

Report to Council

Government Affairs Committee

May 11, 2023

GAC meeting of May 9, 2023

1. **Welcome and Introductions:** The Co-chairs welcomed members to the meeting and reviewed the draft agenda.
2. **Multilevel Issues:**
 1. **Draft CA Legislature resolution regarding the stimulant shortage crisis and prevention of further shortages of psychiatric medications:** Drs Friedman, Rees, and Wood discussed the drafting of a resolution at the request of California Assemblymember Jackson for possible use in resolving persistent shortages of ADHD meds through action at state and national levels. The opportunity to draft this arose because of CSAP action pursuant to and early SCPS request to contact legislators regarding this issue. Assemblymember Jackson leads the Assembly Select Committee on California's Mental Health Crisis. SCPS GAC will forward the draft resolution to CSAP for potential further action. **(Attachment I)**
3. **Federal and APA Issues:**
 1. **Reentry Act (H.R. 2400 / S. 1165) in draft agenda for May 9. ([NAMI | Urge your Members of Congress to Support the Reentry Act \(quorum.us\)](#))** Dr. Wood discussed the HR 2400/S 1165 which, among other provisions, restores Medicaid eligibility to prisoners prior to their release dates, greatly facilitating smoother community transitions. GAC members felt that letters of support from SCPS to US representatives whose districts include areas within the SCPS region would be useful, as would similar composed letters from CSAP to California's senators. The committee voted to make such a motion at the SCPS Council meeting of May 11.

MOTION 1: That SCPS send letters of support for HR 2400 to US representatives whose districts include areas within the SCPS region, and request that SCPS representatives to CSAP to make a similar motion at the CSAP GAC and/or CSAP Board to send support letters to for S 1165 to California US Senators.
4. **CSAP GAC (CGAC) Issues:** SCPS GAC reps to CSAP GAC Drs. Wood (SCAP GAC Chair), Goldberg, Halpin, Little, Shaner reported on CSAP GAC meetings of 4/20.
 1. **CSAP legislative positions since last report: (Attachment II)** The representatives present reported on recent CSAP bill positions on a variety of topics. Progress on SB 43 (LPS reform) was also discussed. SCPS's new voice through CSAP in the CMA Council on Legislation decisively influenced several CMA positions. These include:
 - a. The establishment of no position on a bill to allow inadequately evaluated psychiatric patients in non-LPS designated facilities to be involuntarily transferred to psychiatric hospitals without need for establishment of LPS detention [AB 1316 \(Irwin\)](#), and

- b. A support position for a bill that would eliminate “excited delirium” as a diagnosis, which has no medical validity and, up to now, has been disproportionately applied to minorities (AB 360 Gipson).
5. **CSAP Board:** SCPS CSAP Board members Drs. Little and Shaner reported on CSAP Board meeting of 4/20.
- 1. **CSAP Procedural Code Completion (See Attachment III)** The CSAP Board voted to recommend approval by Area 6 DBs of the amendment of the CSAP Procedural Code, as drafted by a CSAP committee for that purpose. The significant changes establish:
 - 1. Default procedures for ensuring rotation of the chairs of the Board and GAC committees
 - 2. Formal rules for voting on bill positions and related issues within the CSAP GAC, and
 - 3. Requirements that all CSAP positions be directly linked to the CSAP Policy Platform Document, a document that requires unanimous approval by all DBs for any changes.
 The GAC reviewed the changes and voted to recommend that SCPS Council approve the amended Code.

MOTION 2: That SCPS approve the amended CSAP Procedural Code.

- 2. **Adoption of the CSAP-related elements of the SCPS-originated resolution to request that CSAP take a strong proactive role in addressing the ADHD medication shortage** (Attachment IV) through:
 - 1. Issuing a position statement like the one just published by SCPS (This will likely appear shortly in the CSAP weekly advocacy update
 - 2. Collaborate with Area 6 representatives and APA on actions to work with the DEA, FDA, and state agencies to expeditiously use regulatory authority to hold pharmaceutical companies and pharmacies accountable for taking action to ameliorate current stimulant shortage and discuss prevention and management of further shortages of psychiatric medications.
 - 3. Acting at the state level to urge relevant state agencies to address the current shortage and prevent further shortages of psychiatric medications.
 - 4. Asking SYASL to approach California legislators who might be interested in strengthening federal mandates and sanctions designed to encourage pharmaceutical and healthcare companies to ensure adequate supplies of necessary psychiatric medications.
6. **SCPS advocacy issues**
- 1. **LAC DMH Response to SCPS letter seeking engagement regarding CARE Court implementation (See Attachment V)** (Drs Shaner and Wood). Drs. Shaner and Wood reported on the response by DMH thus far to the SCPS letter requesting transparency and collaboration about DMH work on psychiatric and community aspects of the DMH CARE court program implementation. While DMH has not yet answered the questions in the letter, the administrator in charge of the

program has offered to meet with DMH to discuss the CARE program. GAC members considered the response and other options, and recommended that SCPS establish an ad hoc committee to meet with the administrator after the APA conference. Dr. Little appointed the following to be on the Committee: Drs. Goldenberg, Manal, Shaner, and Wood. Drs. Shaner and Wood will work with Mindi to schedule a zoom meeting for this purpose. GAC felt that the SCPS agenda should consist of asking the administrator to address each question and request in the letter, clarifying them as necessary.

6. Other Business:

- 1. Call Psych Pro (Dr. Goldenberg).** Dr. Goldenberg reported encountering a new website called Call Psych [Call Psych](https://callpsych.com). (<https://callpsych.com>) The website advertises that it is “Fast, Safe, and Evidence-based... Call Psych helps patients get immediate access to expert mental health care by providing consolidated, evidence-based treatment plans to PCPs and other frontline mental health workers.” Its catchphrase is “Answers In Minutes, Not Months.” The GAC discussed implications for quality of care for psychiatric patients, especially if such services are inappropriately used in lieu of psychiatric consultation. It was also noted that APA apparently has staff that evaluates psychiatric apps. SCPS GAC members will bring this site to the attention of other Area 6 DBs through CSAP and will recommend queries to APA regarding any additional evaluative steps that APA might consider indicated for this site and similar ones.

- 7. Next SCPS GAC Meeting:** June 6, 2023, from 7:00 PM – 9 PM.

Attachment I: Possible CA Assembly Resolution regarding the stimulant shortage crisis and prevention of further shortages of psychiatric medications

Draft 2023-04-27

Whereas,

Reliable and safe access to medical care includes reliable access to psychiatric medications; and

Whereas,

Efforts to reduce mental health stigma, increase mental health awareness, and improve recognition of ADHD by healthcare providers, parents, and teachers, along with changes in ADHD diagnostic criteria, have led to an increase in ADHD diagnoses and increased demand for stimulants over the past few decades; and

Whereas,

The increased recognition and need for treatment of ADHD has led to a recent shortage of ADHD medications in the US that represents an urgent mental health crisis with potential for irreparable harm to patients; and

Whereas,

The irreparable harm from a lack of access to ADHD medication accrues to

1. Children who regress behaviorally and academically,
2. Adults who have been successfully treated with ADHD medications for years but are now unable to perform in their jobs and function in other areas of life, and
3. Communities who are experiencing increasing illicit substance distribution, car accidents, and prevalence of depression, anxiety, and other comorbidities of untreated ADHD; and

Whereas,

The Federal Drug Enforcement Agency (DEA) powers to limit the supply of ADHD medications should be exercised in a way that responds to shortages in medically necessary medications in a coordinated manner to ensure access by patients that require such medications to treat disabling ADHD; and

Whereas,

The Federal Drug Enforcement Agency (DEA) has thus far declined to increase the quotas that it has imposed to limit access by pharmaceutical manufacturers to the materials necessary to produce ADHD medications despite calls from those manufacturers to increase the quotas to meet current demands; and

Whereas,

The DEA has presented no justification for maintaining the quotas beyond its unsubstantiated claims that the manufacturers already have enough materials to produce ADHD medications;

Therefore, be it resolved by the Assembly of the State of California, the Senate thereof concurring, that the Legislature recognizes:

1. The ongoing damage to the health of Californians with ADHD imposed by the current critical shortage of medication to treat this condition, and
2. The necessity of requesting federal action to remove any unjustified barriers to increase the supply of medications that are created by DEA quotas that limit the availability of ingredients essential to produce these medications by legitimate manufacturers; and
3. The importance of executive action by the California Department of Health and Human Services (HHS) to:
 - a. Hold pharmaceutical companies, distributors, and pharmacies accountable for taking actions to ameliorate the current ADHD medication shortage and develop initiatives for the prevention and management of further shortages of ADHD medications;
 - b. Urgently meet with Federal HHS, and the DEA regarding modification of any insufficiently justified quotas on the supply of ingredients to manufacturers of critical ADHD medications.

Be it further resolved that:

The Chief Clerk of the Assembly transmit copies of this resolution to the author for appropriate distribution.

Attachment II: CSAP Bill Positions

Consent (all support):

[AB 456 \(Maienschein\)](#) Public postsecondary education: campus mental health hotlines
[AB 492 \(Pellerin\)](#) Medi-Cal: reproductive and behavioral health integration pilot programs
[AB 564 \(Villapudua\)](#) Medi-Cal enrollment
[AB 571 \(Petrie-Norris\)](#) Medical malpractice insurance
[AB 1085 \(Maienschein\)](#) Medi-Cal: housing support services
[SB 65 \(Ochoa Bogh\)](#) Behavioral Health Continuum Infrastructure Program
[SB 282 \(Eggman\)](#) Medi-Cal: federally qualified health centers and rural health clinics

Discussion:

[AB 459 \(Haney\)](#) California Behavioral Health Outcomes and Accountability Review - watch
[AB 616 \(Rodriguez\)](#) Medical Group Financial Transparency Act - oppose
[AB 1001 \(Haney\)](#) Health facilities: behavioral health emergency services - support
[AB 1316 \(Irwin\)](#) Emergency services: psychiatric emergency medical conditions - oppose

Consent:

AB 1021 (Wicks) Controlled substances: rescheduling
 AB 1110 (Arambula) Public health: adverse childhood experience (Fact sheet)
 AB 1282 (Lowenthal) Mental Health: impacts of social media
 AB 1557 (Flora) Pharmacy: electronic prescriptions (Fact sheet)
 AB 1697 (Schiavo) E-signatures for Medical Information Sharing (Fact sheet) Discussion:
 AB 360 (Gipson) Excited delirium
 AB 657 (Jackson) Mental Health Services Funding Act
 AB 1450 (Jackson) Universal screenings; ACES
 SB 524 (Caballero) Pharmacists: testing and treatment (Fact sheet)
 SB 770 (Wiener) Unified health care financing (Fact sheet)

Attachment III: Draft CSAP Procedural Code update as approved by CSAP Board:

Procedural Code of The California State Association of Psychiatrists (CSAP)

I. The Association Composition and Purpose

- A. Composition of the California State Association of Psychiatrists, referred to as the “Association”
Open to the American Psychiatric Association (APA) District Branches of California (also referred to as Districts or DBs), and initiated by the Northern California Psychiatric Society (NCPS), Orange County Psychiatric Society (OCPS), and San Diego Psychiatric Society (SDPS)
- B. Purposes and Principles
1. Form a cooperative Association of California District Branches of the APA for coordination of lobbying and advocacy efforts.
 2. Work separately but in parallel and in coordination with Area 6 of the APA.
 3. Serve as the State Organization recognized as required by the APA for our State with multiple District Branches (APA Assembly Procedure Code Sec. III.9) to advance the aims and objectives of the Association with state agencies, institutions and governments and shall separate Area 6 business from that of the Association.
 4. Maintain lobbying strength and opportunities for partnering with other psychiatry lobbyists in the state.
 5. Work in alliance with APA bylaws.
 6. Prioritize the main purpose of the Association--legislative advocacy. This will be reflected in the budget, which aims to limit administrative, non-advocacy-related and overhead costs.
 7. Actively involve Resident-Fellow Members (RFMs) and Early-Career Psychiatrists (ECPs), emphasizing the importance of early understanding and participation in legislative advocacy.
 8. Provide transparency to the District Branch Councils (also referred to as District Councils).
 9. Share leadership fairly and equitably with all participating District Branches.
 10. Educational efforts will be focused on advocacy and/or legislative issues.
 11. Create a stable, lasting framework that promotes consensus.
- C. Formation and Dissolution of the Association
To achieve shared legislative advocacy goals for the state, the District Branches of California will have the opportunity to participate in this Association. Participating Districts shall commit to an initial two-year agreement, that will then renew biannually unless any District Council gives six months’ notice of intention to exit the CSAP agreement. The Association must comply with the requirements of the APA (including creation of a statewide organization for California that is required by the APA, due to having multiple District Branches within the state). Dissolution of the Association shall be initiated if the number of participating Districts falls below three or by vote for dissolution from all participating District Councils. Any remaining assets will be distributed on a per member basis (excluding RFMs and dues-exempt members) to the Districts.
- D. Legal Identity: CSAP is organized exclusively as a professional organization not organized for profit, within the meaning of [Section 501(c)(6) of the Internal

Revenue Code of 1986, as amended.] No part of the net earnings of the Association shall inure to the benefit of, or be distributable to, its members, trustees, officers or other private persons, except that the Association shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein.

II. **The Board:**

- A. Composition: The CSAP “Board of Representatives” or “Board” shall be composed of two representatives from each participating District Branch.
- B. Selection by District: Representatives shall be chosen by their District Branch Council.
- C. Term: The DB shall appoint their Board Representative(s) for minimum one-year terms. In the event that the DB Board Representative position is vacated before the end of a term, the DB may appoint a replacement Representative to fill out the current term. The Chair of the Board shall rotate yearly, in conjunction with the American Psychiatric Association officer rotation cycle. The Vice-Chair will be the incoming chair for the next year. A Vice-Chair from a large DB must follow a chair from a small DB and vice versa. Therefore, the Chair position will rotate more often among a larger DB. Each DB must be offered an opportunity to hold the Chair and Vice-Chair position before restarting the rotation.
 1. When this rotation has been exhausted, the original rotation order of Vice-Chair shall be restarted with the new DBs added in the order that they joined, if there is unanimous consensus to do so among the Board.
 2. If there is not a unanimous consensus among the Board regarding restarting the rotational order as above, another rotational methodology and/or order may be initiated with the unanimous consensus among the Board.
 3. If there is not a unanimous consensus among the Board regarding the implementation of a new rotation order, the next rotation of Vice-Chairs among all the DBs shall be selected by a drawing of lots by the current Board Chair in the presence of the Board at a properly noticed meeting, and the current requirement for alterations by DB size for both Board Chair and Vice Chair shall be preserved.
 4. If a Chair or Vice-Chair vacates office, the other Representative from their District will assume that role for the remainder of the term.
 5. If both Representatives from a District leave (or decline the position), then that District forfeits their turn in the Chair and Vice-Chair position rotation. In such a case, the positions go to the next DB in the rotation, and the associated term for each is extended to include the remainder of the forfeited term and the new term.
- D. Duty: The purpose of the Board Representatives shall be to inform their District Councils and communicate their District Council preferences to the Association. Content area will be related to general government affairs, advocacy, and legislation in California as well as organizational governance and administration. Specific duties are as follows:
 1. Vote on behalf of their District Council.
 2. Coordinate such that at least one Representative from each DB is

present at all meetings.

3. Provide two-way communication between the Association and the District Council
4. Be available for contracted entities (Lobbyist and Executive Director).
5. Make recommendations for statewide representatives to allied organizations such as the California Medical Association.
6. Coordinate with the APA Area 6 Council.
7. Duty of the Chair and Vice-Chair: The role of the Chair will be to coordinate meetings and serve as the main communication with lobbyists. The Vice-Chair will help the Chair with his/her duties.
 - Act as a representative when needed for other allied organizations.
 - Facilitate meetings and serve as the liaisons to the staff.
 - Serve as the financial signers on accounts (See Article IX).

E. Recall

A recall of a Board Representative shall be the exclusive right of their respective District Council. If the other Board Representatives have concerns about a Representative, they shall draft a letter to the officers of the represented District Council delineating their concern and reasoning.

III. **Legislative Agenda**

- A. CSAP will develop a legislative agenda which will be agreed upon by the Board and approved by the Councils of all participating Districts Branches.
- B. Changes to this legislative agenda will require approval from the DBs.
- C. Policies supported by all member Districts will be included as settled CSAP policy and recorded in a policy compendium (i.e., "Policy Platform").
 1. The policy compendium will be readily available to all participating District Branches upon request. (see Article VII)
 2. Modifications to the policy compendium shall be regularly considered whenever necessary for it to reflect policies supported by all member districts, and each change must be approved by all member District Branches.

- IV. **Meetings of the Association**: Routine meetings shall be held virtually unless otherwise determined by the Board. Attendees shall be notified of routine meetings by the Chair not less than one week before the meeting. The procedure of the Board shall be governed by *The Standard Code of Parliamentary Procedure by Alice Sturgis*.

V.

- A. Format: Video meetings are preferred
- B. Types of Meetings
 1. Monthly Board meetings in which state government affairs and advocacy are to be discussed will be identified as "Board Meetings for Government Affairs". Advisory committee chairs or those designated by those chairs, will attend these meetings for the purpose of informing Board Representatives, and for facilitating communication among advisory committees and Districts. The contract lobbyist and administrative director will attend these meetings. The Board Chair may invite additional individuals to attend these meetings in service

of the Board's work.

2. Special Meetings of the Board held only for the purpose of the Association's administrative functioning and internal affairs will be identified as "Board Meetings for Business Matters", and will not generally include advisory committee members. The administrative director will attend these meetings. The Board Chair may invite additional individuals to attend these meetings in service of the Board's work.
- C. Frequency of meetings
1. Routine Board Meetings for Government Affairs will be held monthly on a day determined by the Board Chair.
 2. Board Meetings for Business Affairs will be scheduled by the Board Chair on an as needed basis.
- D. Minutes shall be documented for meetings by staff and available for Districts upon request. In the event that a recording is needed by staff for record-keeping purposes, meetings may only be recorded if all present Board Members approve. These recordings will be confidentiality maintained by staff and only released with unanimous Board approval.

VI. Voting:

- A. Composition: Voting shall be structured to promote strong consensus among District Branches. All votes shall be public and disseminated to the District Councils.
- B. Representatives shall vote on legislative matters on behalf of their District Council. It is each District Council's responsibility to inform and instruct their Representatives on policy positions. District Councils shall provide the names of their designated Representative(s) to the Association through staff.
- C. **If a Representative is unable to attend, a proxy vote by the alternate Representative or another member designated from the District Branch are permissible.**
- D. Legislative voting processes: One vote will be conferred to each of the following District Branches if participating: OCPS, SDPS, and Central California Psychiatric Society (CCPS). Two votes shall be conferred to each of the following District branches if participating: NCPS and Southern California Psychiatric Society (SCPS). Quorum shall be met by at least one District Branch Representative present from each of the participating District Branches. Votes will need to be agreed upon by a District's members. An individual District can only vote in one direction and votes cannot be split; if there is disagreement between Representatives, they need to come to agreement based on their District's platforms and preferences. Votes required to pass a motion shall vary by the following table:

| | | | | |
|--|------------------|------------------------|------------------------|------------------------------|
| Association participants: | OCPS, NCPS, SDPS | OCPS, NCPS, SDPS, CCPS | OCPS, NCPS, SDPS, SCPS | OCPS, NCPS, SDPS, CCPS, SCPS |
| Votes in favor required to pass a motion | 3 of 4 | 3 of 5 | 4 of 6 | 5 of 7 |

E. Routine Votes:

- a. For routine votes which involve previously established CSAP Policy, the Board of Representatives may take positions and must communicate those to District Branches.
- b. For routine votes on issues not covered by established CSAP Policy, the Board of Representatives shall brief and subsequently secure a vote of their District Council, before registering that vote with the Board. The District Councils shall explore the legislative agenda and prepare stances and positions so that their Representative(s) can accurately represent the will of the Council in urgent situations such as those described below.

F. Administrative Voting Processes: Routine items requiring a vote by the District Councils include creation and updating the CSAP legislative agenda, budget, dues, procedural code changes, entering agreements, addition of standing committees (See Article VI) and policies that are not clearly aligned with the CSAP legislative agenda. A unanimous vote will be required for these items.

G. Urgent Votes: When there is need for a decision on a legislative issue prior to the scheduled meeting of the District Council, a vote of the District executive committee shall, with the consent of their District Council, serve the purpose of informed consent needed by the Board Representative(s) before registering the vote of the District. The District executive committee is expected to understand the legislative priorities of their District Councils and CSAP priorities. CSAP will work with the lobbyist to ensure that there is a clear understanding of the legislative agenda.

When an expedited decision on an urgent legislative issue (i.e. when a bill is being marked up or regulations are being negotiated) arises, the Board of Representatives will be consulted by the lobbyists (via text, email and/or messaging app) and will vote (using the same voting strength and threshold described above). District Branch Representatives shall inform their respective executive and government affairs (GA)

committee of the decision at hand and allow an opportunity for feedback from committee members within the time constraints provided.

Ultimately, the Representative shall vote keeping in mind the feedback from those members as well as the policy stances of their respective District Councils. All votes registered by District Branch Representatives shall be made public to all five District Councils and minutes with voting details will be shared with the Districts. Furthermore, in these urgent circumstances, information regarding the decisions (who was informed and what action was taken) would be provided to the District Councils.

VII. Advisory Committees:

- A. Purpose and duties: While Board Representatives discuss Government Affairs at large, The Board may create any number of specialty and expert Advisory Committees open to members of all participating Districts. The advisory committees will educate and promote open discussion between the Board Representatives, APA members and District Councils, on important issues related to legislative advocacy and government affairs. Formats shall include virtual presentations by experts and open virtual town halls. CSAP will encourage RFM and ECP Involvement in advisory committees
- B. **Standing Committees: There shall be at least one standing advisory committee (Government Affairs).** Standing committees shall meet virtually no less than quarterly to remain an active standing committee. Addition of standing committees will require a unanimous vote of approval from District Councils.
- C. The Board may create ad hoc committees that will sunset annually. Timing of turnover of committees, their members and chairs will coincide with APA office turnover.
- D. Creation and composition of committees: Committees may be composed of participating District members who may be self-nominated, nominated by the committees, participating District Councils, or by the Board. The acceptance of those nominated to serve on each committee must be approved unanimously by the Board.
- E. A “chair” for the committee will serve as a facilitator and spokesperson for the committee. The chair of each committee will rotate through the Districts on a yearly basis and must not concurrently be a Board Representative. Every other year, a rotation of the Districts will allow for a new chair of the committee; a District may pass on their opportunity for nomination of a chair. The advisory committee chairs will be invited to present at Board meetings either live or asynchronously (see communication below) to convey and discuss legislative decisions and recommendations to the Board.

- F. Testimony: Members of Districts who may be a part of the advisory committees may be asked and permitted to provide testimony on behalf of the Association. Any individual representing the Association must have prior unanimous approval of the Board and be in good standing with their District branch.
- G. Advisory Committee meetings must occur no less than 4 times a year and chairs must be present for at least 4 of the meetings.
- H. Communication: Committee reports may include written summaries, video explanations for distribution to Districts and the Board, and other means to efficiently disseminate information.

VIII. **District Branches**

- A. Participation: All California District Branches of the American Psychiatric Association are eligible to participate in CSAP and have representation. CSAP exists to serve as a central organization for the Districts to participate in Statewide advocacy.
- B. Eligibility and Responsibilities of Participation:
 1. Approve and sign the Procedural Code of CSAP
 2. Contribute to CSAP proportionally relative to other Districts.
 3. Provide representation to participate in activities.
- C. Privileges and responsibilities are outlined in other parts of the document and pertain to involvement, representation and approval of administrative changes in CSAP.
- D. Recommendations to Districts: While CSAP respects the autonomy of Districts, the following are recommendations to best serve the District and CSAP needs:
 - Select Board Representatives who are informed about District key policy positions and desires and impartial to personal beliefs. Districts can choose to select the Representative by any means they choose (elections, appointment, District Council recommendation.)
 - 1. Form a District Government Affairs committee to inform the CSAP Board Representatives.
 - 2. Develop a District platform of key policy positions. It is recommended CSAP members be aware of these policies as well as lobbying staff.
 - 3. Seek out District experts to serve on Advisory Committees (Article VI) and as content experts for CSAP.

IX. **Conflict of Interest (COI), Disclosures and Ethics:**

- A. COI: All District Branch Representatives, participants on advisory committees, and staff shall submit a financial and conflict of interest (COI) disclosure annually. Ethics and/or COI complaints against any

Association participant, advisor, or staff shall be reviewed within 90 days of receipt by an *ad hoc* review committee established by the Board, and composed of at least one member from each participating District. Participants on any other Association committee are not eligible to serve on the *ad hoc* committee. The *ad hoc* committee may recommend compulsory recusal from discussion or vote on a specific topic. The complaint and advice of the *ad hoc* committee shall be provided to all participating District Councils, and the Board may hold a vote on potential action including compulsory recusal from discussion and/or dismissal from participation in the Association. If both Representatives from a District are the subject of the complaint, then the District shall appoint one or two alternate Representatives to register the District Council vote on the Board.

- B. Ethics: All participants in the Association shall be bound by the ethical code of the medical profession, specifically defined in the Principles of Medical Ethics of the American Medical Association and in the Association's Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry.
Ethics Complaints: Complaints charging members of the Association with unethical behavior or practices shall be investigated, processed, and resolved in accordance with procedures set forth in this document.

X. **Budget and Finances:**

- A. The association management firm retained by CSAP shall submit to the Board complete financials no less than quarterly.
- B. Development of a Budget: With guidance from the Board, the Managing Director (from the contracted management firm) will propose the annual budget. This will be reviewed, amended and approved by the Board. Required line items will be lobbying, administrative staff expenses and legal fees. The budget must be balanced. The annual budget must be finalized and approved to be sent to the Districts for review no later than Oct 31st of the previous year.
- C. Following approval by the Board, annual CSAP budgets must be approved unanimously by the District Councils.
- D. Once an annual budget is approved by all parties, any requested amendments increasing expenditure must again go through the same approval process.
- E. Funding: To fund the Association, the District will contribute an amount proportional to their member make up. The manner of billing will be at the discretion of the District. An "average rate" for the coming calendar year will be calculated by dividing next year's projected expenses by the "contribution-base" membership total of

all participating Districts. The “contribution-base” membership for each District shall be calculated by subtracting RFM and dues-exempt members in active status one month after the drop date for the current calendar year from the membership total. For example, when calculating the District branch assessments for the 2022 calendar year, membership numbers will be calculated one month after the 2021 drop date. That “average rate” will then be multiplied by the total number of “contribution-base” members of each District. The Districts will forward advocacy funds collected from membership on a rolling monthly basis. Funding held in excess of 6 months operating expenses shall be moved from an “operating” account into a “reserve” account.

- F. Accounts and Investments: Financial accounts shall be opened, including but not limited to a checking account, with signers being the Chair and Vice-Chair of the Board. Reserve funds greater than the equivalent of 3 months of operating expenses (total expenses divided by 4) may be invested in a diversified portfolio. These funds may be utilized to subsidize lobbying activities in a particularly active year, subject to vote of the Board. If the “reserve” account reaches the equivalent of one year of operating expenses, the “average rate” contribution will be reduced in the subsequent year by a minimum of 10% and funds from the “reserve” account shall be allocated to the “operating” account sufficient to cover the funding reduction. Funds shall be transferred on or before January 15th and the remainder on or before June 15th of the applicable calendar year.
- G. The Association shall not pay for or reimburse APA members for non-budgeted travel, meals, or lodging. Members may pay their own way or Districts may provide funds at their discretion.

XI. Lobbying, Administrative, Legal and other Contract Staffing:

- A. CSAP will contract staffing from appropriate organizations and in general will not assume overhead and human resources costs associated with these staff; contracts should include any costs of this type.
- B. The Board will recommend appropriate lobbying representation such that it does not exceed the budget figures presented.
- C. The Association agrees that administration should be efficient and proficient in the use of social media and technology. The Board will recommend an association management firm which will be responsible for arranging key contact staff for all CSAP activities
- D. Legal counsel will be sought for updates to bylaws and other items as needed.

XII. Conferences and other Activities:

When held, educational conferences will be associated with advocacy,

such as an advocacy day involving education about current legislation and advocacy efforts. Districts may request CSAP assistance in educational conferences. Travel expenses for liaisons and any members who will attend will be paid for by the District branches at their discretion. CSAP will avoid recreating educational content already offered by the District branches. The Association's activities should not limit or interfere with the District Branches' ability to create any educational programming of their choosing.

XIII. Amendments:

A. Amendments to this procedural code may be recommended by the Board or any District Branch. Any amendments taken will require due process and unanimous approval from all participating District Branches.

XIV. Political Action Committee:

- A. A separate and parallel political action committee (PAC) will exist.
- B. The Board of the PAC will be composed of one member representing each District branch. Each District branch will select their own Representative. All members will have equal votes. Decisions on use of funds will require unanimous approval. Formation of this PAC is approved by all participating District branches.

Addendum to the procedure Code: 2/18/2022

At the end of 2021 budget year, prior to the involvement of SCPS, there was a total reserve in the amount of \$102,117.37

If the Association is dissolved by the methods listed in Section 1C, this amount will first be distributed as described to NCPS/SDPS/OCPS. Any remaining funds will then be distributed as described to NCPS/SDPS/OCPS/SCPS.

Attachment IV: SCPS Resolution regarding the stimulant shortage crisis and prevention of further shortages of psychiatric medications**Passed by SCPS Council 2023-04-13.****Whereas,**

The recent shortage of stimulants in the US represents an urgent mental health crisis with potential for irreparable harm to patients; and

Whereas,

Access to care, in particular, reliable access psychiatric medications, requires monitoring of demand and supply of medications and a coordinated response to guarantee that there are no shortages in medically necessary medications; and

Whereas,

Efforts to reduce mental health stigma, increased awareness, and better recognition of ADHD by healthcare providers, parents, and teachers, along with changes in ADHD diagnostic criteria, have led to an increase of ADHD diagnoses and increased demand for stimulants over the past few decades. Additional factors, such as increasing average screen time exposure, longer attention span demands set by evolving job markets, and more recently, pandemic related work-study from home options, likely play a role. The ability to access psychiatric care via telepsychiatry, including the diagnosis and treatment of ADHD, likely contributed to stimulant demand pressures. The contribution of clinically equivocal prescriptions of stimulants by telehealth start-ups to higher stimulant demands remains unclear: and

Whereas,

In addition to rising demand for stimulants, other reasons for shortage listed on the FDA website include manufacturing delays, discontinuation of certain stimulants, and shortage of active ingredients; and

Whereas,

Numerous physicians and pharmacists have reported that CA DOJ and DEA attempts to prevent illicit provision of medication have impaired access to psychiatric medications essential for the health of children and adults, and

Whereas,

The ongoing shortage in stimulants has marked negative effects on patients with ADHD. From children who regress behaviorally and academically, to adults, who have been successfully treated with stimulants for years, but are now unable to perform in their jobs and function in

other areas of life. Additionally, the shortage places patients with ADHD at increased risk for substance use, car accidents, depression, anxiety, and other comorbidities;

Therefore, be it resolved that:

- 1) SCPS will publish the position statement below in the newsletter and on its website.
- 2) SCPS Council shall have its representatives to the CSAP Government Affairs Committee (GAC) and/or CSAP Board make a motion(s) that:
 - a) CSAP will publish a similar position statement in its newsletter.
 - b) CSAP will collaborate with Area 6 representatives and APA on actions to work with the DEA, FDA, and state agencies to expeditiously use regulatory authority to hold pharmaceutical companies and pharmacies accountable for taking action to ameliorate current stimulant shortage and discuss prevention and management of further shortages of psychiatric medications.
 - c) CSAP will act at the state level to urge relevant state agencies to address the current shortage and prevent further shortages of psychiatric medications.
 - d) CSAP will ask SYASL to approach California legislators who might be interested in strengthening federal mandates and sanctions designed to encourage pharmaceutical and healthcare companies to ensure adequate supplies of necessary psychiatric medications. (of note - Rep. Eric Swalwell (D-Calif) reportedly approached the DEA to discuss the issue).

Position Statement:

Stimulants are recognized as an effective and safe treatment for ADHD. The ongoing shortage in stimulants is causing irreparable harm to patients with ADHD, from children who regress behaviorally and academically, to adults who are unable to perform their daily duties without these medications. Additionally, the shortage places patients with ADHD at increased risk for substance use, car accidents, depression, anxiety, and other comorbidities.

SCPS calls upon policymakers, pharmaceutical companies, and psychiatric organizations to take focused action now to prioritize the needs of patients with ADHD over attempts by law enforcement agencies to prevent illicit provision of medication when those attempts create dangerous shortages in the supply of psychiatric medications essential for the health of children and adults.

Attachment V: Letter of response from Jennifer Hunt, Psy.D of 2023-04-27

Hello Drs. Wood and Shaner,

Thank you for reaching out to Dr. Wong about DMH's role in the countywide implementation of CARE Act and the desire to discuss clinical aspects of the proposed programs. I am happy to meet with additional members, Officers, Councillors, or Representatives of SCPS to share about the current planning process and engagements with various stakeholder groups. Please note that I am going to be out of state at a work related conference May 3-5 and a family event out of state May 15-20...other than those select travel dates, I look forward to the opportunity to meet. I can make myself available in the day and/or early evening hours if that allows for greatest flexibility to calendar a date and time soon for SCPS members to attend in greater numbers. I look forward to hearing from you both soon and, ideally, with some proposed dates and times that work for your intended attendees.

Warm regards,
Jennifer

From: Dr. Emily Wood, MD, PhD <dremilywood@gmail.com>

Sent: Monday, April 24, 2023 10:47 AM

To: Jennifer Hunt <JM Hunt@dmh.lacounty.gov>; Roderick Shaner <rshaner@aol.com>

Cc: Mindi Thelen <scps2999@earthlink.net>

Subject:

Dear Ms. Hunt,

We have been asked by Dr. Little to contact you, pursuant to your communication of 4/19 with SCPS in follow up to our mailed requests to Director Wong dated 4/17/23. We are certainly hoping for positive responses to the requests, and we're happy to discuss whatever aspects of those requests you believe will be helpful in determining the responses. Please let us know of some times that might be convenient for you to meet by telephone or video call, and we can start scheduling it. Thank you so much for your very timely follow-up to the DMH letter.

Sincerely,

Emily Wood, MD, PhD
Chair, SCPS Alternative Crisis Response Committee
Roderick Shaner, MD
Chair, SCPS Government Affairs Committee

4/19/2023

Greetings,

My name is Jennifer Hunt and I am the A/Sr. Deputy Director of Reentry Services which includes Justice involved programs such as our county implementation of CARE Act.

Dr. Wong, our DMH Director, received a letter from President Little and I am reaching out as a follow up to that request. I left a voicemail at the main number as well. I look forward to speaking with you at 213-947-6614 or communicating via email at jmhunt@dmh.lacounty.gov

Regards,
Jennifer

Draft of 4/18/2023 Letter to DMH Director re DMH Care Program Community Input

Dear DMH Acting Director:

The Southern California Psychiatric Society (SCPS), a District Branch of the American Psychiatric Association that represents over 900 psychiatrists, many based in Los Angeles, wishes to express our enthusiastic support of the efforts by the Los Angeles County Department of Mental Health (DMH) to design an operational framework for implementation of the mental health portions of the County's CARE Act program. We understand the complexity of the task and recognize the Department's longstanding commitment to meaningful solicit stakeholder input in program development.

The deliver of psychiatric services, both public and private, is a critical part of CARE Act programs, and SCPS urges you to solicit and respond to input from psychiatric groups within both the Department and the larger Los Angeles psychiatric community. Equally important, we urge you to extend the same invitation to other community-based stakeholders, including the Los Angeles based NAMI chapters. We believe that this approach will enhance the quality of the psychiatric services delivered to our community in the context of the Los Angeles County CARE Act.

SCPS requests that you publicly share which DMH committee or committees is/are developing the clinical psychiatric aspects of the DMH program. We also wish to know what allowances have been made to ensure ongoing community participation in the planning process and responsiveness to that input from the Department. With such information, SCPS commits to supporting the Department in making every effort to help sustain the robust involvement necessary.

Please let us know at your earliest convenience the information requested above, and how SCPS and other community stakeholders can contact the appropriate committees to request participation.

Thank you for the extraordinary efforts and success thus far in delivery of mental health services to Los Angeles County.

Sincerely,

Draft Letter to DMH Director re DMH Care Program Community Input

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The deliver of psychiatric services, both public and private, is a critical part of CARE Act programs, and SCPS urges you to solicit and respond to input from psychiatric groups within both the Department and the larger Los Angeles psychiatric community. Equally important, we urge you to extend the same invitation to other community-based stakeholders, including the Los Angeles based NAMI chapters. We believe that this approach will enhance the quality of the psychiatric services delivered to our community in the context of the Los Angeles County CARE Act.

SCPS requests that you immediately and publicly disclose which DMH committee or committees is/are developing the clinical psychiatric aspects of the DMH program. We also wish to know what allowances have been made to ensure ongoing community participation in the planning process and responsiveness to that input from the Department. With such information, SCPS commits to supporting the Department in making every effort to help sustain the robust involvement necessary.

Please let me know at your earliest convenience the information requested above, and how SCPS and other community stakeholders can contact the appropriate committees to request participation.

Thank you for the extraordinary efforts and success thus far in delivery of mental health services to Los Angeles County.

Sincerely,

Draft Letter to MHC re DMH Care Program Community Input

Dear MHC,

The undersigned academic, professional and community stakeholders call on the Mental Health Commission to support us in our efforts to provide meaningful community input to LAC DMH planners as Los Angeles County launches its CARE ACT Program components. As always, we feel that community involvement through an understanding of the stakeholder process and opportunities to share ideas, expertise, and experience will benefit individuals in our community who live with mental illness, along with their families and other supporters.

A broad spectrum of community stakeholders have expressed concerns about the likelihood of successful implementation of the psychiatric component of the LAC DMH CARE Act Program (CAP). These concerns are engendered by the perception that there is, at best, uncertainty about the plans for the adequate training of psychiatrists who will provide CAP services through directly operated and contracted DMH units. This uncertainty concerns several features, including:

1. Establishment of necessary core CAP psychiatric competencies
2. Responsibilities for the development and presentation of CAP training content
3. CAP training intensity
4. CAP training resource prioritization, and
5. Timelines for CAP training completion.

Stakeholders do believe that the means for DMH to establish and implement the necessary CAP training already exist. However, they also strongly believe that implementation of the necessary steps to successfully complete the task may be greatly enhanced by a broader participation of stakeholders, including community psychiatrists and individuals living with mental illness and their family, to do so. Their consensus is that the key goal should be to establish within the DMH Full-Service Partnership (FSP) Teams, which DMH has assigned to manage CAP services, the psychiatric skills set and associated resources that currently exists in the DMH HOME teams. Their rationale follows:

DMH has already fielded a good model for adaptation to CAP, which is the DMH HOME Team. These teams, some ten in total, provide cutting edge street psychiatry interventions that effectively leverage psychiatric services to stabilize homeless individuals with severe mental, find suitable placements, and help ensure that they continue along a road to a safer and more rewarding life. However, the resources of the HOME Team are insufficient to effectively address

anything approaching the anticipated volume of CARE Court referrals to DMH for evaluation and treatment of CARE-involved individuals.

Because of this realistic HOME team resource limitation, DMH plans to instead use FSP teams for this work. However, the current FSP team model for psychiatric services, as it now exists, presents serious shortcomings for use in addressing anticipated CAP needs.

Establishing a priority and plan for transferring the psychiatric skill set already existing in the HOME program is a necessity. If the task is ignored, at least two consequences are foreseeable. First, the DMH CARE Program will be less effective than it would otherwise be. Second, the HOME program will be overwhelmed by CARE Court referrals that are insufficiently stabilized in FSP programs and are then referred to the HOME program and its limited resources.

The Southern California Psychiatric Society, NAMI, UCLA, and other stakeholder groups have urged LAC DMH to quickly disclose which DMH committee or committees is/are developing the clinical psychiatric aspects of the DMH program. We also wish to know what allowances have been made to ensure ongoing community participation in the planning process and responsiveness to that input from the Department. With such information, we commit to supporting the Department in making every effort to help sustain the robust involvement necessary to ensure that the DMH CAP will have the cutting-edge street psychiatry skills necessary to fulfill the CAP promise while at the same time preserving the HOME program successes.

We call on the Mental Health Commission to support the undersigned stakeholders in our efforts to participate with the department through an understanding of the stakeholder process and the means to engage meaningfully in the planning.

clinical psychiatric aspects of the DMH program. We also wish to know what allowances have been made to ensure ongoing community participation in the planning process and responsiveness to that input from the Department. With such information, we commit to supporting the Department in making every effort to help sustain the robust involvement necessary to ensure that the DMH CAP will have the cutting-edge street psychiatry skills necessary to fulfill the CAP promise while at the same time preserving the HOME program successes.

We call on the Mental Health Commission to support the undersigned stakeholders in our efforts to participate with the department through an understanding of the stakeholder process and the means to engage meaningfully in the planning.