staff, time was not lost on the continued development of the current guidelines being worked on. Dr. Vergare provided an update of the efforts:

1. **Practice Guideline on the Use of Pharmacotherapy for Adults with Alcohol Use Disorder**: The guideline is based on the systematic review completed by Agency for Healthcare Research and Quality (AHRQ) in 2014 as well as an updated review conducted

in-house. The Guideline Writing Group chaired by Dr. Victor Reus has reviewed the evidence and drafted guideline recommendations. The draft guideline will be posted for public review early next year. Then, the final guideline is expected to be submitted to the APA Assembly and BOT for the May 2017 annual meeting.

2. **Practice Guidelines on the Treatment of Eating Disorders**: The guidelines will be based on the AHRQ systematic reviews for binge eating disorder and anorexia and bulimia nervosa that were completed in 2014 and 2006, respectively as well as an updated review conducted in-house. To supplement the evidence reviews, over 300 experts identified through a "snowball" expert nomination process will be surveyed about their opinion on key issues in treating patients with eating disorders. The chair, Dr. Catherine Crone, and members of the second writing group are currently being vetted and appointed.

3. **Practice Guidelines on the Treatment of Schizophrenia in Adults**: The guidelines will be based on an AHRQ systematic review on the topic expected to be available in January 2017. APA Staff has been actively collaborating with AHRQ and the Oregon Health and Science University Evidence Based Practice Center which is conducting the systematic review. A third writing group is currently being formed to work on the guidelines. Dr. George Keepers, the chair of the third writing group, and the staff are currently identifying core group members and schizophrenia experts.

4. **Guideline Watch on the Treatment of Patients with Major Depressive Disorder**: Last year, the Committee decided to discontinue the development of guideline watches in order to channel resources into revising outdated guidelines and developing new ones. The Major Depressive Disorder (MDD) Guideline Watch will be the final watch and will summarize updated evidence available since the 2010 publication of the original guideline. The literature search that supports the guideline watch enabled the guideline to be reaffirmed in October 2015 so that it can remain listed in the National Guideline Clearinghouse.

The Council's discussion on the Practice Guideline Update included consideration into how the APA could generate Practice Guidelines at an increased rate. Some suggested that perhaps the Committee and its related writing groups target more specific subjects, rather than broad sweeping topics. Dr. Oquendo has referenced the production of 10-15 guidelines per year in various member-presentations. Dr. Vergare reinforced this idea by explaining to the Council that the Committee has a structure to support this, but it is integral to balance rapid development against the rigorous Institutes of Medicine (IOM – now called the National Academy of Medicine) development standards. To successfully produce that many guidelines under the IOM standards would be unlikely. In an effort to consider alternate recommendations that would act as APA policy, some asked how the Choosing Wisely Campaign is related to practice guidelines. Dr. Dalack and Ms. Shugarman, having been involved with the development and subsequent updates to the list, agreed that while the list acts as APA policy, having been approved by the BOT, it is not viewed as a formal practice guideline.

Dr. Vergare mentioned the format of the guidelines as an area where time could be reduced between development and disbursement. Publishing in a big book as has been done in the past, is not ideal. To continue to secure the APA as the "go-to" resource for clinical guidance,

quick and easy bites of information would be more desirable.

Dr. Vergare explained that he was newly appointed to a BOT workgroup to determine how to develop guidelines more rapidly. He welcomes suggestions to put forward to this new group from the Council. Ms. Shugarman has agreed to collect Council ideas and share with Ms. Medicus and Dr. Vergare.

V. Fellow Project Updates

Each fellow of the Council was asked to provide an update of the work they have been doing to positively impact the Council. Those that were on the call provided a verbal report, those not listed were absent from the call, and did not provide a report, except for Dr. Sobowale; he provided a written description of his activities (described below).

A. Jeremy Kidd, MD, MPH
Dr. Kidd continues to work with Dr. Fochtmann and the Writing Group on the Practice Guideline on the Use of Pharmacotherapy for Adults with Alcohol Use Disorder, as well as work with the APA Department of Diversity and Health Equity on the development of a toolkit utilizing materials from the recently BOT approved Gender Dysphoria Resource Guide. The purpose of this toolkit is to assist general psychiatrists in treating patients with Gender Dysphoria, who have no previous expertise with this patient population.

B. Christina Cruz, MD
Described recent work around Cognitive Behavioral Therapy integration
As well as new participation on the American Psychiatric Foundation Advisory Committee on *Typical or Troubled* School Mental Health Education Program.

C. Kunmi Sobowale, MD
Dr. Sobowale shared a copy of his presentation application on "Addressing Financial Difficulties in People with Mental Illness." In summary, the presentation will educate psychiatrists on identifying patients in financial need and how to best connect them with resources to assist them to improve their financial situation.

VI. Review Action Assignments from the Joint Reference Committee

A. **Position Statement: Mental Health Hotlines (ASMMAY1612.C)**: Samantha Shugarman, MS

Ms. Shugarman provided the group with a summary of the steps previously taken to address this Action Paper.

Background:
The action paper asked the Council on Quality Care to develop a position statement presenting minimum uniform standards for mental health hotlines in the United States and Canada and to present such position statement to the Assembly during the November 2016 meeting for approval.

Will the Joint Reference Committee refer action paper 12.C: APA Position Statement on

Mental Health Hotlines to the appropriate Component(s) for input or follow-up?
The Joint Reference Committee referred the action paper *Position Statement: Mental Health Hotlines* to the Council on Quality Care (LEAD) and the Council on Communications and requested a report in October 2016.

The Council reported to the JRC that there is minimal information on uniform standards in this area and plans to continue to research what standards for these hotlines have been developed and are being utilized.

Requested Action:
The JRC approved the additional time for research, and therefore the Council will continue to research existing uniform standards in this area.

Following the last Council meeting in September, Dr. Dalack spoke with colleagues involved with crisis hotlines. He asked them whether they were familiar with current national standards and if they thought that those standards were appropriate. Both colleagues' responses were similar. They were both familiar with the suicide recommendations enacted by the Substance Abuse and Mental Health Services Administration (SAMHSA) in its Lifeline Crisis Hotline Framework (shared with the Council in September and today) and they were unfamiliar with other existing guidelines. These colleagues expressed similar opinions about the SAMHSA recommendations of which the Council had expressed during their meeting in September; overall, they identified that these were reasonable, but not all encompassing.

Dr. Altchuler raised concern that the SAMHSA recommendation does not address the issue raised by the Action Paper. Outside of the suicide recommendation, the Council is tasked with looking for guidelines or standards designating the rapid pace that phones are answered, or other similar details. Dr. Altchuler mentioned that there is an accreditation program administered by the American Society of Suicidology. The accreditation program includes details relating to different levels of crisis hotline response, roll- over to other hotlines, etc. Because these accreditation measures are not graded and not specified as practice guidelines, it is unclear how strong or weak these recommendations are. The Council members agreed it is important not to endorse standards that might be considered too strong which could then force hotlines out of business, or support standards that are considered too weak because they don't enforce anything. **The Council agreed that it best to communicate to the JRC that some form of guidelines already exist and that we support their endorsement.**

American Society of Suicidology Accreditation Manual linked here.
National Suicide Prevention Lifeline (NSPL)Suicide Risk Assessment Standards linked here.

B. **Pharmacists Substituting Medications with Similar Mechanisms of Action (ASMMAY1612.I)**: Grayson Norquist, MD and Samantha Shugarman, MS

Ms. Shugarman provided the group a reminder of the action steps taken since this paper was assigned.

Electronic Psychiatric News Article: Generic, Class Substitution of Meds: Does it Harm Patients?

Background:
As requested by the JRC in June 2016, the Council on Quality Care reviewed the action paper. The Council reviewed the current APA position statement on Medication Substitutions and determined it required redrafting to appropriately address the action paper. The Council on Quality Care agreed that the policy addressing this issue from the American Medical Association was sensible.

Update:
The new statement drafted by the Council was shared with the Council on Healthcare Systems and Financing and the Council on Advocacy and Government Relations.

The Council on Advocacy and Government Relations recommended that the position statement use very simple language to make it well understood. The word "moiety" struck the members as too technical. In further discussion, they considered and refuted suggestion of the word "compound" as in the pharmaceutical world that has a different and specific meaning. Other members suggested using the word "molecule." The Council ultimately decided to recommend the word "molecule" but we are not committed to the language, if other suggestions are offered. The overall feedback was the position statement was well-written and members thought its proposal was warranted.

The Council on Healthcare Systems and Financing does not agree that there is a need for a new position statement and has concluded the 2015 statement is sufficient.

Requested Action:
The Joint Reference Committee reviewed the updated statement from the Council on Quality Care and the opinions shared by the Councils on Advocacy and Government Relations and Healthcare Systems and Financing. The JRC has requested that the Council on Quality Care redraft a position statement on pharmacists substituting medications with similar mechanisms of action and include in the statement generic and biosimilar medications.

Dr. Norquist informed the group of the action steps he has taken since the discussion at the September Council Meeting.

1. Dr. Norquist reached out to the AMA staff member responsible for their policy statement to learn why they chose the to use the term "moiety." At the time of the meeting, AMA staff had not responded. Dr. Norquist and Ms. Shugarman will continue efforts to learn from the AMA staff why this term was utilized.
2. Since the JRC meeting in October 2016, the JRC requested the inclusion of a "generics and biosimilar" statement.

As a result of the agreement between Council members during this meeting, they will not include a "generics and biosimilar statement." Dr. Norquist agrees to address this during the next meeting of the JRC.

VII. Adjourned

Item 2017 8.M
Joint Reference Committee
February, 2017

COUNCIL ON RESEARCH (CoR)
REPORT TO THE JOINT REFERENCE COMMITTEE

EXECUTIVE SUMMARY:

Since the last JRC report, the CoR continues to work to advise the APA Registry development process by working with the Division of Research and new Registry Oversight Workgroup. It also continues to create and review advisory or research papers on various topics including: a molecular neuroscience review on the mechanisms of action of ketamine*;* a paper on consensus recommendations on the use of transcranial magnetic stimulation in clinical care for major depression; a paper on S-adenosylmethionine*;* a piece on genetic predictors of treatment response in depression; a meta-analysis of treatment response in depression with the use of quantitative encephalography; a paper on predictors of treatment response in Bipolar Disorder; a position statement on the use of medical marijuana for the treatment of various psychiatric disorders, in collaboration with the Council on Addiction; and an updated resource document on neuroimaging markers to diagnose psychiatric disorders. Also, the CoR's Committee on Research Training is working on plans for next year's Research Colloquium for Junior Investigators. Finally, the CoR received a request from the Arkansas Psychiatric Association requesting that they review the position statement: "Position Statement on Use of the Concept of Recovery" and consider deleting the terms "and persistently" from the following sentence:

> "The American Psychiatric Association endorses and strongly affirms the application of the concept of recovery to the comprehensive care of chronically and persistently mentally ill adults, including the concept of resilience in seriously emotionally disturbed children."

Upon review, the Council agreed with the proposed change and recommends that the position statement be amended.

THE COUNCIL BRINGS THE FOLLOWING ACTION ITEM

> **ACTION:** Will the Joint Reference Committee vote to recommend Assembly and Board approval that the APA position statement: "Position Statement on Use of the Concept of Recovery" (Attachment) be amended to remove the terms "and persistently" from the following sentence: "The American Psychiatric Association endorses and strongly affirms the application of the concept of recovery to the comprehensive care of chronically and persistently mentally ill adults, including the concept of resilience in seriously emotionally disturbed children."?
>
> **ATTACHMENT:** APA Position Statement on Use of the Concept of Recovery

Position Statement on Use of the Concept of Recovery

Approved by the Board of Trustees, July 2015
Approved by the Assembly, May 2015

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

The American Psychiatric Association endorses and strongly affirms the application of the concept of recovery to the comprehensive care of chronically and persistently mentally ill adults, including the concept of resilience in seriously emotionally disturbed children. The concept of recovery emphasizes a person's capacity to have hope and lead a meaningful life, and suggests that treatment can be guided by attention to life goals and ambitions. It recognizes that patients often feel powerless or disenfranchised, that these feelings can interfere with initiation and maintenance of mental health and medical care, and that the best results come when patients feel that treatment decisions are made in ways that suit their cultural, spiritual, and personal ideals. It focuses on wellness and resilience and encourages patients to participate actively in their care, particularly by enabling them to help define the goals of psychopharmacologic and psychosocial treatments.

The concept of recovery has a long history in medicine and its principles are important in the management of all chronic disorders. The concept of recovery enriches and supports medical and rehabilitation models. By applying the concept of recovery as well as rehabilitation techniques and by encouraging other mental health professionals to adopt the concept of recovery, psychiatrists can enhance the care of all clinical populations served within the community based and other public sector mental health and behavioral health systems.

The concept of recovery values include maximization of 1) each patient's autonomy based on that patient's desires and capabilities, 2) patient's dignity and self-respect, 3) patient's acceptance and integration into full community life, and 4) resumption of normal development. The concept of recovery focuses on increasing the patient's ability to successfully cope with life's challenges, and to successfully manage their symptoms. The application of the concept of recovery requires a commitment to a broad range of necessary services and should not be used to justify a retraction of resources.

The concept of recovery is predicated on a partnership between psychiatrist, other practitioners, and patient in the construction and direction of all services aimed at maximizing hope and quality of life.

APA Official Actions

Position Statement on Abuse and Misuse of Psychiatry

Approved by the Board of Trustees, XXXX
Approved by the Assembly, XXXX

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

POSITION:
The American Psychiatric Association supports the use of psychiatric knowledge, practice, and institutions only for purposes consistent with ethical evaluation and treatment, research consultation, and education. Abuse and misuse of psychiatry occur when psychiatric knowledge, assessment, or practice is used to further illegitimate organizational, social or political objectives.

Authors:
Council on International Psychiatry

Background Information (will not be considered part of the position statement)

~~In May, 1994 the APA approved the following position statement developed by the Committee on Abuse and Misuse in Psychiatry in the U.S.:~~

> ~~"The American Psychiatric Association supports the use of psychiatric knowledge, practice and institutions only for purposes consistent with ethical evaluation and treatment, research, consultation, and education. Abuse and misuse of psychiatry occur when psychiatric knowledge, assessment, or practice is used to further illegitimate organizational, social, or political objectives." (Amer J Psych 151:1399 (1994))~~

Abuse and misuse of psychiatry may occur when psychiatry is used to advance organizational purposes or the purposes of a system and not for the benefit of the patient. There may be overlap between abuse and misuse of psychiatry and ethical considerations, but there are broader concerns as well.

Psychiatrists function in their work with patients within a social, cultural and political milieu. Situations will inevitably arise in which there is tension among the interests of the individual patient, the interests of the psychiatrist, and the interest of the systems in which psychiatrists do their work. Sensitivity to what is in the best interests of the patient and how the patient's interests are affected by these forces must be understood and considered. Also, we need to be aware of how the psychiatrist and psychiatry are influenced by these external forces.

~~The Committee on Abuse and Misuse of Psychiatry in the U.S. and the Committee on International Abuse of Psychiatry and Psychiatrists are charged with reviewing allegations of abuse and misuse and fulfilling an educational function. In an attempt to develop guidelines by which the Committees will pursue allegations, and to develop a better consensus within the APA as to what constitutes abuse and misuse of psychiatry, the following principles are presented in keeping with medical ethics (*The Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry*):~~

The Principles

1. The use of psychiatric knowledge, practice and institutions is only for purposes consistent with ethical evaluation and treatment, research, consultation, and education. Abuse and misuse of psychiatry occur when psychiatric knowledge, assessment, or practice is used to further morally illegitimate organizational, social, or political objectives.
2. It is psychiatrists' primary responsibility to use their clinical skills and knowledge for the benefit of their patients. External social, political, management and economic forces should not be the primary consideration.
3. Psychiatrists shall not allow their professional opinions to be inappropriately influenced by illegitimate outside factors. It is essential for psychiatrists to consider biopsychosocial factors in their assessment of patients.
4. In certain situations, (e.g. forensic evaluations, disability evaluations) the primary responsibility of a psychiatrist may not be for the benefit of the evaluee per se. The evaluee must be informed of the purpose of the evaluation or service, and any lack of confidentiality, as well as the reality that the psychiatrist may not know how the information will be used. This information may require repetition. The responsibility to provide clinically sound and scientifically based consultation is still the case.
5. Psychiatrists shall always be mindful of patients' rights. In their role of treating psychiatrist, they should resist and attempt to counteract forces interfering with patient-focused, humane treatment. A psychiatrist should not be a participant in a legally authorized execution. Psychiatrists shall not detain or incarcerate persons for political reasons, use medical knowledge for interrogation, persuasion or torture, or

provide unsubstantiated diagnoses for use against political dissidents, whistleblowers or others.

6. It is the psychiatrist's responsibility when working in the context of an organization or social or political environment to advocate for the mental health needs of the community or population in which he/she is working.
7. Since confidentiality is critical to patient care, psychiatrists must be sure the information and/or records they provide are sensitive to the mental health interests of the persons and/or populations with whom they are working. It is important to release the least amount of information possible to accomplish the desired function.
8. ~~All psychiatrists are encouraged to speak to egregious issues which adversely affect them and/or the mentally ill, and to bring forward perceived misuses of their function or role as psychiatrist for review by the Committee on Abuse and Misuse of Psychiatry in the U.S. and the Committee on International Abuse of Psychiatry and Psychiatrists.~~

Attachment #10

Position Statement on Mental Health and Climate Change

Approved by the Board of Trustees, XXXX
Approved by the Assembly, November 2016

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

POSITION:
The American Psychiatric Association (APA) recognizes that climate change poses a significant threat to public health in general and to mental health in particular. The mentally ill are disproportionately impacted by the consequences of climate change. Psychiatrists are uniquely positioned to help reduce certain barriers to addressing climate change, such as denial and behavioral passivity, and enhance efforts to communicate the mental health risks of climate change through mechanisms that result in sustained behavioral change. As advocates for mental health and the mentally ill, psychiatrists have an important role to play in efforts to control the adverse effects of climate change.

APA recognizes and commits to efforts to prevent and mitigate climate change impacts through:

- Education of individuals, community leaders, policy makers and healthcare professionals about the mental health impacts of climate change
- Collaboration with public mental health departments to enhance infrastructure and develop response plans to address the mental health effects of climate related weather events as well as the distress experienced by individuals and communities concerned about the impact of climate change
- Encouraging open and ongoing communication within the healthcare community regarding steps that individuals and communities can take to reduce the adverse mental health effects of climate change
- Engaging in policy and program development by calling upon U.S. policy makers ~~to make the necessary behavioral changes needed~~ to reduce the progression of climate change
- Recognizing the disproportionate burden of climate change on vulnerable populations, including the mentally ill, and advocate for policies that respond and protect them

Authors:
Robert J. Ursano, M.D., Chair, APA Committee on Psychiatric Dimensions of Disaster
Joshua C. Morganstein, M.D.
Robin Cooper, M.D.