



Annual Activity Report Fiscal Year 2008-2009

On behalf of the Board of Directors, I am pleased to provide you with this report on APNA activity. The report includes summaries of key activities of your Association over the past year. There are separate reports from the president, secretary, treasurer and a summary of educational activities. I hope that you find it informative.

If you have any questions or feedback on the report, please send it care of APNA Executive Director, Nicholas Croce Jr. MS at ncroce@apna.org .

Sincerely,

A handwritten signature in black ink that reads "Mary E. Johnson". The signature is written in a cursive style.

Mary Johnson

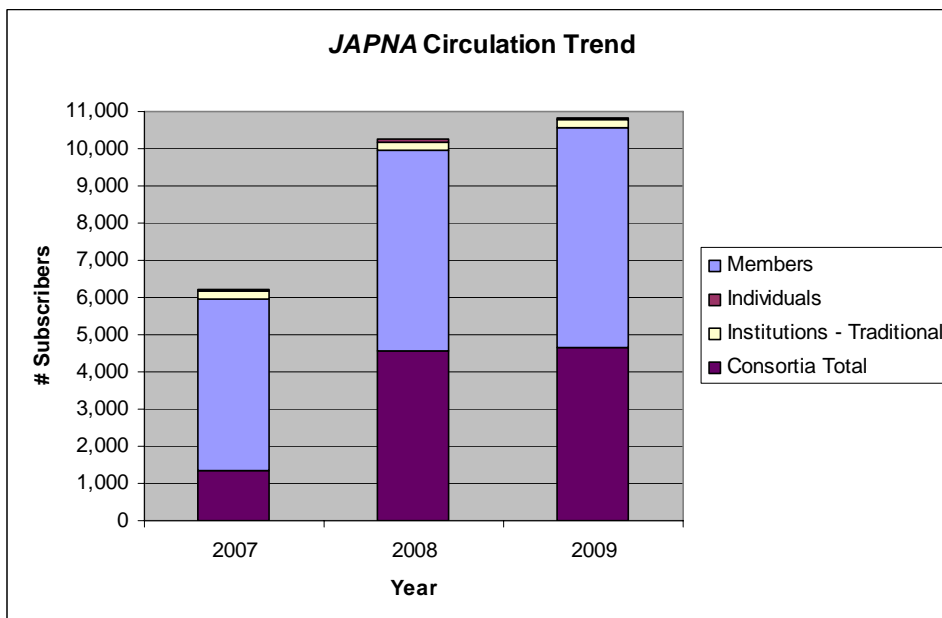
Presidents Report

During the past year APNA has a continued to enjoy support of its members in producing programs and services that support the goals of psychiatric-mental health nursing. We have continued to experience brisk increases in membership. This stems from improved retention as well as recruitment of new members. I'm pleased to report the goal of bringing operation revenue and expenses in line has been met and that we produced a small positive bottom line from operations. The portfolio of services offered by APNA remains viable as is our commitment to provide our members with programs that provide benefit to them in their practice, education and research.

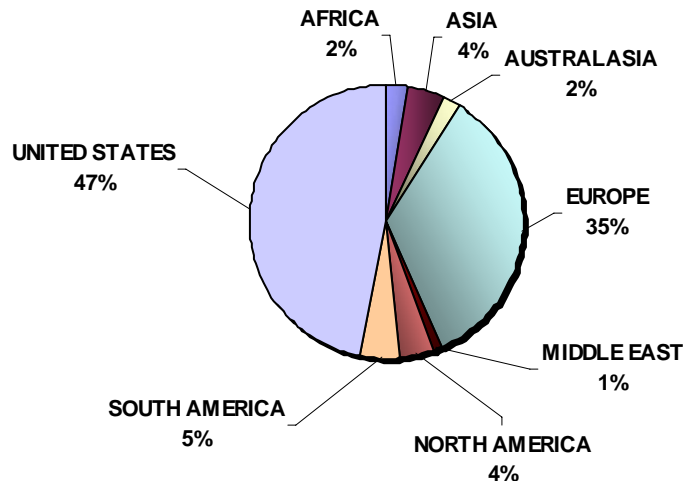
APNA educational programs comprise a large portion of our overall effort. Each program is built on the foundation of member input and their volunteer efforts. The strength of our programs is directly attributable to the contributions of our membership.

Appendix A of this report provides a summary of educational activities over the past year and overview of the 23rd Annual Conference.

Another significant aspect of our educational activity is the Journal of the American Psychiatric Nurses Association (JAPNA). The following two charts display the growth in our journal circulation over the last three years. The second shows the international reach of JAPNA with 53% of the 4,852 institutional subscriptions being outside the USA. Our editor, Karen Stein, is working closely with her Editorial Board and the APNA BOD to produce a world class journal of which we can all be proud.



JAPNA Institutional Geographic Summary



APNA remains active in building alliances with our colleagues in other nursing organizations. These relationships have resulted in our being able to bring representatives together from AACN, ANCC, ISPN, NACNS, NCSBN, and NONPF to participate in a task force to recommend the number of hours required in a combined CNS and NP educational program to sit for certification. This Task Force has been chaired by Beth Phoenix and will be issuing a report later in October. A report of the task force activity is being delivered at the 23rd Annual Conference.

APNA is called upon routinely to participate in the discussions with the larger nursing community. We are currently involved in a multi-organizational task force convened by NONPF which is developing a white paper on "Faculty Preparation, Faculty Development and Program Evaluation Criteria for Psychiatric-Mental Health Nurse Practitioner Education". This work is ongoing and will be presented to the APNA BOD in October for review.

The matter of licensure, accreditation, certification and education (LACE) is under discussion by the broader nursing community. APNA is an active participant in the process and has been represented by Edna Hamera in these discussions. APNA produced a webinar on "A Review of the History, Status, and Future Steps for PMHN on the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education" in July. The program is accessible to download from our web. This program carries one hour of continuing education credit and is free to APNA members.

Through our participation in the Nursing Organization Alliance we are able to maintain open lines of communication with other nursing organizations. The three issues of Counseling Points on ADHD across the lifespan was a collaborative effort that was

initiated at a NOA meeting. The president, president-elect and executive director all attend the NOA meetings.

As an organization affiliate of the ANA, APNA was able to name a member to the Relative Value Update Committee (RUC). Mary Moller, who has many years of experience in private practice, is working with the committee to determine relative value for CPT codes that form the basis for the Medicare reimbursement system.

We continue to enjoy a strong relationship with ISPN. Together we meet with ANCC three to four times a year to discuss issues relative to certification. The APNA and ISPN presidents meet and discuss issues on a routine basis.

With the debate over health care reform, this year has been a highly charged year in the national political arena. APNA has joined with our colleagues in nursing to support legislative efforts to improve funding for nursing education. Through our affiliation with the Campaign for Mental Health Reform and the Mental Health Liaison Group we have added our voice to the need to reform the health care system in this country. Our web site provides copies of the letters to which we have signed and the positions APNA is taking. These can be found under the Institute for Mental Health Advocacy which is co-chaired by Margaret Halter, Christine Tebaldi and Diane Wieland.

APNA uses a strategic planning process to guide the Board of Directors in governing the association. The Board, with input from our members via surveys conducted last fall, adopted a new plan. A copy of the plan is attached here and is also available on the APNA website. There are four goals specified in the plan. These are:

1. APNA will be the indispensable resource for member networking and professional development.
2. APNA will be financially secure and stable.
3. APNA will be the leader in creating strategic alliances with key stakeholders.
4. APNA will be recognized as the expert voice for psychiatric-mental health nursing.

It has been an honor to serve as APNA President. The active interest and participation of the members are the foundation of our association strength. Thank you for this incredibly rewarding experience and I look forward to my continued participation in APNA.

Respectfully Submitted,

Mary Johnson
President

Secretary's Report

The APNA Secretary is responsible for corporate records and taking meeting minutes during official meetings of the APNA Board of Directors. During the past year, the Board of Directors conducted face-to-face meetings on October 14, 2008, February 19-21, 2009, June 24-25, 2009. Conference calls were held on August 20, 2008, November 13, 2008, December 11, 2008, April 28, 2008 and September 24, 2009.

Membership has increased since the last activity report. There are currently 6492. During the FY08/09 a total of 1,599 nurses joined APNA for an average of 4.3 new members each day.

During the past year APNA website went through major revision to make it more navigable. Information is now posted almost daily and members are made aware of significant additions via email. The new design has resulted in much more traffic to our site. Site usage data since our website remodel at the end of March 2009:

- Numbers are for April 2009 – September 2009 (compared with October 2008 – March 2009).
- 92, 985 visits (compared with 69,755) – **up 33.3%**
- 402, 684 page views (compared with 233,600) – **up 72.4%**
- 4.3 pages viewed per visit (compared with 3.39) – **up 29.3%**
- Average 3 minutes, 22 seconds spent on the site in one visit (compared to 2:53) – **up 16.4%**
- Direct traffic is **up 33.7%** and site referrals are up **17.6%**.
- Top Content:
 1. Homepage
 2. Annual Conference main page (www.apna.org/AnnualConference – featured in many emails and on the homepage “Quicklinks” and “What’s Happening”)
 3. About Psychiatric Mental Health Nurses
 4. APNA Janssen Student Scholarship Program (featured in many emails and on homepage “What’s Happening”)
 5. APNA CareerLine (in menu bar as “Job Postings”)
 6. Membership main page
 7. State Chapters index page (featured in the chapter emails)
 8. Continuing Education main page
 9. Why Join? page listing membership benefits
 10. Graduate Programs by State
- Health Care Reform Involvement (email sent Sept 09) – total page views: 975
- APNA Janssen Student Scholarship Program (emails sent May 09) – total page views: 10,897; top views on any one day: 1,117
- Annual Conference main page (emails sent July, Aug, Sept 09) – total page views: 14,396
- CPI Conference main page – total page views: 3,380 (mainly in April, May, June)

We have instituted an electronic newsletter that is augmented by a smaller print version. The effect is timelier reporting of information and at a reduced cost. It is also more socially responsible and part of the overall going green effort of APNA.

It has been my privilege to serve as APNA Secretary for the past four years. I appreciate the strength of our members and I look forward to continued involvement in APNA activities.

Respectfully submitted,

Michele Valentino, MSN, CNS, BC, NP
Secretary of APNA

Treasurer's Report

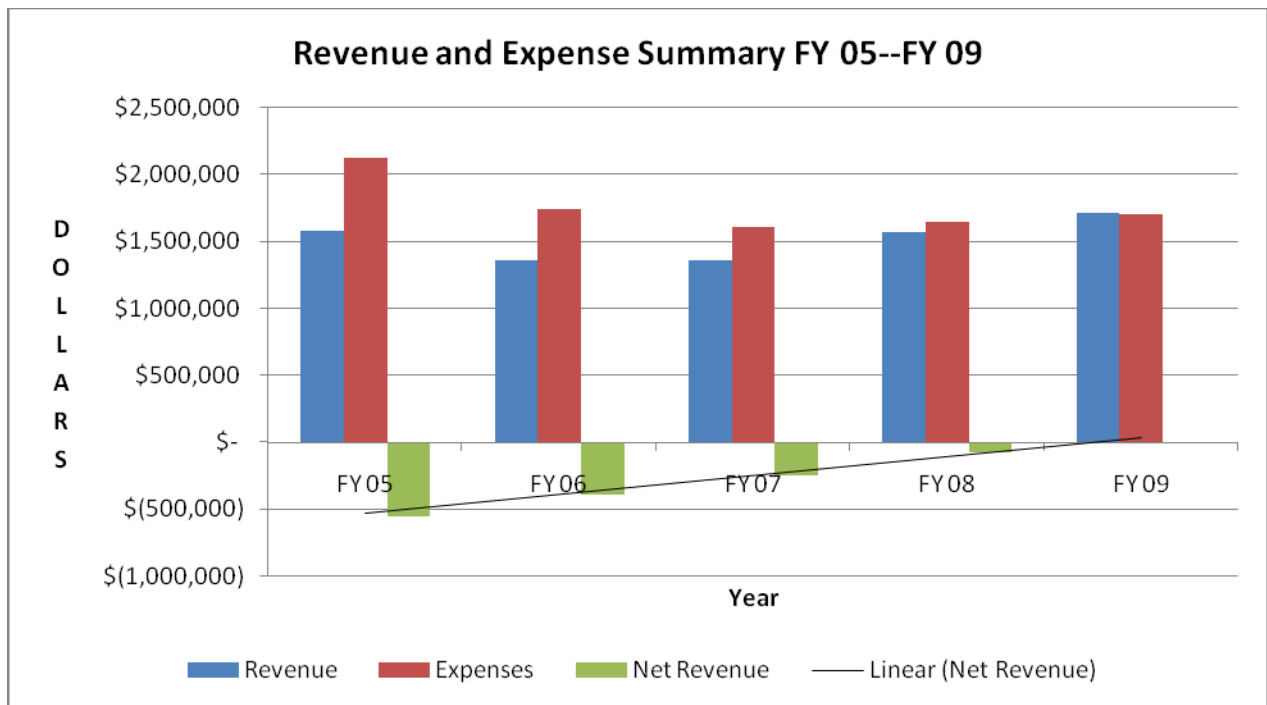
As noted in the chart below APNA's financial picture continues to progress. During FY 08/09 there was \$79,196 improvement in the results of operations. The resulted in the first operating gain in the past five years.

Operating Gain (Loss)

	FY 05	FY 06	FY 07	FY 08	FY 09
Revenue	\$1,570,580	\$1,352,251	\$1,358,061	\$1,563,424	\$1,704,564
Expenses	\$2,119,207	\$1,741,722	\$1,604,432	\$1,640,295	\$1,702,239
Net	\$(548,627)	\$(389,471)	\$(246,371)	\$(76,871)	\$2,325

The above improvement is the result of growing operational revenues by 9.1% and limiting expense growth to 3.9%. The Comparative Summary of Revenue & Expenses for FY 09 versus FY 08 provides information on changes in revenue expense.

The following graph shows the trend of revenue and expense from FY 04/05 through FY 08/09. The light blue shows an upward trend in revenue with the red bars showing a decline in expenses. The result is the net income (bottom line) is trending upward as noted in the green color bars.



Copies of the Balance Sheet and P&L Statement are listed at the end of this report.

The APNA BOD continues to monitor financial status through the office of the treasurer. The Treasurer and Executive Director meet each month to review financial performance. The treasurer is supplied with a detailed list of all revenue and expenses. There is full report to the Board on the finances three times per year at each of the face to face meeting. The ED provides a report that projects the year end status as well as providing a variance report on actual results versus budget.

On advice of the APNA Audit Committee, chaired by Avni Cirpili, and in consultation with the independent external auditors the following changes have been recommended and approved by the Board of Directors:

1. Report dues income on a cash basis instead of accrual. The cash basis reflects the amount of dues actually collected during the fiscal year. Accrual method defers income so that only one twelve of dues is allocated each month for each member. The cash basis is more straight forward.
2. Change the fiscal year from July to June to calendar year. This will synchronize revenue and expenses for the conference. Currently revenue for grants and sponsorship in one year and expenses in another. The Calendar year will eliminate the mismatch.
3. For the external audit report APNA and APNF in a consolidated statement to provide complete picture of all APNA related finances. Each organization will continue to receive separate statements of their respective activity. The consolidated report will be provided to potential donors or sponsors.

With the continuation of our strong system of internal and external controls and an excellent working partnership between board and staff we are confident that APNA finances are poised to enable this association to meet its operational needs and to meet the goals and objectives set forth in the strategic plan.

It has been my honor to serve as APNA treasurer during this past year and I am looking forward to continued activity in support of association and profession. Thank you for providing me this opportunity.

Respectfully Submitted,

Richard Pessagno
APNA Treasurer

**APNA
Balance Sheet
June 30, 2009**

	<u>Jun 30, 09</u>	<u>Jun 30, 08</u>
ASSETS		
Current Assets		
Checking/Savings		
1001 · Wachovia Checking	256,407.52	294,526.41
1040 · APNA Fidelity Investments	547,093.09	683,889.22
1041 · APNA Fidelity-(cash)	75,011.95	0.00
1150 · Petty Cash	0.00	50.00
Total Checking/Savings	<u>878,512.56</u>	<u>978,465.63</u>
Accounts Receivable		
1202 · Account Receivable	9,336.25	11,187.26
1207 · Accrued Int Rec- Fidelity	45.23	228.10
1300 · Grants Receivable	148,913.50	106,740.00
Total Accounts Receivable	<u>158,294.98</u>	<u>118,155.36</u>
Other Current Assets		
1450 · Security Deposits	10,926.69	10,926.69
1500 · Prepaid Insurance	6,673.80	3,574.48
1501 · Prepaid Expenses (General)	7,262.57	15,429.00
1502 · Ppd Fed and State Income Tax	2,728.00	2,728.00
1505 · Prepaid Conference Expenses	9,578.00	5,750.00
1975 · Due to/from Foundation	7,930.30	3,484.30
Total Other Current Assets	<u>45,099.36</u>	<u>41,892.47</u>
Total Current Assets	1,081,906.90	1,138,513.46
Fixed Assets		
1901 · Fixed Assets-Furn. and Equip.	36,994.84	29,326.94
1902 · Fixed Assets-Computers	60,143.19	54,909.39
1903 · Fixed Assets-Software	17,568.09	17,568.09
1904 · Fixed Assets-Website	29,363.59	29,363.59
1905 · Fixed Assets-Telephone System	3,950.00	3,950.00
1906 · Leasehold Improvement	13,950.56	13,950.56
1911 · A/C Deprec-Furniture	-43,732.00	-21,732.00
1912 · A/C Depreciation-Computers	-87,487.00	-87,487.00
1913 · Accum Deprec-Leased Equip	-3,403.00	-3,403.00
1914 · Accum Amort - Leasehold Imp.	-881.00	-881.00
1915 · Capital Lease	11,343.00	11,343.00
Total Fixed Assets	<u>37,810.27</u>	<u>46,908.57</u>
TOTAL ASSETS	<u><u>1,119,717.17</u></u>	<u><u>1,185,422.03</u></u>

LIABILITIES & EQUITY**Liabilities****Current Liabilities****Accounts Payable**

2003 · Accounts Payable	122,439.69	72,461.72
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Total Accounts Payable	122,439.69	72,461.72
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Other Current Liabilities

2010 · Capital Lease - Current portion	2,409.20	2,224.57
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2025 · Accrued Expenses	26,564.66	26,144.46
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2150 · Deferred Income	99,010.00	73,980.00
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2307 · 403 B Payable	-248.83	1,382.68
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2308 · Accrued Salaries	21,530.00	11,447.54
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2350 · Accrued Vacation	0.00	7,911.89
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2400 · Deferred Rent	-1,551.13	3,254.31
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Total Other Current Liabilities	147,713.90	126,345.45
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Total Current Liabilities	270,153.59	198,807.17
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Long Term Liabilities

2015 · Capital Lease Obligations	3,064.20	5,473.40
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Total Long Term Liabilities	3,064.20	5,473.40
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Total Liabilities	273,217.79	204,280.57
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Equity

3150 · Temp. Restricted Net Assets	191,166.00	217,700.00
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3200 · Unrestricted Net Assets	789,975.46	876,127.27
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Net Income	-134,642.08	-112,685.81
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Total Equity	846,499.38	981,141.46
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TOTAL LIABILITIES & EQUITY	1,119,717.17	1,185,422.03
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APNA
Comparative Summary of Revenue & Expenses
Fiscal years 2008 & 2009

	08/09 FY	07/08 FY	Change- FY08- FY09	Comments
Revenue:				
Conference Registration Membership Dues	569,654	528,235	41,419	Increased attendance
Miscellaneous Income	35	431	(396)	-
Product Income	57,055	50,455	6,600	Increased sales volume due to web exposure & availability
Publication Income	104,974	102,803	2,171	-
Rental Income		23,525	(23,525)	No sublease
Sponsorship Income	248,666	353,898	(105,232)	Sleep Prgm & Tobacco Dependence Prgm held in 07/08 not repeated.
Total Revenue	1,704,564	1,562,257	142,307	Net increase of 9.11% in Operating Revenue
Expenses:				
Administrative Board of Directors	189,707	193,862	(4,155)	-
Conference (Annual & CPI) Membership Dept.	59,335	55,336	3,999	-
Miscellaneous	474,301	431,658	42,643	Increased attendance & added Awards Banquet with registration.
Salaries	27,934	30,610	(2,676)	-
Programs	294	622	(328)	-
Publications	614,575	609,658	4,917	-
Rent	97,958	122,285	(24,327)	No Sleep Prgm or Tobacco Dependence Prgm in FY08/09.
Taxes	128,409	91,232	37,177	
	97,104	98,609	(1,505)	-
	12,623	5,254	7,369	Increase rates.
Total Expenses	1,702,240	1,639,126	63,114	Net increase of 3.85% in Expenses
Net Operating Income/(Loss)	2,324	(76,869)	79,193	

Investments:

Investment
Income (136,967) (33,020) (103,947) Poor economic conditions worldwide.

Net

Income/(Loss): (134,643) (109,889) (24,754)

APNA maintains its financial reserves in a diversified portfolio. The Board of Directors employs the services of an outside investment counselor who manages the day to day activity. The Board has an approved investment policy that governs how the funds are invested. The worldwide economic crisis has caused the value of our portfolio to decline. The financial reserves are invested with a long term horizon and are not used for current operations. The reserves are set aside as a hedge against operational losses and as source of new program development. The following table shows that since 2004 that there has been an overall positive return of \$227,998.

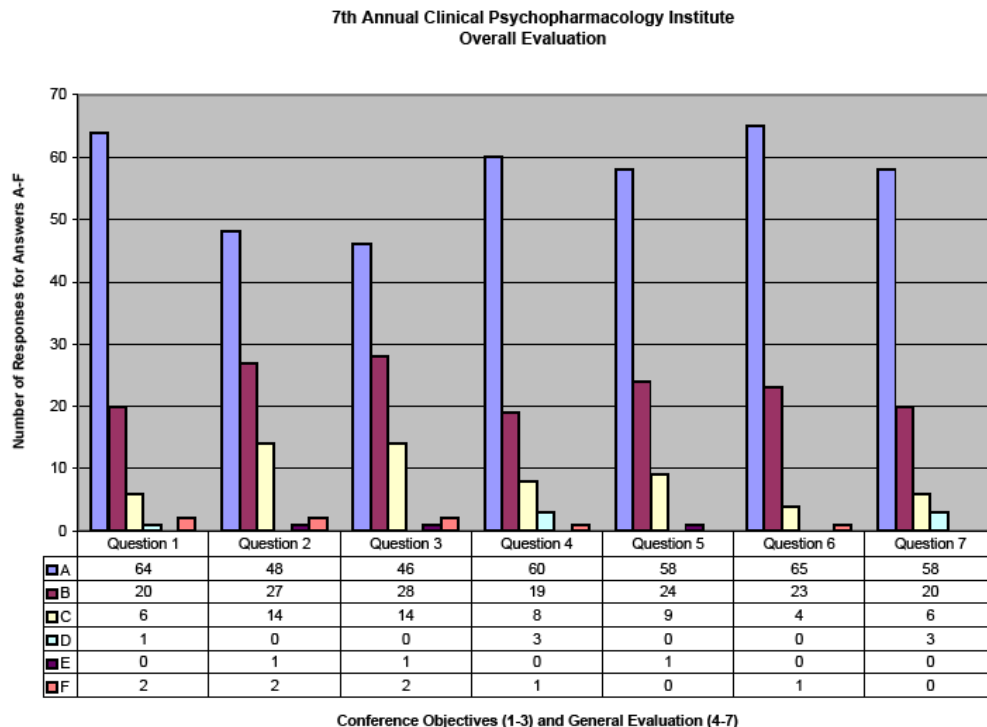
Investment Summary***FY04 - FY09***

	FY-04	FY-05	FY-06	FY-07	FY-08	FY-09	Total since inception
<i>Realized Gains</i>	233	(871)	12,272	29,435	95,413	(50,370)	86,112
<i>Unrealized Gains</i>	53,136	58,082	45,453	79,297	(161,431)	(110,317)	(35,780)
<i>Interest/Dividends</i>	24,490	34,716	32,946	30,158	26,520	28,836	177,666
<i>Total</i>	<u><u>77,859</u></u>	<u><u>91,927</u></u>	<u><u>90,671</u></u>	<u><u>138,890</u></u>	<u><u>(39,498)</u></u>	<u><u>(131,851)</u></u>	<u><u>227,998</u></u>

APPENDIX A Educational Activity

7th Annual Clinical Psychopharmacology Institute: *Symptoms Circuits and Treatments* - June 26-28, 2009 Reston Hyatt, Reston, VA

- Committee: G. Stevens (chair), MA Boyd, B. Warren, P. Black, L. Nguyen, K. Cox, K. Johnson, C. Teter (consultant)
- Online registration through APNA (new)
- 23.5 contact hours + 3.5 bonus sessions presented live and/or online
- NIH and FDA represented
- More nurse speakers per attendee requests
- Scantron evaluation format (new)
- Sessions recorded for CE online (including Sunday sessions)
- 226 CE certificates awarded
- Educational grants: AZ, BMS, Bayer; 5 exhibitors
- Speaker evaluations – positive; case study participation and evaluations provided feedback for next CPI content



Conference Objectives:

1. Identify challenging psychopharmacology issues affecting the prescribing and administration of psychiatric medications with consideration of the interaction of neurobiological and genetic mechanisms, lifespan, and transcultural issues.
2. Review evidence-based pharmacologic approaches relevant to the continuum of psychiatric mental health nursing.
3. Discuss clinical perspectives related to the prescribing, administration, and monitoring of psychotropic medications for persons diagnosed with co-morbid psychiatric and physiological illnesses and clinical syndromes.
4. Overall, facilities were conducive to learning.
5. Overall, session content was consistent with the stated session objectives/goals.

APPENDIX A Educational Activity

6. Overall, teaching methods were effective for the content.
7. Overall, audiovisual/handout materials were effective.

APNA 23rd Annual Conference: *Many Differences One Voice: Practice Research Education Administration* - October 7-10, 2009 Charleston Area Convention Center, Charleston, SC

- Pre-registration: 918 (9/23/09)
- Earn up to 29.5 contact hours (43.5 with ANCC Review)
- Keynotes: Len Bowers, Kathy Delaney; Mary Johnson – President’s address
- All meals available free to attendees from Wed evening – Sat morning
 - Breakfast included in room cost
 - 3 symposia (4th - Wed lunch = additional 1.5 contact hours)
 - 4 product theatres
- Janssen Scholars (15 grad; 15 undergrad chosen from 156 applicants)
- New this year
 - All keynote presentations - webcasts for public access
 - “Green” tote bags; downloadable handouts; handouts on flash drives
 - Scantron evaluations
 - Networking room
- 2 ANCC review Courses (NP Course = 60; PMHN Course = 50 attendees)
- Session totals (from 271 online abstracts completed (20% increase over 2008))
 - 8 pre-conference sessions (220+ people registered)
 - 63 concurrent sessions
 - 8 interactive panels
 - 112 posters (up to 3 contact hours)
- 5 hotels with shuttle service (Wed – Sat) to convention center ongoing during all conference activities (one shuttle for transport across convention center)

APNA Education

Education Council

Provides expertise to advise the APNA board on matters relating to undergraduate, graduate, post graduate, continuing education and patient education.

- Council Co-chairs: Merrie Kaas and Lora Beebe
- Steering Committee selected with chairs in 3 areas of expertise
 - Pre-licensure: Hilarie Price and Brenda Patzel
 - Graduate: Carole Shea and Genevieve Chandler
 - Continuing Ed: Cynthia Archer Gift and Ann Murphy Harris
- Annual Conference Education Interactive Panel – Recommendations will be presented from Task Force on Clinical Hours for combined PMHCNS/NP educational programs (Chair: Beth Phoenix)
- Education Council Steering Committee members requested to submit their preference for participation in council activities in 3 identified areas: Pre-licensure education, graduate education or continuing education

APPENDIX A Educational Activity

- Call to membership to participate in Education Council

Continuing Education

- APNA online courses launched
 - LACE live webinar – July 09
 - Collaborative Medication Decision Making Pilot live webinar – August 09
 - CPI recorded live – online programs – September 09
- APNA and MS Society
 - Introduced at CPI
 - Pre-conference full-day course
 - Discussion of possible certificate training program for nurses
- Sleep Course
 - American Academy of Sleep Medicine – full-day pre-conference course
 - Online sleep course - evaluation research survey completed (@500 respondents)
 - Evaluation data report by Geoff PhillipsMcEnany to BOD – 10/6/09
 - Discussion of future APNA initiatives related to
 - Sleep certification for nurses
 - Online courses proposed for sleep education for PMH staff nurses, advanced practice nurses and researchers
 - Counseling Points - ***Caring for Individuals with ADHD Throughout the Lifespan: A three-part educational series***
 - Free CNE to APNA members
 - Sent to all members of the APNA and NAPNAP
 - Total distribution each issue approximately 10,000
 - Mailed November 2008, January 2009, April 2009
 - **Three issues available on the APNA website**
 - Total CE certificates issued as of 6/22/09 – 867
 - Issue #1: 446 – CE available through Nov. 2009
 - Issue #2: 318 – CE available through Jan 2010
 - Issue #3: 90 – CE available through April 2010
 - Educational Outcomes Report: full report available on the APNA website see Counseling Points (members only section)
- Continuing Education Provider
 - Application submitted February 1, 2009 to ANCC Commission on Accreditation to become Accredited Provider of continuing education (previously an approved provider through Maryland Nurses Assn, an accredited approver of continuing education)
 - ANCC site visit completed June 2, 2009
 - ANCC Commission on Accreditation decision - approval of accreditation status

Tobacco Dependence Council

- Tobacco Dependence Task Force was converted to Tobacco Dependence Council based on APNA Board of Directors recommendation

APPENDIX A Educational Activity

- Co-Chairs: Daryl Sharp and Susan Blaakman
- Council structure supports a central steering committee with multiple work groups of members throughout the country that can focus on specific projects guided by the strategic plan
- Steering Committee formed from task force members
- Call/invitation to members
- Performance Partnership Model guides various initiatives implemented since the Task Force Summit in February, 2008
- Council will continue to focus on
 - Strategic goals: Increase in PMH nurses who refer clients for treatment/ provide brief interventions; increase in PMH nurses who provide intensive interventions
 - State-focused initiatives: Networking and collaboration
 - Education:
 - Member presentations past 2 years at CPI and Annual Conference
 - Position paper published
 - JAPNA issue Feb/Mar 2009
 - Poster presentation with SCLC at National Council on Tobacco or Health
 - *Intensive TD Intervention for Persons Challenged by Mental Illness: Manual for Nurses* (Sharp, Bellush, Evinger, Blaakman, & Williams, 2009) from NYS DOH Tobacco Control funded project (posted on APNA website among other resources)
 - Research: APNA survey finding published in JAPNA
 - Collaborative efforts with organizations: SCLC
 - Recommendation/council statement provided to APNA Board of Directors in response to Joint Commission call for public comment regarding new performance measures that include tobacco dependence
 - Tobacco Dependence Interactive Panel scheduled for 2009 APNA Conference

Strategic Plan

Overview

Following a survey of APNA membership to determine their view of important issues facing psychiatric-mental health nursing, a strategic planning group consisting of Board members and senior staff of American Psychiatric Nurses Association (APNA) met to update its long-range strategic direction.

This planning document defines APNA's clear strategic direction. It is the planning group's consensus on what will constitute its future success. It answers the following two strategic questions:

1. Where is APNA going? *Its future direction.*
2. Why is it going there? *Its reason for existence and core purpose.*

The document also aligns with and supports APNA's overall strategic direction.

Planning Strategically:

Developing a strategic direction is not a one-time event, but an ongoing commitment and process to lead the Association in a strategic orientation. The strategic direction represents a compass that will be used to guide APNA's future strategic decision-making, allocation of resources and ongoing operational work.

Long-Range Strategic Planning Horizon (10 to 30 Year Envisioned Future)

A 10 to 30 year planning horizon was developed for APNA, which consists of a core ideology and 10 to 30 year envisioned future.

Core ideology clarifies what must be preserved in an environment of rapid and unpredictable change. Core ideology consists of APNA's core values and core purpose.

The **core purpose** describes APNA's very reason for being or existing — *why the organization will or should exist for a long, long time (10 to 30 years)*. What would be lost if it ceased to exist? What sense of purpose will motivate members to dedicate their creative energies to APNA and its efforts over a long period of time?

APNA's Core Purpose: To be the unified voice of psychiatric-mental health nursing.

Core values are a set of timeless, guiding principles that do not require external justification. They only have intrinsic value and importance to APNA

and its members. Core values are so fundamental that they seldom change — if at all. They define the behavior required in order for the organization to achieve its core purpose.

APNA's Core Values:

- Member-driven
- Diversity
- Integrity
- Collegiality
- Innovation
- Transparency
- Stewardship

The **Big Audacious Goal (B.A.G.)** or vision defines APNA's 7 to 10 year envisioned future. This vision is very clear and compelling to members and does not require explanation. It represents a significant challenge and its achievement will require APNA to move outside of its current comfort zone. The goal can be accomplished and has a clear finish line, but will require great effort and commitment. It sets the direction for the succession of future three to five year strategic plans.

APNA's B.A.G.: APNA will be the indispensable resource for psychiatric-mental health nursing.

The following represents how psychiatric-mental health nursing and APNA will look when the Association achieves this goal/vision.

APNA will:

- *Enjoy increased and more diverse membership.*
- *Experience greater membership retention.*
- *Offer new and highly valued programs.*
- *Be in a position of being a powerful and requested advocate and voice for psychiatric-mental health nursing.*
- *Have members who hold key positions (e.g. Board of Directors, steering committees, task forces, advisory committees) in relevant stakeholder organizations.*

Psychiatric mental health nursing will:

- *Have a sufficient psychiatric-mental health nursing workforce.*
- *Have psychiatric nurses partnering with primary care providers.*
- *Have psychiatric nurses with increased visibility, title recognition and be branded for high competency.*

APPENDIX B

- *Experience increased funding for research.*
- *Have psychiatric-mental health nurses who participate in interdisciplinary research and practice to improve the public's mental health.*
- *Have psychiatric-mental health nurses included by the media as key players in the provision of mental health.*

Strategic Long-Range Goals

The following represents APNA's long-range goals that encompass its three to five year direction. These goals are outcome-oriented statements that lead APNA towards its envisioned future. These goals are not in any order of priority. All of the goals will need to be accomplished, if the Institute is to fully achieve its three to five year quest.

In 2014:

Goal A. APNA will be the indispensable resource for member networking and professional development.

Goal B. APNA will be financially secure and stable.

Goal C. APNA will be the leader in creating strategic alliances with key stakeholders.

Goal D. APNA will be recognized as the expert voice for psychiatric-mental health nursing.

Approved by APNA Board of Directors June 25, 2009.