



October 2016

Dear Colleagues,

On behalf of the APNA Board of Directors, I am pleased to present the 2016 APNA Annual Activity Report. The Treasurer, Secretary, and I have each provided reports which speak to key APNA activities from the past year. Supplemental reports in the Appendix offer a comprehensive look at council accomplishments, continuing education programs, financial statements, and more. I hope that you enjoy reading through this summary of all that we, a quickly growing and active membership, have accomplished over the past year. It is an exciting time to be involved!

We welcome your questions or feedback. Please send your comments care of APNA Executive Director Nicholas Croce Jr., MS at ncroce@apna.org.

Sincerely,

A handwritten signature in black ink that reads "Mary Ann Nihart".

Mary Ann Nihart, MA, APRN, PMHCNS-BC, PMHNP-BC
President
American Psychiatric Nurses Association



APNA 2016 Annual Activity Report President's Report

Dear Colleagues,

On behalf of the APNA Board of Directors I am pleased to present the 2016 American Psychiatric Nurses Association Annual Activity President's Report. This report provides a snapshot of the period from October 1, 2015 through September 30, 2016. It has been an exciting year and this report is full of examples of what can be achieved when we as psychiatric-mental health nurses unleash our inner leaders.

I am happy to report that we have enjoyed sound membership growth and retention – we now have more than 11,000 members! Please see APNA Secretary Joyce Shea's [report](#) for details on membership and more. We have also enjoyed a strong financial year - APNA Treasurer Susan Dawson's [report](#) provides you with more information.

As stated in our bylaws, APNA is “organized exclusively for charitable, educational, and scientific purposes.” Our activities are guided by a strategic direction created and updated by our Board of Directors. The Board continually assesses APNA's progress against the plan's four goals:

- **Goal A.** APNA will be the indispensable resource for member networking, leadership, and professional development.
- **Goal B.** APNA will be the leader in creating strategic alliances with key stakeholders.
- **Goal C.** APNA will be recognized as the expert voice for psychiatric-mental health nursing to stakeholders.
- **Goal D.** APNA will be the leader in integrating research, practice, and education to address pressing mental health policy issues that affect psychiatric-mental health nursing and the population served.

The remainder of this report will provide a glimpse of how we have progressed towards achieving these goals. Please see the reports in the appendix for a thorough review.

Through Our Education & Programs

Member-developed programs such as online education and conferences provide valuable continuing education for professional development and also opportunities for members to network, gain exposure, and advance mental health. For example:

- The three webinars, [Effective Treatments for Opioid Use Disorders: Educating and Empowering Nurses during an Epidemic](#), were developed by members of the APNA Addictions Council for all RNs and APRNs. Offered for free with contact hours, more than 3,000 nurses have participated so far. We have partnered with nursing organizations to help spread the word.

*All of the projects and initiatives in this report would **not be possible without you, our members** who give their time to help APNA support and advance psychiatric-mental health nursing.*

- The first class of facilitators of the [Competency-Based Training for Suicide Prevention](#) completed their training this June. They are now authorized to deliver the APNA Competency-Based training for Suicide Prevention to their institutions and communities.
- The [APNA eLearning Center](#) continues to expand, with 280 sessions (26 of which are free) and constant updates to bring current evidence-based knowledge to our members.
- The [APNA Transitions in Practice Certificate Program](#) continues to provide foundational knowledge to PMH-RNs. Since the program was released, a total of 6,795 contact hours have been awarded.
- A February 2016 Council Retreat served as an orientation program for new and existing leaders.
- The APNA Board of Directors Scholarship was awarded to [30 students](#) recommended by the APNA Awards & Recognition Committee. This program identifies rising psychiatric-mental health nursing leaders and provides them membership, conference attendance, and more.
- The APNA Research Grant Review Committee selected Nicholas Guenzel to receive funding for his [research proposal](#), *Relationships between Historical Trauma and Mental Health among Adult Urban American Indians*.
- 10 psychiatric-mental health nurses and a chapter were selected by the APNA Awards & Recognition Committee to be honored with [APNA Annual Awards](#), which recognize excellence in our profession.
- This year the [APNA Annual Conference](#) schedule integrates daily dedicated networking times to further enhance the valuable interactions that occur at face-to-face events.

Through Our Chapters, Councils, & Institutes

Highlights of council and chapter activities this year include:

- In addition to developing the [Effective Treatments for Opioid Use Disorders](#) webinars, the Addictions Council put together an Electronic Nicotine Delivery Systems (ENDS) Summary of the Evidence will be disseminated to membership soon.
- The APRN Council released an interactive [online map](#) which summarizes PMH-APRN scope of practice by state; 'About PMH-APRNs' brochures to inform the public and students, and an Annual Conference Advanced Practice Psychotherapy Full Day Course to address how psychotherapy can be utilized regardless of setting constraints.
- The Education Council created the [Undergraduate Education Toolkit: Defining and Using Psychiatric-Mental Health Nursing Skills in Undergraduate Nursing](#) to help educators integrate mental health content into their curricula. APNA will host a webinar with the American Association of Colleges of Nursing to deliver the toolkit to nursing faculty.
- The Institute for Safe Environments, via a Violence Prevention Task Force, produced a timely [APNA Position Paper on Violence Prevention](#) and accompanying [Toolbox](#). These resources speak to the vital role that psychiatric-mental health nurses play in violence prevention in their communities.
- This year APNA Chapters offered a total of 58 hours of CNE through conferences, which resulted in more than 3900 contact hours earned.
- Through a grant from the Hogg and Meadows Foundations, nurses in Texas are receiving training to disseminate APNA's [Acute Care Psychiatric Mental-Health Nurses: Preparing for Recovery-Oriented Practice](#), to professionals across the state looking to integrate recovery-oriented practices into the care they provide.

Through Our Relationships

Members have ensured psychiatric-mental health nurses were at the table by representing

APNA at many events held by nursing and mental health organizations. See the full list in the Appendix [here](#).

- APNA continues Premiere Organizational Affiliate status with American Nurses Association.
- APNA continues organizational participation with Nursing Organizations Alliance, Nursing Community, Joining Forces Initiative, Mental Health Liaison Group, and the SAMHSA Voice Awards.
- APNA's participation in White House initiative to address opioid use includes our three webinars, the recording of which was attended by stakeholders from the Academy of Medical-Surgical Nurses, American Association of Colleges of Nursing, American Nurses Association, American Organization of Nurse Executives, International Society on Addictions Nursing, and the Oncology Nursing Society.
- Collaboration is underway with Medical/Surgical and Critical Care Nursing Associations to adapt the current [APNA Competency Based Training for Suicide Prevention](#) into a one-hour training for acute care nurses.
- The Tobacco Dependence Branch of the APNA Addictions Council will be hosting a webinar with the Smoking Cessation Leadership Center on APNA's work in smoking cessation.
- APNA has joined the Providers' Clinical Support System for Medication Assisted Treatment (PCSS- MAT) and Providers' Clinical Support System for Opioid Therapies (PCSS-O) Steering Committees in light of the recent passage of the Comprehensive Addiction and Recovery Act of 2016.

All of the projects and initiatives in this report would not be possible without you, our members who give their time to help APNA support and advance psychiatric-mental health nursing. I am humbled by the knowledge, talent, and creativeness of our organization, especially when we work together. Remember: They cannot do health care without us, so let's continue to chart our course and invite others to the table. Thank you all for being the leaders! It has been my honor serve as your APNA President.

Respectfully Submitted,

A handwritten signature in black ink that reads "Mary Ann Nihart". The signature is written in a cursive, flowing style.

Mary Ann Nihart, MA, APRN, PMHCNS-BC, PMHNP-BC
President



APNA 2016 Annual Activity Report Secretary's Report

Dear Colleagues,

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 27, 2015, February 18-19, 2016, and June 8-9, 2016. Conference calls were held on November 10, 2015, December 8, 2015, January 12, 2016, February 9, 2016, March 8, 2016, April 12, 2016, May 10, 2016, July 12, 2016, August 9, 2016, September 13, 2016, and October 11, 2016.

Membership has increased since the last activity report. Based on dues revenue collected from October 1, 2015 through September 30, 2016, there has been an increase of 5.7% over the same period last year. Current membership as of September 30, 2016 is 11,038. New members from October 1, 2015 to September 30, 2016 are 2,877, and is an increase over the same period a year ago of 4.3% .

The website continues to help APNA serve as your resource for psychiatric-mental health nursing. Visits to the site are up 9.45%, with 3.45% more people visiting our site this year than last. Visitors view 3.36% more pages each visit than last year. For more details, see the full report in the [Appendix](#). (Please note: These percentages do not fully reflect total traffic this year due to an error on our vendor's part in collecting the information.)

Over the past year the [APNA eLearning Center](#) has had 70,098 visits (a 21% increase over the past year) and, since its launch in 2011, we have had a more than 66,000 orders. More than 200 sessions are available to access online, altogether offering more than 250 contact hours. Not included in these numbers are the more than 3,000 nurses who have participated in our webinars, [Effective Treatments for Opioid Use Disorder: Educating and Empowering Nurses During an Epidemic](#), and the approximately 1,000 nurses who are taking or have completed the [APNA Transitions in Practice Certificate Program](#). (See the [Appendix](#) for more information.)

*"More than 3,000 nurses have participated in our webinars, **Effective Treatments for Opioid Use Disorder: Educating and Empowering Nurses During an Epidemic**, and approximately 1,000 nurses [are] taking or have completed the **APNA Transitions in Practice Certificate Program**."*

Our members-only networking site [Member Bridge](#) continues to grow in scope and utility for the members. Unique visits to the site have increased with 105,875 total visits this year. More than 7,000 eGroup posts have been written in more than 250 communities. In the All-Purpose Discussion Forum alone, members posted 3,739 messages over the past year.

APNA continues to issue press releases to increase its public visibility, with nine releases issued this year. This engendered 1,260,790 online impressions (number of times a press release link was seen online). We also continue to use a broad range of social media platforms

to disseminate information and engage, including Facebook, Twitter, Google+, and Instagram. For more detailed statistics, see the full report in the [Appendix](#).

To supplement our online communications, we mailed several print pieces over the past year: brochures highlighting resources and continuing education opportunities, postcards on features of APNA membership, and print newsletters packed with updates, to name a few.

We continue to reach the membership through as many communication avenues as possible.

Respectfully submitted,

Joyce Shea, DNSc, APRN, PMHCNS-BC
Secretary
American Psychiatric Nurses Association



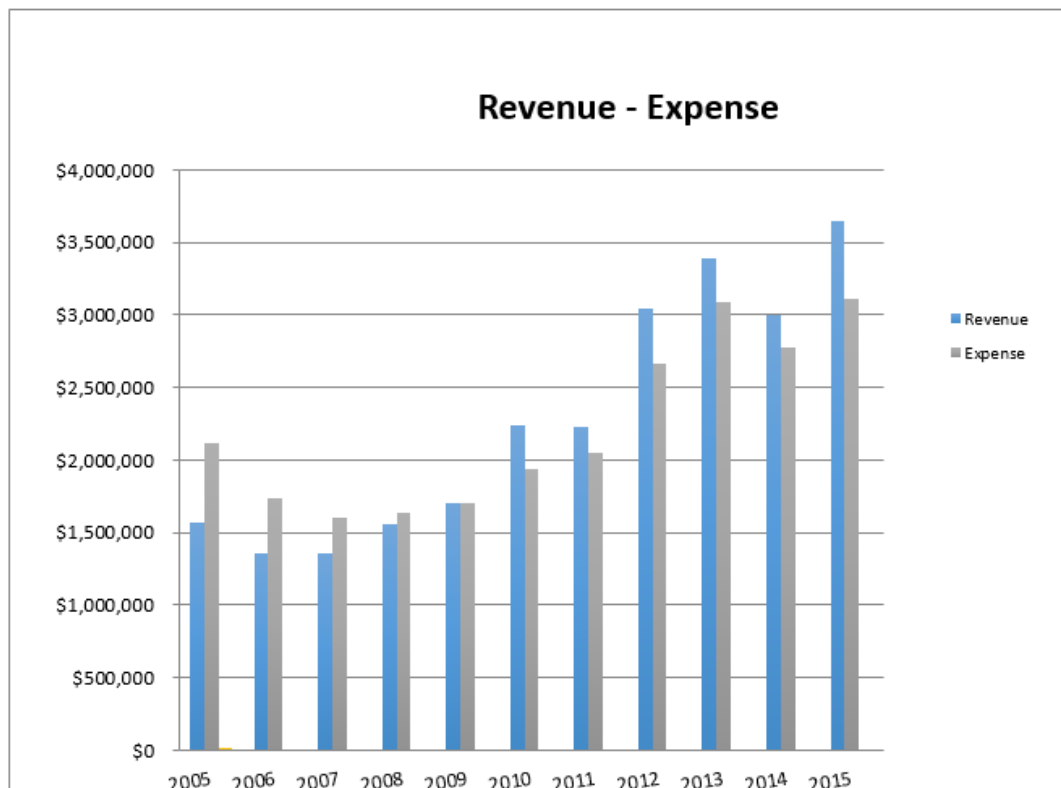
APNA 2016 Annual Activity Report Treasurer's Report

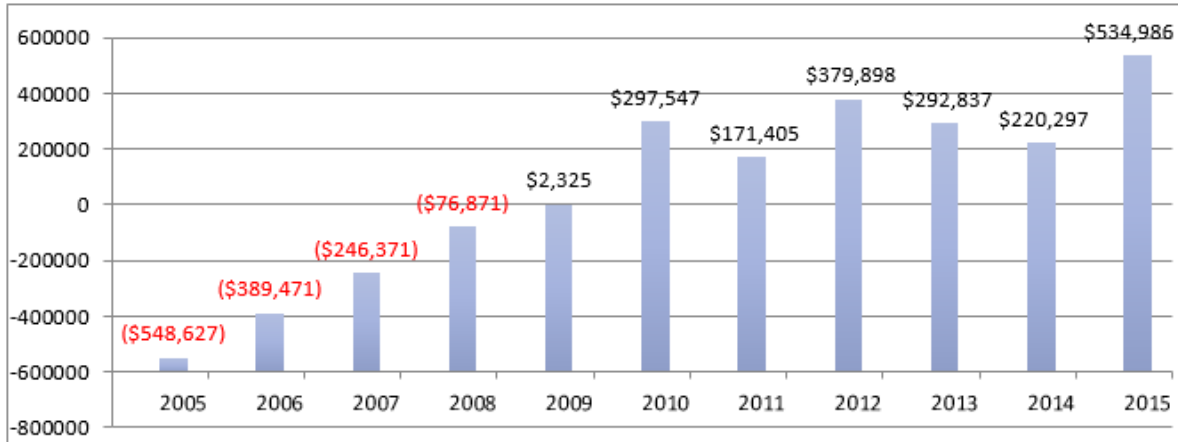
Dear Colleagues,

I am pleased to provide the APNA Treasurer's Report for the most recent fiscal year, 2015. The audited financial statements for the year ending December 31, 2015 can be found in the [Appendix](#). These reports are consolidated to show the complete APNA financial position to include the APN Foundation. During the year APNA and the Foundation's funds are accounted for separately. The former are under the supervision of the APNA Board of Directors and the latter are under the supervision of the Foundation Board of Trustees. The results show a total positive return from operations of \$534,986. Of this amount, \$556,789 is attributed to APNA and \$(21,803) is attributed to Foundation.

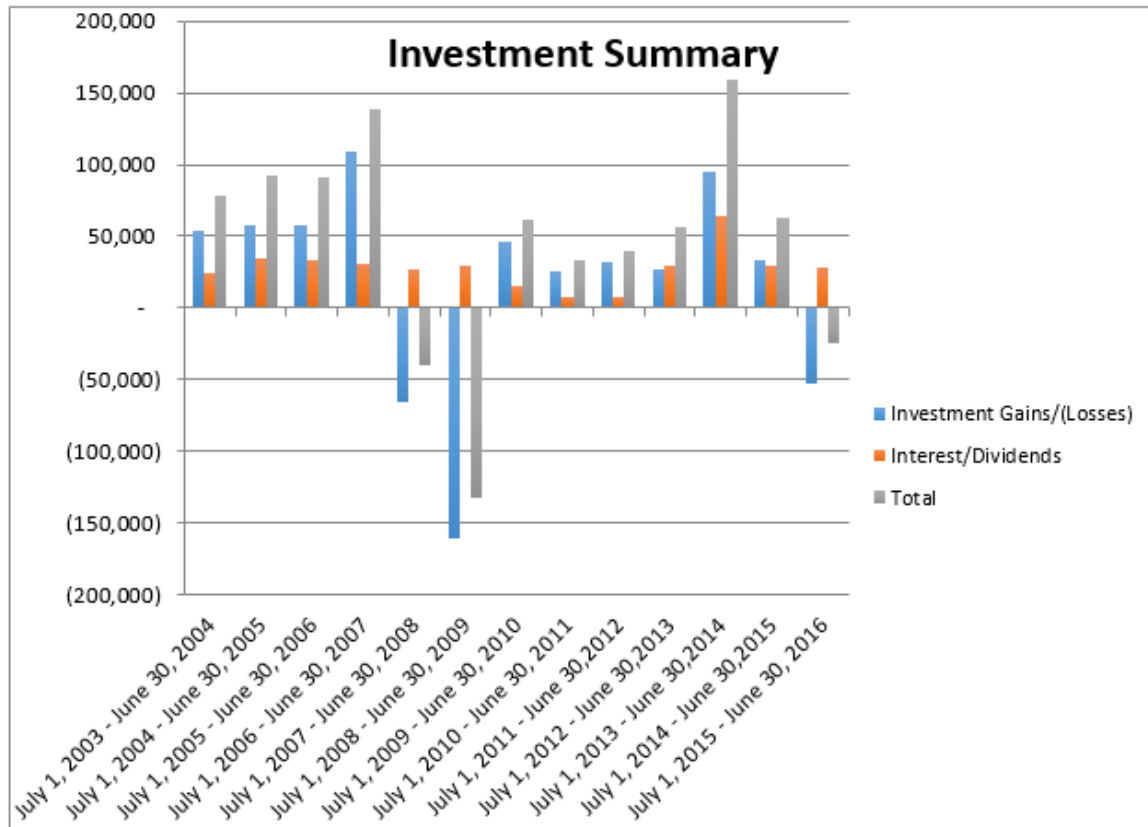
In an effort to oversee the integrity of its financial statements and maintain a system of internal control, APNA established an Audit Committee including Jeanne Clement, Elizabeth Poster, Larry Plant, Ben Evans and Avni Cirpili. The committee's responsibilities include reviewing the results of the audited financial statements with the independent auditing firm annually. Last year's audit resulted in a "clean" opinion with no material misstatements.

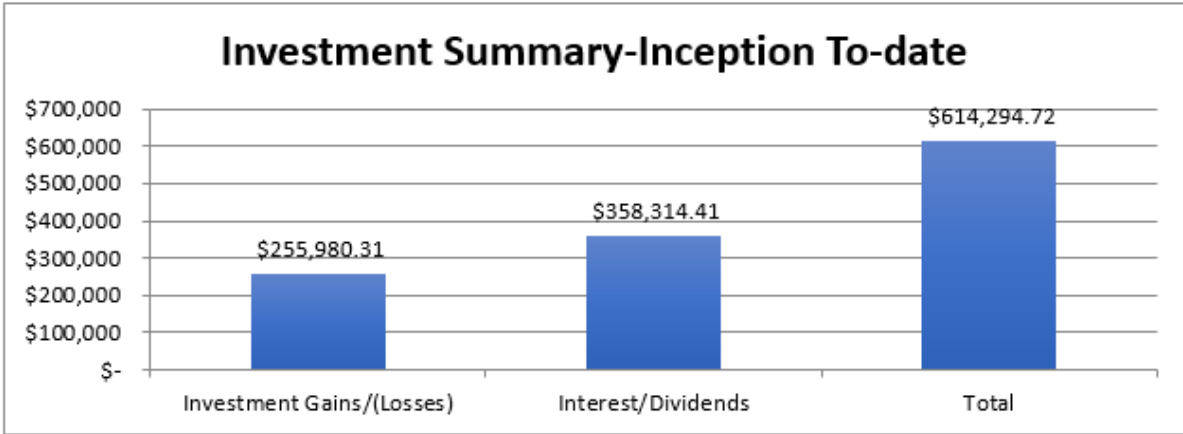
In addition to the statements discussed above, we have prepared the following charts reflecting the revenues and expenses and the net operating results from January 1, 2005 through December 31, 2015





The Board of Directors functions as the investment committee for APNA funds. It utilizes the services of an investment manager who invests the funds in accordance with the APNA investment policy. The investment policy calls for a diversification of funds with moneys invested in cash, equities, bonds and precious metals. The following charts show the results of APNA investments from July 2003 through June 2016. APNA investments have returned a total of \$614,295 over that period.





It is my honor to serve as APNA Treasurer and I appreciate the support of staff, the Board and the members who make these positive results possible.

Susan Dawson, EdD, PMHCNS/NP-BC
Treasurer
American Psychiatric Nurses Association

APNA 2016 Annual Activity Report Appendix

General

[APNA Membership Report](#)

[APNA Education and Provider Unit Report](#)

[APNA 30th Annual Conference Report](#)

[APNA 14th Annual Clinical Psychopharmacology Institute Report](#)

[APNA Transitions in Practice Certificate Program Report](#)

[Competency Based Training for Suicide Prevention: PMH Nurse Generalist Role Report](#)

[Effective Treatments for Opioid Use Disorders Webinars Report](#)

[Council Activity Report](#)

[Chapter Activity Report](#)

[APNA Representatives to Outside Organizations](#)

Secretary's Report

[APNA eLearning Center Report](#)

[APNA Communications Activity Report](#)

[APNA Website Report](#)

Treasurer's Report

[APNA Audit - Fiscal Year 2015](#)

APNA Membership Report

October 2016

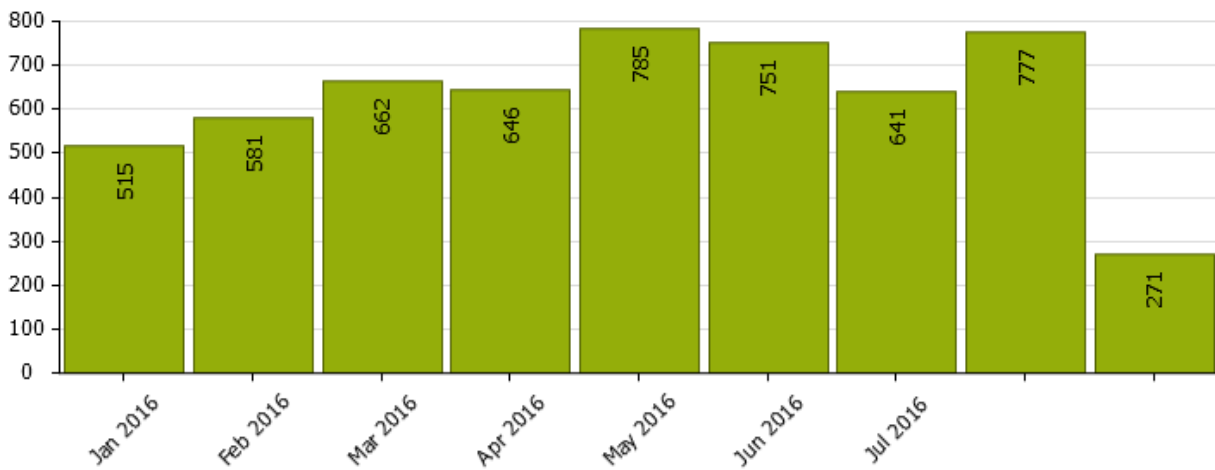
Number of current active members as of 9/15/16: **10,742** - **3.2%** increase from February 2016

➤ Including the 60 day grace period: **11,465** - **5.5%** increase from February 2016

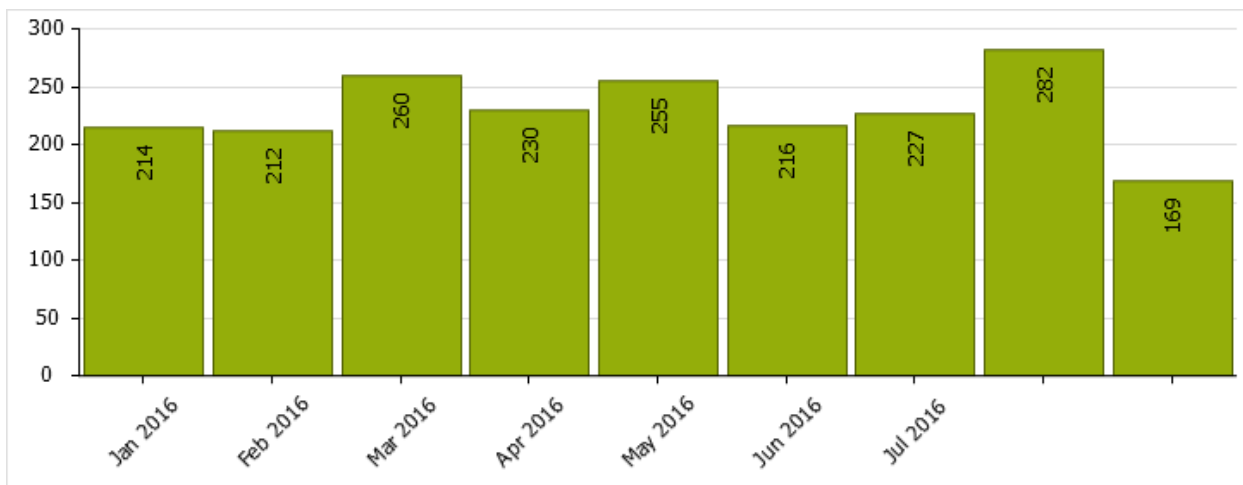
Renewals and New Members in the Last Period (June 1, 2016 - August 31, 2016)

- **Renewals:** 1,987 - **3.1%** increase from the same period in the previous year (1,927)
- **New Members:** 645 - **1.6%** increase from the same period in the previous year (635)

Renewals by Month - January 2016 to September 2016



New Members by Month - January 2016 to September 2016



Renewal Rate

$$\frac{10,742 - 2,839}{9,149} = 86.4\%$$

Average tenure of a member

$$\frac{1}{(1 - .8638)} = 7.3 \text{ years}$$

Current members – members gained in the past year
Total members last year
2,839: join date 8/31/15 – 8/31/16
9,149: renewals + new members 1/1/15 – 12/31/15

Member Profile Data – October 2016

(Data from June 2015 included for comparison)

Nurse Profile*	#	% Oct 2016	% June 2015
RN	6,626	46.38%	43.43%
CNS	1,182	8.27%	8.83%
NP	2,286	16.00%	14.75%
Certified	2,456	17.19%	19.56%
Prescriptive Authority	1,735	12.15%	13.43%
Total entered	14,285		
<i>Nothing entered</i>	<i>1,458</i>		

****This is a multiselect field.***

Licensure	#	% Oct 2016	% June 2015
RN	4,737	51.79%	47.74%
APRN	4,409	48.21%	52.26%
Total entered	9,146		
<i>Nothing entered</i>	<i>1,579</i>		

Levels of Education*	#	% Oct 2016	% June 2015
Diploma	171	1.58%	1.78%
Associate Degree	1023	9.46%	9.01%
Baccalaureate in Nursing	3,133	28.97%	27.00%
Baccalaureate in Other	693	6.41%	6.26%

Masters in Nursing	3,585	33.15%	33.77%
Masters in Other	1,029	9.52%	10.87%
Doctorate in Nursing	570	5.27%	6.14%
Doctorate of Nursing Practice	311	2.88%	2.51%
Doctorate in Other	260	2.40%	2.36%
Post Doctorate	39	0.36%	0.31%
Total entered	10,814		
<i>Nothing entered</i>	2,158		

****This is a multiselect field.***

Age Range	#	% Oct 2016	% June 2015
20-29	594	11.40%	10.78%
30-39	1,031	19.79%	19.68%
40-49	1,288	24.72%	23.42%
50-59	1,574	30.21%	31.83%
60-69	674	12.93%	13.35%
70+	50	0.96%	0.95%
Total entered	5,211		
<i>Nothing entered</i>	5,532		

Employment	#	% Oct 2016	% June 2015
Full Time	5,452	82.38%	82.34%
Part Time	808	12.21%	12.01%
PRN	131	1.98%	1.85%
Retired	81	1.22%	1.33%
Unemployed	146	2.21%	2.47%
Total entered	6,618		
<i>Nothing entered</i>	4,125		

Experience in Nursing	#	% Oct 2016	% June 2015
Less than 2 years	567	10.85%	10.41%
2-5 years	897	17.16%	17.28%
6-10 years	830	15.88%	14.76%
11-15 years	474	9.07%	8.71%
16-20 years	512	9.80%	10.08%
More than 20 years	1,946	37.24%	38.77%

Total entered	5,226	
<i>Nothing entered</i>	5,517	

Experience in Psych Nursing	#	% Oct 2016	% June 2015
Less than 2 years	1,144	22.60%	20.93%
2-5 years	1,236	24.42%	23.87%
6-10 years	800	15.81%	15.66%
11-15 years	403	7.96%	7.75%
16-20 years	400	7.90%	8.84%
More than 20 years	1078	21.30%	22.96%
Total entered	5,061		
<i>Nothing entered</i>	5,682		

Gender*	#	% Oct 2016	% June 2015
Female	6,897	86.06%	86.55%
Male	1,113	13.89%	13.41%
Transgender	4	0.05%	0.04%
Total entered	8,014		
<i>Nothing entered</i>	2,731		

****This is a multiselect field.***

Level of Care*	#	% Oct 2016	% June 2015
Home Care	169	3.22%	3.79%
Inpatient	3,074	58.55%	57.93%
Outpatient	1,865	35.52%	35.71%
Partial Hospitalization Program	142	2.70%	2.57%
Total entered	5,250		
<i>Nothing entered</i>	5,887		

****This is a multiselect field.***

Primary Work Setting	#	% Oct 2016	% June 2015
Behavioral Care Company/HMO	181	3.58%	3.39%
Community Agency	167	3.31%	3.29%
Community Health Center	206	4.08%	3.62%

Emergency Services	126	2.50%	1.93%
Employee Assistance	3	0.06%	0.08%
Home Health Agency	60	1.19%	1.16%
Industry	35	0.69%	0.41%
Mental Health Care Clinic	672	13.31%	13.75%
Military	91	1.80%	1.88%
Primary Care Office	76	1.51%	1.11%
Prison/Jail	62	1.23%	1.16%
Private Investor-owned Hospital	312	6.18%	6.02%
Private Non-profit Hospital	1308	25.91%	25.48%
Public/Federal Hospital	904	17.90%	7.38%
Private Practice	393	7.78%	17.22%
School/College/Department of Nursing	453	8.97%	8.74%
Total entered	5,049		
<i>Nothing entered</i>	5,694		

APNA Education and Provider Unit Update

APNA Provider Unit Accreditation:

ANCC COMMISSION ON ACCREDITATION ACTION

American Psychiatric Nurses Association was awarded Accreditation with Distinction, the highest recognition awarded by the American Nurses Credentialing Center's Accreditation Program. Organizations accredited with distinction have completed a review without any progress report requirement. The web directory of accredited organizations will reflect this special designation. Accredited through November 2017.

Education - Chapter Activities

In 2016, the APNA Provider unit worked with eight chapters to co-provide accredited education for their conferences. Co-providing chapters include: California, Florida, Iowa, Nebraska, New England (CT, MA, ME, NH, RI, VT), Pennsylvania, New York, and Tennessee.

A total of 58 hours of learning to 713 participants resulted in more than 3942 CNE contact hours provided. In 2016, the APNA provider unit coordinated with Chapter Support to maximize the use of the new APNA online activity registration and payment process.

The APNA California Chapter and APNA Florida Chapter delivered the Recovery to Practice program and the APNA New York Chapter is scheduled to deliver RTP in December, 2016. The APNA Texas Chapter delivered the RTP curriculum via (3) 2-day trainings in March, April, May, and July, 2016. 143 participants and 52 facilitators were trained through grants from the Hogg and Meadows Foundations.

Education - Member Activities

- APNA *E-Series on Bipolar Disorders Across the Lifespan*
 - Issue 1, 2, and 3 eBooks now available APNA eLearning Center
- Bipolar case study online game series – available online, jointly provided with Physician's Postgraduate Press
- Mental Health Care Delivery in Primary Care Round table discussions – in development with Spire Learning
- Addictions Council
 - Opioid use assessment and treatment pilot presentations – May, 2016
 - 3 opioid presentations hosted by APNA for free professional education
 - Addictions Council Tobacco Dependence Branch – completed a summary of literature of current research and best practice related to electronic nicotine delivery systems (ENDS). Members are working to develop an article for journal submission.
- Suicide Competencies – Facilitator Training –Hybrid live and online course (Nov 2015-June 2016) resulting in 32 facilitators completing the 15 contact hour course in June 2016. Three of the trained facilitators are from Singapore.

- Education Council-
 - Undergraduate Toolkit: *Defining and Using Psychiatric-Mental Health Nursing Skills in Undergraduate Nursing Education* is completed and available on the APNA website. The toolkit provides strategies and resources for teaching PMH in a nursing curriculum.
 - AACN will host a live webinar on November 30, 2016 featuring APNA faculty who will demonstrate use of the toolkit.
- Forensic Council- identifying priority topics for eLearning two currently in development.
- Recovery Council-identifying priority topics for eLearning, two currently in development
- Child & Adolescent Council – identifying priority topics for eLearning, two currently in development. One eLearning completed topic completed and currently being piloted/peer reviewed “An Introduction to the Psychopharmacology of Children and Adolescents with Autism Spectrum Disorder”.
- APRN Council – planning initiated for AC abstract submission/presentations; possible conference course

The American Psychiatric Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.



Psychiatric-Mental Health Nursing: Inspiring Leadership Every Day

Registration (9/14/16): 1218

Full Conference Registration - \$495 member rate (Sept 7, 2016 early bird deadline)

Hotels (continuous transportation provided between hotels and conference center)

- Marriott: \$179 Hilton: \$159
- Radisson: \$150 Holiday Inn: \$139

Monday/Tuesday: ANCC Certification Review Courses – PMH RN & PMH NP

Conference Program: earn up to 26.5 contact hours onsite (plus 100 hours offered online)

- Opening Program = Networking with Donna Godfrey
- 28 Pre-conference sessions (2 hours) includes:
 - Full day of psychotherapy
 - Full day of psychopharmacology
 - Workshops writing and reviewing manuscripts
 - Full day Competency Based Training
- 56 Concurrent sessions (45 min)
- 28 Mini concurrent sessions (20min)
- 10 Interactive panels (90min)
- 185 posters

Keynote Speakers

Margie Warrell - author of two bestselling books—*Find Your Courage* (McGraw-Hill 2009) and *Stop Playing Safe* (Wiley 2013). Inspirational speaker, author, adventurer, advocate of women in leadership

Foundation Keynote

Gail Stuart, PhD, RN, FAAN - Dean and a tenured Distinguished University Professor in the College of Nursing and a Professor in the College of Medicine in the Department of Psychiatry and Behavioral Sciences at the Medical University of South Carolina.

Overall conference learning outcomes:

- Explore opportunities to develop networks for intra and inter-professional support and leadership development.

- Apply innovative best practice tools and strategies in various workplace settings to improve the mental health of the population.
- Advance psychiatric-mental health nursing by leading health care changes across administration, education, practice, and research

Symposia and Product Theaters

- 2 Symposia
 - *New Horizons for Tardive Dyskinesia Assessment and Treatment*
 - *Patient and Provider Perspectives on Optimal Care in Bipolar Depression*
- 4 Product Theaters

New this year/more of a good thing:

- 2 Scheduled networking sessions
- Enhanced mobile app features
- Suicide Competency Facilitator Training PLUS Intro for 2017 cohort more online/self-paced

The American Psychiatric Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.



APNA 14th Annual
Clinical Psychopharmacology Institute
Planned for nurses by nurses.
June 9-12, 2016 • Baltimore, Maryland

***Precision Psychopharmacologic Nursing Practice:
Mitigating Demands with Realities of Complex Patient Populations***

Hyatt Regency Baltimore on the Inner Harbor
300 Light Street | Baltimore, Maryland 21202
June 9-12, 2016

Registration: \$395 early bird member rate
Hotel APNA rate: \$161 per night
Registered attendees: 553

Continuing Nursing Education: Up to 20.5 Rx Continuing Nursing Education contact hours
PLUS an additional 10 continuing education contact hours in the APNA eLearning Center
(30.5 Total)

CPI Learning Outcomes

1. Incorporate evidence based psychopharmacologic mental health nursing practice interventions designed for persons with complex psychiatric illnesses across their environments of care.
2. Discuss clinical psychopharmacological issues for psychiatric mental health nurses and consumers relevant to the continuum of wellness and recovery.
3. Relate new discoveries in psychopharmacology and neuroscience to the nursing practice of caring for persons with complex psychiatric disorders.

Keynote Speakers:

Wilson Compton, M.D., M.P.E.

Deputy Director, National Institute on Drug Abuse, National Institutes of Health

John M. Kane, M.D.

Professor and Chairman, Department of Psychiatry, Hofstra Northwell School of Medicine

Pierre N. Tariot, M.D.

Director, Banner Alzheimer's Institute; Research Professor of Psychiatry, University of Arizona College of Medicine

Pre-Conference Course: Contact hours: 2.0

Benzodiazepines: Boon or Boondoggle and Counteraction

5:00pm – 7:00pm Barbara Limandri, PhD, PMHNP, BC

Friday, June 10 Contact hours: 6.0

KEYNOTE: *Pharmacologic Treatment of Schizophrenia: How Far Have We Come?*

The American Psychiatric Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

8:00am – 9:30am John M. Kane, MD

Psychopharmacologic Advances in Eating Disorders

9:45am – 11:15am Barbara E. Wolfe, PhD, PMHCNS-BC, FAAN

Military Psychiatry: Practice and Pitfalls for Civilian Providers

1:45pm – 3:15pm Joseph Holshoe, PMHNP-BC

Assessment and Treatment of Transgender and Gender Expansive Youth

3:30pm – 5:00pm Valerie Tobin, MS, PMHNP, PMHCNS-BC

Saturday, June 11 Contact hours: 6.5

KEYNOTE: *Responding to the Intersecting Epidemics of Prescription Opioids and Heroin*

8:00am – 9:30am Wilson Compton, MD, MPE

Treating Opioid Use Disorder During the Current Epidemic

9:45am – 11:15am Matthew Tierney, APRN

Sex, Drugs, & Rock n Roll: An Update

1:45pm – 3:45pm Mary Gutierrez, PharmD, BCPP

Pharmacological Management in the Integrated Behavioral Health Setting

4:00pm – 5:30pm Laura K. Melaro, DNP, APN

Sunday, June 12 Contact hours: 6.0

KEYNOTE: *Alzheimer's disease: From Recognition to Prevention*

8:00am – 9:30am Pierre N. Tariot, MD

Smoking / Tobacco

9:45am – 11:15am Mary Ellen Wewers, PhD, RN

T-3 + T-4: Do You Know Your Patient's Score? The Role of Thyroid Hormones in the Management of Depression

12:15pm – 1:45pm Mary Moller, DNP, ARNP, APRN, PMHCNS-BC, CPRP, FAAN

Realities of Practice in Forensic Psychiatry

2:00pm – 3:00pm Philip Pan, MD

What Nurses had to say about the 14th Annual Clinical Psychopharmacology Institute

This was my first time at CPI. I highly recommend this conference and will be back next year. It was a fabulous conference. So glad I went. I am a newly graduated PMHNP and this was just what I needed!!

This was such a positive experience. Enjoyed the venue and the networking with peers. This is the first CPI I attended and I thought it was wonderful!

As a first time attendee to CPI and/or any APNA event I thought the program was diverse and well organized. Location was excellent as an incentive to go learn more about Psychopharmacology.

Save the Date: June 8-11, 2017 15th Annual Clinical Psychopharmacology Institute

The American Psychiatric Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.



October 2016

The APNA Transitions in Practice Program went live on July 24, 2015. The APNA Transitions in Practice (ATP) Certificate program delivers foundational psychiatric mental health (PMH) knowledge that RNs need for transition into mental health practice settings. In March of 2016, the program was transferred to a new learning platform in order to enhance the learner's experience.

Program Objectives

1. Introduce evidence based strategies for providing safe and effective nursing care for people with psychiatric-mental health disorders.
2. Provide education that promotes the acquisition of foundational evidence-based knowledge related to psychiatric-mental health nursing through case study analysis and post-test questions.
3. Provide evidence-based tools and strategies to facilitate nurses developing a person centered plan of care for people with mental health disorders.

As of September 15, 2016:

- Total number of registrations since launch (July 24, 2015): **993**
- Number of participants who have completed the full 15 contact-hour course: **453**
- Total number of overall contact hours earned: 6,795
- Group orders (purchased by institutions for 10+ users)
 - 123 inquiries
 - 23 bulk orders of 10-269 participants

ATP Data (March 2016 - September 2016)

Overall Program Outcomes

- Overall Program Pre-Test Average Score: 73%
- Overall Program Post-Test Average Score: 83%
 - Score of 80% or higher is required to pass the program and receive certificate.

Program Evaluation Key Findings (Based on 224 respondents)

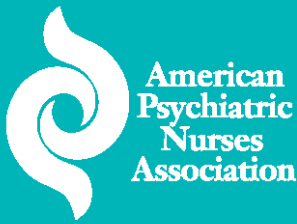
Percentage of recipients who agree that the APNA Transitions in Practice Program:

- Introduced evidence based strategies for providing safe and effective nursing care for people with psychiatric-mental health disorders. - **99.4%**
- Provided education that promotes the acquisition of foundational evidence-based knowledge related to psychiatric-mental health nursing through case study analysis and post-test questions. – **99.4%**
- Provided evidence-based tools and strategies to facilitate nurses developing a person centered plan of care for people with mental health disorders. – **99.4%**
- Increased your knowledge and/or skills related to your practice of psychiatric nursing. – **98.7%**
- Contained content appropriate to your level of nursing practice. – **98.7%**
- Was effective as a learning resource. – **98.2%**
- Will influence you to change your practice. **98.2%**

78.6% of participants intend on making changes to their practice as a result of this course.

These changes include:

- Draw on some of the knowledge and resources from the program content in formulating evidence-based policy and procedure revisions.
- Increase interaction with individual patients as possible!
- Use the screening tools that I was not aware of
- Focus more on recovery
- Learning to ask the tough questions in terms of r/f suicide, consider medical commodities in conjunction with psychiatric patients
- Develop the skill and improve knowledge on de-escalating violent or aggressive situations
- Be more vigilant about understanding how certain medications work and affect mood and mental state; be more careful to assess suicide risk using learned tools.
- I will change how I do my mental status exams
- This program has reminded me how important the use of self is in psychiatric nursing. I will strive to be a better caregiver.
- Make sure I am listening, seeing and understanding to the best of my ability what the patient is trying to get across.
- Encourage co-workers to make a plan during emergency situations w/pts rather than reacting, model therapeutic optimism, recommend a staffing committee, recommend processes that streamline documentation so we can increase time spent with pts building trust
- More communication with patient and staff, hopeful attitudes, always putting safety first, asking effective questions with people that are suicidal and being aware of skills to de-escalate a situation.
- Greater integration of trauma-informed care and empathic approach to patient condition.
- Just more knowledgeable with pt interactions, suicide assessment and engagement practices with pt. Also, more inclined to ask more in depth questions upon assessment and recognize trauma informed care as a pt area of concern.



American
Psychiatric
Nurses
Association



Nurses:
Advocates for Hope

American Psychiatric Nurses Association
Competency Based Training for Suicide Prevention

Competency Based Training for Suicide Prevention: PMH Nurse Generalist Role

The competency based training is a 2-part interactive evidence based educational activity consisting of a 1.25 hour online module and a live 5.25 hour training. The standardized program is designed to interpret the nine Psychiatric Nurse Essential Competencies for Assessment and Management of Individuals at Risk for Suicide and demonstrate the systematic approach for applying the competencies in inpatient nursing practice. With both the online component (Module 1) and the live training, participants will earn 6.5 contact hours.

Three hundred and eight (**308**) nurses have completed the *Competency Based Training for Suicide Prevention Nurse Generalist Role* courses since November, 2014.

Facilitator Training

To further disseminate the *Competency Based Training for Suicide Prevention: PMH Nurse Generalist Role*, APNA developed a 6 part hybrid pilot course to train facilitators to deliver the *Competency Based Training*.

- The facilitator course began with 66 participants in November, 2015, and finished June 8, 2016, with **32 trained facilitators** (29 from across the U.S; 3 from Singapore).
- **17 States Represented:** California, Florida, Hawaii, Illinois, Michigan, Kentucky, Maryland, Massachusetts, Missouri, Nebraska, New Mexico, New York, Oregon, Vermont, Virginia, Wisconsin, Texas

APNA Facilitators

- Sign a Facilitator agreement with APNA to teach the Competency Based courses.
- Are certified for 3 years and teach a minimum of 4 courses per year.
- Purchase a Facilitator toolkit which provides standardized evidence based curriculum and materials for use in competency based training.

Med/Surg Critical Care Workgroup for Competency Based Training for Suicide Prevention: PMH Generalist Role

This 10 member workgroup was created in June 2015 with representatives from Med/Surg and Critical Care Nursing Associations each providing 1 nurse representative.

Monthly meetings were held to adapt and modify the current Competency Based Curriculum and assessment to support the use of the APNA Suicide Competencies for Acute Care Nurses. The following have been completed:

- Needs assessment

- SWOT analysis
- Acute Care Algorithm
- Curriculum

The Curriculum is currently in peer review and will be piloted with med/surg nurses by the end of 2016.

EFFECTIVE TREATMENTS FOR OPIOID USE DISORDERS

EDUCATING & EMPOWERING **NURSES** DURING AN EPIDEMIC

The *Effective Treatments for Opioid Use Disorder: Educating & Empowering Nurses During An Epidemic* was piloted, recorded, and uploaded to the eLearning center June 2016.

3 presentations were developed for 3 target audiences:

- All RNs - 1.25 hours
- PMH nurses -1.25 hours
- APRNs - 3.5 hours
- Presentations are offered for free to the general public through eLearning and participants will earn free contact hours upon completion
- Current participation statistics for *Effective Treatments for Opioid Use Disorder: Educating & Empowering Nurses During An Epidemic eLearning* through September, 2016:

All Nurses (RN)

- 2,804 User Visits to the pre-test page
- 1,184 people started (completed the pre-test)
- 462 CE Certificates earned (1.25 contact hours each)

PMH-RNs

- 1,620 User Visits to the pre-test page
- 675 people started (completed the pre-test)
- 279 CE Certificates earned (1.25 contact hours each)

APRNs

- 1,616 User Visits to the pre-test page
- 722 people started (completed the first pre-test)
- 247 CE Certificates awarded (3.5 contact hours each)

Total people participating in the eLearning education: **2,581 participants**

Total certificates issued: **988**

Total contact hours earned thus far:

$577.5 + 348.75 + 864.5 = 1,790.75$ **contact hours**

Addictions Council

How many conference calls did you conduct during the 2015 - 2016 year? 24

What meeting(s) are being held during the 2016 conference?

Addictions Council Interactive Panel

Please provide highlights of your group's activities in the past year.

1. The Tobacco Branch developed a summary of evidence on Electronic Nicotine Delivery Systems (ENDS), completed in February 2016. This summary was approved by APNA's BOD for publication and for generating nursing education resources. 2. The Council re-organized and updated addictions-specific resources on the APNA Resource page. 3. Continuing education webinars for all nurses were developed by a sub-group of the Addictions Council. The CEUs provide needed knowledge and help answer the question, "What can nurses do?" to address epidemic of opioid use and overdose in the U.S. 4. The Council's annual Interactive Panel at the National Conference focused on identifying stigma so it can be addressed and reduced. The panel is an annual opportunity for networking, education, and professional development.

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing.

How has your council/institute made progress toward this in the last year?

The Council's major projects this past year--the Opioid Education CEU programs and the ENDS summary of evidence--are available for all nurses nationwide. Thus, these projects represent the unified voice of psychiatric mental health nursing providing educational leadership to all nurses.

How has your group worked to achieve these goals?

The 2015 Addictions Council Interactive Panel with its focus on stigma was a resource for member networking and professional development. The Opioid Education CEUs that were developed by the council and offered free of charge to the APNA membership and to all nurses nationwide is also an opportunity to gain knowledge and assist in professional development, as well as promoting knowledge and implementation of evidence-based practice. Regarding strategic alliances and stakeholders: *The Opioid Education CEUs were developed out of an alliance with the White House ONDCP's call to action to address the national "opioid epidemic." Additionally, the CEUs are being offered in conjunction with APNA's professional alliance with the ANA. Numerous nursing organizations and health care stakeholders attended the live taping of these CEUs in May 2016. *APNA and SCLC have a long history of collaborative projects, including an expert panel now in the developmental stages.

What do you hope to accomplish for the 2016 - 2017 year?

1. The Tobacco Dependence Branch plans to re-organize and update resources on the APNA Resource page. 2. The Tobacco Dependence Branch will submit the Summary of Evidence for ENDS for publication in JAPNA. 3. The Tobacco Branch will be a presence on a panel organized by the Smoking Cessation Leadership Center (SCLC). 4. Following the passage of the federal Comprehensive Addiction Recovery Act (CARA) the Addictions Council plans to formulate recommendations on federally required education for APRNs to prescribe buprenorphine in the treatment of opioid use disorders.

Addictions Council

Chairs

Matthew Tierney, PMHNP-BC, ANP-BC
Carol Essenmacher, DNP, C-TTS

Steering Committee

Carolyn Baird, DNP, MBA, RN-BC, CARN-AP, CCDPD, FIAAN
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Sharon Davis, FPMHNP-BC
Deborah Finnell, DNS, PHMNP-BC, CARN-AP, FAAN
Mary Kastner, PMHCNS, PMHNP-BC
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Susanne Meyers, NP, PMHNP-BC
Ann Mitchell, PhD, RN, FAAN
Madeline Naegle, PhD, CNS, PMH-BC, FAAN
Matthew Tierney, PMHNP-BC, ANP-BC
Bridgette Vest, DNP, RN, PMHNP, GNP
Olivia Young, PhD, TTS, FPMHNP-BC

Advisory Panel

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Marissa Abram, PMHNP-BC, CASAC
Anna Acee, EdD, ANP-BC, PMHNP-BC
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Ivandra Adams, RN, BSN
Clydemikee Aguirre, BS Student Nurse
Cathleen Ahern, MS, PMHNP
Robert Allen, RN, FPMHNP, LMSW
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Rose Theresa Anderson, MSN, PMHNP, BC, BSN, RN, PHN
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Ingrid Barcelona, MSN, PMC, CNP
Audur Bardardottir, RN, NP
Rosa Belgard, MS, RN
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Kirk Bergmark, APN, PMHCNS-BC

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Stuart Blevins, CNP
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Ann Gershone, RN, BSN
Phyllis Giarraffa, PMH-NP
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Dawn Hall
Gwen Hampton, PMHCNS-BC

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Belinda Kotin, NPP
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Melissa Martyn, RN, BSN
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Mary McCabe-Vogel, RN
Joan McCuen, APN, PhD
Rebecca McGrail, RN
Amber McKeeton, RN
Amanda McPhail, RN
Lynette Melby, CNP
Sally Melcher-McKeagney, RN, BC
Valerie Mendralla, RN, MPH, CADC
Melenie Meyers, MSN, PMHNP-BC, CNS, FNP-BC
Susan Michalske

Leigh Milhorn, RN-BC, BSN
Sarah Minnick, MSN, RN, PMHNP-BC
Arabella Mitchell Bruce, DNP, PMH-FNP, BC
Audrey Naser, APRN
Lisa Naugle, MSN RN, BC
Lorraine Ndusha, MSN, PNP
Molly Nelson, RN
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Suzanne Nieman, RN, BSN, MSN, PMHNP
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Laura Outlaw, RN, BSN, MS
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PMHNP-BC
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Jennifer Pursley, RN, BSN
Maureen Rafa, BS, RNC
Tammy Reddington, MSN, BSN, APRN, RN
Jdee Richardson, PhD, PMHNP
Sandra Robinson, BSN, RN
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Michael Sansone
Delaine Sapp, PMHNP-BC
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Christopher Sterling, APRN
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Deborah Valentine, RN
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Blake Vaughan, RN
Jessica Vetter, RN, MS, PMHNP
Pamela Waranowicz, Associate, RN
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Gina Webb, RN
Kathleen Webster, RN, MSN, PMHNP,
CNSMH
Melissa Whitesell, MS, CPNP-AC, FNP-BC,
PMHS-BC
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Diane Wieland, PhD, MSN, RN, PMHCNS-BC
Lew Wiest, BSN, RN
Wesley Willis, PsyD, LCSW, RN
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Tarry Wolfe, DNP, FNP-c, PMHNP-BC
Kathleen Wolff, PhD, APRN, CNS
Julie Worley, PhD, FNP-BC, PMHNP-BC
Audrey Wyatt, RN, BSN
Michael Yoakum, BSN, RN
Tia Young, BS Psych, BS Nursing

Administrative Council

How many conference calls did you conduct during the 2015 - 2016 year? 4

What meeting(s) are being held during the 2016 conference?

Interactive Panel Supporting and Mentoring Nurse Leaders

Please provide highlights of your group's activities in the past year.

We conducted an Interactive Panel Session at 2015 Annual Conference about Maintaining Safe Environment in Psychiatric care settings. We continued work towards distributing a survey related to Leadership Competencies for Psychiatric Nurse Leaders. We submitted the survey to the BOD and received helpful feedback, refining the survey to be more directly related to leadership in psychiatric nursing. We submitted 2 abstracts for 2016 Annual Conference: Pre Conference Workshop - "Tool Kit for New Nurse Leaders" and Interactive Panel - "Supporting and Mentoring Psychiatric Nurse Leaders". Both were accepted.

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?

The survey we have prepared will inform us about members' views on necessary leadership skills for psychiatric nurse leaders, thus facilitating the appropriate educational focus. We are presenting two sessions at the 2016 annual conference related to preparing, supporting and mentoring psychiatric nurse leaders. We participated in Inter-Council call to assure alignment with the work of other councils. Lastly, our associate chair attended one day of the 2016 BOD meeting and gained knowledge and insight into the work of the board.

How has your group worked to achieve these goals?

We have continued focus on defining competencies for psychiatric nurse leaders with the goal of furthering leadership development and providing a forum for networking, sharing best practices, and creating enthusiasm for leadership roles in our specialty.

What do you hope to accomplish for the 2016 - 2017 year?

We plan to finalize the leadership competency survey, distribute to members, and analyze results. With this information, we can tailor activities to meet the needs identified by participants. We also hope to recruit new members to the council/steering committee and enhance participation in activities and tangible outcomes.

Administrative Council

Chair: Avni Cirpili, DNP, RN

Associate Chair: Kathy Lee, MS, APN, PMHCNS-BC

Steering Committee

Elizabeth Andal, APN, PhD, FAAN

Len Getz, FNP, DNP-PMH

Lisa Jensen, DNP, APRN

JeanAnne Johnson Talbert, APRN-BC, CARN-AP

Elizabeth Maree, MSN, RN, PMHCNS-BC, NEA-BC

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Charlene Roberson, RN, BC, Med

Ilyas Saloom, PMHNP

Margaret Sherlock, MA, PMHCNS-BC

Janet Stagg, MS, RN, PMHCNS

Advisory Panel

Diane Allen, MN, RN-BC, NEA-BC

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Becky Austin-Morris

Phil Bagley, MBA, BSN, RN

Carolyn Baird, DNP, MBA, RN-BC, CARN-AP, CCDPD, FIAAN

Eddie Bankhead, BSN, RN

Margaret Bookman, RN, MS, CS

Anthony Boxrud, RN-BC

Jane Bragg, MBA, MSN, RN, CPON, NEA-BC

Jennifer Breeden, RN-BC, BSN, FNP

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Diane Burgermeister, PhD, PMH-NP

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Laura Dayton, RN

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Nancy Dillon, PhD, RN, CNS

Julie Donley, MBA, BSN, RN

Sheila Donnan, MN, PMHCNS-BC, NE-BC

John Dool, RN, MSN

Margaret Edwards, RN, MSN, NEA, BC

Cindy Estes, RN, MSN, MHA, NE-BC

Darlene Flowers, PHMNP-BC

Laureen Froimson, MSN, RN

Christy Gilbert

Maryanne Godbout, DNP, PMHCNS-BC

Joshua Hamilton, DNP, RN-BC, PMHNP-BC, CNE

Dayna Harbin, RN, MSN, BC

Misty Harris, RN

Dorothy Hill, RN, C

Rebecca Horn, MSN, RN-BC

Lisa Jarmon, RN

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Deidra Johnson, RN, BSN

Suzanne Kimmen-Bilka, RN

Deborah Klaszky, MSN APN-C

Abigail Kotowski, RN, BS, PMHCNS-BC

Kathleen Kregor, BSN, RN-BC

Mary Leveillee, PhD, RN, PMHCNS-BC

Donna Linette, DNP, RN, NEA-BC

Lynnetta Loveland, MSN, PMHNP-BC, RN

Theresa Mackey, RN, BSN

Crystalmichelle Malakar, BSN, RN

Janus Maybee, PMHNP, FNP

Katherine McDermott, MSN, RN, CNL

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Linda Nagy, MSN, CNS

Lisa Naugle, MSN RN, BC

Angela Naylor, RN

Constance Noll, MA, BSN, RN-BC

Cheryl Odell, MS, NEA-BC

Nancy Purtell, MBA/HCM, RN

Audrey Pyle, BSN, RN-BC

Deirdre Rea, BSN, RN, MSN

Elizabeth Reimherr, RN, BC
Jason Roberts, RN, MSN
Amy Rushton, MSN, RN, PMHCNS-BC
Susan Russo, MS, APN, CHS, CNS
Karen Schepp, PhD, APRN, BC
Sandra Schleter, RN, CNS, DNR
Tracy Schlosser, RN, BSN
Teresa Setnar, MSN, RN, CPN
Kathy Smith, MSN, RN, CENP
Barbara Stephens, DNP, APRN, PMHCNS-BC
Gail Stern, MSN, PMHCNS-BC
Vivian Streater, RN
Lourdes Sumilang, BSN, RN, BC, MSNEd
Theresa Terry-Williams, RN
Mala Thomas, MSN
Miriam Thornton, MSN, RN
Darlene Underhill, BSN, RN
Judith Van Cleef, MS, RN-BC, CARN
Dawn Walters, MS, RN
Gina Webb, RN

APRN Council

How many conference calls did you conduct during the 2015 - 2016 year? 9

What meeting(s) are being held during the 2016 conference?

Meeting of Steering Committee + Advisory Panel and Interactive Panel presentation

Please provide highlights of your group's activities in the past year.

1) Completion of the APRN brochures for consumers and for prospective PMH APRNs 2) Updating the State of APRN Practice report 3) Evaluating data from the first psychotherapy series. Using information from those evaluations, the SC developed a psychotherapy series pre-conference, again showcasing 3 forms of psychotherapy. We also developed a 2 hr preconference on psychotherapeutic interventions for our nurse generalist membership

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?

The APRN SC has continued to take a lead in educating members about appropriate APNA online forums available for their use. The SC has provided ongoing mentorship, formally through Mentor Match and informally by monitoring discussion boards and offering support and direction as needed. Additionally, two pre-conference workshops were accepted which focus on building psychotherapy and psychotherapeutic skills, an area of need identified by members. The SC and members of the APRN Council have given guidance on an as-needed basis to the BoD on various topics relative to APRN practice. Members served as requested on key committees and workgroups outside of APNA. The APRN SC has developed two informational brochures to inform prospective PMH APRNs and the general public about PMH APRN education and practice. After receiving feedback from the membership that novice APRNs do not graduate from their PMH programs feeling equipped to do psychotherapy and furthermore feel stymied by work-setting constraints, the SC has guided a workgroup made up of APRN Council members in developing the second annual psychotherapy series which will be presented at pre-conference in Hartford. The group also developed a new pre-conference offering on psychotherapeutic techniques for the nurse generalist audience.

How has your group worked to achieve these goals?

The APRN SC updated the APRN State of the States report on APRN practice and relevant legislative issues for each state across the nation. The SC and Advisory Boards have participated in polls that inform decisions of the APRN BOD related to mental health policy and practice issues.

What do you hope to accomplish for the 2016 - 2017 year?

The SC will take an active role in encouraging more use of the discussion forums to provide peer input on topics of clinical practice (therapy, medication management and collaboration) and on practice development issues such as tele-mental health, implementing psychotherapeutic skills in each session, billing and reimbursement for PMH-APRN services and developing and implementing private practice and other models of care.

APRN Council

Chair: Sattaria Dilks, DNP, APRN, PMHNP-BC

Co-Chair: Kathryn Johnson, MSN, PMHCNS-BC, PMHNP-BC

Steering Committee

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Susan Wrona, PMHNP
Wendy Zubenko, EdD, MSN, CNS

Child and Adolescent Council

How many conference calls did you conduct during the 2015 - 2016 year? 16

What meeting(s) are being held during the 2016 conference?

Child and Adolescent Council Interactive Panel session

Please provide highlights of your group's activities in the past year.

The Child and Adolescent Council has had a good rebuilding/busy year. Our steering committee was reconfigured in the Spring and has been meeting on a monthly basis providing momentum for our workgroup leadership and council goals. Engaging and thoughtful discussions around our council's leadership in providing educational resources for psychiatric mental health nurses on child and adolescent psychiatric nursing content has been at the core of the work. The following council initiatives are in progress: 1) a small group from the council will present at the national conference on child and adolescent content in NP programs (looking at core curriculums across sites) 2) this year's interactive council will focus on trauma and children/adolescents and will feature our workgroups and their initiatives along these areas 3) we have evaluated our webpage and forwarded edits to national 4) Workgroups are meeting regularly: The evidenced based practice group is developing CE content for e-learning modules modeled after the "Transitions to Practice" content (disruptive behavior Disorders, anxiety, Psychosis) ;The special populations workgroup met a few times and is looking for more membership; The self care group is looking to collaborate with other council groups interested in self care and to use a survey of members on self care practices; The inpatient group has looked at resources for group therapy and trauma based interventions (presenting at the APNA Annual Conference) 5) we are looking to make our member bridge more discussion oriented and are posting papers for our monthly discussions and now distributing also across the council to provide resources on topics of interest to our membership 6) Continued commitment to being the resource for information and expertise in child and adolescent psychiatric nursing.

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?

Our council has been meeting regularly to strategically think through and plan for best addressing the psychiatric mental health needs of children and adolescents across practice settings given workforce challenges. Our desire is to provide council, leadership and resources for our APNA members on this topic and as a result to improve the quality of psychiatric mental health nursing care of children and adolescents.

How has your group worked to achieve these goals?

Our council has moved to a monthly steering committee call to better allow for engagement of members and follow up of council work and leadership for our members in the area of child and adolescent mental health nursing.

What do you hope to accomplish for the 2016 - 2017 year?

Develop Continuing Education credit offerings for members on child and adolescent topics identify, discuss, and address barriers to child and adolescent psychiatric mental health nursing practice across settings provide expertise, leadership and council to APNA members on child and adolescent mental health nursing topics.

Child and Adolescent Council

Chair: Julie Carbray, PhD, APN, BC

Associate Chair: Diane Wieland, PhD, MSN, RN, PMHCNS-BC

Steering Committee

Kathleen Delaney, PhD, PMH-NP, RN
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Kimberly Young
Laurie Zack, MSN, APN, FNP-BC, LPC
Wendy Zubenko, EdD, MSN, CNS

Education Council

How many conference calls did you conduct during the 2015 - 2016 year? 9 Monthly Meetings, none in January, July, September

What meeting(s) are being held during the 2016 conference?

Meeting of Steering Committee + Advisory Panel Interactive Panel This provides an opportunity for the sub-committees to meet and continue to complete goals for the year as well as develop new work groups for the upcoming year.

Please provide highlights of your group's activities in the past year.

* The list was updated for the Graduate APRN Programs. * Abstract was developed and accepted for a pre-conference for advanced psychotherapy. * Abstract was submitted and accepted for a session on basic KSAs of basic psychotherapy. * Crosswalk was developed for use in undergraduate nursing programs using the APNA/ANA Scope and Standards for PMHN, AACN BSN Essentials. Toolkit in final completion stages.

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?

The Education Council continues to incorporate the strategic focus on networking and collaboration between members and key stakeholders' needs regarding development of innovative educational products that address gaps within clinical and academic environments.

How has your group worked to achieve these goals?

We have worked toward addressing APNA's five year goals. Please see previous comments and answers for specifics.

What do you hope to accomplish for the 2016 - 2017 year?

Please see answers under # 4 Point. In addition, this will be a transition year as both the Chair and Co-Chair of the Education Council will be stepping down to pursue other areas of work within APNA. However, there will be a orientation time in order to bridge the transition for the new Chairs of the Council. The Undergraduate, Graduate and Continuing Education sub-committees are in the process of developing their new goals at conference time.

Education Council

Chair: Barbara Warren, PhD, RN, PMHCNS-BCm, FNAP, FAAN

Associate Chair: Donna Rolin, PhD, APRN, PMHCNS-BC, PMHNP-BC

Steering Committee

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Kimberly Wolf, PMHCNS-BC
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Laurie Zack, MSN, APN, FNP-BC, LPC

Forensic Council

How many conference calls did you conduct during the 2015 - 2016 year? 5

What meeting(s) are being held during the 2016 conference?

Interactive Panel

Please provide highlights of your group's activities in the past year.

We have rejuvenated the Council by recruiting new members to the Steering Committee and forming subcommittees to work on publicizing and recruiting forensic nurses and providing care to families of incarcerated patients. An interactive panel on Officer Involved Shootings will be presented at the 2016 Conference. There is increased activity on the member bridge about forensic topics.

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?

The Forensic Council has worked with the other councils on violence prevention and workplace initiatives.

How has your group worked to achieve these goals?

The Forensic Council is seeking to educate nurses on the role of forensic nurses and how nurses work with law enforcement to reduce violence, support victims and survivors, and care for incarcerated patients. The Forensic Council Steering Committee is recommending to the APNA Board that an alliance with the International Association of Forensic Nurses be formed in order to create a strategic alliance and to provide that organization with expertise in mental health forensic nursing.

What do you hope to accomplish for the 2016 - 2017 year?

We hope the subcommittees will create a recruiting media and a toolkit on supporting families of incarcerated patients. We hope to form an alliance with IAFN. We want the member bridge to include more discussions about forensic topics. At the next conference, we plan to have a panel presentation on Trauma/Exposure Informed Care.

Forensic Council

Co-Chairs

Nina Beaman, EdD, MSN, CNE, RN-BC (PMH)
Carrie Carretta, PhD, APN-BC, AHN-BC, FPMHNP

Steering Committee

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Kathleen Wolff, PhD, APRN, CNS
Cathi Zillmann, NPP

Recovery Council

How many conference calls did you conduct during the 2015 - 2016 year? 11

What meeting(s) are being held during the 2016 conference?

Recovery Council Interactive Panel will present and conduct group discussion at 2016 APNA Annual Conference.

Please provide highlights of your group's activities in the past year.

The Recovery Council Steering Committee was active in the first part of the year with a focus on a psychiatric nursing based literature review related to recovery practice and interventions. The committee has submitted and prepared an Interactive Panel presentation for the APNA 2016 Annual Conference in Connecticut with the goal of identifying Recovery based innovation and best practice ideas for implementation by other members and publication in JAPNA. In January, Gail Stern was appointed by the Board to be the Associate Chair of the Recovery Council. In February, APNA staff assisted the council in surveying the Steering Committee to ascertain ongoing commitment. As a result some members withdrew and 2 new members were presented to APNA Board and approved. Currently, we have 14 Steering Committee members. With Steering Committee support, the Advisory Panel was charged with the development of new Recovery focused educational materials for APNA membership. An outreach effort was made to revitalize this Advisory Panel. A healthy list of topics were created and 2 priorities were selected for initial development. Building on the solid foundation of APNA Recovery to Practice Initiative. The Advisory Panel will expand the recovery reference and competency materials for our membership.

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?

APNA Recovery Council continued development is vital to our mission of "having recovery inspired trauma informed systems of care as best practice for every Psychiatric Mental Health nurse in all treatment settings where individuals experiencing mental health and substance abuse illnesses can heal and grow".

How has your group worked to achieve these goals?

The Recovery Council's revitalization and creation of new materials for our membership will assist APNA in meeting goals A, C And D. We will be reviewing how we may more effectively look at strategic alliances (Goal B) in this upcoming year.

What do you hope to accomplish for the 2016 - 2017 year?

The Steering group hopes to publish the innovations and best practices that are shared in our interactive session at the 2016 conference. Additionally, we hope to expand our working membership on the Advisory Panel to broaden member involvement in APNA activities and completion of multiple Recovery based educational programs for elearning and presentations.

Recovery Council

Chair: Kristen Lambert, PhD, MSN, RN

Associate Chair: Gail Stern, MSN, PMHCNS-BC

Steering Committee

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Candice Wilson, RN

Research Council

How many conference calls did you conduct during the 2015 - 2016 year? 8

What meeting(s) are being held during the 2016 conference?

Research Council Interactive Panel

Please provide highlights of your group's activities in the past year.

The highlights of our group's activities in 2015-16 include: - Expanded the steering committee to include QI, nursing practice and DNP experts to more fully meet the needs of the overall membership. - The steering committee met 8 times via phone conference during 2015-2016. These sessions were well attended and generated rich discussion from participants. - Expanded APNF grant criteria to include DNP projects per APNA Board request. - Submitted a brief pertaining to predatory publishing and its implications for APNA conference presentations and JAPNA publications as requested by the APNA Board. - Organized scholarly review of grant proposals for APNF funding. One recipient was chosen for funding in 2016. - Identified the top priorities for the work of the Research Council using a Liberating Structures format based on member input and dialogue at the 2015 Interactive Panel - Published a JAPNA manuscript based on the 2015 Interactive Panel process and findings. Title: "Using Liberating Structures to Increase Engagement in Identifying Priorities for the APNA Research Council" - Developed an Interactive Panel to be offered at the 2016 conference focused on enhancing member's knowledge and skill for writing compelling research and practice change proposals - successfully nominated a candidate for the APNA Researcher of the Year Award

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?

Our council has made progress toward being a unified voice of psychiatric mental health nursing by paying close attention to the research needs of our membership including relevant practice oriented topics and innovative science.

How has your group worked to achieve these goals?

Our group has worked to achieve Goal A by providing a forum for member networking through council meetings, encouraging use of member bridge, and providing hands-on professional development opportunities through the Interactive Panel. Regarding Goal B, APNA was represented at the NIH Nursing Research Round-table by one of the Research Council co-chairs where relevant topics to psychiatric mental health nursing care were discussed. Regarding Goals C and D, we have worked closely with the Board of Directors to respond to their request for a briefing on predatory publishing and its implications for professional conference presentations and JAPNA publications. We have further worked to achieve these goals through publishing a

manuscript in JAPNA highlighting a process for the identification of priorities for the work of the Research Council based on member input and dialogue related to psychiatric mental health.

What do you hope to accomplish for the 2016 - 2017 year?

Relevant to APNA's five year goals, in the 2016 - 2017 year, we hope to accomplish: - Continue with leadership activities (Steering Committee meetings, Interactive Panel, Grant Reviews, Intercouncil Meetings, NIH Nursing Research Roundtable) - Networking with other councils in attempts to enhance member networking and collaboration to be a unified voice for psychiatric mental health nursing - Engagement of the Research Council Steering Committee members in council activities - Address evolving needs for psychiatric mental health nursing research, including innovative science and practice-change and DNP research - Leadership accession planning: * Bring in new energy *Create opportunities for leadership development * Provide mentored experience *Create an organizational structure and plan for RC leadership

Research Council

Chairs

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Jane Mahoney, PhD, RN, PMHCNS-BC
Danny Willis, RN, DNS, PMHCNS-BC, FAAN

Steering Committee

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Cathi Zillmann, NPP
Sarah Zimmerman, PMHNP-BC
Cynthia Zolnierek, PhD, MSN, RN

Institute for Mental Health Advocacy

How many conference calls did you conduct during the 2015 - 2016 year? 5

What meeting(s) are being held during the 2016 conference?

May, June and August

Please provide highlights of your group's activities in the past year.

New members were welcomed and have 6 attend the first meeting. Participation has been lessened since first call. The Advisory board and steering committee reviewed the new policy on the VA changes in APRN/CNS Practice. Feedback was given to APNA. Worked on creating a survey to members on the Affordable Care Act. Had 631 participants in the survey. Will present these results at Fall Conference in Hartford. Discussed interest in an active member becoming the Co Chair for this committee. Still working on this.

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?

Given membership feedback on issues for psychiatric nurses. Held meetings for discussion on these issues. Collected feedback from members on the Affordable Care Act. Provided feedback to APNA on APRN/CNS practice changes at the VA.

How has your group worked to achieve these goals?

We have collected feedback from members on important policy for psychiatric nurses. Gathering data for APNA on the Affordable Care Act for future policy paper to be submitted to the Board. This information may be utilized for a statement from APNA on the Affordable Care Act. Continued monitoring of topics affecting mental health policy.

What do you hope to accomplish for the 2016 - 2017 year?

Increase participation of volunteer members. Educate membership on legislative issues. Educate members on how to advocate for the consumer, family and psychiatric nurses. Complete a white paper on the Affordable Care Act for submission to the Board and for publication in our journal.

Institute for Mental Health Advocacy

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Institute for Safe Environments

How many conference calls did you conduct during the 2015 - 2016 year? 10

What meeting(s) are being held during the 2016 conference?

Interactive Panel Discussion

Please provide highlights of your group's activities in the past year.

Hosted a well-attended Interactive Discussion Panel at the Annual Conference in Orlando, Florida. Attendees discussed the challenges and rewards associated with balancing the autonomy and rights of patients with the need for safety, and emphasized the importance of nurse-patient interaction and staff engagement in safe environments. A toolbox of safety and engagement resources is currently being built and improved. The APNA Board of Directors formed a task force, chaired by ISE Chairperson Diane Allen, to develop a position paper and toolbox of violence prevention strategies. ISE Steering Committee members were joined by members from other APNA councils, and the task force met through the spring of 2016 via conference calls and email communications. In June, the task force submitted a draft position paper as well as links to a wealth of violence prevention resources and references. In July, the APNA Board of Directors unanimously accepted and published the Violence Prevention Position Paper, and made the resource material available on its web site. The ISE Steering Committee has been discussing future directions for their work while using their "Key Elements of a Safe Environment" as a guide. Recent postings on APNA's Member Bridge show continued interest in issues related to items that are considered to be contraband and practices that limit these items; therefore, Patient Monitoring and Assessment is being considered as an area for further exploration.

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?

Nurses in all settings are increasingly recognizing the prevalence of mental illness and they increasingly look to APNA for expertise and leadership in ways to keep patients and staff safe. As evidence, APNA ISE Chair Diane Allen was invited to conduct a safety-related webinar for the American Nurses Association for Mental Health month in April 2016.

How has your group worked to achieve these goals?

Members of APNA's ISE have published scholarly articles and letters to the editor on issues of safety. Steering Committee and Advisory panel members collaborated on a member survey related to the role of psychiatric nurses in emergency departments, and those results were published in a JAPNA column. ISE Steering Committee members contributed to a position paper and toolbox of resources on Violence Prevention. APNA was recognized as the expert voice for

psychiatric nursing by the American Nurses Association, and as a result, ISE chairperson Diane Allen had the opportunity to conduct a mental health month webinar on safety and engagement.

What do you hope to accomplish for the 2016 - 2017 year?

Identify two key elements of safe environments to explore in the coming year and develop objectives for that exploration.

Institute for Safe Environments

Chair: Diane Allen, MN, RN-BC, NEA-BC

Associate Chair: Michael Polacek, MSN, RN-BC

Steering Committee

Eric Arauz, MA, MLER

Catherine Batscha, DNP, RN

Kathleen Delaney, PhD, PMH-NP, RN

Carlie Frederick, APRN-PMHCNS, BC, CPNP

Jeannine Loucks, MSN, RN-BC PMH

Marlene Nadler-Moodie, MSN, APRN,
PMHCNS-BC

Richard Ray, MS, RN, PMH-BC

David Sharp, PhD, RN

Christine Tebaldi, MS, PMHNP-BC

Advisory Panel

Carla Abel-Zieg, ARNP, CNS

Cheryl Allen, RN-BC, BSN

Leslie Atkins, RN

Lisa Auditore, RN, Associates

Morningdove Bain, MSN, RN, PHN, FCN

Elizabeth Balota, MSN, RN, CEN

Lauren Barber, MSN, PMHNP-BCC, MHSA,
NE-BC

Sandra Barton, MS, RN-BC

Patricia Bezek, BSN, RN

Jaime Biava, MSN, PMHNP-BC

Ellen Blair, APRN, BC

Kathleen Bolding, BSN, RN

Mary Bollinger, RN, BS, MSED

Darlene Borrromeo, BSN, RN-BC, FACDONA

Anthony Boxrud, RN-BC

Debra Brodersen, RN, MSN-MHA

Hope Campbell, RN, MSN, NEA-BC

Angela Carter, ADN, RNBC

Lisa Casler, PMHNP-BC, NPP

Angela Chesser, PhD, RN, CNS-BC

DessyeDee Clark, PhD, APRN, PNS

Ramona Coffman-Fratkin, RN, BC

Judith Collins, RN, BSN, MA

Laura Dayton, RN

Joanne Dedowicz

Valerie Devereaux, DNP, MSN, RN

John Dool, RN, MSN

Kelly Dorman

Cindy Estes, RN, MSN, MHA, NE-BC

Carole Farley-Toombs, MS, RN, NEA, BC

Melodie Fitts, RN, CPN

Linda Flaherty, RN, PMHCNS-BC

JoAnn Glover, RN, MS, MHA

Suzanne Goetz

Teresita Gonzales, MSN Ed., RN-BC

Jacqueline Gunning, RN, MS

Melanie Ham, MA, MSN, RN, CSAC,
PMHCNS

Nancy Hanrahan, PhD, RN, FAAN

Misty Harris, RN

Jennifer Harris, MSN, RN-BC

Paula Harrison, RN, BSN, MSN

Todd Hastings, PhD, MS RN, MS (Nutrition)

Julia Hess, MHDL, RN, CAMF

Kathy Holley, MS, BSN

Feodora Jacobsen, RN, SANE, BS, MED

Lisa Jarmon, RN

Joan Jenkins, BA, BSN, RN

Amanda Johnson, RN, BSN

Christine Judge, BSN, RN

Cathleen Kealey, BSN, RN-BC

Nancy Kehiayan, MS, PMH CNS, BC

Claire Ketteler, RN, BC

Kristen Kichowski, MSN, MBA, RN-BC RN-
BC

Terrie Kirkpatrick, RN, BSN, MS

Kathleen Kregor, BSN, RN-BC

Rose Kutlenios, PhD, CRNP

Kathy Lee, MS, APN, PMHCNS-BC

Andrea Lerma, MSN, RNCS, APRN

Donna Linette, DNP, RN, NEA-BC

Scott Logan, MM, BSN, RN
Pamela Lusk, RN, DNP, PMHNP-BC,
FAANP
Crystalmichelle Malakar, BSN, RN
Christopher Mamrol, RN
Elizabeth Maree, MSN, RN, PMHCNS-BC,
NEA-BC
Marla McCall, PhD, MSN, APRN-BC
Kathleen McCann, PhD, RN
Katherine McDermott, MSN, RN, CNL
John McDonnell, RN, BC
Joanne McNeal, PhD, RN, ACNS-BC
Kathleen Moraghan Olson, CNS
Linda Nagy, MSN, CNS
Lisa Naugle, MSN RN, BC
Sandra Nelson, PhD, APRN-BC
Xenia Onchengco, RN, BSN
Catherine Osborn O'Reilly, RN
Rebecca Parant, PMHNP-BC
Sudha Patel, BSN, MN, MA, DSN, RN
Lauren Paul, BSN, RN
Darren Penix
Iola Radtke, RN, BSN
Rita Ray-Mihm, DNP, RN, CNS
Deirdre Rea, BSN, RN, MSN
R. John Repique, DNP, RN, NEA-BC
Donna Riemer, PMH RN-BC
Gladys Riley, BS, RN
Patricia Roberts, MSN, RN, PMHCNS-BC,
NE-BC
Jacquelyn Rosen, MS, RN, PMHCNS-BC
Amy Rushton, MSN, RN, PMHCNS-BC
Lita Sabonis, RN
Luanne Sadowsky, ARNP, BC
Darlene Santi-Rogers, RN, MSN, PMHCNS-
BC
Karen Schepp, PhD, APRN, BC
Lorna Scoggins, RN, BC, MSN
Laurie Seidel, BSN, MSN
Mona Shattell, PhD, RN, FAAN
Margaret Sherlock, MA, PMHCNS-BC
Virginia Singer, DNP
John Smeltzer, BSN, RN
Kathy Smith, MSN, RN, CENP
Jane Sobolov, MS, RN-BC
Mina Spadaro, BSN

Janet Stagg, MS, RN, PMHCNS
Vivian Streater, RN
Lourdes Sumilang, BSN, RN, BC, MSNEd
Kelly Tapp, MSN, RN-BC
Peter Taulbee, APRN, FPMHNP-BC
Michelle Tavares, BN, RN
Nancy Testerman, MS
James Theiss
Bradley Thompson, MSN, RN-BC, PMHCNS-
BC
Miriam Thornton, MSN, RN
Darlene Underhill, BSN, RN
Judith Van Cleef, MS, RN-BC, CARN
Jessica Vetter, RN, MS, PMHNP
Wendy Waddell, PhD(c), MSN, RN
Michael Waggoner, MSN, RN
Naomi Walker, RN
Barbara Warren, PhD, RN, PMHCNS-BCm,
FNAP, FAAN
Babette Wieland, MSN, BSN

Chapter Activity Report

Submitted by: Tandi-Jo Lantrip
June 2016

Active Chapters – 34 chapters covering 39 states

States without chapters

1. Alaska
2. Alabama
3. District of Columbia
4. Delaware
5. Georgia
6. Idaho
7. Maryland
8. Montana
9. North Dakota
10. South Dakota
11. West Virginia
12. Wyoming

Interested in Revitalization

Members from these states have expressed an interest in the revitalization process. We will schedule a call with interested parties and outline a plan for each state.

1. Georgia
2. Maryland
3. West Virginia

Chapter Enhancements

- All active chapters have signed the Chapter Affiliation Agreement.
- There's a total of 23 Chapters using an APNA Account to manage finances including the most recent:
 1. Iowa
 2. Minnesota
 3. North Carolina
 4. Virginia

**APNA Representatives to Outside Organizations
October 2015 - August 2016**

Event	APNA Representative	Date
Institute of Medicine	Linda Beeber	October 2015
The Carter Center	Mary Ann Nihart	October 2015
Licensure, Accreditation, Certification, and Education	Sattaria S. Dilks	October 2015
Nursing Alliance Leadership Academy Conference	Kris A. McLoughlin	November 2015
Nursing Organizations Alliance Fall Summit	Mary Ann Nihart	November 2015
New York State Office of Mental Health Chief Nurse Conference	Mary Ann Nihart	November 2015
Mental Health Policy Forum	Mary Ann Nihart	November 2015
American Society of Association Executives CEO Symposium	Kris A. McLoughlin	December 2015
Organizational Affiliate Meeting	Marlene Nadler-Moodie	December 2015
American Society of Association Executives CEO Symposium	Mary Ann Nihart	December 2015
Global Advisory Panel on the Future of Nursing	Mary Ann Nihart	December 2015
Licensure, Accreditation, Certification, and Education	Patricia Cunningham	December 2015
American Nurses Association Meeting	Tara Dilks	December 2015
American Society of Association Executives CEO Symposium	Kris A. McLoughlin	March 2016
National Council for Behavioral Health	Mary Ann Nihart	March 2016

International Society of Psychiatric-Mental Health Nursing	Mary Ann Nihart	March 2016
Emergency Nurses Association	Danny Willis	April 2016
American Nurses Association Organizational Affiliates Meeting	Marlene Nadler-Moodie	April 2016
National Student Nurses Association	Emily Bell	May 2016
SAGE Publishing	Geraldine Pearson	May 2016
American Society of Association Executives CEO Symposium	Kris A. McLoughlin	May 2016
Global Meeting on the Future of Nursing/Sigma Theta Tau	Mary Ann Nihart	May 2016
American Society of Association Executives CEO Symposium	Mary Ann Nihart	May 2016
The American Academy of Nurse Practitioners Certification Program	Susie Adams	June 2016
American Association of Colleges of Nursing, APRN Clinical Work	Susie Adams	June 2016
Nursing Alliance Leadership Academy	Donna Rollin	August 2016
Nursing Alliance Leadership Academy	Linda Beeber	August 2016
American Nurses Association Assembly	Marlene Nadler-Moodie	August 2016
American Association of Nurse Practitioners	Susie Adams	August 2016

APNA eLearning Center Report October 2016

APNA eLearning Center Current Online Sessions

June 1 – September 12, 2016 *(Comparisons to previous period: February – May 2016)*

Session Category	Number of Sessions	Number of Contact Hours
Special Skills for Psychiatric Nurses	5 (↑1)	6.0 (↑1.25)
Annual Conference Archives	147 (↓73)	144.75 (↓46.5)
Psychopharmacology	56 (↑11)	81.5 (↑16.25)
CPT Webinars	3 (same)	3 (same)
APNA Webinars	3 (↑1)	2.25 (↑0.5)
APNA e-Series: Bipolar Spectrum Disorders	3 (same)	5.25 (same)
Acute Care Psychiatric-Mental Health Nurses: Preparing for Recovery Oriented Practice	3 (same)	8.5 (same)
TOTAL	280 (↓60)	251.25 (↓28.25)

APNA eLearning Center Order Activity

- **Total orders since launch (March 15, 2011 – September 12, 2016):** 66,317 – **6.6% increase** since May 31, 2016 (62,218).
- **Current Period:** Total orders June 1, 2016 – September 12, 2016: **4,590 – 19.43% increase** over June 1, 2015 – September 12, 2015 (3,843)
- **2016:** Total orders January 1 – September 12, 2016: **12,908 – 18.5% increase** versus January – May 31, 2015 (10,559).

Order Activity by Month

(February 1, 2016 – May 31, 2016) – Comparisons to the past 2 years

Orders Completed

Month	2016	2015	Variance 2016 vs. 2015	2014	Variance 2016 vs. 2014
June	1,194	1,328	-10.1%	1,055	+13.2%
July	1,296	1,288	+6.2%	920	+40.9%
August	1,356	1,203	+12.7%	1,314	+3.2%
September 1-12	744	469	+58.6%	499	+49.1%
Total	4,590	4,288	+7.04%	3,788	+21.2%

Order Activity: Top Ten Sessions

Current Year: January 1 – May 31, 2016

- 1. 1467 Orders:** Issue 2: Biological Interventions for Bipolar Spectrum Disorders Across the Lifespan
 - eBook Format
 - 2.5 contact hours
 - Free to members and non-members
- 2. 1276 Orders:** Issue 1: Bipolar Spectrum Disorders: Assessment, Diagnosis, and Epidemiology Using a Recovery Paradigm
 - eBook Format
 - 1.5 contact hours
 - Free to members and non-members
- 3. 991 Orders:** Issue 3: Bipolar Spectrum Disorders: Counseling, Psychoeducation, and Psychotherapy: Evidence-Based Components in the Therapeutic Relationship
 - eBook Format
 - 1.25 contact hours
 - Free to members and non-members
- 4. 409 Orders:** 3055-15: Addictions and Tobacco Dependence Council Interactive Panel: Addressing Stigma & Treatment

- Podcast Format
 - 1.5 contact hours
 - \$15 for members and \$25 for non-members. Session offered free Feb 9 – March 18, 2016.
5. **379 Orders:** Keeping the Unit Safe
- Webinar Format
 - 1.5 contact hours
 - \$13 for members and \$22 for non-members. Free May 6 – 12, 2016 for Nurse’s Week.
6. **346 Orders:** Competency Based Training for Conducting the One Hour Face-to-Face Assessment for Patients in Restraints or Seclusion
- Webinar Format
 - 1.5 contact hours
 - Free to members and non-members
7. **341 Orders:** Managing Bipolar Type I Depression: Maximizing Benefits, Minimizing Risks
- Podcast Format
 - 1.25 contact hours
 - Free to members and non-members
8. **302 Orders:** Seclusion and Restraint: Keys to Assessing and Mitigating Risks
- Podcast Format
- Webinar Format
 - 1.0 contact hours
 - Free to members and \$18 for non-members
9. **295 Orders:** 1046: The Phenomenon of Suicide: Competency Number One for the Psychiatric Mental Health Nurse Generalist
- Webinar Format
 - 1.25 contact hours
 - Free for members and \$28 for non-members.
10. **265 Orders:** 3055: Trauma and Healing: Findings and Insights from Three Nurse Scientists
- Webinar Format
 - 1.0 contact hours
 - Free to members and non-members

Sessions Offered for Free since January 1, 2016

(aside from free CE via use of bonus points)

Listed on www.apna.org/FreeCE

Total 26 Sessions 32.75 Contact Hours			
Reason / Dates	Title	Contact hours	Members and/or Nonmembers
Currently Free	Issue 1: Bipolar Spectrum Disorders: Assessment, Diagnosis, and Epidemiology Using a Recovery Paradigm	1.5	Members / Nonmembers
Currently Free	Issue 2: Biological Interventions for Bipolar Spectrum Disorders Across the Lifespan	2.5	Members / Nonmembers
Currently Free	Issue 3: Bipolar Spectrum Disorders: Counseling, Psychoeducation, and Psychotherapy: Evidence-Based Components in the Therapeutic Relationship	1.25	Members / Nonmembers
Currently Free for Members (free for nonmembers during September only)	1046: The Phenomenon of Suicide: Competency Number One for the Psychiatric Mental Health Nurse Generalist	1.75	Members / Nonmembers (September only)
Currently Free	PANDAS, PANs: Autism Spectrum Update	1.5 Rx	Members / Nonmembers
Currently Free	Managing Bipolar Type I Depression: Maximizing Benefits, Minimizing Risks	1.25	Members / Nonmembers
Currently free	Far from the Tree: Parents, Children and the Search for Identity	.75	Members / Nonmembers
Currently free	1007: Policy Changes in Substance Use Disorders and Access to Treatment Impacting Prescribers	1.5	Members / Nonmembers
CPT Codes Currently Free	Implementing E&M Codes into Daily Practice	1.5	Members / Nonmembers
CPT Codes Currently Free	2013 Psychiatric Service Codes: The Journey Through RUC & CPT	0.75	Members / Nonmembers
CPT Codes Currently Free	2013 Psychiatric CPT Code Update	0.75	Members / Nonmembers
APNA Interactive Panel Currently Free	Change the World Through PMH Nursing Research!	1.0	Members / Nonmembers
APNA Interactive Panel Currently Free	Creating a "Culture" of Recovery: Connecting Cultural Contexts and Recovery for Psychiatric Mental Health Nurses	.75	Members / Nonmembers

APNA Interactive Panel Currently Free	Tobacco Dependence Council Interactive Panel: Virtual Nursing Academy of APNA Champions for Smoking Cessation	1.25	Members / Nonmembers
APNA Interactive Panel Currently Free	Trauma and Healing: Findings and Insights from Three Nurse Scientists	1.25	Members / Nonmembers
Valentine Special Free February 9 - March 18, 2016	3055-15: Addictions and Tobacco Dependence Council Interactive Panel: Addressing Stigma & Treatment	0.75	Members / Nonmembers
Valentine Special Free February 9 - March 18, 2016	3047-15: The Making of a Therapist: How Are We Teaching Psychotherapy in Graduate Psychiatric Nursing Curriculums?	0.75	Members / Nonmembers
Now expired (3/2016)	How to Decide on a PhD or DNP	.5	Members / Nonmembers
Now expired (5/2016)	Counseling Points: Schizophrenia & Recovery – Digital Publication	1.5	Members / Nonmembers
APNA Interactive Panel Now expired (5/2016)	APRN Council	.75	Members / Nonmembers
APNA Interactive Panel Now expired (5/2016)	The 6th Annual Institute for Mental Health Advocacy Interactive Panel	1.25	Members / Nonmembers
Nurse's Week Free CE Free May 6 - May 12, 2016	Keeping the Unit Safe	1.25	Members
Celebrate Spring Free CE Free April 13 - May 15, 2016	How a Military Treatment Facility Progressed from Setting the Initial Goal to Sustaining a Culture of Restraint- Free Patient Care: A Collaborative Effort to Educate Military Healthcare Professionals in Restraint-Free Management	0.75	Members
Opioids Currently Free	Effective Treatments for Opioid Use Disorder: Educating & Empowering All Registered Nurses (RN) During an Epidemic	1.25	Members / Nonmembers
Opioids Currently Free	Effective Treatments for Opioid Use Disorder: Educating & Empowering Psychiatric Mental-Health Nurses (PMH-RN) During an Epidemic	1.25	Members / Nonmembers
Opioids Currently Free	Effective Treatments for Opioid Use Disorder: Educating & Empowering Advanced Practice Registered Nurses (APRN) During an Epidemic	3.52 Rx	Members / Nonmembers

Bonus Points in the APNA eLearning Center

General: Types of Bonus Points Assigned

- **Membership Join/Renew Bonus Points** – 25 – all members, compounding each year as long as membership is renewed by expiration date
 - **101,225** membership bonus points given (June 1, 2016 – September 12, 2016)
 - **973** membership bonus points given per day!
 - **9,457** have been used (June 1, 2016 – September 12, 2016)

- **Attendee Bonus Points** – number varied based on registration (full, one day, pre-con) – all attendees (member or non-member)
 - **1607** for 2015 AC podcasts (Pre-Conference and Full Registration). **Increase of 663** from 2014 AC podcasts.
 - **688** for 2016 CPI podcasts (Pre-Conference and Full Registration). **Increase of 374** from 2015 CPI podcasts.

- **CE Reviewer Bonus Points** – provided to reviewers for session(s) access to complete review(s)/evaluation(s). Reviewers are also eligible to receive contact hours for session(s) reviewed.
 - **1774 CE Reviewer bonus points** for review session access provided through September 2016.

- **CE Reviewer Reward Bonus Points** – reward amount equivalence of two times the value of the session(s) reviewed.
 - **1284 CE Reviewer Reward bonus points** provided through September 2016.

APNA eLearning Center Site Analytics

From June 1, 2016 – September 11, 2016 (as compared with the previous year: June 1, 2015 – September 11, 2015):

Visits: **20,119 – up 18.49%**

- Highest on 8/2/16 (919) – email sent on 8/2 to all contacts announcing session recordings from CPI 2016
- 2nd highest on 9/8/16 (611) – email sent on 9/7 announcing 2 free continuing education sessions for National Recovery Month and National Suicide Prevention Week

Unique Visitors: **11,566 – up 20.03%**

Average Visit Duration: **5 min, 30 sec** – down 14.59%

Number of First-time Visitors: **10,438** – **up 22.14%**

Percentage of New Visits: **51.88%** – **up 1.55%**

Number of Visits by Device:

1. Desktop/Laptop: **15,667** – **up 16.92%**
2. Tablet: **1,479** – down 2.12%
3. Mobile: **2,973** – **up 43.69%**

Number of Visits by Location:

1. United States (97.02% of visits) – **up 18.19%**
2. Canada (.50% of visits) – **up 31.17%**
3. India (.25% of visits) – no change
4. Vietnam (.18% of visits) – **up ∞%**
5. Netherlands (.16% of visits) – **up 725.00%**

Page Views: **105,726** – **up 6.96%**

- Highest on 8/2/16 (2,959) – email sent on 8/2 to all contacts announcing session recordings from CPI 2016
- 2nd highest on 9/8/16 (2,806) – email sent on 9/7 announcing 2 free continuing education sessions for National Recovery Month and National Suicide Prevention Week

Unique page views: **66,974** – **up 6.75%**

Average Time on Page: **1 min, 18 sec** – down 3.23%

Top Content:

1. My eLearning History
2. Cart
3. Psychopharmacology
4. Search Webinars and eLearning Content
5. Session Evaluation/Posttest

Traffic Sources:

- Organic Search Traffic:
 - 1,626 visits – down 1.45%
- Referral Traffic:
 - 12,038 visits – down 4.72%
- Direct Traffic:
 - 5,901 visits – **up 126.53%**
- Social Traffic:
 - 13 visits – down 60.61%
- Email Traffic:
 - 205 visits – **up 259.65%**

Communications Report

September 2016

1. PRESS RELEASES
2. EMAIL BLASTS AND WEBSITE COMMUNICATIONS
3. APNA NEWS
4. SOCIAL MEDIA
5. PRINT COMMUNICATIONS

Unless otherwise specified, all data refers to time period of May 26, 2016 – September 8, 2016.

1. PRESS RELEASES

Data for release is cumulative from date of release to 9/8/16.

- 06/21/16 *11 Psychiatric-Mental Health Nurses Recognized with 2016 American Psychiatric Nurses Association Annual Awards*
 - 148,655 Impressions
 - 2,685 Reads
 - 200 Pickups, including Boston Globe, Miami Herald, Star Tribune
 - Total Release Interactions: 15
 - PDF: 7 (47%)
 - Print: 8 (53%)
 - Clicks on links in release: 5
- 07/14/16 *Psychiatric-Mental Health Nurses Central to Violence Prevention in Communities Says American Psychiatric Nurses Association*
 - 123,214 Impressions
 - 2,002 Reads
 - 197 Pickups, including The News & Observer, Star Tribune, The Daily Breeze
 - Total Release Interactions: 18
 - PDF: 12 (67%)
 - Print: 5 (28%)
 - Email Contact: 1 (6%)
 - Clicks on links in release: 4
- 07/20/16 *American Psychiatric Nurses Association Introduces New Education to Combat Opioid Epidemic*
 - 134,583 Impressions
 - 1,663 Reads
 - 196 Pickups, including The News & Observer, Star Tribune, The Sun News
 - Total Release Interactions: 19
 - PDF: 12 (63%)
 - Print: 6 (32%)
 - Email Contact: 1 (5%)
 - Clicks on links in release: 14
- 08/17/16 *American Psychiatric Nurses Association Announces Election of New Leadership to Board of Directors, 2017 Nominating Committee*

- 144,976 Impressions
- 2,154 Reads
- 194 Pickups, including The News & Observer, Star Tribune, The Sun News
- Total Release Interactions: 102
 - PDF: 15 (15%)
 - Print: 87 (85%)
- Clicks on links in release: 9

- 09/08/16 *American Psychiatric Nurses Association's First Instructors Trained to Provide Education to Prevent Suicide through Assessment & Management of Risk in Inpatient Setting*
 - 22,229 Impressions
 - 1,051 Reads
 - 183 Pickups, including Star Tribune, El Nuevo Herald, The Sun News
 - Total Release Interactions: 10
 - Print: 6 (60%)
 - PDF: 3 (30%)
 - Email Release: 1 (10%)
 - Clicks on links in release: 17

2. ONLINE COMMUNICATIONS

- APNA Newsfeed Page
 - 24 posts to the Quick Updates section
- Member Bridge
 - 8 Announcements

Emails

APNA uses two email blast platforms to send emails to its contacts: i4a (primarily for APNA national communications) and Constant Contact (primarily for APNA Chapter and JAPNA communications).

Overall Emails (i4a and Constant Contact)

- Opened: 32.39% | Industry Standard 24.9%
- Link Clicked: 12.79% | Industry Standard 2.8%
- Unsubscribe rate: 0.09% | Industry Standard 0.5%

i4a Emails

- Overall Opened: 36.0%
- Overall Link Clicked: 12.6%
- Overall Unsubscribed: 0.09%
- Top 5 most clicked emails:
 - “Opioid Use Disorders - Free CE to Empower Your Practice”: Open rate of 63.46%; Click rate of 19.47%
 - “I got mine! Did you get yours?”: Open rate of 26.45%; click rate of 43.48%
 - “Psychopharmacology CE - New & Online”: Open rate of 45.65%; click rate of 17.3%
 - “Check out the new PMH-APRN Scope of Practice Interactive Map!”: Open rate of 77.24%; click rate of 25.37%
 - “Free CE for Suicide Prevention Week & Recovery Month”: Open rate of 39.89%; click rate of 13.12%

Constant Contact Emails

- These emails include APNA announcements regarding JAPNA, Council and Chapter Communication, and more.

Date	Subject	Opened	Clicked	Unsubscribe
Wednesday Sep 7	Free CE for Suicide Prevention Week & Recovery Month	39.89%	13.12%	0.09%
Tuesday Aug 2	Psychopharmacology CE - New & Online	45.65%	17.30%	0.09%
Tuesday Jul 26	Check out the new PMH-APRN Scope of Practice Interactive Map!	77.24%	25.37%	0.02%
Tuesday Jul 19	Opioid Use Disorders - Free CE to Empower Your Practice	63.46%	19.47%	0.08%
Wednesday Jul 6	I got mine! Did you get yours?	26.45%	43.48%	0.16%

- 0.3% unsubscribe rate

Date Range	Opened	Clicked	Bounces
Overall	26.1%	15.6%	3.9%
Last 3 months	20.4%	10.0%	4.0%

- For the period of May 26, 2016 to September 8, 2016, as compared to the same time the previous year:

	2016	2015
Bounces	3.93%	3.35%
Opt-outs	0.10%	0.11%
Opens	20.84%	23.84%
Clicks	13.89%	12.71%

3. APNA NEWS – ONLINE NEWSLETTER

Emailed out Once a Month (4 sent May 26, 2016 – September 8, 2016)

- Members' Corner Issue – bi-monthly (July)
 - 1 President's Message
 - Members featured in Member News, Member Profiles, and Articles: **73**

4. SOCIAL MEDIA

APNA uses a variety of social media accounts to engage with members, prospective members, and stakeholders. Below are reports on the current top platforms.

FACEBOOK

- **8,347 Likes** (As of 9/12/2016)
- Highest number of new likes (25) generated on September 1st after an Early Bird Registration Reminder post (“Revolutionize your practice with #PMHNCon like these nurses did! Only 6 days left to catch Early Bird registration and save \$75 on your registration: <http://bit.ly/1TlgP32>”) and a post in honor of Overdose Awareness Day that highlighted APNA’s free opioid use education: “It’s #OverdoseAwarenessDay, so access free resources for nurses at all levels of care to help address the opioid epidemic: <http://buff.ly/2bWCD9G>”

Top Five Posts (as of 9/12/2016):

Published	Post	Type	Targeting	Reach	Engagement
09/09/2016 1:38 pm	 Nursing assessments and interventions make a difference in su			7K	405 222
07/16/2016 10:00 am	 We are not helpless in the wake of violence. A new position paper			4.8K	200 195
07/06/2016 10:21 am	 An annual gathering of 1,600+ psychiatric-mental health nurses			4.6K	350 168
08/30/2016 4:13 pm	 Comprehensive orientation practices can help new nurses feel			4.4K	171 135
08/02/2016 12:53 pm	 Make Hildegard Peplau proud: Learn more about re-emphasizin			4.2K	214 176

Post Reach

- 97,682 people reached via Facebook between June 1, 2016 and September 12, 2016
- On average, posts reach 2,791 people
- 91,057 people reached via post featuring an APNA resource (93.22%)
- 80% of posts reach 1,000 or more people
 - 92.86% of those posts feature APNA resources

Advertising

3 Facebook ads were deployed during this time period:

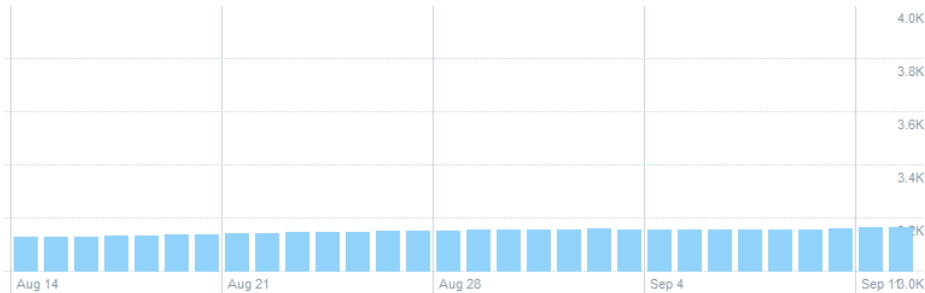
Date Range	Campaign Name	Link Clicks	Reach	Cost per Click	Total
8/23/2016 - 9/6/2016	Opioids Free CE - Rev	1,547	58,143	\$0.32	\$499.94
8/18/2016 - 9/7/2016	Annual Conference Video	775	16,239	\$0.39	\$300.00
7/27/2016 - 8/10/16	Opioids Free CE	1,748	56,399	\$0.29	\$500.00
Summary		4,070	116,916	\$0.32	\$1,299.94

TWITTER

- **3,169 Followers**

Top 5 Tweets:

Tweet text	impressions	engagement	retweets	likes	clicks
Calling ALL #nurses: Help fight the #opioidemic with new #free #continuinged: buff.ly/29PfkZt pic.twitter.com/oIBCRtqePD	2029	0.9%	4	0	3
We can rise above #violence. Learn more about ways #psychnursing can help prevent violence: http://buff.ly/29UiEX3 pic.twitter.com/Wy20hgMegz	1532	1.2%	7	3	1
#tbt: This week in 1946, the National Mental Health Act was signed, laying the groundwork for @NIMHgov.	1260	0.2%	2	1	0
Engaging patients in care is critical to #recovery. Browse recovery sessions at #PMHNCon: bit.ly/2a41xkt pic.twitter.com/N6AUsJ7vwt	1142	0.9%	3	1	0
Make Peplau proud: Learn more about emphasizing #psychotherapy, starting w/graduate nursing #education at #PMHNCon: bit.ly/2arJ5Qi	1140	1.8%	5	6	4



Your current follower audience size is 3,169
That's 37 more than the same time 30 days ago. You've gained around 1 new followers per day

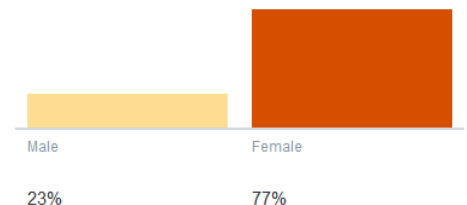
Interests

Interest name	% of audience
Health, mind, and body	77%
Business and news	71%
Politics and current events	66%
Science news	63%
Biotech and biomedical	59%
Business news and general info	58%
Movie news and general info	52%
Comedy (Movies and television)	44%
Tech news	41%
Nonprofit	40%

Occupation

Occupation type	% of audience
Health services	59%
Professional/technical	33%

Gender



Household income categories

Income category	% of audience
\$75,000 - \$99,999	18%
\$100,000 - \$124,999	13%
\$250,000+	10%
\$200,000 - \$249,999	10%
\$175,000 - \$199,999	10%

Values based on 32.6% match rate from Twitter partners

Net worth

Net worth category % of audience

YOUTUBE

- 87 videos
- 5,486 views



American Psychiatric Nurses Association

Created: Nov 8, 2011 · Videos: 87

CHANNEL

May 26, 2016 – Sep 8, 2016

Watch time

Minutes

5,486 ▼



Average view duration

Minutes

4:57 ▼



Views

1,108 ▼



Your estimated revenue *

\$0.00



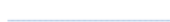
Likes

2 ▼



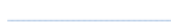
Dislikes

0 ●



Comments

0 ●



Shares

23 ▲



Videos in playlists

11 ▲



Subscribers

8 ▼



INSTAGRAM

On March 17, 2016, the APNA official Instagram account was created. Instagram is being piloted to see how it fits into our overall social media strategy.

- 411 followers
- 24 posts since inception
- Top 6 Posts average 375 impressions each

Top 5 Instagram Posts



Instagram text	Impressions (times post was seen)	Reach (unique accounts that saw post)	Engagement (comments & likes)
#firstresponders, including #firefighters, #paramedics, and #EMTs, have a higher frequency of exposure to traumatic events. Learn how to support their #mentalhealth needs at #PMHNCon: http://bit.ly/2bPM9Zz	408	222	35
Positive #practice can help both #nursing #students and their patients build #resilience and #selfcare skills. Learn more at #PMHNCon: http://bit.ly/2aWHwz	386	217	21
Pop quiz: Can you identify #strategies that can help prevent #suicide? Learn more about mitigating suicide risk at #PMHNCon: http://bit.ly/2bxpljh	385	228	25
Make Hildegard Peplau proud: Learn more about re-emphasizing #psychotherapy in practice, starting with graduate #nursing #education curricula, at #PMHNCon: http://bit.ly/2aK9WeG	372	212	32

Comprehensive orientation practices can help #newnurses feel more confident in their practice. Learn how you can initiate change at #PMHNCon: http://bit.ly/2bYa3Uh	352	209	18
Every nurse can help to #turnthetide of the opioid epidemic. Share this free continuing education to empower ALL nurses: http://bit.ly/2ak9p1T	345	197	24

5. PRINT COMMUNICATIONS

- New Member Packet – Includes welcome letter, Resource Center Brochure, eLearning Center Brochure, ANA eMembership Postcard, Scope & Standards Postcard, Member Bridge Brochure, APNA Transitions in Practice Brochure
- Elections postcard mailed June 2016
- 2 Rounds of Annual Conference Registration Brochures: Mailed June 2016, August 2016
- Annual Conference letter and flyer mailed to contacts within 100 mile radius of Hartford

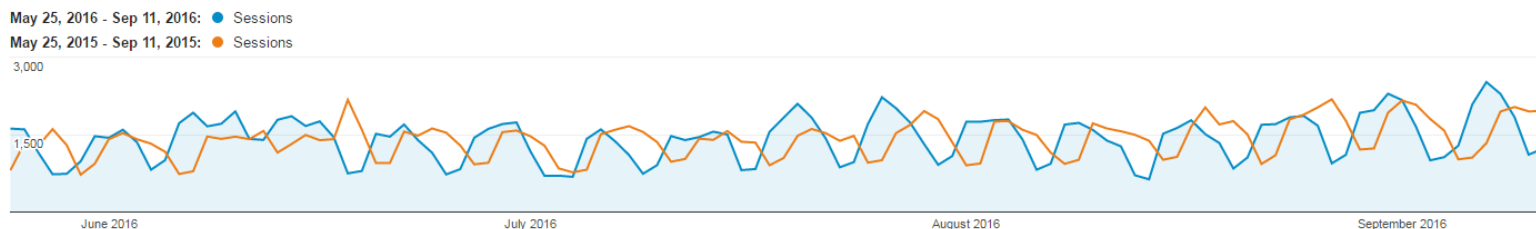
APNA Website Report

1. APNA Website (<http://www.apna.org>)
2. Member Bridge (<http://community.apna.org>)

APNA WEBSITE

The APNA site host installed changes in their platform during this time period. This caused our mobile data tracking capability to be nullified. The issue was not identified until September 13, 2016. To most accurately represent site performance this quarter, the website numbers shown do not include mobile visits from either year.

From May 25, 2016 to September 11, 2016 (as compared to May 25, 2015 – September 11, 2015):



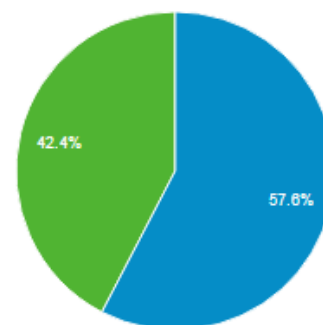
Visits / Visitors

Visits: 148,296 – up 21.16%

Visits per Day: 1,361

- Highest on Wednesday, September 7 at **2,345 visits** → Early Bird Registration deadline for the Annual Conference.
- New Users: 57.60% of visitors – up 17.80%
- Returning Visitors: 42.40% of visitors – up 26.05%
- Average Time on Website: 2:57 – down 20.46%

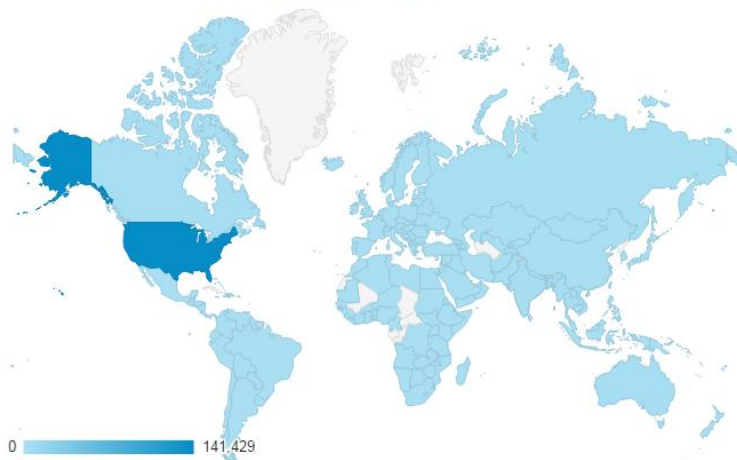
■ New Visitor ■ Returning Visitor
May 25, 2016 - Sep 11, 2016



Visits by Location:

1. United States – up 19.60%
2. India – up 19.12%
3. Australia – up 51.86%
4. United Kingdom – up 38.63%
5. Canada – down 3.99%
6. Philippines – up 44.12%
7. Russia – up 3,046.15%
8. Pakistan – up 55.81%
9. Malaysia – up 54.98%

May 25, 2016 - Sep 11, 2016



10. South Africa – up 76.43%

Page views / Top Content

Page views: 477,694 (up 12.61%)

- Most page views on September 7 at 8,639 page views → Early Bird Registration deadline for Annual Conference
- Average time on page: 1:20 – down 11.71%

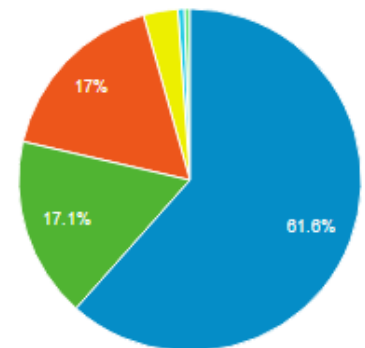
Top Content February May 25, 2016 to September 11, 2016:

1. APNA Homepage – down 11.01%
2. Member Login – up 223.05%
3. About Psych Nurses – down 1.98%
4. Annual Conference – down 8.55%
5. **Continuing Education – up 25.51%**
6. Password Reset – up 15.86%
7. Graduate Programs – down 2.43%
8. **Free Continuing Education – up 10.52%**
9. **Membership – up 17.62%**
10. Student Verification Letter Example – up 530,400%

Traffic Sources

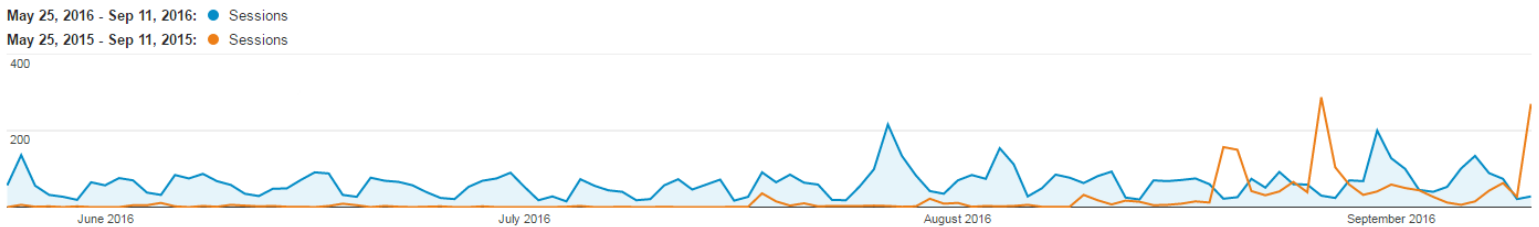
- Direct Traffic: 16.36% of all traffic (up 26.76%)
- Referring Sites: 18.59% (up 100.30%)
 - 27,571 visits
 - Top Referring Sites:
 1. eLearning Center
 2. Member Bridge
 3. Pathlms.com (Opioid Use Education and ATP host site)
 4. Express Evaluations (CPI and Annual Conference evaluations site)
 5. NurseCredentialing.org
- Search Engines: 59.92% of all visits (up 1.49%)
 - Top Keywords Searched
 1. APNA
 2. American Psychiatric Nurses Association
 3. APNA Conference
 4. Psychiatric Nurse Practitioner
 5. APNA Conference 2016
 6. Psychiatric Nursing
 7. Psychiatric Nurse
 8. apna.org

Feb 1, 2016 - May 24, 2016



- 9. Nurses Day Greetings from APNA
- 10. www.apna.org
- Social: 0.66% of all visits (up 37.66%)
 - Social Media Revenue
 1. In this time period, social media posts led to registrations and other forms of revenue for APNA 22 times for a total of \$1,580 (.94% of overall web revenue)
 - Visits via Social Referral Site: 960– down 28.78%
 1. Facebook – 769 – down 18.88%
 2. Allnurses.com – 122 - down 47.19%
 3. Twitter – 26 – down 62.86%
 - Actions on site using Social Sharing Plug-In on Website
 1. Share on Facebook: 127
 2. Share on Google Plus: 37
 3. Share on Pinterest: 35
 - Most Shared Pages
 1. Opioid Use Continuing Education (426)
 2. Homepage (106)
 3. Continuing Education: Opioid Use Disorders (84)
 4. Welcome to APNA (43)
 5. About Psychiatric-Mental Health Nurses (29)

Custom URLs



- 6,653 site visits came through a custom URL (32.23% of all site visits)
 - Homepage: 4,163
 - Email: 1,378
 - Member Bridge: 569
 - Newsletter: 336
 - Social (Facebook, Twitter, YouTube, Pinterest, Google+): 121
- 16.42% of those site visits led to an Annual Conference registration

Top 5 Custom URL Campaigns

1. 2016 Annual Conference: 3,020 clicks (77.63%)
2. 2016 CPI: 799 (12.01%)
3. 2015 Suicide Competencies Homepage and Member Bridge Ads: 381 (5.73%)

4. Opioid Use Continuing Education: 358 (5.38%)
5. Members Corner Featured Articles: 330 (4.96%)

MEMBER BRIDGE

Current Stats - Since Inception	
Agreed to Terms	15602
Communities	588
Community Members	63855
Connections Made	4470
Content Contributions	55889
Engagement Score	3112594
People with > 2 Friends	1138
Profiles Created	3150
Profiles with Pictures	1527
Total Logins	423907
Unique Logins	17202

From May 25, 2016 to September 11, 2016:

Visits: 37,379 – up 99.06%

Visits per Day: 343

- Highest on Friday, June 10 at **719 visits**
- *Unique Visitors:* 15,756 – up 82.91%
- New Users: 34.05% of visitors – up 104.19%
- Returning Visitors: 65.95% of visitors – up 96.51%
- Average Time on Website: 2:57 – up 6.50%

Page views: 415,312

- Average pages Viewed Per Session: 11.11
- Most page views on June 7th at 7,657 page views
- Average time on page: 0:17 – down 77.91%

Community Discussions:

All Communities						
Subscribed	Unsubscribed	Total Public Messages	New Threads	Public Replies	Private Replies	Members
5010	3822	2043	677	1376	434	32,286

All Purpose Discussion Forum					
Subscribed	Unsubscribed	Unique Contributors	Total Public Messages	New Threads	Public Replies

1,609	1,738	602	1,073	279	794
Contributor with the most public messages		Brooke Finley			
Title of message with the most recommends		RE: DNP mental health			
Title of message with the most replies		Suggestions for a patient with severe anxiety?			

Logins:

Total Logins During Date Range	Unique Contacts During Date Range
27,509	5,082

Resource Libraries:

All Resources Accessed: May 25 – September 11, 2016 *(as compared to May 25 – September 11, 2015)*

- 628 Total Resources Shared (up 24.85%)
- 8,129 Views (up 248.75%)
- 11,127 Downloads (up 310.46%)

New Resources Added: May 25 – September 11, 2016 *(as compared to May 25 – September 11, 2015)*

- 210 Total Resources Shared (up 61.54%)
- 3,566 Views (up 19.81%)
- 4,075 Downloads (up 30.82%)

Top 5 Entries February 1 – May 24				
Library Name	Entry Title	Created	Views	Downloads
14th Annual Clinical Psychopharmacology Institute	1006: Assessment and Treatment of Transgender and Gender Expansive Youth	5/26/2016	589	1,012
14th Annual Clinical Psychopharmacology Institute	1002: Pharmacologic Treatment of Schizophrenia: How Far Have We Come?	6/1/2016	483	77
All-Purpose Discussion Forum	RE: patient acuity	5/30/2016	132	243
All-Purpose Discussion Forum	Professional boundaries Attachments	8/8/2016	122	197
All-Purpose Discussion Forum	Help Needed for Research Attachments	8/9/2016	100	103

Mentor Match:

- **174 Mentors Enrolled**
- **321 Mentees Enrolled**
- **1 Mentorship**

Search Terms:

Top 10 Search Terms	Use Count
psychiatric ed	122
safety	57
aprn practice	45
contraband	39
rn practice	38
charting	35
prescribing	35
private practice	33
administrative council	33
pmhnp	32

Hi Kathy and Tari,

Below is a quick summary of many of the organizations with which we have been involved:

- American Nurses Association Organizational Affiliates
- Rosalynn Carter Symposium
- CMS – National Partnership to Improve Dementia Care in Nursing Homes
- Congressional Research Office
- Global Advisory Panel on the Future of Nursing
- Institute of Medicine
- LACE Task Force, National Council of State Boards of Nursing
- Mental Health Liaison Group
- National Council for Behavioral Health
- National Council of State Boards of Nursing
- National Institute on Drug Abuse
- National Institute of Mental Health
- National Task Force on Quality Nurse Practitioner Education
- Nursing Alliance Leadership Academy
- Nursing Community
- Nursing Organizations Alliance
- Office of National Drug Control Policy
- Robert Wood Johnson Foundation Think Tank
- Substance Abuse and Mental Health Services Administration
- Tricouncil of Nursing
- Veteran’s Administration Brain Trust, Stakeholders Meeting
- White House Group to Combat Opioid Epidemic
- White House Joining Forces Initiative

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION
AND AFFILIATE**

**CONSOLIDATED FINANCIAL STATEMENTS
AND INDEPENDENT AUDITOR'S REPORT**

DECEMBER 31, 2015 AND 2014

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Consolidating Schedule of Activities, Year Ended December 31, 2015	21



Independent Auditor's Report

To the Board of Directors
American Psychiatric Nurses Association and Affiliate
Falls Church, VA

We have audited the accompanying consolidated statements of financial position of American Psychiatric Nurses Association and American Psychiatric Nursing Foundation, (nonprofit organizations), as of December 31, 2015 and 2014 and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

Independent Auditor's Report
American Psychiatric Nurses Association and Affiliate
Page Two

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial positions of American Psychiatric Nurses Association and American Psychiatric Nursing Foundation as of December 31, 2015 and 2014, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating schedule of financial position and the consolidating schedule of activities on pages 20 and 21 are presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Jane Morrison & McQuade PA

Washington, DC
May 5, 2016

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2015 AND 2014

	2015	2014
<u>ASSETS</u>		
CURRENT ASSETS		
Cash and cash equivalents	\$ 681,740	\$ 507,563
Investments	2,192,353	1,874,875
Accounts receivable	52,713	72,100
Grants and pledges receivable	216,915	25,000
Prepaid expenses	54,466	50,942
Total Current Assets	3,198,187	2,530,480
OTHER ASSETS		
Property and equipment, net	83,201	95,133
Security deposit	23,788	23,788
Total Other Assets	106,989	118,921
TOTAL ASSETS	\$ 3,305,176	\$ 2,649,401
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES		
Accounts payable	\$ 18,939	\$ 10,569
Accrued expenses	123,876	98,309
Deferred revenue	113,720	28,200
Deferred rent	78,763	77,431
Total Current Liabilities	335,298	214,509
NET ASSETS		
Board designated	887,601	688,175
Undesignated	2,036,277	1,700,717
Total Unrestricted	2,923,878	2,388,892
Permanently restricted	46,000	46,000
Total Net Assets	2,969,878	2,434,892
TOTAL LIABILITIES AND NET ASSETS	\$ 3,305,176	\$ 2,649,401

See independent auditor's report and accompanying notes to the consolidated financial statements.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENT OF ACTIVITIES
YEAR ENDED DECEMBER 31, 2015**

	Unrestricted	Permanently Restricted	Total
REVENUE AND SUPPORT			
Membership dues	\$ 1,310,923	\$ -	\$ 1,310,923
Meeting registration income	1,361,124	-	1,361,124
Sponsorships, grants and contributions	386,219	-	386,219
Royalties	302,723	-	302,723
Advertising	42,250	-	42,250
Sales revenue	194,081	-	194,081
Chapter income	84,010	-	84,010
Interest and dividend income	29,346	-	29,346
Net depreciation in fair value of investments	(62,308)	-	(62,308)
Total Revenue and Support	3,648,368	-	3,648,368
EXPENSES			
Program Services:			
Conferences	965,353	-	965,353
Education and information	486,470	-	486,470
Membership services	672,356	-	672,356
Total Program Services	2,124,179	-	2,124,179
Support Services:			
Management and general	978,117	-	978,117
Fundraising	11,086	-	11,086
Total Support Services	989,203	-	989,203
Total Expenses	3,113,382	-	3,113,382
CHANGE IN NET ASSETS	534,986	-	534,986
NET ASSETS, beginning of year	2,388,892	46,000	2,434,892
NET ASSETS, end of year	\$ 2,923,878	\$ 46,000	\$ 2,969,878

See independent auditor's report and accompanying notes to the consolidated financial statements.

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENT OF ACTIVITIES
YEAR ENDED DECEMBER 31, 2014

	Unrestricted	Permanently Restricted	Total
REVENUE AND SUPPORT			
Membership dues	\$ 1,169,926	\$ -	\$ 1,169,926
Meeting registration income	1,060,374	-	1,060,374
Sponsorships, grants and contributions	237,328	-	237,328
Royalties	242,927	-	242,927
Contract income	58,488	-	58,488
Advertising	30,850	-	30,850
Sales revenue	124,434	-	124,434
Interest and dividend income	38,725	-	38,725
Net appreciation in fair value of investments	36,973	-	36,973
Total Revenue and Support	3,000,025	-	3,000,025
EXPENSES			
Program Services:			
Conferences	829,621	-	829,621
Education and information	450,071	-	450,071
Membership services	611,998	-	611,998
Total Program Services	1,891,690	-	1,891,690
Support Services:			
Management and general	878,086		878,086
Fundraising	9,952	-	9,952
Total Support Services	888,038	-	888,038
Total Expenses	2,779,728	-	2,779,728
CHANGE IN NET ASSETS	220,297	-	220,297
NET ASSETS, beginning of year	2,168,595	46,000	2,214,595
NET ASSETS, end of year	\$ 2,388,892	\$ 46,000	\$ 2,434,892

See independent auditor's report and accompanying notes to the consolidated financial statements.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2015**

	PROGRAM SERVICES				SUPPORT SERVICES			
	Conferences	Education and Information	Membership Services	Total Program Services	Management and General	Fundraising	Total Support Services	Total
Personnel costs:								
Salaries	\$ 272,284	\$ 185,153	\$ 250,501	\$ 707,938	\$ 375,752	\$ 5,446	\$ 381,198	\$ 1,089,136
Payroll taxes	41,409	28,158	38,096	107,663	57,145	828	57,973	165,636
Employee benefits	27,343	18,593	25,156	71,092	37,733	547	38,280	109,372
Retirement	20,168	13,714	18,555	52,437	27,832	403	28,235	80,672
Subtotal personnel costs	361,204	245,618	332,308	939,130	498,462	7,224	505,686	1,444,816
Advertising	-	-	-	-	584	-	584	584
Auditing and accounting	-	-	-	-	14,354	-	14,354	14,354
Audio visual	60,779	24,520	2,089	87,388	3,759	-	3,759	91,147
Bank and credit card fees	33,528	8,656	51,759	93,943	16,284	-	16,284	110,227
Commission	9,123	800	-	9,923	-	-	-	9,923
Conference and meeting	265,078	45,267	-	310,345	495	-	495	310,840
Consultants	36,893	4,566	77,422	118,881	77,849	-	77,849	196,730
Contributions	-	-	-	-	1,000	-	1,000	1,000
Depreciation and amortization	5,290	3,597	4,867	13,754	7,299	106	7,405	21,159
Dues and subscriptions	665	1,500	30,641	32,806	42,071	-	42,071	74,877
Honorarium and scholarships	5,000	24,248	500	29,748	-	-	-	29,748
Information technology	10,395	7,068	9,563	27,026	14,344	208	14,552	41,578
Investment fees	-	-	-	-	15,306	-	15,306	15,306
Insurance	-	-	-	-	17,761	-	17,761	17,761
Legal	-	-	-	-	23,491	-	23,491	23,491
Occupancy	26,374	17,934	24,264	68,572	36,395	527	36,922	105,494
Office expenses	14,458	9,832	13,302	37,592	19,952	289	20,241	57,833
Office supplies	15,912	10,820	14,639	41,371	21,960	318	22,278	63,649
Postage and delivery	17,281	11,751	15,899	44,931	23,848	346	24,194	69,125
Printing and copying	16,337	11,109	15,030	42,476	22,545	327	22,872	65,348
Product	4,125	2,805	3,795	10,725	5,691	82	5,773	16,498
Professional services	5,586	3,798	5,139	14,523	7,708	112	7,820	22,343
Telephone	6,743	4,585	6,204	17,532	9,305	135	9,440	26,972
Travel	61,347	41,716	56,439	159,502	84,909	1,227	86,136	245,638
Website	9,235	6,280	8,496	24,011	12,745	185	12,930	36,941
Total Expenses	\$ 965,353	\$ 486,470	\$ 672,356	\$ 2,124,179	\$ 978,117	\$ 11,086	\$ 989,203	\$ 3,113,382

See independent auditor's report and accompanying notes to the consolidated financial statements.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2014**

	PROGRAM SERVICES				SUPPORT SERVICES			Total
	Conferences	Education and Information	Membership Services	Total Program Services	Management and General	Fundraising	Total Support Services	
Personnel costs:								
Salaries	\$ 248,362	\$ 168,886	\$ 228,493	\$ 645,741	\$ 342,739	\$ 4,967	\$ 347,706	\$ 993,447
Payroll taxes	35,188	23,928	32,373	91,489	48,558	704	49,262	140,751
Employee benefits	23,329	15,864	21,463	60,656	32,193	467	32,660	93,316
Retirement	16,209	11,022	14,913	42,144	22,369	324	22,693	64,837
Subtotal personnel costs	323,088	219,700	297,242	840,030	445,859	6,462	452,321	1,292,351
Advertising	6,996	-	-	6,996	-	-	-	6,996
Auditing and accounting	-	-	-	-	15,690	-	15,690	15,690
Audio visual	64,569	21,748	6,120	92,437	-	-	-	92,437
Bank and credit card fees	23,095	5,516	59,187	87,798	15,188	-	15,188	102,986
Commission	44,145	-	-	44,145	-	-	-	44,145
Conference and meeting	155,006	51,020	-	206,026	3,016	-	3,016	209,042
Consultants	21,100	6,390	58,218	85,708	56,964	-	56,964	142,672
Contributions	-	-	-	-	200	-	200	200
Depreciation and amortization	4,190	2,849	3,855	10,894	5,781	84	5,865	16,759
Dues and subscriptions	665	1,500	30,641	32,806	19,336	-	19,336	52,142
Honorarium and scholarships	16,400	25,500	-	41,900	5,298	-	5,298	47,198
Information technology	8,663	5,891	7,970	22,524	11,953	173	12,126	34,650
Investment fees	-	-	-	-	14,570	-	14,570	14,570
Insurance	-	-	-	-	13,593	-	13,593	13,593
Legal	-	-	-	-	46,821	-	46,821	46,821
Moving	-	-	-	-	351	-	351	351
Occupancy	26,275	17,867	24,173	68,315	36,259	525	36,784	105,099
Office expenses	3,395	2,309	3,123	8,827	4,685	68	4,753	13,580
Office supplies	16,712	11,364	15,375	43,451	23,064	334	23,398	66,849
Postage and delivery	18,042	12,268	16,598	46,908	24,897	361	25,258	72,166
Printing and copying	16,224	11,032	14,926	42,182	22,391	324	22,715	64,897
Product	7,209	4,902	6,633	18,744	9,949	144	10,093	28,837
Professional services	6,891	4,686	6,339	17,916	9,508	138	9,646	27,562
Telephone	6,354	4,321	5,845	16,520	8,768	127	8,895	25,415
Travel	48,670	33,095	44,776	126,541	67,480	973	68,453	194,994
Website	11,932	8,113	10,977	31,022	16,465	239	16,704	47,726
Total Expenses	\$ 829,621	\$ 450,071	\$ 611,998	\$ 1,891,690	\$ 878,086	\$ 9,952	\$ 888,038	\$ 2,779,728

See independent auditor's report and accompanying notes to the consolidated financial statements.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2015 AND 2014**

	2015	2014
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 534,986	\$ 220,297
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	21,159	16,759
Net depreciation (appreciation) in fair value of investments	62,308	(36,973)
Decrease (increase) in assets:		
Accounts receivable	19,387	2,338
Grants and pledges receivable	(191,915)	25,000
Prepaid expenses	(3,524)	(16,025)
Increase (decrease) in liabilities:		
Accounts payable	8,370	(4,870)
Accrued expenses	25,567	(49,061)
Deferred revenue	85,520	10,470
Deferred rent	1,332	4,050
Net Cash Provided by Operating Activities	563,190	171,985
 CASH FLOWS FROM INVESTING ACTIVITIES		
Net proceed from sale of investments	1,022,670	106,379
Purchases of investments	(1,402,456)	(128,675)
Purchases of property and equipment	(9,227)	(7,315)
Net Cash Used by Investing Activities	(389,013)	(29,611)
 NET CHANGE IN CASH AND CASH EQUIVALENTS	174,177	142,374
 CASH AND CASH EQUIVALENTS, beginning of year	507,563	365,189
 CASH AND CASH EQUIVALENTS, end of year	\$ 681,740	\$ 507,563

See independent auditor's report and accompanying notes to the consolidated financial statements.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014**

NOTE A – NATURE OF ORGANIZATION

American Psychiatric Nurses Association (“APNA”) was originally established in 1983 in the state of Illinois as a not-for-profit corporation. In 1988, the Illinois corporation was dissolved and re-formed as a Delaware not-for-profit corporation. APNA’s primary purpose is to provide leadership to advance psychiatric mental health nursing practices, improve mental health care for individuals, families, groups, and communities and shape policy for the delivery of mental health services.

The majority of APNA’s revenues are derived from membership dues, conference registration fees, and conference and project sponsorships. APNA hosts two major conferences each year: the Annual Conference and the Clinical Psychopharmacology Institute. APNA publishes a bi-monthly Journal: “*Journal of the American Psychiatric Nurse Association*”.

APNA formed the American Psychiatric Nursing Foundation (“APNF”) in 2002 to provide resources to advance the profession of psychiatric nursing. APNA’s board of directors may appoint the board of trustees APNF. APNF was designed to raise funds to support APNA’s mission and support long-range growth.

APNA and APNF are collectively referred to as the “Association”.

Program Descriptions

Conferences – APNA holds two national conferences each year, the Clinical Psychopharmacology Institute (“CPI”) Conference in June and the Annual Conference in October. CPI focuses on complex clinical issues addressing the most current practices and insights on clinical psychopharmacology. The Annual Conference is the premiere event for psychiatric nursing and is held in a new location each year to encourage regional participation. The Association recognizes outstanding contributions to the Association and psychiatric nursing through the presentation of the Annual Awards.

Education and Information - The Association provides online continuing nursing education opportunities to members and nonmembers via their “eLearning Center”. One hundred and thirty-four sessions were offered in 2015 through publications, webinars, webcasts and podcasts. In order to facilitate continuing nursing education and to promote psychiatric mental health nursing, the Association administered a scholarship program for 30 graduate and undergraduate nursing students to attend the Annual Conference.

Membership Services – Expenses associated with member services provides for the maintenance of the membership database and the presence of a national network that enables members to communicate with each other in the development of standards and policies to advance the discipline of psychiatric-mental health nursing within the field of mental illness and substance abuse disorders.

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014
(continued)

NOTE B – SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The Association prepares its financial statements on the accrual basis of accounting. Therefore, revenue and related assets are recognized when earned and expenses and related liabilities are recognized as the obligations are incurred.

Basis of Presentation

The consolidated financial statements include the accounts of APNA and APNF. All material inter-company transactions have been eliminated.

Financial statement preparation follows Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) topic Not-for-Profit Entities. In accordance with the topic, net assets, revenue, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Association and changes therein are classified and reported as follows:

Unrestricted Net Assets - Net assets not subject to donor-imposed restrictions. Unrestricted net assets include \$887,601,197 and \$688,175 of board designated net assets as of December 31, 2015 and 2014, respectively, which are designated for operating reserves.

Temporarily Restricted Net Assets - Net assets subject to donor-imposed stipulations that may or will be met by either actions of the association and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and are reported in the statement of activities as net assets released from restrictions. There were no temporarily restricted net assets as of December 31, 2015 and 2014.

Permanently Restricted Net Assets - Net assets are subject to donor-imposed stipulations that the assets will be maintained permanently by the Association. There were \$46,000 of permanently restricted net assets as of December 31, 2015 and 2014.

Cash and Cash Equivalents

The Association considers demand deposits, money market funds and investments purchased with an original maturity of three months or less to be cash equivalents.

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014

(continued)

NOTE B – SUMMARY OF ACCOUNTING POLICIES - continued

Cash and Cash Equivalents – continued

The Association has cash balances in a bank in excess of amounts federally insured. The uninsured balances totaled approximately \$85,000 at December 31, 2015. The Association maintains its cash with a high quality financial institution which the Association believes limits these risks.

Investments

Investments are stated at fair value, based on quoted market prices, if available. Interest is recognized when earned. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in the fair value of investments include the gains or losses on investments bought and sold as well as held during the year.

Accounts, Grants and Pledges Receivable

Accounts, grants and pledges receivable are stated at the amount that management expects to collect from balances outstanding at year end. Annually, management determines if an allowance for doubtful accounts is necessary based upon review of outstanding receivables, historical collection information, and existing economic conditions. Accounts deemed uncollectible are charged off based on specific circumstances of the parties involved. Management believes all receivables are collectible. Therefore, no allowance for uncollectible accounts has been established.

Property and Equipment

Property and equipment are recorded at cost. Major additions, replacements, and betterments with costs of at least \$500 and lives greater than one year are capitalized, while repairs and maintenance are expensed. Leasehold improvements are amortized over the shorter of the assets' useful life or lease term. Depreciation and amortization is recorded using the straight-line method over the estimated useful lives of the assets as follows:

Furniture and fixtures	7 Years
Computer, software and website	3 Years
Leasehold improvements	5 Years

Deferred Revenue

Deferred revenue consists of conference registrations and exhibit booth fees received in advance of the periods in which they are earned.

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014
(continued)

NOTE B – SUMMARY OF ACCOUNTING POLICIES – continued

Deferred Rent

Rent expense is recognized on a straight line basis over the term of the lease. Deferred rent liability represents rent expense in excess of cash payments since commencement of the lease agreement.

Revenue Recognition

Membership dues are recognized ratably over the applicable dues period, which coincides with the Association's fiscal year. Revenue received for dues which relates to subsequent years is reflected as deferred revenue.

Annual conference and sponsorship revenue is recognized in the year in which the meetings and events are held. Amounts received in advance are recorded as deferred revenue.

The Association reports grants and contributions as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and are reported in the statement of activities as net assets released from restrictions.

Revenue from royalties, advertising and the sale of products is recognized in the period that it is earned.

Contracts revenue is treated as an exchange transaction, in which revenue is earned when eligible expenditures, as defined in each contract, are incurred. Funds received but not yet earned are recorded as deferred revenue.

Functional Allocation of Expenses

The costs of providing the various programs and activities have been summarized on a functional basis in the statement of activities and detailed in a supplemental schedule of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014
(continued)

NOTE B – SUMMARY OF ACCOUNTING POLICIES – continued

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

NOTE C – INCOME TAXES

APNA and APNF are both 501(c)(3) tax exempt organizations exempt from federal income tax under the provisions of Section 501(a) of the Internal Revenue Code (“IRC”), except on unrelated business activities. Both organizations are separate entities for income tax reporting, and they file separate information returns and other tax returns as required.

The Association believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the consolidated financial statements or that would have an effect on its tax-exempt status. There are no unrecognized tax benefits or liabilities that need to be recorded.

The Association’s information returns are subject to examination by the Internal Revenue Service (“IRS”) for a period of three years from the date they were filed, except under certain circumstances. The Association’s Form 990 returns for the years 2012 through 2014 are open for examination by the IRS, although no request has been made as of the date of these consolidated financial statements.

NOTE D – INVESTMENTS AND FAIR VALUE MEASUREMENT

Fair value, as defined in the fair value measurement accounting guidance, is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, or exit price.

The guidance on fair value measurement accounting requires the Association make assumptions market participants would use in pricing an asset or liability based on the best information available. The Association considers factors that were not previously measured when determining the fair value of financial instruments. These factors include nonperformance risk (the risk that the obligation will not be fulfilled) and credit risk, of the reporting entity (for liabilities) and of the counterparty (for assets). The fair value measurement guidance prohibits inclusion of transaction costs and any adjustments for blockage factors in determining the instruments’ fair value. The

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014
(continued)

NOTE D – INVESTMENTS AND FAIR VALUE MEASUREMENT – continued

principal or most advantageous market should be considered from the perspective of the reporting entity.

Fair value, where available, is based on observable quoted market prices. Where observable prices or inputs are not available, several valuation models and techniques are applied. These models and techniques attempt to maximize the use of observable inputs and minimize the use of unobservable inputs. The process involves varying levels of management judgment, the degree of which is dependent on the price transparency of the instruments or market and the instruments' complexity.

To increase consistency and enhance disclosure of the fair value of financial instruments, the fair value measurement accounting topic creates a fair value hierarchy to prioritize the inputs used to measure fair value into three categories. A financial instrument's level within the fair value hierarchy is based on the lowest level of input significant to the fair value measurement, where level 1 is the highest and level 3 is the lowest. The three levels are defined as follows:

Level 1 – Observable inputs such as quoted prices in active markets. Active markets are those in which transactions for the asset or liability occur with sufficient frequency and volume to provide pricing information on an ongoing basis.

Level 2 – Inputs other than quoted prices in active markets that are either directly or indirectly observable. These include quoted market prices for similar assets or liabilities, quoted market prices for identical or similar assets in markets that are not active, adjusted quoted market prices, inputs from observable data such as interest rate and yield curves, volatilities or default rates observable at commonly quoted intervals or inputs derived from observable market data by correlation or other means.

Level 3 – Unobservable inputs in which little or no market data exists, therefore requiring an entity to develop its own assumptions. Unobservable inputs should only be used to the extent observable inputs are not available.

The fair value of the Association's investments in mutual funds and common stocks are based on observable market quotations. The fair values of corporate bonds have been provided by the Association's investment managers and custodian banks, who use a variety of pricing sources to determine market valuations, including indexes for each sector of the market.

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014
(continued)

NOTE D – INVESTMENTS AND FAIR VALUE MEASUREMENT – continued

The following table presents the Association’s fair value hierarchy, for assets measured at fair value on a recurring basis as of December 31, 2015:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds				
Equity	\$ 1,292,728	\$ -	\$ -	\$ 1,292,728
Fixed income	830,907	-	-	830,907
Common stocks	16,900	-	-	16,900
Corporate bonds	-	51,818	-	51,818
Total	<u>\$ 2,140,535</u>	<u>\$ 51,818</u>	<u>\$ -</u>	<u>\$ 2,192,353</u>

The following table presents the Association’s fair value hierarchy, for assets measured at fair value on a recurring basis as of December 31, 2014:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds				
Equity	\$ 954,257	\$ -	\$ -	\$ 954,257
Fixed income	834,606	-	-	834,606
Common stocks	34,743	-	-	34,743
Corporate bonds	-	51,269	-	51,269
Total	<u>\$ 1,823,606</u>	<u>\$ 51,269</u>	<u>\$ -</u>	<u>\$ 1,874,875</u>

Although management believes the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014**

(continued)

NOTE E – PROPERTY AND EQUIPMENT

Property and equipment consisted of the following as of December 31, 2015 and 2014:

	2015	2014
Computer, software and website	\$ 99,513	\$ 90,286
Furniture and fixtures	61,620	61,620
Leasehold improvements	41,391	41,391
	202,524	193,297
Less accumulated depreciation and amortization	(119,323)	(98,164)
Net Property and Equipment	\$ 83,201	\$ 95,133

Depreciation and amortization expense for the years ended December 31, 2015 and 2014 totaled \$21,159 and \$16,759, respectively.

NOTE F – RETIREMENT PLAN

The Association established retirement benefits pursuant to Section 403(b) of the IRC. Under Section 403(b), the Association sponsors a defined contribution plan for eligible employees, who become eligible to participate after three months of service. The Association contributes 5% of employees' annual salaries. Also, all employees, excluding student interns, consultants and temporary employees, after one month of service are eligible to participate in a tax-deferred annuity plan under Section 403(b). Retirement expense for the years ended December 31, 2015 and 2014 totaled \$80,672 and \$64,837, respectively.

NOTE G – OPERATING LEASE

On August 1, 2012, the Association entered into a lease agreement for its office space at 3141 Fairview Park Drive, Falls Church, VA. The term of the lease is 128 months, expiring March 31, 2023. The future minimum lease payments are as follows:

December 31,	2016	\$ 104,396
	2017	107,259
	2018	110,220
	2019	113,252
	2020	116,358
	Thereafter through 2023	273,627
		\$ 825,112

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014
(continued)

NOTE G – OPERATING LEASE - continued

The occupancy expense for the years ended December 31, 2015 and 2014, totaled \$105,494 and \$105,099, respectively.

NOTE H – ENDOWMENT

Effective February 2008, Virginia enacted the Uniform Prudent Management of Institutional Funds Act (UPMIFA), the provisions of which apply to endowment funds existing on or established after that date. The Association is required to act prudently when making decisions to spend or accumulate donor restricted endowment assets and in doing so, to consider a number of factors including the duration and preservation of its donor restricted endowment funds. As a result of this interpretation, the Association classified as permanently restricted net assets the original value of gifts donated to be held in perpetuity. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Association in a manner consistent with the standard of prudence prescribed by UPMIFA.

The Association has one donor restricted endowment, the Jane A. Ryan Endowment Fund (the “Fund”), donated to APNF. The purpose of the Fund is to provide a sustaining source of income to develop a leadership program for potential Association leaders to learn how to successfully represent the President of the American Psychiatric Nursing Foundation.

Investment Return Objectives, Risk Parameters and Strategies

APNF has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets.

To satisfy its investment objectives, APNF relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). APNF targets a diversified asset allocation that places emphasis on a balanced portfolio to preserve the principal, yet produce earnings to be spent to support the endowment purposes.

Spending Policy

APNF’s Board of Trustees approves endowment spending as part of its annual budget formulation. As part of the budget process, APNF considers the expected return on its endowment. Accordingly, over the long term, APNF expects the current spending policy to allow its endowment to grow or at least keep the principal intact. This is consistent with APNF’s objective of maintaining the purchasing power of the endowment assets held in perpetuity.

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014
(continued)

NOTE H – ENDOWMENT – continued

The fair value of the assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA required APNF to retain as a fund of perpetual duration. As of December 31, 2015 and 2014, there were no deficiencies in the endowment funds.

The endowment balance at December 31, 2015 and 2014 consisted of securities of \$21,000 and a pledge receivable of \$25,000 for a total of \$46,000 that were classified as permanently restricted net assets in both years.

Investment income has been allocated to unrestricted net assets in accordance with FASB ASC 958-205, due to the absence of donor explicit stipulation to the contrary.

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total Net Endowment Assets</u>
Donor-restricted endowment funds	\$ -	\$ -	\$ 46,000	\$ 46,000
Total	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 46,000</u>	<u>\$ 46,000</u>

NOTE I – CONTINGENCIES FOR FUTURE MEETINGS

During the year, the Association entered into various contracts that included penalty clauses that would require the Association to pay certain amounts if a meeting is cancelled or if it does not meet its room block guarantees. Management believes that the Association’s future exposure to such losses is unlikely.

NOTE J – RELATED PARTY TRANSACTIONS

APNA and APNF share the Executive Director, staff and office space. For the years ended December 31, 2015 and 2014, APNA owed APNF amounts totaling \$0 and \$26,635, respectively. These amounts were balances for donations during the conference made to APNF that were deposited into APNA’s bank accounts.

On December 9, 2014, APNA pledged to donate \$250,000 to APNF with payments of \$50,000 each year for five years, beginning in 2015. The net present value of this pledge as of December 31, 2015 and 2014 was \$191,846 and \$240,911, respectively. The present value discount of the pledge was \$8,154 and \$9,089, as of December 31, 2015 and 2014, respectively.

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014
(continued)

NOTE K – SUBSEQUENT EVENTS

In preparing these consolidated financial statements, the Association's management has evaluated events and transactions for potential recognition or disclosure through May 5, 2016, the date the consolidated financial statements were available to be issued. There were no additional events or transactions discovered during the evaluation that required further recognition or disclosure.

SUPPLEMENTARY INFORMATION

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATING SCHEDULE OF FINANCIAL POSITION
DECEMBER 31, 2015**

	<u>APNA</u>	<u>APNF</u>	<u>Eliminations</u>	<u>Total</u>
<u>ASSETS</u>				
CURRENT ASSETS				
Cash and cash equivalents	\$ 615,247	\$ 66,493	\$ -	\$ 681,740
Investments	2,028,816	163,537	-	2,192,353
Accounts receivable	52,713	-	-	52,713
Grants and pledges receivable	191,915	25,000	-	216,915
Pledges receivable - related party, net	-	191,846	(191,846)	-
Prepaid expenses	54,466	-	-	54,466
Total Current Assets	<u>2,943,157</u>	<u>446,876</u>	<u>(191,846)</u>	<u>3,198,187</u>
OTHER ASSETS				
Property and equipment, net	83,201	-	-	83,201
Security deposit	23,788	-	-	23,788
Total Other Assets	<u>106,989</u>	<u>-</u>	<u>-</u>	<u>106,989</u>
TOTAL ASSETS	<u>\$ 3,050,146</u>	<u>\$ 446,876</u>	<u>\$ (191,846)</u>	<u>\$ 3,305,176</u>
<u>LIABILITIES AND NET ASSETS</u>				
CURRENT LIABILITIES				
Accounts payable	\$ 18,939	\$ -	\$ -	\$ 18,939
Pledges payable - related party, net	191,846	-	(191,846)	-
Accrued expenses	123,876	-	-	123,876
Deferred revenue	113,720	-	-	113,720
Deferred rent	78,763	-	-	78,763
Total Current Liabilities	<u>527,144</u>	<u>-</u>	<u>(191,846)</u>	<u>335,298</u>
NET ASSETS				
Board designated	887,601	-	-	887,601
Undesignated	1,635,401	400,876	-	2,036,277
Total Unrestricted	<u>2,523,002</u>	<u>400,876</u>	<u>-</u>	<u>2,923,878</u>
Permanently restricted	-	46,000	-	46,000
Total Net Assets	<u>2,523,002</u>	<u>446,876</u>	<u>-</u>	<u>2,969,878</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 3,050,146</u>	<u>\$ 446,876</u>	<u>\$ (191,846)</u>	<u>\$ 3,305,176</u>

See independent auditor's report and notes to the consolidated financial statements

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATING SCHEDULE OF ACTIVITIES
YEAR ENDED DECEMBER 31, 2015**

	<u>APNA</u>	<u>APNF</u>	<u>Eliminations</u>	<u>Total</u>
REVENUE AND SUPPORT				
Membership dues	\$ 1,310,923	\$ -	\$ -	\$ 1,310,923
Meeting registration income	1,361,124	-	-	1,361,124
Sponsorships, grants and contributions	379,032	8,122	(935)	386,219
Royalties	302,723	-	-	302,723
Advertising	42,250	-	-	42,250
Sales revenue	194,081	-	-	194,081
Chapter income	84,010	-	-	84,010
Interest and dividend income	27,511	1,835	-	29,346
Net depreciation in fair value of investments	(57,454)	(4,854)	-	(62,308)
Total Revenue and Support	<u>3,644,200</u>	<u>5,103</u>	<u>(935)</u>	<u>3,648,368</u>
EXPENSES				
Program services:				
Conferences	965,353	-	-	965,353
Education and information	472,720	13,750	-	486,470
Membership services	672,356	-	-	672,356
Total Program Services	<u>2,110,429</u>	<u>13,750</u>	<u>-</u>	<u>2,124,179</u>
Support services:				
Management and general	965,896	13,156	(935)	978,117
Fundraising	11,086	-	-	11,086
Total Support Services	<u>976,982</u>	<u>13,156</u>	<u>(935)</u>	<u>989,203</u>
Total Expenses	<u>3,087,411</u>	<u>26,906</u>	<u>(935)</u>	<u>3,113,382</u>
CHANGE IN NET ASSETS	556,789	(21,803)	-	534,986
NET ASSETS, beginning of year	<u>1,966,213</u>	<u>468,679</u>	<u>-</u>	<u>2,434,892</u>
NET ASSETS, end of year	<u>\$ 2,523,002</u>	<u>\$ 446,876</u>	<u>\$ -</u>	<u>\$ 2,969,878</u>

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