

Report of the Chair:

Assembly of Regional Organizations of Child and Adolescent Psychiatry

Steven P. Cuffe, M.D.



For 2005, I am pleased to present this report on the activities of the Assembly of Regional Organizations—consisting of 59 regional organizations and 2 non-voting member organizations. This marks the end of my term as Chair of the Assembly. It has been an honor to serve you, the Assembly

delegates. The Assembly has made great strides over the 9 years I have served as delegate from South Carolina. We are now fully integrated into the AACAP structure. In fact, AACAP looks to the Assembly both for new ideas and as the vehicle to implement new initiatives. We are better organized and able to have an impact on our field. I have been impressed by the energy and passion of our delegates. We have tackled tough issues, and brought ideas and critical issues forward to other AACAP components.

Two meetings were held during the past year. Fifty-two delegates representing 25 regional organizations and 23 states attended the first meeting held in La Jolla, California on April 12 in conjunction with the Mid-Year Institute. The second, held in Toronto, Canada on October 19 during the AACAP/CACAP Joint Annual Meeting, had 101 participants from 46 regional organizations, 36 states, and Mexico.

The following highlights reflect the work and dedication of the Assembly over the past year:

1. Both the Assembly and the Committee on Adoption and Foster Care approved the policy statement on the “Oversight of Psychotropic Medication Use for Children in Foster Care.” After input from the Policy Statement Advisory Committee and the Executive Committee, it was revised as a best principles guideline. It was then sent to the AACAP Executive Committee, which met on August 20. The Executive Committee asked that it be further edited by the Assembly Executive Committee. After this revision, the Executive Committee agreed to recommend it to Council who approved the guideline during its October meeting.
2. At the meeting in La Jolla, **Steve Jaffe, M.D.** raised the issue of cost of medications for our patients. Issues and suggestions from Assembly delegates included:
 - a. The cost of medications for children is often above what the family can afford;
 - b. Child and adolescent psychiatrists need easier access to data on cost of medications and the availability of programs supplying medications to indigent patients;

- c. There is a need to collaborate with the American Psychiatric Association (APA) and other groups to advocate for lower costs for prescription medications;
- d. The process of reducing costs could be lengthy;
- e. The rate of increase of the costs of medication is outstripping inflation;
- f. AACAP could develop a *Facts For Families* on how to access lower cost medications; and
- g. The Assembly feels this is an access issue and could be a project of the new Work Group on Access.

The Assembly unanimously approved a motion to ask AACAP to advocate for lower drug prices, access to medications for indigent families, and actively communicate with pharmaceutical companies, along with other organizations like the APA, to advocate for lower medication prices and indigent drug programs. I consulted with Dr. Sarles regarding establishing a new committee or task force to deal with this important issue, or to refer the issue to an appropriate AACAP component for action. Dr. Sarles recommended this issue be directed to the Committee on Healthcare Access and Economics, chaired by **Michael Houston, M.D.** Dr. Houston gave a report of the committee's activities in Toronto.

3. The issue of whether to allow non-physicians to become members of the AACAP came from the breakout session in April. There have been requests in the past on behalf of psychologists working in academic departments of psychiatry to become affiliate members of AACAP. Assembly delegates vetted this issue during the small group discussions. Delegates felt there would be some positive aspects to allowing this type of membership, including intellectual enrichment, collegiality and possibly greater legislative influence from increased membership. However, there were drawbacks discussed, as well, including possible loss of identity as a child and adolescent psychiatry organization. Although some supported limited membership for such professionals and no vote on the issue was taken, the consensus was that the Assembly did not support the idea of a new membership category at this time.

There was, however, a strong sense of the Assembly that collaboration with other professional groups (i.e., pediatricians, psychologists, nurse practitioners, etc.) is vital to move our advocacy agenda forward. The Assembly passed a motion to establish a taskforce of the Assembly to examine collaboration focusing on advocacy. I asked **Davis Gammon, M.D.** to chair

this group. Members of the task force include **Alan Axelson, M.D.** (PA), **Cathy Jaselskis, M.D.** (IL), **Brian Keyes, M.D.** (CT), **Kathy Kelley, M.D.** (IL), **Gabrielle Shapiro, M.D.** (CA) and **Rachel Ritvo, M.D.** (MD). The Task Force on Fostering Collaboration with Professional Groups held two conference calls and will report to the Assembly at the May 2006 meeting.

4. The Steering Committee on Workforce Issues, in collaboration with the Assembly, embarked on a plan to increase the visibility of child and adolescent psychiatry in medical schools by establishing student interest groups for psychiatry, and by ensuring child psychiatry participation in existing interest groups. **Michael Houston, M.D.** and **Kayla Pope, M.D.** have been working diligently on developing a list of liaisons from regional organizations to establish contact with student interest groups (SIG) at their respective medical schools. The mentoring program will encourage volunteers from regional organizations to help mentor medical students and general psychiatry residents interested in child and adolescent psychiatry.
5. The Assembly Membership Drive Committee chaired by **Guy Palmes M.D.** has been busy increasing our membership. Dr. Palmes reported that more than 10 regional organizations qualified for the membership contest, which involved regional organizations increasing their membership by 10% and receiving one free registration to the Assembly meeting. The number of members overall has increased from 7,330 in September 2004 to 7,603 in September 2005. The Committee has continued previous activities and added some new initiatives this year. They continue to work on the contest for training directors and mailings to people who passed their ABPN child psychiatry board exams, APA members who are not members of AACAP, non-members who submitted papers to the Annual Meetings, and, of course, to members delinquent on their dues. The Committee has done a great job.
6. The Assembly held an election during the October meeting. Chair candidates included **David Fassler, M.D.** and **George Realmuto, M.D.**; **Marty Drell, M.D.** and **Louis Kraus, M.D.** for Vice Chair; and **Michael Houston, M.D.** and **Melvin Oatis, M.D.** for Secretary-Treasurer. Drs. Fassler, Drell and Houston received the highest amount of votes. Congratulations to the new officers and thank you to Drs. Realmuto, Kraus and Oatis for their participation.

Delegates discussed changing the Vice Chair position to Chair-Elect beginning with the 2007 election. It was agreed upon, pending no conflict with the bylaws and AACAP Executive Committee approval. The AACAP Executive Committee decided that it should be discussed further at the May 2006 Assembly meeting.

7. A regional organization calendar of events has been added to the Regional Council webpage (under the Members Only section). This will facilitate cross-pollination of event information, giving delegates the option of attending activities of other regional organizations. Over the summer, delegates sent emails and event fliers to Earl Magee who created and will update the webpage.

As you can see, we have been busy. I think we have organized the Assembly to be more productive. I want to challenge each of you to do the same with your regional organizations. Encouraging local members to join the initiatives is an important next step. We are the grass roots of AACAP. Together, we can make a difference for both AACAP and our field.

I sincerely thank the members of the Assembly Executive Committee for their outstanding contribution to the Assembly, and their great aid to me during my term as Chair. It has been a privilege to work with all of you: **David Fassler, M.D.**, Vice-Chair; **Marty Drell, M.D.**, Secretary-Treasurer; **Michael Houston, M.D.** and **Louis Kraus, M.D.** (Council representatives during the first year); **Cathy Jaselskis, M.D.** and **Ellen Sholevar, M.D.** (Council representatives during the second year). What a wonderful group!

Finally, I want to thank Earl Magee, Assembly Administrator, for the superb job he has done. He has been truly exceptional: thoughtful, organized, and funny, he made the 2 years productive and is a delight to work with.

Respectfully submitted by,
Steven P. Cuffe, M.D.
Chair, Assembly of Regional Organizations
January 2006



Executive Assembly Administrator Earl Magee's great-niece and nephews: Mikeya Dreisbach (4 1/2), Jada Dreisbach (2 1/2) and Jacob Dreisbach (1 1/2).