October 2016

Dear Colleagues,

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

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

Sincerely,

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

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

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

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

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

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

**Through Our Education & Programs**

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

- The three webinars, *Effective Treatments for Opioid Use Disorders: Educating and Empowering Nurses during an Epidemic*, were developed by members of the APNA Addictions Council for all RNs and APRNs. Offered for free with contact hours, more than 3,000 nurses have participated so far. We have partnered with nursing organizations to help spread the word.
• The first class of facilitators of the Competency-Based Training for Suicide Prevention completed their training this June. They are now authorized to deliver the APNA Competency-Based training for Suicide Prevention to their institutions and communities.
• The APNA eLearning Center continues to expand, with 280 sessions (26 of which are free) and constant updates to bring current evidence-based knowledge to our members.
• The APNA Transitions in Practice Certificate Program continues to provide foundational knowledge to PMH-RNs. Since the program was released, a total of 6,795 contact hours have been awarded.
• A February 2016 Council Retreat served as an orientation program for new and existing leaders.
• The APNA Board of Directors Scholarship was awarded to 30 students recommended by the APNA Awards & Recognition Committee. This program identifies rising psychiatric-mental health nursing leaders and provides them membership, conference attendance, and more.
• The APNA Research Grant Review Committee selected Nicholas Guenzel to receive funding for his research proposal, Relationships between Historical Trauma and Mental Health among Adult Urban American Indians.
• 10 psychiatric-mental health nurses and a chapter were selected by the APNA Awards & Recognition Committee to be honored with APNA Annual Awards, which recognize excellence in our profession.
• This year the APNA Annual Conference schedule integrates daily dedicated networking times to further enhance the valuable interactions that occur at face-to-face events.

Through Our Chapters, Councils, & Institutes
Highlights of council and chapter activities this year include:

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

Through Our Relationships
Members have ensured psychiatric-mental health nurses were at the table by representing
APNA at many events held by nursing and mental health organizations. See the full list in the Appendix here.

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

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

Respectfully Submitted,

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

The APNA Secretary is responsible for corporate records and taking meeting minutes during official meetings of the APNA Board of Directors. During the past year, the Board of Directors conducted face-to-face meetings on October 27, 2015, February 18-19, 2016, and June 8-9, 2016. Conference calls were held on November 10, 2015, December 8, 2015, January 12, 2016, February 9, 2016, March 8, 2016, April 12, 2016, May 10, 2016, July 12, 2016, August 9, 2016, September 13, 2016, and October 11, 2016.

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

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

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

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

APNA continues to issue press releases to increase its public visibility, with nine releases issued this year. This engendered 1,260,790 online impressions (number of times a press release link was seen online). We also continue to use a broad range of social media platforms.
to disseminate information and engage, including Facebook, Twitter, Google+, and Instagram. For more detailed statistics, see the full report in the Appendix.

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

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

Respectfully submitted,

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

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

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

In addition to the statements discussed above, we have prepared the following charts reflecting the revenues and expenses and the net operating results from January 1, 2005 through December 31, 2015.
The Board of Directors functions as the investment committee for APNA funds. It utilizes the services of an investment manager who invests the funds in accordance with the APNA investment policy. The investment policy calls for a diversification of funds with moneys invested in cash, equities, bonds and precious metals. The following charts show the results of APNA investments from July 2003 through June 2016. APNA investments have returned a total of $614,295 over that period.
It is my honor to serve as APNA Treasurer and I appreciate the support of staff, the Board and the members who make these positive results possible.

Susan Dawson, EdD, PMHCNS/NP-BC
Treasurer
American Psychiatric Nurses Association
APNA 2016 Annual Activity Report Appendix

General
APNA Membership Report
APNA Education and Provider Unit Report
APNA 30th Annual Conference Report
APNA 14th Annual Clinical Psychopharmacology Institute Report
APNA Transitions in Practice Certificate Program Report
Competency Based Training for Suicide Prevention: PMH Nurse Generalist Role Report
Effective Treatments for Opioid Use Disorders Webinars Report
Council Activity Report
Chapter Activity Report
APNA Representatives to Outside Organizations

Secretary's Report
APNA eLearning Center Report
APNA Communications Activity Report
APNA Website Report

Treasurer's Report
APNA Audit - Fiscal Year 2015
Number of current active members as of 9/15/16: **10,742 – 3.2%** increase from February 2016
- Including the 60 day grace period: **11,465 – 5.5%** increase from February 2016

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

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

**Renewals by Month – January 2016 to September 2016**

**New Members by Month – January 2016 to September 2016**
Renewal Rate

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

Average tenure of a member

\[\frac{1}{1 - .8638} = 7.3 \text{ years}\]

Member Profile Data – October 2016

(Data from June 2015 included for comparison)

### Nurse Profile*

<table>
<thead>
<tr>
<th></th>
<th>#</th>
<th>% Oct 2016</th>
<th>% June 2015</th>
</tr>
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<tbody>
<tr>
<td>RN</td>
<td>6,626</td>
<td>46.38%</td>
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<tr>
<td>CNS</td>
<td>1,182</td>
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<tr>
<td>NP</td>
<td>2,286</td>
<td>16.00%</td>
<td>14.75%</td>
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<td>Certified</td>
<td>2,456</td>
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*This is a multiselect field.

### Licensure

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<tr>
<td>APRN</td>
<td>4,409</td>
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### Levels of Education*

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<tr>
<td>Diploma</td>
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<td>Associate Degree</td>
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<td>Baccalaureate in Nursing</td>
<td>3,133</td>
<td>28.97%</td>
<td>27.00%</td>
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<tr>
<td>Baccalaureate in Other</td>
<td>693</td>
<td>6.41%</td>
<td>6.26%</td>
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<tr>
<td>Masters in Nursing</td>
<td>3,585</td>
<td>33.15%</td>
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<td>Masters in Other</td>
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<td>9.52%</td>
<td>10.87%</td>
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<td>Doctorate in Nursing</td>
<td>570</td>
<td>5.27%</td>
<td>6.14%</td>
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<tr>
<td>Doctorate of Nursing Practice</td>
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<td>2.51%</td>
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<tr>
<td>Doctorate in Other</td>
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<tr>
<td>Post Doctorate</td>
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<td>0.31%</td>
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<th>Age Range</th>
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<tbody>
<tr>
<td>20-29</td>
<td>594</td>
<td>11.40%</td>
<td>10.78%</td>
</tr>
<tr>
<td>30-39</td>
<td>1,031</td>
<td>19.79%</td>
<td>19.68%</td>
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<tr>
<td>40-49</td>
<td>1,288</td>
<td>24.72%</td>
<td>23.42%</td>
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<tr>
<td>50-59</td>
<td>1,574</td>
<td>30.21%</td>
<td>31.83%</td>
</tr>
<tr>
<td>60-69</td>
<td>674</td>
<td>12.93%</td>
<td>13.35%</td>
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<tr>
<td>70+</td>
<td>50</td>
<td>0.96%</td>
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<tbody>
<tr>
<td>Full Time</td>
<td>5,452</td>
<td>82.38%</td>
<td>82.34%</td>
</tr>
<tr>
<td>Part Time</td>
<td>808</td>
<td>12.21%</td>
<td>12.01%</td>
</tr>
<tr>
<td>PRN</td>
<td>131</td>
<td>1.98%</td>
<td>1.85%</td>
</tr>
<tr>
<td>Retired</td>
<td>81</td>
<td>1.22%</td>
<td>1.33%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>146</td>
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<td>2.47%</td>
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<th>Experience in Nursing</th>
<th>#</th>
<th>% Oct 2016</th>
<th>% June 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 years</td>
<td>567</td>
<td>10.85%</td>
<td>10.41%</td>
</tr>
<tr>
<td>2-5 years</td>
<td>897</td>
<td>17.16%</td>
<td>17.28%</td>
</tr>
<tr>
<td>6-10 years</td>
<td>830</td>
<td>15.88%</td>
<td>14.76%</td>
</tr>
<tr>
<td>11-15 years</td>
<td>474</td>
<td>9.07%</td>
<td>8.71%</td>
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<tr>
<td>16-20 years</td>
<td>512</td>
<td>9.80%</td>
<td>10.08%</td>
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<td>More than 20 years</td>
<td>1,946</td>
<td>37.24%</td>
<td>38.77%</td>
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<td>Experience in Psych Nursing</td>
<td>#</td>
<td>% Oct 2016</td>
<td>% June 2015</td>
</tr>
<tr>
<td>----------------------------</td>
<td>---</td>
<td>------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Less than 2 years</td>
<td>1,144</td>
<td>22.60%</td>
<td>20.93%</td>
</tr>
<tr>
<td>2-5 years</td>
<td>1,236</td>
<td>24.42%</td>
<td>23.87%</td>
</tr>
<tr>
<td>6-10 years</td>
<td>800</td>
<td>15.81%</td>
<td>15.66%</td>
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<tr>
<td>11-15 years</td>
<td>403</td>
<td>7.96%</td>
<td>7.75%</td>
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<tr>
<td>16-20 years</td>
<td>400</td>
<td>7.90%</td>
<td>8.84%</td>
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<tr>
<td>More than 20 years</td>
<td>1078</td>
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<thead>
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<th>Gender*</th>
<th>#</th>
<th>% Oct 2016</th>
<th>% June 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>6,897</td>
<td>86.06%</td>
<td>86.55%</td>
</tr>
<tr>
<td>Male</td>
<td>1,113</td>
<td>13.89%</td>
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<tr>
<td>Transgender</td>
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<td>2,731</td>
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<thead>
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<th>Level of Care*</th>
<th>#</th>
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<th>% June 2015</th>
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</thead>
<tbody>
<tr>
<td>Home Care</td>
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<td>3.79%</td>
</tr>
<tr>
<td>Inpatient</td>
<td>3,074</td>
<td>58.55%</td>
<td>57.93%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>1,865</td>
<td>35.52%</td>
<td>35.71%</td>
</tr>
<tr>
<td>Partial Hospitalization Program</td>
<td>142</td>
<td>2.70%</td>
<td>2.57%</td>
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<th>Primary Work Setting</th>
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<th>% June 2015</th>
</tr>
</thead>
<tbody>
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<td>Behavioral Care Company/HMO</td>
<td>181</td>
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<td>3.39%</td>
</tr>
<tr>
<td>Community Agency</td>
<td>167</td>
<td>3.31%</td>
<td>3.29%</td>
</tr>
<tr>
<td>Community Health Center</td>
<td>206</td>
<td>4.08%</td>
<td>3.62%</td>
</tr>
<tr>
<td>Service</td>
<td>Count</td>
<td>Percentage Entered</td>
<td>Percentage Previously Entered</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------</td>
<td>---------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>126</td>
<td>2.50%</td>
<td>1.93%</td>
</tr>
<tr>
<td>Employee Assistance</td>
<td>3</td>
<td>0.06%</td>
<td>0.08%</td>
</tr>
<tr>
<td>Home Health Agency</td>
<td>60</td>
<td>1.19%</td>
<td>1.16%</td>
</tr>
<tr>
<td>Industry</td>
<td>35</td>
<td>0.69%</td>
<td>0.41%</td>
</tr>
<tr>
<td>Mental Health Care Clinic</td>
<td>672</td>
<td>13.31%</td>
<td>13.75%</td>
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<tr>
<td>Military</td>
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APNA Education and Provider Unit Update

**APNA Provider Unit Accreditation:**

ANCC COMMISSION ON ACCREDITATION ACTION

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

**Education - Chapter Activities**

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

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

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

**Education - Member Activities**

- **APNA E-Series on Bipolar Disorders Across the Lifespan**
  - Issue 1, 2, and 3 eBooks now available APNA eLearning Center
- Bipolar case study online game series – available online, jointly provided with Physician’s Postgraduate Press
- Mental Health Care Delivery in Primary Care Round table discussions – in development with Spire Learning
- Addictions Council
  - Opioid use assessment and treatment pilot presentations – May, 2016
  - 3 opioid presentations hosted by APNA for free professional education
  - Addictions Council Tobacco Dependence Branch – completed a summary of literature of current research and best practice related to electronic nicotine delivery systems (ENDS). Members are working to develop an article for journal submission.
- Suicide Competencies – Facilitator Training –Hybrid live and online course (Nov 2015-June 2016) resulting in 32 facilitators completing the 15 contact hour course in June 2016. Three of the trained facilitators are from Singapore.
- Education Council-
  - Undergraduate Toolkit: *Defining and Using Psychiatric-Mental Health Nursing Skills in Undergraduate Nursing Education* is completed and available on the APNA website. The toolkit provides strategies and resources for teaching PMH in a nursing curriculum.
  - AACN will host a live webinar on November 30, 2016 featuring APNA faculty who will demonstrate use of the toolkit.
- Forensic Council- identifying priority topics for eLearning two currently in development.
- Recovery Council-identifying priority topics for eLearning, two currently in development
- Child & Adolescent Council – identifying priority topics for eLearning, two currently in development. One eLearning completed topic completed and currently being piloted/peer reviewed “An Introduction to the Psychopharmacology of Children and Adolescents with Autism Spectrum Disorder”.
- APRN Council – planning initiated for AC abstract submission/presentations; possible conference course

*The American Psychiatric Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.*
Psychiatric-Mental Health Nursing: Inspiring Leadership Every Day

Registration (9/14/16): 1218
Full Conference Registration - $495 member rate (Sept 7, 2016 early bird deadline)

Hotels (continuous transportation provided between hotels and conference center)
- Marriott: $179    Hilton: $159
- Radisson: $150   Holiday Inn: $139

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

Conference Program: earn up to 26.5 contact hours onsite (plus 100 hours offered online)
- Opening Program = Networking with Donna Godfrey
- 28 Pre-conference sessions (2 hours) includes:
  - Full day of psychotherapy
  - Full day of psychopharmacology
  - Workshops writing and reviewing manuscripts
  - Full day Competency Based Training
- 56 Concurrent sessions (45 min)
- 28 Mini concurrent sessions (20min)
- 10 Interactive panels (90min)
- 185 posters

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

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

Overall conference learning outcomes:
- Explore opportunities to develop networks for intra and inter-professional support and leadership development.
• Apply innovative best practice tools and strategies in various workplace settings to improve the mental health of the population.
• Advance psychiatric-mental health nursing by leading health care changes across administration, education, practice, and research

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

New this year/more of a good thing:
• 2 Scheduled networking sessions
• Enhanced mobile app features
• Suicide Competency Facilitator Training PLUS Intro for 2017 cohort more online/self-paced

*The American Psychiatric Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.*
Precision Psychopharmacologic Nursing Practice: 
Mitigating Demands with Realities of Complex Patient Populations

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

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

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

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

Keynote Speakers:
Wilson Compton, M.D., M.P.E.  
Deputy Director, National Institute on Drug Abuse, National Institutes of Health
John M. Kane, M.D.  
Professor and Chairman, Department of Psychiatry, Hofstra Northwell School of Medicine
Pierre N. Tariot, M.D.  
Director, Banner Alzheimer's Institute; Research Professor of Psychiatry, University of Arizona College of Medicine

Pre-Conference Course:  Contact hours: 2.0
Benzodiazepines: Boon or Boondoggle and Counteraction
5:00pm – 7:00pm  Barbara Limandri, PhD, PMHNP, BC

Friday, June 10 Contact hours: 6.0
KEYNOTE: Pharmacologic Treatment of Schizophrenia: How Far Have We Come?

The American Psychiatric Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.
8:00am – 9:30am   John M. Kane, MD

**Psychopharmacologic Advances in Eating Disorders**
9:45am – 11:15am  Barbara E. Wolfe, PhD, PMHCNS-BC, FAAN

**Military Psychiatry: Practice and Pitfalls for Civilian Providers**
1:45pm – 3:15pm   Joseph Holshoe, PMHNP-BC

**Assessment and Treatment of Transgender and Gender Expansive Youth**
3:30pm – 5:00pm   Valerie Tobin, MS, PMHNP, PMHCNS-BC

**Saturday, June 11**  Contact hours: 6.5
KEYNOTE: **Responding to the Intersecting Epidemics of Prescription Opioids and Heroin**
8:00am – 9:30am   Wilson Compton, MD, MPE

**Treating Opioid Use Disorder During the Current Epidemic**
9:45am – 11:15am  Matthew Tierney, APRN

**Sex, Drugs, & Rock n Roll: An Update**
1:45pm – 3:45pm   Mary Gutierrez, PharmD, BCPP

**Pharmacological Management in the Integrated Behavioral Health Setting**
4:00pm – 5:30pm   Laura K. Melaro, DNP, APN

**Sunday, June 12**  Contact hours: 6.0
KEYNOTE: **Alzheimer’s disease: From Recognition to Prevention**
8:00am – 9:30am   Pierre N. Tariot, MD

**Smoking / Tobacco**
9:45am – 11:15am  Mary Ellen Wewers, PhD, RN

**T-3 + T-4: Do You Know Your Patient’s Score? The Role of Thyroid Hormones in the Management of Depression**
12:15pm – 1:45pm  Mary Moller, DNP, ARNP, APRN, PMHCNS-BC, CPRP, FAAN

**Realities of Practice in Forensic Psychiatry**
2:00pm – 3:00pm   Philip Pan, MD

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

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

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

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

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

*The American Psychiatric Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.*
October 2016

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

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

As of September 15, 2016:
- Total number of registrations since launch (July 24, 2015): 993
- Number of participants who have completed the full 15 contact-hour course: 453
- Total number of overall contact hours earned: 6,795
- Group orders (purchased by institutions for 10+ users)
  - 123 inquiries
  - 23 bulk orders of 10-269 participants

ATP Data (March 2016 – September 2016)

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

Program Evaluation Key Findings (Based on 224 respondents)

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

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

These changes include:

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

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

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

**Facilitator Training**

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

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

**APNA Facilitators**

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

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

This 10 member workgroup was created in June 2015 with representatives from Med/Surg and Critical Care Nursing Associations each providing 1 nurse representative. Monthly meetings were held to adapt and modify the current Competency Based Curriculum and assessment to support the use of the APNA Suicide Competencies for Acute Care Nurses. The following have been completed:

- Needs assessment
• SWOT analysis
• Acute Care Algorithm
• Curriculum

The Curriculum is currently in peer review and will be piloted with med/surg nurses by the end of 2016.
The Effective Treatments for Opioid Use Disorder: Educating & Empowering Nurses During An Epidemic was piloted, recorded, and uploaded to the eLearning center June 2016.  

3 presentations were developed for 3 target audiences:
- All RNs – 1.25 hours
- PMH nurses -1.25 hours
- APRNs - 3.5 hours

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

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

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

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

Total people participating in the eLearning education: **2,581 participants**
Total certificates issued: **988**
**Total contact hours earned thus far:**
577.5 + 348.75 + 864.5 = **1,790.75 contact hours**
Addictions Council

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

What meeting(s) are being held during the 2016 conference?
Addictions Council Interactive Panel

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

APNA’s core purpose is to be the unified voice of psychiatric-mental health nursing.
How has your council/institute made progress toward this in the last year?
The Council’s major projects this past year--the Opioid Education CEU programs and the ENDS summary of evidence--are available for all nurses nationwide. Thus, these projects represent the unified voice of psychiatric mental health nursing providing educational leadership to all nurses.

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

What do you hope to accomplish for the 2016 - 2017 year?
1. The Tobacco Dependance Branch plans to re-organize and update resources on the APNA Resource page. 2. The Tobacco Dependence Branch will submit the Summary of Evidence for ENDS for publication in JAPNA. 3. The Tobacco Branch will be a presence on a panel organized by the Smoking Cessation Leadership Center (SCLC). 4. Following the passage of the federal Comprehensive Addiction Recovery Act (CARA) the Addictions Council plans to formulate recommendations on federally required education for APRNs to prescribe buprenorphine in the treatment of opioid use disorders.
Addictions Council

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

**Steering Committee**
Carolyn Baird, DNP, MBA, RN-BC, CARN-AP, CCDPD, FIAAN
Susan Caverly, ARNP, PhD
Sharon Davis, FPMHNP-BC
Deborah Finnell, DNS, PHMNP-BC, CARN-AP, FAAN
Mary Kastner, PMHCNS, PMHNP-BC
Laura Leahy, DNP, APN, PMH-CNS/FNP, BC
William Leiner, MS, RN, BC
Erin McCluskey, RN, BSN
Kris McLoughlin, DNP, APRN, PMHCNS-BC, CADC-II, FAAN
Susanne Meyers, NP, PMHNP-BC
Ann Mitchell, PhD, RN, FAAN
Madeline Naegle, PhD, CNS, PMH-BC, FAAN
Matthew Tierney, PMHNP-BC, ANP-BC
Bridgette Vest, DNP, RN, PMHNP, GNP
Olivia Young, PhD, TTS, FPMHNP-BC

**Advisory Panel**
Carla Abel-Zieg, ARNP, CNS
Marissa Abram, PMHNP-BC, CASAC
Anna Acee, EdD, ANP-BC, PMHNP-BC
Tramarea Adams, RN
Ivandra Adams, RN, BSN
Clydemikee Aguirre, BS Student Nurse
Cathleen Ahern, MS, PMHNP
Robert Allen, RN, FPMHNP, LMSW
Elizabeth Andal, APN, PhD, FAAN
Ann-Marie Anderson, JD, MA, CRNP-PMH BC
Rose Theresa Anderson, MSN, PMHNP, BC, BSN, RN, PHN
Susan Archacki-Resnik, MSN, ARNP, PMHNP-BC
Jennifer Armentrout, BSN, RN, PHN
Romnee Auerbach, MS, ANP, PMHNP-BC
Deborah Aylward, BS in Nursing
Jenny Bailey, RN-BC, CARN, CMSRN
Jamie Baldy Hicks, CRNP
Diane Barber, DNP, APRN, FNP-C, PMHNP-BC
Lauren Barber, MSN, PMHNP-BCC, MHSA, NE-BC
Ingrid Barcelona, MSN, PMC, CNP
Audur Bardardottir, RN, NP
Rosa Belgard, MS, RN
Aimee Bensimhon, RN, BSN
Kirk Bergmark, APN, PMHCNS-BC
Barbara Bidwell, MSN, RN
Anlee Birch-Evans, APRN, CNS-BC, PhD
Ann Bispo, PCNS, MSN, RN, CNS
Suzan Blacher, MSN, RN, CARN, TTS
Stuart Blevins, CNP
Susan Bloom, PsyD, APRN
Anne Booker, RN
Rosetta Booker-Brown, RN, BSN
Tammy Bradford, CNS, MSN, BC-APRN
Jennifer Breeden, RN-BC, BSN, FNP
Jana Briggs, RN, BSN
Anthony Brown, BS, RN
Margaret Brown, MSN, PMHNP-BC
Berthe Cameron, RN
Therese Carlson, RN, BSN
Tara Chelioudakis, RN
Anne Cofone, RN, MA, LCSW, MSN, PhD-ABD
Dawn Cogliser, MSN, RN-BC
Colleen Corte, PhD, RN, FAAN
Rene Cross, PMHNP, FNP, WHNP
John Cutcliffe, PhD, RMN, RN, BSC
Theresa Damien, PMHNP-BC, RN
Laura Dayton, RN
Diane Decarolis, APRN, PMHNP-BC
Mark deClouet, Jr., PMHNP
Anthony DeDonatis, MS, BA, BSN, NP-P, PMHNP-BC, RN-BC
Jacob Deney, RN, BSN
Leigh Milhorn, RN-BC, BSN
Sarah Minnick, MSN, RN, PMHNP-BC
Arabella Mitchell Bruce, DNP, PMH-FNP, BC
Audrey Naser, APRN
Lisa Naugle, MSN RN, BC
Lorraine Ndusha, MSN, PNP
Molly Nelson, RN
Marian Newton, PhD, RN, CS, PMHNP, ANEF
Suzanne Nieman, RN, BSN, MSN, PMHNP
Patricia Nisbet, DNP, PMHNP-BC
Ngozi Nwobi, DNP, PMHNP-BC, APN
Chizimuzo Okoli, PhD, MSN, MPH, RN
Suzanne Opperman, MSN, APRN
Laura Outlaw, RN, BSN, MS
Alisha Palmer, MSN, RN, NEA-BC
Cynthia Papendick, MS, APRN, BC
Linda Parisi, BSN, MA, RN
Mark Pavlick, RN, MS
Darren Penix
Elizabeth Petitt, MSN, Ned, FNP-C, PMHNP-BC, SANE-A
Bethany Phoenix, PhD, RN, CNS
Corina Picchiottino, BSN, RN
Stephanie Plummer, DNP, APRN, PMHNP-BC, FNP
Leigh Powers, DNP, MSN, MS, APRN, PMHNP-BC
Shelley Pruiksma, RN, BC, CARN
Jennifer Pursley, RN, BSN
Maureen Rafa, BS, RNC
Tammy Reddington, MSN, BSN, APRN, RN
Jdee Richardson, PhD, PMHNP
Sandra Robinson, BSN, RN
Danielle Ross, MHNP
Michael Sansone
Delaine Sapp, PMHNP-BC
Margaret Scharf, PMH-NP, FNP, DNP, PMHNP Leader
Amanda Schuh, PhD, RN, PMHNP-BC
Rhonda Schwintd, DNP, RN, PMHCNS-BC
JT Seaman, MSN, RN, PMHNP-BC
Angela Seckman, RN, MSN, CNL
Daryl Sharp, PhD, PMHCNS-BC, NPP
Sylvia Simeone, MSN, PMHNP-BC, PMHCNS-BC
Patricia Simpson, BSN, RN
Virginia Singer, DNP
Kim Sirk
Rosemary Smentkowski, MSN Ed, RN, CARN
Vicki Smith, RN, NP-BC
Diana Smith, PMHNP-BC
Loring Smith, Jr., PMHN
Diane Snow, PhD, RN, PMHNP-BC, CARN, FAANP
Martha Snow, MSN, RN, PMHNP, CARN-AP
Jennifer Sorg, RN
Janet Stagg, MS, RN, PMHCNS
Jill Steinke, MS RN
Christopher Sterling, APRN
Bruce (Jamie) Stevens, PMHNP-BC, MSN, APRN
Victoria Stoneman, RN, MSN, CNL
Lourdes Sumilang, BSN, RN, BC, MSNEd
Kimberly Sutter, MSN, RN
Philip Sweet, MSN RN PMHCNS-BC
Nancy Syms, PMHNP-BC
Peter Taulbee, APRN, FPMHNP-BC
Roberta Thomas, PhD, RN, PMHNP-BC
Michael Tierney, BSN, RN-BC
Darlene Underhill, BSN, RN
Deborah Valentine, RN
Dorothy Valin, PhD, APN, CNS
Judith Van Cleef, MS, RN-BC, CARN
Blake Vaughan, RN
Jessica Vetter, RN, MS, PMHNP
Pamela Waranowicz, Associate, RN
Tamsyn Weaver, BSN, RN-BC
Gina Webb, RN
Kathleen Webster, RN, MSN, PMHNP, CNSMH
Melissa Whitesell, MS, CPNP-AC, FNP-BC, PMHS-BC
Victoria Whitworth, MSN, RN
Diane Wieland, PhD, MSN, RN, PMHCNS-BC
Lew Wiest, BSN, RN
Wesley Willis, PsyD, LCSW, RN
Cynthia Wilson, MSN, PHMCNS, BC
Tarry Wolfe, DNP, FNP-c, PMHNP-BC
Kathleen Wolff, PhD, APRN, CNS
Julie Worley, PhD, FNP-BC, PMHNP-BC
Audrey Wyatt, RN, BSN
Michael Yoakum, BSN, RN
Tia Young, BS Psych, BS Nursing
Administrative Council

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

What meeting(s) are being held during the 2016 conference?
Interactive Panel Supporting and Mentoring Nurse Leaders

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

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?
The survey we have prepared will inform us about members' views on necessary leadership skills for psychiatric nurse leaders, thus facilitating the appropriate educational focus. We are presenting two sessions at the 2016 annual conference related to preparing, supporting and mentoring psychiatric nurse leaders. We participated in Inter-Council call to assure alignment with the work of other councils. Lastly, our associate chair attended one day of the 2016 BOD meeting and gained knowledge and insight into the work of the board.

How has your group worked to achieve these goals?
We have continued focus on defining competencies for psychiatric nurse leaders with the goal of furthering leadership development and providing a forum for networking, sharing best practices, and creating enthusiasm for leadership roles in our specialty.

What do you hope to accomplish for the 2016 - 2017 year?
We plan to finalize the leadership competency survey, distribute to members, and analyze results. With this information, we can tailor activities to meet the needs identified by participants. We also hope to recruit new members to the council/steering committee and enhance participation in activities and tangible outcomes.
Administrative Council

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

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Janet Stagg, MS, RN, PMHCNS

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Laura Dayton, RN
Joanne Dedowicz
Sattaria Dilks, DNP, APRN, PMHNP-BC
Nancy Dillon, PhD, RN, CNS
Julie Donley, MBA, BSN, RN
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John Dool, RN, MSN
Margaret Edwards, RN, MSN, NEA, BC
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Laureen Froimson, MSN, RN
Christy Gilbert
Maryanne Godbout, DNP, PMHCNS-BC
Joshua Hamilton, DNP, RN-BC, PMHNP-BC, CNE

Dayna Harbin, RN, MSN, BC
Misty Harris, RN
Dorothy Hill, RN, C
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Theresa Mackey, RN, BSN
Crystal Michelle Malakar, BSN, RN
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Katherine McDermott, MSN, RN, CNL
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Linda Nagy, MSN, CNS
Lisa Naugle, MSN RN, BC
Angela Naylor, RN
Constance Noll, MA, BSN, RN-BC
Cheryl Odell, MS, NEA-BC
Nancy Purtell, MBA/HCM, RN
Audrey Pyle, BSN, RN-BC
Deirdre Rea, BSN, RN, MSN
Elizabeth Reimherr, RN, BC
Jason Roberts, RN, MSN
Amy Rushton, MSN, RN, PMHCNS-BC
Susan Russo, MS, APN, CHS, CNS
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Sandra Schleter, RN, CNS, DNR
Tracy Schlosser, RN, BSN
Teresa Setnar, MSN, RN, CPN
Kathy Smith, MSN, RN, CENP
Barbara Stephens, DNP, APRN, PMHCNS-BC
Gail Stern, MSN, PMHCNS-BC
Vivian Streater, RN
Lourdes Sumilang, BSN, RN, BC, MSNEd
Theresa Terry-Williams, RN
Mala Thomas, MSN
Miriam Thornton, MSN, RN
Darlene Underhill, BSN, RN
Judith Van Cleef, MS, RN-BC, CARN
Dawn Walters, MS, RN
Gina Webb, RN
APRN Council

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

What meeting(s) are being held during the 2016 conference?
Meeting of Steering Committee + Advisory Panel and Interactive Panel presentation

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

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

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

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

How has your group worked to achieve these goals?

The APRN SC updated the APRN State of the States report on APRN practice and relevant legislative issues for each state across the nation. The SC and Advisory Boards have participated in polls that inform decisions of the APRN BOD related to mental health policy and practice issues.
What do you hope to accomplish for the 2016 - 2017 year?

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

Chair: Sattaria Dilks, DNP, APRN, PMHNP-BC
Co-Chair: Kathryn Johnson, MSN, PMHCNS-BC, PMHNP-BC

Steering Committee
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Kathleen Langdon, PMHNP, BC
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Timothy Wilson, DNP, PMHNP, FNP
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Kimberly Wolf, PMHCNS-BC
Kylie Wright, RN
Susan Wrona, PMHNP
Wendy Zubenko, EdD, MSN, CNS
Child and Adolescent Council

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

What meeting(s) are being held during the 2016 conference?
Child and Adolescent Council Interactive Panel session

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

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?
Our council has been meeting regularly to strategically think through and plan for best addressing the psychiatric mental health needs of children and adolescents across practice settings given workforce challenges. Our desire is to provide council, leadership and resources for our APNA members on this topic and as a result to improve the quality of psychiatric mental health nursing care of children and adolescents.
How has your group worked to achieve these goals?

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

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

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

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

Steering Committee
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Lynn Baer, MSN, RN, CS
Amanda Baldwin, RN, BSN
Joanne Bartlett
Cindy Bearden
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Nancy Ortego, APRN, BC
Cynthia Papendick, MS, APRN, BC
Theresa Parkhurst, MSN, PMHNP-BC
Jeffrey Parobechek, BSN, RN
Cindy Parsons, DNP, PMHNP-BC, PMHCNS-BC, FAANP
Juli Peck, RN
Michael Aniceto Perez, RN
Barbara Peterson, RN, MS, CNS
Francine Pingitore, PhD, PMHCNS-BC
Mertie Potter, PMHNP-BC
Cindy Potts, RN, BSN, BC
Sara Repola, MSN, PMH-NP, BC
Tammy Reynolds, MSN, NP
Jdee Richardson, PhD, PMHNP
Jessica Roberts, PMHRN-BC, PMHNP-BC
Tracey Rose, RN, BC
Erica Runkle
Julie Ryder, PMHNP, BC
Deborah Safier, BSN, MSN
Joanne Sanderson, PMHCNS-BC
Ronnie Schafer, BSN, RN
Karen Schepp, PhD, APRN, BC
Teresa Setnar, MSN, RN, CPN
Aimee-Lynn Sheltry, RN-BC
Liliana Simmons, MSN, MA, PMHNP-BC, PHN
Sue Simon, MA, MS, BSN, RN
Robin Smith, RN, MSN, CPN
Julie Solomon, MS, RN, CRNPPhD
Janet Somlyay, DNP, CPNP, PMHNP
Debbie Steele, MFT, PhD, RN
Kelsy Streeter, BSN, RN
Lourdes Sumilang, BSN, RN, BC, MSNEd
Nancy Syms, PMHNP-BC
Peter Taulbee, APRN, FPMHNP-BC
Michael Terry, DNP, FNP-BC, PMHNP-BC
Stephanie Tiell, DNP, FNP-C
Kristin Tiernan, RN, MSN, ARNP, CPNP, CDE
Karen Tobin, MSN, RN-BC
Jennifer Topscher, RN, BSN, BA
Darlene Underhill, BSN, RN
Doris Van Byssum, PsyD, MS
Rhonda Viehe, RN
Ellin Wade, RN, MSN, PMHNP-BC
Kim Walker, PNP, PMHCNS-BC
Rebecca Weiser, PMHNP-BC, RN
Daniel Wesemann, DNP, PMHNP-BC, ARNP
Colleen Williams, DNP, PMHNP-BC
Kathleen Wolff, PhD, APRN, CNS
Cynthia Woody, RN
Kelli Wright, MHA, RN
Kimberly Young
Laurie Zack, MSN, APN, FNP-BC, LPC
Wendy Zubenko, EdD, MSN, CNS
Education Council

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

What meeting(s) are being held during the 2016 conference?
Meeting of Steering Committee + Advisory Panel Interactive Panel This provides an opportunity for the sub-committees to meet and continue to complete goals for the year as well as develop new work groups for the upcoming year.

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

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?
The Education Council continues to incorporate the strategic focus on networking and collaboration between members and key stakeholders' needs regarding development of innovative educational products that address gaps within clinical and academic environments.

How has your group worked to achieve these goals?
We have worked toward addressing APNA's five year goals. Please see previous comments and answers for specifics.

What do you hope to accomplish for the 2016 - 2017 year?
Please see answers under # 4 Point. In addition, this will be a transition year as both the Chair and Co-Chair of the Education Council will be stepping down to pursue other areas of work within APNA. However, there will be a orientation time in order to bridge the transition for the new Chairs of the Council. The Undergraduate, Graduate and Continuing Education sub-committees are in the process of developing their new goals at conference time.
Education Council

Chair: Barbara Warren, PhD, RN, PMHCNS-BCm, FNAP, FAAN
Associate Chair: Donna Rolin, PhD, APRN, PMHCNS-BC, PMHNP-BC

Steering Committee
Cynthia Archer-Gift, PhD, ED, MSN, RN
Sattaria Dilks, DNP, APRN, PMHNP-BC
J. Carol Elliott, PhD, RN, PMHCNS, BC
Diane Esposito, PhD, ARNP, PMHCNS-BC
Marian Farrell, PhD, PMH-NP, BC, CRNP, PMHCNS-BC
Ruth Fiedler, EdD, PMHCNS-BC, CNE
Nancy Hanrahan, PhD, RN, FAAN
Mary Johnson, PhD, RN, PMHCNS-BC, FAAN
Maureen Killeen, PhD, FAAN, PMHCNS-BC
Pamela Lusk, RN, DNP, PMHNP-BC, FAANP
Ann Mitchell, PhD, RN, FAAN
Linda Oakley, PhD, RN
Eula Pines, PhD, DNP, PMHCNS, BC
Amanda Schuh, PhD, RN, PMHNP-BC
David Sharp, PhD, RN
Carole Shea, PhD, RN, FAAN
Joyce Shea, DNSc, APRN, BC
Bruce (Jamie) Stevens, PMHNP-BC, MSN, APRN

Advisory Panel
Emily Abbas
Elinor Abraham, PMHCNS-BC
James Adams, MSN, PMHCNS-BC
Cheryl Allen, RN-BC, BSN
Diane Allen, MN, RN-BC, NEA-BC
Andrea Anderson, BSN, MSN, RN
Lindsay Anderson, MS, APRN-BC
Lorraine Anderson, PhD, RN, MPA
Maria Aportadera, RN, MSN
Lisa Auditore, RN, Associates
Morningdove Bain, MSN, RN, PHN, FCN
Anita Bainum, MSN
Jenny Bamford-Perkins, MSN/Ed, RN
Steven Barr, RN
Nina Beaman, EdD, MSN, CNE, RN-BC (PMH)
Cindy Bearden
Lora Beebe, PhD, PMHNP-BC
Sherley Belizaire, DNP
Aimee Bensimhon, RN, BSN
Barbara Bidwell, MSN, RN
Michelle Blackmer, PMHNP-BC, FNP-BC, MSN, RN
Daphne Boatright, BSN, MEd
Kathleen Bolding, BSN, RN
Margaret Bookman, RN, MS, CS
Hilary Boyd, BSN, RN
Cynthia Bozich Keith, MSN, PMHCNS-BC
Lucenia Bracero, RN, MSN
Tammy Bradford, CNS, MSN, BC-APRN
Jennifer Breeden, RN-BC, BSN, FNP
Kathrene Brendell, DNP, APRN, PMHNP-BC
Arleen Briggs, MSN, RN-BC
Veronica Brighton, ARNP, BC
Debra Brodersen, RN, MSN-MHA
Nancy Brookes, RN, BN, MSC-A, PHD
Anthony Brown, BS, RN
Kelly Bryant, RN-BC, NEA-BC, BSN, MS, CNE
Sharilyn Butteling, BSN, RN
Constance Buttrick, MSN, RN-BC  
Barbara Buxton, PhD  
Sandra Cadena, PhD, APRN, PMHCNS-BC, CNE  
Meriel Campbell, MS, RN, NP, CNS  
Lisa Casler, PMHNP-BC, NPP  
Carolyn Castelli, PMHCNS, RN-BC  
Genevieve Chandler, PhD, RN  
Theresa Chase, MA, ND, RN  
Heeseung Choi  
Sharon Colley, PhD, MSN, BSN, RN, CNE  
Deborrah Cook, RN, MS, PMHCNS-BC  
Christy Cook Perry, APRN-BC, PMHNP-BC  
Jessie Corlito, RN-C MA, BSN-C  
Maureen Craigmile, RN-BC, MSN  
Jacob Creviston, DNP, RN, PMHNP  
Maria Flodesol Culpa-Bondal, PhD, RN  
John Cutcliffe, PhD, RMN, RN, BSC  
Theresa Damien, PMHNP-BC, RN  
Shirlee Davidson, RN, MSN  
Laura Dayton, RN  
Joanne Dedowicz, RN  
Barbara DeFeo, RN, MSN, NPP  
Jacob Deney, RN, BSN  
Susan Derivas, PMHNP-BC  
Marti Derr, MSN, MSFS, MSc, RN, CNE  
Joanne DeSanto Iennaco, PhD  
Carleen DiMeglio, RN, MSN, PMHCNS-BC  
Sandra Dorman, RN  
Mary Dubriel, RN  
Nina Duerk, RN  
Helene Durham, MSN, RN  
April Dvorak, BSN, RN  
Laura Dzurec, PhD, PMHCNS-BC, RN, ANEF  
Donna Ecklesdafer, RN, MSN  
Erin Ellington, DNP, RN, PMHNP-BC  
Carol Essenmacher, DNP, C-TTS  
Cindy Estes, RN, MSN, MHA, NE-BC  

Linda Etchill-Ewald, RN, BSN, MSN, PMHCNS-BC  
Ginger Evans, APN-BC, PMHCNS, SANE-A  
Jovita Ezirim, MSN/ED, RN  
Debra Fabert, MSN, RN  
Nancy Feltner, FC-PMHNP, MSN, MN/Ed  
Ann Filipksi, MSN, PSY. D, PMHCNS-BC  
Melodie Fitts, RN, CPN  
Joyce Fjelland, PhD, RN, CNS  
Loraine Fleming, DNP, PMHNP-BC  
MaryEllen Fleming-Price, RN, BSN, MSN  
Darlene Flowers, PMHNP-BC  
Ruth Flucker, MS, RN, RNMH, PMHNP-BC, CNE  
Sandra Foltz, RN, BSN, MSN  
Elizabeth Gall, RN, BSN  
Amy Gamblin, MSN, RN-BC  
Vanessa Genung, PhD, RN, PMH-NC-BC, LCSW-ACP, LMFT, LCDC  
Noreen Giordano, DNP  
Suzanne Goetz, APRN  
Teresita Gonzales, MSN Ed, RN-BC  
Janice Goodman, PhD, PMHCNS-BC  
Audry Gorman, DNP, APRN, PMHNP-BC  
Nikki Graham, RN, MN, CEN  
Kelly Groth, BSN, RN  
Sandra Gunderson, MSN, BSN, RN  
Edna Hamera, PhD, ARNP  
Randy Hamrick, RN  
Sharon Hancharik, EdD, MS, MEd, RN-BC  
Ann Harms, EdD, RN-PMHCNS-BC  
Paula Harrison, RN, BSN, MSN  
Todd Hastings, PhD, MS RN, MS (Nutrition)  
Sally Helton, RN, MSN, CS, BC, SANE-A  
Sandra Herliczek, MSN, RN  
Diane Hickman, PhD, APRN, PMHCNS-BC  
Rebecca Hietsch, MS, RN-BC  
Jeanette Hokett, RN  
Stephen Holzemer, PhD, RN  
Jennifer Hosler, APRN
Evelyn Norton, APN, DNP, PMHNP-BC
Jill Nusbaum, RN, PhD, CS
Heather O’Brien, RN, CNS
Margaret O'Sullivan, RN, MSN
Deborah Oestreicher, APRN, PMHCNS-BC
Michael Olasoji, B Nurses, PGDip MHN, PhD(C)
Stacie Olson, MS, RN, PMHNP-BC
Susan Orton, MSNEd, RN-BC
Regina Owen, NP
Alisha Palmer, MSN, RN, NEA-BC
Brenda Patzel, PhD, APRN, PMHNP-BC
Diane Pavalonis, PMHCNS
Ann Peden, PMHCNS-BC, DSN
Darlene Pedersen, MSN, APRN, PMHCNS, BC
Kathleen Peniston, APRN
George Peraza-Smith, DNP, APRN, GNP-BC, NP-C, CNE
Rick Pessagno, DNP, APRN, FAANP
Christina Peters, BSN, RN
Bethany Phoenix, PhD, RN, CNS
Lourdes (Lori) Pineda, MSN, RN-BC, CCM
Mertie Potter, PMHNP-BC
Karen Pounds, PhD, APRN, BC
Leigh Powers, DNP, MSN, MS, APRN, PMHNP-BC
Nicole Price, RN, MSN, CNS/ANP
Tamra Rasberry, RN, MSN
Rita Ray-Mihm, DNP, RN, CNS
Deirdre Rea, BSN, RN, MSN
Beth Reiley, CRNP
Sara Repola, MSN, PMH-NP, BC
Jordan Reynolds
Judy Rice, DNP, MSN, FNP, CS
Bettina Riley, PhD, RN
Pamela Rillstone, PhD, ARNP, CS, CT
Lupe Rincon, RN
William Robertson, MSN, ANCC PMHN
Wanda Robinson, PhD, RN, CNE
Ora Robinson, PhD, RN, CNE
Kelly Rock, DNP, CRNP
Diana Rogers, RN, BSN, PHN, RN-BC, CARN
Nancy Rogers, RN, MS, CASAC
Marian Roman, PhD, PMHCNS-BC
Jeanette Rossetti, EdD, MS, RN
Ifediora Ruth, RN, BSN
Richard Rutz, NP, RN, MSN, PMHNP-BC
Jacqueline Saleeby, PhD, RN, BCCS
Mary Salerno, RN, MSN
Janice Sanders, RN, DNP
Monique Sawyer, DNP, RN, PMHNP-BC
Karen Schepp, PhD, APRN, BC
Rhonda Schwindt, DNP, RN, PMHCNS-BC
Dorothy Seals, PMHNP
Beverly Sedlacek, MSN, RN, CS
Laurie Seidel, BSN, MSN
Sylvia Simeone, MSN, PMHNP-BC, PMHCNS-BC
Kimberly Simpson, MSN RN
Emily Sims, MSN, RN-BC
Traci Sims, DNS, RN, CNS/PMH-BC
Robin Smith, RN, MSN, CPN
Jane Sobolov, MS, RN-BC
Naomi St. Cyr, RN
Janet Stagg, MS, RN, PMHCNS
Janet Standard, DNP, APRN
Ruth Staten, PhD, ARNP-CS
Jill Steinke, MS, RN
Carolyn Stewart, PMHNP-BC
John Sturtevant, RN, MSN
Lourdes Sumilang, BSN, RN, BC, MSNEd
M. Suresky, DNP, PMHCNS-BC
Peter Taulbee, APRN, FPMHNP-BC
Tina Taylor, MN, ARNP, PMHNP-BC
Terri Tebo, RN, MSN/Ed
Pamela Terreri, CNS, APRN, BC
Michael Thomas, APRN
Anita Thompson Heisterman, MSN, PNHCNS, BC, PMHNP, BC
Miriam Thornton, MSN, RN
Kristin Tiernan, RN, MSN, ARNP, CPNP, CDE
Mary Tulinnye, DNP
Darlene Underhill, BSN, RN
Doris Van Byssum, PsyD, MS
Judith Van Cleef, MS, RN-BC, CARN
David Vander Ark, MSN, RN
Mary VanderKolk, BS, BSN, MSN, MBA
Heather Vanderpool, RN
Dorothy Varchol, RN, BC, MA, MSN
Renee Vives, PMHNP-BC
Paula Vuckovich, RN, PhD, PMHCNS-BC
Mimi Waldman, PMHCNS-BC
Harry Walk, RN, BA
Matthew Walker, MSN, RN-BC
Carolyn Walker, MS, RN
Kathleen Walker, MS, PMHCNS-BC
Gaynell Walker-Burt, PhD, RN
Kimberly Walker-Daniels, MSN, PMHNP-BC, APNP
Rebecca Weaver, PMHNP
Gina Webb, RN
Daniel Wesemann, DNP, PMHNP-BC, ARNP
Kimberly White, MSN-NA, RN
Rebecca White, APRN, MSN, PMHNP
Diane Wieland, PhD, MSN, RN, PMHCNS-BC
Candice Wilson, RN
Wendy Wilson, MSN, MEd, PMHCNS-BC, APRN-BC
Grace Wlasowicz, PhD, RN, PMHNP-BC
Kimberly Wolf, PMHCNS-BC
Kathleen Wolff, PhD, APRN, CNS
Laurie Zack, MSN, APN, FNP-BC, LPC
Forensic Council

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

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

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

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?
The Forensic Council has worked with the other councils on violence prevention and workplace initiatives.

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

What do you hope to accomplish for the 2016 - 2017 year?
We hope the subcommittees will create a recruiting media and a toolkit on supporting families of incarcerated patients. We hope to form an alliance with IAFN. We want the member bridge to include more discussions about forensic topics. At the next conference, we plan to have a panel presentation on Trauma/Exposure Informed Care.
Forensic Council

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

Steering Committee
Helen Birkbeck, APRN
Judith Collins, RN, BSN, MA
Deborah Cook, RN, MS, PMHCNS-BC
Yvonne Cryns, JD, MSN, RN, PMHNP-BC, CPM
Maura Davis, APRN-BC, MS
Eben Howard, PhD, MBA, PMHNP-BC, FNP-BC, FACHE

Laurie Mandel, MSN, CNP, PMHNP
Leslie Miles, APRN, BC
Evelyn Perkins, PMH-BC, NE-BC
Melinda Rader, RN, MSN, PMHNP_BC
Deborah Schiavone, PhD, RN, PMHCNS-BC, CNE
Shiphrah Williams-Evans, PhD, PMHNP-BC

Advisory Panel
Diane Allen, MN, RN-BC, NEA-BC
Andrea Anderson, BSN, MSN, RN
Lisa Auditoire, RN, Associates
Aimee Bensimhon, RN, BSN
Shameka Bolton, MSN, PMHNP-BC
Laura Conley-Prince, MSN, APRN, RN-C
Mary Crosby, APRN-PC
Laura Dayton, RN
Helene Durham, MSN, RN
Loraine Fleming, DNP, PMHNP-BC
Darlene Flowers, PMHNP-BC
Joseph Giovannoni, DNP, PMHCNS-BC, APRN-RX
David Goen, CCHP, MSN, PMHNP-BC
Teresita Gonzales, MSN Ed., RN-BC
Dean Ivester, RN, PMHN
Christine Jackson, RNC
Sara Jones, PhD, APRN, PMHNP-BC
Sandra Kelley, NP, MSN, APRN
Kathleen Kregor, BSN, RN-BC
Brenda Kucirka, PhD, RN, PMHCNS-BC, CNE
Lauren Langley, MSN, PMHNP-BC
Darlene Larson, RN-BC
Melanie Lint, MSN, CNS, CARN-AP
Shelly Lurie-Akman, MS, APRN, PMH-BC
Donna Lynch, MSN, CSFN
Karen Madrid, RN
Angelina Manchester, MSN, BSN, RN
Carol Maute, RN, BSN, MSN, HN-BC

Sean Murphy, PMHNP-BC
Marlene Nadler-Moodie, MSN, APRN, PMHCNS-BC
Jennifer Nolan, RN, BC
Keith Plowden, PhD, RN
Maureen Rafa, BS, RNC
Deirdre Rea, BSN, RN, MSN
Mary Reed, PhD, APN, PMHCNS-BC
Carol Ross, PMHCNS
Michael Sansone
Karen Schepp, PhD, APRN, BC
Zuzana Segev
Virginia Singer, DNP
Kathy Smith, MSN, RN, CENP
Janet Somlyay, DNP, CPNP, PMHNP
Lourdes Sumilang, BSN, RN, BC, MSNEd
Eleanor Tomas, BSN, RN
Debbie Ultsch, RN, BSN
Darlene Underhill, BSN, RN
Doris Van Byssum, PsyD, MS
Amye Varnum, PMHN, RN, BC
Blake Vaughan, RN
Renee Vives, PMHNP-BC
Frankie Wallis, RN, MSN, FNP
Sheila Webster, PMHCNS-BC, CNS
Moira Wertheimer, Esq., RN, CPHRM
Kathleen Wolff, PhD, APRN, CNS
Cathi Zillmann, NPP
Recovery Council

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

What meeting(s) are being held during the 2016 conference?
Recovery Council Interactive Panel will present and conduct group discussion at 2016 APNA Annual Conference.

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

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?
APNA Recovery Council continued development is vital to our mission of "having recovery inspired trauma informed systems of care as best practice for every Psychiatric Mental Health nurse in all treatment settings where individuals experiencing mental health and substance abuse illnesses can heal and grow".

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

What do you hope to accomplish for the 2016 - 2017 year?
The Steering group hopes to publish the innovations and best practices that are shared in our interactive session at the 2016 conference. Additionally, we hope to expand our working membership on the Advisory Panel to broaden member involvement in APNA activities and completion of multiple Recovery based educational programs for elearning and presentations.
Recovery Council

Chair: Kristen Lambert, PhD, MSN, RN
Associate Chair: Gail Stern, MSN, PMHCNS-BC

Steering Committee
Susan Brammer, PhD, RN
Genevieve Chandler, PhD, RN
Dawn Cogliser, MSN, RN-BC
Kathleen Lehmann, EdD(c), RN-BC,
PMHN, EdS, MEd, BSN, BA
Kathleen McCoy, DNSc, APRN-BC,
PMHNP-BC, PMHCNS-BC, FNP-BC, FAAN
Constance Noll, MA, BSN, RN-BC
Barbara Warren, PhD, RN, PMHCNS-BCm,
FNAP, FAAN

Advisory Panel
Lynda Artusio, PMHNP, PMHCNS
Carolyn Baird, DNP, MBA, RN-BC, CARN-AP,
CCDPD, FIAAN
Kerry Bastian, RN, BSN
Aimee Bensimhon, RN, BSN
Mary-Margaret Bradley, RN, MSN, APRN
Lisa Casler, PMHNP-BC, NPP
Jeanne Clement, EdD, APRN, PMHCNS-BC, FAAN
Kayla Cross, RN-C, MA, BSN
John Cutcliffe, PhD, RMN, RN, BSC
Laura Dayton, RN
Nancy Dillon, PhD, RN, CNS
Mary Ellen Donovan, MA, RN, CRSS
Sandra Dukes, CNS
Helene Durham, MSN, RN
Susan Ellenbecker
Brianne Fitzgerald, NP, MPH
Virginia Fox, BSN, MSN, PMHCNS-BC
Teresita Gonzales, MSN Ed., RN-BC
Elaine Gregg, PMHCNS, BC
Sharon Haight-Carter, PMHNP-BC
Melanie Ham, MA, MSN, RN, CSAC, PMHCNS
Edna Hamera, PhD, ARNP
Martha Hernandez, DNP, APRN,
PMHCNS/NP-BC
Diane Hickman, PhD, APRN, PMHCNS-BC
Deidra Johnson, RN, BSN
Helen Jones, PhD, RN, APN-C
Ruth Jordan, RN, MS, MBA, PMHCNS-C
Cathleen Kealey, BSN, RN-BC
Terrie Kirkpatrick, RN, BSN, MS
Johanna Kolodziej, MSN, RN
Kathleen Kregor, BSN, RN-BC

Marion Kyner, MSN, PMHCNS-BC
Sandra Lavelle, RN
James Leahy, RN, BC
Katherine McDermott, MSN, RN, CNL
Kathleen Moraghan Olson, CNS
Kim Moreno, PhD, RN
Ann Murphy Harris, MSN, PMHNP-C
Lisa Naugle, MSN RN, BC
Eris Perese, APRN-PMH
Susan Phillips, DNP, PMHCNS-BC
Eula Pines, PhD, DNP, PMHCNS, BC
R. John Repique, DNP, RN, NEA-BC
Carol Rogers, PhD, APN
Marian Roman, PhD, PMHCNS-BC
Amy Rushton, MSN, RN, PMHCNS-BC
Ifeidiora Ruth, RN, BSN
Michael Sansone
Angela Seckman, RN, MSN, CNL
Margaret Sherlock, MA, PMHCNS-BC
Janet Stagg, MS, RN, PMHCNS
Ryan Stevens, RN
Nancy Stewart, MSN RN-BC
Vivian Streeter, RN
Joan Strenio, MSN, PMHCNS-BC
Lourdes Sumilang, BSN, RN, BC, MSNEd
Jamie Surfus-Lewiston, RN, MSN, NEA-BC
Nancy Testerman, MS
Darlene Underhill, BSN, RN
Heather Vanderpool, RN
Lisa von Braun, RN, MSN PMH-NP
Kathleen Webster, RN, MSN, PMHNP, CNSMH
Candice Wilson, RN
Research Council

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

What meeting(s) are being held during the 2016 conference?
Research Council Interactive Panel

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

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?
Our council has made progress toward being a unified voice of psychiatric mental health nursing by paying close attention to the research needs of our membership including relevant practice oriented topics and innovative science.

How has your group worked to achieve these goals?
Our group has worked to achieve Goal A by providing a forum for member networking through council meetings, encouraging use of member bridge, and providing hands-on professional development opportunities through the Interactive Panel. Regarding Goal B, APNA was represented at the NIH Nursing Research Round-table by one of the Research Council co-chairs where relevant topics to psychiatric mental health nursing care were discussed. Regarding Goals C and D, we have worked closely with the Board of Directors to respond to their request for a briefing on predatory publishing and its implications for professional conference presentations and JAPNA publications. We have further worked to achieve these goals through publishing a
What do you hope to accomplish for the 2016 - 2017 year?

Relevant to APNA's five year goals, in the 2016 - 2017 year, we hope to accomplish:

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

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Cynthia Zolnierek, PhD, MSN, RN
Institute for Mental Health Advocacy

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

What meeting(s) are being held during the 2016 conference?
May, June and August

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

APNA's core purpose is to be the unified voice of psychiatric-mental health nursing. How has your council/institute made progress toward this in the last year?
Given membership feedback on issues for psychiatric nurses. Held meetings for discussion on these issues. Collected feedback from members on the Affordable Care Act. Provided feedback to APNA on APRN/CNS practice changes at the VA.

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

What do you hope to accomplish for the 2016 - 2017 year?
Increase participation of volunteer members. Educate membership on legislative issues. Educate members on how to advocate for the consumer, family and psychiatric nurses. Complete a white paper on the Affordable Care Act for submission to the Board and for publication in our journal.
Institute for Mental Health Advocacy

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Donna Burge, PhD, RN, CNS-BC
Diane Burgermeister, PhD, PMH-BC
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Lisa Clement-Defalco, PMHNP-BC
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Maureen Craigmile, RN-BC, MSN
Diane Crawford, MSN, PMHNP
Patricia Cubilette, PMHNP-BC
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Theresa Damien, PMHNP-BC, RN
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Sharon Davis, FPMHNP-BC
Peggy Daw
Laura Dayton, RN
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Sandra Dukes, CNS
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Audrey Hiller, APRN
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Nancy Hodges, RN, MSN, MS Psych
Michaela Hogan, BSN
Mary Horn, RN, APRN, FNP-BC
Jennifer Hosler

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Lori Keough, PhD, RN, FNP, BC
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Sun Kim, PhD, APRN-BC
Amy Kirsch, MSN, RN
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Dale Knоде, RN, BS, Hsad
Lois Konzelman, RN, MSN
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Esperanza Zamora, RN
Judith Anne Zdziera, MSHA, RN, C
Rose Marie Zmyslinski, MSN, APRN,
PMHCNS, PMHNP
Institute for Safe Environments

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

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

Interactive Panel Discussion

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

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

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

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

How has your group worked to achieve these goals?

Members of APNA's ISE have published scholarly articles and letters to the editor on issues of safety. Steering Committee and Advisory panel members collaborated on a member survey related to the role of psychiatric nurses in emergency departments, and those results were published in a JAPNA column. ISE Steering Committee members contributed to a position paper and toolbox of resources on Violence Prevention. APNA was recognized as the expert voice for
psychiatric nursing by the American Nurses Association, and as a result, ISE chairperson Diane Allen had the opportunity to conduct a mental health month webinar on safety and engagement.

What do you hope to accomplish for the 2016 - 2017 year?
Identify two key elements of safe environments to explore in the coming year and develop objectives for that exploration.
Institute for Safe Environments

Chair: Diane Allen, MN, RN-BC, NEA-BC
Associate Chair: Michael Polacek, MSN, RN-BC

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Michael Waggoner, MSN, RN
Naomi Walker, RN
Barbara Warren, PhD, RN, PMHCNS-BCm, FNAP, FAAN
Babette Wieland, MSN, BSN
**Chapter Activity Report**

Submitted by: Tandi-Jo Lantrip  
June 2016

**Active Chapters** – 34 chapters covering 39 states

**States without chapters**

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

**Interested in Revitalization**

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

1. Georgia  
2. Maryland  
3. West Virginia

**Chapter Enhancements**

- All active chapters have signed the Chapter Affiliation Agreement.
- There’s a total of 23 Chapters using an APNA Account to manage finances including the most recent:
  1. Iowa  
  2. Minnesota  
  3. North Carolina  
  4. Virginia
### APNA Representatives to Outside Organizations
**October 2015 - August 2016**

<table>
<thead>
<tr>
<th>Event</th>
<th>APNA Representative</th>
<th>Date</th>
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<tbody>
<tr>
<td>Institute of Medicine</td>
<td>Linda Beeber</td>
<td>October 2015</td>
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<tr>
<td>The Carter Center</td>
<td>Mary Ann Nihart</td>
<td>October 2015</td>
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<tr>
<td>Licensure, Accreditation, Certification, and Education</td>
<td>Sattaria S. Dilks</td>
<td>October 2015</td>
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<td>Nursing Alliance Leadership Academy Conference</td>
<td>Kris A. McLoughlin</td>
<td>November 2015</td>
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<td>Nursing Organizations Alliance Fall Summit</td>
<td>Mary Ann Nihart</td>
<td>November 2015</td>
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<tr>
<td>New York State Office of Mental Health Chief Nurse Conference</td>
<td>Mary Ann Nihart</td>
<td>November 2015</td>
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<td>Mental Health Policy Forum</td>
<td>Mary Ann Nihart</td>
<td>November 2015</td>
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<tr>
<td>American Society of Association Executives CEO Symposium</td>
<td>Kris A. McLoughlin</td>
<td>December 2015</td>
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<tr>
<td>Organizational Affiliate Meeting</td>
<td>Marlene Nadler-Moodie</td>
<td>December 2015</td>
</tr>
<tr>
<td>American Society of Association Executives CEO Symposium</td>
<td>Mary Ann Nihart</td>
<td>December 2015</td>
</tr>
<tr>
<td>Global Advisory Panel on the Future of Nursing</td>
<td>Mary Ann Nihart</td>
<td>December 2015</td>
</tr>
<tr>
<td>Licensure, Accreditation, Certification, and Education</td>
<td>Patricia Cunningham</td>
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</tr>
<tr>
<td>American Nurses Association Meeting</td>
<td>Tara Dilks</td>
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</tr>
<tr>
<td>American Society of Association Executives CEO Symposium</td>
<td>Kris A. McLoughlin</td>
<td>March 2016</td>
</tr>
<tr>
<td>National Council for Behavioral Health</td>
<td>Mary Ann Nihart</td>
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</tr>
<tr>
<td>Event</td>
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<td>Date</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------------------</td>
<td>------------</td>
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<tr>
<td>International Society of Psychiatric-Mental Health Nursing</td>
<td>Mary Ann Nihart</td>
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</tr>
<tr>
<td>Emergency Nurses Association</td>
<td>Danny Willis</td>
<td>April 2016</td>
</tr>
<tr>
<td>American Nurses Association Organizational Affiliates Meeting</td>
<td>Marlene Nadler-Moodie</td>
<td>April 2016</td>
</tr>
<tr>
<td>National Student Nurses Association</td>
<td>Emily Bell</td>
<td>May 2016</td>
</tr>
<tr>
<td>SAGE Publishing</td>
<td>Geraldine Pearson</td>
<td>May 2016</td>
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<tr>
<td>American Society of Association Executives CEO Symposium</td>
<td>Kris A. McLoughlin</td>
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<tr>
<td>Global Meeting on the Future of Nursing/Sigma Theta Tau</td>
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</tr>
<tr>
<td>The American Academy of Nurse Practitioners Certification Program</td>
<td>Susie Adams</td>
<td>June 2016</td>
</tr>
<tr>
<td>American Association of Colleges of Nursing, APRN Clinical Work</td>
<td>Susie Adams</td>
<td>June 2016</td>
</tr>
<tr>
<td>Nursing Alliance Leadership Academy</td>
<td>Donna Rollin</td>
<td>August 2016</td>
</tr>
<tr>
<td>Nursing Alliance Leadership Academy</td>
<td>Linda Beeber</td>
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<tr>
<td>American Nurses Association Assembly</td>
<td>Marlene Nadler-Moodie</td>
<td>August 2016</td>
</tr>
<tr>
<td>American Association of Nurse Practitioners</td>
<td>Susie Adams</td>
<td>August 2016</td>
</tr>
</tbody>
</table>
APNA eLearning Center Report  
October 2016

APNA eLearning Center Current Online Sessions  
June 1 – September 12, 2016  (*Comparisons to previous period: February – May 2016*)

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

APNA eLearning Center Order Activity

- **Total orders since launch (March 15, 2011 – September 12, 2016):** 66,317 – 6.6% increase since May 31, 2016 (62,218).
- **Current Period:** Total orders June 1, 2016 – September 12, 2016: 4,590 – 19.43% increase over June 1, 2015 – September 12, 2015 (3,843).
- **2016:** Total orders January 1 – September 12, 2016: 12,908 – 18.5% increase versus January – May 31, 2015 (10,559).
Order Activity by Month
(February 1, 2016 – May 31, 2016) – Comparisons to the past 2 years

Orders Completed

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>June</td>
<td>1,194</td>
<td>1,328</td>
<td>-10.1%</td>
<td>1,055</td>
<td>+13.2%</td>
</tr>
<tr>
<td>July</td>
<td>1,296</td>
<td>1,288</td>
<td>+0.62%</td>
<td>920</td>
<td>+40.9%</td>
</tr>
<tr>
<td>August</td>
<td>1,356</td>
<td>1,203</td>
<td>+12.7%</td>
<td>1,314</td>
<td>+3.2%</td>
</tr>
<tr>
<td>September 1-12</td>
<td>744</td>
<td>469</td>
<td>+58.6%</td>
<td>499</td>
<td>+49.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4,590</td>
<td>4,288</td>
<td>+7.04%</td>
<td>3,788</td>
<td>+21.2%</td>
</tr>
</tbody>
</table>

Order Activity: Top Ten Sessions
Current Year: January 1 – May 31, 2016

1. **1467 Orders:** Issue 2: Biological Interventions for Bipolar Spectrum Disorders Across the Lifespan
   - eBook Format
   - 2.5 contact hours
   - Free to members and non-members

2. **1276 Orders:** Issue 1: Bipolar Spectrum Disorders: Assessment, Diagnosis, and Epidemiology Using a Recovery Paradigm
   - eBook Format
   - 1.5 contact hours
   - Free to members and non-members

3. **991 Orders:** Issue 3: Bipolar Spectrum Disorders: Counseling, Psychoeducation, and Psychotherapy: Evidence-Based Components in the Therapeutic Relationship
   - eBook Format
   - 1.25 contact hours
   - Free to members and non-members

4. **409 Orders:** 3055-15: Addictions and Tobacco Dependence Council Interactive Panel: Addressing Stigma & Treatment
5. **379 Orders:** Keeping the Unit Safe
   - Podcast Format
   - 1.5 contact hours

6. **346 Orders:** Competency Based Training for Conducting the One Hour Face-to-Face Assessment for Patients in Restraints or Seclusion
   - Webinar Format
   - 1.5 contact hours
   - Free to members and non-members

7. **341 Orders:** Managing Bipolar Type I Depression: Maximizing Benefits, Minimizing Risks
   - Podcast Format
   - 1.25 contact hours
   - Free to members and non-members

8. **302 Orders:** Seclusion and Restraint: Keys to Assessing and Mitigating Risks
   - Podcast Format
     - Webinar Format
     - 1.0 contact hours
     - Free to members and $18 for non-members

9. **295 Orders:** 1046: The Phenomenon of Suicide: Competency Number One for the Psychiatric Mental Health Nurse Generalist
    - Webinar Format
    - 1.25 contact hours
    - Free for members and $28 for non-members.

10. **265 Orders:** 3055: Trauma and Healing: Findings and Insights from Three Nurse Scientists
    - Webinar Format
    - 1.0 contact hours
    - Free to members and non-members
**Sessions Offered for Free since January 1, 2016**
(aside from free CE via use of bonus points)
Listed on www.apna.org/FreeCE

<table>
<thead>
<tr>
<th>Reason / Dates</th>
<th>Title</th>
<th>Contact hours</th>
<th>Members and/or Nonmembers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Currently Free</strong></td>
<td>Issue 1: Bipolar Spectrum Disorders: Assessment, Diagnosis, and Epidemiology Using a Recovery Paradigm</td>
<td>1.5</td>
<td>Members / Nonmembers</td>
</tr>
<tr>
<td><strong>Currently Free</strong></td>
<td>Issue 2: Biological Interventions for Bipolar Spectrum Disorders Across the Lifespan</td>
<td>2.5</td>
<td>Members / Nonmembers</td>
</tr>
<tr>
<td><strong>Currently Free</strong></td>
<td>Issue 3: Bipolar Spectrum Disorders: Counseling, Psychoeducation, and Psychotherapy: Evidence-Based Components in the Therapeutic Relationship</td>
<td>1.25</td>
<td>Members / Nonmembers</td>
</tr>
<tr>
<td><strong>Currently Free for Members</strong></td>
<td>1046: The Phenomenon of Suicide: Competency Number One for the Psychiatric Mental Health Nurse Generalist</td>
<td>1.75</td>
<td>Members / Nonmembers (September only)</td>
</tr>
<tr>
<td><strong>Currently Free</strong></td>
<td>PANDAS, PANs: Autism Spectrum Update</td>
<td>1.5 Rx</td>
<td>Members / Nonmembers</td>
</tr>
<tr>
<td><strong>Currently Free</strong></td>
<td>Managing Bipolar Type I Depression: Maximizing Benefits, Minimizing Risks</td>
<td>1.25</td>
<td>Members / Nonmembers</td>
</tr>
<tr>
<td><strong>Currently free</strong></td>
<td>Far from the Tree: Parents, Children and the Search for Identity</td>
<td>.75</td>
<td>Members / Nonmembers</td>
</tr>
<tr>
<td><strong>Currently free</strong></td>
<td>1007: Policy Changes in Substance Use Disorders and Access to Treatment Impacting Prescribers</td>
<td>1.5</td>
<td>Members / Nonmembers</td>
</tr>
<tr>
<td><strong>CPT Codes Currently Free</strong></td>
<td>Implementing E&amp;M Codes into Daily Practice</td>
<td>1.5</td>
<td>Members / Nonmembers</td>
</tr>
<tr>
<td><strong>CPT Codes Currently Free</strong></td>
<td>2013 Psychiatric Service Codes: The Journey Through RUC &amp; CPT</td>
<td>0.75</td>
<td>Members / Nonmembers</td>
</tr>
<tr>
<td><strong>CPT Codes Currently Free</strong></td>
<td>2013 Psychiatric CPT Code Update</td>
<td>0.75</td>
<td>Members / Nonmembers</td>
</tr>
<tr>
<td><strong>APNA Interactive Panel Currently Free</strong></td>
<td>Change the World Through PMH Nursing Research!</td>
<td>1.0</td>
<td>Members / Nonmembers</td>
</tr>
<tr>
<td><strong>APNA Interactive Panel Currently Free</strong></td>
<td>Creating a &quot;Culture&quot; of Recovery: Connecting Cultural Contexts and Recovery for Psychiatric Mental Health Nurses</td>
<td>.75</td>
<td>Members / Nonmembers</td>
</tr>
<tr>
<td>Event Description</td>
<td>Description</td>
<td>Fee</td>
<td>Members / Nonmembers</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>APNA Interactive Panel</td>
<td>Tobacco Dependence Council Interactive Panel: Virtual Nursing Academy of APNA Champions for Smoking Cessation</td>
<td>1.25</td>
<td>Members / Nonmembers</td>
</tr>
<tr>
<td>APNA Interactive Panel</td>
<td>Trauma and Healing: Findings and Insights from Three Nurse Scientists</td>
<td>1.25</td>
<td>Members / Nonmembers</td>
</tr>
<tr>
<td>Valentine Special</td>
<td>3055-15: Addictions and Tobacco Dependence Council Interactive Panel: Addressing Stigma &amp; Treatment</td>
<td>0.75</td>
<td>Members / Nonmembers</td>
</tr>
<tr>
<td>Valentine Special</td>
<td>3047-15: The Making of a Therapist: How Are We Teaching Psychotherapy in Graduate Psychiatric Nursing Curriculums?</td>
<td>0.75</td>
<td>Members / Nonmembers</td>
</tr>
<tr>
<td>Now expired (3/2016)</td>
<td>How to Decide on a PhD or DNP</td>
<td>.5</td>
<td>Members / Nonmembers</td>
</tr>
<tr>
<td>APNA Interactive Panel</td>
<td>APRN Council</td>
<td>.75</td>
<td>Members / Nonmembers</td>
</tr>
<tr>
<td>APNA Interactive Panel</td>
<td>The 6th Annual Institute for Mental Health Advocacy Interactive Panel</td>
<td>1.25</td>
<td>Members / Nonmembers</td>
</tr>
<tr>
<td>Nurse’s Week Free CE</td>
<td>Keeping the Unit Safe</td>
<td>1.25</td>
<td>Members</td>
</tr>
<tr>
<td>Celebrate Spring Free CE</td>
<td>How a Military Treatment Facility Progressed from Setting the Initial Goal to Sustaining a Culture of Restraint-Free Patient Care: A Collaborative Effort to Educate Military Healthcare Professionals in Restraint-Free Management</td>
<td>0.75</td>
<td>Members</td>
</tr>
<tr>
<td>Opioids Currently Free</td>
<td>Effective Treatments for Opioid Use Disorder: Educating &amp; Empowering All Registered Nurses (RN) During an Epidemic</td>
<td>1.25</td>
<td>Members / Nonmembers</td>
</tr>
<tr>
<td>Opioids Currently Free</td>
<td>Effective Treatments for Opioid Use Disorder: Educating &amp; Empowering Psychiatric Mental-Health Nurses (PMH-RN) During an Epidemic</td>
<td>1.25</td>
<td>Members / Nonmembers</td>
</tr>
<tr>
<td>Opioids Currently Free</td>
<td>Effective Treatments for Opioid Use Disorder: Educating &amp; Empowering Advanced Practice Registered Nurses (APRN) During an Epidemic</td>
<td>3.52 Rx</td>
<td>Members / Nonmembers</td>
</tr>
</tbody>
</table>
Bonus Points in the APNA eLearning Center

General: Types of Bonus Points Assigned

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

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

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

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

APNA eLearning Center Site Analytics

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

Visits: 20,119 – up 18.49%
  - Highest on 8/2/16 (919) – email sent on 8/2 to all contacts announcing session recordings from CPI 2016
  - 2nd highest on 9/8/16 (611) – email sent on 9/7 announcing 2 free continuing education sessions for National Recovery Month and National Suicide Prevention Week

Unique Visitors: 11,566 – up 20.03%

Average Visit Duration: 5 min, 30 sec – down 14.59%
Number of First-time Visitors: **10,438** – up **22.14%**
Percentage of New Visits: **51.88%** – up **1.55%**

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

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

Page Views: **105,726** – up **6.96%**
- Highest on 8/2/16 (2,959) – email sent on 8/2 to all contacts announcing session recordings from CPI 2016
- 2nd highest on 9/8/16 (2,806) – email sent on 9/7 announcing 2 free continuing education sessions for National Recovery Month and National Suicide Prevention Week

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

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

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

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

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

- 06/21/16 Psychiatric-Mental Health Nurses Recognized with 2016 American Psychiatric Nurses Association Annual Awards
  - 148,655 Impressions
  - 2,685 Reads
  - 200 Pickups, including Boston Globe, Miami Herald, Star Tribune
  - Total Release Interactions: 15
    - PDF: 7 (47%)
    - Print: 8 (53%)
  - Clicks on links in release: 5

- 07/14/16 Psychiatric-Mental Health Nurses Central to Violence Prevention in Communities Says American Psychiatric Nurses Association
  - 123,214 Impressions
  - 2,002 Reads
  - 197 Pickups, including The News & Observer, Star Tribune, The Daily Breeze
  - Total Release Interactions: 18
    - PDF: 12 (67%)
    - Print: 5 (28%)
    - Email Contact: 1 (6%)
  - Clicks on links in release: 4

- 07/20/16 American Psychiatric Nurses Association Introduces New Education to Combat Opioid Epidemic
  - 134,583 Impressions
  - 1,663 Reads
  - 196 Pickups, including The News & Observer, Star Tribune, The Sun News
  - Total Release Interactions: 19
    - PDF: 12 (63%)
    - Print: 6 (32%)
    - Email Contact: 1 (5%)
  - Clicks on links in release: 14

- 08/17/16 American Psychiatric Nurses Association Announces Election of New Leadership to Board of Directors, 2017 Nominating Committee
- 144,976 Impressions
- 2,154 Reads
- 194 Pickups, including The News & Observer, Star Tribune, The Sun News
- Total Release Interactions: 102
  - PDF: 15 (15%)
  - Print: 87 (85%)
- Clicks on links in release: 9

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

2. ONLINE COMMUNICATIONS

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

**Emails**

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

**Overall Emails (i4a and Constant Contact)**

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

**i4a Emails**

- Overall Opened: 36.0%
- Overall Link Clicked: 12.6%
- Overall Unsubscribed: 0.09%

**Top 5 most clicked emails:**

- “Opioid Use Disorders - Free CE to Empower Your Practice”: Open rate of 63.46%; Click rate of 19.47%
- “I got mine! Did you get yours?”: Open rate of 26.45%; click rate of 43.48%
- “Psychopharmacology CE - New & Online”: Open rate of 45.65%; click rate of 17.3%
- “Check out the new PMH-APRN Scope of Practice Interactive Map!”: Open rate of 77.24%; click rate of 25.37%
- “Free CE for Suicide Prevention Week & Recovery Month”: Open rate of 39.89%; click rate of 13.12%
**Constant Contact Emails**
- These emails include APNA announcements regarding JAPNA, Council and Chapter Communication, and more.

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

- 0.3% unsubscribe rate

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Opened</th>
<th>Clicked</th>
<th>Bounces</th>
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<tbody>
<tr>
<td>Overall</td>
<td>26.1%</td>
<td>15.6%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Last 3 months</td>
<td>20.4%</td>
<td>10.0%</td>
<td>4.0%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bounces</td>
<td>3.93%</td>
<td>3.35%</td>
</tr>
<tr>
<td>Opt-outs</td>
<td>0.10%</td>
<td>0.11%</td>
</tr>
<tr>
<td>Opens</td>
<td>20.84%</td>
<td>23.84%</td>
</tr>
<tr>
<td>Clicks</td>
<td>13.89%</td>
<td>12.71%</td>
</tr>
</tbody>
</table>

**3. APNA NEWS – ONLINE NEWSLETTER**

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

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

**4. SOCIAL MEDIA**

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

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

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

<table>
<thead>
<tr>
<th>Published</th>
<th>Post</th>
<th>Type</th>
<th>Targeting</th>
<th>Reach</th>
<th>Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/09/2016 1:36 pm</td>
<td>Nursing assessments and interventions make a difference in you</td>
<td><img src="image1.png" alt="Image" /></td>
<td><img src="image2.png" alt="Image" /></td>
<td>7K</td>
<td>405 <img src="image3.png" alt="Image" /> 222 <img src="image4.png" alt="Image" /></td>
</tr>
<tr>
<td>07/16/2016 10:00 am</td>
<td>We are not helpless in the wake of violence. A new position paper</td>
<td><img src="image5.png" alt="Image" /></td>
<td><img src="image6.png" alt="Image" /></td>
<td>4.8K</td>
<td>200 <img src="image7.png" alt="Image" /> 195 <img src="image8.png" alt="Image" /></td>
</tr>
<tr>
<td>07/06/2016 10:21 am</td>
<td>An annual gathering of 1,600+ psychiatric-mental health nurses</td>
<td><img src="image9.png" alt="Image" /></td>
<td><img src="image10.png" alt="Image" /></td>
<td>4.6K</td>
<td>350 <img src="image11.png" alt="Image" /> 168 <img src="image12.png" alt="Image" /></td>
</tr>
<tr>
<td>08/30/2016 4:13 pm</td>
<td>Comprehensive orientation practices can help new nurses feel</td>
<td><img src="image13.png" alt="Image" /></td>
<td><img src="image14.png" alt="Image" /></td>
<td>4.4K</td>
<td>171 <img src="image15.png" alt="Image" /> 135 <img src="image16.png" alt="Image" /></td>
</tr>
<tr>
<td>08/02/2016 12:53 pm</td>
<td>Make Hildegard Peplau proud: Learn more about re-emphasizing</td>
<td><img src="image17.png" alt="Image" /></td>
<td><img src="image18.png" alt="Image" /></td>
<td>4.2K</td>
<td>214 <img src="image19.png" alt="Image" /> 175 <img src="image20.png" alt="Image" /></td>
</tr>
</tbody>
</table>

Post Reach

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

Advertising

3 Facebook ads were deployed during this time period:

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

TWITTER

- **3,169 Followers**
Top 5 Tweets:

<table>
<thead>
<tr>
<th>Tweet text</th>
<th>impressions</th>
<th>engagement</th>
<th>retweets</th>
<th>likes</th>
<th>clicks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calling ALL #nurses: Help fight the #opioidepidemic with new #free #continuinged: buff.ly/29PfkZt pic.twitter.com/oIBCRtePD</td>
<td>2029</td>
<td>0.9%</td>
<td>4</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>We can rise above #violence. Learn more about ways #psychnursing can help prevent violence: <a href="http://buff.ly/29UiEX3">http://buff.ly/29UiEX3</a> pic.twitter.com/Wy20hgMegz</td>
<td>1532</td>
<td>1.2%</td>
<td>7</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>#tbt: This week in 1946, the National Mental Health Act was signed, laying the groundwork for @NIMHgov.</td>
<td>1260</td>
<td>0.2%</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Engaging patients in care is critical to #recovery. Browse recovery sessions at #PMHNCon: bit.ly/2a41xkt pic.twitter.com/N6AU5J7vwt</td>
<td>1142</td>
<td>0.9%</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Make Peplau proud: Learn more about emphasizing #psychotherapy, starting w/graduate nursing #education at #PMHNCon: bit.ly/2arJ5Qi</td>
<td>1140</td>
<td>1.8%</td>
<td>5</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>

YOUTUBE

- 87 videos
- 5,486 views
American Psychiatric Nurses Association

Created: Nov 8, 2011 - Videos: 07

May 26, 2016 – Sep 8, 2016

Watch time
Minutes
5,486 ▼

Average view duration
Minutes
4:57 ▼

Views

Your estimated revenue *
$0.00

Like
2 ▼

Dislikes
0 ▲

Comments
0 ▲

Shares
23 ▲

Videos in playlists
11 ▲

Subscribers
8 ▲
On March 17, 2016, the APNA official Instagram account was created. Instagram is being piloted to see how it fits into our overall social media strategy.

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

**Top 5 Instagram Posts**

<table>
<thead>
<tr>
<th>Instagram text</th>
<th>Impressions (times post was seen)</th>
<th>Reach (unique accounts that saw post)</th>
<th>Engagement (comments &amp; likes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>#firstresponders, including #firefighters, #paramedics, and #EMTs, have a higher frequency of exposure to traumatic events. Learn how to support their #mentalhealth needs at #PMHNCon: <a href="http://bit.ly/2bPM9Zz">http://bit.ly/2bPM9Zz</a></td>
<td>408</td>
<td>222</td>
<td>35</td>
</tr>
<tr>
<td>Positive #practice can help both #nursing #students and their patients build #resilience and #selfcare skills. Learn more at #PMHNCon: <a href="http://bit.ly/2alWHwz">http://bit.ly/2alWHwz</a></td>
<td>386</td>
<td>217</td>
<td>21</td>
</tr>
<tr>
<td>Make Hildegard Peplau proud: Learn more about re-emphasizing #psychotherapy in practice, starting with graduate #nursing #education curricula, at #PMHNCon: <a href="http://bit.ly/2aK9WeG">http://bit.ly/2aK9WeG</a></td>
<td>372</td>
<td>212</td>
<td>32</td>
</tr>
</tbody>
</table>
Comprehensive orientation practices can help newnurses feel more confident in their practice. Learn how you can initiate change at #PMHNCon: http://bit.ly/2bYa3Uh

<table>
<thead>
<tr>
<th></th>
<th>352</th>
<th>209</th>
<th>18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every nurse can help to #turnthetide of the opioid epidemic. Share this free continuing education to empower ALL nurses: <a href="http://bit.ly/2ak9p1T">http://bit.ly/2ak9p1T</a></td>
<td>345</td>
<td>197</td>
<td>24</td>
</tr>
</tbody>
</table>

5. PRINT COMMUNICATIONS

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

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

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

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits</td>
<td>148,296 up 21.16%</td>
<td></td>
</tr>
<tr>
<td>Visits per Day</td>
<td>1,361</td>
<td></td>
</tr>
</tbody>
</table>

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

Visits by Location:

1. United States – up 19.60%
2. India – up 19.12%
3. Australia – up 51.86%
4. United Kingdom – up 38.63%
5. Canada – down 3.99%
6. Philippines – up 44.12%
7. Russia – up 3,046.15%
8. Pakistan – up 55.81%
9. Malaysia – up 54.98%
10. South Africa – up 76.43%

**Page views / Top Content**

**Page views: 477,694 (up 12.61%)**
- Most page views on September 7 at 8,639 page views → Early Bird Registration deadline for Annual Conference
- Average time on page: 1:20 – down 11.71%

*Top Content February May 25, 2016 to September 11, 2016:*
1. APNA Homepage – down 11.01%
2. Member Login – up 223.05%
3. About Psych Nurses – down 1.98%
4. Annual Conference – down 8.55%
5. **Continuing Education** – up 25.51%
6. Password Reset – up 15.86%
7. Graduate Programs – down 2.43%
8. **Free Continuing Education** – up 10.52%
9. Membership – up 17.62%
10. Student Verification Letter Example – up 530,400%

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

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

Custom URLs

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

Top 5 Custom URL Campaigns
1. 2016 Annual Conference: 3,020 clicks (77.63%)
2. 2016 CPI: 799 (12.01%)
3. 2015 Suicide Competencies Homepage and Member Bridge Ads: 381 (5.73%)
4. Opioid Use Continuing Education: 358 (5.38%)
5. Members Corner Featured Articles: 330 (4.96%)
MEMBER BRIDGE

<table>
<thead>
<tr>
<th>Current Stats - Since Inception</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed to Terms</td>
</tr>
<tr>
<td>Communities</td>
</tr>
<tr>
<td>Community Members</td>
</tr>
<tr>
<td>Connections Made</td>
</tr>
<tr>
<td>Content Contributions</td>
</tr>
<tr>
<td>Engagement Score</td>
</tr>
<tr>
<td>People with &gt; 2 Friends</td>
</tr>
<tr>
<td>Profiles Created</td>
</tr>
<tr>
<td>Profiles with Pictures</td>
</tr>
<tr>
<td>Total Logins</td>
</tr>
<tr>
<td>Unique Logins</td>
</tr>
</tbody>
</table>

**From May 25, 2016 to September 11, 2016:**

*Visits: 37,379 – up 99.06%*

*Visits per Day: 343*
  - Highest on Friday, June 10 at **719 visits**
  - *Unique Visitors:* 15,756 – up 82.91%
  - New Users: 34.05% of visitors – up 104.19%
  - Returning Visitors: 65.95% of visitors – up 96.51%
  - Average Time on Website: 2:57 – up 6.50%

*Page views: 415,312*
  - Average pages Viewed Per Session: 11.11
  - Most page views on June 7th at 7,657 page views
  - Average time on page: 0:17 – down 77.91%

**Community Discussions:**

<table>
<thead>
<tr>
<th>All Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscribed</td>
</tr>
<tr>
<td>5010</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>All Purpose Discussion Forum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscribed</td>
</tr>
<tr>
<td>Subscribed</td>
</tr>
</tbody>
</table>
Contributor with the most public messages: Brooke Finley

Title of message with the most recommends: RE: DNP mental health

Title of message with the most replies: Suggestions for a patient with severe anxiety?

Logins:

<table>
<thead>
<tr>
<th>Total Logins During Date Range</th>
<th>Unique Contacts During Date Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>27,509</td>
<td>5,082</td>
</tr>
</tbody>
</table>

Resource Libraries:


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


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

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

Mentor Match:
- 174 Mentors Enrolled
- 321 Mentees Enrolled
- 1 Mentorship

Search Terms:

<table>
<thead>
<tr>
<th>Top 10 Search Terms</th>
<th>Use Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>psychiatric ed</td>
<td>122</td>
</tr>
<tr>
<td>safety</td>
<td>57</td>
</tr>
<tr>
<td>aprn practice</td>
<td>45</td>
</tr>
<tr>
<td>contraband</td>
<td>39</td>
</tr>
<tr>
<td>rn practice</td>
<td>38</td>
</tr>
<tr>
<td>charting</td>
<td>35</td>
</tr>
<tr>
<td>prescribing</td>
<td>35</td>
</tr>
<tr>
<td>private practice</td>
<td>33</td>
</tr>
<tr>
<td>administrative council</td>
<td>33</td>
</tr>
<tr>
<td>pmhnp</td>
<td>32</td>
</tr>
</tbody>
</table>
Hi Kathy and Tari,

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

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDEPENDENT AUDITOR’S REPORT</td>
<td>1 - 2</td>
</tr>
<tr>
<td>CONSOLIDATED FINANCIAL STATEMENTS</td>
<td></td>
</tr>
<tr>
<td>Consolidated Statements of Financial Position</td>
<td>3</td>
</tr>
<tr>
<td>Consolidated Statement of Activities, Year Ended December 31, 2015</td>
<td>4</td>
</tr>
<tr>
<td>Consolidated Statement of Activities, Year Ended December 31, 2014</td>
<td>5</td>
</tr>
<tr>
<td>Consolidated Statement of Functional Expenses, Year Ended December 31, 2015</td>
<td>6</td>
</tr>
<tr>
<td>Consolidated Statement of Functional Expenses, Year Ended December 31, 2014</td>
<td>7</td>
</tr>
<tr>
<td>Consolidated Statements of Cash Flows</td>
<td>8</td>
</tr>
<tr>
<td>Notes to the Consolidated Financial Statements</td>
<td>9 - 19</td>
</tr>
<tr>
<td>SUPPLEMENTARY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Consolidating Schedule of Financial Position</td>
<td>20</td>
</tr>
<tr>
<td>Consolidating Schedule of Activities, Year Ended December 31, 2015</td>
<td>21</td>
</tr>
</tbody>
</table>
Independent Auditor’s Report

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

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

Management's Responsibility for the Financial Statements

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

Auditor’s Responsibility

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

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

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

**Opinion**

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

**Other Matter**

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

Jane Nurses & McPeaks PA
Washington, DC
May 5, 2016
# AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
# CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
# DECEMBER 31, 2015 AND 2014

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 681,740</td>
<td>$ 507,563</td>
</tr>
<tr>
<td>Investments</td>
<td>2,192,353</td>
<td>1,874,875</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>52,713</td>
<td>72,100</td>
</tr>
<tr>
<td>Grants and pledges receivable</td>
<td>216,915</td>
<td>25,000</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>54,466</td>
<td>50,942</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>3,198,187</td>
<td>2,530,480</td>
</tr>
<tr>
<td>OTHER ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>83,201</td>
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<tr>
<td>Security deposit</td>
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<td>23,788</td>
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<tr>
<td>Total Other Assets</td>
<td>106,989</td>
<td>118,921</td>
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<td>$ 3,305,176</td>
<td>$ 2,649,401</td>
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<table>
<thead>
<tr>
<th>LIABILITIES AND NET ASSETS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT LIABILITIES</td>
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<td>Accounts payable</td>
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<td>Accrued expenses</td>
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<td>Deferred revenue</td>
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<td>Deferred rent</td>
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<td>Total Current Liabilities</td>
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<table>
<thead>
<tr>
<th>NET ASSETS</th>
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<tbody>
<tr>
<td>Board designated</td>
<td>887,601</td>
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<tr>
<td>Undesignated</td>
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<tbody>
<tr>
<td>$ 3,305,176</td>
<td>$ 2,649,401</td>
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</tbody>
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See independent auditor's report and accompanying notes to the consolidated financial statements.

-3-
## AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
## CONSOLIDATED STATEMENT OF ACTIVITIES
## YEAR ENDED DECEMBER 31, 2015

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE AND SUPPORT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership dues</td>
<td>$1,310,923</td>
<td>$ -</td>
<td>$1,310,923</td>
</tr>
<tr>
<td>Meeting registration income</td>
<td>$1,361,124</td>
<td>$ -</td>
<td>$1,361,124</td>
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<tr>
<td>Sponsorships, grants and contributions</td>
<td>386,219</td>
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<td>386,219</td>
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<tr>
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<td>302,723</td>
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<td>Advertising</td>
<td>42,250</td>
<td>$ -</td>
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<tr>
<td>Sales revenue</td>
<td>194,081</td>
<td>$ -</td>
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<tr>
<td>Chapter income</td>
<td>84,010</td>
<td>$ -</td>
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<tr>
<td>Interest and dividend income</td>
<td>29,346</td>
<td>$ -</td>
<td>29,346</td>
</tr>
<tr>
<td>Net depreciation in fair value of investments</td>
<td>(62,308)</td>
<td>$ -</td>
<td>(62,308)</td>
</tr>
<tr>
<td><strong>Total Revenue and Support</strong></td>
<td>3,648,368</td>
<td>$ -</td>
<td>3,648,368</td>
</tr>
</tbody>
</table>

| **EXPENSES**                   |              |                        |         |
| Program Services:              |              |                        |         |
| Conferences                    | 965,353      | $ -                    | 965,353 |
| Education and information      | 486,470      | $ -                    | 486,470 |
| Membership services            | 672,356      | $ -                    | 672,356 |
| **Total Program Services**     | 2,124,179    | $ -                    | 2,124,179 |
| Support Services:              |              |                        |         |
| Management and general         | 978,117      | $ -                    | 978,117 |
| Fundraising                    | 11,086       | $ -                    | 11,086 |
| **Total Support Services**     | 989,203      | $ -                    | 989,203 |
| **Total Expenses**             | 3,113,382    | $ -                    | 3,113,382 |

| **CHANGE IN NET ASSETS**       |              |                        |         |
|                                | 534,986      | $ -                    | 534,986 |

| **NET ASSETS, beginning of year** | 2,388,892 | $ 46,000 | 2,434,892 |
| **NET ASSETS, end of year**     | $ 2,923,878 | $ 46,000 | $ 2,969,878 |

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

-4-
### AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
### CONSOLIDATED STATEMENT OF ACTIVITIES
### YEAR ENDED DECEMBER 31, 2014

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE AND SUPPORT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership dues</td>
<td>$1,169,926</td>
<td>$</td>
<td>$1,169,926</td>
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<tr>
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<td>1,060,374</td>
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<tr>
<td>Sponsorships, grants and contributions</td>
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<td>237,328</td>
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<tr>
<td>Royalties</td>
<td>242,927</td>
<td>-</td>
<td>242,927</td>
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<tr>
<td>Contract income</td>
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<td>58,488</td>
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<tr>
<td>Advertising</td>
<td>30,850</td>
<td>-</td>
<td>30,850</td>
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<tr>
<td>Sales revenue</td>
<td>124,434</td>
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<td>124,434</td>
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<tr>
<td>Interest and dividend income</td>
<td>38,725</td>
<td>-</td>
<td>38,725</td>
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<tr>
<td>Net appreciation in fair value of investments</td>
<td>36,973</td>
<td>-</td>
<td>36,973</td>
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<tr>
<td><strong>Total Revenue and Support</strong></td>
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<td>-</td>
<td>3,000,025</td>
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</table>

<table>
<thead>
<tr>
<th><strong>EXPENSES</strong></th>
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</thead>
<tbody>
<tr>
<td>Program Services:</td>
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<tr>
<td>Conferences</td>
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<tr>
<td>Education and information</td>
</tr>
<tr>
<td>Membership services</td>
</tr>
<tr>
<td><strong>Total Program Services</strong></td>
</tr>
</tbody>
</table>

| Support Services: |
| Management and general | 878,086   | -                      | 878,086     |
| Fundraising            | 9,952       | -                      | 9,952       |
| **Total Support Services** | 888,038    | -                      | 888,038     |

| **Total Expenses** | 2,779,728   | -                      | 2,779,728   |

| **CHANGE IN NET ASSETS** | 220,297 | - | 220,297 |

| **NET ASSETS, beginning of year** | 2,168,595 | 46,000 | 2,214,595 |

| **NET ASSETS, end of year** | $2,388,892 | $46,000 | $2,434,892 |

See independent auditor's report and accompanying notes to the consolidated financial statements.
## AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
### CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
#### YEAR ENDED DECEMBER 31, 2015

<table>
<thead>
<tr>
<th></th>
<th>Education and Information Services</th>
<th>Membership Services</th>
<th>Total Program Services</th>
<th>Management and General Services</th>
<th>Fundraising Services</th>
<th>Total Support Services</th>
<th>Total</th>
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<td>38,096</td>
<td>107,663</td>
<td>57,145</td>
<td>828</td>
<td>57,973</td>
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<td>18,593</td>
<td>25,156</td>
<td>71,092</td>
<td>37,733</td>
<td>547</td>
<td>38,280</td>
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<td>18,555</td>
<td>52,437</td>
<td>27,832</td>
<td>403</td>
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<td>245,618</td>
<td>332,308</td>
<td>939,130</td>
<td>498,462</td>
<td>7,224</td>
<td>505,686</td>
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<td>584</td>
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<td>8,656</td>
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<td>9,923</td>
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<td>45,267</td>
<td>-</td>
<td>310,345</td>
<td>495</td>
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<td>77,422</td>
<td>118,881</td>
<td>77,849</td>
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<td>Contributions</td>
<td></td>
<td>-</td>
<td>-</td>
<td></td>
<td>1,000</td>
<td></td>
<td>1,000</td>
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<td>3,597</td>
<td>4,867</td>
<td>13,754</td>
<td>7,299</td>
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<td>7,405</td>
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<td>Dues and subscriptions</td>
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<td>1,500</td>
<td>30,641</td>
<td>32,806</td>
<td>42,071</td>
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<td>Honorarium and scholarships</td>
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<td>24,248</td>
<td>500</td>
<td>29,748</td>
<td>-</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Information technology</td>
<td>10,395</td>
<td>7,068</td>
<td>9,563</td>
<td>27,026</td>
<td>14,344</td>
<td>208</td>
<td>14,552</td>
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<tr>
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<td>-</td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
<td></td>
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<tr>
<td>Legal</td>
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<td>-</td>
<td>-</td>
<td></td>
<td>-</td>
<td></td>
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<td>Occupancy</td>
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<td>24,264</td>
<td>68,572</td>
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<td>527</td>
<td>36,922</td>
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<td>9,832</td>
<td>13,302</td>
<td>37,592</td>
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<td>24,194</td>
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<td><strong>$486,470</strong></td>
<td><strong>$672,356</strong></td>
<td><strong>$2,124,179</strong></td>
<td><strong>$978,117</strong></td>
<td><strong>$11,086</strong></td>
<td><strong>$989,203</strong></td>
</tr>
</tbody>
</table>

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

-6-
## AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
### CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
#### YEAR ENDED DECEMBER 31, 2014

<table>
<thead>
<tr>
<th>PROGRAM SERVICES</th>
<th>SUPPORT SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education and Information Services</strong></td>
<td><strong>Management and General Services</strong></td>
</tr>
<tr>
<td><strong>Conferences</strong></td>
<td><strong>Fundraising Services</strong></td>
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<tr>
<td><strong>Membership Services</strong></td>
<td><strong>Total</strong></td>
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<td>$248,362</td>
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<tr>
<td><strong>Employee benefits</strong></td>
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<td>23,329</td>
<td>15,864</td>
</tr>
<tr>
<td><strong>Retirement</strong></td>
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</tr>
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<td>16,209</td>
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<td><strong>Subtotal personnel costs</strong></td>
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<td>6,996</td>
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<td><strong>Auditing and accounting</strong></td>
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</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Audio visual</strong></td>
<td></td>
</tr>
<tr>
<td>64,569</td>
<td>21,748</td>
</tr>
<tr>
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<td><strong>Commission</strong></td>
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<tr>
<td><strong>Depreciation and amortization</strong></td>
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<td><strong>Dues and subscriptions</strong></td>
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<td>665</td>
<td>1,500</td>
</tr>
<tr>
<td><strong>Honorarium and scholarships</strong></td>
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</tr>
<tr>
<td>16,400</td>
<td>25,500</td>
</tr>
<tr>
<td><strong>Information technology</strong></td>
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</tr>
<tr>
<td>8,663</td>
<td>5,891</td>
</tr>
<tr>
<td><strong>Investment fees</strong></td>
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</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Insurance</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Legal</strong></td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
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<td><strong>Moving</strong></td>
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<tr>
<td><strong>Occupancy</strong></td>
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<td>16,712</td>
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<tr>
<td><strong>Product</strong></td>
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<tr>
<td>7,209</td>
<td>4,902</td>
</tr>
<tr>
<td><strong>Professional services</strong></td>
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</tr>
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<td>6,891</td>
<td>4,686</td>
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<td><strong>Telephone</strong></td>
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<td><strong>Website</strong></td>
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<td><strong>Total Expenses</strong></td>
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</tr>
<tr>
<td>$829,621</td>
<td>$450,071</td>
</tr>
</tbody>
</table>

See independent auditor's report and accompanying notes to the consolidated financial statements.
### AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
### CONSOLIDATED STATEMENTS OF CASH FLOWS
### YEARS ENDED DECEMBER 31, 2015 AND 2014

**CASH FLOWS FROM OPERATING ACTIVITIES**

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net assets</td>
<td>$534,986</td>
<td>$220,297</td>
</tr>
<tr>
<td>Adjustments to reconcile change in net assets to net cash provided by operating activities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>21,159</td>
<td>16,759</td>
</tr>
<tr>
<td>Net depreciation (appreciation) in fair value of investments</td>
<td>62,308</td>
<td>(36,973)</td>
</tr>
<tr>
<td>Decrease (increase) in assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>19,387</td>
<td>2,338</td>
</tr>
<tr>
<td>Grants and pledges receivable</td>
<td>(191,915)</td>
<td>25,000</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>(3,524)</td>
<td>(16,025)</td>
</tr>
<tr>
<td>Increase (decrease) in liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>8,370</td>
<td>(4,870)</td>
</tr>
<tr>
<td>Accrued expenses</td>
<td>25,567</td>
<td>(49,061)</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>85,520</td>
<td>10,470</td>
</tr>
<tr>
<td>Deferred rent</td>
<td>1,332</td>
<td>4,050</td>
</tr>
<tr>
<td>Net Cash Provided by Operating Activities</td>
<td>563,190</td>
<td>171,985</td>
</tr>
</tbody>
</table>

**CASH FLOWS FROM INVESTING ACTIVITIES**

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net proceed from sale of investments</td>
<td>1,022,670</td>
<td>106,379</td>
</tr>
<tr>
<td>Purchases of investments</td>
<td>(1,402,456)</td>
<td>(128,675)</td>
</tr>
<tr>
<td>Purchases of property and equipment</td>
<td>(9,227)</td>
<td>(7,315)</td>
</tr>
<tr>
<td>Net Cash Used by Investing Activities</td>
<td>(389,013)</td>
<td>(29,611)</td>
</tr>
</tbody>
</table>

**NET CHANGE IN CASH AND CASH EQUIVALENTS**

| Description                                           | 174,177  | 142,374  |

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASH AND CASH EQUIVALENTS, beginning of year</td>
<td>507,563</td>
<td>365,189</td>
</tr>
<tr>
<td>CASH AND CASH EQUIVALENTS, end of year</td>
<td>$681,740</td>
<td>$507,563</td>
</tr>
</tbody>
</table>

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

-8-
NOTE A – NATURE OF ORGANIZATION

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

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

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

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

Program Descriptions

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

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

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

Basis of Accounting

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

Basis of Presentation

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

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

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

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

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

Cash and Cash Equivalents

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

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

Investments

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

Accounts, Grants and Pledges Receivable

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

Property and Equipment

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

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Useful Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture and fixtures</td>
<td>7 Years</td>
</tr>
<tr>
<td>Computer, software and website</td>
<td>3 Years</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>5 Years</td>
</tr>
</tbody>
</table>

Deferred Revenue

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

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

Revenue Recognition

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

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

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

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

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

Functional Allocation of Expenses

The costs of providing the various programs and activities have been summarized on a functional basis in the statement of activities and detailed in a supplemental schedule of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.
NOTE B – SUMMARY OF ACCOUNTING POLICIES – continued

Use of Estimates

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

NOTE C – INCOME TAXES

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

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

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

NOTE D – INVESTMENTS AND FAIR VALUE MEASUREMENT

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

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

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

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

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mutual funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equity</td>
<td>$954,257</td>
<td>-</td>
<td>-</td>
<td>$954,257</td>
</tr>
<tr>
<td>Fixed income</td>
<td>834,606</td>
<td>-</td>
<td>-</td>
<td>834,606</td>
</tr>
<tr>
<td>Common stocks</td>
<td>34,743</td>
<td>-</td>
<td>-</td>
<td>34,743</td>
</tr>
<tr>
<td>Corporate bonds</td>
<td>-</td>
<td>51,269</td>
<td>-</td>
<td>51,269</td>
</tr>
<tr>
<td>Total</td>
<td>$1,823,606</td>
<td>$51,269</td>
<td>-</td>
<td>$1,874,875</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer, software and website</td>
<td>$99,513</td>
<td>$90,286</td>
</tr>
<tr>
<td>Furniture and fixtures</td>
<td>61,620</td>
<td>61,620</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>41,391</td>
<td>41,391</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>202,524</strong></td>
<td><strong>193,297</strong></td>
</tr>
<tr>
<td>Less accumulated depreciation and amortization</td>
<td>(119,323)</td>
<td>(98,164)</td>
</tr>
<tr>
<td><strong>Net Property and Equipment</strong></td>
<td><strong>$83,201</strong></td>
<td><strong>$95,133</strong></td>
</tr>
</tbody>
</table>

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

NOTE F – RETIREMENT PLAN

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

NOTE G – OPERATING LEASE

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

<table>
<thead>
<tr>
<th>December 31, 2016</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$104,396</td>
</tr>
<tr>
<td>2017</td>
<td>107,259</td>
</tr>
<tr>
<td>2018</td>
<td>110,220</td>
</tr>
<tr>
<td>2019</td>
<td>113,252</td>
</tr>
<tr>
<td>2020</td>
<td>116,358</td>
</tr>
<tr>
<td>Thereafter through 2023</td>
<td>273,627</td>
</tr>
<tr>
<td></td>
<td><strong>$825,112</strong></td>
</tr>
</tbody>
</table>
NOTE G – OPERATING LEASE - continued

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

NOTE H – ENDOWMENT

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

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

Investment Return Objectives, Risk Parameters and Strategies

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

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

Spending Policy

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

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total Net Endowment Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donor-restricted</td>
<td>-</td>
<td>$</td>
<td>$ 46,000</td>
<td>$ 46,000</td>
</tr>
<tr>
<td>endowment funds</td>
<td>$ 46,000</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$ 46,000</td>
<td>$</td>
<td>$ 46,000</td>
<td>$ 46,000</td>
</tr>
</tbody>
</table>

NOTE I – CONTINGENCIES FOR FUTURE MEETINGS

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

NOTE J – RELATED PARTY TRANSACTIONS

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

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

In preparing these consolidated financial statements, the Association’s management has evaluated events and transactions for potential recognition or disclosure through May 5, 2016, the date the consolidated financial statements were available to be issued. There were no additional events or transactions discovered during the evaluation that required further recognition or disclosure.
SUPPLEMENTARY INFORMATION
## AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE
## CONSOLIDATING SCHEDULE OF FINANCIAL POSITION
## DECEMBER 31, 2015

<table>
<thead>
<tr>
<th></th>
<th>APNA</th>
<th>APNF</th>
<th>Eliminations</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$3,050,146</td>
<td>$446,876</td>
<td>($191,846)</td>
<td>$3,305,176</td>
</tr>
</tbody>
</table>

### ASSETS

#### CURRENT ASSETS
- **Cash and cash equivalents**
  - $615,247
  - $66,493
  - $ -
  - $681,740
- **Investments**
  - 2,028,816
  - 163,537
  - -
  - 2,192,353
- **Accounts receivable**
  - 52,713
  - -
  - -
  - 52,713
- **Grants and pledges receivable**
  - 191,915
  - 25,000
  - -
  - 216,915
- **Pledges receivable - related party, net**
  - -
  + 191,846
  - (191,846)
  - -
- **Prepaid expenses**
  - 54,466
  - -
  - -
  - 54,466

**Total Current Assets**
- 2,943,157
- 446,876
- -
- 3,198,187

#### OTHER ASSETS
- **Property and equipment, net**
  - 83,201
  - -
  - -
  - 83,201
- **Security deposit**
  - 23,788
  - -
  - -
  - 23,788

**Total Other Assets**
- 106,989
- -
- -
- 106,989

### LIABILITIES AND NET ASSETS

#### CURRENT LIABILITIES
- **Accounts payable**
  - $18,939
  - -
  - -
  - $18,939
- **Pledges payable - related party, net**
  - 191,846
  - -
  - (191,846)
  - -
- **Accrued expenses**
  - 123,876
  - -
  - -
  - 123,876
- **Deferred revenue**
  - 113,720
  - -
  - -
  - 113,720
- **Deferred rent**
  - 78,763
  - -
  - -
  - 78,763

**Total Current Liabilities**
- 527,144
- -
- (191,846)
- 335,298

#### NET ASSETS
- **Board designated**
  - 887,601
  - -
  - -
  - 887,601
- **Undesignated**
  - 1,635,401
  - 400,876
  - -
  - 2,036,277

**Total Unrestricted**
- 2,523,002
- 400,876
- -
- 2,923,878
- **Permanently restricted**
  - -
  + 46,000
  - -
  + 46,000

**Total Net Assets**
- 2,523,002
- 446,876
- -
- 2,969,878

### TOTAL LIABILITIES AND NET ASSETS
- $3,050,146
- $446,876
- ($191,846)
- $3,305,176

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

-20-
## AMERICAN PSYCHIATRIC NURSES ASSOCIATION AND AFFILIATE CONSOLIDATING SCHEDULE OF ACTIVITIES
### YEAR ENDED DECEMBER 31, 2015

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

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-21-