

Report to SCPS Council

SCPS Government Affairs Committee

March 10, 2021

Review of recent GAC actions:

Pursuant to SCPS Council motion, the GAC and a GAC subcommittee worked with CSAP and CMA to develop the draft CSAP/SCPS MOU for entering a cooperative arrangement with the three DBs of CSAP to share voting delegates to CMA. EC subsequently voted to conclude the MOU, subject to ratification by SCPS Council. Additionally, the GAC worked jointly with the Website, DNCC, PA, and Newsletter Committees to reconfigure the SCPS website Advocacy section.

Pending motion by Diversity Committee regarding social justice aspects of GAC policy and position recommendations to Council.

Support:

The GAC discussed and supports the potential DNCC motion to require the GAC to consult with the DNCC regarding potential social justice implications of any GAC-recommended SCPS Council positions and policies.

California DPH Covid 19 Vaccine Priority for patients with schizophrenia.

The GAC, guided by input from SCPS member Stacia Mills, MD, who does work in safety net institutions, discussed the omission of schizophrenia spectrum disorders as a separate criterion for COVID-19 vaccine priority status under State DPH guidelines, and developed a plan for addressing this.

MOTION:

Whereas,

- 1) There is strong evidence that schizophrenia spectrum disorders worsen mortality and morbidity from COVID-19 infection:

- 2) the current State DPH criteria for vaccination priority without medical basis omits schizophrenia spectrum disorders from the list of conditions that increase COVID-19 vaccination priority; and requires psychiatrists and mental health systems to provide

additional documentation for patients with schizophrenia spectrum disorders in order for them to receive COVID-19 vaccination

Therefore, the GAC moves that the SCPS Council:

1) Request the Newsletter and Public Affairs Committees to seek collaboration with SCPS member Stacia Mills, MD, to craft an article and outreach activities describing and providing examples of the documentation that psychiatrists might provide to patients with schizophrenia spectrum disorders that, consistent with State DPH guidelines, will permit them to receive greater priority for COVID-19 vaccination on the basis that their disorder makes them more likely to develop severe life-threatening illness or death from COVID-19 infection, that acquiring COVID-19 will limit the individual's ability to receive ongoing care or services vital to their well-being and survival, and/or that providing adequate and timely COVID care will be particularly challenging as a result of the individual's disability.

2) Request the GA Committee to work with Dr. Mills to craft a letter under the signature of the SCPS President or President Elect to the chairperson of each Board of Supervisors of each SCPS County asking that they direct their departments of behavioral or mental health to ensure that patients with schizophrenia spectrum disorders who meet the State DPH criteria above are provided with documentation necessary to ensure that they receive priority for COVID-19 vaccination.

3) Request the SCPS GA Committee develop language for a letter under the signature of the SCPS President/President elect to be sent to the PPAC Board Chairperson chair notifying him of the desire by SCPS Council for PPAC to request urgent discussion with representatives from the State DPH to advise them of a PPAC position that schizophrenia spectrum disorders be added to the list of severe conditions that permit priority for COVID-19 vaccination, inviting Dr. Mills to participate as a medical expert in such discussions.

5. SB-221 Health care coverage: timely access to care. (Weiner)

GAC discussed SB 221, which among other changes to State codes establishes required time frames for follow up appointments with non-psychiatric mental health providers in managed systems. While supported by an employee union active in the Kaiser system, and supported by CSAP, other medical organizations have taken a watch position.

Motion:

SB 221 is a complex bill of importance to the practices of SCPS psychiatrists and the well-being of psychiatric patients on our DB; will have many potential effects, on private

and public health systems, resources and access to care that are not yet clear; and that PPAC and CMA have all adopted WATCH positions;

Therefore,

GAC recommends that Council take a WATCH position on SB 221 at this time.

6. PPAC legislative update.

The GAC reviewed PPAC legislative and regulatory research, sponsored bills, and current positions with the PPAC legislative analyst and provided advisory input on those with specific concerns for SCPS membership, including SB 221, COVID-19 vaccine priorities, and telehealth initiatives.

7. Report on status of mandated GAC evaluation of PPAC compliance with contractual obligations prior to second payment.

As required by previous SCPS Council motions, GAC discussed current evidence for compliance by PPAC with contractual obligations affecting payment by SCPS of the second installment of 2021 service costs. Members of the GAC with knowledge of PPAC activities suggested that additional evidence sufficient to reasonably ascertain compliance was under active development and could be provided before March 30 for review by GAC at its next meeting. The status of evidence for compliance at this meeting was discussed, with a majority consensus that the following description of information is accurate at this time.

Contract Section B: Sufficient evidence supporting compliance. Administrative and communication and coordination between PPAC and SCPS is developing well.

Contract Section C: Insufficient evidence supporting compliance. GAC has not yet been supplied by PPAC with contractually required PPAC operational description and associated corporate bylaws clearly specifying the way decisions regarding expenditure of PPAC advocacy funds are determined. Also not yet fully implemented by PPAC is the required provision to SCPS of quarterly position and advocacy action reports and plans and projected actions and plans for next quarter. However, it was noted that PPAC does report much invaluable information regarding these activities to SCPS.

Contract Section D: Insufficient evidence supporting compliance. GAC has not yet been supplied by PPAC with description of PPAC committee structures and proceedings sufficient to establish contractually required SCPS participation in PPAC committees. GAC members currently participating in PPAC committees, including PPAC government

affairs, child and adolescent, and public psychiatry committees, reported that these committee meetings are robust and productive

Contract Section E: Sufficient evidence supporting timely compliance. PPAC has not indicated any changes in contractual terms planned within 120 days.

MOTION:

SCPS President/President Elect notify PPAC that GAC reports that sufficient evidence for PPAC's meeting of contractually agreed upon terms have not yet been made available to the GAC to determine contractual compliance, and that SCPS Council suggests that evidence that reasonability supports contractual compliance should be presented to GAC by PPAC by March 30, in anticipation of the GAC meeting of April 6, 2021.

8. Proposed initial GAC priorities.

By GAC consensus, the following three areas were adopted for initial GAC focus:

- 1. Legislative and Advocacy update and exchange with PPAC.** Without bylaws-specified SCPS organizational participation in CPA, the now GAC becomes a main conduit for information exchange and advisory activities with PPAC. Close monitoring of legislative and regulatory activity at state levels is a critical service for SCPS membership and might therefore be among GAC highest priorities.
- 2. Selection of legislative and advocacy items for GAC review.** Thanks to the PPAC contract, SCPS has access to comprehensive reviews of mental health and medicine-related actions at a state level. However, the impact of state items at a local level, as well as local governmental actions at county levels, will likely raise unique SCPS membership interests and concerns. GAC best use its limited resources by prioritizing agenda items and positions arising specifically from these concerns, as submitted by GAC members, SCPS Council, and general SCPS membership.
- 3. Communication with membership regarding governmental policies, legislation, regulatory actions, issues, and facilitation of potential associated advocacy.** Keeping SCPS Council and membership informed on governmental issues will be another key area that receives priority in using GAC resources. The advocacy website and the newsletter, and the GAC relationship with other SCPS committees, will be used to accomplish this, and will require efforts by GAC members to keep other SCPS committees and general membership informed.

9. Proposed SCPS Policy Platform

The GAC discussed the potential utility of developing an SCPS policy platform document suitable for informing SCPS legislative initiatives and positions, and for informing SCPS membership and the general public about SCPS goals and values.

Motion:

Whereas:

- 1) Development of the advocacy website jointly with the Website, PA, DNCC, and Newsletter committees was discussed and adoption of a SCPS Policy Platform was felt useful;
- 2) The last CPA policy platform was developed with key input from current SCPS advocacy leaders and is highly respected and has been adopted across California psychiatric organizations; and
- 3) An adopted initial SCPS policy platform will provide a useful foundation for anticipated further SCPS modification of its policy platforms and development of policy and legislative positions;

Therefore:

The GAC moves that SCPS Council adopt the former CPA policy platform as the initial SCPS policy platform.