

## Reports to the Membership

The following are edited/abbreviated versions of the annual reports of the APA Secretary, Treasurer, CEO and Medical Director, Speaker, and Speaker-Elect and the chairpersons of the APA Committee on Bylaws, Membership Committee, Committee of Tellers, and Elections Committee. The full reports were presented at the APA Annual Meeting, May 21–25, 2022.

### REPORT OF THE SECRETARY

Sandra M. DeJong, M.D., M.Sc.

It is my constitutional duty and personal privilege as Secretary of the American Psychiatric Association to report to the membership on actions taken by your Board of Trustees over the past year.

#### APA Presidential Task Force on the Social Determinants of Mental Health

In 2021, APA's Board of Trustees charged the APA Presidential Task Force on the Social Determinants of Mental Health (SDoMH) with developing sustainable policies and programs to bring about change in psychiatric health care of affected populations with APA's position on social and structural determinants of mental health and mental health equity. The task force started meeting in June 2021. It has established the following work groups to focus on these four areas: clinical, policy, public health and research/education.

The task force's charge is to build on the 2018 APA Position Statement on Mental Health Equity and the Social and Structural Determinants of Mental Health, and 2020–2021 APA Presidential Task Force on Structural Racism; and to develop evidence-based pragmatic strategies that may be used by clinicians, teachers, researchers, and administrators to assess SDoMH and improve individual and community well-being.

Social determinants are a population-level concept that requires a public health approach. The goal is to make changes in public policies and social norms with the main goal being prevention. Several products/activities include articles that discuss expanding SDoMH to include stigma, disability, social media and criminal justice in journals, *Psychiatric News*, *Health Affairs*, etc.; podcasts *Finding our Voice* with Dr. Sanya Virani; and APA Learning Center CME course.

In November and December 2021, the APA Presidential Task Force on Social Determinants of Mental Health also held two virtual town halls with APA members focused on education and awareness of social determinants of health and

mental health, available resources from the APA and other organizations and agencies, and the work of the task force with the Clinical, Research and Education, Policy and Public Health workgroups. The total registration for both town halls was 391 registrants, with about half in attendance. Other projects include public health fellowship, medical student/resident training curricula, data points for APA's PsychPro Registry, Environmental Scan, and APA Center for SDoMH.

A hub for information and resources has been established on the APA website at: [www.psychiatry.org/psychiatrists/social-determinants-of-mental-health-task-force](http://www.psychiatry.org/psychiatrists/social-determinants-of-mental-health-task-force).

In March 2022, the Board voted to accept the final report of SDoMH. The report included a review of its completed and pending work, and recommendations to put into action the APA Position Statement on Mental Health Equity and the Social and Structural Determinants of Mental Health, approved by the Board of Trustees and Assembly in 2018. This included incorporating the position statement into the work of the Assembly, the Councils, the Division of Diversity and Health Equity, and the APA representatives to the Psychiatry Residency Review Committee (RRC) and ABPN.

#### Board of Trustees Structural Racism Accountability Committee

In July 2021, the Board of Trustees voted to approve the recommendation of the Executive Committee to establish the Board of Trustees Structural Racism Accountability Committee (SRAC).

The Committee is responsible for ensuring that the recommendations of the APA Presidential Task Force to Address Structural Racism Throughout Psychiatry are carried out, evaluate their success, make recommendations for any improvement, and accomplish the other objectives that were noted in the final task force report. The Committee took the action items and broke them into three core areas of focus to help report metrics out to the Board: *mentorship*, *data*, and *structural racism*.

The Committee stressed the importance of the need for clear communication and transparency to all APA components, members, and organization wide. For the SRAC to achieve its goal and be sustainable, all stakeholders must understand the need and value of the work to buy in. There is a need for a strategic communications plan, not only tactical communication but dissemination strategies to reach stakeholders.

In October 2021, the Board of Trustees (BOT) approved the following action from the committee:

*Action 6.C.1: The Board of the Trustees voted to approve that APA communicates to members, through all available means (including, but not limited to, the APA website homepage,*

*Psychiatric News digital and print alerts/updates, APA Headlines, APA News & Notes for District Branches/State Associations, APA listservs, e-mail cascades, and social media accounts), the existence of the SRAC, its charge, scope, and the APA's commitment to continue the work of the APA Presidential Task Force to Address Structural Racism Throughout Psychiatry.*

*Action 6.C.2: The Board of Trustees voted to approve forming an advisory group to include APA members and DDHE and Department of Research Administration to formally review current nomenclature and make recommendations to define "URM" and revise current nomenclature.*

In December 2021, SRAC presented an update on the progress report on the implementation of the recommendations from the Task Force on Structural Racism. While some areas made progress, there are challenges associated with how to ingrain that progress for future years, and how to measure success. One of the issues is the need for underrepresented members to self-identify their demographic information so that the success or failure of programs can be evaluated with data. SRAC is spearheading a campaign along with Communications and DDHE to encourage members to self-identify.

In December 2021, the Chief of Communications presented a strategic communication and marking plan to ensure that members are aware of SRAC, its charge, and APA's progress in implementing the Task Force's recommendations. It includes both the creation of the online centralized home, and outreach to members on SRAC initiatives through APA's print and electronic communications channels including *PsychNews*.

In March 2021, SRAC reported on the work being done throughout the Components and the Assembly to incorporate anti-racism activities in their work products. As part of its attempt to be more visible in the organization and to work with Components on an anti-racism agenda, the SRAC members asked the Board to require that APA Councils and Standing Committees invite an SRAC member to participate in their meetings and provide expertise on DEI and anti-racism issues.

The SRAC also asked the Board to recommend that the Assembly Executive Committee and Area Councils invite SRAC members to participate in their meetings and to help focus on APA's anti-racism agenda. Other motions require the APA Administration to provide data on existing programs so that SRAC can evaluate their effectiveness.

The Board continues to have a robust discussion on SRAC's role and the importance of ensuring that leadership of the organization stay informed and engaged in DEI and anti-racism activities.

### **AdHoc Work Group on Governance**

In July 2021, the APA Board engaged Cathy Trower, Ph.D., the Board Consultant, to assist the Board in focusing on long-term strategic initiatives and good governance in order to ensure that APA is delivering the most value to its members and the field of psychiatry. The Board participated in a facilitated discussion about what APA's "North Star," or guiding objectives are and should be. This was the beginning of a long-term process in which the Board will develop long-term strategies for the APA.

As part of the effort to improve governance, the Board had formed an ad hoc workgroup on governance which engaged in developing surveys for the Board to evaluate the work it is doing collectively and individually and to ensure that the Board is a self-reflective and improving Board.

In October 2021, the Board approved the APA's Mission, Vision, and Values. In March 2021, the Board adopted the new Board Mission statement.

### **Position Statements**

The APA Board of Trustees addressed a total of 20 position statements as of March 18, 2022. Position statements can be found on the American Psychiatric Association's website: [www.psychiatry.org](http://www.psychiatry.org) under "Policy Finder."

#### *New and Revised Position Statements\*.*

- Civil Commitment of Minors
- College and University Mental Health \*
- Core Principles for Alternative Payment Models for Behavioral Health \*
- Discharge from Hospital-Based Care to the Community for Substance Use Disorders
- Immigration, Children, Adolescents, and Their Families
- Location of Civil Commitment Hearings \*
- Medical Supervision of Psychiatry Residents and Fellows
- Mental Health Impact of Public Health Emergencies on Young People
- Moral Injury Among Health Care Workers During a Public Health Crisis
- Off-Label Treatments \*
- Orchiectomy or Treatment with Anti-Androgen Medications as a Condition of Release from Incarceration
- Psychiatric Services in Adult Correctional Facilities \*
- Racism and Racial Discrimination in the Psychiatric Workplace
- Sexual Harassment \*
- Telemedicine in Psychiatry \*
- Trial Sentencing of Juveniles in the Criminal Justice System \*

*\*Denotes revised position statements*

#### *Retired Position Statements (removed from Policy Finder).*

- Active Treatment (1978)
- Patient Access to Electronic Mental Health Records (2016)
- Principles for Health Care Reform for Psychiatry (2008)
- Universal Access to Health Care (2014, 2017)

### **REPORT OF THE TREASURER**

Richard F. Summers, M.D.

APA ended 2021 with a net income of \$4.0 million compared to a net loss of \$1.9 million in 2020. The results for 2021 exceeded the forecasted income of \$2.2 million.

Operations rebounded in 2021 after being severely impacted by COVID-19 in 2020. Total revenues were \$49.1 million which was in line with our expectations, and a 13% increase over 2020. A large part of that increase comes from holding a virtual Annual Meeting in 2021, compared to 2020 when the meeting was cancelled. In addition, our publication revenue increased by 2.8% over 2020, led by DSM-5. Member dues revenue was down by 2.4% because of the impact of Rule of 95 but this was better than the expected decline of 3.5%. Expenses finished 7% below forecast, primarily due to savings in travel and curtailment of programs impacted by COVID.

In 2020, the Strategic Finance Workgroup continued the work begun last year by the BOT to look ahead and take steps to better align revenues and expense over the next several years. Working with the BOT goal of achieving a balanced budget by 2023, the workgroup identified over \$4.2M in budget savings via a combination of reduced program services, administrative efficiencies, utilizing technology to reduce governance costs and limited revenue increases. The Finance and Budget Committee is responsible for ensuring the recommendations of that workgroup are implemented and addressing any potential adjustments needed. I am grateful for the work of Dr. Anne Sullivan in her outstanding leadership of the Finance and Budget Committee.

APA's balance sheet remains strong with unrestricted net assets increasing by \$11.7 million over 2020. Our investment portfolio, achieved a total return, net of fees, of 15.2%. This exceeded the composite benchmark of comparable investments of 12.4%. In addition, the return exceeds our investment policy statement annual return goal of CPI+5%. The portfolio is well diversified and structured to weather the impact of significant stock market adjustments like the ones experienced at onset of COVID in 2020 and again in early 2022, and of the potentially volatile economic environment we find ourselves in.

Looking forward, the Investment Oversight Committee (IOC) is exploring socially responsible investing using the concepts of ESG investing, which stands for Environment, Social, and Governance. This approach aligns the investment strategy with the mission and values of our organization. APA's investment policy statement currently prohibits direct investment in pharmaceutical, managed health care, tobacco, and fossil fuels. However, by policy, all investments are held in mutual funds and exchange traded funds, meaning APA does not have control over the holdings of those funds. We do not invest in individual stocks. The IOC is working with our investment advisor to explore options for investments that fully align with our stated principles. Under the direction of Dr. Steve Sharfstein as chair of the IOC, I'm confident we will continue to make strides in this area in 2022.

## REPORT OF THE CEO AND MEDICAL DIRECTOR

Saul Levin, M.D., M.P.A.

It is my privilege to present the CEO and Medical Director's report, which outlines the Administration's actions,

activities, and accomplishments from May 2021 to May 2022 according to the APA's strategic initiatives. I am thankful for the support and hard work of the APA Board of Trustees, the Assembly, Components and the entire membership and staff in their tireless efforts in promoting access to care for our patients, anti-racism in psychiatry, education, and fair treatment for our members.

I am pleased to share the following executive summary items for your information:

**External Communications:** APA increased its investment in public opinion polling over the past year to gauge public sentiment, drive media attention to key mental health issues, and establish APA as an expert resource for those issues. This investment has paid great dividends. In May 2021, APA released the results of its annual public opinion poll through three news releases that garnered more than 100 press hits within national, medical, and psychiatric trade publications. In November 2021, APA began the implementation of a year-round polling strategy with Morning Consult, creating the *Healthy Minds* poll and commencing a monthly check-in with the public on timely mental health issues. APA has received significant national media attention from the release of these polls, this includes coverage from MSNBC, *The New York Times*, *The Washington Post*, NBC News, the Associated Press, MarketWatch, and Hearst Television.

**Marketing:** APA's flagship website, psychiatry.org, received a major upgrade in 2022 following 2 years of preparation. The new platform meets modern standards to ensure accessibility for users with disabilities. The overall layout and look for the website remains similar to what APA members have come to expect, with improvements to the overall design and search & navigation functions. The new platform will also help us develop more features to serve members' needs in the future. APA has seen more than 100% in growth in annual page views since 2018 and currently garners 3.5 million page views per month.

**Publishing:** *Psychiatric News* published more than 300 full-length articles in 12 print issues, 50 issues of *Psychiatric News Update*, and 270 *Psychiatric News Alerts* (with average open rates of approximately 30%), and the website received more than 2M page views. Journals served researchers, clinicians, institutions, and members by publishing much of the world's best psychiatric research in our titles. Last year saw over 2,000 submissions, and subscription numbers also remained strong. Two high-profile media press events were held at the Annual Meeting and the Mental Health Services Conference. The Journals also started a pilot program with the APA Fellows program wherein individuals honored as the Diversity Leadership and SAMHSA Minority Leadership Fellows could work with the Editors of APA Journals to learn and help improve journal publishing operations. Podcast episodes with author interviews had downloads in the thousands, a level of engagement that puts us in the top 5% of podcasts. The Book Acquisitions team transmitted into production 23 new books, including three textbooks, three handbooks, 15 professional titles, and two

study guides, and is tracking acquisition and development of more than 60 new titles on a variety of new topics for publication over the next 3 years. APA published *DSM-5-TR* on March 18, 2022. For *DSM-5-TR*, the Editorial and Production team coordinated the review and revision, submission, editing, and proofreading of the content; created covers and interior design; composed pages and exported XML for digital publication; established and implemented plans for printing, paper, copyright registration, anti-piracy efforts, warehouse, and customer service logistics; and planned for digital release. Finally, I am pleased to report that PsychiatryOnline was 100% fully accessible for the last 12 months while consistently exceeding 1M hits per month.

**Cybersecurity:** In the first quarter of 2022, we focused on evaluating our cybersecurity maturity posture, completing the annual assessment, evaluating and updating policies, security awareness training for the staff, maintaining compliance as required, and preparing for the Administration to return to the office. Each year we contract with a vendor to complete the cybersecurity assessment. In addition to the formal vendor conducted internal and external assessment, we have begun the process of conducting our own internal access controls review. Results of this review will be combined with the formal assessment and used to determine our baseline cybersecurity maturity level and inform technology planning for the remainder of the year.

**Strategic Objectives:** In addition, the APA Administration continues to implement the following APA's strategic initiative objectives approved by the Board of Trustees within the organization's core areas:

1. Advancing the integration of psychiatry in the evolving health care delivery system through advocacy and education;
2. Supporting research to advance treatment and the best possible clinical care, as well as to inform credible quality standards, advocating for increased research funding;
3. Supporting and increasing diversity within the APA, serving the needs of evolving, diverse, underrepresented, and underserved patient populations and working to end disparities in mental health care; and
4. Educating members, patients, families, the public, and other practitioners about mental disorders and evidence-based treatment options.

### Advancing the Integration of Psychiatry

*New APA Federal Parity Legislation Introduced and Considered.* In June 2021, APA-developed MH/SUD parity legislation (S.1962/H.R. 3753) was introduced in the Senate and the House. The bipartisan legislation builds off the APA developed parity legislation that passed Congress last year and required health plans to submit comparative analyses to DOL and state insurance commissioners. This year's legislation would provide state funding to facilitate the implementation of the new law to ensure health plans are in compliance and was a subject on which APA members lobbied during the Federal Advocacy Conference.

In July, the APA, in partnership with 46 Mental Health Liaison Group (MHLG) organizations, coordinated letters of support for the parity legislation to House and Senate bill leads. In addition, the AMA endorsed the parity legislation. During August, APA Administration also implemented an advocacy campaign to engage our membership in asking their members of Congress to cosponsor this legislation, resulting so far in more than 200 advocates sending 542 letters to Hill offices reaching 226 members of Congress. After the US Department of Labor issued its report in early 2022 showing widespread noncompliance with MHPAEA by ERISA plans, APA advocates took additional action to advocate for the bill with their members of Congress, and the House Committee on Energy and Commerce subsequently held a hearing on H.R. 3753 on April 5.

*New APA Collaborative Care Legislation Introduced in the House.* On September 10, the APA-developed Federal legislation, the "Collaborate in an Orderly and Cohesive Manner (CoCM) Act" (H.R. 5218), was introduced in the House. The bill will improve access to evidence-based mental health and substance use care by supporting and investing in the implementation of the Collaborative Care Model in primary care offices. Forty-two national organizations, including the AMA, Group of Six, employer groups, patient advocates, and mental health and substance use organizations and advocates, have endorsed the bill. The House Committee on Energy & Commerce held a hearing on the bill April 5, 2022, at which APA testified in support.

*Changing Clozapine Risk Evaluation and Mitigation Strategy (REMS) Requirements.* According to FDA, all prescribers and pharmacies had to be re-certified by November 15, 2021, or they will no longer be able to prescribe/dispense clozapine. Prescribers also had to re-enroll their patients by November 15, 2021, or they would no longer be able to receive it. Pharmacies will no longer be able to use the telecommunication verification (also known as the switch system) to verify safe use conditions. Patient monitoring must continue per the Prescribing Information. APA and other organizations reached out to FDA with concerns about the impact and burden of the changes and requested more time for clinicians and patients to recertify/re-enroll. APA was successful in getting a temporary suspension on some of the requirements. APA has heard from many members regarding patients not getting their medication due to the changes in the REMS system. We met with SAMHSA Assistant Secretary Delphine-Rittman and HHS Assistant Secretary Levine to request assistance in working with FDA to determine how to move forward within the current system and to ensure these issues do not happen in the future. APA also submitted a Freedom of Information Act request to the Food and Drug Administration seeking information about changes in the REMS system and their negative impact on patients.

*2022 Medicare Physician Fee Schedule/Quality Payment Program.* CMS released a Final Rule on November 2 laying

out changes to the Medicare Physician Fee Schedule and Quality Payment Program that took effect on January 1, 2022. The focus of APA's advocacy efforts has been on maintaining flexibilities put in place during the public health emergency and CMS appears to have listened. They have modified the regulations to include coverage for audio-only care for patients with mental health and substance use disorders, enabling psychiatrists to bill for E/M and other telehealth approved services using the same CPT codes as if it were a telehealth visit. Patients with mental illness can now be seen in the home, which is now in line with the SUPPORT Act which allowed for this for those patients with substance use disorders (and co-occurring mental health disorders). While CMS maintained the statutory requirement that new patients with mental illness be seen in-person within 6 months of a telehealth visit (including audio-only), they did modify their original proposal for follow-up care, now requiring an in-person visit every 12 months (instead of every 6 months) for established patients and allowing for exceptions based on the patient's condition. Finally, CMS finalized a reduction to the conversion factor (the dollar figure applied to the RVUs that determines the payment) of \$1.30 (from \$34.89 to \$33.59) based on overall changes to payment.

*Measures on Measurement-Based Care Submitted to Centers for Medicare and Medicaid Services (CMS) for Approval.* Under a cooperative agreement with CMS, APA has been developing a suite of quality measures focused on measurement-based care (MBC); in September, these measures were submitted for CMS's Qualified Clinical Data Registry (QCDR) program. If approved, the measures will be available for clinicians to collect and report data for the Merit-Based Incentive Payment System (MIPS) through APA's PsychPRO registry.

### Supporting Research

*PsychPRO Clinical Data Registry.* The APA's national mental health registry, PsychPRO, is designed to support the mission of improving the quality of care and quality of life for all patients with mental health and substance use disorders, and to provide a seamless way for interested members to report on MIPS to gain pay increases in medicine. We have moved to a new vendor, Arbor Metrix, and are finalizing onboarding of the Hackensack and Sheppard Pratt systems as well as members who report using the Valant EHR system.

*COVID-19 Research Grant.* The APAF awarded seven fellows with grants ranging from \$9,000 to 15,000 to conduct research studies on the impact of COVID-19 on patients with mental and substance use disorders, the psychiatric workforce, and/or the practice of psychiatry.

*Research Colloquium for Junior Psychiatrist Investigators.* The 2021 Research Colloquium was held virtually on May 1–2, 2021, before the APA Annual Meeting. Thirty-one awardees were selected to participate in this year's program including international mentees from Brazil (2), France (1), Mexico (1), and Peru (1).

*NIDA-Funded Initiative Addiction Medicine Research Network (AMNet).* In 2021, the AMNet team continued to build and grow the network of office-based practice providers by boosting recruitment, training, and retention efforts. The team developed six webinars to educate participating providers and recruit new providers.

*Mental Health Needs Assessment in the Management of Perinatal Psychiatric Disorders (CDC Foundation Grant).* The APA department of Research recently received a grant from CDC Foundation to study common practices and barriers related to the mental health care of pregnant women with mental illness.

*CMS Quality Measures Development Grant.* Throughout 2021, the Divisions of Research, Policy, Programs and Partnerships, and Registry worked with our subrecipient, National Committee on Quality Assurance (NCQA), to finalize the development and testing of the proposed quality measures.

### Diversity and Health Equity

*APA Looking Beyond Series (January–May 2022).* The series brings an interdisciplinary lens to the discussion, leveraging innovative frameworks to address mental health inequities, which is a continuation of the APA Mental Health Equity Fireside Chats discussions where strategies and opportunities to improve the mental health of historically marginalized and minoritized communities were examined. Topics were:

- *123 Years Since W.E.B. Du Bois' Case Study...Social Determinants of Health Inequities Continue.*
- *Exploring the Role of Genomics in Ameliorating Health Inequities.*
- *Disentangling Race and Place and Their Implications on Mental Health Disparities.*
- *APA Annual Meeting—Integrating Social Determinants of Health to Improve the Delivery of Mental Health Care.*

*APA Leadership, Equity and Diversity (LEAD) Institute Training Program.* The LEAD Training Program has officially launched. SAMHSA MFP fellows are now able to access the online courses through the APA Learning Center and include Social Determinants of Mental Health, Structural and Institutional Racism in Mental Health, Applying Racial Equity Lens, Cultural Competence, and Mentorship and Networking. This program consists of 20 hours of didactics with a certificate of completion and CME credits. DDHE, in collaboration with APA members, developed a series of DEI courses to raise awareness and enhance knowledge of the impact of structural racism and SDOMH among other factors on the mental health of individuals. Courses include:

- *Social Determinants of Mental Health*
- *Cultural Competence*
- *Mentorship and Networking*
- *Structural and Institutional Racism in Mental Health Care*
- *Apply a Racial Equity Lens*

*APA Advocate/Protégé Program (a part of the LEAD Institute).* The Advocate/Protégé Program of the LEAD Institute aims to refine APA/APAF SAMHSA Fellows' leadership skills by pairing them with APA leaders who share similar interests and will help foster professional growth and career development. Hallmarks of the program include networking; technical and professional skill development; exposure to leadership experience; and first-in-line consideration to be advocated for opportunities to become APA leaders, so that we may increase diversity in psychiatry leadership.

## Education and Annual Meeting

- This year's Annual Meeting is APA's first in-person meeting in 3 years. The program includes a total of 300 scientific sessions, 1,000 posters, and five Master Courses. Additionally, this year debuts APA's first clinical updates track highlighting current best practices in the domains that clinicians work in every day.
- In addition to the in-person experience, the Online Learning team is planning the virtual experience, which will occur June 7–10, 2022, 2 weeks after the live meeting in New Orleans. The virtual program includes over 130 sessions, many pre-recorded in New Orleans, and a set of dedicated virtual-only sessions.
- SMI Adviser is a \$14 million dollar SAMHSA-funded initiative implemented by APA, currently in Year 4 of funding. Recent data and accomplishments include:
  - Ranked #2 in Google search results for “serious mental illness,” with 1,380,366 visits to [www.smiadviser.org](http://www.smiadviser.org);
  - Offered 193 CME/CE-certified courses in its Education Catalog, trained 50,805 unique learners, and issued 62,471 education credits;
  - Provided 1,593 vetted resources in its Knowledge Bases for clinicians and individuals/families, including 65 resources on COVID-19;
  - Developed and supported three virtual communities, all with monthly meetings for members to find answers to shared questions and discuss trending topics: the Clozapine & LAI Centers of Excellence Exchange; the Digital Health Community of Practice; and the Rural Peer Learning Community; and
  - Offered a two-part training on De-escalation Strategies for Mental Health Crisis (Part 1 and Part 2), with 2,495 clinicians trained.

Finally, a few closing thoughts as we mark two years since the pandemic:

I am pleased to share that, as of March 21, 2022, staff have returned to the office on a hybrid schedule, working some days from home and some days from the office each week. I would like to commend the staff for their dedication,

resilience, and embracement of the transition to our “new normal” working environment. Additionally, we owe a debt of gratitude to the Administrative Services and Finance staff, who have been going into the office on a rotating schedule throughout the pandemic to ensure that our property was protected, and essential mail went out.

We are thankful that we are having an in-person annual meeting in 2022. In addition to the in-person experience, the Online Learning team is planning the virtual experience, which will occur June 7–10, 2022.

We also remember our colleagues and their friends and families who have suffered or died from COVID-19 and thank our colleagues who have worked on the front lines in health care and continued to provide outstanding mental health care for our patients during this pandemic.

We are all in this together. Let us look to the future and the continuation of the work of our oldest national medical society, our APA.

## REPORT OF THE SPEAKER

Mary Jo Fitz-Gerald, M.D., M.B.A., D.L.F.A.P.A., F.A.C.P., F.A.C.L.P.

“That which does not kill me makes me stronger.”—Friedrich Nietzsche

“Resilience is accepting your new reality, even if it's less good than the one you had before. You can fight it, you can do nothing but scream about what you've lost, or you can accept that and try to put together something that's good.”—Elizabeth Edwards

Last year at this time, we hoped everything would be back to “business as usual.” Instead, variants of COVID arose. We had more deaths, more virtual meetings, and more strife. Just as all of us are different from what and where we were 2 years ago, the APA and the Assembly are hopefully different, and stronger, than we were.

The year started with the deaths of two outstanding Assembly leaders. Joseph Napoli, Assembly Speaker 2020–2021, died after a long illness 2 weeks before the Annual Meeting; Paul O'Leary, Assembly Speaker 2019–2020, died suddenly on May 12, shortly after the Annual Meeting. The loss of these two individuals placed a heavy toll on the Assembly and the APA.

Because of these losses, the Assembly lost individuals who would have been Past Speakers. Bob Batterson (Speaker 2018–2019) agreed to continue in the role as Immediate Past Speaker; Dan Anzia (Speaker 2016–2017) filled the Past Speaker position. Scott Benson, Speaker 2012–2013, served as Parliamentarian.

The Assembly met virtually on April 24–25 and November 6–7, 2021. Action Papers from the Assembly dealt with structural racism, transparency, scope of practice, and Assembly procedures. The Assembly voted on DSM changes and position statements. One may find reports from the Board of Trustees, Assembly, and Joint Reference Committee at

<https://www.psychiatry.org/about-apa/meet-our-organization/governance-meetings/governance-meeting-archives>.

### Activities

Duties of the Speaker include presiding at Assembly and Assembly Executive Committee meetings, and representing the Assembly on the Board of Trustees and on the Executive Committee of the Board. Additionally, I attend Area meetings, Reference Committee meetings, Assembly Executive Committee Subcommittee meetings, and the Joint APA/ABPN meeting. I was an observer at the Budget Committee Meetings, and serve on the APA Investment Oversight Committee.

### Highlights

*Board of Trustees.* In 2021, the BOT engaged Mark Nivet, Ph.D., to help with the structural racism issues within the BOT and the APA. His conclusion was that the BOT first needed to enhance and improve its internal governance before it could meaningfully address issues of structural racism. Members of the BOT interviewed candidates that Dr. Nivet recommended and selected Cathy Trower, PhD. She has met with the BOT, Executive Committee, and the Executive Governance (Drs. Levin, Pender, and Brendel) on a regular basis. The BOT worked on a Mission and Vision Statement for the Board, began focusing on more strategic issues at its meetings and agreed to a code of conduct. The entire process has been a growth experience that will hopefully continue to bear fruit in the years to come.

*Assembly Executive Committee.* The Assembly Executive Committee (AEC) met at regularly scheduled intervals in July, November, February and additional meetings in between. There were several subcommittees of the AEC: Diversity and Inclusion (chaired by Evan Eyler), Parliamentary Procedure (chaired by Ray Hsaio), Listserv Etiquette (Chaired by Patricia Westmoreland), and Budget (chaired by Dan Anzia).

The AEC worked on the recommendations of the Structural Racism Task Force. All Areas developed a mentorship program. Ken Ashley, an Assembly Representative from New York, gave a brief presentation on inclusive language at the start of the November Assembly meeting. Two members of the Black Caucus are candidates for the office of Recorder: Ken Ashley and Steven Starks (an Assembly Representative from Texas). We look forward to one of these men as Recorder in the coming year. Starting in May 2022, the Assembly will be working with a DEI Consultant to help us identify problem areas and suggestions for improvement so the Assembly is antiracist in its work.

The Structural Racism Task Force recommended an online gallery of past Speakers to highlight diversity in the role. The APA Foundation has a gallery that portrays past Speakers at <https://legacy.psychiatry.org/Historic-Highlights/Past-Speakers-of-the-Assembly-Test>.

As a result of budget cuts necessary for a balanced budget for our loan agreement for the Wharf headquarters, the Assembly made the November meeting virtual for the coming

years (even if not necessary for the pandemic) and made the February AEC meeting virtual. Unfortunately, a governance meeting of over 250 individuals can be “troubled waters.” In order to facilitate the Zoom meetings, the Assembly officers made plans to meet together in DC for the November 2021 meeting. The hope was that with all officers together we would have an easier time acknowledging speakers on the floor. COVID did not allow us to meet in November 2021. Our hopes are for the Assembly to meet in person again in the future; if not, the officers will meet to help facilitate the process.

With the loss of the in-person November Assembly meeting, the AEC intends to continue the practice of two in person Area meetings each year. This year, the spring meetings will be virtual. The plan is for all Areas to meet in the fall of 2022. Areas will no longer have block grants where any remaining balance is folded into the next year’s budget. Instead, Areas will work with members of association governance to plan the meetings for the following year and submit budget requests to the Budget and Finance committee.

Members of the Assembly have not met in person in over two years. Meeting together allows members to get to know each other, discuss the issues, and develop friendships. Unfortunately, the lack of the “personal touch” has exacerbated strife in the meetings, highlighted issues of bias and structural racism, and caused havoc with parliamentary procedures. In order to facilitate calm discussion, the AEC voted to adopt guidelines for professional behavior on the list serv and in the Assembly.

*District Branch relations.* Issues arose in district branches (DB) in two large areas. In Area 2, a DB executive committee voted to close the DB; this left members without a DB. The Assembly officers, Procedures Committee, APA legal Counsel Colleen Coyle and Dr. Levin worked with Area 2 and those DB members to join another DB so that they had representation.

After the California Psychiatric Association disbanded, the five individual DBs could not agree on one lobbying firm to represent the interests of psychiatry in California. There was no indication that the two lobbying groups worked together as a state association. The Assembly Procedural Code requires all state DBs to work together. Once they became aware of the Procedural requirements, the DBs have made efforts to work together.

*Maintenance of Certification.* Maintenance of Certification (MOC) continues to be a contentious area for APA members. The BOT agreed to accept a grant from the ABPN. The grant facilitates the onboarding of members and institutions into the PsychPro registry, which will help members report MIPS, satisfy part 4 of MOC, and used to improve quality measurements. The registry provides an avenue for research into the treatment of mental health and substance use disorders. The grant additionally provides funding for CME, which is free to APA members. ABPN provides similar funding to other psychiatric organizations, such as ACLP, AAP, AAGP, AACAP, and neurology organizations.

Members of the BOT, Assembly MOC Committee, and MOC Caucus met with the ABPN at APA headquarters on

April 11, 2022. APA representatives discussed member concerns such as the cost, the burdens of the self-assessment articles, and other requirements (number of articles necessary for multiple certificates).

In the past year:

- The Board of Trustees voted to continue the creation of MOC products so that members who choose to participate in MOC will have access to high-quality, relevant, and low or no cost MOC products.
- Board of Trustees voted to acknowledge NBPAS as an alternative to ABPN's maintenance of certification program and will provide information about NBPAS on its website. NBPAS is recognized at far fewer hospitals than ABPN certification but is an alternative for some psychiatrists. APA will make members aware of this and other potential limitations of holding only NBPAS certification.
- The Board of Trustees voted to approve that APA work with ABPN to develop a society-based alternative to ABPN's MOC program. If accepted by ABPN, this would allow APA to develop a MOC program which would be administered by the APA and be fully recognized by ABPN for meeting MOC requirements.

I firmly believe that the Assembly, and the Assembly representatives, are the backbone of the organization. Please remember that the Assembly represents you, the members. If you have an idea for an Action Paper or an issue, you would like the APA to address, please contact your Assembly Representative.

I have made many new friends over the past 3 years as an officer. Many individuals on the APA staff provide support for the activities of the Assembly. Many individuals in the Assembly and on the BOT bring a smile to the face and smooth the path. Many are those we serve in our profession and in our organization.

## REPORT OF THE SPEAKER-ELECT

Adam Nelson, M.D., D.F.A.P.A.

I have been honored to serve this past year as your Speaker-Elect. Among my duties, I continued to be an advocate of the Assembly as Vice-Chair of the JRC, and on the Board of Trustees. This past year began with yet another great loss to the Assembly in the passing of Past Speaker Paul O'Leary, whom we will miss greatly. Having lost both of our Past Speakers, I was grateful to Bob Batterson and Dan Anzia for their mentorship and for agreeing to step in and fill the breach.

Here, then, is my report to the Assembly:

### Activities: Meetings I Attended as Assembly Speaker-Elect:

- Assembly Executive Committee—May 25, June 23, July 24, Sep 14, Nov 17, Dec 7, 2021, Jan 14, Feb 5, Feb 9, 2022

- Joint Reference Committee—June 7, Oct 28–29, 2021, Feb 10–11, 2022
- APA Board of Trustees mtg and workgroups—May 3, June, July 15, 17–18, Aug 9, Oct 16, Nov 8, Nov 15, Dec 6, Dec 11–12, Dec 21, 2021, Jan 24, Feb 23, Mar 7, Mar 12, Apr 6, 2022
- Assembly Strategic Planning and Finance Task Force—Sept 1, 2021
- APA Finance & Budget Committee—June 23, 2021
- Area Councils—Area 1 (Sept 11, 2021, Mar 19, 2022); Area 3 (Aug 15, 2021, Feb 20, 2022); Area 4 (Aug 28, 2021, Mar 5, 2022); Area 5 (Sept 18, 2021, Mar 26, 2022); Area 6 (Sept 21, 2021, Jan 31, 2022); Area 7 (Aug 28, 2021, Apr 30, 2022)
- AMA House of Delegates—June 9–16, Nov 12–16, 2021
- APA/ABPN Leaders Joint Meeting—April 11, 2022

### Some of the Issues to which I have Attended as Speaker-Elect:

*Structural racism in the APA.* With the sunset of the Presidential Task Force on Structural Racism in May 2021, the APA Board of Trustees decided in December to approve the creation of the Systemic Racism and Accountability Committee, or SRAC for short. The SRAC has conveyed to the AEC the expectation that the recommendations to the Assembly originally proposed by the Task Force would be implemented. The AEC has been discussing this and, while several of those recommendations have been met or exceeded by current Assembly Procedures, further improvements have also been developing. In addition, the APA has invited a DEI consultant to work with the Assembly officers and AEC on facilitating improvements in addressing these issues and their influence on Assembly proceedings. You will be hearing more about this.

*APA governance.* The BOT continues the process of improving APA Governance with the help and guidance of a hired consultant. I participated in a BOT Governance Workgroup to develop a Code of Conduct to which all Trustees will need to adhere, and a “north star” vision for the BOT and for the APA as an organization. In addition, the workgroup has developed tools to evaluate the Executive Committee, the President, the Board, and to review each BOT meeting. The goal is to develop a more transparent Board of Trustees with a clearer vision and focus on APA Mission and Strategic Priorities.

*APA and ABPN.* Again, this year the issue of MOC continues to be one of, if not the most highly discussed topics on the Assembly listserv. At the recent annual APA/ABPN Leaders Meeting, Assembly representatives and other APA leaders were able to express perennial concerns regarding financial and time burden on diplomates, value of board certification, alternative pathways to MOC, limitations on hiring and privileging of psychiatrists, as well as encroaching into



psychiatrist scope of practice by non-ACGME-trained providers, and other issues. APA members continue to debate the optics and controversy of APA accepting an annual ABPN grant. At present, some of this money is allocated to fund the APA PsychPRO Registry, which could provide much needed data to study and address some of these questions, including what effect Board Certification has on quality of psychiatric practice and patient care and outcomes. Additionally, these funds offer APA members an affordable pathway toward fulfilling MOC. Also, there have been assurances of continuing efforts to address other mentioned concerns. More to follow.

*APA/DB relations.* After incidents affecting some District Branches, including one DB that suddenly dissolved, the BOT created an Ad Hoc Workgroup to research ways of improving the relationship between APA and the District Branches. The workgroup has been developing surveys which have been sent out to DB Presidents and Executive Directors asking for information on their operations to assist in discovering ways to improve those relationships. In addition, the APA also sent out a membership-wide survey regarding their experiences. Historically, the APA Assembly was formerly known as the “Assembly of District Branches” and has served as an important bridge of communication between the APA and the DBs, now broadened to include other membership groups and caucuses. An AEC Workgroup, chaired by Jasleen Chhatwal has developed a survey instrument to be completed by Assembly representatives which was distributed in April. The Assembly has the unique vantage point of operating at the intersection of the District Branches with the APA. Results of this survey will provide important data to better inform the BOT Task Force on future goals and strategies to improve APA/DB relations.

*Assembly operations.* As May 2022 is our first live meeting face-to-face, I hope we are all excited to once again resume the formal and informal gatherings that have historically made the Assembly meeting experience so rewarding and enjoyable. For those new to the Assembly in the past 2 years, I urge you to seek out your Area Representative, Deputy Representative, or Caucus Chair to find out more of how to make this Assembly meeting the most productive and meaningful for you. Should you have any questions, do not hesitate to reach out to me personally.

As you may recall, in 2000, the AEC previously voted to eliminate the live November meeting from the Assembly budget in response to word from APA’s Finance and Budget Committee of significant fiscal shortfalls for the APA. The remaining budget would be allocated to the Area Councils to continue to meet live and in-person, even if the entire Assembly could not. The Assembly will still meet at our own cost at the APA Annual Meeting in May. However, as of the end of fiscal year 2022, gone will also be the Area Block Grants. Beginning in 2022, Area Councils will need to plan for the following year and propose their meeting costs as part of the

2023 budget, which begins January 1. Your Area Reps and Dep Reps have been briefed and can answer any questions about this. Also, options for a “hybrid” November Assembly meeting continue to be explored.

*Joint reference committee.* This past year, President-Elect Rebecca Brendel invited the JRC to bring all APA Position Statements into compliance with the rubric found in the APA Operations Manual. While this required the Assembly to revisit several Position Statements previously passed for reapproval in their corrected format, all of the Position Statements coming forward in the May Assembly and the future should follow this rubric.

As your Assembly Recorder, I promised to improve the communication between the JRC and the Assembly. Included in the Draft Summary of Actions is a new section, which reports on those Action Papers previously passed by the Assembly which the JRC has voted to close, along with a discussion of the rationale for each Action Paper’s closure. This is one of the many innovations the JRC has implemented in response to an Action Paper from the Assembly which called for an increase and improvement in the transparency and inclusion of communication between the JRC and the Assembly. In addition, those of you who have already queried the Action Item Tracking System, or AITS, on the APA website, will have hopefully found a much more robust and complete description of the steps undertaken by APA Components, including the JRC, regarding Action Papers passed by the Assembly in the past years. The AITS webpage also now contains a button to use to request assistance from a staff liaison regarding any information missing or needing to be updated on a particular Action Paper. Our administration is devoted to assisting authors and Assembly members in tracking any Action Papers previously passed. I think you will agree that making full and better use of AITS will significantly improve the process of creating and tracking Action Papers in the future. Educational materials are being developed for orientation of new Assembly members as well.

## REPORT OF THE COMMITTEE ON BYLAWS

Edward Richard Herman, M.D., J.D., Chairperson

*Members:* Esperanza Diaz, M.D., Robert E. Kelly, Jr., M.D., Kimberly D. Nordstrom, M.D., J.D., John P.D. Shemo, M.D., and Jonathan Charles Uecker, M.D.; *Administration:* Chiharu Tobita

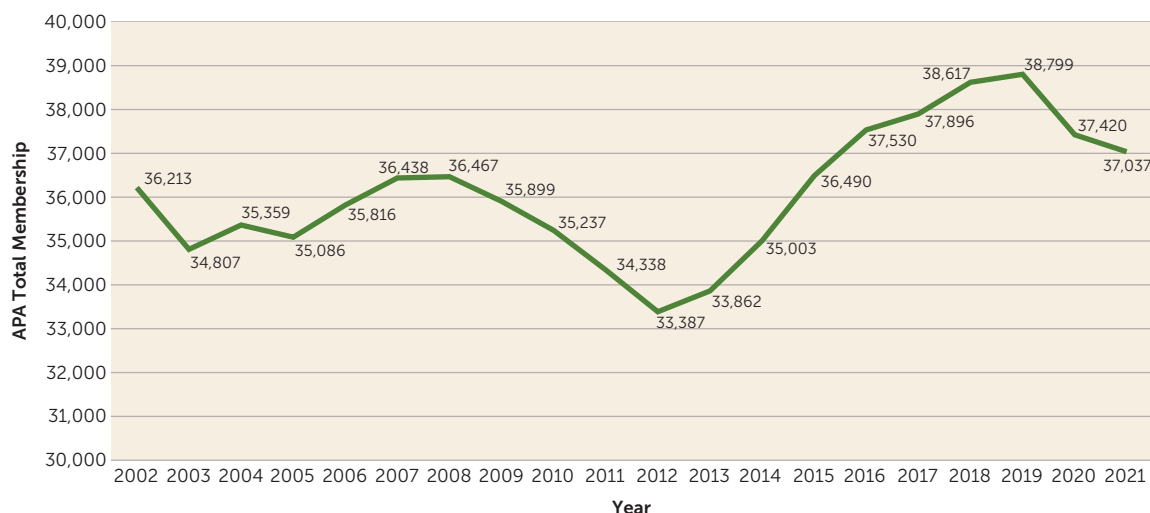
In 2021, the APA by-laws have not been altered, amended, or repealed.

## REPORT OF THE MEMBERSHIP COMMITTEE

Kimberly Gordon-Achebe, M.D., DFAPA Chairperson

Total Membership was 37,037 at the end of 2021 (Figure 1). This reflects a 1% decrease versus the 2020 total. The decline

FIGURE 1. Total membership count



is likely due to the continued impact of COVID-19 throughout 2021 and not holding the Annual Meeting in-person, which often drives membership. Forty-two percent (42%) of District Branches increased their memberships or were flat from 2020 to 2021, while 56% had a decline. Medical student membership (globally) increased 14% from the end of 2020. Despite the APA dues increase for 2022, membership is trending up through February 2022.

APA ended 2021 with dues revenue 2.7% higher than budget, at \$8.495 million dollars.

## 2022 Retention Efforts

Retention efforts began in early October with an e-mail encouraging members to renew by the December 31, 2021 deadline. Those who did not renew by this date entered a grace period ending March 31, 2022. Per the Operations Manual, any dues paying members failing to pay dues by March 31 forfeit their memberships, effective April 1.

Retention efforts increased over last year, and included the following activities:

- **E-mail:** From early October through March 31, members received a series of segmented e-mails encouraging renewal.
- **Mail:** Members in the United States and Canada not on a scheduled payment plan received three mailed invoices prior to the March 31 drop date, and a fourth mailed in April. Members outside the U.S./Canada were mailed a renewal notice in December, and members on scheduled payment plans received a reminder notice by mail (and e-mail) in November.
- **Digital and Social Media Advertising:** Google, Instagram and Facebook advertising campaigns launched in November 2021 and ran through March 2022.
- **AJP:** Members at risk of being dropped received a cover tip encouraging renewal on their December, March, and April issues of AJP.

- **APA Calling Campaign:** In mid-February, APA conducted its annual calling campaign to all members at risk of not renewing. Follow-up calls were made in April, after members are dropped, to those who indicated that they would be renewing but did not do so.
- **Exhibiting:** APA only attended AACAP virtually in fall 2021 and will continue to promote 2022 membership at the virtual APA Central at the APA Annual Meeting in New Orleans.

*Promoting Member Products and Benefits.* In 2021, members received regular communications that promoted the value of membership by reminding them of existing and new benefits and services, including:

1. The Course of the Month program, with three additional courses just for RFMs. The most downloaded course was Pharmacological Approaches to Treatment-Resistant Depression (April), followed by Doctor, Are You Sure I Am Bipolar? Challenges in the Differential Diagnosis of Bipolar Disorder. All courses were promoted using e-mail and social media to generate additional awareness.
2. Increased frequency of Member Advantage e-mail series to bimonthly (from quarterly) and added a series for medical students.
3. Conducted three webinars with partners at HCA for RFMs on contract negotiations and interviewing and CV tips. And three webinars were held with our partner from Certified Financial Planners for RFMs, Early Career Psychiatrists and members nearing retirement.
4. Launched a new member onboarding e-mail series for RFMs and will extend to other segments in 2022.
5. ECPs' free online Focus subscription.
6. Communicated affinity program partnership in quarterly e-mails, with several new partners added in 2021 (UPS, Lenovo, Heartland—a payment processor).
7. Ongoing partnership with ProjectN95 to offer premium pricing for members on PPE.

**TABLE 1. 100% Club participation**

Year	No. of qualifying programs	No. of residents
2018–2019	118	2,710
2019–2020	130	3,128
2020–2021	137	3,232
2021–2022	140	3,331

8. Launched member benefits video awareness campaign targeting RFM, and ECP members to increase engagement, primarily on social media.
9. Launched Communities online networking and engagement groups for RFMs and ECPs and promoted them throughout the year.

If you are not receiving your member benefits communications, please login to [my.psychiatry.org](http://my.psychiatry.org) and select Communications Preferences or contact [membership@psych.org](mailto:membership@psych.org) for assistance.

### RFMs and 100% Club

At the end of 2021 there was a 2% year-over-year increase in the number of residency programs participating in the 100% Club and a 3% increase in the number of residents training in 100% Club training programs (Table 1). There was also an increase in the number of programs requesting institutional invoices this year, from 60 programs last year (down from 69 in 2019–2020) to 80 this year.

This year's incentive for 100% Club residents is *Pocket Guide to Medications: Anxiolytics, Mood Stabilizers, and ADHD*.

Throughout 2022, APA will continue to work closely with the DBs to 1) increase awareness of the new benefits of the 100% Club among nonparticipating programs, 2) encourage more programs to take advantage of institutional billing to streamline the onboarding and renewal of resident members, and 3) promote the value of membership so that members maintain their relationship and membership with APA once they complete residency.

### How Members Can Participate

Our psychiatric community grows stronger as our members are more active and engaged. Here are five easy ways you can participate in the APA membership strategy:

1. **Review and update your APA profile.** Let us know about your interests and practice to help us better serve you with resources and benefits that are relevant to your daily life and practice. Log in to update or complete your profile at [my.psychiatry.org](http://my.psychiatry.org).
2. **Participate in grassroots advocacy.** Participating in national calls-to-action and working with your district branch to visit and build relationships with your local legislators are essential to ensuring psychiatry has a seat at the policy-making table. Learn more about APA advocacy efforts and issues at [Psychiatry.org/advocacy](http://Psychiatry.org/advocacy).
3. **Converse with your colleagues.** The Member Outreach Toolkit equips you with talking points to have meaningful

conversations with your colleagues about APA membership. Access the toolkit at <http://apapsy.ch/outreach> (login required).

4. **Stay in touch.** We want and need to hear from members to ensure we are building value that is relevant and important to your daily practice. Contact us any time with your feedback at [membership@psych.org](mailto:membership@psych.org).
5. **Get involved.** For members who want to take a more active role in APA, there are a variety of ways to do so, including consideration of leadership roles in a variety of Caucuses and listservs, committee participation, participating in membership surveys, contributing articles to *Psychiatric News*, etc. Need help getting started? Contact us at [membership@psych.org](mailto:membership@psych.org).

### Supporting DBs and State Associations (SAs)

For District Branches/State Associations on centralized billing (71), the APA Membership Department provides the following support:

- Develops, funds, and executes the full promotional schedule for membership renewal (postal mail, e-mail, digital advertising, telemarketing)
- Collects dues
- Remits dues payments and monthly reports
- Completes transfers between DBs when members move
- Pays all credit card transaction fees for DBs/SAs for member renewal and acquisition transactions
- Conducts ongoing lead generation, recruitment and engagement campaigns via e-mail, social media and in AJP throughout the year via a dedicated APA membership marketing team
- Provides dedicated APA staff to coordinate with District Branches to manage membership processing and troubleshoot member inquiries.
- Holds monthly meetings with a group of District Branch representatives to discuss communication and member benefit-related opportunities.

Additional support is provided to all District Branches across most APA divisions and departments, including the following:

- Conducting periodic webinars and videos to train District Branches to use APA membership processing technology and reports
- Coordinating in-person, at the APA Annual Meeting, and online orientation for DB/SA Presidents
- Coordinating two calls annually between DB/SA Presidents and Executives with the APA President and APA Administration
- Supporting District Branch Government Relations activities through Regional Directors
- Coordinating monthly videoconferences between District Branch Executives and the APA CEO and Medical Director
- Coordinating the CME application process for District Branch meetings.

**TABLE 2. Final results of the 2022 election**

Office and candidate	First choice votes	Second choice votes
President-Elect		
Petros Levounis, M.D., M.A.	<b>2,400 (54.5%)</b>	
James B. Potash, M.D., M.P.H.	2,002 (45.5%)	
Treasurer		
Richard F. Summers, M.D.	<b>2,492 (57.4%)</b>	
C. Freeman, M.D., M.B.A.	1,853 (42.6%)	
Trustee-at-Large		
Michele Reid, M.D.	<b>2,833 (66.0%)</b>	
Samuel O. Okpaku, M.D., Ph.D.	1,458 (34.0%)	
Resident-Fellow Member Trustee-Elect (RFMTE) <sup>a</sup>		
Seth L. Daly Stennis, M.D.	<b>167 (43.0%)</b>	<b>202 (52.3%)</b>
Mary-Anne Hennen, M.D.	144 (37.1%)	184 (47.7%)
Faiz Kidwai, D.O., M.P.H.	77 (19.8%)	
Area 3 Trustee <sup>a</sup>		
Geetha Jayaram, M.B.B.S., M.B.A.	<b>319 (42.8%)</b>	<b>390 (52.8%)</b>
Kenneth M. Certa, M.D.	287 (38.5%)	349 (47.2%)
Mark S. Komrad, M.D.	139 (18.7%)	
Area 6 Trustee <sup>a</sup>		
Barbara Yates Weissman, M.D.	<b>180 (38.0%)</b>	<b>236 (50.9%)</b>
Shannon Suo, M.D.	156 (32.9%)	228 (49.1%)
Mary Ann Schaepper, M.D., Med.	138 (29.1%)	

<sup>a</sup> A majority vote (>50%) is necessary in a contest with more than two candidates. If a majority does not exist after tallying all first-choice votes, voters' second-choice votes for the candidate with the least amount of first-choice votes are tallied and added to the remaining candidates' tallies. Bold indicates the winning candidate.

The Membership Committee looks forward to another year working toward continued growth and collaboration across the Association.

## REPORT OF THE COMMITTEE OF TELLERS

Mariam F. Aboukar, D.O., Chairperson

*Members: Aatif Mansoor, M.D., and Souparno Mitra, M.D.; Administration: Chiharu Tobita*

At its 2022 March meeting, the Board of Trustees approved the following results of the 2022 APA Election as certified by the Committee of Tellers (Table 2).

The 2022 APA Election polls opened on January 3 at 7:00 a.m. Eastern and closed on January 31, 2022, at 11:59 p.m. Eastern. Survey & Ballot Systems, Inc. (SBS), the third-party election management firm, managed the distribution and tallying of ballots while providing technical support to all voting members. Voter turnout for the 2022 Election was 16.25% with 4,514 of 27,774 eligible voting members participating. Voter turnout has been lower than the turnout of the past three election cycles: In 2021, voter turnout was 19.39%; in 2020, voter turnout was 17.48%; and in 2019, voter turnout was 17.95%.

Effective with the 2022 Election, voting was all-electronic. Eligible voting members with an e-mail address listed in the membership database received an electronic ballot on January 3, 2022. As an alternative to using the electronic or paper ballot, eligible voting members could access their ballot

through the APA Election website ([www.psychiatry.org/election](http://www.psychiatry.org/election)) using their psychiatry.org username and password.

In the 2022 Election, a total of 18 voting members requested a paper ballot. A total of 10 ballots was returned, postmarked January 31.

In July and October 2021, all voting members who would have normally received paper ballots were notified of the change in the voting and balloting process via postcard mailings. This notification message included a request to provide APA with an e-mail address with which a psychiatry.org account can be created for voting authentication on APA election platform, and the APA point of contact to reach out to arrange alternative voting for those who is unable to access Internet or e-mails.

According to a survey provided at the end of the electronic ballot asking voters to rate their level of satisfaction with the Web voting process from "very satisfied," "satisfied," "neutral," "dissatisfied," to "very dissatisfied," over 95.8% (3,072) who responded to the survey, rated their experience as "satisfied" or "very satisfied." Approximately 3.4% rated their experience as "neutral"; approximately 0.7% (24) rated their experience as "dissatisfied" or "very dissatisfied."

Effective for the 2023 APA Election, candidates will no longer be listed in a random order. They will be listed alphabetically by last name on all ballots. At the conclusion of the 2024 Election, the Tellers Committee will investigate whether there has been a statistical difference between alphabetical versus random order by comparing the last four (4) election results.

## REPORT OF THE ELECTIONS COMMITTEE

Joseph A. Cheong, M.D., Chairperson

*Members: Iqbal Ahmed, M.D., John F. Chaves, M.D., O'Ann Karin Fredstrom, M.D., and Jeffrey L. Metzner, M.D.; Administration: Chiharu Tobita*

The 2022 APA Election began with the announcement of candidates on October 14, 2021. There was a total of 15 candidates running for President-Elect, Treasurer, Trustee-at-Large, Area 3 & 6 Trustees and Resident-Fellow Member Trustee-Elect (RFMTE) (Table 2).

Based on the Board-approved action originated from the Presidential Task Force to Address Structural Racism\*, the Elections Committee launched a 2-year pilot plan starting with the 2022 APA Election. To level the playing field for all candidates, all campaigning has been prohibited except through APA-managed activities and other activities as approved by the APA Elections Committee.

\*Board-Approved Action: That the rules for nationally elected APA positions be modified to PROHIBIT ALL CAMPAIGNING except through APA-sponsored activities, including the APA Election website with bios and videos, any special events APA might arrange (like an Election Town Hall), and any other activities or venues as the APA Elections Committee may direct or permit.

In accordance with the new process, multiple amendments to the APA Election Guidelines were made in March 2021. These new guidelines were enforced during the 2022 Election.

During the 2022 election campaign period between October 2021 and January 2022, a total of three incidents were reported as potential violations of the APA Election Guidelines. All reports were reviewed and investigated by the Elections Committee. One of them was confirmed to be a violation.

At the conclusion of the 2022 Election, the Elections Committee reviewed the guidelines and updated to include clarifying language throughout the document. The updated APA Election Guidelines with approved changes are available on the APA Election Website ([psychiatry.org/election](https://psychiatry.org/election)).

The following approved APA-managed campaign activities were implemented during 2022 Election:

#### 1. Virtual Live Meet-the-Candidates Town Halls:

- A series of 60–90-minute Zoom webinar sessions by position/office held in the evening during second week of December (“Town Hall Week”):
  - December 13: President-Elect, Treasurer, and Trustee-at-Large
  - December 14: Area 3 Trustee
  - December 15: Area 6 Trustee
  - December 16: Resident-Fellow Member Trustee-Elect (RFMTE)
- Moderated by Elections Committee Chair
- Concluded with Q&A
- Recorded and made accessible on the APA website for viewing by members who are unable to attend

#### 2. Special Edition APA Election Newsletter:

- An electronic publication dedicated to candidate positions/platform developed by APA Administration for distribution to all members on December 1
- Included Q&A section with candidate responses to the following questions:
  - What is your most important achievement?
  - Where does the profession of psychiatry need to be in five years?
  - What is something about you most people don’t know?
- Published on the APA election website for members to access at any time

3. Psychiatric News (PN) December Election Issue: The print issue of PN December Election Issue was continued. It included candidates’ photos, link to the APA election website, and a schedule of events and voting instructions. The electronic version of publication was made available on the APA election website.

#### 4. APA Election Website (expanded & centralized election/candidate-related information)

- Increased visibility of APA election website in collaboration with APA’s Marketing, Communications and Psychiatric News teams
- Added candidate photos & bios on candidates’ individual webpages with a maximum of 10 endorsements for each candidate
- Included links to all election and campaign-related materials

The same above APA-managed campaign activities, with possible improvements in the implementation process will continue in the 2023 APA Election. The 2-year pilot plan, including the campaign activities, will be evaluated and reviewed by the Board of Trustees at the conclusion of 2023 cycle in March 2023.