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Newsletter of the Southern California Psychiatric Society

President's Column

What Has SCPS Done for Me Lately?

Ijeoma Ijeaku, M.D.



I became an APA member even before I formally started residency because I had a program director who recounted the benefits of membership during my orientation period. What got me going was the promise of an avenue to learn about psychiatric practice and other major factors affecting this besides my personal encounters with patients. Being an international medical graduate who had been trained in a setting with a different health care system as well as different cultural practices and meanings, it was imperative at the time that I quickly understudy and understand the very many forces that help shape my practice and the fate of the people that I serve...my patients.

I have been a member of Southern CA Psychiatric Society (SCPS) since I started my general psychiatry residency in 2009. I became member-in-training representative in 2012 and began my career on SCPS council. I have served in different capacities since then. I have been impressed by the collegiality and dedication on council. I have had the privilege of working with different individuals on council who have brought their various strengths, personalities and experiences to the table including psychiatrists, trainees, and staff. The council has had very lively conversations about various topics over the years. There have been very intense conversations about controversial topics, but all these robust discussions have led to actions or inactions that ultimately affect our membership. There have been times when SCPS members have felt disconnected or unheard or put off by actions or inactions attributed to council and the question has been 'Why should I be part of organized psychiatry?' 'What has SCPS done for me lately?'

Like other organizations, SCPS has had an unprecedented year (and a half). First, the pandemic and some of its attendant consequences, and then the resurfacing of the movement for social justice and equity issues related to structural racism and health inequities which ultimately became important issues on the national stage, especially in an election year. At the state level, we saw the dissolution of the California Psychiatric Association (CPA) which had been SCPS advocacy vehicle (and all other psychiatrists within California) for over 30 years. For many decades, the California Psychiatric Association (CPA) served as an extremely effective advocacy organization for psychiatrists due to the formidable team of the legislative affairs director, executive director and government affairs committee that worked well with legislators and their staff to protect the interest of psychiatrists and safety of our very vulnerable patients. As a result, SCPS diligently sought out an alternative path for our advocacy for 2021. SCPS ultimately went with an organization with the expertise to protect our interest and make practice safe for our patients. For the past several months, we have been working with the Psychiatric Physicians Alliance of California (PPAC) as our advocacy vehicle to represent our professional interests and those of the patients that we serve. Even with challenges related to rolling out essentially a pilot program between

organizations, SCPS and PPAC have managed to work out a system that seems to work. As we race to the end of another year, SCPS will begin to analyze what has worked this year and what has not. More importantly, we will look critically at what we want to accomplish next year and begin the arduous task of deciding what advocacy vehicle will serve our purpose best and what the process should look like. The saying 'all politics is local' could not be truer now in SCPS history and evolution. The Government Affairs Committee (GAC) of SCPS is poised to play a continually active role in what affects psychiatrists and their patients in the greater Los Angeles area. SCPS has an opportunity to identify and define problems in our local areas of practice/community and help craft solutions which may ultimately help to shape bills that correct the gaps and deficits.

Fall 2010, I became one of the founding members of the women's committee of SCPS. I was invited to speak during our first social event and spoke about balancing professional and personal lives as a resident. These social events have occurred at least once or twice every year since then and have really become an avenue for some sort of psychiatric sisterhood as well as an avenue for mentorship and growth. Personally, it has been an utterly amazing experience to be in company of women who have been in practice even before I was born and who courageously apply themselves so well to the ever-changing demands of psychiatric practice. I have also hopefully inspired others through the sharing of my experiences especially upcoming female colleagues. I have had the privilege of being part of other committees over the years as well. SCPS committees essentially serve as focused work groups with specific charges that work on behalf of the council to ultimately serve our membership. Our SCPS committees give members opportunity to be heard as issues can be deliberated with colleagues and recommendations can be made to council to help shape SCPS positions (actions and inactions) regarding various issues. In my experience, working within these smaller groups (committees) allows me the opportunity to experience other psychiatrists with different world views and practice modalities which ultimately challenge how I practice and thus help me become a better clinician and a true advocate. Newer committees such as the Diversity and Culture Committee and LGBTQI committee challenge what social justice and equity mean to SCPS and how SCPS will ensure that we work towards a culture of health equity for our patients and inclusion for our members.

Between 2012 and early last year when the pandemic hit, I made the exceptionally long drive from the inland empire (IE) to West LA for SCPS council meetings. As earlier stated, the pleasure has been mine despite the traffic challenges. I have learnt a lot about organized psychiatry and about people in general. Some of my colleagues in the IE region have felt disenfranchised about the usual settings for SCPS events so far away from their areas of practice. Recently, the executive director, IE councilors and I met with some of our members from the high and low desert regions of San Bernardino and Riverside counties to deliberate on how SCPS can close the gap. Indeed, we felt connected as we deliberated, thanks to the power of virtual connections! We may be able to do a few things differently based on the discussions from that meeting. For the first time in over twenty years, Santa Barbara area has representation on council. It is my hope that we can engage SCPS members in that area this year and get to see what is important to them and what might help psychiatric practice and patient safety/advocacy in that area. Even SCPS regions with adequate representation have opportunity to engage in a whole new way and take psychiatric practice as well as patient safety/advocacy to a whole new level. Another important step this year will be reconnecting with our strongest allies such as NAMI to collaborate on what is important to both organizations. We hope to make new connections as we network with others who share similar interests such as the California Disaster Mental Health Coalition which has an urgent need to develop a disaster mental health plan in a year where the pandemic exposed the lack of uniform and standardized disaster care at local, state, and federal levels in the country.

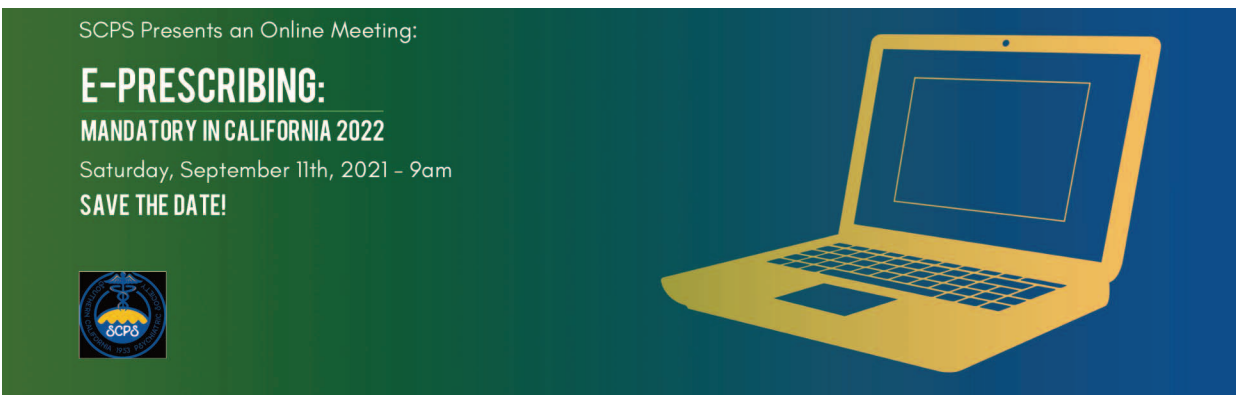
I am going to challenge everyone reading this who is an APA/SCPS member to remember why you joined organized psychiatry in the first place. Ask yourself whether that reason has materialized and if yes, how are you contributing your own quota and paying it forward? How are you ensuring that the success of organized psychiatry is sustained? If not, ask yourself what you are prepared to do to ensure that your reason comes to fruition.

How will you ensure that organized psychiatry succeeds? Through my membership drives either in grand round settings or large group meetings or through one on one conversations with others, here are some of the reasons I have been told over the years as reasons for being part of organized psychiatry: caring for our psychiatric patients and believing in their right to equitable health, belief in right to unhindered/equitably compensated psychiatric practice, career advancements, strong sense of advocacy, life of service, sense of professional community, creativity and change, collaboration with other organizations, providing treatment guidelines for evidence-based practices including monitoring influence of the pharmaceutical industry. Maybe you came to organized psychiatry because of one or more of these reasons, maybe not. Whatever your reason, organized psychiatry can only serve its purpose if we are all engaged. In essence, there is no SCPS without all of us literally on board. Your voice is important, your thoughts are valued, and your engagement is gold. Stay engaged!!!

Please consider joining any of the SCPS committees (check out current committees <https://www.socalpsych.org/>) by reaching out to our most devoted executive director Mindi Thelen @ socalpsychiatric@gmail.com to contribute your ideas so that SCPS continues to grow and serve all of us. If there are areas of concern, please let our executive director know, bring it to council or respond to our editor with suggestions.

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SCPS Presents
E-Prescribing: Mandatory in California 2022

An Online Meeting
Saturday, September 11th, 2021 9:00 A.M.

[Registration Now Open!](#)

Hear from our colleagues already using E-prescribing:
 Matthew Goldenberg, D.O., Heather Silverman, M.D., Steve Soldinger, M.D.

Also
Reducing Risks When E-Prescribing and Using Electronic Health Records
 Allison M. Funicelli, MPA, CCLA, ARM, CPHRM, FASHRM - Assistant Vice President, Risk Management Group

Description of Presentation

This presentation will focus on the benefits, potential risks and best practices associated with e-prescribing. The webinar will cover topics including e-prescribing systems and vendor functionality and compliance with CA regulations related to e-prescribing. At the conclusion of the presentation, the attendees will obtain strategies to reduce the potential liability when e-prescribing and using electronic health records.

Allison has over 30 years of experience in medical professional insurance industry. She assisted in the ground up build-out of two successful medical professional insurance carriers. Allison is an active member of the Connecticut Society for Healthcare Risk Management (CSHRM) and has served on their board in positions of Director, Treasurer and President. Allison is a member of the American Society of Healthcare Risk Management (ASHRM), the Massachusetts Society for Healthcare Risk Management (MSHRM) and the Professional Liability Underwriting Society (PLUS). Allison frequently speaks on national, regional and local levels on topics related to claim and risk management

A Vendor Fair will also be featured.

Please note that e-prescribing will be mandatory for ALL prescriptions in California:

California State Mandate: All Prescribers: In 2018, the legislature of the state of California passed Assembly Bill 2789, mandating electronic prescribing for California prescribers beginning on January 1, 2022. The bill specifically requires prescribers to employ electronic prescribing for all prescriptions, and requires pharmacies to be equipped to receive said electronic prescriptions.

See full text here: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB2789

The Townhall Edition

By SCPS Newsletter Editor
Matthew Goldenberg D.O.



Summer is here!

After a year of having our lives turned upside down by Covid-19, it feels like things might be getting back to normal. Our patients are returning to their workplaces, some of us are as well, kids are out of school for the summer and many of us are getting to do some traveling. Whether this is a slow return to normal or the calm before the delta variant storm, is yet to be seen.

This seems like a perfect time to reflect on the last year at SCPS. It is almost hard to remember our in-person CME events and council meetings. A lot has changed and yet a lot has remained the same.

The articles that follow are hopefully giving you a good glimpse into your return on investment for being a member of SCPS. It can be difficult at times to keep updated on what any organization is doing at all times. The updates from Mindi and from the various SCPS committees will update you on the latest projects, goals and the overall vision of the organization.

Additionally, these updates can give you a jump start on finding a niche within the organization to plant your feet and get more active and engaged. SCPS's greatest assets are its members. Yes, you! I hope this newsletter serves to motivate those who been on the fence about getting more involved, to jump on in.

SCPS is working for you, for our members, our profession and our patients and this newsletter is a glimpse into power and importance of your SCPS membership.

We are taking August off (as per usual), so the SCPS Newsletter will see you in September!

Matthew Goldenberg D.O.
SCPS Newsletter Editor
Treasurer (2020 – 2022)

Mid-Year State of the Union

By: Mindi Thelen

“Stand up straight and realize who you are, that you tower over your circumstances.” – Maya Angelou



Or, in other words: ‘It was the best of times, it was the worst of times.’ How could anyone consider a year which included a global pandemic and social unrest the best of times?

The Southern California Psychiatric Society (SCPS) has certainly not been immune to the challenges of this past year and has actually lived through and adapted to internal challenges of its own – the dissolution of the California Psychiatric Association (CPA) – our 30-year advocacy arm of the five APA district branches in California. In this update I will concentrate on those three areas: SCPS’ reaction to the pandemic, SCPS’ reaction to racial injustice, and SCPS’ reaction to the dissolution of CPA. This newsletter will focus on, and highlight, the arduous work being done by various SCPS committees, some of which are completely new, or newly reinstated within this last year. So, I will try not to be redundant.

First, the pandemic. Thanks to the quick reactions of the Disaster Relief Committee, SCPS was able to provide resources to members and to the public in real time. The committee announced volunteer opportunities for members who wanted to help in various ways—from virtual counseling with front line health professionals to administering vaccines. The pandemic created challenges for everyone—both personally and professionally. Also, emotionally. SCPS presented a Town Hall offering an opportunity to members to process this together. Now, we are coming out the other end of this pandemic (sort of??) and assessing how to plan future (CME) meetings. Will members still want to attend meetings in-person if they can be offered virtually? Can we hold in-person-only meetings after making them more accessible to the entire membership through virtual formats? If we have half in-person attendance and half virtual attendance, will we still attract exhibitors and vendors who clearly offset costs and keep registration fees lower? The anxiety of the pandemic may be decreasing, but how our future will look is definitely still unknown. Maybe in next year’s update we will have all the answers! (smiley face)

Social Unrest: The murder of George Floyd was horrific. Hard to see and harder to swallow. At his expense, a real demand for equity and inclusion for people of color has finally been seriously awakened. Thanks to two SCPS members; our President, Ijeoma Ijeaku; and Council member, Galya Rees, SCPS formed a new committee, the Diversity and Culture Committee. This Committee has been very active and very productive and has submitted an update for this newsletter. Their report highlights the committee’s goals, the many projects they have already accomplished, and future projects on slate for the rest of this year and going into next year. The Diversity and Culture Committee will be combining efforts with the Public Affairs Committee and the LGBTIQ Committee to produce a DocuSeries of nine mini documentaries focusing on southern California psychiatrists who are working in minority mental health with marginalized communities. The series is made possible with a grant from PRMS.

The dissolution of CPA: The dissolution of CPA was not only a sad event—watching a 30-year-old organization fold and the union of the five district branches break apart, but it was a bit of a crisis, — a fire for our district branch to put out. Two months prior to billing our members for their 2021 dues, we found ourselves not knowing what our advocacy activities would look like. The SCPS Mission Statement/“Purposes” in the Articles of Incorporation requires SCPS “To serve an advocacy function for the rights of patients and the profession of psychiatry.” As members of CPA, SCPS covered this requirement for its members. With CPA dissolved, how would we do that? Very quickly after the dissolution we had two options to consider: supporting the Psychiatric Physicians Alliance of California (PPAC) –a stand-alone lobbying organization formed by previous CPA leadership and employing the CPA lobbyist, or joining the California State Association of Psychiatrists (CSAP) –the union of three of the California APA district branches, organized in a different way than CPA was, but still affiliated with the

APA. After much discussion and debate, the SCPS Council determined that it would spend the money earmarked for lobbying on PPAC for 2021. That alone was a gargantuan task. Due to the nature of the relationship with PPAC (more like a client than a member like at CPA), SCPS needed to figure out how to determine its positions on bills and potential bills, how to communicate its positions to PPAC, and how to get its positions lobbied by PPAC. Hence, there was a clear and real need to reinstate SCPS' own Government Affairs Committee.

The SCPS Government Affairs Committee Co-Chairs have submitted their report for this issue of the newsletter. The GA Co-Chairs are being modest. They have not mentioned that out-of-nowhere they reorganized a very active (large) committee, hammered out the contract for lobbying services with PPAC for 2021—(are about to broach next year's contract), and developed an MOU (memorandum of understanding) with CSAP for representation at CMA (an unconfirmed outcome at this time, but a positive step towards reuniting with other APA colleagues). Since its inception, the GA Committee has reviewed and taken a position on numerous bills ([SB 221](#), [SB 379](#), [AB 988](#)) and actions ([requiring social justice analysis on all potential advocacy actions](#), [opposing the name change for PAs](#), [opposing the termination of state LPS contracts](#), and [supporting scarce-resource priority for patients with schizophrenia](#)). This has all been done since February. (That's five months.) Currently, there is an Ad Hoc Committee working on submitting a plan for how AB 988 could best manifest in CA and alternative crisis response. There is also an AD Hoc Committee looking at how SCPS might go about determining candidate endorsements in the future.

So, yes, in many ways and on several levels, this has been the worst of times. But, I do believe that, thanks to the very hard work and generous time contribution of a core group of active member volunteers, SCPS stood straight and towered over its circumstances. I hope you, our members-at-large, agree. I could not do my job without them.

Update from the Academic Liaison Committee - Larry Gross, M.D., Chair



The SCPS Academic Liaison Committee was established to function as a liaison between SCPS and the region's academic psychiatry departments, more specifically focusing on general psychiatry residency training programs. The intent is to have ongoing bi-directional communication to disseminate information from SCPS and also a forum for discussion of issues between programs and back to the organization. In practice, a lot has changed over the years, and the committee's main activity has been reviewing the nominations for the PER Excellence in Psychiatric Education Award, this year taken over by SCPS following formal dissolution of the PER Foundation after 30 years. The award is given annually to a resident from each general psy-

chiatry training program for outstanding achievement in clinical care, research, teaching, or community service – as nominated by the program's training director. In recent years, we have seen the closure of two residency programs (Cedars-Sinai and UCLA-San Fernando) and the creation of several others, bringing the current total to 11 general psychiatry training programs in the SCPS region:

USC	Arrowhead Regional Medical Center
UCLA-Semel	UC Riverside
Harbor - UCLA	Kaiser Permanente Southern California
UCLA – VA Greater Los Angeles	Charles R. Drew University of Medicine
UCLA -Olive View	and Science
Loma Linda University	Riverside University Health System

Originally envisioned to have a committee member from each institution (ideally the training director), the membership has not kept up with these transitions, nor with the goal of bidirectional communication on relevant issues. The committee is in need of revitalization, new leadership, and expanding membership to include each program, ideally the training director (or their designee). Some of the residency directors are not currently members of APA/SCPS, so if you are on the faculty at one of these departments and are interested in participating, check with your program's training director and contact Mindi or myself.

Update from the SCPS Disaster Relief Committee - Danielle Chang, M.D., Chair



The charge of the Disaster Relief Committee is:

- To develop and implement plans for SCPS' response to disasters
- To provide assistance to members and the public in response to disasters
- To share disaster relief resources and develop relationships with other local medical and professional associations engaged in disaster relief mental health work

The SCPS Disaster Relief Committee has been continuing to meet on a monthly basis and welcomes any SCPS members who are interested in joining. The committee recently heard from Dr. Randy Mervis, who shared about his experiences as a disaster relief psychiatrist with the Red Cross. We have been discussing plans for a panel discussion with psychiatrists who have had experience with disaster relief work which will be open to all SCPS members in the future. In addition, the committee continues to discuss ways to help better prepare psychiatrists and patients for times of disaster and is engaged in strengthening our relationships with partnering organizations. If you are interested in joining the committee, please contact Mindi Thelen for more information at socalpsychiatric@gmail.com.

Update from the Diversity and Culture Committee - Ijeoma Ijeaku, M.D. , Chair



Background:

The Diversity and Culture Committee of the Southern CA Psychiatric Society, founded on June 11, 2020 amidst the social uprising following the death of George Floyd, is a call for social justice and equity for the disenfranchised, a look at our collective history and an attempt to move our organization in the direction of empowerment for all.

Committee Members and Meetings:

Members of the committee represent a diverse mix of individuals from different cultural backgrounds, career stages, and practices. The monthly meetings of the committee allows an open discussion of sensitive cultural issues, learning, advocacy, mentorship, and reshaping of paradigms.

Goals:

As an arm of SCPS, this committee is charged with bringing forth motions to council to allow SCPS take actions that would ultimately

- address anti-racism through collaboration with stakeholders and influencers to change the culture of structural and interpersonal racism in psychiatric practice especially in SCPS area
- advocate for policies which strongly support anti-racist issues that affect the quality of life of our patients such as access to psychiatric care, criminalization of mental illness, adequate crisis response and intervention, and pipeline to prison programs
- increase the diversity of SCPS membership and leadership
- address the educational needs of all trainees and SCPS members with the goal of achieving cultural humility and awareness of nuances in dealing with patients and other professionals
- promote activism and research in culture, race and ethnicity in psychiatry including mental health disparities that are along race lines

Projects within the last year:

The anti-racism resolution, recommended by this committee and passed by council at the September 2020 meeting, serves as a platform for the work of this committee. The resolution focuses on actions that SCPS can take that affect psychiatric practice, our patients and the vulnerable populations we serve.

Increasing MUR Representation:

The specific charges for the Minority and Underrepresented Representative (MURR) and Deputy Minority and Underrepresented Representative (DMURR)

- Ensure that SCPS positions on various issues are carefully reviewed and analyzed by Council in a way that identifies and addresses any implications that such issues may have that are related to structural racism as it relates to the practice of psychiatry and treatment of patients with mental health problems,
- Encourage and facilitate submission by SCPS membership of APA Assembly action papers that constructively address minority mental health issues,
- Participate actively within the SCPS Diversity and Culture Committee to help identify issues and shape proposed SCPS Council actions relevant to structural racism and related topics,
- Participate actively in the process of making nominations for SCPS Council positions of SCPS members who have the credibility, commitment, and knowledge to ensure that Council reflects the diversity of our community and district branch and takes actions that reflect an understanding of issues of racism and other forms of bias and discrimination.

The George L. Mallory Diversity, Culture and Social Justice Award:

The committee is very excited to announce this award, which recognizes a psychiatrist for their exceptional contribution to advocacy, research, teaching, and/or leadership aimed at countering structural racism and advancing our understanding of culture and diversity in psychiatry.

The first award presentation was at the virtual installation/award ceremony on April 24, 2021.

This memorial award after Dr. George L. Mallory, a prominent educator, psychiatrist and civil rights activist who dedicated his life to treating the underserved in Los Angeles County.

Dr. Mallory was one of the first staff members of Martin Luther King Jr./Drew Medical Center, a president of the Black Psychiatrists of Southern California, and the recipient of numerous awards.

The Committee encourages SCPS members to send in nominations for consideration for this award for 2022

Upcoming Projects:

Ongoing education of committee members, council and the membership regarding anti-racist policies and practices and related topics

Collaboration with Public Affairs Committee and LGBTQI committee on an upcoming docuseries project highlighting psychiatrists actively championing the cause of minority mental health and related social justice issues

An SCPS action paper for the APA Assembly requesting an APA position statement on the influences of racist policies that have reinforced structural racism over several decades including the influential 1965 Moynihan report as well as more recent issues. The goal is for the APA to acknowledge the harmful effects of these policies on marginalized communities and take steps to support and advocate anti-racist policies in their place

Ongoing collaboration among training programs within SCPS area to develop a potential template for cultivating a truly diverse culture within training programs that enhances the growth of all trainees

Please feel free to contact SCPS Executive Director Mindi Thelen @ socalpsychiatric@gmail.com with thoughts, ideas or suggestions related to diversity, culture, inclusion, and social justice.

**Update from the Fellowship and Awards Committee -
Larry Gross, M.D. and Larry Lawrence, M.D., Co-Chairs**



The charge of the Fellowship and Awards Committee is three-fold: 1) managing the process of nominating members for elevation to Distinguished Fellowship status, 2) recommending recipients to Council for annual SCPS awards, and 3) working with the Executive Director to coordinate an annual event for installation of new officers and presentation of SCPS awards.

Eligibility for Distinguished Fellowship (DF) status requires a minimum of eight years as a general member and honors a member's contributions to the society, the profession, and the community. In addition to board certification, contributions are required in a variety of areas, including SCPS/APA activities, other professional organizations, and non-compensated mental health/medical/community activities, as well as clinical, administrative, teaching, and scholarly contributions. While one does not have to excel in all of these areas, significant contributions are required in at least five, accounting for the time to reach eligibility. Each year the APA sends a list of eligible members, which is reviewed by the committee to select potential nominees. Information in the above areas is requested from these members. Those whom the committee feels meet the contribution criteria are invited to complete the full DF application and request letters of support. Completed applications with CV and letters are reviewed by the committee, and the names of those whose packets meet the committee's approval are then circulated to all DF's in SCPS for input. Final recommendations are approved by SCPS Council and submitted to APA, whose Membership Committee makes the ultimate decision on Distinguished Fellowship. DF status is announced each spring at the annual SCPS Installation and Awards Ceremony, along with acknowledgement by the APA at the Convocation of Distinguished Fellows during the next annual meeting. So, if you get a request on behalf of the committee, please respond – It's an honor to be considered!!

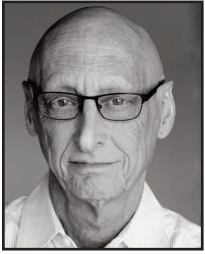
SCPS gives a number of awards at the annual Installation and Awards Reception. Each spring the committee meets to nominate awardees and forward recommendations to Council for approval:

- Distinguished Service Award—to a member for longstanding devoted service to SCPS
- Outstanding Resident Award—for exceptional contributions and dedication to SCPS
- Outstanding Achievement Award – to a member for exceptional and widely recognized career contributions
- Appreciation Award – to a member for sustained service in a focused area
- Special Awards – to non-psychiatrists for significant contributions to SCPS or psychiatry on the whole, including
- Media Awards – to members of the media who have made major contributions to the public's understanding of psychiatry

The Committee is in dire need of new members who are Distinguished Fellows but less senior than our current small core! Please contact Mindi or one of us if interested.

Update from the Government Affairs Committee

Roderick Shaner, M.D., Steve Solding, M.D. - Co-Chairs



Why should SCPS revive a Government Affairs Committee (GAC) that was dormant for many years? After all, CPA effectively represented SCPS at a state level for the last four decades until its sad dissolution last year.

The reason for the resuscitation is that our profession and patients have too much at stake right now for us to simply mourn the CPA demise. To fill the gap, SCPS President Ijeoma Ijeaku led the efforts at the end of

last year to revitalize the SCPS Government Affairs Committee (GAC) and asked Drs. Shaner and Solding to co-chair.

The GAC mission is to coordinate SCPS efforts to ensure continuity for organized psychiatric engagement and advocacy in government affairs, primarily to help advise and assist state legislators and regulators in making sure that any new laws or new regulatory interventions support our profession and secure good care for our patients.

Sacramento hasn't politely paused so that SCPS can build its representational muscle. A flood of legislation and regulations are moving through state government right now. Important bills are in play which will affect the future of telemental health, the availability of mental health resources for our patients, the likelihood that LPS law will finally recognize the inextricable link between grave disability and medical illness, the regulation of malpractice claims, and the scope of practice of clinicians of every sort. We psychiatrists can't just stand by.

SCPS GAC strongly urges SCPS members to follow the Advocacy webpages [Advocacy | SCPS: Southern California Psychiatric Society \(socalpsych.org\)](#) on the SCPS website to keep up to date on governmental actions and policy issues, and to join the conversation and provide guidance to both the GAC and SCPS Council. We are a committee that's geared for action. Mindi Thelen, SCPS executive director, can quickly direct you to the most effective contact point to make your opinions and ideas heard.

A central task of the GAC is to build new leadership and expertise in SCPS to make our voices heard by legislators and regulators, and the task is well underway. Project Number One, assigned early to a GAC subcommittee, was to secure a contract for 2021 with the Psychiatric Physicians Alliance of California, a new advocacy corporation that contains many former SCPS CPA leaders and accomplished CPA staff. We are supporting this organization to ensure continuity of statewide advocacy efforts and to provide ongoing education to SCPS membership.

Another key task for GAC is to build alliances with other California APA District Branches and APA to coordinate our joint efforts to speak directly to other organizations (such as CMA) and to government at state and national levels.

These are times that are filled with need for psychiatric advocacy, and there is tremendous potential for advancing our profession and the wellbeing of our patients. GAC is providing an important voice for SCPS, and we invite you help shape our efforts.

Update from the LGBTIQ Committee - Madeleine Lipshie-Williams, M.D., Chair



The LGBTIQ committee is a recently reincarnated part of SCPS. We are lucky to count among our members several individuals who were active in the early work of the committee, as well as trainees and early career members. Our committee is still actively crafting an agenda for this year, though has begun to work on providing mentorship and planning interactive, educational events for our SCPS community. We will also be working with other committees to support policies and programs that benefit the LGBTIQ communities in Southern California. We are particularly excited to be collaborating with others in SCPS on a docuseries recognizing leaders in psychiatry for marginalized groups. Any member of the SCPS is invited to join, and we welcome you to come to our next zoom meeting on Wednesday July 21 (and every third Wednesday). Look out for future announcements of social gatherings this Fall. If you are not able to join the committee, but would like to be involved in mentorship, or if you have any other questions, please feel free to reach out to committee chair, Madeleine Lipshie-Williams through SCPS at socalpsychiatric@gmail.com.

Update from the Program Committee - Michael Gales, M.D., Chair



The SCPS Program Committee has largely focused its energies on our traditional last Saturday in January “Advances in Psychiatry” event and a complementary spring meeting. Until 2020 the January meeting had focused exclusively on psychopharmacology. Due to a drop off in novel psychopharmacological developments this meeting has reshaped itself to include topics of more general psychiatric interest. Registrants responded positively to the break from tradition. This past January we additionally experimented with our first online zoom meeting. This new medium was also well received, if only as a stopgap until we can return to the familiar in person participation of speakers and registrants.

The spring meeting typically selects one topic as a focus for the program, thus allowing for a deeper exploration of the subject matter. Recent meetings have focused on chemical dependency and suicide.

The general goals for all our meetings have been to offer both members and non-member psychiatrists the opportunity to expand their professional knowledge, meet CME requirements, and participate in interactive dialogue with speakers and fellow registrants. The meetings also offer a somewhat unique opportunity in a local large group environment to refresh old friendships and meet new friends.

Our committee meets by zoom at this time and we feel we are functioning effectively in this mode. We have a core group of dedicated members and we occasionally solicit the help of SCPS members with special expertise when we need advice or help with speaker recruitment. When a given SCPS committee is planning an event under their own auspices we stand ready to support them in whatever manner they might find useful.

We are currently planning a fall meeting online that will address member needs in regards to E-prescribing, which will become mandatory 1-1-22 by state law. Topics related to choice of software, familiarization with the prescribing process itself, legal issues, and the actual experience of members already using the new system will be covered. In January we will have a meeting focused on various aspects of the new wave of interest in the application of non conventional medications such as MDMA, LSD, magic mushrooms, ketamine, psilocybin, cannabis, etc. to challenging mental disorders, whether used alone or in combination with psychotherapy and other modalities. Dr. Charles Grob M.D., nationally known for decades of research and experience in these areas will serve as our key note speaker.

For those who so motivated to give back to their chosen profession, please contact either Heather Silverman, Mike Gales, or Mindi Thelen for more information on committee participation.

Dispatches from the Public Affairs Committee - Christina Ford, M.D., Chair



Purpose:

The goal of SCPS's Public Affairs Committee is to promote the profession of psychiatry to the public, especially towards the goals of humanizing those with mental illness and their providers and thus reducing stigma through the use of education, connection and dialogue. The tumultuousness of our current times has created a public reckoning with mental health concerns directly related to health equity, physician mental health and the mental health of the greater community. We see this as a vital time to 1) engage with the community as mental health experts and 2) collaborate with local organizations in the service of reducing stigma and encouraging those in need to actively seek assistance. In the recent past our committee has engaged with LAPD in regards to approaches for mental health emergencies and provided media training for psychiatrists.

Directives:

1. Maintain a Speakers' Bureau to communicate directly with the public and various media sources.
2. Maintain regular communication with media sources in regards to current events regarding psychiatry and mental health, and provide responses as needed.
3. Actively encourage the sharing of information to enlighten the public about psychiatry, facilitate public awareness of mental health issues and reduce stigma.
4. Facilitate communication and dialogue within the greater community with a goal for improving equity and justice in regards to mental health.
5. Develop programs for implementing all of the above. Increase innovation in regards to outreach methods: podcast/publication/speaking opportunities, etc.
6. Increase presence within current local systems, eg: schools, police departments, diversity and inclusion groups.
7. Encourage mentoring opportunities and build a pipeline for diverse mental health practitioners and supervisors.
8. Collaborate amongst committees.

Upcoming Projects:

1. We will be actively creating content and seek diverse voices from our community to help support our efforts, particularly in regards to the Speaker's Bureau. We wish to maintain a list of psychiatrists with expertise in various areas who can be approached on an as-needed basis to interact with appropriate media outlets.
2. We are particularly focused on issues of social justice and equity as it pertains to mental health and wellness. We are excited to be working in collaboration with the LGBTQI and Diversity & Culture Committees on an upcoming docuseries project highlighting minority psychiatrists and those psychiatrists actively working with under-resourced populations.

Interested members are encouraged to join! Please contact Mindi at socalpsychiatric@gmail.com

Enjoy some photos from committees and events over the years....



Career Fair



Spring Meeting



Women's Committee Meeting



Career Fair



NAMI Walk



Documentary cast and crew



Women's Meeting



Art of Laughter Meeting

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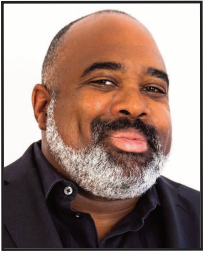
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Supporting Our Workforce: LA County's Response to the COVID Crisis

By: Curley L. Bonds, M.D., DFAPA



Los Angeles is home to the nation's largest public mental health system, the LA County Department of Mental Health. As Chief Medical Officer for the Department I am charged with ensuring the overall quality of our services and maintaining a sound workforce. This means both recruiting and retaining approximately 250 psychiatrists who are among the busiest in the business. They spend their days providing treatment to complex patients who often present with multiple co-occurring conditions and treatment resistant illness paired with severe socioeconomic disadvantages. While working with people in the safety net can be incredibly rewarding, practicing in an environment with scarce resources can put psychiatrists at risk for burn-out and compassion fatigue. Our mission to "optimize the hope, wellbeing and life trajectory of Los Angeles County's most vulnerable through access to care" is closely tied to the well-being of our own workforce.

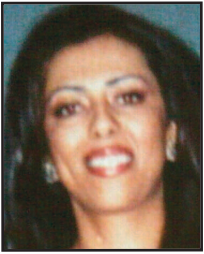
Fortunately a dedicated group of our psychiatrists created the DMH Psychiatrist's Network to provide support and wellbeing resources for our staff. The Network, headed up by Dr. Marisa Andres-Kim, has been the backbone of our physician wellness program. Other members of the network include Iman Parhami, Anna Khijniak and Stella Cai. The Network hosts a very active and robust sharepoint site that is a treasure trove of resources, documents and survival guides for working in a complex intimidating system of care. Their newsletter has been a wonderful space for bringing everyone together during the long periods of isolation brought on by the COVID 19 pandemic. Messages of gratitude, survival stories and photos (including vaccine selfies!) are among the many offerings that have played a key role in connecting our diverse group of physicians.

The Network has also sponsored several innovative programs and events designed to address the needs of psychiatrists working with our safety net population at all different career stages. Recently they hosted a Skype workshop titled "Self-Care, Building Skills to Tune into Your Own Need." Participants were able to engage in mindfulness practices focused on work-life balance. The group has also sponsored journal club meetings to discuss how to approach the many clinical challenges that public psychiatrists face (e.g. adult ADHD). One of the Network's ongoing projects is to conduct an annual survey to assess levels of burnout among DMH psychiatrists. From this activity we learned that levels of stress and burnout increased slightly in 2020 compared to 2019, but was comparable with levels of other psychiatrists across the country. It will be interesting to see how the levels change as people return to "normal life" with traffic and other familiar LA standards.

As a Department, LAC DMH has taken several steps to address some of the same issues that the Network does. Prior to the pandemic, we purchased subscriptions to the meditation and mindfulness app Headspace for all of our employees. This effort was so successful that it was later expanded to all LA residents through an initiative funded by the Mental Health Services Act. We also established a wide range of supportive services including an emotional support warm line in partnership with the DMH-UCLA Public Mental Health Partnership. We recognize that this very unusual time has delivered enormous levels of stress and uncertainty. To read about additional help lines and resources curated by DMH, visit our website [Get Help Now! - Department of Mental Health \(lacounty.gov\)](https://www.lacounty.gov/help).

Hate Crimes, Biases and COVID-19: Culture and Clinical Implications

By Kavita Khajuria, MD.
Diversity and Culture Committee



COVID-19 has affected the lives of everyone in some manner, but it has elevated the risk of Asian Americans in particular - with hate crimes, negative biases, and microaggressions. Some go further to argue a relative ease for some to treat Chinese or Asian-Americans as the physical embodiment of foreignness and disease (1). This has created a threat to the safety and mental health of many Asian-Americans, with the additional risk of victimization, increased anxiety, prejudice and violence. Instances of anti-Asian bias have been concentrated in New York, Boston and California - with 42% from California, and 17% from New York, but Asian-Americans in most states have reported incidents. 2800 incidents were reported in 2020 - with one in four young Asian Americans estimated as having experienced some form of anti-Asian hate (2).

Most self-reported anti-Asian incidents have taken place outside private residences, in grocery stores, local businesses, and public places. One incident included the attempted murder of a Burmese-American family in a store in Texas - stabbed as the suspect allegedly thought the family was Chinese, and infecting people with the virus. Other incidents have included attacks with acid, an umbrella, a log, and numerous altercations have occurred at bus stops, subway stations, stores and the streets, although it's likely that many Asians haven't reported their experiences out of fear or concern about the legal process. Stop AAPI Hate reported over 70% of coronavirus discriminations against Asian-Americans to have involved verbal harassment, with over 90 reports of someone being coughed or spit at. All incidents included anti-Asian slurs. Vandalism and property damage has targeted at Asian businesses, with graffiti with covid specific threats.

This hasn't surprised some scholars of Asian Americans - they cite a long and deep history of xenophobia in the context of racial dynamics in America, posited as a socio-historical concept - with Asian Americans as the perpetual foreigner, regardless of Asian immigrant or generational status - a stereotype that has simply re-emerged during COVID-19. Prior associations include the 19th century bubonic plague wherein Honolulu officials burned Chinatown as a precaution, and in 1900, wherein San Francisco authorities quarantined Chinatown residents, regulating food and activities, based on the belief that Asians were the cause of the epidemic. The 2003 SARS epidemic focused on Chinatown as the epicenter - 14% of Americans avoided Asian businesses and Asian Americans experienced increased threat and anxiety. Numerous other examples followed, with retaliatory attacks after 9/11 - targeting Arabs, Muslims, and other perceived enemies, including Sikhs, Indian Americans, Lebanese, and Greeks - more recently an Indian immigrant was shot to death upon false presumption of him as an Iranian.

After World War II, many were encouraged to show their Americanness and patriotism to gain acceptance by the white majority, with the display of American flags or by wearing red, white and blue – strategies that don't directly address racism and xenophobia. Scholars stress that future research should track racial bias and hate crimes more systemically to further understand the influence of demography and urbanicity on these events and to look more closely at embedded racial logics that lead to these incidents, rather than the incidents themselves. There has been substantial coverage and investigation of these anti-Asian crimes - the community has followed with on-line campaigns, publicity and platforms wherein individuals can record incidents of racism and coronavirus discrimination - but many believe that the incidents classified as hate crimes and bias incidents don't fully capture the extent of racist and xenophobic perspectives. There's also some evidence to suggest these crimes as underreported, as some immigrants may lack an understanding of the legal system.

A panel of psychiatrists presented on Asian American mental health and racism at the APA Annual conference this year, which included history and cultural challenges. It turns out that the highest number of out-of-Vietnam Vietnamese are located in Orange County, California - several generations of them. Many initially deferred COVID testing out of fear and worry regarding stigma - isolation was reported to be high in this population, especially in seniors, and many were malnourished in their apartments for 12 months from difficulty eating the 'meals on wheels' food provided due to cultural taste differences. Volunteers eventually provided ethnically adjusted food and provided mobile testing and vaccinations.

A psychiatry resident spoke about the discomfort that stemmed from being assigned a patient based on the assumption of racial similarity, and the burden of extra responsibility on ethnic minorities in the name of diversity. The 'Model Minority' was explained as a myth and a dangerous stereotype, 'Racial Gaslighting' as making a victim question the validity of their own racial trauma. Other topics included isolation from lack of discussion about race, and the need to consciously examine our thoughts to ensure one isn't contributing to health inequity. They stressed the need to understand a patient's culture in order to deliver high-quality care. 'Cultural humility' was cited as an important attitude - to normalize the process of not knowing with an attitude of open minded curiosity with self-reflection and growth - a life-long learning process. It's estimated that no racial or ethnic group will have more than 50% of the nations total population by 2044 . One in five of the nations total population is projected to be foreign born by 2060.

Another psychiatrist spoke about Filipino Americans, cited as the 3rd largest Asian American group in the United States with over 4 million people – located primarily in California, Hawaii and Texas, and with a median age of 20. He discussed the historical context and referenced the caste system, colonial mentality, internalized oppression and contributors to disparity - noting confiding to others to be the top deterrent to depression. He underscored this population to be a collective culture, not individualistic. Treatment implications included the importance of spirituality in this group, with a preference for brief CBT. Other topics included a scholarly review of discrimination, including statistics and recommendations. A professor with a background in history and literature provided a rigorous review of the history of Anti-Asian activity, including Alien land laws, noting white supremacy to be the foundation of U.S immigration and naturalization laws - the Chinese were prohibited from working for federal, state and local governments or educating their children in public schools - thus many set up their own businesses, including laundries. She noted slavery to persist after it was formally abolished – i.e the 'municipal club' run by government officials - which housed female slaves.

Given the rise in hate incidents, an unprecedented amount of 200 million dollars was recently proposed to address anti-Asian American hate incidents with the API Equity Budget (3). Over 20 million dollars is intended for Chinatowns across the California state. More than half of the total monies is intended for provision of free services - including legal, healthcare, counselling and hate incident hotline services in multiple Asian languages. Other foci include anti-Asian bullying in schools and alternatives to the criminal justice system, including mediation.

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Red Jello Night

By: Torie Shatzmiller Sepah, M.D.



It took about ten minutes of carefully shifting the controls on the hospital bed, placing pillows in the right spaces to prop me up to angle that resembles ‘sitting’—all done delicately so as to not increase the pain level I was already in. All of this was for a specific purpose, like all post-op patients, it was time to advance my diet, it was time for my first “solid” food. Clear, but solid. I hadn’t thought much about the details of this, having been focused mostly on the logistics of physically moving. At that point, I’d eat/drink anything they wanted so I could go back to laying back on my side, at a 30 degree angle. “Let’s just get this over with” was my only thought when I arrived at my 60 degree ‘sitting’ angle.

Then I saw it—there it was: a bowl of not just jello, but red jello. I chuckled deep enough to feel a sharp pain along the incision line at my lower abdomen.

The nurse asked, “What is funny? Do you not like jello?”

“I like jello. Its nothing. It just takes me back to my days as an intern.”

I didn’t have the strength to explain why I found it so amusing that after all of these years, they still served red jello to hospitalized patients, nauseous post-op ones no less.

Perhaps the most unexpected experience of having a complicated surgery involving my abdomen has been that somehow, in the aftermath, it has felt like the contents of my brain—memories, impressions, perspectives—have been equally swirled around in the process. Things I had not thought about for decades are all of the sudden front and center in my mind. For once, maybe in my entire adult life, I feel more anchored to the past than to I do to a future destination. None of this is happening in a contrived way, I am not telling myself to ‘take more time’ and ‘be present’. I have always found such advice to be well-intentioned but like ‘self-care’, difficult to apply logistically in the demanding profession and life built around it that I was already elbow deep in. Honestly, when people told me to do such things, to shift my focus onto the ‘now’ or to invest in ‘self-care’, I was quietly resentful. My brain problem solves as a scientist—the viability of an intervention needs to be clear, not amorphous.

But then one day, it changed. Not from reading any books or going to a wellness retreat—no, it happened when I looked down at the bowl of red jello.

As I stared at it, I recalled being a young doctor—an intern, who had made an interesting realization half way through the year. Calls reporting hematemesis (vomiting blood) were more common when dinner included red jello. I remember scratching my head, wondering how the leader in healthcare utilization management—Kaiser—hadn’t caught on that red jello nights correlated with an uptick in hematemesis work-up orders. Why not just remove that confounding variable? Serve green jello? Yellow jello?

Yet what I found more surprising about all of this was less so about the grip of red jello on hospital menus and more about my own ability to remember this ironic detail, and with a sense of nostalgia.

Usually when I think back to internship or most of part of medical training, it has almost never been in the context of nostalgia. Rather, I feel relief that it is over. Sometimes, I still feel tinges of anger, not regret, such tiny flames of resentment about the sacrifices I made in my own life to do what I do. That lost decade—the weddings, funerals, birthdays missed. The many Mother’s Day lunches at school missed. The hours I didn’t spend holding my children. Again, there isn’t regret, rather a reminder of what was given up when I think back to my training.

Perhaps at this moment in time, I can appreciate a different perspective given the imposed absence of noise—the cacophony that usually fills my waking hours: phone calls, patient appointments, texts, emails, refills requests, labs to review, scheduling problems to solve, pre authorization denials to appeal. There is a void just long enough for my mind to wander, even meander, without a particular direction, no ‘plan’ or goal attached.

And then there is the most obvious yet difficult to acknowledge change—being vulnerable viscerally, not being the doctor but the patient. Maybe this is at the crux of being able to appreciate the journey I've taken, to see the young me who represented a different chapter in my life, not a protagonist in a continuous essay.

In this new chapter, I am the nauseous patient about to ingest some red jello. Chuckle, pain, chuckle.

Posttraumatic Growth: Theory, Research and Applications

By Tedeschi, Shakespeare-Finch, Take and Calhoun

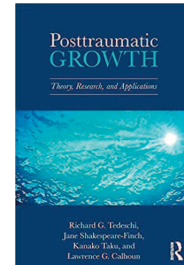
Routledge Publishing

2018

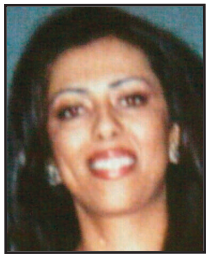
266 pages

\$49 Paperback/\$150 Hardcover

ISBN: 978-1-138-675004-9



Book reviewed by Kavita Khajuria, MD



Post traumatic growth was a term coined in the '90's. It referred to 'positive psychological changes experienced as a result of the struggle with traumatic or highly challenging life circumstances' - in response to the challenge of what people perceive to be traumatic.

This book is comprehensive and rigorous - a textbook of sorts. Authors discuss the concept, history, and related disciplines, including philosophical inquiry and artistic understanding, acknowledging the close relationship to trauma psychology. They stress the benefits to be derived from interdisciplinary perspectives, given the clear links with subdisciplines including but not limited to clinical, existential, trauma, cognitive, social, personality, developmental - and other social sciences and humanities. Posttraumatic growth is emphasized to be a process and multidimensional. It's differentiated from positive psychology and recovery - with different pathways of recovery from posttraumatic stress symptoms. The association with religious philosophy notes greater reports of post traumatic growth in those religiously inclined - and the nature of post traumatic growth as philosophically paradoxical. Key topics outlined include process, the five domains of outcome, and the pathways to post traumatic growth - they stress many parts of the puzzle to remain unclear despite 20 years of research.

Common and universal experiences are discussed, including culture. Researchers and clinicians from diverse cultures and subcultures on four continents document the existence of posttraumatic growth in all societies that were explored. Research encompasses self reports and meta-analytic studies, differentiating the common frequency of post traumatic growth from universality or growth in all dimensions. For some, post traumatic growth may not occur at all - as in those exposed to traumatic experiences that surpass a certain threshold of trauma intensity i.e prolonged torture. Other discussions include the rates and validity of reports, the possibility of illusory experiences, and variability within persons and cultures. Theoretical discussions include models, qualitative and quantitative research, psychometric qualities, and cross-cultural research results including gender differences, developmental research and neurological mechanisms, while acknowledging limited longitudinal research in this area to date.

Other topics include post traumatic growth beyond the individual - in groups, communities, organizations and societies - and other varieties of PTG - including vicarious and secondary post traumatic growth. The concluding chapter wraps it up well, with reference to dichotomous thinking and self re-examinations - the inevitability of the human condition and suffering in life with the opportunity to seek meaning and growth. Perhaps most notable is the concept of facilitation of PTG through 'expert companionship' - which resonates on some level with motivational interviewing.

This is a fascinating topic, but a lengthy read, and authors concede more research is needed, given the number of variables. More information on PTG in regards to intergenerational trauma, genders, and correctional populations would have been helpful, but this book can be helpful for anyone who works with traumatized individuals or communities. This book compels other thoughts, including the growth that may emerge from this pandemic, despite the devastation.

Council Highlights

May 13, 2021

Haig Goenjian, M.D., *Secretary*



Outline of Notable Meeting Events and Discussion

The meeting was called to order by Dr. Ijeaku at 7:01 PM.

Minutes from the previous April meeting were unanimously approved without addendum.

President's Report

Introductions/orientation: New council introduced. Conflicts of interest disclosed. Dr. Ijeaku reviewed general legal guidance read on behalf of Dan Willick.

RFM Engagement: Dr. Wagreich presented the notion of introducing SCPS and its functions to residencies through a formal program e.g., our many sub-committees, and our role for early career psychiatrists. Possibly through Academic Liaison Committee vs Awards Chair.

DFAPA Action Item: Distinguished fellows and awards committee: Nominated Emily Dosset. Approved unanimously by council for DFAPA candidate.

Announcements of Ad Hoc Committees:

1.) Ad Hoc Committee on APA/SCPS Relations: Chaired by Dr. Ijeaku. Discussed goals to continue to strengthen relation between APA and SCPS. We discussed the possibility of joining the APA platform, the DB Window. Present bylaws require that membership cannot be exclusive to only one body. Current flaws in the system raised, and solutions explored.

2.) Ad Hoc on Policy and Procedures - Chaired by Dr. Shaner. Discussed how SCPS presents itself in media programs, e.g. websites, social media, to ensure we are in congruence with appropriate guidelines.

LA City Unarmed Crisis Response Team: Dr. Wood spearheading effort to discuss with LAPD regarding how to implement a program. Goal to provide recommendations to LAPD, based on psychiatrist's expertise on mental health crises. Dr. Bindra mentioned the Civilian Oversight Committee - which is with the Sheriff Dept, and unifying the effort. Dr. Cheung shared insights regarding the 42 dispatch agencies in LAC, various committees and their efforts to cohere. Preliminary talks of starting a work group to look at the options and SCPS's stance.

Wit vs. UBH (United Behavioral Health insurance company): Class action suit which alleges UBH is using substandard levels of care. DB's in CA were asked about our comments for support. Dr. Silverman passed a motion to accept notion to support Wit. Passed unanimously.

APA's 2021 Federal Advocacy Conference: June 5th will be an all day preparatory training. Event is June 10th, virtual. Dr. Bindra volunteered, more volunteers requested.

Diversity and Culture Committee Report:

Dr. Rees summarized the history of the creation of the committee and the new positions and award. Goals for 2021 include developing the committee, working with external experts to help enrich our knowledge, particularly with regards to social justice.

Newsletter Committee Report: Dr. Goldenberg led the report. Highlighted that it receives 300-400 readers/mo. We were reminded that it is open to anyone to read, including non SCPS members. We encourage members to spread the link. Viewership helps strengthen our organization. Monthly themes are a new format.

Monthly themes: This month was Disaster Psychiatry. Next month is Suicide and Burn Out. We are open to ideas for upcoming themes and guest editors.

Treasurer's Report

April's Financials and Cash on Hand Report

Dr. Goldenberg shared the highlights of the Treasurer's Report. The below approved unanimously by council: Regarding income, for the month, we are over budget by approx \$11,461. For the year, we are under budget by approx \$25,904 for 2021.

Regarding expenses, for the month, we are over budget by about \$1,006. For the year, we are over budget by approx \$2,777.

b. 2020 Tax Return: We submitted on time. Council names are listed within it. Approved unanimously by council.

c. Finance Committee Report: Committee discussed upcoming 2022 estimated budget and related concerns:

- 1.) If SCPS wants to participate in the DB Window, we need to give our budget to APA by June 11th. Shortly after our next SCPS meeting.
 - 2.) We plan to have a specific draft budget at next meeting.
 - 3.) In sum, the committee noted that the 2021 budget is on pace to break even. No expectation in major changes in expenses or income. Thus we plan to keep our 2022 budget more or less the same. We recommend to use the general principles of the 2021 budget to plan the 2022 budget.
 - 4.) A motion was presented to review line item 4, requesting PPAC to disclose their sources of income, to ensure there is no conflict of interest. This effects our contractual agreement to ensure that PPAC does not have any unintended adverse financial consequences, or actions counter to the duties and goals of SCPS. This will also help craft our 2022 budget.
- "The SCPS Council formally requests of PPAC that the quarterly report, as specified in the contract to include all organizations that have provided PPAC funding, be received by June 1st, 2021." Passed unanimously.

Membership Report:

New additions: 4 residents, 2 general members; all approved

GA Committee Report: GA Committee Report: Report provided by Dr. Shaner. Numerous items from their April 6th meeting were discussed. Full details provided in the GAC Report document. In Sum:

- a. New ex officio members for the GA committee were introduced.
- b. GAC Advisory input given to PPAC re prioritizing mental health to CA DPH: To add the priority of schizophrenia as a chronic illness for covid vaccine.
- c. PPAC has made a motion to recommend to SCPS Council the endorsement of Sion Roy for California Assembly. SCPS decided to create a subcommittee chaired by Dr. Hanu Damerla to investigate.
- d. Advisory input to PPAC re SB 379: A bill regarding the UC's system contracting out proscripton of certain cares such as reproductive health, gender affirming procedures, and end of life care. PPAC would like us to support the bill, but motion will be deferred to the Diversity and Culture Committee.
- e. Advisory input to PPAC re AB 988. Bill to establish a statewide crisis center. PPAC is taking a position to support if amended. The follow motion passed unanimously: "...Therefore, be it resolved that: 1) SCPS takes a Support if Amended position on AB 9882) SCPS shall advise PPAC to change its position to Support if Amended position on AB988 3) SCPS shall publish its Support if Amended position on AB 988 in its newsletter, along with the current PPAC position."

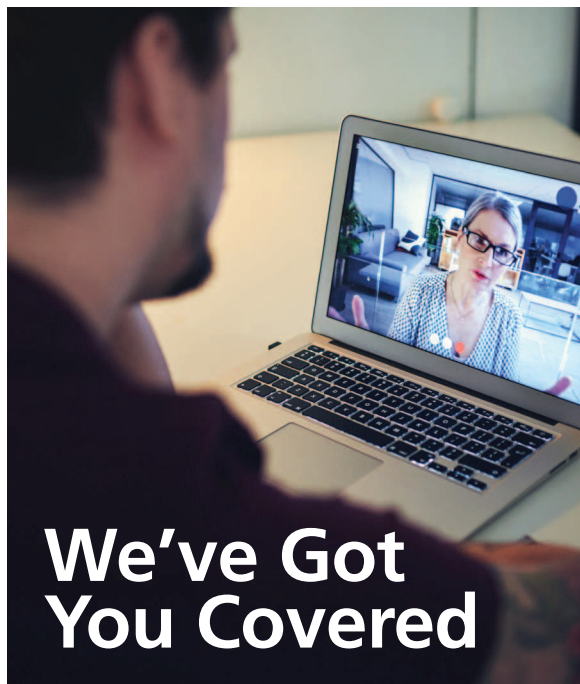
Program Report: Provided by Dr. Gales.

Planning was discussed for the upcoming E-Prescribing Meeting in June. There was discussion of the idea of forming an in person program with vendors. Program would include presentations on how e-prescribing works, the mandates on psychiatrists, malpractice issues, etc. This may need to be postponed till September.

Assembly Report: Provided by Dr. Red.

Dr. Red: APA and Assembly recently met prior to the annual APA meeting. The different papers were highlighted. Three papers won by vote by strength: 1.) To support telepsychiatry across all state lines: calls for one license and was a source of debate: passed. 2.) Substance abuse in geriatric populations: revised and passed. 3.) PAC support: failed. Next meeting in November 2021.

The meeting was adjourned by Dr. Ijeaku at 9:31 pm.



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SCPS Newsletter

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