



October 2013

Dear Colleagues,

On behalf of the APNA Board of Directors, I am pleased to provide you with the 2013 APNA Annual Activity Report, a summary of our association's key activities over the past year. Reports from the President, Treasurer, and Secretary address the key areas within which APNA's activities fall. In addition, the appendices offer comprehensive reports on committee activities, APNA continuing education programs, communications strategies, website statistics and financial statements. I hope that you find the report informative and a testament to all that we, the APNA membership, have accomplished over the past year!

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We welcome any 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 "Beth Phoenix".

Beth Phoenix, PhD, RN, CNS
President
American Psychiatric Nurses Association

President's Report

Dear Colleagues,

I am pleased to provide you with the following summary of our association's activities over the past year. My President's Report is organized into sections: each section includes an update on our progress toward a particular goal in our strategic plan. It's a long and robust report – a testament to all that YOU, the lifeblood of our organization, have accomplished over the past year and well worth the read!

APNA Strategic Goal A: APNA will be the indispensable resource for member networking, leadership and professional development.

In keeping with my presidential theme of mentorship and leadership development, APNA engaged in a number of significant activities to ensure that we are an “indispensable resource” in this area. First, APNA established its own online mentoring program, *APNA Mentor Match*, which allows prospective mentors and mentees to search for and find each other. We already have approximately 300 members participating and a number of current mentoring relationships. To supplement the program, members of the Administrative Council created a continuing education session which is available in eLearning Center for free to APNA members: *Introduction to Mentoring*.

Another exciting new program introduced this year was the APNA Board of Directors Student Scholarship Program. The Board of Directors voted to fund this program in June and we welcomed the inaugural class of “BOD Scholars” last month. The scholarship includes complimentary registration, travel and lodging to the APNA 27th Annual Conference in San Antonio, Texas; one year complimentary membership in APNA, and significant opportunities for mentorship and participation in psychiatric mental health nursing initiatives. The Awards and Recognition Committee, a committee composed of more than fifty members, reviewed the applications we received and awarded the scholarship to 10 undergraduate and 10 graduate nursing students who have demonstrated a commitment to psychiatric-mental health nursing. I look forward to meeting these exceptional students at the conference and watching them grow as leaders as they participate in APNA mentorships and activities.

In addition to the above, APNA efforts in mentoring and leadership development include Board mentorships of persons who expressed interest in running for a position on the APNA Board of Directors, the mentoring structure within our institutes and councils at our Council Summit earlier this year (see the Suicide Position Paper for an example of one council mentorship), several council projects underway (stay tuned!), and leadership training for members of our Board of Directors.

The varied opportunities for member involvement continue to contribute to our status as the indispensable resource for member networking and leadership development. We have more than 875 members participating in our institutes, committees, councils, and task forces!

A few recent council highlights:

- The Institute for Safe Environments has created two workgroups to examine two components of a safe environment—emergency management and patient engagement;
- A task force is in the midst of developing inpatient intervention and suicide prevention evidence-based competencies for PMHRNs. The position paper on the need for such competencies by members of the Education Council that was published in the July/August issue of *JAPNA* is also an excellent example of member involvement and leadership development.
- The Board recently approved the formation of an Addictions Council to provide leadership on issues relating to substance-related and behavioral addictions.
- We will soon debut the “APNA Policy Forum,” an initiative led by the Institute for Mental Health Advocacy, which will feature online presentations by experts on policies important to psychiatric mental health nursing.
- Our new Council Toolkit on the APNA website, also an outcome of the Council Summit, offers members looking to get involved tools and resources to help them do so.

In addition, members continue to participate, network, and lead through the development of APNA online CE programs, review of current sessions in the eLearning Center to ensure that they are evidence-based and current, volunteer at the APNA Annual Conference, and participate in the vibrant communities on Member Bridge.

As far as professional development, our continuing education offerings continue to multiply. We have an APNA *Transitions in Practice* Program, an educational curriculum for RNs, in the works as well as the suicide prevention competencies mentioned above. Our eLearning Center houses more than 200 education sessions, 60 of which have been newly posted since January 2013 – these additions include podcasts from the 11th Annual CPI and recovery sessions for graduate and undergraduate nurse educators. Our new eLearning Center Reports module will increase the APNA Provider Unit’s ability to assess and evaluate the success of our educational programs and use that information to inform development of future material. The resources available on the APNA website continue to expand, the most recent being a wealth of substance use resources from NIDA and a section dedicated to the Affordable Care Act. We also recently added new publications to our publications discounts programs for APNA members. Of course there’s always the Annual Conference, registration for which this year includes access to more than 90 educational sessions!

Networking opportunities also abound. With a mobile version of Member Bridge now available we can continue our knowledge-sharing with each other on the go. Continuous chapter communications, such as the recent emails about the VA Mental Health Summits in your regions, encourage networking at a community level, as do chapter-hosted events. Registration numbers for the Annual Conference are at an all-time high, which means even more networking throughout the conference and especially at our Annual Conference Friday Night Fiesta, whose

format has been redesigned in order to increase attendee engagement. With a new council toolkit and monthly meetings with council chairs, we are also working to empower our councils, committees, and institutes to engage our members in all of their exciting activities. Members continue to help review our eLearning content, abstract submissions, scholarship applications, awards nominations, and more through our councils.

One additional exciting way that we are working to further this goal is APNA's new ANA Premier Membership. This membership allows APNA members to have access to an online ANA membership at no additional cost, widening their access to networking and professional development resources to the broader general realm of nursing. This membership provides access to digital copies of: The American Nurse journal, American Nurse Today newspaper, Member News and Nursing Insider eNewsletters, OJIN, and ability to sign up for ANA Smartbrief.

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

APNA has been hard at work ensuring that we are at the tables where decision-making happens wherever possible! Notable strategic alliances that we have cultivated over the past year include:

- Partnering with Dr. Mary Wakefield and the Health Resources and Services Administration to create an Affordable Care Act Resources section on our website – a collaboration which earned us a mention in a communication from Dr. Wakefield to nursing organizations across the country;
- Continued conversations with HRSA and SAMHSA regarding workforce development—Board Member-at-Large Amy Rushton and Executive Director Nick Croce most recently attended a listening session and shared our Transitions in Practice program development;
- Work with the International Society of Psychiatric-Mental Health Nurses to update the *Psychiatric Mental Health Nursing Scope and Standards of Practice*, now with ANA for approval;
- Ongoing conversations with CMS regarding the use of antipsychotics in nursing homes;
- Discussions with the National Council of State Boards of Nursing about the portability of the CNS credential across state lines;
- Continued work on the First Lady's Joining Forces initiative.

This year President-Elect Pat Cunningham and Executive Director Nick Croce visited NONPF to talk about government relations relative to NP practice and also NCSBN to discuss grandfathering. Our development of suicide prevention competencies for RNs is also resulting in the creation of strategic alliances with suicide prevention organizations, and the Institute for Mental Health Advocacy's Policy Forum promises to pull from across disciplines for collaboration. Representatives from other nursing organizations were invited to attend the

APNA Annual Conference and we have received several acceptances thus far. Finally, our ANA Premier Membership represents an important alliance with the ANA.

As APNA President, one of my roles was to “be the face of APNA” at several of our colleagues’ gatherings. I completed a whirlwind tour across the states at the International Society of Psychiatric Mental Health Nurses Annual Conference, the American Academy of Colleges of Nursing Doctor of Nursing Practice Summit, and the National Organization of Nurse Practitioner Faculty conference. At each event I came into contact with experts from across the nursing spectrum and was able to raise the visibility of our organization.

Other events at which APNA has been represented include:

- Executive Director Nick Croce’s attendance at the White House National Conference on Mental Health
- Associate Executive Director Pat Black’s Attendance at the Veteran’s Administration Mental Health Summit
- Attendance at White House ACA Briefing
- Immediate Past President Marlene Nadler-Moodie and Executive Director Nick Croce’s attendance at ANA Organizational Affiliates Annual Meeting
- Michael Rice serving as the APNA Representative for Optum Health
- Attendance at ANA/ONC At the *Crossroads of Patient Care: Health IT for Nurses and Advanced Practice Nurses Planning Meeting* and participation in planning committee for Health IT for Nurses conference put on by ONC
- Attendance at Robert Wood Johnson Foundation briefing on Innovative Models of Care
- Mary Moller’s participation on an international policy initiative to raise awareness of the personal and socioeconomic burden of schizophrenia
- Attendance at the Oral Health Summit
- Tari Dilks and President-Elect Pat Cunningham’s ongoing participation in the LACE Task Force
- Presentation by Mary Beth Farquhar (URAC) at the June Board of Directors meeting on quality measures and upcoming collaboration on URAC’s Behavioral Health Summit

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

Much of what I’ve already covered for the previous goals applies in this section as well: our participation in so many important initiatives; the growing number of invitations we are receiving to collaborate with diverse organizations; our ever expanding continuing education offerings and the growing demand for them; and our robust website. In addition, government entities are increasingly acknowledging the need for APNA’s collaboration – SAMHSA and HRSA in particular have made concerted efforts to partner with us and entities such as NIDA and ONDCP continue to contact us to request our help in the dissemination of materials and

communications. Our continued work on the *Recovery to Practice* program and curriculum, which will be presented at the Annual Conference, positions us as one of the experts in integrating recovery-oriented practices into nursing.

We are working to empower our councils to be the expert voice of psychiatric mental health nursing in their areas of focus – a new council toolkit is now online to aid councils in fulfilling their charges. It provides practical suggestions and tools for engaging members. Likewise, APNA is in the process of providing the chapters with the support they need to be the voice of psychiatric mental health nursing at the local level. One example of this is the recent email our chapters sent out to their members, letting them know when the VA Mental Health Summits would be held in their area and also providing them with talking points to use when attending. On an individual level, our mentoring programs continue to enable us all to be expert voices for our profession. A leadership resources section on the website is also in development to supplement this.

Our position papers, email communications, press releases, conferences, website, and more as outlined earlier in my report and in more detail in the appendices of the Annual Activity Report, also continue to demonstrate that APNA is the expert voice for psychiatric-mental health nursing – both to psychiatric mental health nurses and non-psychiatric mental health nurses.

Goal D: APNA will be the leader in integrating research, practice, and education to address relevant psychiatric-mental health nursing care issues.

Again, APNA takes a multi-pronged approach to achieving this goal – through our journal, our education offerings, and our communications.

As a peer-reviewed journal indexed in MedLine, our *Journal of the American Psychiatric Nurses Association* continues to be a strong leader in disseminating the latest research in psychiatric mental health nursing. Topics addressed in recent issues include recovery and first-person language in varying mental health environments, ACT teams and primary care services, psychiatric mental health nurses and terminology in the health care system, and suicide prevention.

In conjunction with this publication are APNA's educational offerings. APNA's two yearly conferences bring together psychiatric nurses in a range of roles and interdisciplinary colleagues to present on current psychiatric mental health nursing issues. The Annual Conference abstracts submission process ensures that a wide range of mental health issues are addressed. With over 90 members of the Scholarly Review Committee reviewing the numerous abstracts we receive, the resulting program reflects the most current issues across all areas of psychiatric mental health nursing practice. Likewise, our eLearning Center is constantly updated with presentations drawn

from across the spectrum of research, practice, and education in order to offer continuing education that is relevant and directly applicable to our daily practice. See the eLearning Report for more information. Finally, there are the current education curricula in development – the APNA Recovery to Practice Facilitator Training, which will soon be available, the APNA Transitions in Practice Curriculum I mentioned earlier, and the suicide competencies in development by a task force of APNA members.

APNA makes a concerted effort to ensure that relevant information integrating research, practice, and education is disseminated across a variety of channels. A huge component of this is the All-Purpose Discussion Forum. On a daily basis, members receive emails that share practices, insights, and resources posted by colleagues across the country. Its archives are also an invaluable resource – try searching by a keyword, such as safety, and you will be astounded by the wealth of information returned. The APNA website is constantly updated in order to address the most current psychiatric mental health issues. Examples of this include the creation of several new resource sections this year: one for the Affordable Care Act, one for dealing with traumatic events, and one for the National Dialogue on Mental Health. Our monthly newsletter also culls the latest information and news relevant to our profession from across the world.

Summary

As President, being at the center of this whirlwind of activities has been incredibly exciting. I must acknowledge the incredible work and support of the members of the APNA Board of Directors – their vision, knowledge, and dedication continues to impress and humble me. The most gratifying part of holding this office has been the privilege of getting to see the passion, breadth of knowledge, and leadership potential in you, my colleagues and fellow APNA members. I hold each of you in high regard and have been honored to be able to contribute in some small measure to this network of talented professionals. Thank you for all that you do.

Respectfully Submitted,



Beth Phoenix, PhD, RN, CNS

President

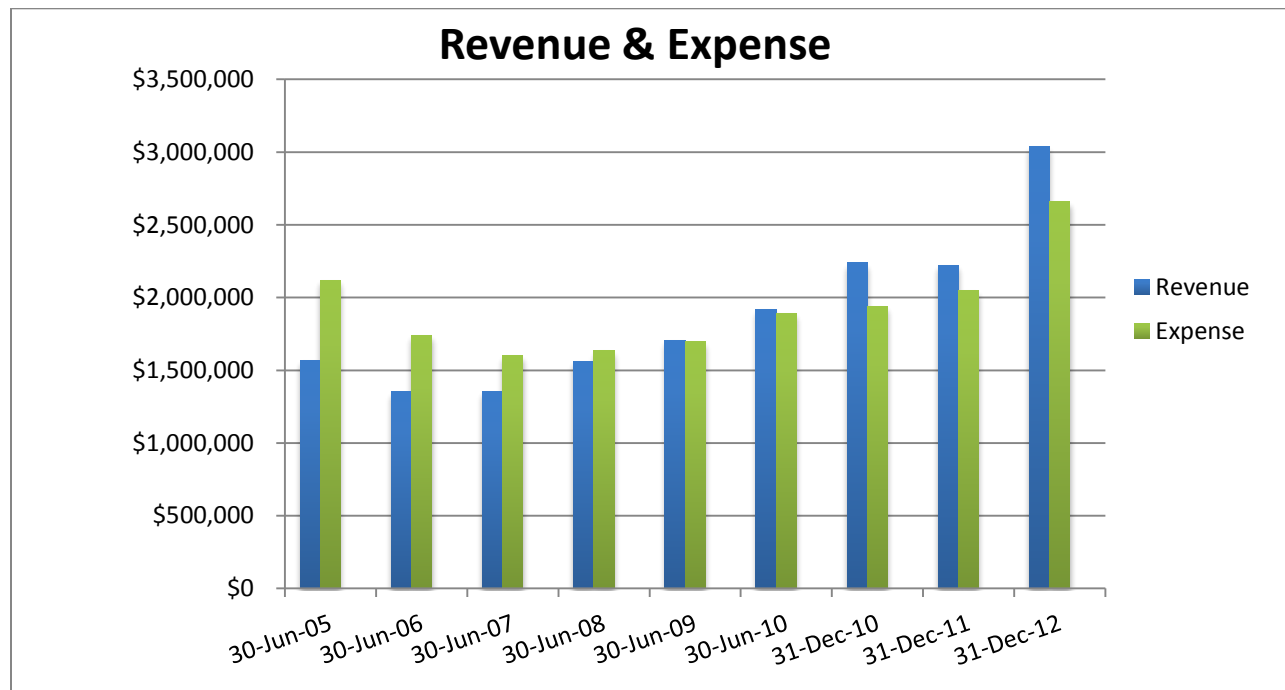
American Psychiatric Nurses Association

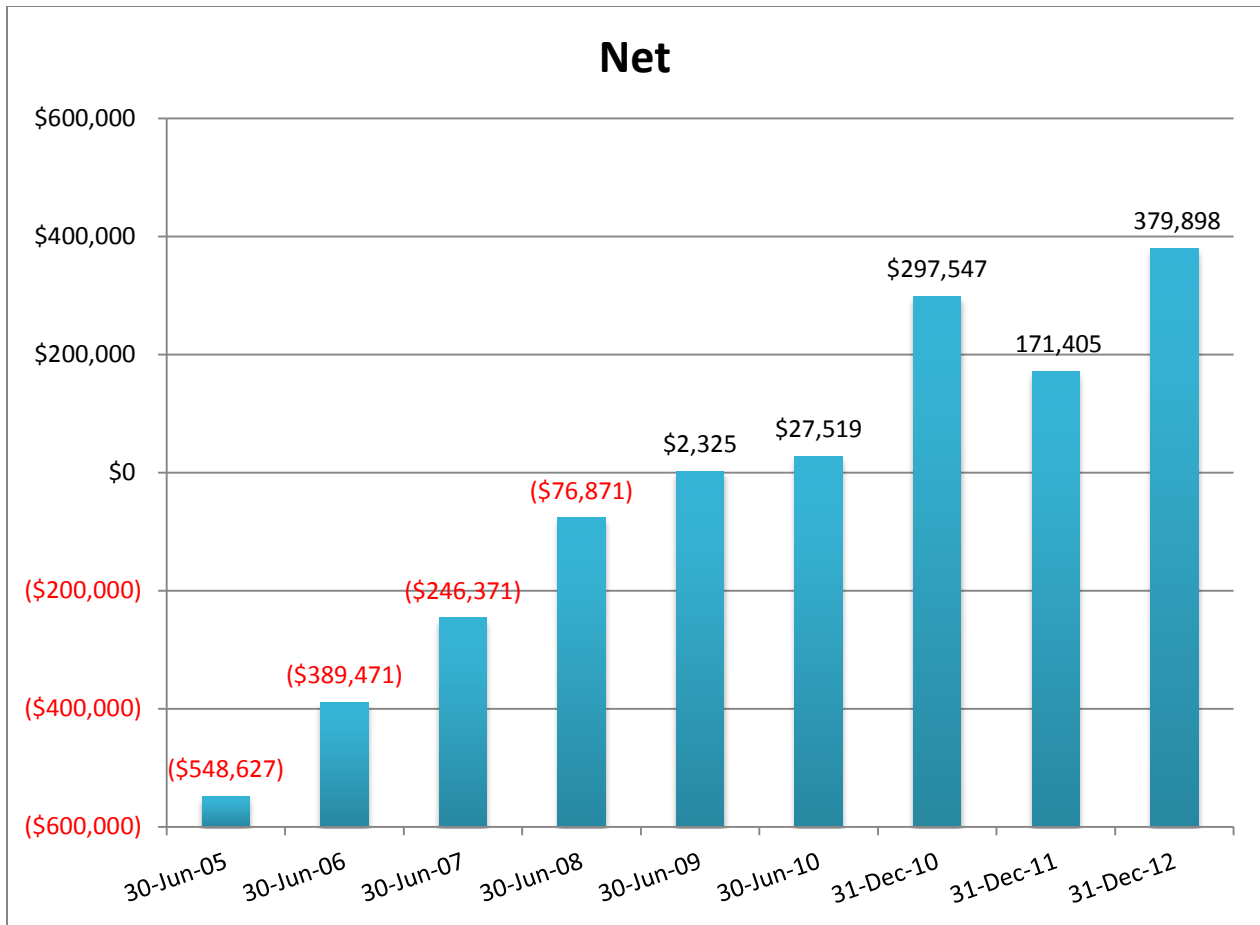
Treasurer’s Report

During the third year since our conversion from a fiscal year to a calendar year APNA remains financially sound. The audited financial statements for the year ending December 31, 2012 can be found in appendix E. These reports are consolidated to show the complete APNA financial position to include the APNA 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 the Foundation Board of Trustees. The results show a total positive return from operations of \$407,237. Of this amount, \$379,898 is attributed to APNA and \$27,339 is attributed to APNF. It should be noted that the positive return reflected in the FY-2012 financial statements includes an educational grant in the amount of \$272,150 for which a significant portion of its related expenses will not be incurred and recorded until FY-2013. This practice is in accordance with Generally Accepted Accounting Principals for grants and sponsorships.

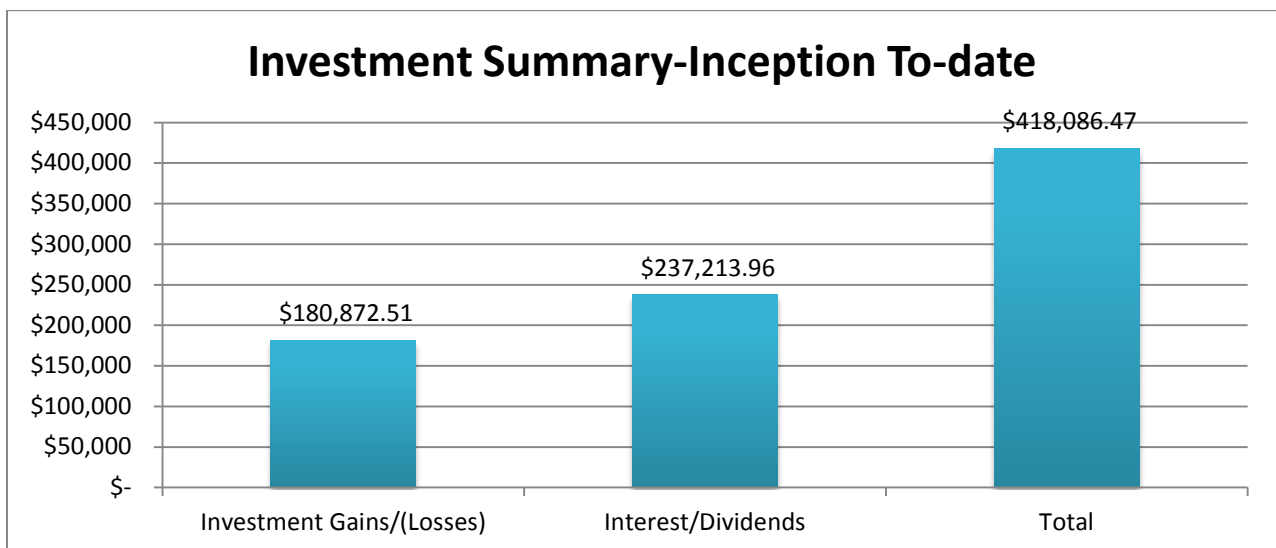
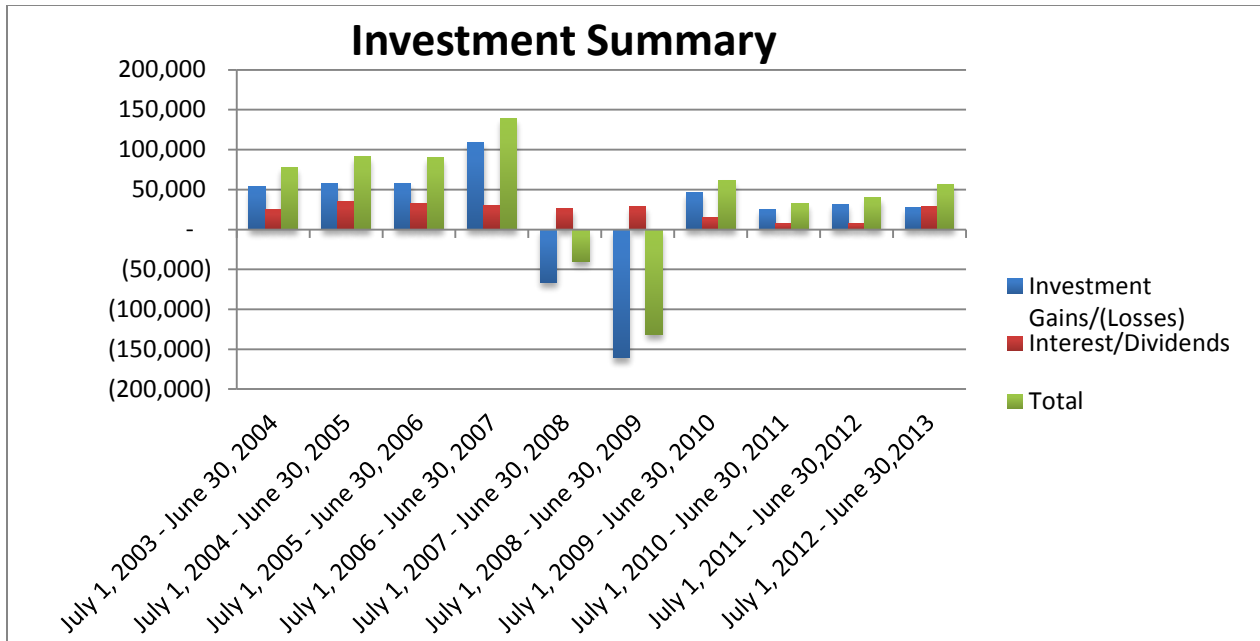
In and effort to oversee the integrity of its financial statements and maintain a system of internal control APNA established an Audit Committee made up of Jeanne Clement, Elizabeth Poster, Larry Plant, Ben Evans and Avni Cirpili. The committee’s responsibilities include reviewing the results of the audited financial statements with the independent auditing firm annually. Last year’s audit resulted in an unqualified or “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 July 1, 2004 through December 31, 2012.





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 June 2004 through June 2013. APNA investments have returned a total of \$418,086 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.

Respectfully submitted,

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

Secretary's Report

The APNA Secretary is responsible for corporate records and taking meeting minutes during official meetings of the APNA Board of Directors. During the past year, the Board of Directors conducted face-to-face meetings on November 6, 2012, February 22-23, 2013, and June 19-20, 2013. Conference calls were held on December 11, 2012, January 8, 2013, February 5, 2013, March 12, 2013, April 9, 2013, May 14, 2013, June 11, 2013, July 9, 2013, August 13, 2013, and September 10, 2013.

Membership has increased since the last activity report. Based on dues revenue collected from January 1, 2013 through September 30, 2013, there has been an increase of 6.4% over the same period last year. Current membership as of September 30, 2013 is 8,887. New members from September 16, 2012 to September 15, 2013 are 2,486, and is an increase over the same period a year ago of 7.9%.

During the past year, the website has continued to help APNA serve as your resource for psychiatric mental health nursing. Visits to the site are up 16% (414,795), with visitors viewing 10.1% more pages than last year. The newsfeed page continues to be updated in order to show the stream of all APNA activities in one place and the APNA Resource Center is constantly expanding. Over the past year the eLearning Center has had 50,761 visits (a whopping 50% increase over the previous year) with a total of 19,360 orders since its launch in March of 2011. For more details on the website's top content, top traffic sources, etc., see the full report in the Appendix.

APNA has continued to issue press releases to increase its visibility. Eleven releases have been sent out over the past year. This engendered 524,086 online impressions or number of times the press release was seen on a website or via a newsfeed. Press releases represent an excellent way for APNA to inform the public at large of psychiatric-mental health nursing issues and to advocate for mental health.

Our members-only networking site *Member Bridge* continues to grow in scope and utility for the members. Unique visits to the site have increased by 15% as compared to the previous year with 45,251 total visits. 5,085 eGroup posts have been written in more than 300 communities. In the All-Purpose Discussion Forum alone, 2,074 messages have been posted. Through this forum, APNA councils and leadership are able to learn what topics are important to the membership and further their work in those areas. APNA also shares content and information via several social networking sites: Twitter, Facebook, Google+, and Pinterest. A new widget on the APNA website allows visitors to share content to their social networks from any page on the site. For more detailed statistics on the use of Member Bridge and our other social networking sites, see the full report in the Appendix.

APNA continues to reach the membership and the greater public through as many communication avenues as possible.

Respectfully submitted,

Diane M. Wieland, PhD, RN, PMHCNS-BC
Secretary
American Psychiatric Nurses Association

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Councils, Institutes, & Task Forces Report

Addictions Council

Chair

Matthew Tierney, PMHNP-BC, ANP-BC

The APNA Board of Directors recently named Matthew Tierney as chair of the new council on addictions. The Addictions Council will work in close contact with the Tobacco Dependence Council. Those interested should contact APNA care of ncroce@apna.org.

Administrative Council

How many conference calls did you conduct during the 2012 - 2013 year? 9

Check any meetings that apply for the 2012 conference?

Interactive Panel

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

This was a rebuilding year, we had a lot of membership changes and are reestablishing our objectives for the next year. We have had several discussions about how we can work on nurse sensitive indicators in the next year and also how to develop a leadership training program for new leaders.

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

Again this was a rebuilding year but as our discussion about goals for the next year this purpose was key to the focus.

How has your group worked to achieve these goals?

We did work on several of these goals. Example is goal C: we provided feedback to APNA for the proposed CMS changes to HBIPS indicators

What do you hope to accomplish for the 2013 - 2014 year?

Continue to work on nurse sensitive quality indicators and training resources for new leaders

Administrative Council

Chair

Avni Cirpili, MSN, RN

Steering Committee

Jo Deaton, MS, APRN/PMH-BC, CDNC
 Margaret Edwards, RN, MSN, NEA, BC
 Benjamin Evans, DD, DNP, RN, APN
 Anne Kelly, RN
 Kathy Lee, MS, APN, PMHCNS-BC
 Elizabeth Maree, MSN, RN, PMHCNS-BC, NEA-BC
 Joanne Matthew, MS, RN, PCNS

Michele Messina, MS, BSN, BC
 R. John Repique, MS, RN, NEA-BC
 Charlene Roberson, RN, BC, Med
 Margaret Sherlock, MA, PMHCNS-BC
 Janet Stagg, MS, RN, APN
 MaryAnn Wilkinson, EdD, APRN-PMH, CRNP-PMH

Advisory Panel

Leila Adams, RN, MSN
 Robert Askerlund, APRN
 Romnee Auerbach, ANP, PMHNP-BC
 Carolyn Baird, DNP, MBA, RN-BC, CARN-AP, ICCDPD
 Margaret Bookman, RN, MS, CS
 Susan Brown, BS, MS, PhD, APNP
 Kristina Bullard, BSN, RN
 Diane Burgermeister, PhD, APRN
 Jessica Camp, MSN, RN, PMHN
 Chad Carpenter, MSN, BC, RN
 Ashley Creech, RN, BSN
 Katherine Darling, DNP, PMHNP/FNP-C, APRN
 Joanne Dedowicz
 Sattaria Dilks, DNP, APRN, PMHNP-BC
 Nancy Dillon, PhD, RN, CNS
 Sheila Donnan, BSN, MN
 John Dool, RN, MSN
 Elizabeth Easley, APRN, BC, PMHCNS--BC
 Arlene Emery, PMHNP
 Joelle Fellingner, RN, MS, APNP, CNS-BC
 Darlene Flowers
 Maryanne Godbout, DNP, PMHCNS-BC
 Anne Greenwalt, RN
 Joshua Hamilton, DNP, RN-BC, PMHNP-BC, CNE
 Dayna Harbin, RN, MSN, BC
 Dorothy Hill, RN, C
 Kathy Holley

Rebecca Horn, RN, MSN
 Edwina Jackson, BSN, RNC
 Celeste Johnson, MSN, RN, PMH CNS
 Deidra Johnson, RN, BSN
 Florence Keane, DNSc, MBA, PMHNP, ANP-C
 Avery Imara Kennedy, MSN
 Deborah Klaszky, MSN APN-C
 Kathy Lee, MS, APN, PMHCNS-BC
 John Lepscier, RN-BC, BSN
 Judith Luehr, APRN, MS, CNS
 Marilyn Lynch-Goddard, MSN, BSN, RN
 Theresa Mackey, RN, BSN
 Susan Mangano, RN, MS, LPC
 Lynette Marshall, RN, MSN
 Janus Maybee, PMHNP, FNP
 Lisa McConlogue, MSN, PMHCNS-BC
 Charlzetta McMurray-Horton, RN, MS
 Mary Meiselman, CNS, NP
 Tamara Melville, DNP, APRN, PMHNP-BC
 Janet Merritt, RN
 Holly Mielke, RN
 William Morris, PMHNP
 Heather Muxworthy, DNP(s), PMHNP-BC, LLC
 Lauraann Nicoletto, RNC, BSN, MSN
 Eileen Niksa, RN, MSN, CS
 Constance Noll, MA, BSN, RN-BC
 Jay Norwood, MSN, RN
 Lovelyn Paddock, RN, BSN

Lisa Patterson, MPH, BSN
Iola Radtke, RN, BSN
Deirdre Rea, BS, RN, MSN
Elizabeth Reimherr, RN, BC
Cheryl Robinson-Moore, BSN, MA, RN-BC
Bobby Rose, MSN, RN, BC
Karen Schepp, PhD, APRN, BC
Sandra Schleiter, RN, CNS, DNR
Tracy Schlosser, RN, BSN
Amy Silver, RN
Dawn Sims, RN-BC, ADN, BSN, MSN

Barbara Stephens, MSN, APRN, PMHCNS-
BC, DNP(c)
Gail Stern, MSN, PMHCNS-BC
Tina Taylor, MN, ARNP, PMHNP-BC
Theresa Terry-Williams, RN
Mala Thomas, MSN
Judith Van Cleef, MS, RN-BC, CARN
Kelly Voll, ADN, RN
Nanette Watson, DNP, PMHNP-BC, PMHCNS-
BC
David Whittaker, PMHNP
Judith Wilson, PMHCNS, BC

Advanced Practice RN Council

How many conference calls did you conduct during the 2012 - 2013 year? 10

Check any meetings that apply for the 2012 conference?

Interactive Panel; Private practice meeting

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

- 1) Assisting PMH-APRNs to navigate challenges in reimbursement issues & scope of practice issues by:
 - a. Using member feedback in the CPT discussions on Member Bridge,
 - b. Forming connections with other state and national organizations in order to keep Council members informed,
 - c. Checking and reporting scope of practice issues and third party payer practices regarding their impact on reimbursement and practice management.
- 2) Working with the Advocacy Council, AANP and other groups who are assisting APRNs in the above efforts;
- 3) Creating processes to help Council members make network connections, gain the knowledge/resources they need.
- 4) Establishing and coordinating information resources for APRNs, including reorganizing the documents in the online library, keeping up-to-date the APRN Council webpage.
- 5) Launching Case Presentation & Discussion sessions on Member Bridge to foster member sharing questions and answers on actual cases in member practices.

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

seeking consensus among members to identify key issues facing PMH-APRNs, facilitating discussions and seeking clarification regarding scope and process of APRN practice, bringing APRN concerns to APNA Board members and to inter-council representatives

How has your group worked to achieve these goals?

- A. Facilitated Member Bridge discussions and promulgated key professional resources to members
- B. APRN Council members participated in numerous regional and national panels and meetings
- C. APRN Council members participated in numerous regional and national panels and meetings
- D. Focusing on it's main functional domain of APRN practice, the APRN Council monitored key developments potentially affecting how APRNs provide care.

Advanced Practice RN Council

What do you hope to accomplish for the 2013 - 2014 year?

The APRN Council has developed and grown over the years and has now entered the later maturational stage of group development in which groups re-examine their core functions and values. Concurrent with this process we are responding to the challenges initiated by the APRN Consensus Model and the impending changes in health care delivery with the ACA's implementation. To address these changes and challenges, the APRN Council hopes to revisit membership and participation expectations, identify key resources currently available and those needed by the PMH-APRN community, and re-articulate its key functions and directions within APNA.

Advanced Practice RN Council

Chairs

Sattaria Dilks, DNP, APRN, PMHNP-BC
 Michael Terry, DNP, APRN-PMH/FNP

Steering Committee

Betty Ang, PhD, PMHCNS-BC, PMHNP
 Katherine Darling, DNP, PMHNP/FNP-C, APRN
 Joshua Hamilton, DNP, RN-BC, PMHNP-BC, CNE
 Kathryn Johnson, MSN, PMHCNS-BC, PMHNP-BC
 Windle Morgan, APRN-BC
 Allen Novak, MSN, APRN, Rx, PMHCNS-BC
 Deborah Thomas, EdD, APRN, PMHCNS-BC
 Ellin Wade, RN, MSN, PMHNP-BC

Advisory Panel

Debra Achenbach, ARNP, PMHNP
 James Adams, MSN, PMHCNS-BC
 Bridget Amore, MSN, PMHCNS-BC
 Jill Anderson, PhD, APN, PMHCNS-BC, PMHNP-BC
 Robert Askerlund, APRN
 Romnee Auerbach, ANP, PMHNP-BC
 Leilanie Ayala, MSN, PMHCNS-BC, PMHNP-BC
 Lance Bain, MSN
 Linda Barloon, MSN, RN, PMHCNS, PMHNP
 Catherine Batscha, DNP, RN
 Cynthia Baugh, APRN, CNS, BC
 Emily Bell, RN, ARNP, PMHNP-BC
 Eva Belmonte De Vega, RN, MSN, CNS
 Jenna Birdsell, CNS, CNP
 Michelle Blackmer, PMHNP-BC, FNP-BC, MSN, RN
 Mildred Blandamer, MSN, APRN-Rx, PMHCNS-BC
 Rebecca Bombet, RN, BSN, MSN, APRN, CAPMH-BC
 Margaret Bookman, RN, MS, CS
 Dieter Boxmann, ARNP-BC
 Kaleen Boyd, PMHNP, MS, RN-BC
 Dolores Bray, CRNP
 Arleen Briggs, MSN, RN-BC
 Marla Brucken

Diane Burgermeister, PhD, APRN
 Sandra Cadena, PhD, APRN, PMHCNS-BC, CNE
 Brenda Castrichini, PMHNP
 Roberta Cirocco, ARNP, CARN-AP
 Janet Collins, MS, RN, CNS, NPP-BC
 Judith Collins, RN, BSN, MA
 Rosemary Collins, CRNP, PMHNP-BC, RN, MSN, MSW
 Mary Conklen, MSN, APN, PMHCNS-BC
 Mary Crosby
 Mary Ann Dale, MSN, APRN, BC
 Denise Daly-Stennis, MSN, PMHNP, BC
 Nancy Daniels, APRN, BC, PMH-CS
 Susan Dawson, EdD, PMHCNS/NP-BC
 Catherine Doty, APRN-BC, PNP
 Kelly Drilling, BSN, RN
 Elizabeth Easley, APRN, BC, PMHCNS--BC
 Margie Eckroth-Bucher, PhD, RN, PMHCNS-BC
 Jo Edwards, RN, ADN, ANA, AMSN, ACLS
 Janefrances Ezimorah, MSN, RN, APRN
 Lisa Faist, FNP-C, PMHNP-C
 Joelle Fellingner, RN, MS, APNP, CNS-BC
 Michael Field, RN, MS, CS, ARNP
 Darlene Flowers
 Beverlee Furner, FNP
 Kathleen Gaffney, APN, MSN, PMHCNS
 Kelly Gardiner, BSN, MSN, PhD (ABD)

Vanessa Genung, PhD, RN, PMH-NP-BC,
 LCSW-ACP, LMFT, LCDC
 Barbara Gilmore, PMHNP-BC, PMHCNS-BC
 Jaroslaw Gradek, DNP, APRN, NEA-BC
 Melanie Ham, MA, MSN, RN, CSAC,
 PMHCNS
 Cynthia Handrup, DNP, APRN, PHMCNS-BC
 Jennifer Hanley
 Nancy Hanrahan, PhD, RN, FAAN
 Jane Harmon, PMHNP-BC, Adult CNS-BC
 Johann Hepner, PMHNP-BC
 Diane Hickman, PhD, APRN, PMHCNS-BC
 Lisa Hill, PMHCNS-BC
 Mary Hoes, PhD, PMH-NP, BC
 Kim Hutchinson, EdD, PMHCNS-BC, LCAS,
 CARN
 Sharlene Hutchinson, RN, CNS, APRN
 Christine Jackson, RNC
 Susan Jacobson, PMHNP, CNS
 Mary Johnson, PhD, RN, PMHCNS-BC,
 FAAN
 Helen Jones, PhD, RN, APN-C
 Sherry Kahn, MS, PMHCNS-BC
 Christopher Kalinyak, FNP, DNP, CNP, CNS,
 MBA
 Cheryl Kaufman, PMHNP-BC
 Florence Keane, DNSc, MBA, PMHNP, ANP-
 C
 Vanessa Keating
 Sandra Kelley, NP, MSN, ARNP
 Avery Imara Kennedy, MSN
 Sukh Dev Singh Khalsa, BSN, MBA, MSN,
 PMHNP, PHN
 Deborah Klaszky, MSN APN-C
 Maureen Kolomeir, MBA, MSN, PMHNP-BC
 Kathleen Kregor, BSN, RN-BC
 Rose Kutlenios, PhD, CRNP
 Marion Kyner, MSN, PMHCNS-BC
 Kathleen Langdon, PMHNP, BC
 Nancy Lange, RN, PC, PCMS
 Dee Langford, MSN, RN, PMHCNS-BC
 Lauren Langley, MSN, PMHNP-BC
 Roland Larkin, DNS, NPP
 Joy Lauerer, MSN, APRN, BC
 Jeanette Lee, MS, NPP
 Kathy Lee, MS, APN, PMHCNS-BC
 John Lepscier, RN-BC, BSN
 Andrea Lerma, MSN, RNCS
 Lynnetta Loveland, RN, BSN
 Judith Luehr, APRN, MS, CNS
 Shelly Lurie-Akman, MS, APRN, PMH-BC
 Pamela Lusk, RN, DNP, PMHNP-BC
 Marilyn Lynch-Goddard, MSN, BSN, RN
 Brenda Marshall, EdD, NP-BC
 Kathleen McCoy, DNSc, APRN-BC,
 PMHNP-BC, PMHCNS-BC, FNP-BC,
 FAANP
 Julie McEvers, ANP, MSN, APRN, BC
 Charlzetta McMurray-Horton, RN, MS
 Kelly McNichol
 Mary Meiselman, CNS, NP
 Tamara Melville, DNP, APRN, PMHNP-BC
 Josette Millman, ANCC, MS, CS, PMHNP-
 BC
 Wanda Monroe, ARNP
 William Morris, PMHNP
 Joseph Nemeth
 Janet Nickolaus, CNS, ARNP
 Donna Nurss, APRN, BC
 Patricia O'Brien, PhD, RN, PMHNP-BC
 Deborah Oestreicher, APRN, PMHCNS-BC
 Lisa Olsen, PNP, APRN, FPMHNP
 Nancy Ortego, APRN, BC
 Joyce Parks, PMHCNS-BC
 Namita Patel, RN, APRN, CNS
 Brenda Patzel, PhD, APRN, PMHNP-BC
 Deo Peppersack, PMHNP-BC, FNP-C
 Todd Perkins, MSN, APRN, ANP, PMHNP-
 BC
 Richard Pessagno, DNP, PMHNP-BC, CGPN
 Jane Phelan, APRN-BC
 Leah Pickett, MSN, RN, PMHNP-BC
 Pamela Plucinski, MS, PMH-CNS
 April Powers
 Leigh Powers, DNP, APRN, PMHNP-BC
 Renel Ramos, RN, MSN, NPP-APMHNP-BC
 Harold Ramsey, RN
 Rita Ray-Mihm, DNP, RN, CNS
 Elizabeth Reimherr, RN, BC
 R. John Repique, MS, RN, NEA-BC
 Judy Rice, DNP, MSN, FNP, CS
 Laura Rodgers, PhD, PMHNP, BC

Sharon Rosenfield, CS, MS, CMC
Georgina Rotzler, RN, BSN
Rhonda Roy, MS, PMHNP-BC
Julie Ryder, PMHNP, BC
Luanne Sadowsky, ARNP, BC
Kim Salinger, MBA, MSN, FNP
Julie Santayana, RN, CRNP
M. Joyce Sasse, DNP, APRN, PMHNP, CNS
Karen Schepp, PhD, APRN, BC
Ren Scheuerman, MSN, APRN, FNP-BC,
PMHNP-BC
Terese Schneider, PMH, CNS, BC
Rebecca Schroeder, DNP, PMHNP
Amanda Schuh, MS, RN, PMHNP-BC
Lynn Shell, MSN, APN-C
Amy Silver, RN
Kenya Smith, RN-BC, BSN
Vicki Spitzer, MSN, ARNP, CNS
Marcia Starkman, RN, BSN, MSN, PMHCNS-
BC
Debbie Steele, MFT, PhD, RN
David Strawn, RN
Therese Strome, MS, APNP, BC
Lynette Swedberg, APN, CNS, RN
Rita Tadych, PhD, APRN-BC
Tina Taylor, MN, ARNP, PMHNP-BC

Christine Tebaldi, MS, PMHNP-BC
Paula Tedesco, MSN, APN-BC
Nancy Testerman
Barbara Tracy, FNP, MSN, APRN, FNP-C
Cherie Tubeileh, MSN, APRN, PMHNP-BC
Shiori Usami, CNS
Dorothy Valin
Sharon Van Fleet, MS, PMHCNS-BC
Nancy Vanore, MSN, PMHCNS-BC
Blake Vaughan
Cheryll May Villamor-MacIntyre, MSN, RN
Barbara Warren, PhD, RN, PMHCNS-BC,
FAAN
Cheryl Waskiewicz, MSN, BC, APRN
David Whittaker, PMHNP
Babette Wieland, MSN, BSN
Laura Withorne-Maloney, RN, MSN, CNP
Grace Wlasowicz, PhD, RN, PMHNP-BC
Kimberly Wolf, PMHCNS-BC
Jane Worley, APRN, PMHCNS-BC
Kylie Wright, RN
Elena Zeltser, CRNP-PMH
Cathi Zillmann, NPP
Wendy Zubenko, EdD, MSN, RN, CS
Melissa Zupancic, RN, CNS, APRN, BC

Child and Adolescent Council

How many conference calls did you conduct during the 2012 - 2013 year? 3

Check any meetings that apply for the 2012 conference?

We had the interactive panel, but not a steering comm. meeting

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

Our goal was to find new ways to engage the members, specifically our council's Advisory Panel. The first tactic we tried was to post difficult cases or post questions on Member Bridge since this was a common theme during the Interactive Panel discussion in Pittsburgh.

We then began to post information about recently published articles specific to C & A practice. The council members identified various professional journals they would post information about each month. Council members were committed to reviewing all postings on Member Bridge, specifically any postings that related the C & A practice.

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

We have responded to the Child & Adolescent postings on Member Bridge.

How has your group worked to achieve these goals?

Our council made itself available to respond to any and all C & A postings on Member Bridge. We also tried to post information about any and all publications from our council members. We have made an effort to post the titles of newly published articles in various professional journals specific to C & A practice on Member Bridge.

What do you hope to accomplish for the 2013 - 2014 year?

I hope to help transition new leadership to the C & A Council.

Child and Adolescent Council

Co-Chairs

Vanessa Genung, PhD, RN, PMH-NP-BC, LCSW-ACP, LMFT, LCDC
 Sue Odegarden, MA, MS, BSN, RN

Steering Committee

Robin Bartlett, PhD, RN
 Erin Ellington, DNP, RN, PMHNP-BC
 Chantal Flanagan, RN, MS, CNS, FPMHNP
 Kathleen Gaffney, APN, MSN, PMHCNS
 Patricia McCoy, APRN, MS, ARNP, BC

Paula McManus, ARNP, BC, PNP
 Michele Messina, MS, BSN, BC
 Kathleen Regan
 Jeanette Rossetti, EdD, MS, RN
 Theresa Searls, APRN

Advisory Panel

Lisa Auditore, RN, Associates
 Romnee Auerbach, ANP, PMHNP-BC
 Leilanie Ayala, MSN, PMHCNS-BC,
 PMHNP-BC
 Amanda Baldwin, RN, BSN
 Linda Barloon, MSN, RN, PMHCNS,
 PMHNP
 Joanne Bartlett
 Jenna Birdsell, CNS, CNP
 Michelle Blackmer, PMHNP-BC, FNP-BC,
 MSN, RN
 Colleen Borchert, MSN, APN, RN, PMHCNS-
 BC
 Kaleen Boyd, PMHNP, MS, RN-BC
 Dolores Bray, CRNP
 Dottie Brown, RN, BC
 Kathleen Brown, RN, BC, PMHN
 Meriel Campbell, MS, RN, NP, CNS
 Ashley Carter, RN, Child APN
 Brenda Castrichini, PMHNP
 Kelly Chandler, MS, RN, PHN, PMHNP-
 BC
 Dawn Cogliser, RN, BC
 Colleen Corte, PhD, RN
 Amanda Costello
 Terry Crickenberger, CNS, PMH-NP
 Susan Crowder, RN, BSN
 Diane Daddario, MSN, RN, ACNS-BC,
 CMSRN
 Katherine Darling, DNP, PMHNP/FNP-C,
 APRN
 Della Derscheid, RN, PhD, CNS

Sheila Deyette, PhD, APRN, PMHCNS-BC
 Catherine Doty, APRN-BC, PNP
 Melissa Draves, RN, NP
 Joseph Dull, PMHCNS-BC
 Anjannette Dupree, RN-BC, BSN, MPA,
 CPHQ
 Lisa Ehrlichman, PMHNP
 Linda Evinger, RN, MSN, WHNP
 Lelise Ewing, RN, MSN
 Sara Feldmann, MSN, PMH-NP, BC
 Joelle Fellingner, RN, MS, APNP, CNS-BC
 Deanna Golden, RN, MSN/MBA
 Judith Goodwin, MSN, CNS
 Denise Hall, MN, RN, CS
 Margaret Halter, PhD, APRN
 Dayna Harbin, RN, MSN, BC
 Elizabeth Harmon, RN, BC
 Barbara Hinds, BS, RNC
 Debra Hofmann, RN
 Bridget Howe, RN-BC
 Margaret Howes, MS, RN
 Judith Jarosinski, PhD, RN, CNE
 Deborah Johnson, RN, PHN, MSN,
 FPMHNP
 Tristin Johnson, APRN
 Florence Keane, DNSc, MBA, PMHNP,
 ANP-C
 Joan Kearney, PhD, APRN-BC
 Vanessa Keating
 Lorna Kendrick, PhD, APRN, BC
 Avery Imara Kennedy, MSN

Sukh Dev Singh Khalsa, BSN, MBA, MSN,
PMHNP, PHN
David Klee, CNS, MS, APRN, PC, BC
Darcy Koehn, ARNP
Steven Korona
Kathleen Kregor, BSN, RN-BC
Andrea Kwasky, NP, DNP, PMHCNS-BC,
PMHNP-BC
Lauren Langley, MSN, PMHNP-BC
Elizabeth Laubenthal, RN, MSN
Joy Lauerer, MSN, APRN, BC
John Lepscier, RN-BC, BSN
Janie LeVieux, PhD, LPC-S, RN
Linda Lewin, PhD, PMHCNS-BC
Pamela Lusk, RN, DNP, PMHNP-BC
Marilyn Lynch-Goddard, MSN, BSN, RN
Linda MacDougall, APRN
Crystalmichelle Malakar, BSN, RN
Mia Manfredi, ARNP, MSN, FNP-BC
Robert Marks, MDV, MSW, MSLS, RN,
BC
Ana Marrero, ARNP, MSN
Lynette Marshall, RN, MSN
Eric McKeown
Julia McLaughlin, BSN, RN
Kelly McNichol
Karin Meier, RN
Tamara Melville, DNP, APRN, PMHNP-BC
Michele Moreau, RN
William Morris, PMHNP
Jane Muehsam, RN, MSN, APN, CDE
Sean Murphy, PhD, RN
Allyson Neal, Child & Adult Psychiatric,
CNS-BC, DNP, CPNP, PMHNP-BC
Nancy Ortego, APRN, BC
Cindy Parsons, DNP, PMHNP-BC,
PMHCNS-BC, FAANP
Kevin Perrin, ADN
Donna Peterson, BSN, RN-BC
Leah Pickett, MSN, RN, PMHNP-BC
Pamela Plucinski, MS, PMH-CNS
Caren Polonsky, BSN, RN, CSN
Cindy Potts, RN, BC

Patricia Remsen, BSN, RN
Cheryl Robinson-Moore, BSN, MA, RN-BC
Tracey Rose, RN, BC
Julie Ryder, PMHNP, BC
Joseph Schatz, MSN, CRNP, PHRN
Karen Schepp, PhD, APRN, BC
Paul Schwartz, BSN, MSN
Amy Silver, RN
Robin Smith, RN, MSN, CPN
Julie Solomon, MS, RN, CNL, Ph.D.
Janet Somlyay, DNP, CPNP, PMHNP
Arnold Sperling, EdD, PMHNP-BC
Debbie Steele, MFT, PhD, RN
Rebecca Taylor, RN, BSN
Christine Tebaldi, MS, PMHNP-BC
Michael Terry, DNP, APRN-PMH/FNP
Laura Jean Turner, BSN, MSN, FPMH-NP
Brigette Vaughan, MSN, APRN-BC, NP
Angelique von Halle, PMHNP
Ellin Wade, RN, MSN, PMHNP-BC
Kim Walker, PNP, PMHCNS-BC
E. Monica Ward-Murray, EdD
Jolyn Zeller, MS, PMHNP-BC
Cathi Zillmann, NPP
Wendy Zubenko, EdD, MSN, RN, CS

Education Council

How many conference calls did you conduct during the 2012 - 2013 year? 12

Check any meetings that apply for the 2012 conference?

Meeting of Steering Committee + Advisory Panel and an Interactive Panel We will have the Interactive Panel on Thursday of the conference with a main meeting and break-out sessions for the Graduate, Continuing Education and the Undergraduate Divisions

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

We continue to provide expertise to advise the APNA Board on matters relating to all aspects of education and psychiatric-mental health nursing including undergraduate, graduate, post graduate, continuing education and patient education, The Council has new Co-Chairs for the 2012 year: Edna Hamera and Barbara Jones Warren. We have continued to work on the coordination of the Education Council efforts with those in the Mental Health Advocacy Group and the Inter-Council Council. Evidence-based approaches remain the hallmark for the programs we are developing and are available for other Councils who have education priorities. Co-Chairs for the Pre-Licensure Work Group include David Sharp and Peggy el Mallekh. Work Group focused on the sharing of best practices in teaching with promotion of innovative teaching of undergraduate students. Among these include the use of simulation and the development of a case study database. Co-Chairs for the Graduate Work Group include Carole Shea and Pam Lusk. Priorities for this group focus on the need for a faculty practice plan, graduate preceptor training and interprofessional education. There is also a focus on the need for the 4 P's within PMHN practice areas in order to help nurses practice to their full scope. Co-Chairs for the Continuing Education Work Group include Barbara Lamandri and Joyce Shea. The group focused on the development of a member-based learning needs survey for staff/nurse managers, advanced practice nurses and nurse educators. This data will be analyzed and the analysis will be used to guide development of future CE offerings.

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

The Council is continuing to focus on the educational needs of all levels of PMHNs. In addition, we work to provide advisement to the APNA Board on all matters related to undergraduate, graduate, post graduate, continuing education and patient education.

How has your group worked to achieve these goals?

The three Work Groups have continued to work on areas that are related to the educational and collaborative needs of all levels of PMHNs. We are continuing to recruit persons who have expertise and are interested in working toward the APNA goals through the Council work groups and collaborative interaction with the other APNA Councils.

What do you hope to accomplish for the 2013 - 2014 year?

1. Involve members from the Advisory Panel in order to achieve the strategic goals of APNA through the work of the Pre-licensure, Graduate and Continuing Education Work Groups.
2. Continue to provide advisement to the APNA Board of Directors regarding aspects of education and psychiatric nursing as needed when requested.
3. The Undergraduate committee will continue to increase the involvement of undergraduate faculty in the development of content for pre-licensure PMHN educators.
4. The Graduate Committee will continue to develop content related to the incorporation of the 4 P's within graduate education settings,
5. The Continuing Education Committee will continue to develop eLearning content for APNA members.

Education Council

Chairs

Edna Hamera, PhD, ARNP
 Barbara Warren, PhD, RN, PMHCNS-BC, FAAN

Steering Committee

Cynthia Archer-Gift, PhD, ED, MSN, RN
 Veronica Brighton, ARNP, BC
 Sattaria Dilks, DNP, APRN, PMHNP-BC
 Peggy El-Mallakh, PhD, RN
 J. Carol Elliott, PhD, RN, PMHCNS, BC
 Marian Farrell, PhD, PMH-NP, BC, CRNP
 Ruth Fiedler, EdD, PMHCNS-BC, CNE
 Nancy Hanrahan, PhD, RN, FAAN
 Mary Johnson, PhD, RN, PMHCNS-BC, FAAN
 Maureen Killeen, PhD, FAAN, APRN

Barbara Limandri, PhD, APRN, BC
 Pamela Lusk, RN, DNP, PMHNP-BC
 Ann Mitchell, PhD, RN, FAAN
 Patricia O'Brien, PhD, RN, PMHNP-BC
 Linda Oakley, PhD, RN
 Eula Pines, PhD, PMHCNS, BC, DNP
 David Sharp, PhD, RN
 Carole Shea, PhD, RN, FAAN
 George Smith, DNP, APRN, GNP-BC, NP-C, CNE

Advisory Panel

Lindsay Anderson, MS, APRN-BC
 Sandra Ashby
 Robert Askerlund, APRN
 Lisa Auditore, RN, Associates
 Romnee Auerbach, ANP, PMHNP-BC
 Jennifer Barut, MSN, RN-BC
 Lora Beebe, PhD, PMHNP-BC
 Michelle Blackmer, PMHNP-BC, FNP-BC, MSN, RN
 Margaret Bookman, RN, MS, CS
 Carol Braley-Seeger, DNS
 Debra Brodersen, RN, MSN-MHA
 Lori Brodie, Student Nurse
 Michelle Buckman, MSN, APRN BC
 Barbara Buxton, PhD
 Lisa Casler, PMHNP-BC, NPP
 Cheri Coe, RN-BC
 Deborah Cook, RN, MS, PMHCNS-BC
 Mary Crosby
 Katherine Darling, DNP, PMHNP/FNP-C, APRN
 Shirlee Davidson, RN, MSN
 Barbara De Feo, RN, MSN, NPP
 Joanne Dedowicz
 Susan Derivas, PMHNP-BC
 Carleen DiMeglio, RN, MSN, PMHCNS-BC

Elizabeth Easley, APRN, BC, PMHCNS--BC
 Jo Edwards, RN, ADN, ANA, AMSN, ACLS
 Benjamin Evans, DD, DNP, RN, APN
 Sara Feldmann, MSN, PMH-NP, BC
 Joelle Fellingner, RN, MS, APNP, CNS-BC
 Joyce Fjelland, PhD, RN, CNS
 Darlene Flowers
 Diane Gardner, EdD, PMHCNS-BC
 Vanessa Genung, PhD, RN, PMH-NP-BC, LCSW-ACP, LMFT, LCDC
 Suzanne Goetz, RN, MSN, CCS-P
 Deanna Golden, RN, MSN/MBA
 Teresita Gonzales, MSN, Ed
 Ann Harms, EdD, RN-APRN-CS
 Diane Hickman, PhD, APRN, PMHCNS-BC
 Celeste Johnson, MSN, RN, PMH CNS
 Kathryn Johnson, MSN, PMHCNS-BC, PMHNP-BC
 Merrie Kaas, DNSc, RN, PMHCNS-BC, FAAN
 Florence Keane, DNSc, MBA, PMHNP, ANP-C
 Ann Keeley, RN, MN, CNS/PMH, LMFT
 Lorna Kendrick, PhD, APRN, BC
 Avery Imara Kennedy, MSN

Candice Knight, PhD, EdD, APN, PMHCNS/NP-BC
 Kerry Kokaisel, FPMHNP, DNP
 Kathleen Kregor, BSN, RN-BC
 Cathy Kubec, MSN, RN
 Elizabeth Laubenthal, RN, MSN
 Jeanette Lee, MS, NPP
 John Lepscier, RN-BC, BSN
 Kristy Loewenstein, MSN, RN
 Agnes Lynch, NPP
 Marilyn Lynch-Goddard, MSN, BSN, RN
 Linda Mabey, DNP, CNS, BC
 Angelina Manchester, MSN, BSN, RN
 Brenda Marshall, EdD, NP-BC
 Elaine McKenna, MSN, PMHCNS, BC
 Tamara Melville, DNP, APRN, PMHNP-BC
 Greg Mercer, BA, MSN
 Cindy Michael, MSN, PMHAPN-BC
 Ann Marie Michalski, FNP, MSN, RNBC
 Betty Morgan, PhD, PMHCNS, BC
 Amy Morton-Miller, PhD, RN, PMHCNS-BC, CNE
 Kathleen Musker, PhD, RN
 Lauraann Nicoletto, RNC, BSN, MSN
 Jay Norwood, MSN, RN
 Jill Nusbaum, RN, DNSC, CS
 Deborah Oestreicher, APRN, PMHCNS-BC
 Bonnie Parker, MSN, RN, CRRN
 Brenda Patzel, PhD, APRN, PMHNP-BC
 Ann Peden, PMHCNS-BC, DSN
 Richard Pessagno, DNP, PMHNP-BC, CGPN
 Kathleen Phillips, MSN, RN, CNE
 Lourdes Pineda, MSN, RN-BC, CCM
 Leigh Powers, DNP, APRN, PMHNP-BC
 Hilarie Price, MSN, RN
 Nicole Price, RN, MSN, CNS/ANP
 Cassandra Radford-Galbreath, BSN, RN
 Rita Ray-Mihm, DNP, RN, CNS
 R. John Repique, MS, RN, NEA-BC
 William Robertson, MSN, ANCC PMHN
 Ora Robinson, PhD
 Georgina Rotzler, RN, BSN
 Jacqueline Saleeby, PhD, RN, BCCS
 Jessica Santos, MS, BSN, RN
 Karen Schepp, PhD, APRN, BC
 Rebecca Schroeder, DNP, PMHNP
 Joyce Shea, DNSc, APRN, BC
 Amy Silver, RN
 Jane Sobolov, MS, RN-BC
 Marcia Starkman, RN, BSN, MSN, PMHCNS-BC
 David Strawn, RN
 Julia Sullivan, BSN, RN, MSN
 Tina Taylor, MN, ARNP, PMHNP-BC
 Terri Tebo, RN, MSN/Ed
 Judith Van Cleef, MS, RN-BC, CARN
 Mary VanderKolk, BS, BSN, MSN, MBA
 Karen Vergano, PMHCNS-BC
 Lisa von Braun, RN, MSN, M.Ed CNL
 Paula Vuckovich, RN, PhD, PMHCNS-BC
 Matthew Walker, MSN, RN-BC
 E. Monica Ward-Murray, EdD
 Diane Wieland, PhD, MSN, RN, PMHCNS-BC
 Kimberly Wolf, PMHCNS-BC
 Scott Ziehm, DNP, RN

Forensic Psychiatric Nurses Council

How many conference calls did you conduct during the 2012 - 2013 year? 0

Check any meetings that apply for the 2012 conference?

Interactive Panel

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

We made note of member feedback on the Member Bridge and were active in responding to issues on the Member Bridge.

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

We have promoted forensics and psychiatric nursing on a local and national basis, but would like to pursue the goal of completing a white paper on forensics in the next year.

How has your group worked to achieve these goals?

The membership bridge provides a forum for discussing issues related to relevant to forensics psychiatric nursing. The experts on the committee can provide valuable resources to members on forensic issues.

What do you hope to accomplish for the 2013 - 2014 year?

We would like to write a white paper on the role of forensic psychiatric nurses. We have polled the members on the bridge, but have not begun compiling data yet.

Forensic Psychiatric Nurses Council

Chairs

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

Steering Committee

Angela Amar, PhD, PMHCNS-BC, FAAN
 Joyce Azzaline, APRN, BC, DHS(c), MSN, MS
 Helen Birkbeck, APRN
 Deborah Cook, RN, MS, PMHCNS-BC
 Yvonne Cryns, JD, MSN, RN, PMHNP, CPM
 Bernice Ferguson
 Loraine Fleming, DNP, PMHNP-BC
 Victoria Hazard
 Andrea Katz, MSN
 Ursula Kelly, PhD, ANP-BC, PMHNP-BC

Melanie Lint, MSN, CNS, CARN-AP
 Shelly Lurie-Akman, MS, APRN, PMH-BC
 Richard Pessagno, DNP, PMHNP-BC, CGPN
 Deborah Schiavone, PhD, RN, PMHCNS-BC, CNE
 David Sharp, PhD, RN
 Janet Smith
 Ramona Smith Hall, BSN, PMH-BC
 Frankie Wallis, RN, MSN, FNP
 Shiphrah Williams-Evans, PhD, PMHNP-BC
 Nancy Wolf, DNP, PMHNP-FNPC

Advisory Panel

Janice Adam, RN-BC
 Angela Amar, PhD, PMHCNS-BC, FAAN
 Lisa Auditore, RN, Associates
 Romnee Auerbach, ANP, PMHNP-BC
 Linda Barloon, MSN, RN, PMHCNS, PMHNP
 Marco Belluardo-Crosby, PNP, PMHNP-CNS, BC
 Rosetta Booker-Brown, RN, BSN
 Michelle Boyk
 Lori Brodie, Student Nurse
 Genevieve Chandler, RN, PhD
 Laura Conley-Prince, Clinical Nurse IV
 Mary Crosby
 Marci Curran, BSN, RN
 Nicole Dillon, BSN, RN
 Joelle Fellingner, RN, MS, APNP, CNS-BC
 Jennifer Flock, BSN
 Darlene Flowers
 Joseph Giovannoni, DNP, PMHCNS-BC, APRN-RX
 Carla Graham, RN
 Marjie Gruenberg, MS, BSN, RN
 Dean Ivester, RN
 Christine Jackson, RNC
 Susan Jacobson, PMHNP, CNS

Florence Keane, DNSc, MBA, PMHNP, ANP-C
 Ronda Kearns-Strawser, RN, BSN
 Sandra Kelley, NP, MSN, ARNP
 Avery Imara Kennedy, MSN
 Laura Krubinski, RN, BSN
 Monika Kuwahara Birklin
 Lauren Langley, MSN, PMHNP-BC
 Darlene Larson, RN-BC
 Elizabeth Laubenthal, RN, MSN
 John Lepscier, RN-BC, BSN
 Linda Luton, RN, BSN, BC, CCHP
 Donna Lynch, MSN, CSFN
 Loine Lynch-Finlayson, RN
 Marilyn Lynch-Goddard, MSN, BSN, RN
 Angelina Manchester, MSN, BSN, RN
 Laurie Mandel, MSN, CNP, PMHNP
 Carol Maute, RN, BSN, MSN, HN-BC
 Leslie Miles, APRN, BC
 Erin Murphy
 Sean Murphy, PhD, RN
 Evelyn Perkins, PMH-BC, NE-BC
 Keith Plowden, Ph.D, RN
 Frances Priester
 Melinda Rader, RN, MSN
 Cassandra Radford-Galbreath, BSN, RN

Maureen Rafa, BS, RNC
Jeff Ramirez, PhD, PMH-NP
Deirdre Rea, BS, RN, MSN
Renee Redden, APMHCNS, BC
Mary Reed, PhD, APN, PMHCNS-BC
R. John Repique, MS, RN, NEA-BC
Cheryl Robinson-Moore, BSN, MA, RN-BC
Carol Ross, PMHCNS
Karen Schepp, PhD, APRN, BC
Amy Scribber, BSN, RN
Dorothy Seals, APMHNP
Carole Shea, PhD, RN, FAAN
Amy Silver, RN
Virginia Singer, DNP
Janet Somlyay, DNP, CPNP, PMHNP
Tina Taylor, MN, ARNP, PMHNP-BC
Marcy Tichacek, MN, PMHCNS-BC, RN
Eleanor Tomas, BSN, RN
Debbie Ultsch, RN, BSN
Doris Van Byssum, Psy.D., MS
Amye Varnum, PMHN, RN, BC
Sheila Webster, PMHCNS-BC, CNS
Kathleen Wolff, PhD, APRN, CNS
MaryBeth Zambella, PMHNP-BC
Cathi Zillmann, NPP

Recovery Council

How many conference calls did you conduct during the 2012 - 2013 year? 20

Check any meetings that apply for the 2012 conference?

Interactive Panel

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

1. Subgroup completed and published an article entitled: Championing Person-First Language: A Call to Psychiatric Mental Health Nurses.
2. Survey completed and identified top twelve topics in recovery.
3. Initiated the "Pearls of Recovery" based on the top twelve topics in the APNA Newsletter.
 4. Solicited recovery exemplars x2.
4. Co-chair attended Intercouncil Summit.
5. Initiated expansion of the Pearls of Recovery into an educational product.
6. Completion of webinar focused on providing undergraduate educators with theory/practical ways to integrate recovery into the curriculum AND how to integrate recovery principles with the new DSM 5.

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

The Presidents New Freedom Commission, the Surgeon General's Report and the SAMSHA Recovery to Practice Initiative/Grant have all clearly identified the recovery model and recovery oriented concepts as the preferred consumer oriented model of care for individuals living with mental illness. Specifically, the Recovery to Practice Grant sought to promote the development of educational materials and professional training for PMH nurses. With these outcomes in mind, the Recovery Council has offered APNA members educational opportunities to continue to grow and develop skills consistent with recovery oriented principles. These opportunities include:

- An article published in JAPNA: Championing Person-First Language: A Call to Psychiatric Mental Health Nurses. The purpose of this article were twofold:
 - to define and explore the importance of person-first language to the discipline of psychiatric nursing and
 - to set the stage for a call to action by all psychiatric nurses to have person-first language become integral to their practice and serve as a foundation for promoting recovery for the individuals they serve.
- Pearls of Recovery in the APNA Newsletter. The purpose of the Pearls was to introduce APNA Membership to some of the primary concepts of the Recovery Model and Recovery Focused Care.

Recovery Council

- Webinar: Applying Recovery Principles to Undergraduate Nursing Education. A podcast/webinar was developed in conjunction with members of the Education Council to provide how-to guidelines for undergraduate faculty members re: integration of recovery focused principles into current PMH nursing curriculums.
- Collection of exemplars of recovery.

Each of these projects served to unify the voice of PMH nurses by supporting the call to integrate recovery into all aspects of practice. This was accomplished through collaboration with colleagues/other councils; empowering members to share their expertise with other APNA members.

How has your group worked to achieve these goals?

See the previous answer. We have worked to create strategic alliances with key stakeholders within the council to ensure we address and embrace the voice of individuals living with mental illness. We sought to network with other APNA members during the 2012 conference by offering an interactive panel to share our audacious goals and hoped-for outcomes. We have attempted to share our expertise/experience with the recovery model through educational opportunities and best-practice articles.

What do you hope to accomplish for the 2013 - 2014 year?

We hope to review and re-organize available resources on the APNA recovery site; organizing specific resources for specific groups. We also plan to solicit exemplars of recovery oriented programs and interventions to share with members. In addition, we plan to expand the Pearls of Recovery to provide a more extension explanation of recovery principles.

Recovery Council

Chair

Nancy Dillon, PhD, RN, CNS
 Kristen Lambert, PhD, MSN, RN

Steering Committee

Eric Arauz, MA, MLER
 Cynthia Archer-Gift, PhD, ED, MSN, RN
 Moe Armstrong, MBA, MA
 Jennifer Barut, MSN, RN-BC
 Kaye Blasingame, RN, BC, MSN
 Gayle Bluebird, RN
 Mary Ann Boyd, PhD, DNS, PMHCNS-BC
 Susan Brammer, PhD, RN
 Genevieve Chandler, RN, PhD
 Dawn Coglisier, RN, BC
 Lynn DeLacy, PhD, RN, NEA-BC
 Ann Gander, APRN
 Diane Hickman, PhD, APRN, PMHCNS-BC
 Mary Jensen Donovan, MA, RN, CRSS
 Joan King, RN, MSN, CS

Kathleen McCoy, DNSc, APRN-BC,
 PMHNP-BC, PMHCNS-BC, FNP-BC,
 FAANP
 Janet Merritt, RN
 Kathleen Musker, PhD, RN
 Constance Noll, MA, BSN, RN-BC
 Dana Olive, PhD, PMHNP-BC
 Elizabeth Pease, MS, RN
 Stephanie Plummer, DNP, APRN, PMHNP-BC,
 FN
 Jeff Ramirez, PhD, PMH-NP
 Ora Robinson, PhD
 Karen Stein, PhD, RN, FAAN
 Georgia Stevens, PhD, APRN, BC, PMH,
 CNS
 Barbara Warren, PhD, RN, PMHCNS-BC,
 FAAN

Advisory Panel

Jane Abanes, NP
 Lynda Artusio, PMHCNS
 Carolyn Baird, DNP, MBA, RN-BC, CARN-
 AP, ICCDPD
 Deborah Bethel, PMHCNS
 Mary-Margaret Bradley, RN, MSN, APRN
 Kendra Brown, RN, BSN
 Lisa Casler, PMHNP-BC, NPP
 Jeanne Clement, EdD, APRN, PMHCNS- BC,
 FAAN
 Cheri Coe, RN-BC
 Kayla Cross, RN-C, MA, BSN
 Susan Ellenbecker
 Arlene Emery, PMHNP
 Mark Farrington, CNS, PMHCNS, BC
 Brianne Fitzgerald, NP, MPH
 Virginia Fox, BSN, MSN, PMHCNS-BC
 Beth Good, DNP, RN, CNS-BC, CARN
 Patricia Graham, MSN, PMHCNS, BC
 Elaine Greggo, PMHCNS, BC
 Sharon Haight-Carter, PMHNP-BC
 Edna Hamera, PhD, ARNP
 Martha Hernandez, APRN, PMHCNS

Celeste Johnson, MSN, RN, PMH CNS
 Deidra Johnson, RN, BSN
 Helen Jones, PhD, RN, APN-C
 Ruth Jordan, RN, MS, MBA, NE, BC
 Cathleen Kealey, BSN, RN, PMH-BC
 Colleen Kelley
 Johanna Kolodziej, MSN, RN
 Kathleen Kregor, BSN, RN-BC
 Marion Kyner, MSN, PMHCNS-BC
 Sandra Lavelle, RN
 James Leahy, RN, BC
 John Lepscier, RN-BC, BSN
 Carolynn Lindsey, BSN, RN
 Lynnetta Loveland, MSN, PMHNP, RN
 Bridget Ludlow, BSN, RN
 James McDaniel, EdD, RN, CS, MBA
 Kris McLoughlin, DNP, APRN, PMHCNS-
 BC, CADC-II, FAAN
 Jason Melegari
 Kim Moreno, PhD, RN
 Ann Murphy Harris, MSN, PMHNP-C
 Eris Perese, APRN-PMH
 Kathleen Phillips, MSN, RN, CNE

Susan Phillips, DNP, PMHCNS-BC
R. John Repique, MS, RN, NEA-BC
Carol Rogers, PhD, APN
Marian Roman, PhD, PMHCNS-BC
Georgina Rotzler, RN, BSN
Joyce Shea, DNSc, APRN, BC
Margaret Sherlock, MA, PMHCNS-BC
Joan Strenio, MSN, PMHCNS-BC
Jamie Surfus-Lewiston, RN, MSN, NEA-BC
Nancy Testerman
Nancy Turner, RN, C, MSN
Bonnie Wilson, MSN, APRN, PMHNP-BC
Theresa Zeman, MSN

Research Council

How many conference calls did you conduct during the 2012 - 2013 year? 4

Check any meetings that apply for the 2012 conference?

Interactive Panel; Special planning meeting of the 4 Co-Chairs

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

ACCOMPLISHMENTS: Two of the Research Council Co-chairs (Linda Beeber and Daryl Sharp) attended the APNA Council Summit March 16-17, 2013. Subsequent to the Summit, the four Co-Chairs discussed the current state of the Research Council and engaged with the Steering Committee to evaluate our current goals, activities and leadership structure in light of the charge put forth in the Summit.

Issues that we think we need to address are to:

- re-configure the Co-Chairs and Steering Committee as thought leaders not project providers (our current roles),
- use Council and InterCouncil Bridges to communicate regularly,
- engage the Steering Committee and Advisory Panels more fully in the work of the Council,
- develop a statement to members on the benefits that the Research Council can bring to them,
- develop 1-2-3 year plans that include leadership mentoring and ascension. The Co-Chairs (Linda Beeber, Jane Mahoney, Daryl Sharp and Danny Willis) and Steering Committee sent a Briefing Paper with these issues to the President, Board, Executive Director (ED) and APNA staff in September, 2013. The briefing paper summarized our efforts to target the diverse needs of all APNA members, but noted that the key issue affecting the goals and mission of the Research Council is the diminishing supply of new PMHN scientists and practice experts in the US, and the reduction in research and scholarship by PMH nurses. We discussed the Briefing paper in a call in late September and identified our next step as a face-to-face meeting in San Antonio in which the Council Co-Chairs will lead a discussion with the Steering Committee, APNA ED and APNA staff, the Research Council Co-Chairs that will:
 1. start the development of a strategic plan for the Research Council that includes the expectations from the Summit (above)
 2. focus the work of the Council on the issue of the diminishing supply of PMH nurse scientists and practice experts,
 3. develop one or two attainable goal statements that support APNAs overarching mission. Some examples might be: The APNA Research Council will be the premiere place for:
 - a. development of initiatives to support to protect and expand the pool of PMH nurse scientists
 - b. PMH nurse researchers to connect with other PMH researchers for collaboration and consultation

Research Council

- c. Education on each phase of conducting PMH nursing knowledge discovery and intervention research (PhD)
- d. Education on each phase of conducting practice improvement science relevant to PMH nursing (DNP)
- e. practicing nurses to access, understand and apply the newest research relevant to PMH nursing practice
- f. Development as a leader in PMH nursing research and practice improvement science.

We recognize that we cannot do all of these things without more participation and energy from researchers and APNA members interested in research and we will strive to keep ourselves focused on a few endeavors.

Additional accomplishments from 2012-2013 included:

- with Tandi-Jo Lantrip from the APNA staff, continued to coordinate the annual review and recommendation process for the APNF proposals,
- Represented APNA at the NINR Research Roundtable,
- Planned an interactive panel for the 2013 conference “Change the World Through PMH Nursing Research!” an interactive workshop to boost APNF proposal submission featuring successful APNF grant awardees sharing their “lessons learned.”

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

The Council has attempted to meet a broad array of member needs for education and support of knowledge-generating research and research application that are of relevance to all nurses caring for clients and families with mental health needs.

How has your group worked to achieve these goals?

Most of our activity has centered on C (through serving as resources and planning education about research) and D (through representation of APNAs research arm, nurturing research through our involvement in the APNF grants, educating at the conference through the Interactive Panel).

What do you hope to accomplish for the 2013 - 2014 year?

Restructuring our leadership team; integrating ourselves more fully into the organizational life through the Member and InterCouncil Bridges; focusing attention on the national diminishing pool of PMH nurse researchers and clinician scientists; and continuing with a more focused, limited agenda that we can accomplish with a small core of members.

Research Council

Chairs

Linda Beeber, PhD, CNS-BC, FAAN
 Jane Mahoney, PhD, RN, PMHCNS-BC
 Daryl Sharp, PhD, PMHCNS-BC, NPP
 Danny Willis, RN, DNS, PMHCNS-BC

Steering Committee

Susan Adams, PhD, APRN, PMHNP, CNS-BC, FAANP
 Angela Amar, PhD, PMHCNS-BC, FAAN
 Devon Berry, RN, MSN, CFNP
 Nancy Buccola, MSN, APRN, PMHCNS-BC
 Linda Chafetz, RN, DNSC
 Genevieve Chandler, RN, PhD
 Colleen Corte, PhD, RN
 Judith Haber, PhD, APRN, BC, FAAN
 Sandy Hannon Engel, PhD, RN, CNS, PMHNP
 Nancy Hanrahan, PhD, RN, FAAN
 Helen Karpilovsky, BSN, RN, MSN
 Ursula Kelly, PhD, ANP-BC, PMHNP-BC

Theresa Kormos, PMHCNS-BC
 Leticia Lantican, PhD, RN
 Teena McGuinness, PhD, CRNP, FAAN
 Kris McLoughlin, DNP, APRN, PMHCNS-BC, CADC-II, FAAN
 Geoffrey Phillips McEnany, PhD, PMHCNS, BC
 Bethany Phoenix, PhD, RN, CNS
 Mary Rosedale, PhD, PMHNP-BC, NEA-BC
 Mary Glenn Stuart, MSN, CRNP
 Grayce Sills, PhD, RN, FAAN
 Gail Stuart, PhD, RN, CS, FAAN
 Sandra Thomas, PhD, RN, FAAN
 Barbara Wolfe, PhD, APRN, BC, FAAN

Advisory Panel

James Adams, MSN, PMHCNS-BC
 Pamela Adamshick, PhD, RN, PMHCNS, BC
 Lorraine Anderson, PhD, RN, MPA
 Paula Anderson, MSN, PMNHN-BC
 Jennifer Barut, MSN, RN-BC
 Mary Basolo-Kunzer, PhD, APRN, CNE
 Jill Bormann, PhD, RN, APRN-BC, CNS
 Kaleen Boyd, PMHNP, MS, RN-BC
 Susan Brammer, PhD, RN
 John Brion, PhD, RN
 Chad Carpenter, MSN, BC, RN
 Carrie Carretta, PhD, APN, AHN-BC, FPMHNP
 Rebecca Casarez, PhD, RN
 Jeanne Clement, EdD, APRN, PMHCNS-BC, FAAN
 Malachy Corrigan, RN, MSN, NPP-BC
 Joyce Cotton, DNP, APRN, BC
 Gail DeBoer, RN, MS
 Joanne Dedowicz
 Della Derscheid, RN, PhD, CNS

Nancy Dillon, PhD, RN, CNS
 J. Carol Elliott, PhD, RN, PMHCNS, BC
 Linda Evinger, RN, MSN, WHNP
 Janefrances Ezimorah, MSN, RN, APRN
 Joelle Fellingner, RN, MS, APNP, CNS-BC
 Joyce Fjelland, PhD, RN, CNS
 Loraine Fleming, DNP, PMHNP-BC
 Beverlee Furner, FNP
 Lucille Gambardella, PhD, APN-BC, CNE, ANEF
 Kelly Gardiner, BSN, MSN, PhD (ABD)
 Gerald Georgette, RN, MSN, CCRC
 Suzanne Goetz, RN, MSN, CCS-P
 Janice Goodman, PhD, PMHCNS-BC
 Judith Hauck, RN, PMHCNS-BC
 E. Claire Heilman, MSN, PMH, CNS-BC
 Rebecca Horn, RN, MSN
 Jacqueline Hott, RN, BS, MA PhD, FANN
 Julia Houfek, PhD, APRN-CNS, BC
 Mary Jensen Donovan, MA, RN, CRSS
 Donald Johnston

Florence Keane, DNSc, MBA, PMHNP, ANP-C
 Joan Kearney, PhD, APRN-BC
 Debra Knop, RN, MSN, PMHCNS-BC
 Abigail Kotowski, RN, BS, PMHCNS-BC
 Mary Kozy, PhD, RN, PMHCNS, BC
 Kathleen Kregor, BSN, RN-BC
 Judy Lark, MS, RN
 Patricia Latham, PMHCNS-BC
 Elizabeth LeCuyer, RN, MN, PhD, PMHNP
 Kathleen Lehmann
 Debra LeMasters-Parzel, MSN, APRN
 John Lepscier, RN-BC, BSN
 Andrea Lerma, MSN, RNCS
 Linda Lewin, PhD, PMHCNS-BC
 Ernestina Martin, RN, BSN, MSN
 Margherite Matteis, PhD, PMHCNS-BC
 Joanne Matthew, MS, RN, PCNS
 Marie Maugans-Coleman, ARNP, BC
 Kathleen McCoy, DNSc, APRN-BC, PMHNP-BC, PMHCNS-BC, FNP-BC, FAANP
 Mary Meiselman, CNS, NP
 Sandy Mishkin, RN, BC, MSN, MEd
 Pamela Nelson, PhD, PMH, CNS, RN
 Vareen O'Keefe-Domaleski, MSN, EdD, NEA, BC
 Joyce Olagoke, RN, BSN, MSN
 Sudha Patel, BSN, MN, MA, DSN, RN
 Olimpia Paun, PhD, PMHCNS-BC
 Pamela Pepper, PMH, CNS, BC
 Leah Pickett, MSN, RN, PMHNP-BC
 Sharon Piercy, MSN, RN, BSN
 Leigh Powers, DNP, APRN, PMHNP-BC
 Cassandra Radford-Galbreath, BSN, RN
 Jeff Ramirez, PhD, PMH-NP
 R. John Repique, MS, RN, NEA-BC
 Gale Robinson-Smith, PhD, RN
 Georgina Rotzler, RN, BSN
 Jessica Santos, MS, BSN, RN
 Karen Schepp, PhD, APRN, BC
 Nancy Scheutz, MSN, RN, AHN-BC
 Debra Scrandis, PhD, CRNP
 Joyce Shea, DNSc, APRN, BC
 Margaret Sherlock, MA, PMHCNS-BC
 Jeanne Marie Stacciarini, PhD, RN
 Debbie Steele, MFT, PhD, RN
 Gail Stern, MSN, PMHCNS-BC
 Sylvia Stevens, APRN, MS, BC
 Julia Sullivan, BSN, RN, MSN
 Helen Thamm, APRN, PMHCNS-BC
 Debra Van Dyke, BSN RN, MA, BSEd
 Renee Vives, SPMHNP
 Kelly Voll, ADN, RN
 Barbara Warren, PhD, RN, PMHCNS-BC, FAAN
 Kimberly Williams, RN, DNSc, APN-BC, PMHNP-BC
 Donald Wleklinski, PMHNP-BC
 Cathi Zillmann, NPP
 Sarah Zimmerman, Psych MH, NP
 Cynthia Zolnierrek, PhD, MSN, RN

Tobacco Dependence Council

How many conference calls did you conduct during the 2012 - 2013 year? 3

Check any meetings that apply for the 2012 conference?

Meeting of Steering Committee + Advisory Panel; Interactive Panel

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

Examined barriers to progress in treating tobacco dependence Developed proposal for Virtual Nursing Academy of APNA Champions for Smoking Cessation in collaboration with Smoking Cessation Leadership Center; submitted to Robert Wood Johnson Foundation Debated expanding council focus; collaborated with APNA President Beth Phoenix to work with newly established Addictions Council in the year ahead to discern how to join council forces without losing ground on tobacco dependence

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

Collaborate with experts nationwide to address tobacco dependence Virtual nursing academy aims to strengthen grass-roots efforts nationwide in addressing tobacco dependence Offer web-based resources for treating tobacco dependence--to our knowledge, only such resource available that specifically focuses on PMH nurses

How has your group worked to achieve these goals?

We are making a concerted effort to strengthen grassroots participation in the mission of tobacco dependence council (addressing strategic alliances with key stakeholders) We strongly rely on best practice and scientific evidence that supports effectiveness of treating tobacco dependence among those living with psychiatric and/or addictive disorders (leader in integrating research, practice and education)

What do you hope to accomplish for the 2013 - 2014 year?

Successful implementation and evaluation of Virtual Nursing Academy Collaborate with newly established Addictions Council Chair and Steering Committee to establish permanent council structure in which tobacco dependence is a strong focus for Addictions Council

Tobacco Dependence Council

Chairs

Susan Blaakman, PhD, RN, NPP-BC
Daryl Sharp, PhD, PMHCNS-BC, NPP

Steering Committee

Jacques Amole, DNP, RN, PMHCNS-BC
Carolyn Baird, DNP, MBA, RN-BC, CARN-AP, ICCDPD
Diane Burgermeister, PhD, APRN
Jeanne Clement, EdD, APRN, PMHCNS- BC, FAAN
Carol Essenmacher, MSN, CNS, C-TTS
Mary Lou Heater, DNP, RN, PMHCNS-BC
Julia Houfek, PhD, APRN-CNS, BC
Kevin McGirr, RN, MS, MPH
Madeline Naegle, PhD, CNS, PMH-BC, FAAN
Victoria Palmer-Erbs, PhD, RN, BC
Nicole Rozek-Brodrick, APRN, RN, NP, CNS, DNP
Sharon Schmidt, CRADC, PMHNP, Psy. D, MS, RN, CS
Ruth Staten, PhD, ARNP-CS
Karen Stein, PhD, RN, FAAN
Georgia Stevens, PhD, APRN, BC, PMH, CNS
Sandra Talley, PhD, APRN, BC
Deborah Whitehouse
Donald Wleklinski, PMHNP-BC

Institute for Mental Health Advocacy

How many conference calls did you conduct during the 2012 - 2013 year? 0

Check any meetings that apply for the 2012 conference?

Institute for Mental Health Advocacy Interactive Panel

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

IMHA has been extremely active in soliciting members' opinions about a variety of policy initiatives. One of the most common requests we make is for members to provide feedback about letters to which APNA has been asked to support. These letters typically are directed to key legislators regarding topics pertaining to the profession and/or those affected by mental illness. IMHA also developed a Briefing paper that was submitted to the APNA Board of Directors that proposed the development of a Policy Forum. This proposal, which outlined a plan to have regular online expert guest speakers in a webinar format, was approved.

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

The IMHA continued to facilitate consensus on topics related to advocacy by soliciting input on matters related to legislative, policy, and regulatory matters.

How has your group worked to achieve these goals?

Participated in discussions on Member Bridge related to timely practice and advocacy issues. Contributed to the substance of key communication to national leaders in the form of sign-on letters. Developed a Policy Forum whereby expert APNA members and other mental health leaders can share their knowledge and insights with both APNA members and non-members. Shared information related to key mental health care issues such as the Affordable Care Act and other mental health resources such as SAMHSA's Toolkit for Community Conversations About Mental Health. Showcased state advocacy initiatives from several state in the Interactive Panel in 2012.

What do you hope to accomplish for the 2013 - 2014 year?

Promote conference calls for the Steering Committee through active member involvement and roles for the members. Continue to identify APNA members with proven track records in advocacy as well as individuals who demonstrate potential and passion for advocacy to participate in the IMHA. Facilitate quarterly taped Policy Forums for viewing by APNA members and non-members to share expert insight into issues pertaining to mental health care and psychiatric nursing.

Institute for Mental Health Advocacy

Chairs

Margaret Halter, PhD, APRN
Christine Tebaldi, MS, PMHNP-BC

Steering Committee

Carolyn Baird, DNP, MBA, RN-BC, CARN-AP, ICCDPD
Pamela Bajari, MNA, BSN, RN
Emily Bell, RN, ARNP, PMHNP-BC
Kathryn Brotzge, ARNP
Jeanne Clement, EdD, APRN, PMHCNS-BC, FAAN
E. Colleen Conklin, MS, RN
Matthew Lindquist, MSN, RN, PMHNP, BC
Justin McClanahan, BSN, RN
Kathleen McCoy, DNSc, APRN-BC, PMHNP-BC, PMHCNS-BC, FNP-BC, FAANP

Mary Ann Nihart, MA, APRN, PMHCNS-BC, PMHNP-BC
Rivy Oseni, RN, NP
Donna Rolin-Kenny, PhD, APRN, PMHCNS-BC
Maria Romana, PMHNP-BC
Julie Ryder, PMHNP, BC
Amanda Schuh, MS, RN, PMHNP-BC
Joyce Shea, DNSc, APRN, BC
George Smith, DNP, APRN, GNP-BC, NP-C, CNE
Elizabeth Wechsler, RN, CNS-PMH

Advisory Panel

Betty Anderson, RNC, CPHQ
Irina Angelo, MT(ASCP), RN, BSN
Lisa Auditore, RN, Associates
Romnee Auerbach, ANP, PMHNP-BC
Vanessa Barlow, MBA, BSN, R.N.
Jennifer Barut, MSN, RN-BC
Elaine Bawden, RN, CNS, BSN, MSN, PhD
Lora Beebe, PhD, PMHNP-BC
Patricia Bezek, BSN, RN
Jenna Birdsell, CNS, CNP
Kaye Blasingame, RN, BC, MSN
Mary Bollinger, RN, BS, MSED
Karen Bone, MSN, ARNP
Dolores Bray, CRNP
Arleen Briggs, MSN, RN-BC
Debra Brodersen, RN, MSN-MHA
Kendra Brown, RN, BSN
Cynthia Bullard, RN, PMHCNS-BC
Allison Burfield, RN, MSN, PhD
Margaret Bushey, MS, APN, NP
Natalie Butler, MSN, APRN
Rebecca Casarez, PhD, RN
Lisa Casler, PMHNP-BC, NPP
Angela Chesser, PhD, RN, CNS-BC

Cheri Coe, RN-BC
Judith Collins, RN, BSN, MA
Lois Corwin, MS, ARNP, BC
Maureen Craigmile, RN-BC, MSN
Patricia Cubilette, PMHNP-BC
Patricia Cunningham, APRN-BC
Julie Dahl, RN
Katherine Darling, DNP, PMHNP/FNP-C, APRN
Shirlee Davidson, RN, MSN
Joanne Dedowicz
Kathleen Delaney, PhD, PMH-NP, RN
Sattaria Dilks, DNP, APRN, PMHNP-BC
Nicole Dillon, BSN, RN
John Dool, RN, MSN
Catherine Doty, APRN-BC, PNP
Mary Jane Ebias
Jill Ebright, RN
Erin Ellington, DNP, RN, PMHNP-BC
Linda Evinger, RN, MSN, WHNP
Roberta Feldhausen, PMHCNS, BC
Joelle Fellingner, RN, MS, APNP, CNS-BC
Elizabeth Fife, RN, MSN, CNS, CPN
Joyce Fjelland, PhD, RN, CNS

Loraine Fleming, DNP, PMHNP-BC
 Jennifer Flock, BSN
 Kristyn Gall, PMHCNS-BC, NP
 Lucille Gambardella, PhD, APN-BC, CNE, ANEF
 Kelly Gardiner, BSN, MSN, PhD (ABD)
 Diane Gardner, EdD, PMHCNS-BC
 Judith Ginther, CNP, MSN, APRN
 Deanna Golden, RN, MSN/MBA
 Beth Good, DNP, RN, CNS-BC, CARN
 Jennifer Gouge, RN
 Patricia Graham, MSN, PMHCNS, BC
 Anne Greenwalt, RN
 Elaine Greggo, PMHCNS, BC
 Jillian Hagerich, BSN, RN-BC
 Elizabeth Harmon, RN, BC
 Jane Harmon, PMHNP-BC, Adult CNS-BC
 Lisa Harrison, RN
 Natalie Hart, MS, RN, PMHNP-BC
 Patricia Hefner, MSN, RN-BC
 Diane Hickman, PhD, APRN, PMHCNS-BC
 Barbara Hinds, BS, RNC
 William Jacobowitz, MSN, MPH, EdD
 Susan Jacobson, PMHNP, CNS
 Judith Jarosinski, PhD, RN, CNE
 Christine Johnsen, MPH, MS, ANP, PMHCNS, BC
 Celeste Johnson, MSN, RN, PMH CNS
 Lisabeth Johnston, PhD, APRN
 Ruth Jordan, RN, MS, MBA, NE, BC
 Helen Karpilovsky, BSN, RN, MSN
 Sharon Katz, RN, FPMH-NP, PMH-CNS, BC
 Cathleen Kealey, BSN, RN, PMH-BC
 Florence Keane, DNSc, MBA, PMHNP, ANP-C
 Ann Keeley, RN, MN, CNS/PMH, LMFT
 Sandra Kelley, NP, MSN, ARNP
 Avery Imara Kennedy, MSN
 Sun Kim, PhD, APRN-BC
 Amy Kirsch, MSN, RN
 Deborah Klaszky, MSN APN-C
 Dale Knode, RN, BS, HSAD
 Kathleen Kregor, BSN, RN-BC
 Laura Krubinski, RN, BSN
 Leida Lamas-Sheldon, BSN, RN
 Mary Lamont, RN, BSN, BC
 Dee Langford, MSN, RN, PMHCNS-BC
 Rae Leach, RN
 Suzanne Lee, DNP, APRN-PMH-BC, CARN-AP
 Florence Leighton, BSN, RN
 Andrea Lerma, MSN, RNCS
 Linda Lewin, PhD, PMHCNS-BC
 Judy Linn, BS, BSN, MS
 Melanie Lint, MSN, CNS, CARN-AP
 Pamela List, MSN, APRN, PMHNP-BC, FNP-BC
 Scott Logan, MM, BSN, RN
 Marilyn Lynch-Goddard, MSN, BSN, RN
 Linda Mabey, DNP, CNS, BC
 Linda MacDougall, APRN
 Carol Marchetti, PhD, RN, PMHNP-BC, SANE
 Pamela Marcus, RN, APRN, PMH-BC
 Margherite Matteis, PhD, PMHCNS-BC
 Becky McDaniel, RN
 Mary Meiselman, CNS, NP
 Greg Mercer, BA, MSN
 Wanda Monroe, ARNP
 Terri Motraghi, MSc
 Esther Mugomba, RN-BSC, BC
 Ann Murphy Harris, MSN, PMHNP-C
 Duane Napier, MSN, RN
 Pamela Nelson, PhD, PMH, CNS, RN
 Joseph Nemeth
 Allen Novak, MSN, APRN, Rx, PMHCNS-BC
 Jill Nusbaum, RN, DNSC, CS
 Deborah Oestreicher, APRN, PMHCNS-BC
 Catherine Osborn O'Reilly, RN
 Namita Patel, RN, APRN, CNS
 Sudha Patel, BSN, MN, MA, DSN, RN
 Donna Peterson, BSN, RN-BC
 Bethany Phoenix, PhD, RN, CNS
 Leah Pickett, MSN, RN, PMHNP-BC
 Eula Pines, PhD, PMHCNS, BC, DNP
 Charmaine Platon
 Michael Polacek, RN
 Wendy Pomeroy, APN
 Cindy Potts, RN, BC
 Cassandra Radford-Galbreath, BSN, RN
 Rosanne Radziewicz, MSN, PMHCNS-BC

Rita Ray-Mihm, DNP, RN, CNS	Gail Stern, MSN, PMHCNS-BC
Patricia Remsen, BSN, RN	Linda Stone, PhD, BNC, APNP
R. John Repique, MS, RN, NEA-BC	Diane Stradling
Donna Riemer, RN-PMHN	Joan Strenio, MSN, PMHCNS-BC
Charlene Roberson, RN, BC, Med	Mary Sturdy-Martin, RN
Michelle Roberson, AD, BS, RN	Michelle Tavares, BN, RN
William Robertson, MSN, ANCC PMHN	Tina Taylor, MN, ARNP, PMHNP-BC
George Roets, RN, MS	Burton Thelander, PMHCNS, BC
Carla Rosler, PMH, CNS, BC	Janet Thelen, BSN
Linda Rossow, RN, BC	Marlene Tocher, PMHNP-BC
Georgina Rotzler, RN, BSN	Claire Trauth, NCSP, RN-BC
Jessica Santos, MS, BSN, RN	Shiori Usami, CNS
M. Joyce Sasse, DNP, APRN, PMHNP, CNS	Michele Valentino, MSN, CNS, BC, NP
Karen Schepp, PhD, APRN, BC	Barbara Valerius
Mary Schmeltz Weaver, RN, BSN, CLNC	Judith Van Cleef, MS, RN-BC, CARN
Bonita Shaw, RN, BSN, BC	Debra Van Dyke, BSN RN, MA, BSEd
Amy Silver, RN	Kelly Voll, ADN, RN
Dawn Sims, RN-BC, ADN, BSN, MSN	Lisa von Braun, RN, MSN, M.Ed CNL
Ronnie Sims, BSN	Wendy Waddell
Julia Smith	Naomi Walker, RN
Shirley Smoyak, Professor II, RN, PhD, FAAN	Kimberly Walker-Daniels
Lori Solon, PMHCNS-BC	E. Monica Ward-Murray, EdD
Janet Stagg, MS, RN, APN	Marilyn Warnock, RN
Elise Stanford, BSN, RN, MBA	Nanette Watson, DNP, PMHNP-BC, PMHCNS-BC
Roberta Stanhope, ARNP, PMHCNS, BC	Babette Wieland, MSN, BSN

Institute for Safe Environments

How many conference calls did you conduct during the 2012 - 2013 year? 12

Check any meetings that apply for the 2012 conference?

Meeting of Steering Committee + Advisory Panel; Interactive Panel 2012; Kathy and I met; 2013 meeting Meet and greet and ISE Interactive Panel Discussion

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

Developed mission and vision, held monthly conference calls with steering committee members, and prepared a briefing paper for the Board to propose our scope of work. We identified eight elements that are essential for a safe environment, and accepted the Board's suggestion that we begin our work with two of those elements - engagement and emergency management. We are currently in the process of organizing work groups for each of those topics and have enlisted the help of some member volunteers who have expressed interest.

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

We have engaged members of the steering committee and advisory panels, along with the support of the intercouncil council members, in attempting to identify evidence-based practices that relate to safety. Our hope is to provide information about these best practices to APNA members and others.

How has your group worked to achieve these goals?

- A. We have developed a team of experts who are committed and willing to share their expertise.
- B. We plan to engage members and others in our work.
- C. Our work will hopefully benefit patients and nurses and others beyond the scope of psychiatric nursing.
- D. The products of our work will be recognized as useful additions to the scientific body of knowledge that is the foundation for patient care.

What do you hope to accomplish for the 2013 - 2014 year?

VISION: The Institute for Safe Environments provides an integrated structure designed to thoughtfully address issues that impact the safety of persons served as well as service providers.

GOALS:

1. Identify issues related to safe environments
2. Explore current evidence related to issues
3. Recommend strategies to promote safe, evidence-based, best practices

This year's goal: Engagement and Emergency Management work groups are able to work together to accomplish the identified goals of each work group.

Institute for Safe Environments

Chairs

Diane Allen, MN, RN-BC, NEA-BC
 Kathleen Delaney, PhD, PMH-NP, RN

Steering Committee

Catherine Batscha, DNP, RN
 Barbara Bonney, APRN
 Carole Farley-Toombs, MS, RN, NEA, BC
 Pamela Greene, PhD, RN
 Maureen Kolomeir, MBA, MSN, PMHNP-BC
 Janie LeVieux, PhD, LPC-S, RN
 Jane Mahoney, PhD, RN, PMHCNS-BC

Michael Polacek, RN
 David Sharp, PhD, RN
 Mona Shattell, PhD, RN
 Justin Souther, RN-BC
 Michael Waggoner, MSN, RN
 Moira Wertheimer, BSN, JD
 Babette Wieland, MSN, BSN

Advisory Panel

Janice Adam, RN-BC
 Maripat Alger Cottone, APN-BC
 Terri Antoniewicz, BSN, RN, BSHL
 Lisa Auditore, RN, Associates
 Elizabeth Balota, MSN, RN, CEN
 Lauren Barber, MSN, PMHNP-BCC, MHSA, NE-BC
 Sandra Barton, MS, RN-BC
 Mary Bollinger, RN, BS, MSED
 Noreen Brady, PhD, APRN-BC, LPCC-S
 Nancy Brauhn, PhD, RN, BSN, MA
 Debra Brodersen, RN, MSN-MHA
 Kathleen Brown, RN, BC, PMHN
 Kendra Brown, RN, BSN
 Jessica Camp, MSN, RN, PMHN
 Ashley Carter, RN, Child APN
 Lisa Casler, PMHNP-BC, NPP
 Angela Chesser, PhD, RN, CNS-BC
 Cheri Coe, RN-BC
 Ramona Coffman-Fratkin, RN, BC
 Judith Collins, RN, BSN, MA
 Kayla Cross, RN-C, MA, BSN
 Rebecca Damin-Moss, RN
 Joanne Dedowicz
 Valerie Devereaux
 John Dool, RN, MSN
 Elizabeth Easley, APRN, BC, PMHCNS--BC
 Joelle Fellingner, RN, MS, APNP, CNS-BC
 Linda Flaherty

Robert Frey, BSN, MEd, BC
 Valerie Glass, PMHNP, BC
 Suzanne Goetz, RN, MSN, CCS-P
 Anne Greenwalt, RN
 Nancy Hanrahan, PhD, RN, FAAN
 Jennifer Harris, MSN, RN-BC
 Paula Harrison, RN, BSN, MSN
 Kimberly Hemphill, PMH, BC
 Kathy Holley
 Susan Johnson, BSN, RNC, MA
 Florence Keane, DNSc, MBA, PMHNP, ANP-C
 Avery Imara Kennedy, MSN
 Kathleen Kregor, BSN, RN-BC
 Rose Kutlenios, PhD, CRNP
 Betty LaFleur, PhD
 Elizabeth Laubenthal, RN, MSN
 John Lepscier, RN-BC, BSN
 Andrea Lerma, MSN, RNCS
 Carolynn Lindsey, BNS, RN
 Donna Linette, MS, RN, NEA
 Scott Logan, MM, BSN, RN
 Pamela Lusk, RN, DNP, PMHNP-BC
 Marilyn Lynch-Goddard, MSN, BSN, RN
 Elizabeth Maree, MSN, RN, PMHCNS-BC, NEA-BC
 Joanne Matthew, MS, RN, PCNS
 Marla McCall, MSN, PMHNP
 Kathleen McCann, PhD, RN

John McDonnell, RN, BC
Jennifer McGovern, RN, MSN, PMHNP-BC
Kelly McNichol
Cindy Michael, MSN, PMHAPN-BC
Linda Nagy, MSN, CNS
Heidi Napolitano, RN-BC
Sandra Nelson, PhD, APRN-BC
Marilyn Nendza, MSN, PMHCNS-BC, CPRP
Mary Ann Nihart, MA, APRN, PMHCNS-BC, PMHNP-BC
Jay Norwood, MSN, RN
Catherine Osborn O'Reilly, RN
Lovelyn Paddock, RN, BSN
Carley Parsons, RN
Sudha Patel, BSN, MN, MA, DSN, RN
Rita Ray-Mihm, DNP, RN, CNS
Deirdre Rea, BS, RN, MSN
R. John Repique, MS, RN, NEA-BC
Donna Riemer, RN-PMHN
Patricia Roberts, RN
Luanne Sadowsky, ARNP, BC
Darlene Santi-Rogers, PMHCNS-BC
Karen Schepp, PhD, APRN, BC
Terese Schneider, PMH, CNS, BC
April Schwartz, RN, MHA
Laura Sebera, RN, BSN
Margaret Sherlock, MA, PMHCNS-BC
Amy Silver, RN
Virginia Singer, DNP
Jane Sobolov, MS, RN-BC
Lori Solon, PMHCNS-BC
Janet Stagg, MS, RN, APN
Michelle Tavares, BN, RN
Karen Taylor, MSN, APRN-CNP, PMHNP-BC
Christine Tebaldi, MS, PMHNP-BC
Nancy Testerman
Janet Thelen, BSN
Judith Van Cleef, MS, RN-BC, CARN
Kelly Voll, ADN, RN
Wendy Waddell
Naomi Walker, RN
Cornelia Walsh, RN BC, BSN, MSHS
E. Monica Ward-Murray, EdD
Marilyn Warnock, RN
Barbara Warren, PhD, RN, PMHCNS-BC, FAAN
Cynthia Warso, RN, BC, BSN
Danielle Wright, RN

Scope and Standards Joint Task Force

How many conference calls did you conduct during the 2012 - 2013 year? 8

Check any meetings that apply for the 2012 conference?

Interactive Panel PMH-RN

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

Completed draft of Scope and Standard revisions. Submitted to APNA and ISPN Boards in May - June. Submitted to ANA for review after some minor modifications from Board recommendations. Just heard back in September of requested modifications from ANA Scope and Standards Committee. Will be having a call with Carol Bickford and then will proceed with the Task Force (workgroup) and the Boards to make changes accordingly. Hoping for a completed product by the end of the calendar year. Kris A McLoughlin

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

Yes by the pure nature of the job we were asked to do r/t revising the PMH Scope and Standards and by the inclusion in the process of APNA, ISPN and ANA.

How has your group worked to achieve these goals?

APNA is taking the lead in revising our PMH Scope and Standards of practice. We are working in concert with ISPN and ANA.

What do you hope to accomplish for the 2013 - 2014 year?

We hope to complete the Scope and Standards by December 2013.

Scope and Standards Task Force Members

Chairs

Catherine Kane, PhD, RN, FAAN

Kris McLoughlin, DNP, APRN, PMHCNS-BC, CADC-II, FAAN

APNA Members

Kathleen Delaney, PhD, PMH-NP, RN

Amanda DuWick, BSN, BC-RN

Kay Foland, PhD, RN, PMHNP-BC, PMHCNS-BC, CNP

Sue Odegarden, MA, MS, BSN, RN

Christine Tebaldi, MS, PMHNP-BC

Sara Horton-Deutsch, RN, CNS, DNSc

Susan Krupnick, MSN, PMHCNS-BC, ANP, C-PREP

Peggy Plunkett, MSN, PMHCNS, APRN

Diane Snow, PhD, RN, PMHNP-BC, CARN, FAANP

Victoria Soltis-Jarrett, PhD, PMHCNS/NP-BC

Edilma Yearwood, PhD, PMHCNS, BC,

FAAN

ISPN Members

ANA Member

Carol Bickford, PhD, RN-BC, CPHIMS

Consumer Advisory Panel

How many conference calls did you conduct during the 2012 - 2013 year? 0

Check any meetings that apply for the 2012 conference? 0

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

We have not been asked to provide input to the board. This is an adhoc committee of the board who functions in response to a specific board request.

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

When called upon by the board we will provide input.

How has your group worked to achieve these goals?

This ad hoc committee has the opportunity to best contribute toward the achievement of Goal C and D by providing direct consumer input to specific projects. As it is, we have consumers involved in key strategic initiatives such as the Recovery to Practice curriculum with a consumer who is a co-curriculum developer and presenter.

What do you hope to accomplish for the 2013 - 2014 year?

We stand ready to respond to requests from the board.

Panel Members

Chair

Mary Moller, DNP, ARNP, APRN, PMHCNS-BC, CPRP, FAAN

Panel Members

Eric Arauz, MA, MLER

Moe Armstrong, MBA, MA

Gayle Bluebird, RN

Holly Dixon, LCSW, CIPSS

Deborah Fickling, BS

Mary Jensen Donovan, MA, RN, CRSS

J Rock Johnson, JD

Carol Kivler, MS, CSP

Nanette Larson

Frances Priester

Wilma Townsend, MSW

11th Annual Clinical Psychopharmacology Institute
Beyond Diagnosis: Dimensions of Psychopharmacologic Practice across the Lifespan
June 20-23, 2013
Hyatt Regency Reston, Reston, VA

Conference Program

Thursday: 6:00 – 8:00 pm pre-conference

Friday & Saturday: 8:00 am – 5:00 pm

Sunday: 8:00 am – 3:00 pm

Registration: 468 attendees

Registration fee (\$395) includes online access to podcasts – \$20 increase over 2009

Up to 23 Continuing Nursing Education contact hours (includes 2 symposia)

APNA Scientific Partnership Award presented to Tom Insel to honor the partnership between APNA and the National Institute of Mental Health (NIMH)

Evaluations and certificates online

Educational support:

- 2 educational grants (Shire; Forest)
- 2 luncheon symposia supported by Otsuka; Otsuka & Lundbeck

Commercial support: 6 exhibitors

Objectives:

1. Identify the neurobiological mechanisms behind psychopharmacologic interventions in mental health nursing practice reflecting diagnostic and lifespan complexities.
2. Review evidence-based pharmacologic approaches related to the prescribing, administration, and monitoring of psychotropic medication for persons diagnosed with psychiatric and co-morbid physiological disorders and which reflect their environments of care.
3. Discuss clinical psychopharmacological issues for psychiatric mental health nurses and consumers relevant to the continuum of wellness and recovery.

Faculty/Topic:

Pre-Conference

Barbara J. Limandri, DNSc, APRN, BC - *Confluence of Prescribing and Psychotherapy using DBT Principles*

Carolyn Buppert, NP, JD - *Electronic Health Records and HIPAA*

Thomas R. Insel, MD - *Current Research & Trends at NIMH (Keynote)*

Ellen Leibenluft, MD - *Severe Mood Dysregulation and Bipolar Disorder*

Josh Hamilton, DNP, RN-BC, FNP-C, PMHNP-BC, CNE - *Epigenetics & Neuropathology: Revisiting the Therapeutic Paradigm*

David K. Mineta - *Policy changes effecting substance use & access to treatment impacting prescribers*

Mary D. Moller, DNP, ARNP, APRN, PMHCNS-BC, CPRP, FAAN - *All SSRI's are not Created Equal*

Geraldine S. Pearson, PhD, APRN - *Realities of Integrated Collaborative Care of Children and Adolescents*

Michael J. Rice, PhD, APRN, BC, FAAN - *Geropsychopharmacology: Myth and Tradition vs. Evidence*

Philip Shaw, BA, MB BCh, PhD - *ADHD Across the Lifespan: Biologic Components and Contemporary Issues of Clinical Management*

Peter J. Weiden, MD - *Understanding and Navigating the Complexities of Treatment in First Episode Psychosis*

Geoffry Phillips McEnany, PhD, PMHCNS, BC - *Sleep Disorders Across the Lifespan & Prescribing*

Barbara Jones Warren, PhD, PMHCNS-BC, FAAN - *Recovery, Culture, and the Impact on Treatment & Medication*

Plan for CPI 2014:

June 19-22, 2014 Hyatt Regency Reston, Reston, VA

From Cells to Community: Integrating Psychopharmacology into Nursing Practice

Keynote Speaker: Xavier Amador

Proposed Objectives:

1. Incorporate psychopharmacologic mental health nursing practice interventions that reflect the context of psychiatric illness from the cellular through the community level.
2. Review evidence-based pharmacologic approaches related to the prescribing, administration, and monitoring of psychotropic medications for persons diagnosed with complex psychiatric disorders and which that reflect their environments of care.
3. Discuss clinical psychopharmacological issues for psychiatric mental health nurses and consumers relevant to the continuum of wellness and recovery.

APNA 27th Annual Conference
Henry B. Gonzalez Convention Center
San Antonio, Texas
October 9-12, 2013
Leading Change, Advancing Mental Health

Registration: 1,218 (as of 10/1/13, closing of Pre-Registration) – Highest in APNA History
Headquarter Hotel – San Antonio Marriott Rivercenter

- On the River Walk
- Easy walk to the Convention Center
- Badge discount program for attendees

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

2 Lunch symposia: Thursday & Friday

4 Product Theaters

Friday Night Fiesta

Conference Program: up to 27 contact hours onsite / up to 90 contact hours online

- Pre-conferences: 15 sessions
- Concurrent sessions: 48
- Mini concurrent sessions: 24
- Interactive Panels: 10
- Posters: 122

Keynote Speakers

Suzanne Gordon - Award-winning journalist and author, co-author of *From Silence to Voice: What Nurses Know and Must Communicate to the Public*.

Tom Rath – *Strengths, Leadership, and Wellbeing: How Small Choices Make a Big Difference*

Overall Conference Objectives:

By the end of this continuing education activity the learner will be better able to:

- Identify and participate in opportunities to lead change and implement recovery principles in mental health care
- Describe evidence based models of care that promote mental health and prevent or minimize mental health problems
- Articulate the inpatient contribution of psychiatric mental health nurses in transforming the health care system to promote high quality person centered care

New this year or encore performance:

- Online Evaluations & CE certificates with more evaluation stations
- Psychopharmacology through out the conference
- Recovery to Practice facilitator training
- Mobile access to conference information/ conference updates
- New registration platform – easier access

Recovery to Practice Activity Report

Year 04: October 1, 2012-September 30, 2013

The American Psychiatric Nurses Association (APNA) is one of five awardees to receive a five year Recovery to Practice (RTP) subcontract to develop and implement a training curriculum that promotes greater awareness, acceptance, and adoption of mental health recovery principles and practices among psychiatric-mental health nurses.

Year 01: A systematic assessment was conducted to determine the current status of recovery principles and practices within the discipline of psychiatric mental health (PMH) nursing. Educational gaps were identified and recommendations made for program development.

Year 02: A Recovery to Practice workgroup was formed during year 02 to begin to develop the nursing curriculum and training manual.

Year 03: The overall plan for year 03 included finalizing the RTP curriculum, *Acute Care Psychiatric-Mental Health Nurses: Preparing for Recovery Oriented Practice* and piloting the content through live programs. A participant manual was also developed. Feedback from the pilot programs was intended to be used to evaluate the effectiveness of the nursing curriculum and manual content. The first half of the year was spent focusing and refining content for the nursing pilot programs and identifying and securing appropriate pilot sites to deliver the curriculum content. The target audience for the pilot programs was identified as nurses who work in psychiatric mental health acute care settings and are recovery naive.

Year 04: Year 04 began with a fourth pilot program delivered as a preconference during the APNA Annual Conference on November 7, 2012 in Pittsburgh, PA. The program was audio/video recorded for the final version of the program to be disseminated in Year 05. Feedback from pilot program participants and SAMHSA reviewers was incorporated into the final content. Six modules were developed to address objectives. Changes to the program included the following:

- Individual program focus was transitioned to facilitated discussion format.
- Facilitator training was developed to include video content and live exercises for group training.
- Facilitator manual was developed and participant manual was revised.
- Modules were shortened to allow more time for discussion of nurses' reaction to consumer perspective.
- Content for modules 3 & 4 was redeveloped to include nursing self-assessment of attitudes, verbal and nonverbal communication and recovery language.

A facilitator pilot is scheduled for October 9, 2013. Recorded content is currently being viewed and evaluated by program participants prior to the October program.

Program faculty: Four recovery leaders delivered the content for the APNA RTP pilot programs. Program faculty included: Eric Arauz, MA, MLEP; Jeanne A. Clement, EdD, PMHCNS-BC, FAAN; Kris McLoughlin, DNP, APRN, PMH-CNS, BC, CADC-II, FAAN; Mary D Moller, DNP, APRN, PMHCNS-BC, CPRP, FAAN. Eric Arauz provided perspective throughout the program from both professional and personal experience. Faculty met in person and through

conference calls to prepare, debrief and revise content and/or process for each pilot program. Support for faculty and all phases of the RTP program was provided by APNA staff members.

Program content: Program objectives were developed from the learning needs that were identified in the Year 01 analysis. Program content was developed to include foundational knowledge of recovery with experiential learning related to nursing attitudes and recovery-oriented nursing care. Trauma, language, person-centered care and culture were important components of the curriculum. Content was organized by knowledge, skills and attitudes. Content was revised in year 04 to incorporate feedback from pilot programs and content expert reviews. Learning objectives for the program included the following:

1. Identify at least three areas of the recovery movement that will have an impact on nursing.
2. Identify at least three aspects of nursing care that can be modified to become recovery-oriented.
3. Identify three ways in which nurses can use their life experiences and those of persons with mental health and/or substance use conditions to promote recovery in inpatient settings
4. Describe at least two ways in which the attitudes of nurses impact the implementation of recovery-oriented nursing intervention
5. Name 2 Standards of the PMH-Scope and Standards of Practice and identify a key part of the Standard
6. List at least 3 psychiatric-mental health nursing interventions and connect them to recovery-oriented outcomes

Pilot sites: 23 hospitals volunteered to pilot the APNA RTP nursing curriculum. Sites were screened for location (geographic distribution), type of hospital, size of facility, number of nursing staff, types of units, and commitment of administrative support. Sites that had no previous experience with recovery were contacted for more information and to confirm availability and commitment. Five possible sites were chosen for consideration from which three sites were selected for pilot programs. APNA requested that hospitals recruit a minimum of 25 nurses for each pilot program.

Pilot programs: Round 1- Four full-day programs (ranged 6 – 8 hours) were conducted to pilot the RTP nursing curriculum, *Acute Care Psychiatric-Mental Health Nurses: Preparing for Recovery Oriented Practice*. Nurses who attended the entire program and completed an evaluation were awarded continuing nursing education contact hours.

Pilot programs: Round 2 - Nurses are reviewing and evaluating video content prior to live pilot on October 9, 2013. Nurses will be awarded contact hours when they complete the entire program and an evaluation.

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

Pilot programs - Round 1				
Pilot	Date	Location	Format	Participants
1	May 2012	Los Angeles, CA	Live	24
2	June 2012	Dallas, TX	Live	41

3	July 2012	Greensboro, NC	Live	21
4	November 2012	Pittsburgh, PA	Live	25
Pilot Programs - Round 2				
1	September 2013		Online	62
2	October 2013	San Antonio, TX	Live	68

Participant comments supported the nurses’ appreciation for bringing recovery into nursing practice. Comments included some of the following:

- This program I believe will be helpful in my nursing career and to help all my patients and peers in their recovery
- SAMHSA - has brought us back to the awareness of patient/nurse relationships and trust. A great day!
- I have felt psych nursing missing something and this will fill that gap.
- Most helpful "psychiatric" specialized nursing training I've had since orientation. This is an awesome model.
- I pretty much secretly have always believed that when someone is labeled schizophrenia, their life is pretty much over. Thanks!
- Renewed hope in all of us as PMH RNs. Gave us practical tips on how to make the change to recovery practices.
- I look forward to on-going updates and to implementing methods as a central part in our culture change efforts.

Nurses repeatedly commented on how wonderful and helpful it was to have Eric Arauz provide his personal experience and guidance throughout the knowledge, attitudes and skills content. “Eric’s input was invaluable!”

Participants also commented that they would like more programs in recovery oriented practice that would focus on additional content in trauma informed care, challenges to implementing recovery practices with limited community support, and effective engagement in the recovery process with persons and families who have been in the mental health system for many years. The RTP curriculum faculty will share this feedback with the APNA Recovery Council for consideration of continuing education program development.

APNA Education and Provider Unit Report

APNA Provider Unit:

ANCC COMMISSION ON ACCREDITATION ACTION

The American Nurses Credentialing Center's Commission on Accreditation reviewed your application for accreditation as a provider of continuing nursing education on May 30, 2013. The Commission is pleased to inform you that accreditation has been granted for four years, from **May 30, 2013 to November 30, 2017**.

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.

Chapters

- Live conferences: Completed 5 chapters' conferences offering a total of 30 contact hours.

Member Activity

Active groups include:

- "Integrating Recovery Principles into Graduate Education" 1 contact hour completed and on elearning center
- Suicide workgroup – Position Paper published in JAPNA July/August issue and workgroup developing " Inpatient PMHRN competencies: interventions and prevention of Suicide
- DSM-V workgroup- presenting at Annual conference , presented an update on " How to integrate DSM-V into UG education"
- Bipolar Disorders workgroup- Developing Continuing Education for *Bipolar Disorders across the Life Span*
- Key Elements of Face to Face Assessment- Peer reviewed, currently being revised and updated by Diane Allen and 5 APNA members
- Recovery Council members and the provider unit- Content being developed for continuing education in various forms (Oct and Nov 2013)

In Development for 2013/2014

- Podcast on Integrating Recovery Principles for UG educators – in eLearning center October 2013.
- Podcast on Schizoaffective Disorder-in process
- Education Council: Continuing Education Committee- Integrating the DSM-V for APRN's 6 live interactive presentation over 2 months –in process (2014 delivery)
- The effects of storytelling by the consumer perspective and the RN perspective
- Briefing paper for Certificate program on Foundations of PMH Nursing

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APNA eLearning Center Report

Currently Online in the APNA eLearning Center

Currently Online: Summary Chart (comparisons are to October 2012)

	Number of Sessions	Number of Contact Hours
Special Skills for Psychiatric Nurses	4 (↓1)	3.75 (↓.5)
Annual Conference Archives	143 (↑32)	124.10 (↑31.35)
Psychopharmacology	45 (↑8)	69.0 (↑13.5)
CPT Webinars	3 (↑3 – new)	3 (↑3 – new)
APNA Webinars	5 (↑1)	4.75 (down 1.5)
Counseling Points: Schizophrenia & Recovery	2 (↑2 – new)	3 (↑3 – new)
TOTAL	202 (26.4% increase)	207.6 (28.3% increase)

Currently Online: Session Types

- **202 total sessions**
 - 26 webinars (audio synced with slides)
 - 2 webcasts (audio synced with slides + video component)
 - 173 podcasts (audio – on-the-go capability)
 - 1 digital publication

Currently Online: Contact Hours Offered

- **TOTAL: 207.6 contact hours (28.3% increase)**
- Psychopharmacology: **69 contact hours (24.3% increase)**

Currently Online: Sessions & Contact Hours by Section

- Special Skills for Psychiatric Nurses
 - Section which focuses on special skills that will help transform PMHNs from novice to expert
 - **4 sessions: 3.75 contact hours**
- Annual Conference Session Archives
 - 2012 Annual Conference sessions
 - **79 sessions: 67.5 contact hours**
 - 2011 Annual Conference (7 sessions were reviewed; 6 sessions were renewed)
 - **45 sessions: 42.25 contact hours**

- 2010 Annual Conference
 - **19 sessions: 14.35 contact hours**
- Psychopharmacology (6 sessions were reviewed; 3 sessions were renewed)
 - Sessions from CPI 2013, 2012, 2011, and 2010 – plus 7 sessions from 2011 & 2012 Annual Conferences
 - **45 sessions: 69 contact hours**
 - CPI 2013: 11 sessions: 17.25 contact hours
 - CPI 2012: 11 sessions: 18.75 contact hours
 - CPI 2011: 15 sessions: 22.75 contact hours
 - CPI 2010: 1 session: 1.5 contact hours
 - AC 2011: 5 sessions: 5.50 contact hours
 - AC 2012: 2 sessions: 3.25 contact hours
- CPT Webinars
 - These 3 webinars give the background and explanation of the RUC process, discuss in detail the new codes and when to use them, and outline Evaluation and Management (E&M) Codes documentation and billing.
 - Webinars are free to members and non-members.
 - **3 sessions: 3.0 contact hours**
- APNA Webinars (2 sessions were reviewed; 0 sessions were renewed)
 - 2 sessions from CPI which were not approved for pharmacology credit (1 from 2011, 1 from 2013); Integration of Recovery Principles, How to Decide on a PhD or DNP
 - **5 sessions: 4.75 contact hours**
 - **2 added since June 2013!** Integration of Recovery Principles (1.0 contact hours); Realities of Integrated Collaborative Care of Children and Adolescents (.75 contact hours)
- Counseling Points: Schizophrenia & Recovery
 - Symposium session from the 2012 Annual Conference offered in 2 different formats: webcast and digital publication
 - **2 sessions: 3.0 contact hours**

Number of Orders in the APNA eLearning Center

- Total # of Orders since Launch (March 15, 2011): **19,360**
- **Current period:** # of Orders June 1, 2013 – September 24, 2013: **3,327 (46.95% increase)** from the same period in 2012: 2,264)
- **2013 thus far:** # of Orders since January 1, 2013: **9,062 (56.4% increase)** from the same period in 2012 – 5,794)

Number of Orders by Month (since June 2013, compared to the same period in 2012):

Month	# of Orders
June 2013	791 (up 90.1% - June 2012: 416)
July 2013	607 (up 59.7% - July 2012: 380)
August 2013	933 (up 41.8% - August 2012: 658)
September 1-24, 2013	1,000 (up 23.6% - Sept 1-24, 2012: 809)
TOTAL	3,331 → 47.2% increase compared to the same period in 2012 – 2,263)

Number of Orders: Top 10 Sessions

(current period) June 1, 2013 – September 24, 2013

1. **181 Orders:** Counseling Points: Shedding the Label of Schizophrenia – Digital Publication
 - Digital publication format
 - 1.5 contact hours
 - Free to members and non-members

2. **171 Orders:** 3001: Shaping the Future of Behavioral Health
 - Podcast format
 - 1.0 contact hours
 - Free to members and non-members

3. **165 Orders:** 4023: Building a Healing Environment: Design Elements that Promote the Recovery Process and Reduce Stigma on an Inpatient Psychiatric Unit
 - Podcast format
 - .75 contact hours
 - Free to members during National Recovery Month (September) and non-members during National Wellness Week (September 16-22)

4. **145 Orders:** 3016: Fighting Stigma through Social Inclusion and a Whole-Person Approach to Wellness
 - Podcast format
 - .75 contact hours
 - Free to members during the month of May (Mental Health Month); Free to everyone during National Nurses Week

5. **133 Orders:** Counseling Points: Shedding the Label of Schizophrenia Through the Recovery Model
 - Webcast format
 - 1.5 contact hours
 - Free to members and non-members

6. **121 Orders:** 1007: Policy Changes in Substance Use Disorders and Access to Treatment Impacting Prescribers
 - Podcast format
 - 1.5 contact hours (*pharmacology*)
 - Free to members and non-members

7. **98 Orders:** Implementing E&M Codes – Mary D. Moller
 - Webinar format
 - 1.5 contact hours
 - Free to members and non-members

8. **98 Orders:** How to Decide on a PhD or DNP: How do Goals, Process and Outcomes Compare?
 - Webinar format
 - .5 contact hours
 - Free to members and non-members

9. **96 Orders:** 1006: All SSRI's Are Not Created Equal
 - Podcast format
 - 1.5 contact hours (*pharmacology*)
 - \$15 for members and \$25 for non-members

10. **91 Orders:** 2013 Psychiatric Service Code: The Journey through RUC & CPT – Eileen Carlson
 - Webinar format
 - .75 contact hours
 - Free to members and non-members

Revenue Earned from the APNA eLearning Center

Total \$ earned since launch (March 15, 2011): **\$66,429.07**

- **Current Period:** \$ earned June 1, 2013 – September 24, 2013: **\$15,022.50 (55.6% increase)** over this same period in 2012 – \$9,657)
- **2013:** \$ earned since January 1, 2013: **\$28,076 (50.2% increase)** over this same period in 2012 - \$18,697; The amount for 2013 is **5.5% more** than in the entirety of 2012 – \$26,620)

Sessions Offered for Free since January 1, 2013

(aside from free CE via use of bonus points)

Listed on www.apna.org/FreeCE

Reason / Dates	Title	Contact hours	Members and/or Non-members
Currently free	<i>Shaping the Future of Behavioral Health</i>	1.0	Members / Nonmembers
Currently free	<i>How to Decide on a PhD or DNP: How do Goals, Process and Outcomes Compare?</i>	.5	Members / Nonmembers
Currently free	<i>Counseling Points: Schizophrenia & Recovery – Webcast</i>	1.5	Members / Nonmembers
Currently free	<i>Counseling Points: Schizophrenia & Recovery – Digital Publication</i>	1.5	Members / Nonmembers
CPT Codes Currently Free	<i>2013 Psychiatric Service Codes: The Journey Through RUC & CPT</i>	.75	Members / Nonmembers
CPT Codes Currently Free	<i>2013 Psychiatric CPT Code Update</i>	.75	Members / Nonmembers
CPT Codes Currently Free	<i>Implementing E&M Codes into Daily Practice</i>	1.5	Members / Nonmembers
Member Benefit Currently free	<i>The Future of Nursing: Are The Stars Aligning?</i>	1.0	Members
Member Benefit Currently Free	<i>Migraine Headaches: An Interactive Presentation</i>	1.0 Rx	Members
Member Benefit Currently Free	<i>Key Elements for Conducting the One Hour Face-to-Face Assessment for Patients in Restraints or Seclusion</i>	1.0	Members
Member Benefit Currently Free	<i>Fundamentals of Mentoring</i>	.5	Members
Currently free	<i>Forensic Psychiatric Nurses Council Interactive Panel</i>	1.0	Members / Nonmembers
Currently free	<i>Policy Changes in Substance Use Disorders and Access to Treatment Impacting Prescribers</i>	1.5 Rx	Members / Nonmembers
National Recovery Month Free 9/1/13-9/30/13	<i>Building a Healing Environment: Design Elements that Promote the Recovery Process and Reduce Stigma on an Inpatient Psychiatric Unit</i>	.75	Members
National Recovery Month Free 9/1/13-9/30/13	<i>Fighting Stigma through Social Inclusion and a Whole-Person Approach to Wellness</i>	.75	Members
National Wellness Week Free 9/16/13-9/22/13	<i>Building a Healing Environment: Design Elements that Promote the Recovery Process and Reduce Stigma on an Inpatient Psychiatric Unit</i>	.75	Members / Nonmembers
National Wellness Week Free 9/16/13-9/22/13	<i>Fighting Stigma through Social Inclusion and a Whole-Person Approach to Wellness</i>	.75	Members / Nonmembers

	Total 15 sessions	15.0	Members
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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
 - An average of **177 new member bonus points given EACH DAY** in 2013 thus far
 - **7,751.5** have been used (June 1, 2013 – September 24, 2013) → **22.7%** increase over the same period in 2012 – 6,315.5
 - **66.8** per day have been used (June 1, 2013 – September 24, 2013) → **22.8%** increase over the same period in 2012 – 54.4
- **Attendee Bonus Points** – number varied based on registration (full, one day, pre-con) – all attendees (member or non-member)
 - **943 attendee bonus points** given in 2013 thus far.
 - **753** for 2012 AC podcasts (Pre-Conference and Full Registration).
 - **190** for 2013 CPI podcasts (Pre-Conference and Full Registration).
- **CE Reviewer Bonus Points** – given so that reviewers can access the session(s) & complete their review(s)/evaluation(s). They also are able to get CE for sessions reviewed.
 - **1,294 CE Reviewer bonus points** given in 2013 thus far.
- **CE Reviewer Reward Bonus Points** – # equivalent to two times the value of the session(s) reviewed
 - **1,803 CE Reviewer Reward bonus points** given in 2013 thus far.

APNA eLearning Center Site Analytics

From June 1, 2013 – September 24, 2013 (as compared with the same period in 2012):

Visits: **14,335 – up 16.76%**

Unique Visitors: **7,579 – up 4.04%**

Average Visit Duration: **6:58 – up 30.83%**

Percentage of New Visits: **45.78% – down 11.53%** (*people are coming back for more!*)

Number of Visits by Device:

1. Desktop/Laptop: **12,429 – up 12.76%**
2. Tablet: **1,076 – up 80.54%**
3. Mobile: **830 – up 26.14%**

Number of Visits by Location:

1. United States
2. Canada

3. Australia
4. South Korea
5. United Kingdom

Page Views: **80,658** – **up 25.47%**

- Highest on Tuesday, September 17, 2013 at **1,278** – emails sent: 9/16 “Live Well! Free CE for National Wellness Week” and 9/17 to Annual Conference Attendees “Volunteers Needed!”
- Second highest on Sunday, September 22, 2013 at **1,171** – no new blast emails sent... Annual Conference poster judging deadline 9/20

Unique page views: 51,475 – **up 26.07%**

Top Content:

1. My eLearning History
2. eLearning Home page
3. Psychopharmacology
4. Special Skills for Psychiatric Nurses
5. Search

Traffic Sources:

- Search Traffic: **9.5%**
 - **1,362** visits – **up 94.6%**
- Referral Traffic: **75.2%**
 - **10,779** visits – **up 20.6%**
- Direct Traffic: **15.3%**
 - **2,194** visits – **down 16.9%**

Communications Report

1. Press Releases
2. Email Blasts and Website Communications
3. APNA News – Online Newsletter
4. Social Media

1. Press Releases

6 Press Releases Issued since June 2013. Data for each release is cumulative from date of release to 9/27/13. Online impressions measure how many times the press release link was seen on a website or via a newsfeed. Interactions include printing, forwarding, downloading a PDF version, clicking on a link or interacting with embedded Web site.

- 9/18/13 *20 Nursing Students Awarded 2013 APNA Board of Directors Student Scholarships by the American Psychiatric Nurses Association*
 - Online Impressions: 54,219
 - **Full Page Reads: 1,481**
 - Interactions: 149
 - Sent to each student's school
- 9/27/13 *American Psychiatric Nurses Association Identifies Urgent Need for Competency-Based Suicide Prevention Training for Psychiatric Mental Health RNs*
 - Online Impressions: 43,390
 - Full Page Reads: 1,393
 - **Interactions: 320**
- 8/20/13 *Affordable Care Act Resource Center for Nurses and Mental Health Professionals Launched by the American Psychiatric Nurses Association*
 - Online Impressions: 57,066
 - Full Page Reads: 1,100
 - Interactions: 175
- 7/31/13 *American Psychiatric Nurses Association Announces Recipients of the 2013 APNA Annual Awards*
 - Online Impressions: 50,389
 - Full Page Reads: 1,013
 - Interactions: 166
 - Sent to each Awards recipients' institution
- 6/28/13 *American Psychiatric Nursing Foundation Awards Research Grants to Two Doctoral Nursing Students*
 - Online Impressions: 66,752
 - Full Page Reads: 921
 - Interactions: 43

2. Email Blasts and Website Communications: June 1, 2013 – August 31, 2013

- 39 blast emails since June 1, 2012
 - Piloted use of targeted email campaigns
 - Used a third party service to reach out to nurses in the San Antonio area about the Annual Conference
- APNA Newsfeed Page
 - 33 posts to the Quick Updates section

3. APNA News – Online Newsletter

- Emailed out Once a Month (3 sent June 1, 2013 – August 31, 2013)
 - 60,543 total newsletters sent (+6.26%)
 - 3,137 total clicks (clicking on any links within newsletter)
 - 784.25 average clicks per newsletter (-5.5%)
 - 26.3% average open rate (+4.8%)
- Members' Corner Issue – bi-monthly (June 2013, August 2013)
 - 2 Members highlighted in Member Profiles: Nidhi Chaborha and Kathleen Baltazar
 - 2 President's Messages
 - Members featured in Member News: 11

4. Social Media (June 1, 2013 – August 31, 2013)

- Facebook
 - 4,076 total fans +7.8%
 - 35 Posts
 - About 3 APNA posts per week
- Twitter
 - 1,256 followers +**26.6%**
 - 1,183 total Tweets (Cumulative)
 - Average of 15 tweets per week
 - Following 394
- Pinterest
 - 158 Followers
 - 5 Boards: Paving the Way, CPI, Annual Conference, Reading List, Chapters
 - 103 Pins
- Google +
 - APNA has a Google+ Page and has added the +1 to several pages of the site
 - This will primarily help with search engine optimization as Google gives
 - 257 have put our page in their circles (equivalent to liking a page on Facebook)
 - APNA Google Plus accounts listed as 99 Google Plus Accounts Every Nurse Should Follow by LPNtoBSNOnline.org

APNA Website Report

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

APNA WEBSITE

From June 1, 2013 to August 31, 2013 (*as compared to June 1, 2012 – August 31, 2012*):

Visits / Visitors

Visits: 108,289 – up 12.31%

Visits per Day: 1,177 – up 12.31%

- Highest on August 8 at 1,994 visits → Introducing Simon & Verna Email

Unique Visitors: 70,605 – up 9.36%

Number of Visits on Mobile Devices: 12,523 – up 25.26%

Number of Visits by Location:

1. United States – up 10.34%
2. India – up 98.54%
3. Canada – up 24%
4. Philippines – up 79.2%
5. United Kingdom – up 8.39%
6. Australia – up 0.2%
7. Pakistan – up 49%
8. Malaysia – up 121.48%
9. Japan – up 21.05%
10. South Africa – up 122.22%

Page views / Top Content

Page views: 330,545 (up 10.71%)

- Highest on June 17 at 5,534 page views → Announcing the New Members of the APNA Board of Directors Email Blast
- **Unique Page views: 259,085 (up 12.08%)**

Average Time on Page: 1:31 – up 1.64%

Top Content June 1, 2013 – August 31, 2013:

1. APNA Homepage – up 3.56%
2. About PMH Nurses – up 10.24%
3. Account Login page
- 4. Annual Conference – up 47.21%**
5. Graduate Programs by State – up 10.15%
6. Sample Board Meeting Minutes
- 7. Continuing Education – up 20.02%**

- 8. Member Application – up 18.92%
- 9. 2013 Program and Schedule
- 10. Annual Conference Registration Information – up 50.03%**

Traffic Sources

- Direct Traffic: 20.8% of all traffic
 - 22,471 visits – up 9.94%
- Referring Sites: 13.6%
 - 14,704 visits – down 6.5%
 - Top Referring Sites:
 1. Member Bridge – 1,963 (up 31.57%)
 2. eLearning Center – 1,716 (up 24.08%)
 3. Nursecredentialing.org – 1,060 (up 25.3%)
 4. Press Releases/prweb.com – 827 (**up 93.68%**)
 5. Evaluations Site (used for CPI and Annual Conference) – 682 (up 147.1%)
 6. Nursingworld.org - 459 (up 19.53%)
 7. Facebook – 373 (down 16.74%)
 8. JAPNA – 300 (up 24.48%)
 9. Nurse.org – 253 (up 4.55%)
 10. Allnurses.com – 153 (up 7.75%)
- Search Engines: 64.3% of all visits
 - 69,608 visits – up 15.57%

Content Additions/Revisions

Homepage

- Graphics to highlight the Annual Conference

Resource Center

- 43 New Resources Added
- New Section: Affordable Care Act
- Reformatted: Substance Use Resources

Committees

- New Section: Council Toolkit

MEMBER BRIDGE

From June 1, 2013 to August 31, 2013 (*as compared to June 1, 2013 – August 31, 2013*):

Visits

- **11,232 visits to the site – up 19.67%**
- **5,906 unique visitors – up 23.92%**
 - 4,392 New Visitors – up 4.25 %
 - 2,355 Unique Log Ins (7/2/13-9/29/13 only)

- 10186 total Log Ins (7/2/13-9/29/13 only)
- Members visit an average of 5 (down 9.69%) pages per visit
- 56,198 page views – up 8.07%
 - Top Pages Visited:
 - Member Bridge Home (3,387) - up 16.4%
 - All-Purpose Discussion Forum (3,381) – down 3.62%
 - Member Profile (2,999) – up 9.77%
 - **Post Reply (1,322) – up 25.31%**
 - **My Communities (1,113) – up 53.73%**

Communities

- **369 Communities**
 - 28,884 Content Contributions (Cumulative)
 - 1,067 total eGroup posts written
 - 549 New threads
 - 518 Reply to eGroup
 - 351 Reply to Sender
 - **Library entries viewed 5,081 times**
 - 127 Library entries posted
 - Top Entry: Exercise for Depression/Anxiety (84 downloads)
 - Most Popular Search Terms: ECT, recovery, report, failed exam, conference, ANCC Exam
- **8,058 Subscribers to the All-Purpose Discussion Forum**
 - 451 Posts
 - 240 Reply to eGroup
 - 299 Reply to Sender
 - 302 New Threads
 - 415 Unique Authors
- 1,801 Profiles created (Cumulative)
 - 813 Profiles with pictures (Cumulative)
 - 2,848 connections made (Cumulative)
- Top 5 Most Engaged Members (This is determined by their number of contacts, messages posted, documents uploaded, subscriptions, etc.)
 1. R. John Repique
 2. Diane Allen
 3. David Moncik
 4. Leslie Oleck
 5. Kathryn Johnson
- 20 Blogs Written
 - 13 Comments
 - Blogs viewed 13,999 times

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION
AND AFFILIATE**

**FINANCIAL STATEMENTS
AND INDEPENDENT AUDITORS' REPORT**

DECEMBER 31, 2012 AND 2011

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Independent Auditors' 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 ("APNA") and American Psychiatric Nurses Foundation ("APNF"), (collectively referred to as the "Association"), (nonprofit organizations), as of December 31, 2012 and 2011 and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the 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 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 financial statements.

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

American Psychiatric Nurses Association and Affiliate
Page Two

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial positions of American Psychiatric Nurses Association and American Psychiatric Nurses Foundation as of December 31, 2012 and 2011, and the consolidated changes in their net assets and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Washington, D.C.
May 23, 2013

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2012 AND 2011**

	2012	2011
<u>ASSETS</u>		
CURRENT ASSETS		
Cash and cash equivalents	\$ 772,445	\$ 652,831
Investment	917,426	807,707
Accounts receivable	79,728	52,847
Grants and pledges receivable	297,150	25,000
Prepaid expenses	58,681	33,662
Total Current Assets	2,125,430	1,572,047
OTHER ASSETS		
Property and equipment, net (Note E)	102,997	26,069
Security deposit	23,788	10,927
Total Other Assets	126,785	36,996
TOTAL ASSETS	\$ 2,252,215	\$ 1,609,043
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES		
Accounts payable	\$ 104,073	\$ 18,890
Accrued expenses	175,911	68,332
Deferred revenue	7,580	7,300
Deferred rent	42,893	-
Total Current Liabilities	330,457	94,522
NET ASSETS		
Unrestricted	1,875,758	1,468,521
Permanently restricted	46,000	46,000
Total Net Assets	1,921,758	1,514,521
TOTAL LIABILITIES AND NET ASSETS	\$ 2,252,215	\$ 1,609,043

See independent auditors' report and accompanying notes to the financial statements.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENT OF ACTIVITIES
YEAR ENDED DECEMBER 31, 2012**

	<u>Unrestricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
REVENUE AND SUPPORT			
Membership dues	\$ 1,030,481	\$ -	\$ 1,030,481
Annual conference	851,907	-	851,907
Sponsorships, grants and contributions	714,263	-	714,263
Royalties	187,485	-	187,485
Contract income	103,817	-	103,817
Advertising	29,200	-	29,200
Sales revenue	65,013	-	65,013
Interest and dividend income	35,978	-	35,978
Net income from investments	62,824	-	62,824
Total Revenue and Support	<u>3,080,968</u>		<u>3,080,968</u>
EXPENSES			
Program services:			
Annual conference	841,174	-	841,174
Education and information	587,027	-	587,027
Membership services	504,673	-	504,673
Total Program Services	<u>1,932,874</u>		<u>1,932,874</u>
Support services:			
Management and general	734,064		734,064
Fundraising	6,793	-	6,793
Total Support Services	<u>740,857</u>	-	<u>740,857</u>
Total Expenses	<u>2,673,731</u>	-	<u>2,673,731</u>
CHANGE IN NET ASSETS	407,237	-	407,237
NET ASSETS , beginning of period	<u>1,468,521</u>	<u>46,000</u>	<u>1,514,521</u>
NET ASSETS , end of period	<u>\$ 1,875,758</u>	<u>\$ 46,000</u>	<u>\$ 1,921,758</u>

See independent auditors' report and accompanying notes to the financial statements.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENT OF ACTIVITIES
YEAR ENDED DECEMBER 31, 2011**

	<u>Unrestricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
REVENUE AND SUPPORT			
Membership dues	\$ 938,203	\$ -	\$ 938,203
Annual conference	800,038	-	800,038
Sponsorships, grants and contributions	170,550	-	170,550
Royalties	176,048	-	176,048
Contract income	91,500	-	91,500
Advertising	18,600	-	18,600
Sales revenue	41,620	-	41,620
Interest and dividend income	21,912	-	21,912
Net loss from investments	(34,270)	-	(34,270)
Total Revenue and Support	<u>2,224,201</u>		<u>2,224,201</u>
EXPENSES			
Program services:			
Annual conference	593,823	-	593,823
Education and information	532,067	-	532,067
Membership services	260,715	-	260,715
Total Program Services	<u>1,386,605</u>		<u>1,386,605</u>
Support services:			
Management and general	615,412		615,412
Fundraising	50,779	-	50,779
Total Support Services	<u>666,191</u>	-	<u>666,191</u>
Total Expenses	<u>2,052,796</u>	-	<u>2,052,796</u>
CHANGE IN NET ASSETS	171,405	-	171,405
NET ASSETS , beginning of period	<u>1,297,116</u>	<u>46,000</u>	<u>1,343,116</u>
NET ASSETS , end of period	<u>\$ 1,468,521</u>	<u>\$ 46,000</u>	<u>\$ 1,514,521</u>

See independent auditors' report and accompanying notes to the financial statements.

AMERICAN PSYCHIATRIC NURSES ASSOCIATION 2013 ANNUAL ACTIVITY REPORT
AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2012

	PROGRAM SERVICES				SUPPORT SERVICES			Total
	Annual Conference	Education and Information	Membership Services	Total Program Services	Management and General	Fundraising	Total Support Services	
Personnel costs:								
Salaries	\$ 191,806	\$ 146,198	\$ 213,833	\$ 551,837	\$ 272,535	\$ 3,477	\$ 276,012	\$ 827,849
Payroll taxes	12,412	9,460	13,837	35,709	17,636	225	17,861	53,570
Employee benefits	20,909	15,937	23,310	60,156	29,708	379	30,087	90,243
Pension	11,071	8,438	12,342	31,851	15,731	201	15,932	47,783
Subtotal personnel costs	236,198	180,033	263,322	679,553	335,610	4,282	339,892	1,019,445
Advertising	375	49	-	424	60	-	60	484
Auditing and accounting	-	-	-	-	15,235	-	15,235	15,235
Audio visual	51,456	17,252	-	68,708	2,173	-	2,173	70,881
Bank and credit card fees	-	-	-	-	84,024	-	84,024	84,024
Commission	37,733	1,890	-	39,623	-	-	-	39,623
Conference and meeting	323,137	240,420	-	563,557	2,480	-	2,480	566,037
Consultant	29,116	8,803	78,920	116,839	18,312	-	18,312	135,151
Contributions	-	-	-	-	100	-	100	100
Depreciation	4,068	3,101	4,535	11,704	5,779	74	5,853	17,557
Dues and subscriptions	90	2,290	515	2,895	25,306	-	25,306	28,201
Honorarium and scholarships	20,850	30,710	-	51,560	1,000	-	1,000	52,560
Information technology	8,863	6,756	9,881	25,500	12,594	161	12,755	38,255
Interest and investment fee	-	-	-	-	8,226	-	8,226	8,226
Insurance	-	-	-	-	9,240	-	9,240	9,240
Legal	-	-	-	-	24,961	-	24,961	24,961
Loss on disposal	-	-	-	-	5,890	-	5,890	5,890
Moving expenses	-	-	-	-	4,633	-	4,633	4,633
Occupancy	27,714	21,124	30,896	79,734	39,378	502	39,880	119,614
Office expenses	2,399	1,829	2,674	6,902	3,409	43	3,452	10,354
Office supplies	7,784	5,933	8,678	22,395	11,062	141	11,203	33,598
Postage and delivery	9,077	6,919	10,120	26,116	12,897	165	13,062	39,178
Printing and copying	9,342	7,121	10,415	26,878	13,275	169	13,444	40,322
Product expenses	3,704	-	7,494	11,198	-	-	-	11,198
Professional services	4,343	3,310	4,842	12,495	6,170	79	6,249	18,744
Telephone	5,628	4,290	6,275	16,193	7,997	102	8,099	24,292
Travel	50,461	38,462	56,256	145,179	71,699	915	72,614	217,793
Website	8,836	6,735	9,850	25,421	12,554	160	12,714	38,135
Total Expenses	\$ 841,174	\$ 587,027	\$ 504,673	\$ 1,932,874	\$ 734,064	\$ 6,793	\$ 740,857	\$ 2,673,731

See independent auditors' report and accompanying notes to the financial statements.

AMERICAN PSYCHIATRIC NURSES ASSOCIATION 2013 ANNUAL ACTIVITY REPORT
AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED DECEMBER 31, 2011

	PROGRAM SERVICES				SUPPORT SERVICES			Total
	Annual Conference	Education and Information	Membership Services	Total Program Services	Management and General	Fundraising	Total Support Services	
Personnel costs:								
Salaries	\$ 170,491	\$ 207,689	\$ 98,895	\$ 477,075	\$ 233,098	\$ 25,678	\$ 258,776	\$ 735,851
Payroll taxes	9,618	11,716	5,579	26,913	13,148	1,449	14,597	41,510
Employee benefits	18,057	21,997	10,474	50,528	24,689	2,720	27,409	77,937
Pension	6,383	7,776	3,702	17,861	8,727	961	9,688	27,549
Subtotal personnel costs	204,549	249,178	118,650	572,377	279,662	30,808	310,470	882,847
Advertising	2,190	2,850	-	5,040	594	-	594	5,634
Auditing and accounting	-	-	-	-	11,500	-	11,500	11,500
Audio visual	14,207	17,306	8,241	39,754	19,423	2,140	21,563	61,317
Bank and credit card fees	-	-	-	-	62,631	-	62,631	62,631
Commission	50,326	2,205	-	52,531	-	-	-	52,531
Conference and meeting	166,740	61,014	536	228,290	-	-	-	228,290
Consultant	24,419	18,386	60,341	103,146	33,322	-	33,322	136,468
Contributions	-	-	-	-	1,000	-	1,000	1,000
Depreciation	2,874	3,502	1,667	8,043	3,930	433	4,363	12,406
Dues and subscriptions	-	5,820	1,950	7,770	19,082	-	19,082	26,852
Honorarium and scholarships	13,000	31,083	-	44,083	-	-	-	44,083
Information technology	4,700	5,725	2,726	13,151	6,425	708	7,133	20,284
Interest and investment fee	-	-	-	-	9,757	-	9,757	9,757
Insurance	-	-	-	-	10,847	-	10,847	10,847
Legal	-	-	-	-	5,727	-	5,727	5,727
Occupancy	24,819	30,234	14,397	69,450	33,934	3,738	37,672	107,122
Office expenses	4,093	4,986	2,374	11,453	5,595	616	6,211	17,664
Office supplies	8,809	10,731	5,110	24,650	12,045	1,327	13,372	38,022
Postage and delivery	7,906	9,631	4,586	22,123	10,809	1,191	12,000	34,123
Printing and copying	7,671	9,345	4,450	21,466	10,487	1,155	11,642	33,108
Product expenses	-	-	2,322	2,322	-	-	-	2,322
Professional services	2,593	3,159	1,504	7,256	3,544	391	3,935	11,191
Telephone	4,105	5,001	2,381	11,487	5,612	618	6,230	17,717
Travel	42,449	51,711	24,623	118,783	58,037	6,393	64,430	183,213
Website	8,373	10,200	4,857	23,430	11,449	1,261	12,710	36,140
Total Expenses	\$ 593,823	\$ 532,067	\$ 260,715	\$ 1,386,605	\$ 615,412	\$ 50,779	\$ 666,191	\$ 2,052,796

See independent auditors' report and accompanying notes to the financial statements.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATED STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2012 AND 2011**

	2012	2011
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 407,237	\$ 171,405
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Loss on disposal of assets	5,890	-
Depreciation	17,557	12,406
Investment (gain) loss	(62,824)	34,270
Decrease (increase) in assets:		
Accounts receivable	(26,881)	1,197
Grants receivable	(272,150)	-
Prepaid expenses	(25,019)	(9,361)
Security deposit	(12,861)	-
Increase (decrease) in liabilities:		
Accounts payable	85,183	15,832
Accrued expenses	107,579	6,014
Deferred revenue	280	(24,415)
Deferred rent	42,893	-
Net Cash Provided by Operating Activities	266,884	207,348
CASH FLOWS FROM INVESTING ACTIVITIES		
Net proceed from sales	87,310	260,088
Purchases of investments	(134,204)	(290,050)
Purchases of leasehold improvements	(16,805)	-
Purchases of furniture and equipment	(83,571)	(21,000)
Net Cash Used by Investing Activities	(147,270)	(50,962)
CASH FLOWS FROM FINANCING ACTIVITIES		
Payments on capital lease obligations	-	(1,189)
Net Cash Used by Financing Activities	-	(1,189)
NET INCREASE IN CASH AND CASH EQUIVALENTS	119,614	155,197
CASH AND CASH EQUIVALENTS, beginning of year	652,831	497,634
CASH AND CASH EQUIVALENTS, end of year	\$ 772,445	\$ 652,831

See independent auditors' report and accompanying notes to the financial statements.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011**

NOTE A – NATURE OF ORGANIZATION

The 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. Its 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 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

Annual Conference – APNA holds two national conferences each year, the Clinical Psychopharmacology Institute (“CPI”) Conference in June and the Annual Conference in November. 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 sessions were offered in 2012 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 – Expense 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 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 CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011
(continued)**

NOTE B - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The consolidated financial statements are prepared using the accrual basis of accounting, which recognizes revenue when earned and expenses when incurred.

Basis of Presentation

The consolidated financial statements include the accounts of American Psychiatric Nursing Association and the American Psychiatric Nursing Foundation. All material inter-company transactions have been eliminated.

Net assets and revenue are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the 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.

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, 2012 and 2011.

Permanently Restricted Net Assets - Net assets are subject to donor-imposed stipulations that the assets will be maintained permanently by APNA. There were \$46,000 of permanently restricted net assets as of December 31, 2012 and 2011, respectively.

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 and cash equivalents.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011
(continued)**

NOTE B - SUMMARY OF ACCOUNTING POLICIES - continued

Investment

Investments are stated at fair value, based on quoted market prices, if available. Interest and dividend income is recognized when earned. Unrealized appreciation or depreciation in the fair value of investment is recognized in the statement of activities in the period in which such changes occur.

Accounts and Pledges Receivable

Accounts 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

Furniture 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. Depreciation is recorded using the straight-line method over the estimated useful lives of the assets as follows:

Furniture, fixtures and equipment	7 Years
Computer, software and website	3 Years
Leasehold improvement	5 Years
Capital lease	5 Years

Deferred Revenue

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

Deferred Rent

During 2012, the landlord provided APNA free rent, which is being amortized on a straight line basis over the term of the lease and is recorded as deferred rent liability in the statements of financial position.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011
(continued)**

NOTE B - SUMMARY OF ACCOUNTING POLICIES – continued

Revenue Recognition

Membership dues are recognized on the cash method of accounting, which is a comprehensive method of accounting other than generally accepted accounting principles. Under the cash method of accounting, membership dues are recognized as revenue when the dues are received by the Association, rather than over the membership period.

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 gifts of cash and other assets 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, publication, 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.

Use of Estimates

The preparation of 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 financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011
(continued)**

NOTE C – INCOME TAXES

APNA and APNF are both 501(c)(3) tax exempt organizations under Section 501(a) of the Internal Revenue Code. APNA and APNF are, however, subject to tax on business income unrelated to its exempt purpose. 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 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 income tax 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 tax returns for the fiscal years 2009 through 2011 are open for a tax examination by the IRS, although no request has been made as of the date of these financial statements.

NOTE D – INVESTMENTS

Generally accepted accounting principles establish a fair value hierarchy for valuation inputs. The hierarchy prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of three levels, which is determined by the lowest level input that is significant to the fair value measurement in its entirety. The three levels of the fair value hierarchy are described as follows:

- Level 1* Inputs are based on unadjusted quoted prices for identical assets traded in active markets that the Association has the ability to access.
- Level 2* Inputs are based upon quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, or model based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data.
- Level 3* Inputs are unobservable and significant to the fair value measurement.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011
(continued)**

NOTE D – INVESTMENTS – continued

There were no Level 3 inputs for any assets held by the Association as of December 31, 2012 and 2011.

The following is a description of the valuation methodologies used to measure investments at fair value:

Mutual funds - Valued at the closing price reported in the active market in which the individual securities are traded.

Common stocks - Valued at the closing price reported in the active market in which the individual securities are traded.

Bonds - Valued at the closing price reported in the active market in which the individual securities are traded.

The following table sets forth by level, within the fair value hierarchy, the Association's investments at fair value as of December 31, 2012 and 2011:

	Assets at Fair Value as of December 31, 2012			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 828,905	\$ -	\$ -	\$ 828,905
Common stocks	88,521	-	-	88,521
Total	\$ 917,426	\$ -	\$ -	\$ 917,426

	Assets at Fair Value as of December 31, 2011			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 694,323	\$ -	\$ -	\$ 694,323
Common Stocks	78,890	-	-	78,890
Bonds	34,494	-	-	34,494
Total	\$ 807,707	\$ -	\$ -	\$ 807,707

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011
(continued)

NOTE D – INVESTMENTS – continued

Investment return for the years ended December 31, 2012 and 2011 is summarized as follows:

	2012	2011
Interest and dividend income	\$ 35,978	\$ 21,912
Net appreciation (depreciation) in fair value of investments	62,824	(34,270)
Net Investment Gain (Loss)	<u>\$ 98,802</u>	<u>\$ (12,358)</u>

NOTE E – PROPERTY AND EQUIPMENT

Property and equipment consisted of the following as of December 31, 2012 and 2011:

	2012	2011
Computer, software and website	\$ 80,771	\$ 125,645
Furniture and fixtures	56,372	36,995
Leasehold improvement	16,806	13,951
Capital lease - copier	-	11,343
	<u>153,949</u>	<u>187,934</u>
Less accumulated depreciation	(50,952)	(161,865)
Net Property and Equipment	<u>\$ 102,997</u>	<u>\$ 26,069</u>

Depreciation expense for the years ended December 31, 2012 and 2011 was \$17,557 and \$12,406, respectively.

NOTE F - RETIREMENT PLAN

The Association has established a tax-deferred annuity plan that covers substantially all of its employees except student interns, consultants, and temporary employees. Eligible employees may begin participation in the plan on the first of the month following employment. Vesting in the benefits by participating employees is full and immediate. In addition, the Association established a defined contribution retirement plan. Eligible employees may begin participation in the plan upon completion of three months of service. The Association contributes 5% of employees' annual salaries to all eligible plan participants. On January 1, 2012, the Board of Directors approved an additional matching contribution of up to a maximum of 2.5% of the employee's elective deferrals. Pension expense for the years ended December 31, 2012 and 2011 totaled \$47,783 and \$27,549, respectively.

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011
 (continued)

NOTE G – OPERATING LEASE

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

December 31,	2013	\$ 96,243
	2014	98,895
	2015	101,613
	2016	104,396
	2017	107,259
	Thereafter through 2023	613,457
		<u>\$ 1,121,863</u>

The occupancy expense for the years ended December 31, 2012 and 2011 was \$119,614 and \$107,122, 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. APNF 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, APNF 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 APNF in a manner consistent with the standard of prudence prescribed by UPMIFA.

APNF has one donor restricted endowment, the Jane A. Ryan Endowment Fund. 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 Nurses Foundation.

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.

AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011
(continued)

NOTE H – ENDOWMENTS - continued

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.

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.

The fair value of the assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA required the Association to retain as a fund of perpetual duration. As of December 31, 2012, there were no deficiencies in the endowment funds.

The Endowment balance at December 31, 2012 and 2011 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.

Investment income has been allocated to unrestricted net assets in accordance with SFAS 124, due to the absence of donor explicit stipulation to the contrary.

NOTE I – CONTINGENCIES FOR FUTURE MEETINGS

During the year, APNA entered into various contracts that included penalty clauses that would require APNA to pay certain amounts if a meeting is cancelled or if it does not meet its room block guarantees. Management believes that APNA'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, 2012 and 2011, APNA owed APNF amounts totaling \$165 and \$2,255, respectively. These amounts were balances for donations made to APNF and were deposited into APNA's bank accounts.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2012 AND 2011**

(continued)

NOTE K - SUBSEQUENT EVENTS

In preparing these financial statements, the Association's management has evaluated events and transactions for potential recognition or disclosure through May 23, 2013, the date the financial statements were available to be issued. There were no additional events or transactions discovered during the evaluation that required further disclosure.

Independent Auditor's Report on Supplemental Information

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

We have audited the consolidated financial statements of American Psychiatric Nurses Association and American Psychiatric Nurses Foundation (collectively referred to as the "Association") as of and for the year ended December 31, 2012, and our report thereon dated May 23, 2013, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The consolidating schedules of financial position and activities are presented for purposes of additional analysis and are not a required part of the 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 financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the 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 financial statements as a whole.

Washington, DC
May 23, 2013

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATING SCHEDULE OF FINANCIAL POSITION
DECEMBER 31, 2012**

<u>ASSETS</u>	<u>APNA</u>	<u>APNF</u>	<u>Eliminations</u>	<u>Total</u>
CURRENT ASSETS				
Cash and cash equivalents	\$ 729,633	\$ 42,812	\$ -	\$ 772,445
Investment	821,159	96,267	-	917,426
Accounts receivable	79,728	-	-	79,728
Grants and pledges receivable	272,150	25,000	-	297,150
Due from APNA	-	165	(165)	-
Prepaid expenses	58,681	-	-	58,681
Total Current Assets	<u>1,961,351</u>	<u>164,244</u>	<u>(165)</u>	<u>2,125,430</u>
OTHER ASSETS				
Property and equipment, net (Note E)	102,997	-	-	102,997
Security deposit	23,788	-	-	23,788
Total Other Assets	<u>126,785</u>	<u>-</u>	<u>-</u>	<u>126,785</u>
TOTAL ASSETS	<u>\$ 2,088,136</u>	<u>\$ 164,244</u>	<u>\$ (165)</u>	<u>\$ 2,252,215</u>
<u>LIABILITIES AND NET ASSETS</u>				
CURRENT LIABILITIES				
Accounts payable	\$ 104,073	\$ -	\$ -	\$ 104,073
Accrued expenses	175,911	-	-	175,911
Due to APNF	165	-	(165)	-
Deferred revenue	7,580	-	-	7,580
Deferred rent	42,893	-	-	42,893
Total Current Liabilities	<u>330,622</u>	<u>-</u>	<u>(165)</u>	<u>330,457</u>
NET ASSETS				
Unrestricted	1,757,514	118,244	-	1,875,758
Permanently restricted	-	46,000	-	46,000
Total Net Assets	<u>1,757,514</u>	<u>164,244</u>	<u>-</u>	<u>1,921,758</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 2,088,136</u>	<u>\$ 164,244</u>	<u>\$ (165)</u>	<u>\$ 2,252,215</u>

See independent auditors' report on supplemental information.

**AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
CONSOLIDATING SCHEDULE OF ACTIVITIES
YEAR ENDED DECEMBER 31, 2012**

	<u>APNA</u>	<u>APNF</u>	<u>Total</u>
REVENUE AND SUPPORT			
Membership dues	\$ 1,030,481	\$ -	\$ 1,030,481
Annual conference	851,907	-	851,907
Sponsorships, grants and contributions	686,651	27,612	714,263
Royalties	187,485	-	187,485
Contract income	103,817	-	103,817
Advertising	29,200	-	29,200
Sales revenue	65,013	-	65,013
Interest and dividend income	31,611	4,367	35,978
Net income from investment	54,801	8,023	62,824
Total Revenue and Support	<u>3,040,966</u>	<u>40,002</u>	<u>3,080,968</u>
EXPENSES			
Program services:			
Annual conference	841,174	-	841,174
Education and information	576,067	10,960	587,027
Membership services	504,673	-	504,673
Total Program Services	<u>1,921,914</u>	<u>10,960</u>	<u>1,932,874</u>
Support services:			
Management and general	732,361	1,703	734,064
Fundraising	6,793	-	6,793
Total Support Services	<u>739,154</u>	<u>1,703</u>	<u>740,857</u>
Total Expenses	<u>2,661,068</u>	<u>12,663</u>	<u>2,673,731</u>
CHANGE IN NET ASSETS	379,898	27,339	407,237
NET ASSETS, beginning of period	<u>1,377,616</u>	<u>136,905</u>	<u>1,514,521</u>
NET ASSETS, end of period	<u>\$ 1,757,514</u>	<u>\$ 164,244</u>	<u>\$ 1,921,758</u>

See independent auditors' report on supplemental information.