REPORT OF THE
PRESIDENT-EXECUTIVE DIRECTOR

Martin J. Drell, M.D.                           Heidi Büttner Fordi, CAE
President                                          Executive Director

Coverage Period: January 1 – March 31, 2013
This report is divided into the following sections

Major Accomplishments & Priorities  AACAP Council and Executive Committee
Annual Meeting                       Activities Decisions
Department Updates                   Staff Listing

MAJOR ACCOMPLISHMENTS & PRIORITIES

2013 AACAP Priorities
The Executive Committee met with AACAP Directors at the end of 2012 to review projects for the coming year and discussed which staff members and AACAP Committees were involved in each project. Projects include (in alphabetical order):

• Back to Project Future Recommendations Approved and Presented to AACAP Membership
• Education of Members about DSM-5
• Education of Members about Healthcare Reform, including Electronic Medical/Health Records
• Education of Members on New CPT Codes (going into effect in January 2013)
• Evaluation of new AACAP Practice Parameters Process
• Implementation of 501(c)(6)
• Implementation of Financial Conflict of Interest (FCOI) Guidelines
• Implementation of Pharmaceutical Task Force
• K12 Renewal
• Planning for 60th Anniversary Meeting
• Psychotropic Monitoring and Foster Care Developments
• Review and revision AACAP Bylaws, where necessary
• Review of JAACAP Contract
• Workforce Recruitment

Back to Project Future (BPF)
Chairled by James MacIntyre, II, M.D.
The BPF leadership group received input and ideas from numerous Regional Organizations and AACAP committees. Feedback solicited with a set of stimulus questions was also received from parent and advocacy organizations (NAMI, CHADD, Mental Health America, Federation of Families, Autism Society, and Balanced Mind Foundation) and other medical organizations (APA, AADPRT, American Academy of Pediatrics, and Society of Professors of Child & Adolescent Psychiatry). Dr. MacIntyre worked to carefully incorporate these written recommendations into the first draft of the BPF report.

The Clinical Services subgroup met in Utah on February 8-10; The Training and Workforce subgroup met in Washington, DC on February 23-24. All three subgroups focused on completing the first draft of the project’s report that will be reviewed by the Steering Committee prior to their meeting in DC on April 26-28. An article written by Dr. MacIntyre appeared in the January/February issue of AACAP News to update members on the status of the project.
501(c)(6)
AACAP is moving forward with plans to set up a 501(c)(6), including plans to file the Articles of Incorporation and present the draft Bylaws at the June Council meeting. Ms. Fordi has been working with our attorneys and the following staff members in the process: Kristin Kroeger Ptakowski, Larry Burner, Rob Grant, Maureen DuBois, Michael Linskey, and Genifer Goldsmith. Dr. DeMaso is involved as Secretary of AACAP.

Pharmaceutical Task Force
Dr. Drell is moving forward with appointing a new Pharmaceutical Task Force. The Executive Committee has been discussing the charge and issues of Task Force leadership and membership, including if members should be free of pharmaceutical interests.

60th Anniversary Committee
The 60th Anniversary Committee, chaired by Robert L. Hendren, D.O. and Marilyn Benoit, M.D., has had three conference calls and many plans are in place to celebrate the anniversary throughout the year. Highlights include:

- A 60th Anniversary website will launch in August and link to various resources about AACAP’s history, the Annual Meeting, committee and regional organization accomplishments over the past decade, and various other publications featuring the past, present and future of AACAP.
- Four 60th Anniversary posters will be created to highlight accomplishments of the last decade and compliment the posters that were made for the 50th Anniversary. The themes of the posters are general AACAP accomplishments, presidential accomplishments, advocacy accomplishments, and highlights of Ginger Anthony’s career at AACAP.
- JAACAP will run seven editorials starting in July, through the end of the year highlighting AACAP’s past, present, and future on a variety of topics.
- AACAP News will include a special anniversary section in the July/August and September/October issues that highlight accomplishments of committees and regional organizations.
- The Development Committee is increasing efforts to contribute to the 60-60-60 Campaign with the goal to have 60% of AACAP members donate at least $60 for AACAP’s 60th Anniversary.
- John Schowalter, M.D. is leading an effort to create an Annual Meeting program that allows committees or regional organizations to present their accomplishments.
- 60th Anniversary Committee members from Florida are energized to showcase Orlando and have begun planning ways to engage local mental health professionals in the meeting.
- A variety of proposed Annual Meeting programs will highlight AACAP’s and child and adolescent psychiatry’s past, present, and future; more details of those programs will be available after the Program Committee meets in mid-April.

60th Anniversary History Project
Robin Cautin, Ph.D. continues to write a monograph of AACAP’s first 60 years, conduct oral histories, review archive materials, and interview various AACAP members for the project.

2013 International Trip
The Executive Committee agreed to cancel this year’s international trip to Italy and to no longer have an international trip.
President’s Activities
Dr. Drell spoke to the Central California Regional Council and Big Sky Regional Council members in January on the importance of membership, his Presidential Initiative, and AACAP’s 60th Anniversary celebration. He plans to speak to the memberships of the Arkansas Council (April 20-21), Illinois Council, and Greater Kansas City Regional Council.

ANNUAL MEETING

2012 Annual Meeting Financials
Though the audit of our books is almost complete, we have an accurate idea of the overall financial picture for the Annual Meeting. The meeting was the second largest to date with 4,411 attendees. With over $2 million in revenue, the net income was $638,260, which is about $25,000 better than budget excluding indirect costs. It is important to note that the meeting exceeded the budget when we earned $60,000 less in sponsorship revenue than was projected and incurred un-budgeted expenses to provide wireless internet in all of the meeting space and additional meeting space at the Nikko.

2012 Annual Meeting Evaluations
Every year after the Annual Meeting, the Meetings and CME Departments spend a great deal of time compiling a notebook of the evaluation data from the Annual Meeting. This is not only a necessary task for AACAP to maintain its CME accreditation status, but also a very useful tool for the Program Committee in selecting the following year’s Annual Meeting programs. Below is a summary of some major findings from the 2012 Annual Meeting evaluations. The full evaluation results can be found here: http://www.aacap.org/galleries/AnnualMeeting/2012_annual_meeting_evaluation_notebook.pdf

According to the evaluations, the highest rated sessions in each presentation category based on average ratings and not on attendance were:

- Clinical Case Conference 11: Students of Concern: Campus Care Teams in Action, Chair: Adele Martel, M.D., Ph.D., Attendees: 13
- Clinical Perspectives 36: A Collaborative Practice Model for Improving Pediatric Mental Health Value, Chair: Katherine Grimes, M.D., M.P.H., Attendees: 5
- Honors Presentation 5: Standing on the Shoulders of Giants, Chair: Christopher McDougle, M.D., Attendees: 10
- Institute 8: Fundamentals of Pediatric Psychopharmacology, Chair: Adelaide Robb, M.D., Attendees: 33
- Media Theatre 8: Me Facing Life: Cyntoia’s Story, Chair: Daniel H. Birman, M.D. and William Bernet, M.D., Attendees: 24
- Member Services Forum 6: Strategies for Early Career Success: Transition to Practice and Regional Mentorship Forum, Co-Chairs: Boris Lorberg, M.D. and Anita Kishore, M.D., Attendees: 42
- Special Interest Study Group 8: International Medical Graduates in Child and Adolescent Psychiatry: Adaptation, Training, and Contributions, Co-Chairs: Siham Muntasser, M.D. and Aradhana Sood, M.D., MSHA, Attendees: 25
- Symposium 31: Macarthur Foundation Youth Research Network: Findings and Implications for Children’s Services, Chair: Kimberly Hoagwood, Ph.D., Attendees: 15
Workshop 37: Functional Family Therapy in Forensic Child and Adolescent Psychiatry: The Dutch Experience, Chair: Emma M. van der Meulen, M.D., Ph.D., Attendees: 1

The top ten most requested speakers included (listed in rank order):
- Gabrielle A. Carlson, M.D. (136)
- Timothy E. Wilens, M.D. (84)
- John T. Walkup, M.D. (53)
- Peter Fonagy, M.D. (48)
- Kiki Chang, M.D. (38)
- Lenore Terr, M.D. (34)
- Daniel Pine, M.D. (33)
- Boris Birmaher, M.D. (29)
- Michael Rutter, M.D. (28)
- Melissa P. DelBello, M.D. (26)

Some interesting points to note are:
- Attendees have rated the Annual Meeting sessions as being “free of commercial bias” with 9.29 out of 10 this year. This is the highest rated item of all sessions, and it compares to 9.23 last year. For the past seven years, this category received the highest rating compared to the other factors. It continues our trend of having a strong focus on conflict of interest and disclosure issues.
- The mean overall rating for all scientific sessions was 8.79 out of 10. This is the highest overall mean rating compared to the last five Annual Meetings.
- We added attendee demographic questions aimed at better understanding our audience.
  - We asked if they were an AACAP member: 73.5% indicated yes.
  - We wanted to capture information on international attendees, and asked if they reside in the U.S. 79.7% do reside in the U.S.
  - 73.7% indicated that English was their first language. Of those who did not speak English as their first language, 17.5% spoke Spanish, 13.8% spoke Dutch, and 7% spoke Portuguese.
  - For the past two years, we have asked gender, age range and number of years in practice, and all the values between for both years are roughly the same.
- We revised the question regarding how information from the meeting will change one’s practice and provided three options: 1) acquired new knowledge, skills, techniques: 55.5%; 2) enhanced clinical decision making – 25.3%; 3) improved potential clinical outcomes for my patients: 19.2%. An open-ended follow-up question to this was to state anticipated changes to one’s practice. The responses are varied, but it confirms that the Annual Meeting will change the way child and adolescent psychiatrists provide patient care. This is an important finding for CME because one of the main purposes of CME is to impact patient care.
- The highest reason for attending the Annual Meeting is to learn about current topics in child and adolescent psychiatry, with a 9.18 out of 10 rating. This is the same rating as last year. Earning CME credit was the top reason in 2010 and the previous three years, but it has now dropped to 3rd place. We believe that with the increase of international attendees who do not need CME credit that CME has not been higher on the list of reasons to attend. It could also be due to the many ways that our members can get CME via their own hospitals and universities and online.
- A new innovation and member benefit this year was the implementation of a mobile app. 51.2% of respondents used the mobile app and its usefulness was rated 7.99 out of 10. Of those who did not use the mobile app, the top two reasons were: 38.8% preferred printed material, followed by 24.4% who do not own smartphones or tablets. By far, the majority of attendees accessed the app via an iPhone, followed by iPad and Droid.
Many attendees commented about wanting to be able to download all handouts and also to do this prior to getting onsite. We will continue to encourage speakers to upload their handouts in advance of the meeting.

In addition, there is a strong demand with our online resources for attendees to be able to write on and manipulate the material they download. This ability is largely based on the device, but we will do a better job of informing attendees about these options.

309 attendees completed session evaluations through the mobile app for the first time this year. Currently attendees still prefer to complete the paper forms onsite, but using member feedback we are hoping to make the evaluations more user friendly to increase the response rate via the mobile app.

AACAP received many comments and helpful suggestions to make the app more user friendly in both finding and locating sessions to attend. We are working with our mobile app company to incorporate much of this feedback to continue to improve the overall experience with the app.

For a second year, we asked the question, “What is the most problematic clinical issue confronting your practice?” We took the top seven responses from last year and asked people to choose from the list, offering an open-ended field to type in additional issues. The top three problematic clinical issues are:

- Child and adolescent psychiatrists defined as medication managers only: 30.7%
- Inadequate reimbursement from insurance companies: 26.3%
- Access to and lack of child and adolescent psychiatrists: 22.7%

The additional comments we received supported these top issues. These responses are used to inform the Program Committee and CME Committee on barriers faced by child and adolescent psychiatrists as they work to address these clinical issues in future CME programming. These have also been shared with AACAP directors as we continue to work on addressing these themes in Back to Project Future.

We provided a pre-determined list of topics and asked attendees to identify the most important topic that should be addressed in future Annual Meetings and why. The top ten requested topics of interest are (in rank order):

1. Clinical psychopharmacology: 7.05%
2. Autistic disorder/PDDs: 4.92%
3. ADHD: 3.66%
4. Treatment: 3.51%
5. Pharmacology: 3.06%
6. Mood disorders: 2.88%
7. Neuroscience: 2.85%
8. Developmental psychopathology: 2.74%
9. Consultation/issues in practice: 2.72%
10. Abuse/neglect: 2.59%

Clinical psychopharmacology was ranked the number one topic last year as well. The reasons why the topics should be offered again were varied, including specific individual scenarios. The three predominant reasons include the following:

1. Potential DSM-5 changes;
2. The topic is widely seen in clinical practice and is only going to become more prevalent; and
3. There is not enough evidence-based research on the topic.
The evaluations also include a place for attendees to make additional comments about the Annual Meeting and based on this feedback, the Meetings Department will look into the feasibility of making the following logistical improvements:

- Attendees commented on the additional cost of ticketed events and expressed opinions that the registration fee should include all sessions. The Meetings Department will work to increase advertising on the value of the meeting, what is included in the registration fees, and why there are ticketed sessions.
- Attendees commented on the fact that too few speakers upload their presentations prior to the Annual Meeting. The Meetings Department will work to strongly recommend to speakers that they upload their slides prior to the meeting.
- Attendees commented that presentation material should be included with audio recordings for no additional cost. We added a question to the general evaluation this year asking if audio recordings should be included in the registration for the meeting, and if so, how much attendees would pay for this service. Only 33% indicated they would pay extra for the audio recordings at a range between $0-100. The Meetings Department will look at other ways to offer and market audio recordings.
- Attendees commented on the popularity of some programs leading to overcrowded rooms. The Meetings Department will work with the Program Committee to determine which sessions have the potential to be most popular and will schedule rooms, based on size, accordingly.
- There are still a significant number of attendees that prefer printed vs. electronic materials. The Program Committee will continue to evaluate moving from a printed copy to an electronic copy of the Scientific Proceedings.

Below are a few examples of additional positive comments received that we plan to use in future promotions for the meeting:

- “AACAP is the only meeting that offers quality continuing education for practicing child psychiatrists that is not commercially driven.”
- “It was the best AACAP meeting I’ve ever attended.”
- “The mobile app is amazing.”
- “This was my first AACAP meeting and by far the best, most relevant meeting for my day to day practice. I plan to attend this meeting as much as I can.”
- “Very well organized, so much choice and breadth of information and participation.”
- “I really liked the poster sessions. A joy to meet the young researchers.”
- “I am very impressed by the thoughtful organization and administration of this meeting. The Academy does a wonderful job of making the meeting inviting to attend.”

The Program Committee thoroughly reviewed the Evaluation Notebook and used the data when scoring Annual Meeting submissions, ultimately selecting the Annual Meeting program for 2013. The breadth of the evaluation report provides the Committee with strong feedback and data to support their selection decisions for future years.

2013 Annual Meeting

AACAP’s 60th Annual Meeting will be held October 22-27, 2013 at the Walt Disney World Dolphin Resort Hotel in Orlando, FL.

The Local Arrangements Committee has been combined with the 60th Anniversary Committee that is co-chaired by Marilyn B. Benoit, M.D. and Robert L. Hendren, D.O., Gabrielle Carlson, M.D., and Bennett Leventhal, M.D. The AACAP Meetings Department will meet with the committee on May 13 in Orlando. Highlights of Committee accomplishments are included earlier in this report.
AACAP opened its online Call for Papers submission system in December 2012 and the deadline for submissions was February 15.

For the past 5 years, the Call for Papers submission totals are as follows:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>February 15</td>
<td>361</td>
<td>401</td>
<td>350</td>
<td>437</td>
<td>326</td>
<td>302</td>
</tr>
<tr>
<td>June 15</td>
<td>TBD</td>
<td>386</td>
<td>379</td>
<td>433</td>
<td>321</td>
<td>320</td>
</tr>
<tr>
<td>Total</td>
<td>TBD</td>
<td>787</td>
<td>729</td>
<td>870</td>
<td>647</td>
<td>622</td>
</tr>
</tbody>
</table>

The Program Committee is reviewing all of the submissions and will meet April 19-21 in Washington, DC to make the final program selections. Emails regarding the Committee’s decisions will be sent in mid-May, and the online preliminary schedule will be live on June 17 at www.aacap.org.

The late New Research Poster Call for Papers will go live in April and the online submission deadline is Monday, June 17.

AACAP plans on opening its Annual Meeting hotel room blocks at the Walt Disney World Dolphin Resort Hotel on June 17 to correspond with the online program schedule going live. It is our hope that attendees will review the schedule before reserving their hotel rooms so that they book as accurately as possible. The rate at the Hilton is $229/night plus tax and fees.

**Future Annual Meetings**

The AACAP Meetings Department staff has researched options for the 2019, 2020, and 2021 Annual Meetings, per the Executive Committee’s direction. They are reviewing proposals from nine different cities and will conduct site visits as necessary.

AACAP’s future Annual Meeting schedule is as follows:

- **61st Annual Meeting**: October 21-26, 2014, Manchester Grand Hyatt, San Diego, CA
- **62nd Annual Meeting**: October 27-November 1, 2015, Henry B. Gonzalez Convention Center and Grand Hyatt San Antonio, TX
- **64th Annual Meeting**: October 24-29, 2017, Marriott Wardman Park Hotel and Omni Shoreham, Washington, DC
- **65th Annual Meeting**: October 23-28, 2018, Washington State Convention Center and Sheraton Seattle, Seattle, WA
DEPARTMENT UPDATES

EXECUTIVE OFFICE
Staffed by Heidi Fordi, Genifer Goldsmith, and Earl Magee

2013 Election
The 2013 election will officially begin on April 29. This year’s slate includes:

President-Elect: Gregory K. Fritz, M.D. and James C. MacIntyre, II, M.D.
Secretary: Chris Kratochvil, M.D. and Aradhana “Bela” Sood, M.D.
Treasurer: David Fassler, M.D. and Bennett L. Leventhal, M.D.
Councilors-at-Large: David L. Kaye, M.D., Kaye McGinty, M.D., Kayla Pope, M.D., J.D., and Barry D. Sarvet, M.D.
Nominating Committee: Sherry Barron-Seabrook, M.D., Carl B. Feinstein, M.D., Kenneth M. Rogers, M.D., M.S.P.H., M.M.M., and Marianne Z. Wamboldt, M.D.

The election closes on May 31, 2013 at 11:59:59 p.m. EDT.

Assembly
Chair by Louis Kraus, M.D.
In February, the Assembly Executive Committee developed an Assembly listserv/Regional Organization list policy: The use of the Assembly listserv by an individual/regional organization for surveys or other communication purposes by an individual/regional organization not utilizing the listserv for official Assembly business is required to be pre-approved by the Assembly Executive Committee.

AACAP’s Policy Statement on Children and Guns (adopted by Council in October 2000 and updated May 2008) has been updated by David Fassler, M.D. (original author). AACAP sent it to the Assembly and Executive Committee for feedback.

In May, Delegates will elect two members to the Assembly Nominating Committee from this slate: William Arroyo, M.D. (CA), Clarence Chou, M.D. (WI), Sharon Hirsch, M.D. (IL), and Richard Pleak, M.D. (NY). This committee will decide the slate for the October fall election of Assembly Vice Chair and Assembly Secretary-Treasurer.

Assembly Regional Organization Infrastructure Committee (ROIC)
Chair by Warren Y.K. Ng, M.D.
The ROIC met three times in 2013 to review Level 1 regional organization activities and address issues. The Arkansas Council has made tremendous progress to reorganize and plan a spring retreat that will feature Dr. Drell as the keynote speaker. These efforts are due to a core group led by Kathryn Panek, M.D. The Arkansas Council held an election recently. Congratulations to: President: Hervey “Mac” Madden Jr., M.D., President-Elect: Molly Gathright, M.D., Secretary-Treasurer: Kathryn Panek, M.D., Delegate to the Assembly: Deepmala, M.D., and Alternate Delegate to the Assembly: Jody Brown, M.D. Other Level 1 regional organizations are well on their way to success, which is the ROIC’s goal for all regionals.

We welcomed Lauren Kokernak in December who delved into regional activities and has proven to be an invaluable asset to Level 1 regional organizations. Thank you to Tricia Martinez as well.
**Ethics Committee**  
*Chaired by Arden Dingle, M.D. and Gail Edelsohn, M.D.*

The Committee held its mid-year meeting in Ft. Lauderdale, FL adjacent to AADPRT’s Annual Meeting. The Committee selected Gail Edelsohn, M.D. as the committee’s co-chair recommendation; Dr. Drell agreed and appointed her. The Committee is working on a webpage for the public that will include general articles of interest to the public. The online ethics information center will feature “Hot Topics” that will include topics based on member inquiries. Based on a consultation with the Rights & Legal Matters Committee, the Ethics Committee is drafting disclaimers for three areas: AACAP News, website, and emailed responses (i.e. AskEthics@aacap.org). Every five years, AACAP reviews the Code of Ethics; the Committee developed a subgroup to vet this process and has already begun work on the Preamble.

For the 60th Anniversary celebration, the Committee submitted an *AACAP News* article and short presentation on the history of the Ethics Committee.

The Committee has begun working on an Institute for the 2014 Annual Meeting that will be themed “ethics in an ever changing world.”

**Mary Lynn Dell, M.D.** has been appointed by Dr. Drell to be AACAP’s liaison to the American Academy of Pediatrics’ Bioethics Committee.

**Performance in Practice (PIP) Task Force**  
*Chaired by Michael Houston, M.D.*

The Task Force submitted a preliminary report to the Executive Committee in January that recommended sending a letter to the American Board of Psychiatry and Neurology’s board of directors stating the objections of the AACAP membership. At its February meeting, the Executive Committee asked the Task Force to draft a letter and include specific recommendations. Dr. Houston drafted the letter that has been edited by the Task Force and is currently being reviewed by the Lifelong Learning Committee. The Executive Committee will review the final draft in May.

---

**COMMUNICATIONS AND MEMBER SERVICES DEPARTMENT**  
*Staffed by Rob Grant, Caitlyn Camacho, Nicole Creek, Jared Hoke, and Nelson Tejada*

**MEMBER SERVICES**

Membership Numbers: October 1, 2012 – March 20, 2013

<table>
<thead>
<tr>
<th>Member Type</th>
<th>2013 Paid</th>
<th>2013 Unpaid</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>3,851</td>
<td>1,728</td>
<td>5,579</td>
</tr>
<tr>
<td>Affiliate</td>
<td>126</td>
<td>46</td>
<td>172</td>
</tr>
<tr>
<td>Corresponding</td>
<td>312</td>
<td>106</td>
<td>418</td>
</tr>
<tr>
<td>Distinguished Fellow</td>
<td>260</td>
<td>54</td>
<td>314</td>
</tr>
<tr>
<td>*Honorary</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>*Honorary Ex-Officio</td>
<td>62</td>
<td></td>
<td>62</td>
</tr>
<tr>
<td>*Life General</td>
<td>494</td>
<td></td>
<td>494</td>
</tr>
</tbody>
</table>
As you review the current numbers, keep in mind 2012 was our best membership year to date. From our first quarter numbers, we are ahead of last year at this time. This is a GREAT sign! It is important we continue to reach out to the regional organizations and get them to reach out to unpaid members. We are on pace to beat our 2012 numbers!

New Members: October 1, 2012 – March 19, 2013

<table>
<thead>
<tr>
<th>Member Type</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>31</td>
</tr>
<tr>
<td>Affiliate</td>
<td>7</td>
</tr>
<tr>
<td>Corresponding</td>
<td>15</td>
</tr>
<tr>
<td>CAP Trainee</td>
<td>50</td>
</tr>
<tr>
<td>General Psych Resident</td>
<td>31</td>
</tr>
<tr>
<td>Pediatric Resident</td>
<td>1</td>
</tr>
<tr>
<td>Medical Student</td>
<td>77</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>212</strong></td>
</tr>
</tbody>
</table>
The table above is a listing of new members by membership category. The numbers are positive. However, we need to see significant growth in new members. Our current numbers show our strength in member retention. It is integral for our future success that our new member numbers increase as well.

Our membership marketing efforts (for medical students, residents, and corresponding members) start at the beginning of March and run through September. We can expect to see these numbers jump by the next quarter.

**COMMUNICATIONS**

- **4,003** AACAP members, reporters and summit partners receive AACAP News Clips
- **5,100+** Twitter followers
- **3,000+** Facebook followers

We continue to daily Tweet/Post AACAP products, programs and events (Facts for Families, Resource Centers, etc.) via News Clips, Twitter & Facebook.

With over **5,102** people getting the News Clips & **4,003** Twitter followers & **3,000+** Facebook Followers - our message is getting out to the public. Through Twitter, we added health writers from top tier media outlets like The Atlantic, USA Today, CNN, Washington Post, Boston Globe & TIME to our media list.

The highlight of the last three months, and a monumental win for AACAP, we had our letter to the Editor placed/posted in the New York Times! Our response, signed by Dr. Drell, ran in both the print and online editions of the ‘Times’.

Our letter responded to the following: “Drowned in a Stream of Prescriptions”


**AACAP NEWS**

AACAP News Editor Uma Rao, M.D. transitioned into her new role as editor seamlessly. To date, the first two issues (January/February & March/April) under her stewardship were completed and delivered on time and error free. Moving forward, the News team is focusing on three areas:

1. 60th Anniversary "special" News Section
2. Increasing advertising revenue
3. Improving the look & feel of the 'News online

The News team meets in early May to prepare the editorial calendar for the next six issues along with covering the above mentioned items.

**Press Releases:**

**AACAP Supports Autism Awareness Month this April**

The American Academy of Child and Adolescent Psychiatry (AACAP) supports Autism Awareness Month this April by showcasing its resources on Autism. April 1, 2013
AACAP’s Policy Statement on Equality and Civil Rights  
*In light of current U.S. Supreme Court hearings on same sex marriage, the American Academy of Child and Adolescent Psychiatry (AACAP) refers to its policy statement on Sexual Orientation, Gender Identity and Civil Rights which rejects all forms of discrimination including marriage. March 26, 2013*

AACAP Applauds President Obama on Gun Control Proposals  
*The American Academy of Child and Adolescent Psychiatry (AACAP) applauds President Obama on his proposals to reduce gun violence, which include making improvements to our nation's children's mental health system. January 16, 2013*

AACAP Meets with Vice President Biden’s Gun Violence Taskforce  
*The American Academy of Child and Adolescent Psychiatry (AACAP) thanks President Obama and Vice President Biden for bringing together mental health and disability organizations to discuss how to improve access to mental health services. January 10, 2013*

Members & the News: *Stories, articles & Experts our office placed in the last 3 months*

- **Michael Brody, M.D.**, was interviewed by a reporter with *Yahoo News* for a story on toy guns. The article, “ANALYSIS: Disciplining children over fake guns may be wrong lesson,” posted on January 30, 2013.
- **Niranjan Karnik, M.D.**, was interviewed by the *Associated Press* for a story about the boy held hostage in a bunker. The article, “Experts Warn of Long Recovery for Boy in Bunker,” posted February 7, 2013.
- **Judith Cohen, M.D.**, was interviewed by the *Pittsburgh Post-Gazette* about child trauma. The article, “Does science know how to treat traumatized children?” appeared February 24, 2013.

### RESEARCH, TRAINING AND EDUCATION
*Staffed by Yoshie Davison, Liz Goggin, Cecilia Johnson, and Ashley Rutter*

**Awards**

AACAP received seven applications for the Jeanne Spurlock Minority Medical Student Research Fellowship in Substance Abuse and Addiction, supported by the National Institute on Drug Abuse (NIDA), and the selection committee awarded three recipients. The recipient information will be available upon award acceptance on April 15, 2013.
AACAP received 31 applications for the Summer Medical Student Fellowship Program, supported by AACAP’s Campaign for America’s Kids (CFAK), and the selection committee awarded six applicants. The recipient information will be available upon award acceptance on April 15, 2013.

AACAP received eight applications for the Junior Investigator Award, funded by the Research Initiative, supported by Eli Lilly and Company, Pfizer Inc., and Shire Pharmaceuticals. An award of $30,000 a year for two years will be given to a child and adolescent psychiatry junior faculty member.

**Product Development**

The Workforce Issues Committee, with the Research, Training, and Education Department, is conducting a study of the child and adolescent psychiatry workforce from American Medical Association (AMA) data. This is an update to the last study that took place in 2009. The workforce data will be available and published on the AACAP website by May 9-10 for Advocacy Day.

The Mentorship Network connects medical students and residents with child and adolescent psychiatrist mentors. To date, 186 AACAP members have signed up as mentors and 153 trainees and ECPs have requested a mentor. *Are you a mentor yet?* We need more mentors. Sign up for the Mentorship Network at [http://www.aacap.org/cs/mentorship_matters/aacap_mentorship_network](http://www.aacap.org/cs/mentorship_matters/aacap_mentorship_network).

**Collaborations**

AACAP continues to administer the Klingenstein Third Generation Foundation (KTGF) Medical Student Program. Ms. Davison and Ms. Rutter attended the KTGF Games at Harvard Medical School in Boston, MA on February 2. Robert Kitts, M.D. coordinated the Games. More than 50 medical students attended the Games and presented on various topics including eating disorders, bipolar disorder, third culture kids, etc.

Ms. Rutter represented AACAP at the American Medical Student Association (AMSA) National Convention in Washington, DC, March 15-16. Local members Carol Ann Dyer, M.D., Marc Dalton, M.D. and Victoria Shampaine, M.D. helped staff the booth. More than 40 undergraduate and medical students visited the AACAP booth where they learned about training pathways into child and adolescent psychiatry and AACAP opportunities.

Mr. Grant joined Ms. Davison to attend and exhibit at the AADPRT meeting in Fort Lauderdale, FL, with over 600 psychiatry residency training directors and coordinators. During the child caucus meeting, Dr. Drell, Jeff Hunt, M.D., David Kaye, M.D., Geri Fox, M.D. and Ms. Davison presented on items including Dr. Drell’s Presidential Initiative on Back to Project Future, Alliance for Learning
and Innovation, AACAP membership and 100 percent club, CAP resources for medical student educators, mentorship network, award opportunities, CAP workforce study, and Advocacy Day. The Training and Education Committee, chaired by Jeff Hunt, M.D. and Howard Liu, M.D. continue to work with AADPRT and the child caucus led by Arden Dingle, M.D.; Shashank Joshi, M.D. will be the new chair of the child caucus.

AACAP-NIDA K12 Program
In March 2013, K12 Program Director Paula Riggs, M.D. and K12 Advisory Committee Chair Catherine Martin, M.D. reviewed progress reports from the six K12 scholars (Margaret Benningfield, M.D., Brady Case, M.D., Leslie Hulvershorn, M.D., Michelle Horner, M.D., Mini Tandon, M.D. and Greg Tau, M.D.). The scholars are making excellent research progress. Drs. Riggs, Martin, and AACAP staff submitted the annual progress report to NIDA in March.

MEETINGS AND CONTINUING MEDICAL EDUCATION
Staffed by Jill Brafford, Quentin Bernhard III, Elizabeth Hughes, Audrey Kerr, Molly O’Neill and Brooke Schneider

MEETINGS

Committee Meetings
The Meetings Department arranged the operational logistics for 13 committee meetings from January 1 - March 31. This compares to nine planned during the same time period last year.

2013 Psychopharmacology Update Institute
Chaired by Gabrielle Carlson, M.D.
The 2013 Institute entitled, The Impact of DSM-5 on Child and Adolescent Psychopharmacological Treatments, took place on January 25-26 at the Marriott Wardman Park Hotel in Washington, DC. In addition to the chair, speakers included: Joan Asarnow, Ph.D., Ann Manoley, M.D., Daniel Pine, M.D., Adelaide Robb, M.D., Lawrence Sechill, Ph.D., Michael S. Scheeringa, M.D., M.P.H., and John T. Walkup, M.D.

The following companies had tabletop exhibits: American Professional Agency, Inc., Civilain Medical Corps, Lippincott Williams & Wilkins, Multiview, U.S. Medical Department, and Valant Medical Solutions.

Registration history for the January Psychopharmacology Update Institute compared to the last five years is as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Location</th>
<th>Chair</th>
<th>Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>Washington, DC</td>
<td>Gabrielle Carlson, M.D.</td>
<td>595</td>
</tr>
<tr>
<td>2012</td>
<td>New York, NY</td>
<td>Larry Greenhill, M.D. and Barbara Coffey, M.D.</td>
<td>621</td>
</tr>
<tr>
<td>2011</td>
<td>Los Angeles, CA</td>
<td>Gabrielle Carlson, M.D.</td>
<td>347</td>
</tr>
<tr>
<td>2010</td>
<td>New York, NY</td>
<td>Larry Greenhill, M.D.</td>
<td>482</td>
</tr>
<tr>
<td>2009</td>
<td>New York, NY</td>
<td>Gabrielle Carlson, M.D.</td>
<td>378</td>
</tr>
<tr>
<td>2008</td>
<td>New York, NY</td>
<td>Larry Greenhill, M.D.</td>
<td>333</td>
</tr>
</tbody>
</table>
We attribute the high attendance to excellent speakers, the topic *(DSM-5)*, and the fact that we heavily advertised that the program sold out in 2012. Out of the 595 registered attendees:

- 139 were non-members
- 137 were international
- 35% male, 65% female
- 370 are M.D.s
- 92.2% are physicians

The 56 people on the wait list could not be accommodated due to space constraints. Revenue for the meeting is up by 30% compared to budget.

In summary, here are some points from the evaluation results that are of particular interest in planning for future activities:

- Attendees rated the Institute as free from commercial bias with 4.73 out of 5.0. This compares to 4.74 in 2012. This is the highest rated item this year. This rating is also consistent with all of AACAP’s meetings achieving the highest rating in favor of being free of commercial bias. We are proud of this accomplishment.
- The top three reasons for attendance at the Institute are CME, a general review, and topics/content. These are the same top three reasons for the past few years, only a general review was ranked first place in 2012, and CME was ranked first place in 2011. It is evident that education is the driving force for attendance.
- As we have seen in the past, the speaker ratings are good, with the lowest average scores being 3.63 and 3.71 out of 5.0 (1=poor, 5=excellent) and the highest being 4.82 and 4.85. We will continue to emphasize the high quality of speakers on this Institute in promotional efforts.
- There were 32 nurse practitioners in attendance this year. This compares to 63 in 2012 and 5 in 2011. We will continue to monitor attendance/interest from this demographic and will make appropriate decisions regarding future marketing.
- The top 10 requested topics that should be offered at future Institutes include:
  1. Clinical psychopharmacology     8.87%
  2. Autistic disorder/PDDs        5.10%
  3. Anxiety disorders         4.14%
  4. Substance use disorders  3.70%
  5. ADHD                        3.55%
  6. Cognitive behavioral therapy 3.10%
  7. Comorbidity                 2.96%
  8. Bullying                   2.88%
  9. Disruptive behavior disorders 2.88%
 10. Mood disorders          2.73%
- In general, the presentations were well received. Several comments included that attendees would like to have more clinically relevant information, more examples including case studies, and discussion about complicated cases. We will continue to encourage speakers to focus on the clinical relevance of their topic.
- Attendees rated the statement “I acquired useful knowledge and skills at the Institute” with a 4.41 out of 5, compared to 4.67 last year. We added a new question that asks what results were achieved as a result of participating in the Institute. The drop-down menu of choices indicate a hierarchal response as follows:
  o Acquired new knowledge and skills         36.6%
  o Enhanced clinical decision making      40.1%
  o Improved potential clinical outcomes for my patients  23.3%
One of the purposes of CME is the application of learned skills or information in one’s practice. These comments and rating support this purpose and use of the CME activity.

2013 Annual Review Course
Chaired by Cathryn Galanter, M.D. and Moira Rynn, M.D.
The 2013 Douglas B. Hansen, M.D. 38th Annual Review Course and Training Session for the Oral Exams was held March 13-16 at the Westin Jersey City Newport in Jersey City, NJ. In addition to the chairs, speakers included Glenn S. Hirsch, M.D, Judith Ann Crowell, M.D., Laurence L. Greenhill, M.D., Jeffrey Newcorn, F.R.C.P., Richard Mattison, M.D., Timothy E. Wilens, M.D., Glenn, N. Saxe, M.D., Alexander Kolevzon, M.D., Catherine Lord, Ph.D., John T. Walkup, M.D., Christoph U. Correll, M.D., David M. Kaufman, M.D., Jonathan Slater, M.D., Barbara Stanley, Ph.D., Deborah M. Weisbrot, M.D., Gabrielle A. Carlson, M.D., Angel Caraballo, M.D., B. Timothy Walsh, M.D., Jess Shatkin, M.D., M.P.H., Alan Ravitz, M.D., Kareem Ghalib, M.D., Schuyler W. Henderson, M.D., M.P.H., J., Rebecca Weis, M.D., and Paul O’Keefe, D.O. Registration for this meeting opened in September 2012 and the brochures were mailed shortly thereafter to AACAP members and non-members.

This year’s Annual Review Course had the highest attendance ever with 226 registered attendees! Registration history for the Annual Review Course compared to the last 5 years is as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Location</th>
<th>Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>Jersey City, NJ</td>
<td>226</td>
</tr>
<tr>
<td>2012</td>
<td>Pittsburgh, PA</td>
<td>152</td>
</tr>
<tr>
<td>2011</td>
<td>Fort Worth, TX</td>
<td>147</td>
</tr>
<tr>
<td>2010</td>
<td>Cincinnati, OH</td>
<td>180</td>
</tr>
<tr>
<td>2009</td>
<td>Boston, MA</td>
<td>153</td>
</tr>
<tr>
<td>2008</td>
<td>San Mateo, CA</td>
<td>167</td>
</tr>
</tbody>
</table>

Revenue for this meeting is up by 50% compared to budget. From Canada, 40 attended presumably because of the new exam requirements for child and adolescent psychiatry. We plan to explore this market in planning the 2014 meeting. The evaluation results will be available in the next PED report.

2014 Psychopharmacology Update Institute
Jean A. Frazier, M.D. and Laurence L. Greenhill, M.D. will co-chair the 2014 Psychopharmacology Update Institute, which will be held January 10-11 in New York at the Sheraton New York Hotel and Towers. More details are forthcoming.

2014 Annual Review Courses
The 2014 Annual Review Course will be held in Chicago, IL. The Meetings Department is currently working on finalizing dates and a location for the event.

2015 Psychopharmacology Update Institute
The 2015 Psychopharmacology Update Institute will be held in New York. The Meetings Department is currently working on finalizing dates and a location for the event.
CONTINUING MEDICAL EDUCATION (CME)

Lifelong Learning Committee

Chaired by Sandra Sexton, M.D. and Drew Russell, M.D.

The Committee held a meeting on February 10-11 to select the articles for the next module in the series, Module 10: Abuse and Neglect, Adoption and Foster Care, Custody and Divorce, Dissociative Disorders, Personality Disorders, Reactive Attachment Disorder, and Relevant Updates for Child and Adolescent Psychiatrists. Thirty-eight articles were selected. The module is scheduled to be published in October and will be available at the Annual Meeting.

The Committee submitted a Call for Papers for the Annual Meeting Lifelong Learning Institute, where Module 10 will be featured. Invited speakers include the following: Bryan King, M.D., Terry Lee, M.D., Carla Sharp, Ph.D., Christopher Thomas, M.D., John Walkup, M.D., and Charles Zeanah, M.D.

The Lifelong Learning and CME Committees are developing a self-assessment (SA) project that will provide registrants of the Annual Meeting, other members, and non-members with the opportunity to receive 8 hours of CME credit and self-assessment credit (an ABPN recertification requirement) by taking a 100-question multiple-choice online exam once they register for the Annual Meeting.

Test questions will come from existing materials—MOC modules and JAACAP CME articles—and will be reviewed and selected by the committees, tagging them to content areas on the ABPN MOC exam content outline.

Annual Meeting registrants will be emailed after registering about taking an optional SA exam, which will offer eight hours of CME/SA credit towards their MOC requirements.

In the immediate feedback given to the participant, they are given the correct answers, percentage comparison score to their peers who have also taken the exam, and article references (all requirements of the ABPN for self-assessment). The idea behind self-assessment is that the feedback should inform one’s choice or direction for further CME and study. The participant may choose to use the Annual Meeting to attend sessions where they were deficient based on the feedback from the SA exam, or use future CME opportunities as well.

The SA exam will be available when online registration is open on August 1 through the end of the Annual Meeting on October 27, 2013.

The exam will be free to meeting registrants, and there will be a charge for members/non-members not attending the meeting.

Lifelong Learning Module Sales

From January 1 - March 31, 391 Lifelong Learning Modules and exams were sold resulting in $63,580 in gross revenue. This was the same amount of modules sold during this same period last year but, due to a price increase on Module 9, resulted in $15,946 more in total sales. Appendix A contains a summary of modules sold to date.

The new Module 9 was offered at a discount to members who paid their 2013 membership dues and order the module from October 2012 through January 31, 2013. During this promotion 699 modules were sold. So far, it is the fastest selling module to date.
Continuing Medical Education Committee  
Chaired by Jeff Bostic, M.D. and Tristan Gorrindo, M.D.
AACAP is still waiting for the final reaccreditation decision from the Accreditation Council for Continuing Medical Education (ACCME). It should be received in April 2013.

The ACCME 2012 Annual Report was submitted on March 26. This report details the number of activities in 2012, the number of physicians and non-physician attendees, the credit hours given, and income and expenses associated with the activities.

Committee members wrote CME questions for the following JAACAP issues:

- January: The Effect of Comorbidity on Treatment of Anxious Children and Adolescents
- February: Emotion Regulation and Heterogeneity in Attention-Deficit/Hyperactivity Disorder
- March: Late Preterm Birth, Maternal Depression, and Risk of Preschool Psychiatric Disorders

Annually, the CME Committee reviews the monitor reports from every Annual Meeting session to ensure that all presenters adhere to the AACAP disclosure guidelines. In instances where a presenter has been marked as not adhering to these guidelines the CME Committee Co-chairs reach out to clarify these guidelines and to solicit a response from presenters ensuring that they now understand the disclosure guidelines and will follow them in any future presentations. Due to a more detailed monitor report form this year the number of presenters marked as not adhering to AACAP disclosure guidelines nearly tripled from years past (210 in 2012 vs. 74 in 2011). Due to this large increase we developed an automated system to handle the follow-up process required of all reported presenters. To date, we have had presenters respond to 176 of the 210 violations. The remaining 34 violations will be reported to the Program Committee for further review.

In addition to reviewing monitor reports for disclosure guideline adherence, the CME Committee also has a Subcommittee on Comment Review that is tasked with reviewing the evaluation notebook for each live meeting to look for any instances of potential bias. Review of the 59th Annual Meeting evaluation notebook turned up no reports of potential bias. Review of the 2013 Psychopharmacology Update Institute evaluation notebook found one comment that showed potential bias by one of the speakers. The subcommittee is now in the process of contacting that presenter to alert them of the comment.

In February, Centers for Medicare and Medicaid Services (CMS) announced a final rule regarding the Physician Payment Sunshine Act that will increase public awareness of financial relationships between drug and device manufacturers and certain health care providers. The rule finalizes provisions that require manufacturers of drugs, devices, biological, and medical supplies to report to CMS payments or other transfers of value of $10 or more to physicians and teaching hospitals. Payments mean food, entertainment, gifts, consulting fees, honoraria, and other items or services of value. CMS will post that data on a public website. The increased transparency is intended to help reduce the potential for conflicts of interest that physicians or teaching hospitals could face as a result of their relationship with manufacturers. Continuing medical education (CME) activities have been excluded from the Sunshine Rule. An article highlighting the major points of the rule will be published in the May/June AACAP News.
DEVELOPMENT
Staffed by Alan Mark Ezagui and Stephen Major

Incoming Development Funds (January 1 – March 31, 2013):

<table>
<thead>
<tr>
<th>Major Funds/Activities</th>
<th>January 1 – March 31, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>60% Society (CFAK)</td>
<td>$4,140</td>
</tr>
<tr>
<td>Campaign for America’s Kids (CFAK)</td>
<td>$17,017</td>
</tr>
<tr>
<td>Elaine Schlosser Lewis Fund</td>
<td>$1,400</td>
</tr>
<tr>
<td>Endowment</td>
<td>$100</td>
</tr>
<tr>
<td>NIDA</td>
<td>$20,000</td>
</tr>
<tr>
<td>NIAAA</td>
<td>$20,000</td>
</tr>
<tr>
<td>EOP for General Psychiatry Residents – Lilly USA LLC</td>
<td>$50,000</td>
</tr>
<tr>
<td>General/Other</td>
<td>$1,000</td>
</tr>
<tr>
<td>Life Members Fund</td>
<td>$4,970</td>
</tr>
<tr>
<td>Research Initiative – Lilly USA LLC</td>
<td>$50,000</td>
</tr>
<tr>
<td>Virginia Q. Anthony Fund</td>
<td>$9,585</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$178,212</strong></td>
</tr>
</tbody>
</table>

The Development Department recorded $178,212 in donations and grants (received and pledged) from individuals, foundations, and corporations in this time period, compared with $184,885 during the same time period in 2012. This is a decrease of $6,673, or 3.6%. A main factor in the difference is the timing of the Eli Lilly Pilot Research grant. We receive the funds in Q1 in 2012 and not until Q2 in 2013.

Donations improved from 2012 to 2013, including the following:

<table>
<thead>
<tr>
<th></th>
<th>First Quarter 2012</th>
<th>First Quarter 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Donations</td>
<td>112</td>
<td>264</td>
</tr>
<tr>
<td>Individual donors</td>
<td>95</td>
<td>243</td>
</tr>
<tr>
<td>Revenue from Individual Donors</td>
<td>$17,885</td>
<td>$38,212</td>
</tr>
</tbody>
</table>

Please see [Appendix B](#) for full year-to-date details.

**AACAP’s Campaign for America’s Kids (CFAK)**
The CFAK 2013 Spring Grant Awards was announced. The deadline for submissions is April 30. All grant applications will be discussed at the Development Committee’s May 15 conference call. Their recommendations will be subsequently submitted to Council for approval at the June 2013 retreat.

As of February 28, the CFAK fund balance is $380,205.

**Virginia Q. Anthony (VQA) Fund**
Summary:
- Fund-2-Date: 4.1.12 – 3.31.13
- Donors: 190
- $ Raised: $74,807
The “Portrait Unveiling and Lobby Dedication” reception is taking place at AACAP in Washington, DC on Friday, May 10 from 5:30 to 7:30 p.m. “Save-the-Dates” were sent out on March 21st to all donors and other special guests. Invitations are scheduled to be mailed on April 8, 2013.

Alice Mao, M.D. and Gabrielle Shapiro, M.D., members of the Development Committee, have been planning and coordinating the reception.

Peer-to-Peer (P2P) Fundraising
The Development Department is introducing Peer-to-Peer (P2P) Fundraising platform as a method of fundraising that engages our donors, friends, and people who care about our purpose to fundraise on our behalf. Often, a person sets up their own personal fundraising page that links back to the cause (nonprofit). Their page typically includes their personal story and a donation amount goal. The vendor we have chosen is Stay Classy (www.stayclassy.org). We envision several benefits for AACAP, including growing development revenue and growing our donor base, especially with non-child and adolescent psychiatrists. P2P fundraising is commonly used for campaigns and personal events/challenges. Our first P2P fundraising initiative will be a “campaign” that will focus on National Mental Health Month. Donations will support advocacy and research (all within the scope of CFAK) and the preliminary fundraising goal is $10,000.

Life Members Fund and Subcommittee
The first eNewsletter of 2013 was sent to Life Members on March 12. This was also the first issue published under its new editor, Ginger Anthony. There were new features, including a listing of Life Members who recently passed away. There were three new Life Members’ Reports:
   1) "Retirement? No Way" by Beverly J. Sutton, M.D.
   2) "The Passion for Italian that Makes Retirement Even More Fun" by John Sadler, M.D.
   3) "Life Member Report" by Carrie Sylvester, M.D., M.P.H., F.A.A.C.A.P.

The Life Members Subcommittee is discussing plans for the Wisdom Clinical Perspectives at the 60th Annual Meeting in Orlando. As of this time, the “Perspectives” would be divided into two, one-hour segments featuring a 20-minute discussion by a Life Member as a “pioneer” from a generation ago and a 20-minute “rising star” presentation of current work in that field, with the remaining time for audience Q&A.

As of March 31, there are 1,161 Life Members making up nearly 14.5% of the AACAP membership. The Life Members Fund balance is $80,228.

Grants
Development submitted the following grants in the 1st quarter:

- Klingenstein Third Generation Foundation (KTGF): $37,000
- National Institute on Drug Abuse (NIDA): $20,000
- National Institute on Alcohol Abuse & Alcoholism (NIAAA): $70,000
- EOP General Psychiatry Residents (Eli Lilly): $70,375
- Pilot Research Awards for Junior Faculty & CAP Residents (Eli Lilly): $125,000
- EOP for CAP Residents (Shire): $40,250
- Research Initiative (Shire): $50,000
Staff is evaluating how to increase support to the Research Initiative. Additionally, we are strategically evaluating new foundation opportunities.

**AACAP Roundtable Discussion with Industry Representatives**

On January 31, AACAP hosted the 13th annual Pharmaceutical Roundtable Discussion with Industry Representatives to discuss issues pertaining to sponsorship of AACAP’s medical meetings, awards, continuing medical education, and other activities. Bennett Leventhal, M.D., AACAP’s Meetings Manager led the meeting and Neal Ryan, M.D., AACAP’s Gifts and Endowments Committee Liaison, participated via conference call.

**60th Annual Meeting Sponsorships**

Pharmaceutical sponsorships in 2012 totaled $175,000.

Eli Lilly will no longer sponsor the International Reception. The Executive Committee reached an agreement in which general support for AACAP’s Annual Meeting is preferred rather than funds targeted for a specific event.

In spite of this, every effort will be made to optimize support for the 2013 meeting and Development will focus on growing non-pharmaceutical revenue. We are collaborating with Meetings, Communications, and the Executive Office to create a 2013 Annual Meeting Sponsorship prospectus that is focused on corporate investment and will be available in mid-May. Development will be asking Council and other key AACAP stakeholders to engage in this process, which includes identification of corporate contacts.

**Development Staffing**

Stephen Major joined AACAP as the new Development Coordinator on February 11. Prior to joining AACAP, Stephen earned an MFA in film production and a certificate in nonprofit development at UCLA. He interned in the Development Department of the Center Theater Group and served as the Development Associate for the American Humanist Association.

**AACAP Catchers in the Rye Humanitarian Award**

The call for nominations for the 2013 Humanitarian Award is completed. The deadline for this was March 15. At its March 27 conference call, the Development Committee recommended Temple Grandin, Ph.D. and will forward that recommendation to the Executive Committee.

**Development Committee**

Co-Chaired by Chris Kratochvil, M.D. and Harold Koplewicz, M.D.

In January, the Development Committee co-chairs met with Ms. Fordi, Mr. Ezagui, and Paramjit Joshi, M.D., President-Elect, to discuss goals for 2013 and future visioning. Development plans to focus on attracting non-member donor support (individual and corporate) and implementing a bequest program.
GOVERNMENT AFFAIRS

President’s Mental Health Initiatives: In January, AACAP member Michael Houston, M.D. participated in a meeting of Vice President Biden’s Task Force on Gun Violence. Dr. Houston joined other representatives of the mental health community in a small group meeting lead by Health and Human Services Secretary Kathleen Sebelius and Attorney General Eric Holder to discuss children’s mental health in the wake of the Newtown tragedy. We continue to work with Vice President Biden’s Office and the Department of Health and Human Services on policy proposals to implement in the wake of the Newtown Tragedy and have endorsed the White House’s national dialogue on mental health.

We have also been meeting and working with Congressional leaders on various legislative responses to Newtown, this includes working with the Offices of Senator Franken (D-MN) on his efforts to bring additional mental health resources into schools and meeting with the Energy and Commerce committee and the Health, Education, Labor and Pensions Committee on developing comprehensive mental health legislation.

Workforce:
Representative Courtney (D-CT) has agreed to introducing legislation to reauthorize the pediatric specialists and children’s mental health specialist loan forgiveness program until 2018. AACAP is also simultaneously working to gain support for funding the ACA’s loan forgiveness program in the fiscal year 2014 budget. Representative McDermott’s office agreed to a letter to his colleagues requesting support of $5 million for the loan repayment program. We are looking for a sponsor for the reauthorization bill and funding request in the Senate.

GME:
AACAP joined the AAMC and 45 other physician groups in an advertisement that urges Congress to preserve funding for physician training through GME. The ad, paid for by AAMC, specifically mentioned pediatric specialists. We are working with members of the Workforce Issues Committee to think of innovative ways to get additional GME funds to CAP programs. Children’s Hospitals GME bill is stalled due to a request to include free standing children’s psychiatric hospitals. Discussions are continuing at the Senate leadership level for a compromise.

The Mental Health in Schools Act of 2013:
Earlier this month Representative Grace Napolitano (CA-D) re-introduced the Mental Health in Schools Act in the House of Representatives (H.R. 628) and Senator Al Franken (MN-D) introduced an identical bill in the Senate (S. 195). This legislation is designed to increase students’ access to mental-health services in schools by establishing a new grant program that supports collaboration between local education agencies and community-based health and social service organizations focused on children and youth. Grants from this legislation can be used to provide training for school employees to help identify and address the mental health needs of students. AACAA is talking with Senate staff about its inclusion into a larger mental health legislation.
State Advocacy
AACAP continues to work with our Regional Organizations in state advocacy to improve children’s mental health care and their practice. Recent highlights include:

- **Scope of Practice**: AACAP partnered with both the Illinois and New Jersey Councils on efforts to oppose legislation to grant prescription privileges to psychologists. While the bill in Illinois is still pending, the bill in New Jersey is likely stopped for this year, largely as a result of the New Jersey Council’s advocacy efforts.

- **Equal Pay**: As we did last year, AACAP is working with the Oregon Council to oppose a bill which would mandate that health insurers reimburse nurse practitioners and physician assistants the same amount as they do physicians for the same service. The bill has passed the Oregon House and efforts are now focused on the Senate. The Oregon Council is leading efforts against this bill in the state.

- **Psychopharmacology**: Both the Maine Council and the New York Council are involved in efforts to educate legislators about the use of psychotropic medication in children. Maine is considering legislation which would increase prescription monitoring and prior authorizations for Medicaid, while New York is considering a bill to examine the negative side effects of medications prescribed for ADHD to school-aged children without also examining the benefits.

- **Juvenile Justice**: The Virginia and Delaware Councils both contacted legislators in support of legislation to remove mandatory life without parole sentences for juvenile offenders from state law. While the bill in Virginia did not pass before the end of the legislative session, the bill in Delaware is still pending. Additionally, the North Carolina Council was involved in efforts to oppose a bill that would allow 13 year olds to be tried in adult court.

- **Prevention of Gun Violence**: Many state legislatures are acting swiftly to pass legislation to prevent gun violence this session. AACAP worked with National Alliance on Mental Illness (NAMI), American School Counselor Association (ASCA), The Balanced Mind Foundation, Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD), and Mental Health America (MHA), to develop a fact sheet and sample letter to legislators to provide recommendations to state legislators as they take action to avoid future tragedies. These resources were disseminated to all members in February and staff continues to share them with members looking for advocacy support.

Advocacy and Collaboration Grants
In February, the AACAP Assembly awarded $3,000 Advocacy and Collaboration Grants to 10 AACAP Regional Organizations: Arkansas, Big Sky, California, Colorado, Louisiana, Maine, Maryland, Nebraska, New Jersey, and Northern California. The grants, supported by AACAP’s Abramson Fund, are intended to help Regional Organizations engage in advocacy activities to improve children’s mental health care in their state or community, and require collaboration with allied consumer or professional organizations.

Advocacy Trainings
AACAP staff continues to provide trainings on advocacy, primarily via webinar, to child psychiatry training programs and other AACAP members. In January, staff provided training during Grand Rounds at Johns Hopkins. Additionally, they are providing a series of advocacy trainings to fellows at University of California San Francisco throughout March, April, and May.

Regulatory Action
**Physician Payment Sunshine Act**
In early February, the Center for Medicaid and Medicare Services released the final regulations for physician payment transparency; many of AACAP’s recommendations were accepted in the final rule.
The Act, a provision within the Affordable Care Act, requires any manufacturer of a covered drug, device, biological, or medical supply that makes a payment or another transfer of $10 or more to a physician, a physician medical practice, a physician group practice, or a hospital with an approved medical residency training program to report quarterly to the Secretary of HHS. Payment means food, entertainment, gifts, consulting fees, honoraria, and other items or services of value. Research funding also must be reported, but does not have to be disclosed publicly for four years or until the product under development is approved, whichever comes first. It also requires manufacturers and applicable group purchasing organizations to report certain information regarding the ownership or investment interests held by physicians or the immediate family members of physicians in such entities. Payments or other transfers of value to residents, CME activities that meet the definition of “indirect payments,” and product samples will not be required to be reported. Payments or other transfers of value being provided to a specific physician through a group practice should not necessarily be attributed to all physicians in that group. If a recipient does not receive payment personally, rather directs that the payment be transferred to charity or other entity, the manufacturer must report the payment. Manufacturers and physicians have 45 days to review, dispute and correct their reported information before it is posted on a publicly available website. Collection of required data must begin by August 1, 2013 and be reported to CMS by March 31, 2014. CMS is expected to publish the payments for this period on a public website by September 31, 2014.

HHS Releases Minimum Benefit Coverage for New State Exchange Plans
On February 20 the Department of Health and Human Services (HHS) issued a final rule mandating a core package of 10 “essential health benefits” categories that qualified plans on health insurance exchanges must include. In the final rule, HHS placed a special emphasis on how essential benefits will strengthen and expand coverage of mental health and substance abuse disorder services, one of the required 10 broad categories of care. The rule states that the Federal Mental Health and Substance Abuse parity law will apply to new plans sold on the exchanges, as well as to non-grandfathered small-group and individual plans sold outside of the marketplaces. Because 20% of people who are in the individual insurance market have no mental health coverage, this policy change will help close gaps that have existed in mental health coverage in the insurance market.

Although the inclusion of parity in the exchange plans is encouraging, the scope of services for mental health and substance abuse will vary from state-to-state because states have a lot of leeway in the design of the essential health benefits above the floor. State law will determine what is covered. Other concerns that AACAP previously expressed in formal comments, which the rule did not adopt, include a more expansive requirement on prescription drug plans and the use of Medicaid's Early and Periodic Screening, Diagnostic and Treatment program as the model for defining pediatric essential health benefits. We will monitor state plans as they are developed and provide you with a breakdown of mental health and substance use service coverage.

State Exchanges/Network Adequacy
AACAP responded to Center for Consumer Information and Insurer Oversight’s Letter to Issuers on Federally-facilitated and State Partnership Exchanges. As we have stated in other regulations related to the state exchanges we re-emphasized the need for qualified Health Plans to ensure accessibility to an adequate network of providers in all pediatric specialties. In particular, they must maintain a network of qualified, available, and licensed children’s mental health professionals, including sufficient child and adolescent psychiatrists. The creation of these exchanges and the establishment of network standards provide an opportunity to ensure there are incentives for child and adolescent psychiatrists to participate in Qualified Health Plans. If incentives are not provided, many children will be left without needed quality care, particularly in specialties with a severe shortage such as child psychiatry.
CLINICAL PRACTICE

Autism and Intellectual Disability Committee  
Co-chairs: Bryan King, M.D., Jeremy Veenstra-Vander Weele, M.D.  
The committee developed a Frequently Asked Questions document for families on the changes to Autism Spectrum Disorder in the DSM-5. This document was shared with the Executive Committee in April and will be disseminated with the release of DSM-5 in May. The Committee has also developed a policy statement “Comorbidity Treatment in Neurodevelopmental Disorders” which is currently being considered by the Executive Committee before being sent to Council for approval.

Infant and Preschool Committee  
Chaired by Sheila Marcus, M.D.  
Under the direction of a new chair, Dr. Marcus, the Infant and Preschool Committee is developing a survey to assess the training in infant mental health that child psychiatrists receive as fellows. The Committee will use results from the survey to develop recommendations for training programs.

Committee on Juvenile Justice  
Chaired by Louis Kraus, M.D.  
The Committee completed a Policy Statement on Interviewing and Interrogating Juvenile Suspects approved by Council.

Rights and Legal Matters Committee  
Chaired by Chris Thomas, M.D.  
The Committee is developing a policy statement regarding mental health databases.

Quality Issues Committee  
Chaired by Oscar Bukstein, M.D. and Heather Walter, M.D.  
The Practice Parameter for the Assessment and Treatment of Children and Adolescents with Schizophrenia, approved by Council in October, will be published in JAACAP in June after the release of the DSM-5. The Parameter on Disaster-Preparedness went to Council for review and approval, but was sent back to the committee and authors for an updated literature review. Once completed, it will be resent to Council. The Practice Parameter for Cultural Competence in Child and Adolescent Psychiatry is currently out for review with Council and should be approved by mid-April. The parameter on tic disorders will be sent to Council in April. The Practice Parameters on eating disorders and children in the welfare system were presented for member review at the Member Forum at the Annual Meeting and are also out for review by experts until the end of January. All feedback received was forwarded to the authors.

At the March meeting, the committee reviewed drafts on eating disorders, autism, and family interventions. Most of the meeting was spent reviewing and discussing the outline of the guideline development process. The new process will be sent to the Executive Committee in May and Council in June.

Diversity and Culture (CDC) Committee  
Chaired by Andres Pumariega, M.D. and Cheryl Al-Mateen, M.D.  
The Committee has had several conference calls to discuss various projects. They reviewed and submitted many sessions for the Annual Meeting, including a special symposium in conjunctions with
the Native American Child and SOGII Committees for the 60th Anniversary to highlight the 2012 and 2013 Jeanne Spurlock lecture winners, but also focusing on the diversity of both the patient population and the child and adolescent psychiatrists. The Committee also discussed ideas for Back to Project Future and submitted a response to Dr. MacIntyre.

**Schools Committee**  
*Chaired by Sheryl Kataoka, M.D. and Shashank Joshi, M.D.*  
The Committee has had several conference calls to discuss various projects. The Committee submitted several sessions for the 60th Annual Meeting including one on the role of CAPs in education covering old school, new school, and new school. The Committee also reviewed ideas for Back to Project Future, which Dr. Kataoka will take back to the Steering Committee. They formed a sub-committee to start work on revising the old corporal punishment policy statement.

**Telepsychiatry Committee**  
*Chaired by Kathleen Myers, M.D. and Dehra Glueck, M.D.*  
The Committee is pursuing their work on a training curriculum, possibly in collaboration with other organizations such as ATA. The group has been using Basecamp to host its documents, timelines, etc but it has been done by a committee member. Staff is looking into AACAP hosting it.

**Child Maltreatment and Violence Committee**  
*Chaired by Judith A. Cohen, M.D. and Jeanette Scheid, M.D.*  
In addition to discussions of submissions for the Annual Meeting, the committee has been developing ideas for a translations article for *JAACAP*.

**Healthcare, Access and Economics Committee (HCAE)**  
*Chaired by Tony Jackson, M.D. and Harsh Trivedi, M.D.*  
Member education on the new codes continues and staff is gathering information on reimbursement issues across the country and with different payers. This information will help determine any patterns and how best AACAP can help respond to these. The survey on the remaining codes was sent to AACAP members. AACAP member response was outstanding, as usual. The survey results have been submitted to the AMA Relative Value Update Committee and will be presented at the meeting in April. The values on these remaining codes will then be sent to CMS for their inclusion in the fee schedule for 2014 – along with updates on many of the values of the other codes.

**Task Force on Health Information Technology**  
*Chaired by Barry Sarvet, M.D.*  
The Task Force completed its web pages on helping members understand and use electronic medical records, which can be accessed here: [http://www.aacap.org/cs/business_of_practice/electronic_medical_records](http://www.aacap.org/cs/business_of_practice/electronic_medical_records). There are additional products being developed for the site, including templates for progress notes. There is an *AACAP News* article for May/June on the new page as well.

**Systems of Care Committee**  
*Chaired by Mark Chenven, M.D. and Kaye McGinty, M.D.*  
The Committee has submitted the Special program for this year’s meeting focusing on Juvenile Justice system in coordination with the Juvenile Justice Committee. They are working on the following: a webinar on working in the developmental disabilities system on April 11; creation of documents for youth in conjunction with our youth advisory board on how to talk with friends that may have a mental
illness, including a tip sheet on how different mental health providers can assist them; and updating the systems based teaching modules.

**Psychotherapy Committee**

*Chaired by Andrew Gerber, M.D. and Sergio Delgado, M.D.*

Dr. Gerber stepped down as Co-chair and, after Dr. Drell’s approval, was replaced by Mary Ahn, M.D., Training Director at UMass Medical School in Worcester. The Executive Committee agreed to extend the date for the committee to use $10,000 from the Abramson fund for the training toolkit project to the end of 2013.

**Inpatient, Residential and Partial Hospitalization Committee**

*Chaired by Erin Malloy, M.D. and Michael Sorter, M.D.*

The Inpatient Committee collaborated with members of the CASII/ECSII subgroup to beta-test the CASII web modules. Despite some minor technical issues most of the feedback provided was positive; the Inpatient Committee is interested in determining the benefits of using the CASII in inpatient settings.

**JobSource**

35 ads were posted online for a total income of $18,500

---

**INFORMATION TECHNOLOGY (IT)**

*Staffed by Colleen Dougherty, Tracy Hipps, Andrew Kennedy, and Joe Winkle*

**Web Stats**

Page views for the AACAP website during the period of January 1 through March 31, 2013 were increased compared to that time period in 2012. The DevelopMentor: Impact of Media Violence on Children was the most requested page during this period.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sessions</td>
<td>1,436,978</td>
<td>1,335,966</td>
</tr>
<tr>
<td>Total Page views</td>
<td>3,415,123</td>
<td>2,868,307</td>
</tr>
</tbody>
</table>

The most popular search terms and phrases that people used to find our site along with the sessions attributed to those searches (January 1 through March 31, 2013):

<table>
<thead>
<tr>
<th>Search Term/Phrase</th>
<th>Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ODD</td>
<td>29,722</td>
</tr>
<tr>
<td>Violence/Media Violence</td>
<td>11,155</td>
</tr>
<tr>
<td>Reactive Attachment</td>
<td>4,601</td>
</tr>
<tr>
<td>Obesity</td>
<td>4,442</td>
</tr>
<tr>
<td>Conduct</td>
<td>4,074</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>3,164</td>
</tr>
<tr>
<td>Bullying</td>
<td>1,953</td>
</tr>
<tr>
<td>Suicide</td>
<td>1,631</td>
</tr>
<tr>
<td>Bipolar</td>
<td>1,278</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>1,249</td>
</tr>
</tbody>
</table>
Below are the top requested pages for January 1 through March 31, 2013 and a comparison to that same time frame last year.

<table>
<thead>
<tr>
<th>Top Requested Pages 2013</th>
<th>Page views</th>
<th>Top Requested Pages 2012</th>
<th>Page views</th>
</tr>
</thead>
<tbody>
<tr>
<td>DevelopMentor: Impact of Media Violence</td>
<td>72,760</td>
<td>FFF - Obesity in Children and Teens</td>
<td>92,371</td>
</tr>
<tr>
<td>FFF - Obesity in Children and Teens</td>
<td>57,422</td>
<td>Facts for Families Homepage</td>
<td>59,344</td>
</tr>
<tr>
<td>AACAP News Jan/Feb 2013</td>
<td>55,343</td>
<td>ODD Guide – Resource Center</td>
<td>48,457</td>
</tr>
<tr>
<td>ODD Guide – Resource Center</td>
<td>52,132</td>
<td>FFF - Children/Video Game Violence</td>
<td>34,860</td>
</tr>
<tr>
<td>Reimbursement for Practitioners</td>
<td>34,822</td>
<td>FFF - Bullying</td>
<td>30,239</td>
</tr>
<tr>
<td>Facts for Families Homepage</td>
<td>34,519</td>
<td>FFF - The Depressed Child</td>
<td>29,321</td>
</tr>
<tr>
<td>Annual Meeting Reg Mag</td>
<td>27,976</td>
<td>Developmentor: Impact of Media Violence</td>
<td>29,100</td>
</tr>
<tr>
<td>FFF - The Depressed Child</td>
<td>26,161</td>
<td>JAACAP ADHD 2007</td>
<td>28,878</td>
</tr>
<tr>
<td>ODD Resource Center</td>
<td>25,000</td>
<td>FFF - Teen Suicide</td>
<td>28,302</td>
</tr>
<tr>
<td>FFF - Conduct Disorder</td>
<td>23,381</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Below are the monthly and total page views for each Resource Center for the months of January 1 through March 31, 2013.

<table>
<thead>
<tr>
<th>Resource Centers</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>Total Page Views</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD(launched 9/10)</td>
<td>1,582</td>
<td>1,781</td>
<td>1,744</td>
<td>5,107</td>
</tr>
<tr>
<td>Anxiety Disorders (launched 3/09)</td>
<td>2,444</td>
<td>2,336</td>
<td>2,160</td>
<td>6,940</td>
</tr>
<tr>
<td>Autism (launched 7/09)</td>
<td>1,049</td>
<td>948</td>
<td>1,046</td>
<td>3,043</td>
</tr>
<tr>
<td>Bipolar (launched 7/09)</td>
<td>1,561</td>
<td>1,610</td>
<td>1,805</td>
<td>4,976</td>
</tr>
<tr>
<td>Child Abuse (launched 5/11)</td>
<td>554</td>
<td>517</td>
<td>621</td>
<td>1,692</td>
</tr>
<tr>
<td>Conduct Disorder (launched 4/09)</td>
<td>843</td>
<td>807</td>
<td>1,006</td>
<td>2,656</td>
</tr>
<tr>
<td>Depression (launched 9/08)</td>
<td>1,383</td>
<td>1,267</td>
<td>1,207</td>
<td>3,857</td>
</tr>
<tr>
<td>Disaster (launched 9/08)</td>
<td>1,294</td>
<td>1,171</td>
<td>1,522</td>
<td>3,987</td>
</tr>
<tr>
<td>ODD (launched 7/08)</td>
<td>8,151</td>
<td>7,141</td>
<td>8,562</td>
<td>23,854</td>
</tr>
<tr>
<td>Military Families (launched 7/10)</td>
<td>411</td>
<td>420</td>
<td>481</td>
<td>1,312</td>
</tr>
<tr>
<td>Substance Abuse (launched 9/11)</td>
<td>593</td>
<td>683</td>
<td>782</td>
<td>2,058</td>
</tr>
</tbody>
</table>

| Resource Centers Total Page Views   | 59,482  |

Below are the page views for the Members Only homepage for the months of January 1 through March 31, 2013 along with the numbers from that same time period last year.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Members Only Homepage</td>
<td>5,972</td>
<td>6,820</td>
</tr>
</tbody>
</table>

Additional page view statistics for other pages of interest:
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy Homepage</td>
<td>5,061</td>
<td>5,669</td>
</tr>
<tr>
<td>Students/Residents Homepage</td>
<td>3,411</td>
<td>3,518</td>
</tr>
</tbody>
</table>

**Web Editorial Board (W.E.B.)**

The W.E.B. worked on several projects during the reporting period. Below are the main projects:

1) Psychotherapy section: The Psychotherapy Committee is planning a new section for the website.
2) About Us section: The About Us section will be reorganized and revised.

**JAACAP EDITORIAL OFFICE**

*Staffed by Mary Billingsley, Hilary Flowers, and Kristine Pumphrey*

**Practice Parameters ‘Open Access’**

Through the collaborative efforts of AACAP and *Journal* leadership, the Committee on Quality Issues, and *JAACAP*’s publisher, Elsevier, Practice Parameters are now available ‘open access.’ All current Practice Parameters are now freely available online at [www.jaacap.org](http://www.jaacap.org), and can be more widely distributed as an AACAP resource. They can be shared with the public as part of AACAP’s extensive education and advocacy programs, and are available to non-members such as physicians, health care professionals, advocates, and outside organizations. The Practice Parameter page on the AACAP website will be updated to include links to the ‘open access’ Parameters on the *Journal* website. The page will continue to offer access to all current Parameters with the same functionality as before, and it is anticipated that this change will be invisible to users.

**Call for Applications**

Applications for the John F. McDermott Assistant Editor-in-Residence and Contributing Editor positions were due February 15. We received 17 applications for the Assistant Editor-in-Residence position and 20 applications for the Contributing Editor positions.

The selected applicants are as follows:

2014-2015 John F. McDermott Assistant Editor-in-Residence
Michelle S. Horner, D.O.*

Contributing Editors
Samuele Cortese, M.D., Ph.D.
David S. Hong, M.D.
Christian Kieling, M.D., Ph.D.

*Pending approval. The selected candidate will be presented to Council later this year alongside 2014 Editorial Board nominees.

**Online Posting of *JAACAP*’s Spanish Edition Volumen 6, Número 3**

The newest issue of *JAACAP*’s Spanish edition is available at [www.jaacap.org](http://www.jaacap.org). The print edition of the issue is distributed to child psychiatrists, pediatricians, and family physicians within Spain. The issue features the cover artwork from the October 2013 issue of *JAACAP* and contains three selected review and new research articles. The online issue is freely available on [www.jaacap.org](http://www.jaacap.org) following a two-month embargo period.
Podcasts of Author Interviews
Each month *JAACAP* editors or contributing editors interview the author of a selected article. The author interviews are available via podcast at www.jaacap.org. In the most recent podcast, Contributing Editor Manpreet K. Singh interviews Kathleen M. Myers on delivering clinical services in real time via videoteleconferencing, based on her Clinical Perspectives article, “Telepsychiatry: Time to Connect.” While the current podcast appears on the home page of the *Journal* website, the podcast archive is freely available by selecting “Podcasts” in the top navigation bar. Article citation: 2013;52(3):217-219.

Online Journal CME
*AMA PRA Category 1 Credit™* is currently available for selected articles (one article per month) for the April 2012 – March 2013 issues and is offered free of charge through Elsevier. With this offering, nearly 5,000 CME certificates have been issued to AACAP members and *JAACAP* subscribers free of charge since the inception of the *Journal* CME program. The *Journal’s* latest free online CME activity highlights the findings of Cynthia E Rogers, M.D., Shannon N. Lenze, and Joan L. Luby, M.D. as reported in “Late Preterm Birth, Maternal Depression, and Risk of Preschool Psychiatric Disorders” in the March issue. Article citation: 2013;52(3):309-318.

Press Releases
Online Press Releases are available for selected *Journal* articles. *JAACAP* press releases are composed by the Editorial Office and distributed through Elsevier. Members of the media can also access the press releases on the *JAACAP* website. *JAACAP*’s most recent press release highlighted the March article “Preschool Attention-Deficit/Hyperactivity Disorder Treatment Study (PATS) 6-Year Follow-Up” by Mark A. Riddle and colleagues. Article citation: 2013;52(3):264-278.

GlaxoSmithKline/Keller et al. 2001 (adapted from January Council Minutes)
Editor-in-Chief Andres Martin, M.D., M.P.H. joined the January Council teleconference and summarized the situation regarding Study 329. He and the *JAACAP* Action Editors (AEs) had reviewed the issue over the previous 6 months, and shared a letter outlining the situation, steps taken, and their determinations, with AACAP leadership. In brief, Study 329 and the article published in *JAACAP* about it, Keller et al 2001¹, was mentioned in a federal lawsuit against GlaxoSmithKline (GSK), but none of the criminal charges related to the article itself. This is the 4th time the *Journal* has conducted an inquiry into the circumstances surrounding Study 329 and Keller et al 2001 since its publication, and it has again been determined that while the article is not perfect, the ethical concerns raised by the GSK lawsuit are not substantiated. The AEs consulted with many individuals in making their determination, including several lawyers and editors of other academic journals, and decided not to take any action against the paper. Both AACAP and the *Journal* have received inquiries from the press about the situation and what was to be done, and Dr. Martin and the AEs believe that there is little to gain in responding and that doing so would simply ‘fuel the fire.’

Reference:
COUNCIL AND EXECUTIVE COMMITTEE DECISIONS

Since the October 2011 Council meeting in Toronto, Canada, the following policy decisions have been made:

Council

February 27, 2012
Agreed to move forward with the Executive Director Search Committee with the option of choosing a search firm later if needed and agreed candidates would interview with the Executive Committee and would not need to formally present at a Council meeting.

April 17, 2012
Approved the Juvenile Justice Reform Committee’s Policy Statement on Solitary Confinement of Juvenile Offenders with 15 in favor and 0 opposed.

June 12, 2012
Approved the Policy Statement on Medical Marijuana passed with 14 in favor and 0 opposed.
Approved the Best Principles for Integration of Child Psychiatry into the Pediatric Health Home document passed with 13 in favor and 0 opposed.

June 29, 2012
Agreed that current pharma funding levels to be reasonable both as a percentage of the Annual Meeting and as a percentage of overall budget. Council will review the overall pharma levels annually and inform the Gifts and Endowments Oversight Committee if Council determines funding levels need to be adjusted.

Agreed to remove the four funds—Karl Menninger Plenary, the Lawrence A. Stone Plenary, the Douglas Hanson Annual Review Course, and the Stubblefield House of Delegates—to Board Restricted Funds from the temporarily restricted net assets schedule (as of December 31, 2011) and become board designated funds so as to ensure the fund continue to support these programs and receive allocations of investment income or loss.

Voted to approve a second five-year term for Andres Martin, M.D. as JAACAP Editor. Agreed that there should be at minimum annual meetings between the Editor, the President, and the Executive Director. These meetings will be informed by regular discussions by Council concerning JAACAP in addition to the existing regular Assembly and Council reports by the Editor.

Voted to approve Heidi B. Fordi, CAE as the new AACAP Executive Director. She assumes her new position on September 1, 2012.

Unanimously voted in the affirmative for the following three items:

- Have an all member referendum at the end of the year on the formation of a 501(c)(6) to house an AACAP PAC. This referendum will include a clear description of the 501(c)(6) and will inform members that they will have the option of opting out of the 501(c)(6);
• Upon an affirmative membership referendum on the formation of a 501(c)(6), to move all or part of the Department of Government Affairs to the 501(c)(6);
• Upon an affirmative membership referendum on the formation of a 501(c)(6), to initially fund the administration of the 501(c)(6) with membership dues, while reserving the option to modify this in the future.

July 27, 2012
Approved the *Policy Statement on Corporal Punishment* with 13 in favor and 0 opposed.

October 8, 2012
Honorary Membership of Virginia Q. Anthony

October 24, 2012
Approved the following project support/decision matrix as guidelines for AACAP decision making for projects, coalitions, or collaborations with other organizations (AACAP mission statement serves as the foundation for the project support/decision matrix):

**PROJECT SUPPORT/DECISION MATRIX**

*When making a decision that involves AACAP pursuing a project or joining a coalition, ask the following questions:*
1. Does the project protect or expand children’s interests?
2. Is the project consistent with AACAP’s goals?
3. Does it assist members in daily practice?
4. Does it assist in expanding members’ roles as professionals?
5. Does it serve all types of members, i.e., private practice, academic, public psychiatry?
6. Are the project goals realistic and attainable?
7. Are the project goals long term, short term or both?
8. Are there financial, ethical, and legal risks for AACAP?
9. What support is AACAP to provide? Name only? Manpower? Financial?
10. Does collaboration benefit AACAP other than in final goal (e.g., Public Relations)?
11. Is there a reciprocal relationship?
12. Are there risks to our reputation/standing?

Approved the President-Elect using his/her travel funds over a 3-year period with the same amount of funds.

Recommended that the President create an expanded task force to review AACAP’s economic relationship with Pharma. The President agreed with the Council recommendation and will convene a new Task Force in 2013.

Approved that starting with the next policy cycle (July 1, 2013 – June 30, 2014) AACAP will pay the entire premium for the Regional Organizations’ Directors and Officers (D&O) Insurance. The total premium for RO Directors and Officers insurance is $22,800.

Approved unanimously the proposed 2013 budget.

Approved the Executive Committee decision regarding the special funds. The Abramson Fund will provide $30,000 for the 2013 Advocacy and Collaboration Grants. The Endowment Fund will provide $20,000 for the 2013 Educational Outreach Program (EOP) For Child and Adolescent Psychiatry Residents. Also, $10,000 will be given for the 2013 National Children’s Mental Health Awareness Day and $8,000 will be given for the 2013 Child Mental Health Summit.
Approved by majority vote the recommendation of the Development Committee for the 2013 Summer Medical Student Fellowship Program. This program will be funded with $44,210. Agreed it is not necessary to send a referendum to the membership regarding setting up a 501(c)(6)/PAC.

**November 27, 2012**

Approved the Policy Statement on Confidentiality in Health Information Technology with 12 in favor and 0 opposed.

**Executive Committee**

**December 10, 2011**

Agreed to appoint a task force to continue dialogue with APBN regarding new maintenance of certification requirements, particularly performance in practice.

Agreed that Paramjit Joshi, M.D. would chair the Pharmaceutical Task Force with these members: Neal Ryan, M.D., Sourav Sengupta, M.D., Ruth Gerson, M.D., (Jerry M. Wiener, M.D. Resident Member of Council). The Task Force will report to Council during the June 2012 meeting.

**January 13, 2012**

Agreed that the Executive Director Search Committee would consist of:

- 2 Past Presidents—Richard Sarles, M.D. (chair) and Marilyn Benoit, M.D.;
- 1 Past Assembly Chair – John Dunne, M.D.;
- 1 current Resident Member of Council—Ruth Gerson, M.D.; and
- 1 At-Large Member – Christopher Kratochvil, M.D.

Agreed the mid-year Lifelong Learning Institute would not be continued after 2012.

Agreed to form the College Student Mental Health Committee that will focus on mental health services provided in the college setting.

Agreed that a member of the Executive Committee would personally call all members that donate $250 or more.

Agreed that, over the next two years, AACAP would focus its effort in APA’s Council on Children, Adolescents, and Families and would “step out” of the APA Assembly then re-evaluate after two years.

Approved the continuation of the black and Hispanic/Latino caucuses during the Annual Meeting, plus the addition of one more caucus starting at the 2012 Annual Meeting. The choice of the new caucus is up to the Diversity and Culture Committee

**March 15, 2012**

Agreed that the Cancro Award can be given every other year with a $2,000 honorarium.
Agreed to continue its Sponsorship of National Children’s Mental Health Awareness Day but at the reduced level of $5,000.

May 11, 2012
Agreed that accounting of pharma income should highlight that our pharma income statement does not include revenue from the Journal.

August 14, 2012
Informed on August 4 that Wayne Batzer, M.D. resigned as a member of AACAP stating, “The Academy is clearly reliant on continued pharmaceutical industry funding and I am no longer able to accept this.”

September 24, 2012
Agreed the President-Executive Director’s (PED) Report will be created quarterly in conjunction with Council meetings: January, April, June, and October.

Agreed the Program Committee Chair would report at the Assembly and Council meetings each October.

December 13, 2012
Agreed that the updated version of the Project Support/Decision Matrix will be included in the AACAP Staff Handbook and in the new officers’ orientation process.

Agreed not to co-sponsor the 7th Congress of Asian Psychiatry and Allied Health Professionals and 12th Biennial Conference of the Indian Association for Child and Adolescent Mental Health.

Approved moving forward with software development of the CASII that will facilitate the dissemination of the instrument and collaborating with Concordia in Florida.

February 4, 2013
Approved the new draft policy on member surveys as follows:

All surveys of the entire AACAP membership must be reviewed and approved by the Executive Committee. If any AACAP staff member, member, committee, or other group intends to use the AACAP mailing list/listserv to survey the membership, a survey proposal must be submitted to AACAP Secretary who will serve as the primary reviewer for the Executive Committee. The survey proposal must include the following: 1) Topic; 2) rationale for survey; 3) specific aims; 4) proposed survey questions; 5) estimated time to complete; and 5) planned use of the data.

February 5, 2013
Agreed to cancel the 2013 International Trip to Italy and to no longer hold international trips.

Agreed that AACAP should participate in the MIT Center at APA’s Annual Meeting.

Agreed to approve the purchase of the Financial Conflict of Interest (FCOI) software and recommended pursuing the 5-year contract with the assumption that the contract can be negotiated with an opt-out clause and the ability to add more users.
March 4, 2013

Unanimously approved extending the use of $10,000 from the Abramson Fund for the Psychotherapy Committee DVD toolkit project until December 31, 2013.
COUNCIL MEMBERS' ACTIVITIES

Martin J. Drell, M.D.—President; Ex-Officio on all components; Financial Planning Committee member; Psychotherapy Committee member; Gift and Endowment Oversight Committee member

Paramjit T. Joshi, M.D.—President-Elect; Ex-Officio on all components; Back to Project Future Committee member

David R. DeMaso, M.D.—Secretary; Ex-Officio on the Bylaws Committee, Membership Committee, and Ethics Committee; Committee on Collaboration with Medical Professions member

Steven P. Cuffe, M.D.—Treasurer; Financial Planning Committee member; Ex-officio on Grants Oversight Committee and Gifts and Endowment Oversight Committee

Louis J. Kraus, M.D.—Assembly Chair; Juvenile Justice Reform Committee co-chair; AMA delegate

Laurence Lee Greenhill, M.D.—AACAP Immediate Past President; Nominating Committee chair; Development Committee Member

Steven Adelsheim, M.D.—Councilor-at-Large; Telepsychiatry Committee member

Mark Borer, M.D.—Assembly Secretary-Treasurer; Bylaws Committee member

Steven J. Cozza, M.D.—Councilor-at-Large; Disaster and Trauma Issues Committee co-chair

Deborah Deas, M.D.—Councilor-at-Large

Joan Luby, M.D.—Councilor-at-Large; Research Committee member

Warren Y.K. Ng, M.D.—Assembly Vice Chair; Regional Organization Infrastructure Committee chair; Bylaws Committee co-chair; Political Action Committee (PAC) Task Force member

Neal Ryan, M.D.—Councilor-at-Large; Back to Project Future Subcommittee chair; Gifts and Endowments Committee liaison for Pharmaceutical Funding and Annual Meeting Support

Jennifer S. Saul, M.D.—Assembly Representative to Council; Complementary and Integrative Committee co-chair; Membership Committee member; Electronic Medical Records Task Force member

Sourav Sengupta, M.D.—Jerry M. Wiener Resident Member of Council; Committee on Medical Students and Residents co-chair; Training and Education Committee member; Family Committee member

Margaret L. Stubner, M.D.—Councilor-at-Large; Physically Ill Child Committee member; Religion and Spirituality Committee member

Harsh K. Trivedi, M.D.—Assembly Rep. to Council; Healthcare Access and Economics Committee co-chair

Marika Wrzosek, M.D.—John E. Schowalter, M.D. Resident Member of Council; Committee on Medical Students and Residents resident
## AACAP Staff

### EXECUTIVE

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
<th>Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heidi B. Fordi</td>
<td>Executive Director, <a href="mailto:hfordi@aacap.org">hfordi@aacap.org</a></td>
<td></td>
<td>102</td>
</tr>
<tr>
<td>Gennifer Goldsmith</td>
<td>Executive Office Coordinator, <a href="mailto:ggoldsmith@aacap.org">ggoldsmith@aacap.org</a></td>
<td></td>
<td>116</td>
</tr>
<tr>
<td>Earl Magee</td>
<td>Executive Administrator, <a href="mailto:emagee@aacap.org">emagee@aacap.org</a></td>
<td></td>
<td>115</td>
</tr>
</tbody>
</table>

### COMMUNICATIONS AND MEMBER SERVICES

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
<th>Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rob Grant</td>
<td>Director, Communication &amp; Member Svcs., <a href="mailto:rgrant@aacap.org">rgrant@aacap.org</a></td>
<td></td>
<td>119</td>
</tr>
<tr>
<td>Caitlyn Camacho</td>
<td>Communication &amp; Marketing Coordinator, <a href="mailto:ccamacho@aacap.org">ccamacho@aacap.org</a></td>
<td></td>
<td>154</td>
</tr>
<tr>
<td>Nicole Creek</td>
<td>Member Services Coordinator, n <a href="mailto:creek@aacap.org">creek@aacap.org</a></td>
<td></td>
<td>134</td>
</tr>
<tr>
<td>Nelson Tejada</td>
<td>Membership Asst. &amp; Asst. Registrar, <a href="mailto:ntejada@aacap.org">ntejada@aacap.org</a></td>
<td></td>
<td>131</td>
</tr>
</tbody>
</table>

### FINANCE

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
<th>Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Larry Burner</td>
<td>Comptroller, <a href="mailto:lburner@aacap.org">lburner@aacap.org</a></td>
<td></td>
<td>129</td>
</tr>
<tr>
<td>Naomi Franklin</td>
<td>Accounting Assistant, <a href="mailto:nfranklin@aacap.org">nfranklin@aacap.org</a></td>
<td></td>
<td>122</td>
</tr>
<tr>
<td>Lynda Jones</td>
<td>Assistant Controller, <a href="mailto:ljones@aacap.org">ljones@aacap.org</a></td>
<td></td>
<td>110</td>
</tr>
</tbody>
</table>

### GOVERNMENT AFFAIRS AND CLINICAL PRACTICES

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
<th>Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kristin Kroeger Ptakowski</td>
<td>Sr. Deputy Exec. Dir./Dir, DGA, &amp; Clin. Practice, <a href="mailto:kkroeger@aacap.org">kkroeger@aacap.org</a></td>
<td></td>
<td>108</td>
</tr>
<tr>
<td>Adriano Boccaneli</td>
<td>Clinical Practice Manager, <a href="mailto:aboccaneli@aacap.org">aboccaneli@aacap.org</a></td>
<td></td>
<td>133</td>
</tr>
<tr>
<td>Liz DiLauro</td>
<td>Asst. Dir. of Grassroots Advocacy, <a href="mailto:edilauro@aacap.org">edilauro@aacap.org</a></td>
<td></td>
<td>107</td>
</tr>
<tr>
<td>Emma Jellen</td>
<td>Policy Coordinator, <a href="mailto:ejellen@aacap.org">ejellen@aacap.org</a></td>
<td></td>
<td>128</td>
</tr>
<tr>
<td>Michael Linskey</td>
<td>Asst. Director. of Govt. Affairs, <a href="mailto:mlinsky@aacap.org">mlinsky@aacap.org</a></td>
<td></td>
<td>126</td>
</tr>
<tr>
<td>Jennifer Medicus</td>
<td>Assistant Director of Clinical Practice, <a href="mailto:jmedicus@aacap.org">jmedicus@aacap.org</a></td>
<td></td>
<td>137</td>
</tr>
</tbody>
</table>

### IT

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
<th>Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colleen Dougherty</td>
<td>IT Director, <a href="mailto:cdougherty@aacap.org">cdougherty@aacap.org</a></td>
<td></td>
<td>159</td>
</tr>
<tr>
<td>Tracy Hipps</td>
<td>Database Manager, <a href="mailto:thipps@aacap.org">thipps@aacap.org</a></td>
<td></td>
<td>141</td>
</tr>
<tr>
<td>Andrew Kennedy</td>
<td>Help Desk/ Network Technician, a <a href="mailto:kennedy@aacap.org">kennedy@aacap.org</a></td>
<td></td>
<td>158</td>
</tr>
<tr>
<td>Joe Winkle</td>
<td>WebMaster, <a href="mailto:jwinkle@aacap.org">jwinkle@aacap.org</a></td>
<td></td>
<td>118</td>
</tr>
</tbody>
</table>

### MEETINGS & CME

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
<th>Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jill Brafford</td>
<td>Director of Meetings &amp; CME, <a href="mailto:jzeigenfus@aacap.org">jzeigenfus@aacap.org</a></td>
<td></td>
<td>101</td>
</tr>
<tr>
<td>Quentin Bernhard III</td>
<td>CME Coordinator, q <a href="mailto:bernhard@aacap.org">bernhard@aacap.org</a></td>
<td></td>
<td>139</td>
</tr>
<tr>
<td>Elizabeth Hughes</td>
<td>Asst. Dir. of Education and Recertification, <a href="mailto:ehughes@aacap.org">ehughes@aacap.org</a></td>
<td></td>
<td>106</td>
</tr>
<tr>
<td>Audrey Kerr</td>
<td>Meetings Coordinator, <a href="mailto:akerr@aacap.org">akerr@aacap.org</a></td>
<td></td>
<td>155</td>
</tr>
<tr>
<td>Molly O’Neill</td>
<td>Asst. Director, Meetings &amp; Exhibits Manager, <a href="mailto:moneill@aacap.org">moneill@aacap.org</a></td>
<td></td>
<td>104</td>
</tr>
<tr>
<td>Brooke Schneider</td>
<td>Meetings Coordinator, <a href="mailto:bschneider@aacap.org">bschneider@aacap.org</a></td>
<td></td>
<td>156</td>
</tr>
</tbody>
</table>

### DEVELOPMENT

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
<th>Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alan Mark Ezagui</td>
<td>Deputy Director of Development, <a href="mailto:aezagui@aacap.org">aezagui@aacap.org</a></td>
<td></td>
<td>130</td>
</tr>
<tr>
<td>Stephen Major</td>
<td>Development Coordinator, <a href="mailto:smajor@aacap.org">smajor@aacap.org</a></td>
<td></td>
<td>140</td>
</tr>
</tbody>
</table>

### OPERATIONS/HUMAN RESOURCE

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
<th>Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maureen DuBois</td>
<td>Director of HR/Operations, <a href="mailto:mdubois@aacap.org">mdubois@aacap.org</a></td>
<td></td>
<td>125</td>
</tr>
<tr>
<td>Danielle Jackson</td>
<td>Operations Coordinator/Receptionist, <a href="mailto:djackson@aacap.org">djackson@aacap.org</a></td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>

### RESEARCH, TRAINING AND EDUCATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
<th>Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yoshie Davison</td>
<td>Dir. of Research, Training &amp; Educ., <a href="mailto:ydavison@aacap.org">ydavison@aacap.org</a></td>
<td></td>
<td>113</td>
</tr>
<tr>
<td>Liz Goggin</td>
<td>Research Program Manager, <a href="mailto:lgoggin@aacap.org">lgoggin@aacap.org</a></td>
<td></td>
<td>114</td>
</tr>
<tr>
<td>Cecilia Johnson</td>
<td>Research &amp; Training Coordinator, <a href="mailto:cjohnson@aacap.org">cjohnson@aacap.org</a></td>
<td></td>
<td>157</td>
</tr>
<tr>
<td>Ashley Partner</td>
<td>Training &amp; Education Manager, <a href="mailto:apartner@aacap.org">apartner@aacap.org</a></td>
<td></td>
<td>117</td>
</tr>
</tbody>
</table>

### JAACAP

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
<th>Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Billingsley</td>
<td>Managing Editor, <a href="mailto:mbillingsley@aacap.org">mbillingsley@aacap.org</a></td>
<td></td>
<td>105</td>
</tr>
<tr>
<td>Kristine Pumphrey</td>
<td>Assistant Managing Editor, <a href="mailto:kpumphrey@aacap.org">kpumphrey@aacap.org</a></td>
<td></td>
<td>153</td>
</tr>
<tr>
<td>Hilary Flowers</td>
<td>Editorial Coordinator, <a href="mailto:hflowers@aacap.org">hflowers@aacap.org</a></td>
<td></td>
<td>112</td>
</tr>
</tbody>
</table>
VISION (adopted by staff October 6, 1998, updated August 2009)

Our vision is that AACAP make a resounding difference in promoting healthy development and in improving the diagnosis and treatment for all children with mental illnesses; and that all child and adolescent psychiatrists belong and contribute to AACAP, and utilize AACAP’s strength in the furtherance of its mission.

Our vision for children and adolescents is that:

- The factors that contribute to mental illnesses are eliminated in children and adolescents;
- Systems of care are delivered in a developmentally appropriate way with cultural sensitivity;
- Parents have the tools and resources to make informed decisions in their child’s best interest;
- Policies and programs nourish resiliency, diminish risk factors, and strengthen protective factors;
- Access is available to a comprehensive continuum of care based on each child’s individual needs, allowing for a full range of treatment options and services provided by child and adolescent psychiatrists.
- All forms of child abuse are eliminated.

Our vision for child and adolescent psychiatrists is that:

- They are recognized and utilized to the full extent of their expertise;
- Services are delivered according to the highest moral and ethical standards and according to professional codes and values;
- The number of child and adolescent psychiatrists is sufficient to respond to the needs of children, adolescents, and their families;
- Services are compensated appropriately;
- Robust resources exist to ensure optimal training and continuing education;
- Diversity and multiculturalism are encouraged within the field.

Our vision for the AACAP is that we:

- Provide opportunities for the profession of child and adolescent psychiatry to grow and prosper by educating, nurturing, and mentoring new generations;
- Collaborate with other medical, professional, and consumer organizations to enhance the well-being of children;
- Educate the public about child and adolescent psychiatry and the ways in which child and adolescent psychiatrists help children overcome mental illnesses, and encourage parents and caregivers to take action if they suspect their child has a mental illness;
- Promote research and the continued expansion of the scientific base of child and adolescent psychiatry;
- Foster a community for child and adolescent psychiatrists to exchange ideas and collaborate to advance the field of child and adolescent psychiatry.

Our vision is that AACAP is indispensable to child and adolescent psychiatrists as the primary resource for education, practice needs, and the latest research in the field.
## Appendix A: History of Lifelong Learning Module Sales

<table>
<thead>
<tr>
<th>Module</th>
<th>Module Names</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Disruptive Behavior Disorders, Violence and Homicide</td>
<td>$12,998</td>
<td>$18,335</td>
<td>$11,720</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$43,053</td>
</tr>
<tr>
<td></td>
<td></td>
<td>83 modules</td>
<td>116 modules</td>
<td>75 modules</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>274 modules</td>
</tr>
<tr>
<td>2</td>
<td>Eating Disorders, Feeding/Elimination Disorders, and Substance-related Disorders</td>
<td>$47,990</td>
<td>$16,745</td>
<td>$10,680</td>
<td>$6,660</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$82,075</td>
</tr>
<tr>
<td></td>
<td></td>
<td>485 modules</td>
<td>114 modules</td>
<td>69 modules</td>
<td>40 modules</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>708 modules</td>
</tr>
<tr>
<td>3</td>
<td>Anxiety Disorders, Trauma (Non-Abuse/Neglect Related), Selective Mutism</td>
<td>$49,260</td>
<td>$21,080</td>
<td>$9,202</td>
<td>$6,922</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$86,464</td>
</tr>
<tr>
<td></td>
<td></td>
<td>490 modules</td>
<td>140 modules</td>
<td>65 modules</td>
<td>45 modules</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>740 modules</td>
</tr>
<tr>
<td>4</td>
<td>Schools, Forensics, Community Systems of Care, Consultative Issues, Ethics, Culture, and Public Policy/Advocacy</td>
<td>$44,180</td>
<td>$26,988</td>
<td>$11,512</td>
<td>$15,364</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$98,044</td>
</tr>
<tr>
<td></td>
<td></td>
<td>448 modules</td>
<td>197 modules</td>
<td>73 modules</td>
<td>91 modules</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>809 modules</td>
</tr>
<tr>
<td>5</td>
<td>Mood Disorders, OCD, Suicide, Tourette's Disorder</td>
<td>$63,328</td>
<td>$32,312</td>
<td>$30,304</td>
<td>$15,780</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$141,724</td>
</tr>
<tr>
<td></td>
<td></td>
<td>529 modules</td>
<td>205 modules</td>
<td>150 modules</td>
<td>102 modules</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>986 modules</td>
</tr>
<tr>
<td>6</td>
<td>Autism, Psychotic Disorders (Non-Affective)</td>
<td>$51,984</td>
<td>$53,164</td>
<td>$28,200</td>
<td>$13,200</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$146,548</td>
</tr>
<tr>
<td></td>
<td></td>
<td>518 modules</td>
<td>395 modules</td>
<td>179 modules</td>
<td>84 modules</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,176 modules</td>
</tr>
<tr>
<td>7</td>
<td>Neuroscience, Pediatric and Neurologic Consultative Issues, Bereavement, Death and Dying, Deaf, and Medical/Psychiatric Interface (Factitious Disorders, Sleep Disorders, Somatoform Disorder)</td>
<td>$60,436</td>
<td>$43,538</td>
<td>$29,200</td>
<td>$6,920</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$140,094</td>
</tr>
<tr>
<td></td>
<td></td>
<td>605 modules</td>
<td>295 modules</td>
<td>181 modules</td>
<td>44 modules</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,125 modules</td>
</tr>
<tr>
<td>8</td>
<td>Modalities of Non-Pharmacological Treatment and Relevant Updates for Child and Adolescent Psychiatrists</td>
<td>$50,740</td>
<td>$58,544</td>
<td>$5,880</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$115,164</td>
</tr>
<tr>
<td></td>
<td></td>
<td>495 modules</td>
<td>461 modules</td>
<td>37 modules</td>
<td>993 modules</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Typical and Atypical Development in Childhood and Adolescence: Protective and Risk Factors, and Relevant Updates for Child and Adolescent Psychiatrists</td>
<td>$60,988</td>
<td>$84,340</td>
<td>$87,660</td>
<td>$106,178</td>
<td>$102,730</td>
<td>$159,268</td>
<td>$138,258</td>
<td>$170,202</td>
<td>$63,220</td>
<td>$972,844</td>
</tr>
<tr>
<td></td>
<td></td>
<td>568 modules</td>
<td>720 modules</td>
<td>732 modules</td>
<td>831 modules</td>
<td>841 modules</td>
<td>1,241 modules</td>
<td>1,071 modules</td>
<td>1,299 modules</td>
<td>388 modules</td>
<td>7,691 modules</td>
</tr>
</tbody>
</table>

Total: $60,988, 84,340, 87,660, 106,178, 102,730, 159,268, 138,258, 170,202, 63,220, 972,844
### DEVELOPMENT REVENUE: 2009-2012

<table>
<thead>
<tr>
<th>FUND ACTIVITY</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>Q1 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD Online Resource Center (grant from the Lasdon Foundation)</td>
<td>$60,186</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Annual Meeting International Reception Sponsorship (Eli Lilly, USA LLC)</td>
<td>$80,000</td>
<td>$40,000</td>
<td>$75,000</td>
<td></td>
</tr>
<tr>
<td>Annual Meeting Sponsorship &amp; Education Support (Pharmaceutical Industry)</td>
<td>$150,000</td>
<td>$285,000</td>
<td>$100,000</td>
<td></td>
</tr>
<tr>
<td>Campaign for Americas Kids (CFAK): Foundation Giving</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Campaign for Americas Kids (CFAK): Individual Donations</td>
<td>$93,256</td>
<td>$67,745</td>
<td>$63,395</td>
<td>$17,212</td>
</tr>
<tr>
<td>Campaign for Americas Kids (CFAK): 60% Society</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$3,950</td>
</tr>
<tr>
<td>Douglas B. Hansen, M.D. Annual Review Course</td>
<td>-</td>
<td>$100,000</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Educational Outreach Program for CAP Residents (Shire)</td>
<td>$0</td>
<td>$0</td>
<td>$20,000</td>
<td></td>
</tr>
<tr>
<td>Educational Outreach Program for General Psychiatry Residents (Eli Lilly, USA LLC)</td>
<td>$50,000</td>
<td>$61,662</td>
<td>$50,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>Elaine Schlosser Lewis Fund (ESL)</td>
<td>$43,750</td>
<td>$43,200</td>
<td>$59,555</td>
<td>$1,400</td>
</tr>
<tr>
<td>Endowed Dues</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Endowment Fund</td>
<td>$500</td>
<td>$761</td>
<td>$1,300</td>
<td>$100</td>
</tr>
<tr>
<td>General/Other Support</td>
<td>$5,098</td>
<td>$6,291</td>
<td>$900</td>
<td>$1,000</td>
</tr>
<tr>
<td>Grove Foundation</td>
<td>$2,500</td>
<td>$2,500</td>
<td>$2,500</td>
<td></td>
</tr>
<tr>
<td>Grove School</td>
<td>$2,500</td>
<td>$2,500</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>January Psychopharmacology Online CME or Support (Shire)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Jerry M. Wiener, M.D. Resident Member to Council</td>
<td>$0</td>
<td>$6,750</td>
<td>$750</td>
<td></td>
</tr>
<tr>
<td>Karl Menninger Plenary (Ron Filippi)</td>
<td>$7,500</td>
<td>$7,500</td>
<td>$8,000</td>
<td></td>
</tr>
<tr>
<td>Klingenstein Foundation (Medical Student Evaluation, Klingenstein Award, &amp; General Operating Support)</td>
<td>$29,000</td>
<td>$28,500</td>
<td>$16,000</td>
<td></td>
</tr>
<tr>
<td>Lawrence A. Stoney, M.D. Plenary</td>
<td>$100,000</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Life Members Fund</td>
<td>$31,710</td>
<td>$49,499</td>
<td>$35,031</td>
<td>$4,770</td>
</tr>
<tr>
<td>Mary Crosby Congressional Fellow</td>
<td>$4,369</td>
<td>$23,130</td>
<td>$3,395</td>
<td></td>
</tr>
<tr>
<td>NIDA Support for Annual Meeting</td>
<td>$63,025</td>
<td>$49,997</td>
<td>$25,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>Noshpitz Cline History Lecture (David Cline, M.D. 2012 Pledge of $50,000)</td>
<td>-</td>
<td>-</td>
<td>$50,000</td>
<td>-</td>
</tr>
<tr>
<td>Online CME Programs (2009: Bristol-Myers Squibb, Bipolar CME)</td>
<td>$150,000</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Philips Fund for Prevention</td>
<td>$1,000</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Pilot Research Awards Sponsored by Eli Lilly, USA</td>
<td>$96,000</td>
<td>$114,000</td>
<td>$96,000</td>
<td></td>
</tr>
<tr>
<td>Psychotherapy Psychodynamic Research Project (Herbert Ouida Foundation)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Quest for the Test Award (Ryan Licht Sang Bipolar Foundation)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Research Initiative (Funded by Pharmaceutical Companies)</td>
<td>$75,000</td>
<td>$100,000</td>
<td>$100,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>Rieger Awards: Rieger Foundation</td>
<td>$15,000</td>
<td>$10,000</td>
<td>$15,000</td>
<td></td>
</tr>
<tr>
<td>Robert L. Stubblefield Resident Member to the AMA House of Delegates</td>
<td>$17,000</td>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Virginia Q. Anthony Fund</td>
<td>-</td>
<td>-</td>
<td>$65,971</td>
<td>$9,685</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$1,077,394</strong></td>
<td><strong>$999,035</strong></td>
<td><strong>$807,797</strong></td>
<td><strong>$178,117</strong></td>
</tr>
</tbody>
</table>

% Change by Year                  | 14.25%  | -7.27%  | -19.14%  | N/A       
$ Change by Year                  | $134,394 | -$78,359 | -$191,238 | N/A       
Total Pharmaceutical Funding      | $601,000 | $600,662 | $441,000  | N/A       
Pharmaceutical Funding as % of Total Development Revenue | 55.78%  | 60.12%  | 54.59%   | N/A       

**NOTE:** EOP (Lilly), EOP (NIAAA), & NIDA are commitments. Payment anticipated in Q2.

Source of Donor Data: MIS 2013 (reliability of data not 100%)