

PSYCHIATRIST

Volume 62, Number 7

March 2014

Newsletter of the Southern California Psychiatric Society

President's Column

In a New York State of Mind

Steve Soldinger, M.D.



We are rapidly approaching the American Psychiatric Association convention that will take place in New York May 3 through May 7 in New York. May 7 happens to be my birthday, and I'm very happy to be able to celebrate my birthday in New York this year. The conventions held in New York are extra special to me. I enjoy the restaurants and hotels, and I particularly enjoy the Broadway shows. My favorite shows this year are, "If/Then," "Act One," "The Real Joneses," and "Matilda." The city is always so fresh, full of life and offers so many opportunities for us. I hope all of you will join me in New York this year, where you will enjoy great friends and colleagues, and participate in the APA's educational programs which are second

to none.

On April 6 and April 7 of next month we will have our California Psychiatric Association meeting. There will be many important topics presented that will be voted on. There will also be a number of action papers, political issues and legislations that we will be reviewing. On Monday, April 7, we will meet with the actual legislators. I will meet with my assemblyman Matt Dababneh, and hopefully with our state senator, Fran Pavley. I would assume that the major issues we will be addressing will include MICRA, mental health parity, Laura's law and the scope of practice issues. There are some other issues regarding insurance companies, Medicare and other areas that affect the practice of psychiatry in California. These areas are extremely important issues for our chosen profession. If anyone has any particular concepts, ideas, etc. that they wish addressed or represented, please do not hesitate to call or email me. I promise to address all issues brought to my attention at the meeting, or with the legislators directly.

Our quest for electing our officers for next year is just about finished. You will be receiving your ballot electronically. Please remember to cast your vote as quickly as possible. We will then tally the votes and report the winners to you by email. We are very fortunate this year to have a great slate of people running for office. The best way we can express our appreciation is for all of us to vote for the candidates of our choice.

On April 12 we will hold our installation of the newly elected officers. This event will be held at the Le Merigot Hotel as it has been in the past. This is always a fun and wonderful luncheon event; and I am hopeful to have a good member attendance. We will hand out our awards, as well as install our new officers. Our staff, Mindi and Tim, will be working diligently to make sure we have a flawless event. I am sure they will do the same great job this year as they have done in the past.

I also want to mention the art event that will occur on March 8.

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There is still time to RSVP for this event. It should be a lot of fun, and we will be creating art as well as enhancing our understanding of art. This project will be accomplished by all of us together. Even those of us that are not artistic, like myself, will probably learn quite a bit about art, how to appreciate it and how to be a part of the process of creating art. I hear that we have quite a few people with art in their backgrounds coming to help us. This should be very interesting.

In October of this year we will be changing our diagnostic coding from ICD-9 and DSM-IV to DSM 5 and ICD-10. Those of us that have been involved in DSM 5 training, and those members who came to the DSM 5 event will be ready for this change. This should actually be an easier change than the one we've already made in CPT coding. The changes in CPT coding had quite a particular individual flavor. The diagnoses are rather clear-cut and can be found next to the DSM 5 diagnoses. I suggest that everyone buys a couple of books regarding DSM 5 that have the ICD-10 coding in them. We should start reviewing and becoming familiar with the coding that we begin using in October. This effort will help make the transition less painful than the one we had with CPT coding.

Respectfully submitted,

Steve Soldinger, M.D.,
PRESIDENT

Dear SCPS Members,

Just a reminder that the official ballots were emailed on February 24th. If you have not yet voted, please do so. Please find the official ballot email from Feb. 24th for all instructions on how to vote. The electronic voting process is simple and will only take a few moments.

As always, feel free to contact me with any questions.

scps2999@earthlink.net

Mindi

Letter from the Editor

Wearing White at Democratic State Convention
Colleen Copelan, M.D.



MICRA is California's 1975 Medical Injury Compensation Reform Act. Trial attorneys - the guys who sue healthcare workers and hospitals - have written and financed a ballot measure that would nearly quintuple payouts for non-economic ("pain and suffering") damages. MICRA has never had limits on medical, lost earnings and punitive damages.

The House of Medicine has mobilized to preserve MICRA. One hundred forty physicians and medical students volunteered to attend the three-day Democratic State Convention this past weekend in Los Angeles. We were there to staff a booth, to attend meetings, to make new friends and - overall - to show we mean it. We were the good guys, the ones wearing the white coats, here to be sure that these politically active people understand the value of MICRA.

You can preserve MICRA by writing a check to our umbrella organization, Californians Allied for Patient Protection. Send it to the California Psychiatric Association, which will forward your contribution to CAPP. More information is at <http://micra.org>. Thanks. cocopelan@aol.com



Our 25th Annual Psychopharmacology Update was held on January 25, 2014. The meeting was another highly successful event. Here are some photo highlights.



Roger McIntyre, M.D.



Gary Small, M.D.



Michael Gitlin, M.D.



David Fogelson, M.D.



Alan Schatzberg, M.D.

Psychopharmacology Update 25

Audio Mp3/Syllabus Order Form

Mood Disorders as Metabolic Inflammatory Disorders: Implications for Disease Modelling Clinical Care and Future Treatment Discovery

Roger McIntyre, M.D.

Treatment Strategies for Patients with Dementia

Gary Small, M.D.

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Denial is Great, but Our Patients, Families and Colleagues Need Our Attention – First in a series of articles on “professional wills, wants and won’ts.”

A. Steven Frankel, Ph.D., J.D.

I’m writing to you two months after turning 71 years of age. I’ve been a licensed, practicing psychologist in California since 1970, I am an attorney at law in legal practice since 1997, and am a member of both the California and D.C. Bars.

This is the first in a series of articles I’ve been welcomed to write for your Newsletter on the topic of planning for and/or coping with an unanticipated terminations of practice, due to death or disability. You might not be surprised by the tendency to turn the page in this Newsletter, to see what else might be fun to read, but try to hang in there for at least a few more sentences so I can tell you how I got to be the person who’s raising this issue with and for you.

I began my psychology career as an academic – in the Department of Psychology at USC. After 12 years of full time university service, I realized that teaching was fun, but I needed to make a living. I went into clinical practice, which I still enjoy, but which I now practice only on Wednesdays. The rest of the week, I’m in the practice of forensic psychology or health care law (where my primary area of legal practice involves defending health care professionals facing licensing board actions).

Shortly after finishing my legal education, I began to receive calls from the spouses and partners of mental health professionals in California – very disturbing calls – centered around the tragic losses of a spouse or partner due to unanticipated death or disability. In the midst of their grief, they also faced enormous additional distress over how to handle calls from patients, insurance companies, landlords, debt collectors, and a host of others. They were also concerned about demands for records. Were they permitted to see the records, or to be in contact with patients who were demanding records and who were suffering their own grief over the loss of their treating professional? How were they to navigate all of these issues while grieving? It might not surprise you to know that I didn’t know what to tell them or how to advise them, nor did anyone else I contacted whom I thought might know.

Another post-law school development was that I was invited to develop and teach post-licensure programs for mental health professionals in laws and ethics, programs which many colleagues must take for license renewal. That meant, of course, that I had to learn the minutiae of legal and ethical principles that guide our practices so I could assist colleagues with that knowledge, in the service of safe and ethical practice. As I began these studies, I discovered that all of the professional societies’ ethics codes for non-physicians require licentiates to prepare for unanticipated terminations of practice due to death or disability, and I also learned that an increasing number of states have enacted laws that impose the same requirements, also including physicians. Finally, I became aware that there is a group within organized psychiatry that is creating a new ethics code with the goal of having it adopted as the ethics code for psychiatrists, as a replacement for the “Annotations to the AMA Ethical Code, as Applied to Psychiatry.” The proposed code will include this same ethical obligation.

As I taught this material in my law and ethics courses, I began to see eyes glaze over at the mention of the topic. When I began to ask how many colleagues had taken steps to address the issues, fewer than one out of every hundred attendees raised their hands. I tried everything I could think of to raise the consciousness of colleagues and to explore ways that the issues could be addressed – how to break through the denial. I read (and taught about) “professional wills” – documents that professionals would create that articulated their wishes for what could most benefit their patients, families and colleagues, in the event of an “event.” I read (and taught) about how to work with a single colleague or groups or “teams” of colleagues, about what to do and how to plan for “events.” Over the past decade, I have been (somewhat) gratified to see an increase from less than one per hundred course attendees who had addressed these issues in their practices, to the present time, when there are ap-

proximately three out of every hundred attendees who had developed plans.

My phone continued (and continues) to ring. Significant others of colleagues continue to call, frantic, grieving, angry, frightened and lost as to how to cope with the issues that arise as a result of an event. Surviving colleagues call when they wish to intervene at the time a colleague of theirs has an event, wanting to know how to help and shuddering at the nature of the tasks involved. To whom should patients be referred, can they actually talk to patients with no without a releases, what about current records, what about the old records, what about furniture, furnishings, bank accounts, art on the walls, office leases, telephone numbers, accounts receivable/payable, and on and on....

I finally “got” that the majority of our colleagues, particularly our seniors colleagues, were not able or willing to come to these issues and tasks without assistance, and that there appears to be a distribution of willingness and ability to embrace the tasks and develop and implement a plan. Some of us respond to good old-fashioned shame (e.g. “How could you subject me – your partner/spouse/colleague/patient – to coping with both your loss and the desperate practical needs I have to deal with, now that you cannot help?”)

Others respond to contacts from colleagues, such as “Let’s work together on this – I’ll do it for you if you do it for me.” Of course, they soon realize that one of them will be doing it for someone else, in the future, since one will invariably pre-decease the other.

Still others respond to something like “Let’s form a team of colleagues who take on the task of anticipating and coping with such events. With a team, the loads for each of us to carry are significantly less than if we do this as pairs, and, similarly, the pain is more broadly shared.”

Finally, there is the emergence of a company that is creating a national network of experienced senior (in the sense of having been in practice for at least 20 years) colleagues who work, in coordination with an administrator and an office staff member, to manage the transition of a professional practice when an event has taken place. Some may find this the most efficient way of handling the issues and worth the financial cost.

In future articles, I’ll address each of these coping strategies and attempt to make the approaches I’ve outlined above more real and clear. I’ll point out the up-sides and the down-sides of each approach and will try to be as concrete as I can, regarding supportive elements available through colleagues, through the internet and beyond.

i If you are interested in a closer look at the issues and support systems, you’re welcome to contact me via www.practice-legacy.com

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Southern California Psychiatric Society

Installation & Awards Ceremony

*Le Merigot Beach Hotel
1740 Ocean Ave.
Santa Monica, CA 90401*

*Saturday, April 12th, 2014
3 p.m. - 7 p.m.*



SCPS Members and a guest are cordially invited to attend
SCPS Installation and Awards Ceremony
Saturday, April 12th, 2014
3:00 P.M. - 7:00 P.M.

Le Merigot Beach Hotel
1740 Ocean Ave.
Santa Monica, CA 90401

Awards:

Distinguished Service – Jacquelyn Green, M.D. and Larry Lawrence, M.D.
Resident Award – Linda Do, M.D. and Devin Stroman, M.D.
Outstanding Achievement – Ron Thurston, M.D.
Appreciation Award – Anita Red, M.D.
President's Award – Sam Miles, M.D.

Media Award - to be announced

A light meal will be served
(No host beer and wine)
Please RSVP to Mindi at:
scps2999@earthlink.net

We hope to see you there!

In our January issue we mentioned the passing of Mathew Ross, M.D., who was a founding member of SCPS. We are reprinting the history of SCPS here as a memorium to Dr. Ross. The history was written by Dr. Ross for SCPS' directory (and now website).

A Brief History of the Founding and Development of
THE SOUTHERN CALIFORNIA PSYCHIATRIC SOCIETY

Southern California experienced an unprecedented population growth immediately post World War II, particularly by veterans who had been stationed in or passed through the area during their military service. They were enchanted not only by the climate but more importantly by the obvious opportunities available. Among them were young physicians who, through their military experiences, had come to recognize the promise of psychiatry and were filled with the hopes of the "can-do" American spirit.

They found scattered pockets of psychiatric practices of varied sophistication with no major focus or organization: there was the Veterans Administration Hospital with the Brentwood residence training program; the medical schools at University of Southern California (USC) and Loma Linda University; Los Angeles Psychoanalytic Institute and Society; Los Angeles Medical Society; State of California Mental Hospital System; neuropsychiatrists; neurologists; psychiatrists; a nucleus of many recent refugee orthodox and heterodox lay and medical psychoanalysts. Altogether, these professionals represented the entire spectrum of psychiatric dogmas; hypnosis, insulin and electroshock, neuropsychiatry, neurology, psychoanalysis, dynamic and not-so-dynamic psychotherapy, inpatient and outpatient clinicians, public and private practitioners... a true potpourri!

As Marvin A. Klems, M.D., and I viewed this scene in 1948, it seemed that somehow some sense of order, an organization, was needed. We needed a voice for psychiatry in Southern California to speak to the public, to the press, and to whoever needed to consult with psychiatrists. We needed a stabilizing force to bring together the proponents of these various professional notions so that they might interact with each other, educate each other about their ideas and successes and failures, for the benefit of their patients, themselves, and the greater society. Additionally, the Los Angeles Society of Neurology and Psychiatry required board certification for an applicant to be considered for full membership. Their refusal to alter that admission criterion also motivated many local psychiatrists to form their own organization.

Because the groups were so disparate and their emotions often high and strong, it was a challenge to think about how to bring them together in order to interact productively. Perhaps an organizing meeting arranged anonymously would attract a nucleus for an organization of psychiatrists representative of the various persuasions and interests.

And so, with these thoughts in mind, I enlisted the help of Jerome Kummer, M.D., and Dr. Klems enlisted the support of Allen Enelow, M.D. We spoke to key persons in as many of the various psychiatric groups as we could, trying to enlist their support of an organization which would represent southern California psychiatry in all its aspects. When we had a working group, we arranged the first meeting at a hall we rented on Beverly Boulevard in or near the Rexall Building, as it was then known. That evening about 100 psychiatrists attended and founded the Southern California Psychiatric Society.

The letterhead of the Southern California Psychiatric Society indicated the following officers and council members: Mathew Ross, M.D., President; Jerome M. Kummer, M.D., Secretary; Charles W. Tidd, M.D., President-Elect; Leo Rangell, M.D., Treasurer.

Councillors (all M.D.'s): Roberta Crutcher; Allen Enelow; Samuel Futterman; Ralph Greenson; Norman Levy; Jack Lomas; Judd Marmor; Harry Nierenberg; Clarence Olsen; Eugene Pumpian-Mindlin; Robert Wyers; Eugene Ziskind.

At this time, the American Psychiatric Association (APA) was far off on the East Coast, and its view of Southern California was not only distant but dim. In 1953, however, APA did plan an Annual Meeting to be held in the newly built Hilton hotel on Wilshire Boulevard in downtown Los Angeles. At that meeting, APA Presidents Drs. Ewen Cameron and Kenneth Appel gathered together thirteen representatives of psychiatric societies from various sec-

tions of the United States, including the Southern California Psychiatric Society, and fumblingly, hesitantly brought us into a brand new subdivision of the APA, namely the Assembly of District Branches. No one was quite certain how exactly we would fit into the overall APA organizational pattern, but there was the feeling that grass-roots should have meaningful representation in the affairs of the APA and might eventually speak for it and represent the APA at the local level. And so in May 1953, at the APA Annual Meeting, the Southern California Psychiatric Society became a District Branch of the APA. SCPS' first president, Mathew Ross, M.D., became the representative of SCPS to the APA Assembly. Dr. Ross subsequently became a member of the Assembly Board, and ultimately its Speaker.

In 1962 the Internal Revenue Service granted 501(c)(6) (non-profit, business league) status to the Southern California Psychiatric Society. The first Directors of the Corporation were Drs. Samuel Futterman, Harry Nierenberg, G. Cresswell Burns, Jack Lomas, Max Hayman, Leo Rangell, H. Michael Rosow, Helen Tausend, Ruth Jaeger, Max Sherman, Carl Sugar, George Tarjan, James T. Ferguson, Edward F. Price, Eugene Pupian-Mindlin, and Frank Tallman.

SCPS' original geographic area covered the counties of Los Angeles, San Bernardino, Ventura, San Diego, Imperial, Orange, Riverside, and Santa Barbara. In 1959 the counties of San Diego and Imperial broke off to form the San Diego Society of Psychiatric Physicians, now the San Diego Psychiatric Society. In November 1984, Orange County broke off to form the Orange County Psychiatric Society.

Various Chapters formed as subgroups of the Society including Ventura, Santa Barbara, South Bay, San Bernardino, Riverside, and San Gabriel Valley. In 1984 the Society 'regionalized' to form the regions on Inland, North Central, San Fernando Valley, San Gabriel Valley, Santa Barbara, South Bay, South East, Santa Barbara, Los Angeles South, Ventura and West Los Angeles.

In 1986 the regions were realigned to form Inland, San Fernando Valley, San Gabriel Valley/Los Angeles East, Santa Barbara, Los Angeles South, Ventura, and West Los Angeles.

Finally, in 1988 these regions were again to form our current regional structure: Inland, San Fernando Valley, San Gabriel Valley/ Los Angeles East, Santa Barbara, Ventura, South Bay, Los Angeles South, and West Los Angeles.

Service in SCPS has proven to be an excellent preparation for service and recognition by one's peers nationally. SCPS has produced several APA Presidents, several Board of Trustees members, Committee Chairpersons, one Medical Director, and inter alia positions of responsibility and prominence throughout the APA. This is a very significant aspect of SCPS history in that it demonstrates not only the commitment of SCPS member/leaders to the local psychiatric scene, but also to the national international scenes.

Since its inception, the Southern California Psychiatric Society has continued to represent the interests of its members and help further the national goals of the American Psychiatric Association.

For information about ICD 10 and DSM 5, please use this link to access:
Understanding ICD-10-CM and DSM-5:
A Quick Guide for Psychiatrists and Other Mental Health Clinicians

http://www.socalpsych.org/Understanding_ICD_02-21-14_FINAL.PDF

Council Highlights

February 13, 2014

Joseph Simpson, M.D., *Secretary*



The meeting was called to order by Dr. Soldinger at 7:09 PM. The minutes from the January meeting were approved.

UCLA San Fernando Valley joint higher education reception: Nearly 20 local and state politicians were invited and about eight or nine attended. They included city Council members, assemblymen, and a state senator. Dr. Soldinger attended and got contact information for several of the elected officials or their staff members. He discussed the upcoming possible MICRA ballot initiative. Treasurer-elect, Dr. Duriez, also attended the event.

Art of Psychiatric Medicine Committee: The first official meeting of the committee will be on March 8th at Dr. Silverman's house. A budget of \$700 was discussed and was approved by the Council.

Award nominations: Awards Committee co-chair Dr. Larry Gross and committee co-chair Dr. Larry Lawrence (by phone) announced the awards. No final decision has been made yet about the special awards including the Media award. The installations and awards ceremony will take place on April 12th at Le Merigot in Santa Monica.

CPPH: This is a group called California Public Protection and Health, Inc. They are a nonprofit corporation seeking to fill the role formerly played by the Medical Board's Physician Assistance Program. They are looking for qualified examiners. All psychiatrists are eligible.

APA election results: Dr. Renee Binder is President-elect. Dr. Frank Brown is Treasurer-elect.

President-elect's report by Dr. Fogelson: The SCPS bylaws were changed to allow electronic voting by a vote of the membership. Recruitment campaign: We would like to generate a list of the e-mail addresses of non-member psychiatrists in the SCPS area. Once a sufficient number of e-mail addresses are accumulated, we can send out brief recruitment e-mail messages.

Membership committee report by Dr. Agustines: three resident/fellow members, two new general members, and three reinstated general members were approved by the committee.

Treasurer's report by Dr. Silverman: Was read and was approved.

Legislative report by Dr. Thurston: Parity enforcement, after the promulgation of the federal final rule, is now up to the individual states. The CPA is active in this area. State Sen. Beall has previously authored bills to set up a system to monitor parity, but they have not passed. The Department of Managed Health Care has been resistant while the Department of Insurance is in favor. The Insurance Commissioner is elected, but the head of the Department of Managed Health Care is appointed. Generally speaking, parity enforcement is complaint-driven. This is an inefficient system. Psychiatric patients file one tenth the number of complaints filed by patients seeing providers in other specialties. There is a new bill that hopes to put monitoring of parity as a budget item for the Department of Managed Health Care, to begin using established metrics.

MICRA: since the Legislature has consistently refused to take up any bills to change MICRA, trial lawyers have proposed a ballot measure for the November election. Signature gathering is ongoing. CMA as well as CAPP (Californians Allied for Patient Protection) will oppose the measure. The components of the proposed ballot measure include: drug testing for all physicians, raising the MICRA cap from \$250,000 to \$1.4 million, required reporting of suspicion of impairment by all doctors, and reviewing the CURES database whenever you write a new

Schedule II medication. If this measure passes, malpractice rates will go up by anywhere from double to 10 times. The number of lawsuits filed will also increase, and a psychiatrist could expect to be sued once a year. This could require many days of unreimbursed court time. Psychiatrists are encouraged to donate to CMA, CAPP, or directly to their malpractice insurance carrier for the opposition campaign. The CPA also is planning to set up a separate account and began a fund-raising drive.

Program Committee report by Dr. Gales: The psychopharmacology meeting went very well with 148 attendees who gave very good reviews. Net revenue from the event was about \$10,000. Dr. Sheth asked if the event could offer CEU's for psychologists and other providers. This issue was discussed as was the question of whether the meeting should be advertised to other MDs like pediatricians and neurologists. Having a second event targeting these types of providers was also raised. Dr. Gales also discussed the possibility of another DSM-V meeting. It is not clear how much demand there is for another meeting of this type. Dr. Gales stated that he received a communication from Dr. Maria Lymberis, who requested a consideration of an annual psychotherapy review meeting. This issue was discussed by the Council.

New business: Dr. Duriez discussed a documentary film called *My Name was Bette* which she reviewed in the last issue of the SCPS newsletter. It is about a nurse who was an alcoholic. Dr. Duriez would like to set up a screening of the movie for SCPS members. The filmmaker is willing to come to the event.

SAMHSA has a cell phone app for disaster relief efforts that provides a list of resources.

Old business: reminder that the PER event is March 29th at UCLA NPI. Dr. Richard Kogan will give a presentation on composer Richard Schumann. To attend the event, purchase an annual membership in PER for \$75.

The meeting was adjourned at 8:52 PM

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The 2014 PER Special Educational Event

Saturday March 29th 2014

The Psychiatric Education & Research Foundation is a non-profit philanthropic and educational organization that supports the goals of the Southern California Psychiatric Society and its member psychiatrists. The PER mission is "To build bridges of understanding between psychiatry and the general public through public education, research and community outreach."

The PER Foundation Board and Executive Committee invite you to join the PER Foundation and make possible great educational programs and funding for research on children's mental health.

Join us for this special PER event by paying your PER dues, a tax deductible contribution. Your dues payment or contribution must be made on the PER Website: www.perfoundation.org. Your registration receipt is your ticket to THE 2014 SPECIAL PER EDUCATIONAL PROGRAM of March 29th 2014 at the UCLA NPI Auditorium. Registration with refreshments starts at 7:00PM. The program follows from 8:00 to 10:00 PM featuring the distinguished psychiatrist and concert pianist **Dr. Richard Kogan** who is returning for this ENCORE presentation of his unique lecture and piano performance featuring the music of composer Robert Schumann. Dr Kogan will discuss the impact of Schumann's disturbed moods on his work and life.

The program starts with **Dr Marvin J. Southard**, Director of the Los Angeles County Department of Mental Health, who will introduce the recipient of the 2014 PER Advocate Award, to USC Professor of Psychiatry & Law, **Elyn R. Saks, PhD**. Professor Saks is an expert in mental health law, a psychoanalyst and a person with Schizophrenia. Her 2007 autobiography *The Center Cannot Hold* became an award-winning best seller.

This 2014 PER Special Educational Event is co-sponsored by UCLA Department of Psychiatry, UCLA Center for Health Services and Society, and NAMI Westside LA.

Visit the PER Website <www.perfoundation.org> to register, contribute and learn more about the programs and the research that the PER Foundation is supporting. Come join us and bring your friends and family.

Maria T Lymberis, MD,
PER Founding President.

Positions Available

WE BELIEVE success is measured by results.

At Kaiser Permanente Southern California, we believe our achievements are best measured by the health and wellness of the community we serve. That's why we provide a fully integrated system of care guided by values such as integrity, quality, service and, of course, results. If you would like to work with an organization that gives you the tools, resources and freedom you need to get the best outcomes possible for your patients, come to Kaiser Permanente.

ADULT & CHILD PSYCHIATRY OPPORTUNITIES Openings throughout Southern California

The advantages of working with us reach far beyond our comprehensive network of support and state-of-the-art electronic medical records system. As part of our cross-specialty team, you'll also have access to a compensation and benefits package that's designed to impress you. And our surroundings are equally inspiring. Breathtaking natural beauty, year-round recreational amenities, an amazing climate and more will greet you when you arrive at Kaiser Permanente in Southern California.

As a fully integrated health care system, we are recognized nationally for our quality and information technology achievements. SCPMG, celebrating its sixtieth anniversary, offers an excellent salary, benefits and stability in today's rapidly changing health care environment. For consideration, please forward your CV to Kathy Uchida at: Kathy.C.Uchida@kp.org or call: (877) 608-0044. We are an AAP/EEO employer.

<http://physiciancareers.kp.org/scal>

Hillview Mental Health Center, Inc. is a non profit community mental health center located in the North-east San Fernando Valley. Since 1966, we have been helping people regain their health and take control of their lives. Our mission is to help empower individuals and families affected by mental illness by assessing their needs and working collaboratively with mental health professionals to plan services that are person-centered, culturally competent and effective in promoting recovery.

We are currently recruiting a board eligible / certified **Psychiatrist** who has experience with persistently mentally disabled adults. We are searching for a doctor who is comfortable with an interdisciplinary team approach.

Responsibilities are: Providing medication support, psychiatric evaluation services and case consultation to clients in our Adult Outpatient Services Program.

This position is available on an Independent Contractor basis, up to 40 hours per week. The Clinic's business hours are Monday – Friday from 9:00 a.m. – 5:30 p.m.

The following are requirements for this position:

You will need to show a valid California driver's license and current automobile insurance information prior to start date and thereafter, on an annual basis. You must also maintain a good driving record.

You must also be able to pass a thorough background check.

Hillview Mental Health Center, Inc. is a well-established, non-profit agency with over 40 years of service to the community. Our interdisciplinary team of psychologists, social workers, marriage and family therapists and other supportive staff cares deeply about helping people achieve better mental health and quality of life.

For immediate consideration, please submit the following:

- Cover letter
- Curriculum Vitae
- Salary history and information about the salary range you seek

You may fax the above information to: Human Resources – (818) 896-5069 or you may submit your information via e-mail. Qualified candidates will need to email their cover letter and curriculum vitae in the body of their e-mail to: jobs@hillviewmhc.org. Please type the position title you are applying for in the subject line. **Do not send email attachments as they will not be opened or considered.**

Please note that only candidates who submit the requested information and whose qualifications meet the requirements will receive a response.

Hillview is an Equal Opportunity Employer

Space Available

Beverly Hills - Large, bright, beautifully appointed psychotherapy office available 1-3 days per week in the premier building on North Bedford Drive. Includes waiting room, signal system, private exit and ample parking. Possible referrals. Call Dr. Fried 310-274-4354 or email: FriedPhD@aol.com

Established practice office lease or sublet. Avco Center, 10850 Wilshire Boulevard, 12th floor, 195-square-foot. Exceptional view. Fully-furnished with desk, Aeron chair, 3-person sofa, lamps, end tables, storage credenza. Part of three-person mental health suite. Waiting room. Private break room and kitchen. Lockable office-supply and horizontal filing cabinets. Reserved parking available. Available full-time in April. Prefer full-time occupancy. Sub-leases possible. Contact Jeff Daniels, 310-339-8321, jsd1415@hotmail.com

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