“Back to Project Future” is Here!

James C. MacIntyre, II, M.D.

As part of Martin Drell, M.D.’s presidency, he is calling on the knowledge, passion, and wisdom of the AACAP membership in an effort to map out the values and future direction of child and adolescent psychiatry in the coming decade. He has called this special initiative Back to Project Future.

Back to Project Future provides an opportunity to prioritize the mental health care needs of children and the needs of the profession in the face of healthcare reform, changing insurance regulations, the new Diagnostic and Statistical Manual of Mental Health Disorders (DSM-5), and the continuing child and adolescent psychiatrist shortage. The project will focus on children and adolescents with serious emotional disturbances and the emerging systems of care needed to provide a full continuum of services to address their needs.

Back to Project Future is organized to provide a time-limited, highly focused structure to develop a 10-year action plan (2013-2023) for AACAP and the field of child and adolescent psychiatry. Back to Project Future will develop a set of prioritized recommendations and actions that will guide AACAP’s strategic decisions and serve as a response to the changing social and economic realities that face child and adolescent psychiatrists in the coming decade. The findings will be useful to child and adolescent psychiatrists in practice, academic institutions, and research; public policymakers; primary care physicians; and allied child mental health professionals.

The Back to Project Future “Frequently Asked Questions” (FAQs) contains much more detail about the project and lists all the participants. Please let us know your ideas and help us shape the future of our field.

Dr. MacIntyre is chair of the Steering Committee for Back to Project Future. He has been secretary and treasurer of AACAP and served on Council and in the Assembly. He was also chair of the AACAP Consumer Issues Work Group for 11 years. Dr. MacIntyre works full-time in Charlotte, North Carolina in a public mental health system operated by Carolinas HealthCare System (a non-profit system).

Back to Project Future
Frequently Asked Questions (FAQs)

What is Back to Project Future (BPF)?

- The project is one of Martin Drell, M.D.’s Presidential Initiatives. The project creates a time-limited and highly-focused structure and process that enables participants to come together to brainstorm and work on developing a consensus around priorities and action steps for AACAP in three key areas: Service/Clinical Practice; Training and Workforce; and Research. The project will be completed when its report is submitted to the AACAP Council for consideration at the 60th AACAP Annual Meeting in 2013.
- The development and prioritization of the action plan will be done by a BPF Steering Committee along with three BPF subgroups tasked to one of the three key areas (above).
- It is named in recognition of the importance and relevance of the first Project Future conducted by AACAP during 1978-1983. In re-reading the project’s report and remembering its impact on the field, Dr. Drell recognized many similar circumstances, familiar themes, and recommendations. Marty decided it was time to go Back to Project Future.

What was the original Project Future?

- The 1983 report, Child Psychiatry: A Plan for the Coming Decades, from the original Project Future, identified several priority needs for child psychiatrists: to embrace and invest in research and research careers; to treat children with the most debilitating of mental illnesses; to collaborate more with pediatricians; and to invest more in systems of care. The report also defined a set of values and a new identity for child and adolescent psychiatry in the 1980s and 1990s.

What is the purpose of Back to Project Future (BPF)?

- To estimate the psychiatric needs of children, adolescents, and their families in the coming decades (2013-2023).
- To develop a general concept of the knowledge and skills that will be needed by child and adolescent psychiatrists in the coming decade.
- To identify the major issues faced by the profession and to formulate recommendations to address these issues in the coming decade.
- To develop a set of consensus recommendations with trends and an action plan to guide the Academy (leadership, members, and staff) as it moves forward into the coming decade (2013-2023). The consensus recommendations will provide guidance, direction, and support for

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the Academy in three focal areas: Service/Clinical Practice; Training and Workforce; and Research.

How were the focal areas and issues identified?

- AACAP leadership and a sample of AACAP members and staff were surveyed about the “top 10” issues facing child and adolescent psychiatry in the future. The three key areas (Service/Clinical Practice; Training and Workforce; and Research) and a list of focal issues emerged from an analysis of those surveys.

What is the role of the project’s Steering Committee?

- The BPF Steering Committee will function as a “think tank” and provide leadership and direction to the three subgroups through a limited number of face-to-face meetings and conference calls. The Steering Committee will use input from the three subgroups and other AACAP committees to develop and prioritize consensus recommendations with action steps for each key focal area.

Who is involved with the project?

- **Honorary Editors:** Richard Cohen, M.D., and Norbert Enzer, M.D.

- **Steering Committee:** James MacIntyre, M.D., chair; Alan Axelson, M.D.; Michael Houston, M.D.; Paramjit Joshi, M.D.; Sheryl Kataoka, M.D.; Debra Koss, M.D.; Rich Martini, M.D.; David Pruitt, M.D.; Neal Ryan, M.D.; and Heather Walter, M.D.

- **Service/Clinical Practice Subgroup:** Rich Martini, M.D., co-leader; Michael Houston, M.D., co-leader; Mark Chenven, M.D.; Robert Hilt, M.D.; Larry Marx, M.D.; Barry Sarvet, M.D.; and Heather Walter, M.D.

- **Training and Workforce Subgroup:** David Pruitt, M.D., leader; Gene Beresin, M.D.; Arden Dingle, M.D.; Geraldine Fox, M.D.; David Kaye, M.D.; Ken Rogers, M.D.; Saundra Stock, M.D.; and Christopher Varley, M.D.

- **Research Subgroup:** Neal Ryan, M.D., leader; Kiki Chang, M.D.; Melissa Del Bello, M.D.; Mary Margaret Gleason, M.D.; Young Shin-Kim, M.D.; Daniel Pine, M.D.; John Walkup, M.D.; and Bonnie Zima, M.D.

- **Distinguished Consultants:** A small group of senior AACAP members will be identified to serve as consultants to the Steering Committee and three subgroups.

- **AACAP staff** from the departments of: Government Affairs and Clinical Practices; Meetings, CME, and Development; and Research, Training and Education will provide support and assistance.

How do existing AACAP committees get involved with the project?

- BPF Steering Committee and three subgroups will seek input and assistance from selected AACAP committees and members.

- BPF is a time-limited and focused special effort. It does not duplicate or replace the critical function of AACAP committees.

How can AACAP members give input to the project?

- Contact any of the following: Dr. MacIntyre, chair of the Steering Committee; Dr. Houston or Dr. Martini, co-leaders of the Service/Clinical Practice Subgroup; Dr. Pruitt, leader of the Training and Workforce Subgroup; and Dr. Ryan, leader of the Research Subgroup. Send questions or input to bpquest@aacap.org.

- Visit the special section of the AACAP website for Back to Project Future where information from the Steering Committee and subgroups will be posted. Members can also contribute their input, ideas, and feedback.
Albert Abramson, Gentleman and AACAP Friend
1916 – 2012

Many people have read about the death of Albert Abramson, principal force behind the creation of the United States Holocaust Memorial Museum. The many obituaries noted what a kind and modest man he was. Mr. Abramson was also the AACAP’s most generous benefactor, by virtue of his friend Sidney Berman, M.D., AACAP president from 1969-1971. William (Bill) Stark, M.D., (AACAP Treasurer 1973-1979 and head of several committees focused on finding, and overseeing AACAP’s headquarters and home) and I count Sidney as one of our dear friends and so by extension we knew Mr. Abramson. In 1973, Mr. Abramson arranged for a gift of stock, valued at more than $100,000 to be given to the AACAP to support our agenda, committee activities, and advocacy for children and adolescents with mental illnesses. It is serendipitous that current President Martin Drell, M.D., always cites two grants that he received from the Abramson fund as an important and proven source of encouragement with regard to his work in infant psychiatry. In the 1980s, these grants aided with the distribution of an infant curriculum (before e-mail) and helped establish a consultation program that helped 10 training programs set up their own infant training program. The Abramson Fund has continued to provide opportunities for projects which enhance scientific activities in clinical issues, diagnostic and treatment services, training, research, and prevention.

Time rolled on and I would bump into Sidney and Mr. Abramson or correspond with him about various milestones, including his recognition by President Clinton with the Presidential Citizens Medal for his instrumental role in building the Holocaust Museum, a source of tremendous pride of best friend, Sidney. Later Lawrence (Larry) Stone, M.D., was elected president of the AACAP and confessed that one of his goals was to honor Sidney. I responded that it would be taken care of. On Larry’s next trip to Washington, D.C., I arranged a meeting between him and Mr. Abramson, and told Larry all he had to do was speak of his regard and friendship with Sidney (Mr. Abramson later admitted he thought Larry wanted him to buy a table at a fete for Sidney). Almost in the return mail, we received a check for $100,000, which was used to support our Sidney Berman Award for School-Based Study and Treatment of Mental Illnesses. On Larry and his wife Marnette’s next trip to Washington, D.C., we had a grand celebration, hosted by Mr. Abramson and his son Jeffrey. Everyone was so happy.

In Bill’s capacity as Chairman of AACAP’s Building Committee, we would call on Mr. Abramson for “60” second consults. He was always clear and a wealth of information about when to renovate versus knock down and rebuild. His cherished answer was, “If I knew that, I would use it for my own 200 buildings!” What a wonderful source of wisdom.

So my friend Bill Stark and I often lunch together and usually always tell Sidney stories. Last year we invited Mr. Abramson, and it was a warm and dear meeting, reconnecting and trying to capture the “old days.” It was our last meeting and a time to cherish. Mr. Abramson was such a modest, kind, and gentle soul; one who changed the landscape of the world and Washington, D.C.; a leader who nurtured so much in our Academy, a giant of humanity. How fortunate AACAP has been to have been a part of his world.

Virginia Q. Anthony
AACAP Executive Director
We’re Fired Up and Rolling!

James C. MacIntyre, II, M.D.,
Chair, Back to Project Future

What Has Happened So Far?
On Monday afternoon, October 22, 2012, as the Annual Meeting was starting in San Francisco, the Steering Committee of Back to Project Future came together to continue their collective brainstorming and discussions about the future of child and adolescent psychiatry in the coming decade. They had started this journey in April at the AACAP offices in Washington, D.C. The ten members of the BPF Steering Committee come from different parts of the country and represent diverse areas of practice and experience.

Back to Project Future, one of Martin J. Drell, M.D.’s Presidential Initiatives, provides a time-limited process to develop a 10-year action plan (2013-2023) for AACAP and the field of child and adolescent psychiatry. Back to Project Future will produce a set of prioritized goals, recommendations, and action steps that can help guide AACAP’s leadership and members as they face many changing clinical, training, research, and social/economic realities in the coming decade.

During the 2012 Annual Meeting, all Back to Project Future participants wore special red ribbons to identify them and facilitate dialogue and discussion with AACAP members. The San Francisco meeting was a time to listen and gather ideas and questions and concerns from the membership. Other BPF activities at the meeting included a special 90 minute BPF Town Meeting; brief presentations at the Assembly of Regional Organizations of Child and Adolescent Psychiatry and AACAP Council; and an update for all AACAP committee chairpersons. In addition, members of the BPF leadership group (David Pruitt, M.D., Neal Ryan, M.D., Michael Houston, M.D., and Richard Martini, M.D.) participated in numerous AACAP committee meetings as they discussed Back to Project Future.

To date, the Steering Committee and three subgroups (Service/Clinical Practice, Research, and Training/Workforce) have all had meetings and conference calls to start developing the framework for the Back to Project Future final report. The developing framework has goals, recommendations, and action steps that contain the ideas and input from the Back to Project Future components. A set of core values and principles has been drafted (see sidebar). The project has also reached out to AACAP committees and regional organizations for input and ideas. Based on the energy and enthusiasm at the Annual Meeting, Dr. Drell has also appointed child and adolescent psychiatry residents and early career child and adolescent psychiatrists to each of the Back to Project Future subgroups to strengthen input, as these members truly represent the future of our field and AACAP.

So What’s Next?
The Back to Project Future Steering Committee and subgroups will create the first draft of a final report and then work diligently to prioritize and refine the different recommendations and action steps into a workable plan. Throughout this phase, the Back to Project Future

CORE VALUES AND PRINCIPLES
All elements of the Back to Project Future framework and report shall support the following core values and principles:

I. Represent innovative and forward thinking concepts and projections for the coming decade.

II. Incorporate emerging technologies.

III. Capture a new core professional identity of child and adolescent psychiatrists.

IV. Reflect a new public image of child and adolescent psychiatrists.

V. Promote high morale and interest for trainees (medical students and residents) and child and adolescent psychiatrists in practice.

VI. Reflect the move toward an international/global perspective on child and adolescent psychiatry.

VII. Address the changing population demographics and characteristics for children, adolescents, and families in the United States across the coming decade.
Back to Project Future wants to hear from you! We need to hear members’ ideas, questions, and concerns about the future of child and adolescent psychiatry in the coming decade. You can stay informed about Back to Project Future by going to our webpage on the “Members Only” section of the AACAP website. You should also look for e-mails from AACAP with information about the project. Please contact any of the leadership group: Dr. MacIntyre, chairperson of Back to Project Future; Dr. Pruitt, Training and Workforce subgroup; Dr. Ryan, Research subgroup; and Drs. Martini and Houston, Service/Clinical Practice subgroup. You can also send any questions and ideas to our special e-mail address: bpfquest@aacap.org.

Dr. MacIntyre is chairperson of the Steering Committee for Back to Project Future. He has been Secretary and Treasurer for AACAP and served on Council and in the Assembly as an officer and delegate. He was also chairperson of the AACAP Consumer Issues Work Group. Dr. MacIntyre works full-time as an attending child and adolescent psychiatrist for Carolinas HealthCare System (a non-profit system) in Charlotte, North Carolina.
The Plan is Taking Shape

James C. MacIntyre, II, M.D.,
Chair, Back to Project Future

ECP and Resident Members Join the Project

In order to strengthen the voice of younger AACAP members in the project, President Martin Drell, M.D., has now appointed early career and resident members to the three subgroups of Back to Project Future (BPF). Early career members (ECP) appointed include: Susan Milam-Miller, M.D. (BPF Service/Clinical Practice); Boris Lorberg, M.D. (Training and Workforce); and Hanna Stevens, M.D. (Research). Resident members appointed include: Sukhjit Brar, M.D. (Service/Clinical Practice); Sourav Sengupta, M.D. (Training and Workforce); and Mirjana Jovic, M.D. (Research). We are excited about their appointments and look forward to their contributions.

We’re Hearing from Regional Organizations, AACAP Committees, Parent/Advocate groups and Medical Organizations

The project leadership group has now received input and ideas from numerous Regional Organizations of Child and Adolescent Psychiatry and AACAP committees. We have also solicited responses from parent and advocacy organizations (National Alliance on Mental Health [NAMI], Children and Adolescents with Attention Deficit/Hyperactivity Disorder [CHADD], Mental Health America, Federation of Families, Autism Society, and Balanced Mind Foundation) and other medical organizations (American Psychiatric Association, American Association of Directors of Psychiatric Residency Training, American Academy of Pediatrics, and Society of Professors of Child and Adolescent Psychiatry). A set of “stimulus questions for input” was developed to help focus the responses from the organizations (see side bar).

Final Face-to-Face Meetings Scheduled

The final meetings of the BPF Steering Committee and three subgroups (Service/Clinical Practice, Research, and Training/Workforce) are scheduled for March and April. The Steering Committee and subgroups will also continue to have conference calls through the summer to complete the final report for Back to Project Future by September 1, 2013.

Writing the Report

The Back to Project Future Steering Committee and subgroups are working diligently to complete the first draft of the project’s report by May 1, 2013. During the summer, the BPF leadership and the three subgroups will continue to interact with many AACAP committees and a group of distinguished consultants to revise and finalize the project report. When completed, the report will present a 10-year action plan (2013-2023) for AACAP and the field of child and adolescent psychiatry. The report will contain prioritized goals, recommendations, and action steps that can help guide AACAP’s leadership and members as they face many changing clinical, training, research and social/economic realities in the coming decade.

Stimulus Questions for BPF Input from Parents and Advocates

1. How can child and adolescent psychiatrists best serve the needs of our nation’s children during the coming decade?
2. What do you imagine will be the biggest developments in the practice of child and adolescent psychiatry in the next 10 years?
3. What role should child and adolescent psychiatrists have in new/emerging healthcare delivery systems?
4. What research is needed to advance child and adolescent diagnosis and treatment in the coming decade?
5. What needs to be done to address the geographic and economic mal-distribution of child and adolescent psychiatrists in the United States?
Stay Informed and Let Us Hear From You

Back to Project Future still needs to hear members’ ideas, questions, and concerns about the future of child and adolescent psychiatry in the coming decade. You can stay informed about Back to Project Future by going to our webpage on the “Members Only” side of the AACAP website. Keep watching for “all member e-mails” from AACAP with information about BPF. Please do not hesitate to contact any of the BPF leadership group directly: James MacIntyre, II, M.D., Chairperson of BPF; David Pruitt, M.D., Training and Workforce subgroup; Neal Ryan, M.D., Research subgroup; Rich Martini, M.D.; and Michael Houston M.D., Service/Clinical Practice subgroup. You can also send any questions and ideas to our special e-mail address: bpfquest@aacap.org.

Dr. MacIntyre is chairperson of the Steering Committee for Back to Project Future. He has been secretary and treasurer for AACAP and served on Council and in the Assembly as an officer and delegate. He was chairperson of the AACAP Consumer Issues Work Group for more than a decade. Dr. MacIntyre works full-time as an attending child and adolescent psychiatrist for Carolinas HealthCare System (a non-profit system) in Charlotte, North Carolina.

AACAP’s Performance in Practice (PIP)
Tools for MOC
(Available to Members Only)

- Easy to fill out forms help you to complete MOC requirements
- ABPN-approved
- Based on AACAP Practice Parameters
- Five diagnoses to choose from
  - COMING SOON: Antipsychotic Medication, Safety, and Schizophrenia forms
- Peer and Patient surveys also available
  - Patient/Parent surveys available in Spanish

Visit our website, www.aacap.org/cs/maintenance_of_certification, for more information and to download PDF versions of all our forms.

For questions, contact Elizabeth Hughes, Assistant Director of Education and Recertification, at ehughes@aacap.org, or Quentin Bernhard III, CME Coordinator, at qbernhard@aacap.org.
Staying on Course and on Time!

James C. MacIntyre, II, M.D.
Chair, Back to Project Future

Back to Project Future (BPF) is moving forward with increasing momentum to complete the final report for Martin Drell, M.D., by September 1, 2013. The BPF Steering Committee and three subgroups (Service/Clinical Practice, Research, and Training/Workforce) have held their final meetings and continue to have conference calls to further refine and finalize the project’s report.

Who We Have Heard From

The project leadership group and Steering Committee have received written input and ideas from numerous AACAP Committees, Regional Organizations, parent and advocacy organizations, and other medical organizations. Many thanks to the following groups for their input:

Regional Organizations: Colorado RO; Northern California RO

AACAP Committees: Art Committee; Culture and Diversity Committee; Medical Student and Resident Committee; Psychotherapy Committee; Training and Education Committee

Parent and Advocacy Organizations: National Alliance for the Mentally Ill; Mental Health America

Medical Organizations: American Academy of Pediatrics; American Association of Directors of Psychiatric Residency Training; Society of Professors of Child & Adolescent Psychiatry

This input is being considered and integrated into the final report of Back to Project Future.

The Final BPF Report

The BPF Steering Committee and subgroups are working diligently to complete and finalize the project’s report. The report will present a 10-year action plan (2013-2023) for AACAP and the field of child and adolescent psychiatry. The three major sections of the report (Service/Clinical Practice; Research; Training & Workforce) will each contain an “overview of the coming decade” (see sidebar) in addition to prioritized goals, recommendations, and action steps. The BPF leadership group will use the BPF Distinguished Consultants for additional review, comment, and input as the draft report nears completion. When completed and submitted to Dr. Drell, the report can help guide AACAP’s leadership and members as they face many changing clinical, training, research, and social/economic realities in the coming decade.

Stay Informed

You can stay informed about Back to Project Future by going to our webpage on the “Members only” side of the AACAP website. Keep watching for “all member e-mails” from AACAP with information about BPF. Please do not hesitate to contact any of the BPF leadership group directly: James MacIntyre, II, M.D., chairperson of BPF; David Pruitt, M.D., Training and Workforce subgroup; Neal Ryan, M.D., Research subgroup; and Rich Martini, M.D., and Michael Houston, M.D., Service/Clinical Practice subgroup. You can also send questions and ideas to our special e-mail address: bpfquest@aacap.org.

BPF Final Report – “Overview of the Coming Decade” (Service/Clinical Practice; Research; Training & Workforce)

- Summarizes what is coming/facing our field
- Describes the key issues or trends
- Discusses some of the key challenges and controversies facing CAPs
- Explains how the issues, challenges, and controversies are addressed in the written plan

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Onward into the Coming Decade!

The Back to Project Future (BPF) Steering Committee recently completed its final report, Plan for the Coming Decade, and submitted it to AACAP President Martin Drell, M.D., for his review and consideration. This represents the conclusion of 18 months of focused effort on this Presidential Initiative by many AACAP members and staff. Many thanks to all the BPF Steering Committee members, three BPF subgroup leaders, all subgroup members, and AACAP staff for all their support, dedication, and work!

BPF Final Report – What’s in it?

The final report represents a consensus of the BPF Steering Committee based primarily on material written by the three BPF subgroups (Service/Clinical Practice, Training and Workforce, Research). The report also incorporates input from BPF’s Distinguished Consultants and Honorary Editors. The written report is organized into five sections. (see side bar for details)

Section I - Executive Summary and Background/Introduction: Provides summary and background information for BPF. The section also includes a summary of the results of the 2012-2013 AACAP Member Practice Survey, which provides a snap-shot of current CAP activity and practice.

Section II - Overview of the Coming Decade: This is a summary of the major issues and themes in CAP anticipated during the decade. The overview also briefly describes how the issues and themes are addressed in the Plan for the Coming Decade.

Section III - Plan for the Coming Decade: This section makes up the majority of the report and lays out the plan, including the BPF Vision Statement, BPF Core Values and Principles, and the Master List of BPF Goals. The bulk of this section consists of the BPF Goals, Recommendations, and detailed Action Steps developed by the BPF Steering Committee and subgroups. Readers should understand that the Goals, Recommendations, and Action steps are not cast in concrete – they represent a carefully constructed consensus of thinking by the BPF Steering Committee and subgroups in 2013. Readers should consider the Plan as a broad menu, with many choices of routes on the roadmap. Specific topics or issues of interest in child and adolescent psychiatry can be located using the Master Goal List. Each goal is numbered and has a brief descriptor in parentheses that helps the reader understand the broad content of the goal. Topics or issues can also be found using the topical Index of Recommendations in the report’s Appendix.

Section IV - Special Topics: This section contains brief overviews and analyses of six areas in child and adolescent psychiatry that were selected by the BPF Steering Committee in view of their importance to the field in the coming decade.

Section V - Next Steps/Implementation: In this section, the BPF Steering Committee outlines possible next steps for AACAP leadership to consider moving BPF forward to an implementation phase.

AACAP’s 60th Annual Meeting in Orlando will include several events designed to highlight and promote the completion and release of the BPF final report. Dr. Drell and James MacIntyre, II, M.D., have organized a special Back to Project Future Town Meeting for members only.

BPF Town Meeting - Have you wondered about what your practice will be like in the coming decade? Have you thought about how training, certification, and life-long learning may change for child and adolescent psychiatrists? How will you be using new technology in your practice? What research needs to be done to advance our knowledge and skills? This special Town Meeting features President Drell and the BPF leadership group, who will present an overview of BPF’s final report Plan for the Coming Decade. Presenters will discuss selected items from the report, including the BPF vision, guiding principles, over-arching goals, specific recommendations, and action steps, covering the areas of service/clinical practice, training/workforce, and research. Presenters will respond to questions and share some of the controversies and struggles encountered during the project. This is your opportunity to get the first look at the road map for child and adolescent psychiatry in the coming decade.

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Next Steps/Implementation Phase

A draft of the BPF report was sent to members of AACAP Council and the incoming officers (2013-2015) to help AACAP leadership understand the breadth and scope of the report – particularly the BPF Goals, Recommendations, and Action steps. The next step will be a careful review and consideration of the final report by AACAP’s Council and Executive Committee. The Academy leadership’s first decision should be to consider whether the project’s report and Plan for the Coming Decade should be moved to an implementation phase. If the project receives necessary approval and buy-in from AACAP leadership (i.e., Council and Executive Committee), then decisions will need to be made regarding the budget and allocation of resources (e.g., staff time, travel and meeting costs, etc.) to support the project’s implementation.

The time is now for AACAP leadership, members, and staff to study the roadmap presented in Plan for the Coming Decade and make the decision to begin the journey!

Dr. MacIntyre is chair of the BPF Steering Committee and editor-in-chief for Back to Project Future’s report. He has served as both secretary and treasurer and on Council for AACAP and in the Assembly of Regional Organizations of Child and Adolescent Psychiatry as an officer and delegate. He chaired the AACAP Consumer Issues Work Group (now the Consumer Issues Committee). Dr. MacIntyre works full-time as an attending child and adolescent psychiatrist for Carolinas HealthCare System (a nonprofit system) in Charlotte, North Carolina. He may be reached at james.macintyre@carolinashealthcare.org.