

PSYCHIATRIST

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Newsletter of the Southern California Psychiatric Society

President's Column

My Vote My Voice My Choice

Ijeoma Ijeaku, M.D.



Beyond the basic needs of an individual for survival such as food, clothing and shelter, lies their fundamental human rights such as right to health, right to liberty and freedom and right to free speech. In the developed world, the right to vote without fear or discrimination is considered a fundamental human right as well. Society has tampered with the fundamental rights of members of marginalized communities in different parts of the world and at different points in history. Within the US, there have been various debates and battles and while some ended in victory, many more issues continue to keep certain individuals away from their fundamental human right to vote. From the women's suffrage movement, which fought a century-long battle to give women the right to vote, to the civil rights movement, which culminated in the Voting Rights Act of 1965, the battle to maintain this fundamental human right has been long and hard. As a result, every effort must be made to continually re-examine and protect the right to vote without fear or discrimination

to give women the right to vote, to the civil rights movement, which culminated in the Voting Rights Act of 1965, the battle to maintain this fundamental human right has been long and hard. As a result, every effort must be made to continually re-examine and protect the right to vote without fear or discrimination

The American Psychiatric Association (APA) with its almost forty thousand members is the largest psychiatry specialty organization in the world. Even with its racist and discriminatory history (founded in 1844 and subsequently underwent changes in its name and structure), it has emerged as the voice of Psychiatry for the 21st century. APA serves multiple roles including advocacy, education, research and ongoing updates on the interface between the science and art of Psychiatry. In addition to its traditional roles, it has taken up the role of endorsing a social consciousness approach to the practice of psychiatry as it pertains to providers as well as patients, their families and communities. For the most part, APA is making appreciable attempts at creating spaces that allow the voices of marginalized populations within the organization to be heard. This upcoming APA election is an opportunity for the membership to vote in officers and trustees whose professional and personal lives speak of their sound values and leadership. The past is the biggest predictor of the future thus the quality of work previously done by these candidates is the biggest predictor of their approach to leadership and their ability to move APA in the right direction. A more inclusive and diverse APA must be the way forward. APA must institute policies that honor our fundamental human rights as individuals and professionals as well as those of our patients. APA must also empower providers and patients as we work to end stigma associated with mental illness and trauma associated with a racist past

In line with SCPS goals to collaborate better with APA, engage our members and advocate for statewide-organized psychiatry, we are organizing a Q & A forum for candidates running for the position of Area 6 Trustee to allow them an opportunity to share their vision with our members. We hope to allocate these individuals some time to hear their ideas for a way forward for Area 6 and the future of our profession in California. While the Area 6

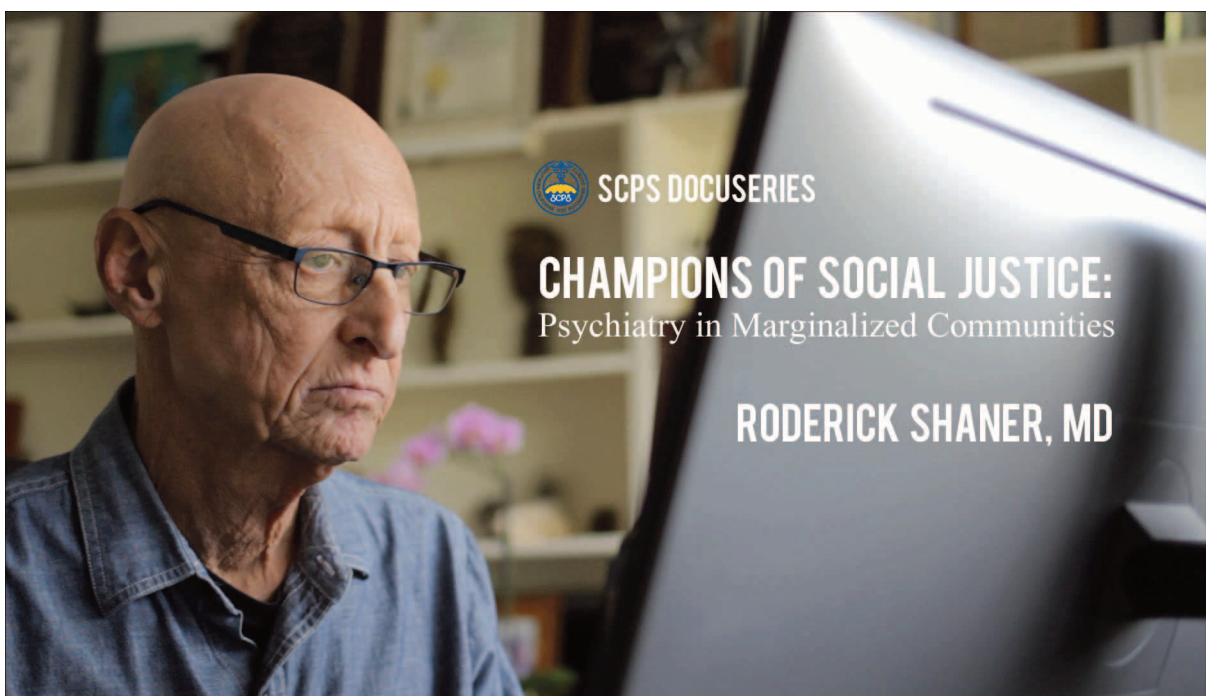
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Trustee's position has remained very clear as far as the geographical area covered and district branches represented, California's usual role as the nation's leader in advocacy for the psychiatric field has suffered due to the demise of the statewide advocacy organization that served it so diligently for over thirty years. The California Psychiatric Association (CPA) was such an effective advocacy vehicle for all psychiatrists in California as the formidable team of legislative affairs director, executive director and government affairs committee worked well to protect the interest of psychiatrists and safety of our patients. As California trail blazed its way to stellar advocacy in very important issues, other states followed suit. With a lack of cohesiveness among advocates within the state, psychiatric practice in California might be in jeopardy. There needs to be leadership, which is willing to build bridges and bring all folks back on the table at some level. Therefore, this election this year could not be more critical for the future of organized psychiatry in California and beyond...

Within our district branch, we are gearing up for our election season as well. After several years on council, it is clear to me that service is at the heart of running for any of the council positions. We should run to make a difference. We should serve to contribute our ideas, our time and other resources to collaborate with our colleagues, engage stakeholders and institute changes that affect our profession and our patients. It should never be about egoistical trips or personal advancement as these are unable to serve anyone on those days (and nights) when tough decisions must be made. As we elect our colleagues to serve in the upcoming council, it is my hope that incoming members and those continuing with their terms will take some time to reflect on what service truly means and the collective effort it takes to ensure that we bring forth the voices and choices of those who voted us in...our valued members.

Dear SCPS member let your voice and your choice count in this election season. Use your vote to elect persons who will serve you, your profession and your patient. In addition, consider serving in other capacities as well. You owe yourself, your colleagues and your patients the duty to preserve our profession. Vote to represent your values, beliefs and guiding principles!

NB: Please consider joining any of the SCPS committees (check out current committees through our website <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.



https://youtu.be/pUaTDKQ_yUo

Roderick Shaner, M.D. is a clinical psychiatrist with extensive experience in the design and operation of public health systems, mental health crisis services, addiction treatment, clinical research, health policy, and direct clinical care.

Dr. Shaner recently retired from service as Medical Director of the Los Angeles County Department of Mental Health (LAC DMH) where his major responsibility was ensuring quality mental health treatment for individuals and their families who receive services through LAC DMH programs. He oversaw development of clinical standards, operations of clinical risks management, managed care, pharmacy, LPS designation, clinician credentialing, physician recruitment, and peer review.

Dr. Shaner has previously served as Director of the Psychiatric Emergency Service at LAC+USC Medical Center, where he managed a major community mental health resource and was tasked with expanding liaisons with mobile emergency response teams and law enforcement agencies. He also served as a clinical professor of psychiatry at the Keck School of Medicine at USC and directed medical student education for that department.

Dr. Shaner's research and policy activities center upon public mental health systems, with special focus on laws and policies related to involuntary treatment, access to acute hospital resources, integration of mental health and addiction treatment for individuals with co-occurring disorders, and managed care operations. In addition to peer reviewed articles and presentations, Dr. Shaner wrote a popular psychiatric review text for medical students and residents.

In clinical practice, Dr. Shaner treats children and adults, served as medical director of a residential clinic for people with serious psychiatric illness, and worked as medical director for behavioral health for a managed care company.

Dr. Shaner has been active in advocacy at local, state, and national levels. He works within a variety of organizations to improve mental health services, especially for those with serious mental illness. He is a past president of the Southern California Psychiatric Society (SCPS), serves as co-chair of the Psychiatric Physicians Association of California Public Psychiatry Committee and co-chair of the SCPS Government Affairs Committee, and is a recipient of a NAMI Exemplary Psychiatrist Award.

Dr. Shaner received his MD from David Geffen School of Medicine at UCLA and his residency and fellowship training in general and child psychiatry at the Keck School of Medicine at USC. He is board certified in General, Child and Adolescent, and Geriatric Psychiatry, and Addiction Medicine.

Dr. Shaner and his family enjoy being a part of the Los Angeles community. His outside interests include running, traveling, attending cultural events, and reading.

APA Election Edition

By SCPS Newsletter Editor
Matthew Goldenberg D.O.



Happy (almost) Holidays!

I hope everyone had a happy, restful and restorative Thanksgiving holiday. It is the time of the year for much celebration and festivities and we here at SCPS wish you a very happy and healthy New Year.

It is also nearly the time of the year for the [American Psychiatric Association \(APA\) election](#)! *You can download information about all of the APA candidates for 2022, [here](#).*

In that light, SCPS wanted to bring to the forefront, the Area 6 Trustee election. As you will read in the articles that follow, we as SCPS members are represented by the Area 6 Trustee on the APA Board. So this is Area Six Trustee election is one direct way that you, as an SCPS member, have a representative vote on the APA board.

Representation is important. The founding fathers of the United States of America understood that. The founders of the APA understood it as well. Representation is what gives you, as a member of APA, a say in what the organization does, what it stands for and what positions it takes.

With the direction representation of the Area 6 Trustee, you as an SCPS and APA member have a voting member of the APA board who is accountable to the needs of our area and of our local members and they serve as our voice.

Representation promotes diversity of opinion, and it affords the ability for the board of APA to closely reflect the views, opinions and even demographics of its members.

Without representation and without the ability to directly elect the board of an organization, you have no voice. Without elections, without term limits for board members and without representation, you would have no say, and you would be beholden to an insulated board and an organization that can be unresponsive and unrecognizable to its members.

If APA did not allow its members to participate in elections of its board, the board could become stale, there would be no accountability to members and you could argue, the organization would not be able to hold itself out as representing psychiatrists. The organization would only represent its board members, who would be unaccountable and representative of only themselves.

It is the direct representation that we as APA members have on the board (i.e. the Area 6 Trustee) and the mechanics of open elections that truly makes APA an organization that represents psychiatrists on a national level. It is through local elections and similar direct representation that SCPS is an organization that similarly affords members representation in local organized psychiatry.

For representation to work, you must participate in the voting process and that is what this edition of the newsletter seeks to promote.

This is SCPS's way of encouraging and supporting your participation in the upcoming APA and SCPS elections. SCPS also has a board that is elected by and is representative of its membership. We will have a full SCPS election edition in the coming months...

In the meantime, SCPS is seeking to assist your active participation in the selection of the next Area 6 Trustee, that will represent SCPS and the other CA district branches with this newsletter edition.

According to [a 2019 APA press release](#):

“On Oct. 16, 1844, 13 superintendents of U.S. institutions for people with mental illness came together in Philadelphia for a four-day meeting that led to the creation of the Association of Medical Superintendents of American Institutions for the Insane. It was the first national medical society in the U.S. In 1892, the Association’s name was changed to the American Medico-Psychological Association, and in 1921, it became the American Psychiatric Association (APA).

They gathered to talk about the common challenges they faced and to advance treatments to improve the lives of their patients. In the 175 years since, the APA and its members have worked to promote the highest quality of care for individuals with mental illness and substance use disorders....

Today, APA’s more than 38,500 psychiatrist members lead the way in advancing psychiatry and mental health.”

Please enjoy the articles that follow. We hope that they assist you in exerting your power and your privilege, as an APA and SCPS member, to select our next Area 6 Trustee and to help begin to plot the next 175 years of organized psychiatry.

Stay safe,

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



The SCPS Disaster Committee presents

**Questions & Answers:
Disaster Relief & Psychiatry**

Save the Date!

Thursday, January 20, 2022
7:00pm

Featuring:
Leslie Gise, MD
Randy Mervis, MD
Mary Ann Schaepper, MD

WHY PRMS?

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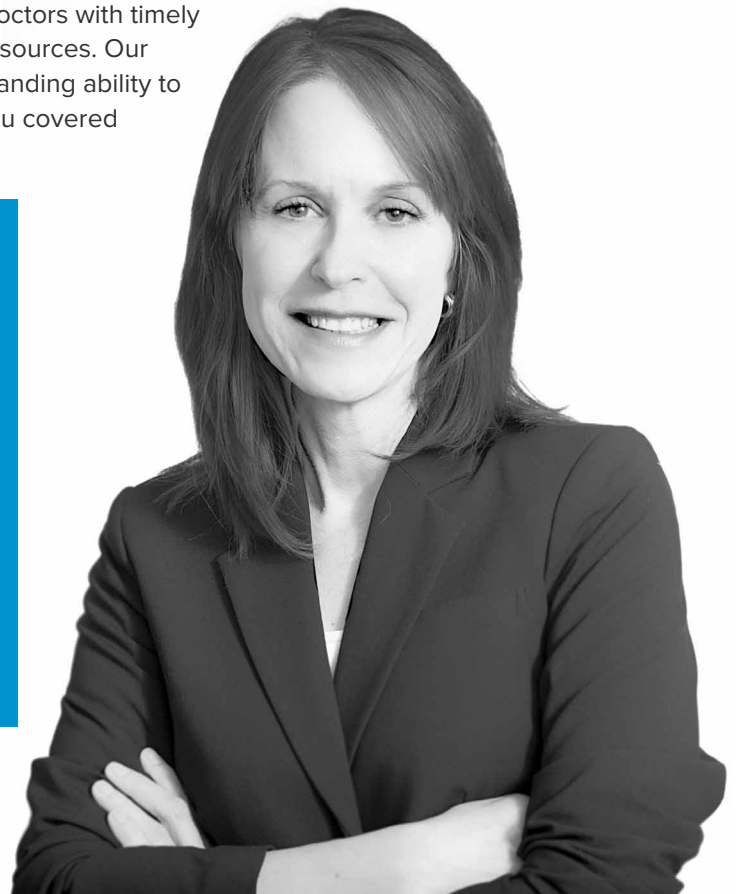
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APA Area 6 Trustee Election

If you've been concerned about the demise of the California Psychiatric Association and the resulting unsettled situation in California legislative advocacy for our profession and patients, please keep reading.

Among the most important offices up for grabs in next month's APA election is Area 6 Trustee. This winner will be the voice of California District Branches (DBs), including SCPS, on the Board of APA. The new office holder's view will heavily influence the nature of APA's support for a strong voice by SCPS membership in shaping California legislative advocacy. It's so important that we get the clearest idea possible of each Area 6 Trustee candidate's position on issues that matter to SCPS membership, we asked each candidate to answer some questions about these issues for this edition of *Psychiatrist*, and to also appear by webinar for a follow up Q&A with SCPS Council at its December 9th meeting, from 7-8 pm. All three candidates graciously agreed, sent the response printed verbatim in full below, and have told us they plan to attend the Council Q&A, which will be viewable by SCPS membership.

The three candidates in the Area 6 Trustee race are: Mary Ann Schaepper, MD (SCPS), Shannon Suo, MD (CCPS), and Barbara Yates Weissman, MD (NCPS). Each has had different roles in California-wide organized psychiatry, and likely holds some unique views. You can get more info about each candidate from checking them out on the APA website at: [2022 APA Election \(psychiatry.org\)](https://www.psychiatry.org/2022-APA-Election)

The questions to the candidates from SCPS appear below, with the candidates' responses grouped under each question. Some responses are lengthy, but within each response are clues to our future abilities as SCPS members to shape the voice of psychiatry in California, depending on which candidate wins.

Disclaimer:

These responses are printed from the candidates without any edits. They represent the opinion of the candidate and do NOT represent the opinion or position of SCPS, its board of directors or its members.

What do you believe are the key challenges facing Area 6, in order of importance?

Mary Ann Schaepper

Our patients, communities and members are faced with incredible challenges personally and professionally. The social, health, educational and economic impact of the pandemic requires our profession to be nimble, to innovate rapidly, to provide guidance and service. The divisiveness and bias demonstrated in our communities toward immigrants, people of color, the LGBTQI populations, and the mentally ill drive home the need for psychiatrists in Area 6 to be organized, to create policy, to make professional and social changes in our local communities and statewide.

Area 6 is a geographically designated region, formed by the APA Assembly. California has 5 District Branches (DB), who, after the dissolution of the California Psychiatric Association/Area 6 in 2020, have not come together to create a state organizational structure that represents all 5 District Branches and their members. The state organization exists only where there are multiple DBs in a state. The state organization is where DBs and APA/DB members connect through statewide activities and advocacy. Area 6 DBs and their Councils must come together to address acute crises, evolving inequities, advocacy, membership and the professional needs of Area 6 members.

Area 6 experiences the challenge of two growing and distinct psychiatric advocacy organizations. Both have merit and advocate for the profession. Both organizations include psychiatrists who are APA members and deserve representation. Consequently Area 6 professional and financial resources are stretched because the lack of unity and duplication of services. Unable to respond as a unified, respected and known collective, to influence local and state leaders, our profession's presence suffers. We must clarify the vision, solidify the common purpose, address the barriers prohibiting a common forum. A place where all voices are heard, and respect is shown. Only then will it be possible to "think beyond what has been, to what is possible." I trust constituents and leaders in Area 6 to find their way in this direction.

Shannon Suo

a. Poor relationships/communication between DBs: By my observation/experience and queries with CCPS DB President, Mina Hah and past-president, David Gellerman, the DBs/DB Presidents have not really communicated outside of CPA. With the dissolution of CPA, there has been no ready avenue for conversation, but at the same time I'm not sure how much the DBs wish to communicate with each other outside of their advocacy organizations. It may be that the only business that Area 6 DBs want to do is in the context of their advocacy organizations (and thus feel comfortable with their legislative advocates communicating with each other) and Assembly (Area 6 Council).

b. Financially inefficient advocacy model: Due to irreconcilable DB differences about how to structure advocacy and state organization governance, there are 2 advocacy organizations for California—California State Association of Psychiatrists (CSAP) and Psychiatric Physicians of California (PPAC; disclosure: I am an officer and founding member of PPAC). CSAP is limited to Northern California Psychiatric Society, Orange County Psychiatric Society, and San Diego Psychiatric Society and is financed through dues collected by those DBs. PPAC is open to all California psychiatrists, regardless of DB or APA affiliation and has members from all 5 DBs, including all SCPS and Central California Psychiatric Society members through dues collections by those DBs and contract with PPAC. Members outside of those two DBs (and some members within) pay individual membership to PPAC. Ostensibly, both organizations do the same thing: legislative advocacy for California psychiatrists, but in 2021 PPAC sponsored 4 bills in 2021 and co-sponsored another, CSAP sponsored none and plans to charge the DBs extra for sponsored legislation. Having both organizations operating in parallel is financially inefficient, one of the criticisms of CPA. There have also been times when CSAP and PPAC have taken differing positions on bills, leaving the legislators confused about what psychiatrists want. Finally, I decided to establish PPAC with George Fouras

and Mary Ann Schaepper in July, 2020 because Randall Hagar committed to work with us. I believe, as I'm sure many of you do, that Randall Hagar is crucial the advocacy success of California psychiatrists, and having Jim Gross, who is both a legislative advocate *and* an attorney, has been invaluable. We have managed to retain both of them from the ashes of the CPA and operate on less than two-thirds of the proposed budget I formulated in mid-2020—about **one-third** of the 2019 CPA adopted budget!

c. Legislative opponents who interpret the demise of CPA as an opportunity to exploit and introduce legislation that will harm psychiatry and patients: Trial lawyers are already gearing up to change MICRA again, and AB 890 shows that even large organized medicine groups are vulnerable to legislation that can be harmful to patients being pushed through over their objections. California needs to remain proactive and not just reactive to these actions.

Barbara Weissman

All issues are important! My brain, in answering this question, organizes them from larger scope on down. Of worldwide importance is the issue of climate change and global warming. It will take ongoing advocacy efforts in all of the organizations we belong to in order to address this issue, and it definitely affects both us and our patients. The other more global challenge is around issues of justice, equity, diversity, and inclusion, where many organizations are continuing to look at how they have contributed to health inequities in the past and how we can improve in the future. Area 6 will clearly not be able to fix these problems on our own, but we can be part of the solution.

The recent COVID pandemic has been an enormous challenge these past couple years, and its impact will continue to be felt both at the state and the national level. A survey of physicians in April of 2020 done by the California Medical Association showed that 95% of physicians were worried about their financial health due to the pandemic, with 75% of practices experiencing a revenue decline of 50% or greater. An update done in September of 2020 revealed that 87% of practices are still worried about their financial viability, and 56% had still not returned to normal staffing at that time. Although psychiatrists may have been able to pivot to telehealth more easily than some other specialties, there is still ongoing work to be done to support physicians and their practices, and advocate for ongoing coverage for telehealth services as well as have non legislated, physician guided discussions about when in-person coverage is still necessary. I am just starting as an alternate delegate from my district to the American Medical Association and look forward to further grappling with these national issues. Our Area 6 psychiatrists need to actively be involved in these discussions at the state and federal level.

At the state level, we will be facing an initiative in the fall of 2022 that could dismantle MICRA and put our healthcare system back into the crisis situation it was in prior to 1975 when these important protections were put in place. The ballot measure will be entitled "Fairness for Injured Patients Act", but is sponsored by an out-of-state trial lawyer and would create a new class of lawsuits not subject to the cap on non-economic damages, increasing payouts to lawyers and increasing healthcare costs astronomically which would reduce access to care to those who need it most. I have just finished a six year term on the CMA Board of Trustees representing the Specialty Delegation and so am very aware that we not only need to be active with upcoming legislation and initiatives, but also continue to work with the CMA on bills that have already passed. Although the AB 72 bill that dealt with surprise billing may affect other specialties more than psychiatry, the AB890 bill which allows the independent practice of nurse practitioners in certain settings will certainly affect our practices, and having the psychiatrist in our Area continue to be represented and to work with the Specialty Delegation of the CMA is crucial to appropriately narrow its scope.

At the community level, I have worked in my county behavioral health system for the past 25 years. I have been also been doing peer review for the adjacent county for more than five years, and struggled with the system in a third nearby county trying to get help for a family member . It feels like system resources are constantly being stretched, and it becomes harder and harder to get appropriate care for our underserved populations, especially those that are dually diagnosed and in need of concurrent treatment for both their substance use and their mental health. I am halfway through my year as President of my county medical society and would like to find a way to address this more fully in the second half of my term.

Finally, the organizational structure for psychiatrists in California has been through trauma of its own with the dissolution of our state organization. As the Area 6 Representative for the APA Assembly Executive Committee, I have worked hard to keep us working together on the national scope, and the five district branches have endorsed Area procedure codes and are working well together at this time. I will be finishing my Assembly term in May, and would hope as APA Trustee I could be part of any efforts made by district branches to work more closely again at the state level as well.

In general, I hope these answers reflect that I would like Area 6 (and APA, which is where the Trustee does the bulk of their work) to keep a balance between working on issues that are specific to physicians and patients such as scope of practice, MICRA, and care for the underserved as well as attend to larger issues that affect us all such as climate change and structural racism.

What do you see as the most important roles of the Area 6 Trustee in Area 6 Council?

Mary Ann Schaepper

The Area 6 Trustee has many roles: all roles are equally important.

The Area 6 Trustee is an APA position with a seat on the APA Board of Trustees (BOT). The Trustee has a fiduciary responsibility to the APA. The Area Trustee is elected by all APA members within a geographical area in a national election. The Area Trustee is assigned to be the Areas' voice to the APA BOT. The Area Trustee influences and guides the APA (BOT) members in their many duties and decisions as outlined in the bylaws.

The priority of the Area 6 Trustee is to be a clear communicator of California needs, requests, and policy challenges to the APA BOT and equally important, communicating information and policy from the APA to Area 6 members.

The Area 6 Trustee is conversant with California psychiatrists, practices, policies, District Branches, and advocacy organizations. To be effective, the Area Trustee will have experience in the Assembly and the standing committees of the APA and understands the APA governance structure. The Area 6 Trustee is aligned with the APA mission, vision, structure, and ethics.

Area 6 Council, previously a part of the California Psychiatric Association, has been created in the void of the state organization, based on the new and current Area 6 Code (1/25/2021) approved by the APA Assembly's Committee on Procedures. This Council is comprised of the Area Representative, the Deputy Representative, DB Representatives, Resident-Fellow Member Representative and Deputy Representative, Early Career Psychiatrist Representative and Deputy Representative, all Minority/Underrepresented Representatives and Deputy Representatives, Assembly Committee of Representatives of Subspecialties and Sections Representatives . This Council connects the Area DBs to the national Assembly. Area 6

Council Representative and Deputy Representatives are officers of the Assembly. Area 6 Trustee is a non-voting ex-officio member, serving the Council with institutional memory, sharing APA policies and topics at hand, garnering information, and clarity on what impacts ALL members of the APA. Of note DB Presidents are part of the Council and are non-voting members, unlike in the state organization where DBs elected members have a vote.

Shannon Suo

The Area 6 Trustee's role in Area 6 Council is defined by Area 6 Council Procedural Code, which provides a seat on the Executive Council, a place on Council, but no vote. The Area 6 Trustee's primary duty is to communicate information from the Board of Trustees and provide perspective(s) from outside of CA to Area 6 as well as bring information from California back to the Board. But the Area 6 Council composition is limited to Assembly Representatives who are elected by their DBs to represent them within the Assembly. This does not provide the same forum as a meeting of DB presidents who are elected to represent and lead their DB as we had with CPA. Under the current structure, the Trustee would need to be invited to individual DB Councils to hear their concerns and communicate directly with DB leadership.

Barbara Weissman

From a technical perspective, the Area 6 Trustee has a fiduciary responsibility to the APA and so at the Board of Trustees must consider what is best for all of APA. Because of this potential conflict of interest, the Areas do not even need to give the Area Trustee a vote at their councils! In actual practice, however, our Area has found the voice of our Trustee to be crucial. The Trustee must both in express the voice of California at the APA Board level and relay the wishes of the Board back to the Area. Beyond that, however, the Trustee is usually a person with a lot of organizational experience, and can serve in a parliamentarian/past president/historian sort of role as our Area council does not have any formal position of that nature. The APA Trustee is also the third member of the council executive committee. I am a leader that prefers to run the organization by consensus, and our Area Council is small and flexible, so it is very rare that an issue comes up that needs attention between Council meetings. However, our current Trustee was very helpful recently when election issues came up and both Larry Malek and I felt like we could have a conflict of interest. In summary, organizationally it is a role that is both part of and apart from council, and is an ideal place for someone to help with the process of the meeting as well as the content. I believe I am well suited to this role both in terms of my leadership style and also in that I have been involved with organized psychiatry since residency and have been president of my psychiatric chapter, district branch, and state organization as well as at the Assembly AEC for the past eight years.

How do you think that the Area 6 Trustee, in partnership with Area 6 Council, can best exercise leadership to rebuild unity among California DBs? What steps would you take to increase communication among the DBs and help them restore coordinated statewide initiatives?

Mary Ann Schaepper

The Area 6 Trustee can best exercise leadership by working together with the 5 DB's, the Area 6 Council, and state psychiatric advocacy organizations representing all APA members to ensure that the Area 6 voice is heard at the APA BOT and vice versa.

To increase communication among the DBs, assisting them in restoring coordinated statewide initiatives, I will:

*Communicate with all DB, Area 6 Council, advocacy organization, and APA BOT members respectfully. I will listen to learn, be approachable, accessible and trustworthy. I am open and transparent.

*Support DB Councils, Area 6 Council, and advocacy organizations with information, i.e., institutional memory, APA policies, guidelines.

*Urge inclusion, equity, diversity, and innovation.

*Evoke respect, ethical behavior, and mutual appreciation.

*Recruit and welcome new members, share the value of APA.

*Write quarterly or monthly articles for the DB newsletters, and advocacy organizations about the actions of the APA Board and of Area 6.

Shannon Suo

As Trustee, in partnership with the Area 6 Representative, Deputy Representative, and DB representatives, I am happy to facilitate discussions amongst the DBs *if invited* by the DBs, but the DBs need to define what “unity” is. I do not presume to know what the DBs want and it would be presumptuous for Area 6 Council to define this. The positions of Trustee, Area 6 Representative, Deputy Representative (and arguably, ACROSS Representatives) are the most neutral within the Area 6 Council, but the Trustee is the only position elected by the whole Area membership. I am aware that my position in PPAC may cause some to view me as not neutral and may not want my participation for that reason, though, and would participate only to the degree that DBs feel comfortable.

Barbara Weissman

I believe the Area Trustee could be a natural conduit to increasing communication among the DBs and would love to take on that role. The primary rebuilding of unity can’t be imposed from any outside source and does need to come from the DBs, but if the trustee is a person that works to build consensus they can certainly be key in the process.

Throughout my more than 25 years in organized psychiatry, I have improved every position I have served in. When I was the leader of the San Mateo psychiatric chapter, I was able to double our membership. When I was president of my DB, I worked on collaboration with other organizations and brought in monthly speakers from NAMI, our CPA lobbyist, and other groups including the Medical Board. When I was president of CPA, I made regular trips to Sacramento to meet regularly with staff in person between council meetings. And most recently, as CMA Board of Trustees member for the Specialty Delegation, I worked to get the specialty designations on all committee assignment rosters, and instituted regular written reports to the delegation after every meeting. I also was the first trustee in many decades to visit many of the individual specialty societies (both in person and virtually) and attend their council meetings to better understand their most important issues. Our current APA Trustee has been great at reporting back after Board meetings to our Area 6 Council. As Trustee, however, I would like to go one step further, which would be to attend DB council meetings on a regular basis. I have continued to attend my DB meetings as a guest and make most of their monthly meetings. If I were trying to attend the meetings for all five DBs, I would think I could easily attend in person on a quarterly basis and likely more frequently if meetings remain virtual or the need were great.

What are your views regarding compliance of Area 6 with the APA Assembly Procedural Code requirements to maintain a State Organization, and what, if any, steps would you take as the Area 6 Trustee to help ensure Area 6 compliance?

Mary Ann Schaepper

Area 6 does not have a state association, a regional organizational structure where the Assembly and the District Branches interface per the Procedural Code. Area Councils are where District Branches and DB Representatives interface with the APA Assembly. Leadership of the Council does include the Area Trustee as a non-voting member.

Area 6 District Branches and Area 6 Council leaders are currently searching to fill the void. As per Procedural Code- a state organization is to provide coordination of efforts to advance the aims and objectives of the Association with state agencies, institutions and governments. As Area 6 Trustee, I will work alongside Area 6 DBs and Area 6 Council leaders supporting them to create a system that complies with the APA and uniquely represents Area 6.

Shannon Suo

As Trustee, I plan to introduce myself to DB Presidents and Councils, attend their meetings if invited, provide timely reports of the BoT's actions (see answer to question below for more details) for distribution to DB members via the DB representatives/Presidents as there is no longer a newsletter from the statewide organization (which is where the Trustee distributed the report widely prior to the fall of the CPA). The Trustee does not have access to a mailing list of all Area 6 members. "Coordinated statewide initiatives" in the form of policy and advocacy activities are currently occurring through the two advocacy organizations (CSAP and PPAC) and coordinated through the legislative advocates of each organization. It is clear that currently the 5 DBs are not interested in having a single advocacy organization to accomplish their statewide initiatives. As mentioned in my answer to question 1 above, this is financially inefficient, as well as politically problematic when the two organizations aren't unified in their voice. Due to my position in PPAC, I have a conflict of interest in mediating any reconciliation around this issue, but I hope that members and DBs would analyze what they get from each organization and decide within the next few years to come back to one unified voice with regards to advocacy. It was also clear that many of the DBs opposed having Annual CME activities and felt this was best achieved through the DBs themselves unless the CME was focused on advocacy. PPAC has offered this to their members.

Barbara Weissman

This question is highly technical!! As the Area Assembly Representative I had not heard anything from APA about compliance issues, and so I immediately reached out to both the APA and SCPS for more information! I have learned that there is no mention of state organizations at all in the APA documents, but that this refers only to a line in Assembly documents that states that Areas with more than one DB should have a state organization for legislative purposes. If we wanted to pursue this issue, it could therefore be taken back to the Assembly for their discussion. However, I am not sure that an answer imposed from the outside will do more than put more pressure on the fractures that already exist in our Area. Since I have not heard of any pressure from APA to address this, my thought would be to leave it alone for now and hope that as each DB continues to consider what works best for them and for California we come to a natural resolution on this issue.

An additional thought related to this matter: I would like to note that in the wake of the dissolution of CPA there were statewide positions such as the representation to the CMA that needed to be appointed or elected. I brought to our Area Council the consideration that these statewide spots be determined by the Area Council, but this was rejected by the members of Council, perhaps because we were all trying so hard to avoid carrying the state conflict into our national arena. Eventually a one year agreement between PPAC and CSAP was reached, and we were able to maintain our representation and even elect Tim Murphy, another psychiatrist, to replace me as representing the whole delegation at the CMA Board

of Trustees! In visiting the various specialty organizations in California as CMA Trustee, I was struck by the range of differences in their functioning. Some were much larger than us, with teams of staff working on issues and others had no dues or funding at all. Organizationally some met more or less often than CPA used to. And in fact, not all had a single statewide organization. When I went to talk to urology, I ended up at a regional meeting which included several states, and when I talked to oncology, I met with both their Association of Northern California Oncologists and the Medical Oncology Association of Southern California. So, while I think there could be value in finding a way for there to be a single organization for California, the more important goal is to find a solution that will work for all five DBs and allow coordination of lobbying efforts and avoidance of splitting into divergent messages.

How can we best keep statewide membership better informed about APA Board activities? Would you provide monthly or bimonthly updates to membership via SCPS Psychiatrist newsletter or SCPS Website?

Mary Ann Schaepper

Membership is core to the APA and all DBs. To become a member, one must perceive the value of membership.

I joined the APA early in medical school when I attended my first APA Annual Meeting in Miami, Florida. Every presentation was important, and I became sure this was to be my chosen profession. I saw value in APA education. As a resident, serving as Area 6 Resident-Fellow Member, I saw value creating policy in the Assembly. As an Early Career Psychiatrist value came through professional mentorship and friendship at the APA and DB level. SCPS DB creates value through community, inspiration, and mentoring of leadership. As Area 6 Assembly Representative value was learning to clearly state individual thoughts publicly, to agree to disagree, and to create excellent results. As Chair for the Assembly Reference Committee on Advancing Psychiatric Knowledge and Research, the value was supporting skillful and passionate psychiatrists who were crafting action papers and policy that impact our daily practice.

I commit to creating value for our members.

*I will provide monthly updates to the SCPS Psychiatrist newsletter and / or the SCPS Website. Additionally, I will provide this to all DBs, to Area 6 Council and to the psychiatric advocacy organizations with APA members.

*I will attend District Branch Councils when invited by the DB Executive Committees to listen, and to give updates.

Shannon Suo

The Assembly Procedural Code provides two statements regarding a statewide organization that are somewhat open to interpretation:

a. (Article III: Section 2.c) A state with more than 2500 members and multiple District Branches may elect to become an Area with the Area Council serving as the state coordinating body.

b. (Article III: Section 9) In states where more than one District Branch is established, the District Branches shall form a state organization to provide for coordination of efforts to advance the aims and objectives of the Association with state agencies, institutions and governments. The type of organization and its composition will be determined by the respective District Branches involved.

The first states that the Area Council is the “state coordinating body,” but the second implies that there can be a different organization formed by the District Branches for “coordination of efforts to advance the aims and objectives of the Associations with state agencies...” And I do not interpret that we HAVE to maintain a statewide organization (“shall” is not the the same as “must”). I have asked the APA if we are in compliance, but as of 11/15, have not received a reply. If we are not, which I suspect we are as the

Area 6 Representative (Dr. Weissman) and Deputy Representative (Dr. Malak) set the Council up with guidance from the APA, then I would ask the APA in what way we are out of compliance and communicate this to the appropriate people (e.g., Area 6 Council/Assembly Rep and Dep Rep, DB Presidents, others as indicated by APA's response). The Area 6 Council is not a body formed by the DBs, so if we need a separate state organization, the DBs need to come together to form something that meets the needs of what the DBs want in terms of "coordination of efforts" and define what that means. If invited, I would assist with coordination with the APA and the DBs.

Barbara Weisman

Yes! The most likely frequency of updates to SCPS would be after each Board meeting or whenever important business occurs. As mentioned above, I also would love to attend SCPS Council meetings on a regular basis as well, which would allow a more interactive discussion of Board activities than a newsletter. Finally, as Area Representative I have recently been able to get our DB executives added to our Area 6 Listserve, which should also help with communication between the Area Council, the Trustee, and the DBs. Communication has always been one of my strongest points; it was noted by the Board Chair when I left the CMA Board of Trustees that I had been a great role model for how to be a liaison between the Board and my delegation.

What would be your vision of Area 6 structure and function at the end of a successful term as Area 6 Trustee?

Mary Ann Schaepper

Vision is what keeps me 'showing up' in our professional organization.

Area 6 is my professional home.

We are a diverse group. We come together with passion for the profession. Each DB has their strengths and challenges. Each DB is capable to produce leaders, grow membership, be fiscally sound, and facilitate leaders rising within Area 6 and at the national level.

I trust Area 6 District Branch leaders, Area 6 Council leaders, and state advocacy organizations to forge a common vision. A vision that is responsible, effective, and innovative, including a state organization that exemplifies respecting and creating value for patients, the profession, the APA, and most of all, for each other.

Let's start now. I appreciate your vote.

Shannon Suo

I plan to follow the excellent example of Dr. Young as Trustee—to provide timely and accurate reports from the Board as often as the Board meets/takes action. (note that the BoT meets only quarterly, so monthly or bimonthly updates may not be available/relevant) I would be pleased for those updates to be made available to SCPS members via whatever modality SCPS deems appropriate and would send my reports to the SCPS President, Executive Director, or whoever SCPS designates. Currently Dr. Young provides these updates to the Area 6 Council members for distribution to their respective DBs.

Barbara Weissman

Area 6 has been through a lot in the past couple years with the dissolution of its longstanding state society and then a pandemic. I would be happy with any situation where members of all five DBs are feeling that they are working to better mental health in California. In general, I am not the kind of leader that comes in with an idea that I want others to implement. I am more of a consensus builder, so my vision would be having a place where all voices are heard and everyone is able to work together. However, above all, I am willing to support the 5 DBs in any structure they feel is right for them. I am reminded of the work I did as chair of the reference committee at the assembly when the issue of developing policies around firearms; as members were from across the country there were substantial differences of opinion on whether APA should even take a stand on this issue, but I did not stop the reference committee deliberations until we had not a majority, but a unified, consensual voice. That consensual process can be difficult, and can take time, but I believe it leads to long lasting solutions. And I do believe that it could be possible in six years to get to that point.

Although I ran for APA Trustee against our incumbent trustee three years ago as I would have loved to serve, I did not really feel that was the right time for me to take on the role. Currently, I do feel it is the right time! I have the experience both within organized psychiatry and organized medicine to be a strong advocate for our Area and our patients. I have kept the national level Area Council working well together during these transitional times. As I will be leaving that position as well as my position on the Board of Trustees at CMA, I have the time to devote to the position of APA Area Trustee, and would hope to increase our communications between the national organization and the DBs even more. I believe the DBs need to continue to decide how they wish to run state affairs and decide if they wish to reunite, but if invited as your trustee I would be happy to be involved in that process as well.

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Membership Matters

By: Zeb Little, M.D.



Elsewhere in this newsletter there are articles about leadership positions in the Southern California Psychiatric Society (SCPS) and how to apply for them. In this article I'd like to discuss some of the reasons to become more involved in the activities of the SCPS. As you already know, the Southern California Psychiatric Society tries to create value for its members by offering CME accredited programs, practice management resources, networking opportunities, and access to this excellent monthly newsletter. But, you may not know SCPS members can also participate in regional, state and national forums to help address problems such as disparities in access to care, disaster response, professional ethics, gender equity, and social justice. Similarly, SCPS members have a long history of developing outreach programs and partnerships with other stakeholders like the National Alliance on Mental Illness. These member-led initiatives improve awareness of the destructive effects of mental illness, reduce stigma toward illness and its treatment, and improve access to resources in underserved populations and communities. SCPS members have opportunities to participate in the development of legislation important to the wellbeing of our patients, and our profession. Just some of our members' recent advocacy efforts include LPS reform, Alternatives to using 911 for Mental Health Crisis Response, and Mental Health Parity. Clearly there are important ways in which one can contribute to the profession of Psychiatry, and the populations we serve, through membership in the SCPS.

Volunteer-run organizations like SCPS can't succeed without the hard work, and financial support, of a robust membership, but there are other important reasons to consider becoming more active in the work SCPS is doing. Being one of the larger district branches of the APA, SCPS serves a wide range of communities each with specific needs. Having members with experience working with the different populations and the unique problems these communities face enables the development of more effective programs and legislation by appreciating and incorporating the views, cultural narratives and shared experiences of those we hope to support. Members contributing their unique perspectives and professional experiences to inform these discussions not only help the SCPS better meet its goals, they add legitimacy to the organization's ethos.

Membership in a professional organization has historically conferred credibility and standing on that individual. But, membership in SCPS, a professional organization that embraces and advocates for the diverse needs of its members, and the communities in which they live and work, also conveys solidarity between its members, and speaks to their shared values. Such allegiance between multifarious members signals that the organization, its members, and its causes should be taken seriously. And, while it is inspiring to be part of such a dynamic and capable group, to those on the outside it can be intimidating. Reflecting a wide-range of interests and viewpoints through our membership offers potential members hope that they will find in us a welcoming community where their values and goals will be respected. So, please know that in whatever way you choose to participate, you are deeply appreciated, and your membership matters.

Dear SCPS Membership,

In an effort to open up the nominations process, the Nominating Committee would like to invite any member in good standing who is interested in running for a Council position to contact us with their CV and a brief letter of interest at socalpsychiatric@gmail.com by December 24th. The open positions are listed below. Although, the Officer positions are included here (President-elect, Treasurer-elect, and Secretary), there are set criteria used for nomination to these positions.

The open positions are:

[President-elect](#)

[Treasurer-elect](#)

[Secretary](#)

[San Fernando Valley Councillor](#)

[West LA Councillor](#)

[Santa Barbara Councillor](#)

[South Bay Councillor](#)

[Early Career Psychiatrist Deputy Representative](#)

[2 Resident/Fellow Member Representatives](#)

[1 APA Assembly Representative](#)

[Minority and Underrepresented Representative Deputy Rep](#)

Mindfulness

By Harvard Business Review

Harvard Business School Publishing Corporation

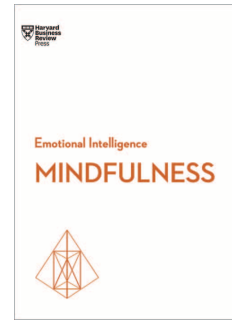
144 pages

\$19.99 Paperback

ISBN 978-1-63369-319-7

Book reviewed by Kavita Khajuria, MD

'Make moments matter'



Specialists from various backgrounds review the underlying science of mindfulness practice, and include the benefits, steps, and warnings. Skills and advice are shared on mindfulness implementation in daily life and the work routine with practical applications and considerations. Focus and awareness are differentiated. It evokes critical questions - how does one maintain mindfulness in the midst of information overload or multitasking? Is technology a help or a hindrance? What's the biochemical reason for email addiction? Is chaos a mental whirlwind or simply a matter of personal perception?

The relationship between mindfulness and the brain also questions how one recovers from a confiscated amygdala. Authors cite research based studies to back up the positive neurobiological results that coincide with concurrent anxiety and stress reduction. Authors note the impact of mindfulness on interpersonal relationships - the costs of not being present to include misunderstandings, missed opportunities and wasted time. Mindfulness practice reportedly facilitates compliments to come across as more genuine, rather than rehearsed. Given the evidence based results of worsening behavior as one moves up the ladder (including rash or rude behaviors with a ripple effect), essential practices are offered. A discussion on emotional agility offers advice on how to get unhooked from internal discord with alignment of principles and values in the long run.

The concluding chapters on ethics and critical thinking are particularly interesting. With those 'mental timeouts', do mindfulness practices indirectly facilitate avoidance of critical thinking? How does mindfulness align with rational or analytic thought? The 'fad' of mindfulness further questions the application of ancient, wisdom oriented traditions as marketing tools - geared towards the goal of career driven results. Authors share various positions demonstrative of differing, but perhaps complementary views, and encourage readers to consider independent, open minded research. The concluding article authored by a psychiatrist questions and discusses the benefits of mindfulness practice. This is an interesting topic that may compel the reader to consider various perspectives and ramifications.

SCPS presents a virtual meeting

Advances in Psychiatry III

Saturday, January 29, 2022

New Developments in Psychedelic Research & Treatment



*for psychiatrists and other physicians
interested in psychiatry*

Council Highlights

October 14, 2021

Eric Wagreich, M.D., *Secretary*



President's Report

November Meeting on Veteran's Day

Dr. Ijeaku proposed meeting the week prior to Veteran's Day due to the Holiday. This was accepted by the Council.

Area 6 Candidate Forum

Dr. Shaner introduced the campaign activities for Area 6 including a questionnaire (for which permission was granted), publishing candidate responses to the questionnaire, follow-up Q&A for candidates plans for Area 6 and efforts to reunite 5 CA DBs and

becoming back in compliance for a unifying Area 6 body.

A motion was made for council that the necessary steps be taken to prepare an approved letter from the SCPS President or her designee to be sent to each of the candidates for Area 6 Trustee immediately after they are announced and to coordinate those administrative steps necessary to implement the associated actions. The motion passed unanimously.

Endorsement CMA Election

Dr. Silverman introduced the idea of supporting C Freeman for CMA President-Elect. She made a motion that SCPS do so. A brief discussion was held regarding the motion and its implications, as well as the by-laws related to doing so. It was suggested that SCPS develop criteria for these types of endorsements like it has been done for political candidates. The motion was that SCPS endorse C Freeman as a candidate for CMA President-Elect pending her decision not to have SCPS's support. The motion passed with 2 abstaining and none opposed.

Government Affairs Committee

GAC Reports and 2022 PPAC Contract

Dr. Shaner shared updates as to the status of the GAC and the PPAC contract, as well as the changes made by PPAC and concerns raised by the committee. He shared the committee's motion that "Council explore alternative representation arrangements for statewide advocacy in 2022 which could 1) provide continuity if needed, and 2) encourage PPAC to offer additional ideas as a basis for SCPS/PPAC discussions that might allow PPAC to retain the significant funding and organizational credibility afforded by a representation agreement with SCPS.

A discussion was held, including some concern for additional time to vote. The motion was made to table until next meeting, which did not pass. The original motion passed with 17 in favor, non opposing, and 3 abstaining.

Treasurer's Report

September Financials and Cash on Hand Report

The report was tabled for the next meeting.

Membership Report:

Dr. Ijeaku presented the new members to be approved. The new members were unanimously approved.

NAMI Meeting

The NAMI portion of the meeting was moderated by Dr. Little. Those present introduced themselves.

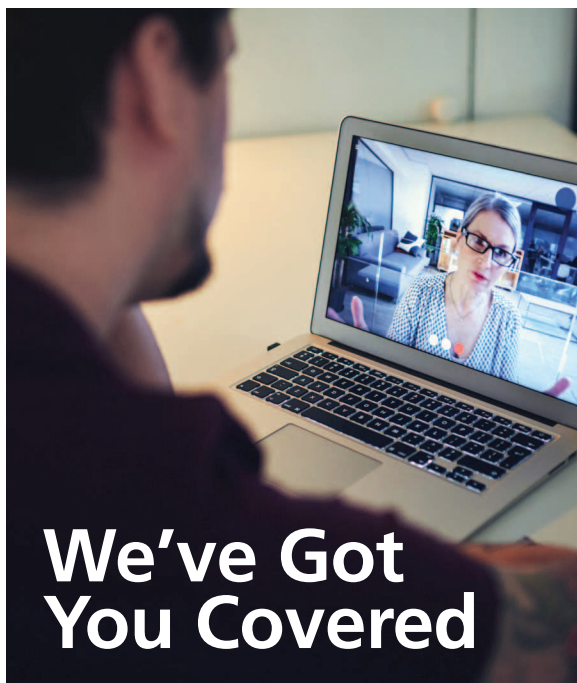
Dr. Little introduced the topic of LPS reform.

Bills 507 for AOT services and 516 were addressed by Mr. Hagar who helped to write the bills with PPAC. He also shared the upcoming December discussion regarding the entire LPS law. This also led to the concern regarding LPS overhaul and available beds in the community for those conserved. Bed availability was also raised as a concern for those with mental illness who have been found incompetent to stand trial. The next topic discussed was the access to quality care and mental health coverage from public and private insurance. Mr. Hagar shared insight into this matter including parity. This also raised the concern of availability of care and access to treatment and related funding.

Alternative mental health crisis response and social justice was discussed next. This was introduced by Mr. Hagar, who shared California's response to the 9-8-8 alternative to 9-1-1 for emergency response. Further discussion was held regarding the current process and feeling of a need for further development. The next item discussed included other local and state issues, including Measure J, GLAC Association for Board and Cares in LA County through a DMH grant, jail reform, health insurance changes, Covid-related issues, clinical practices, psychiatric education.

A discussion was then held regarding opportunities for action and shared goals. One particular topic included alternative crisis response and the involvement of NAMI members in committee meetings such as the Diversity and Culture Committee. Another goal voiced was the expansion of IMD beds and AOT. A tentative plan was made to set time for members of SCPS and NAMI to join together for future planning. Finally, the new clozapine REMS requirements were noted as a potential area for further focus.

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The director will report to and work closely with the Chair of Psychiatry and Behavioral Sciences at USC regarding all clinical, administrative, and educational functions within USC Care Psychiatric Services and will oversee all Clinical Service Directors and faculty members. In addition, the director will assist the Chair of the Department of Psychiatry and Behavioral Sciences to achieve strategic goals, including expanding patient access, improving quality of clinical care, tracking measurement-based outcomes and productivity metrics, promoting collaboration across divisions and departments, and elevating department profile across the university and the nation. The director will promote fiscally responsible clinical operations, lead recruitment and retention efforts for excellent and diverse faculty, and design, implement, and evaluate new programs and initiatives within USC Care Psychiatry and Behavioral Health Services.

Successful applicant will be appointed at the rank of either Associate Professor or Professor of Psychiatry and Behavioral Sciences.

Administration

- Lead all administrative, clinical, educational, and personnel activities
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- Participate in University, health system, departmental, and division meetings and committees as assigned

Clinical

- Provide mental health support for the USC Value Based Services Organization (VBSO) to help reduce medical spending on high utilizers of care
- Direct and oversee initiatives in quality assurance/compliance, quality improvement, and patient safety through the collection and analysis of data from the Electronic Medical Record and other sources
- Provide direct patient care services and clinical consultation and guidance on all services

Teaching/Mentoring

- Collaborate with faculty educators to provide training to medical students, psychiatry residents and fellows, and trainees from other allied disciplines

Minimum Qualifications

- MD or DO Board certified by ABPN in Psychiatry
- Demonstrated experience successfully leading healthcare organizations or units
- Commitment to diversity, equity, inclusion, and experience in working with diverse patients, faculty, and staff
- Commitment to the highest standards of professional ethics and integrity

- Desire for continuing professional growth and commitment to excellence

Preferred Qualifications

- Master's degree in health administration (MHA) or Business Administration (MBA)
- Bilingual or multilingual is considered a plus but not required

Application Deadline: Until position is filled.

Starting Date: Negotiable

This is a faculty position in the Department of Psychiatry and Behavioral Sciences at the Keck School of Medicine of USC. Salary is competitive, and contingent on experience. A generous benefits package includes health insurance, sick time, paid vacation, tuition assistance for eligible employees and their eligible dependents, professional days, and a stipend for professional development.

For inquiries contact: Mary Nguyen (mary.nguyen@med.usc.edu) with the subject line "Application for Director of USC Care Position".

Please apply at the link below and upload your CV.

USC values diversity and is committed to equal opportunity in employment. The Department of Psychiatry strongly values diversity, equity, inclusion and is committed to hiring excellent and diverse faculty. All genders and members of all racial and ethnic groups are encouraged to apply.

The University of Southern California (USC), founded in 1880, is the largest private employer in the City of Los Angeles. As an employee of USC, you will be a part of a world-class research university and a member of the "Trojan Family," which is comprised of the faculty, students and staff that make the university what it is. USC is one of the world's leading private research universities with approximately 48,500 students from all 50 states and boasts one of the largest international student bodies in the country. USC is located in the heart of Los Angeles, a culturally rich metropolitan city, and is close to both beach and mountains with wonderful outdoor recreation opportunities. The mild temperatures along with the city's average of 329 days of sun per year makes Los Angeles a wonderful city to live and work.

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SCPS Newsletter

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