

Report to Council

Government Affairs Committee

March 9, 2023

GAC meeting of March 7, 2023

1. **Welcome and Introductions:** The Co-chairs welcomed members to the meeting and reviewed the draft agenda.
2. **Multilevel Issues:**
 1. **SCPS/CSAP role in Area 6 Assembly (A6A):** The committee noted that CSAP passed the SCPS motion that: 1) granted the A6A nonvoting representation, along with the Area 6 Trustee, on the CSAP Board; 2) identified the CSAP Board Chair as the ex officio CSAP representative to the A6A; and 3) approved a a joint working committee with A6A to develop a collaborative framework for advocacy.
 2. **A6A in-person meeting on April 1-2:** The committee discussed the SCPS/CSAP role at the upcoming meeting, expressing strong approval for A6A's reported inclusion of a CSAP update on Area 6 advocacy for California psychiatry. However, it also noted that the CSAP board chair, CSAP GAC chair, and lead SYASL legislative advocate all had long-scheduled absences on those dates. It also noted that little information was available regarding 1) the expected content and length of the presentation, 2) the context on the meeting agenda, or 3) any other information about the agenda, specifically including advocacy-related presentations on the agenda. The committee suggested that more robust future communication between the A6A and CSAP should rapidly be developed as part of the new framework in order to further enhance Area 6 advocacy work.
 3. **Federal and APA Issues:** The committee discussed SCPS/CSAP support for NCPS hosted reception at APA meeting in San Francisco in May. NCPS will reportedly seek sponsorship from CSAP and each of the other 4 Area 6 DBs, the latter at the level of \$1000 each. The committee noted that California was unique in that it has multiple state DBs and a state association, and that representation of Area 6 in such an event would likely forward the ability to project a California consensus to other state DBs. It further noted that there appeared to be no California precedent for such a request. After discussion, the committee voted to recommend to Council that SCPS support the requested sponsorship by CSAP and SCPS.

Motion 1: That SCPS Council approve SCPS Board Members voting to: 1) approve the requested CSAP sponsorship of the APA reception hosted by NCPS, and 2) approve a sponsorship by SCPS in the amount of \$1000, drawn from appropriate SCPS related funds to the sponsorship of the same event.

4. **CSAP GAC (CGAC) Issues:** SCPS GAC reps to CSAP GAC Drs. Wood (SCAP GAC Chair), Goldberg, Halpin, Little, Shaner): The representatives present reported on issues from the CSAP GAC Meetings of 2023-02-16 and 2023-03-02.
 1. **Eggman bills:** The representatives noted continuing CSAP support for the Eggman bills concerning LPS reform, most specifically SB 43. The committee expressed appreciation for the extraordinary role of Dr. Woods in answering press questions during the presentation of the Eggman bills at the Eggman/Weiner press conference on March 3. SB 43 expands the definition of grave disability to include inability of an individual with mental illness to provide for critical medical needs or safety.
 2. **Sacramento Legislation Day:** the CSAP legislative day planning continues, likely including a hybrid of in-person and webinar meetings. No date has been set.
 3. **Update on Legislation ideas collected from membership by CSAP:** The committee discussed possibilities of more visibly responding to the many ideas expressed by SCPS members and those of other DBs regarding advocacy ideas, noting that CSAP has already acted upon these in several arenas. While the focus of SYASL is necessarily focused on legislation, which may take months or years to develop, it was suggested that including approved ideas in the CSAP (and SCPS) policy platforms might more quickly and tangibly inform SCPS membership of our advocacy activity. Based upon this, the committee agreed to recommend to Council that it approve the SCPS GAC drafting of more detailed policy statements, based upon members' suggestions, for possible inclusion into the SCPS High-Level Policy platform and possible recommendations to CSAP to consider the same approach.

Motion 2: That SCPS Council approve SCPS GAC drafting of more detailed policy statements, based upon members' suggestions, for possible inclusion into the SCPS High-Level Policy platform and possible recommendations to CSAP to consider the same approach.

4. **Meeting with US DOJ regarding pharmacy issues:** Representatives discussed the CSAP conference call of March 6 with the US Attorney General's Office regarding the effects of the AG settlement with pharmacy chains regarding the dispensing of DEA Schedule II substances. CSAP noted that increasing difficulties that California psychiatrists have reported that their patients have in getting scheduled medication dispensed by some pharmacies. Psychiatrists have been told by pharmacists that their chains have various rules proscribing dispensing of substances based on zip codes of prescribers, "red flags," and prescribing outside of various guidelines. They noted that such issues seem to go beyond the "reciprocal responsibility" of physicians and pharmacists established in state regulation. AG representatives seemed genuinely interested in the issue and unaware of these consequences, noting that it would likely be useful for CSAP to obtain input from the State Board of Pharmacy and report the results to the AG. They also asked for the

results of the CSAP questionnaire to membership regarding instances of difficulties, and CSAP agreed to send it. CSAP plans a future meeting with the Pharmacy Board,

5. **CSAP Board:** (SCPS CSAP Board members Zeb Little, Rod Shaner)
 1. **CMA Council motions regarding LPS and related issues:** At its meeting of March 2, the CSAP Board voted to support, as the CMA psychiatric specialty organization, two resolutions supporting the development of “medical holds” for patients on general medical inpatient units who lack capacity to understand dangers of leaving the hospital or the need for treatment. The resolutions called for working with other organizations to develop administrative and legislative initiatives to accomplish this goal. While Board members felt that the language of the resolutions could be improved, they believed that the overall goals of the resolutions merited the support of CSAP.
 2. **CSAP and DB financial support for CMA legislative activities:** The CSAP CMA representative reported to CSAP that CMA would, as usual, request support of each of the CMA Specialty Delegations for a legislative event, the coming one being focused on mental health issues. Support can be at either \$2500 or \$5000. Given the focus of the upcoming legislative event, CSAP board members, as the provisional CSAP PAC, voted to support the event at the \$5000 level. At the suggestion of the SCPS CSAP Board reps, the committee voted to recommend to SCPS Council that it support the CSAP Board decision.

Motion 3: That SCPS Council support the CSAP PAC sponsorship if a CMA legislative event at the \$5000 level, to be taken from existing CSAP PAC funds.

6. **SCPS advocacy issues**
 1. **Pharmacy issues and outreach to state government and pharmacy professional groups (Drs. Burchuk and Friedman):** SCPS GAC members from the SCPS AtC Committee, based upon SCPS general membership input, continue to develop the AtC initiative that thus far has led to the CSAP meeting with the US AG and a scheduled CSAP meeting with the California Board of Pharmacy. The AtC requests joint GAC support for a motion by the AtC to expand the pharmacy outreach to the California Pharmacy Association (see Attachment I).

Motion 4: SCPS Council shall have its representatives to the CSAP Government Affairs Committee (GAC) and/or CSAP Board make a motion(s) that:

1. **CSAP formally approach the California State Board of Pharmacy and the California Pharmacists Association to develop mutual guidelines for assuring that in carrying out our**

corresponding responsibility we protect access to safe and appropriate care for our patients.

2. **CSAP will discuss this issue with the California Medical Association (CMA) to seek collaboration.**

2. **SCPS Private Practice Townhall meeting 3/21 and possible APA action paper re Private Practice Caucus/Council/Committee/Workgroup:** (Dr. Goldenberg [Chair, PPPC], Dr. Friedman [Chair, AtC], Dr. Burchuk [AtC], GAC Co-chairs,) The workgroup reports that planning is ongoing for the webinar scheduled for Tuesday, March 21 at 7 PM.

3. **SCPS engagement with LA County regarding CARE Court implementation (Dr. Wood):** (See attachment II): Dr. Wood presented ongoing work by LAC DMH to develop operational procedures for implementing CARE Court in LAC County. She noted that LA is the only County within the SCPS area that will be implementing the CARE Act beginning next year. The committee discussed and voted to recommend to SCPS Council a resolution that calls for LAC DMH: 1) to provide transparency in DMH development of the CARE Court Procedures, 2) include specific operational components that would facilitate clinical psychiatric practice within the framework of the plan, and 3) provide ongoing feedback on the inclusion status or those specific operational components as DMH plan development proceeds.

Motion 5: Resolve that SCPS Council shall:

1. **Direct the SCPS GAC to coordinate the drafting of a letter to the Director of LAC DMH for possible signature by SCPS and NAMIs that requests:**
 1. **Acknowledgement and comment on specific concerns set forth by the signatory organizations regarding the structure and clinical operational components of the DMH CARE Court implementation plans,**
 2. **Specific additions or modifications in the current clinical operational components of implementation plans that address the above concerns, and**
 3. **Ongoing feedback on the status of the above specific operational component requests as DMH plan development proceeds.**
 4. **Involvement of specified key stakeholders in Los Angeles County implementation of the CARE Act.**

2. **Partner with local NAMI organizations to engage LAC DMH regarding the structure of their CARE Act implementation committees and working group.**

4. **Other SCPS Advocacy Issues:** The committee discussed the ongoing Adolescent ECT and Riese initiatives, noting that work is ongoing.

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

Attachment I: Resolution to request that CSAP collaborate with to approach the California State Board of Pharmacy and the California Pharmacists Association on behalf of psychiatric patients and their families, who are having difficulty filling prescriptions

Whereas,

Access to care, in particular, safe and appropriate prescription and dispensing of medications, requires coordinated response by all health-care disciplines; and

Whereas,

The California Health and Safety Code section 11153 Federal Controlled Substance Act assigns Pharmacists and Physicians corresponding responsibility to appropriately prescribe and dispense controlled substances; and

Whereas,

Pharmacists and Physicians have been subject to ambiguous regulations and directives by the US Department of Justice (USDOJ) and state regulatory bodies regarding prescription and dispensing of controlled substances, often without clearly articulated goals or legal foundation; and

Whereas,

The California State Board of Pharmacy, Centers for Disease Control and Prevention (CDC), American Medical Association (AMA), and American Society of Addiction Medicine (ASAM) have individually created guidelines in an attempt to assure safe and appropriate prescription and dispensation of medication; and

Whereas,

Recent delays in appropriate dispensing of medication have led to legitimate concerns by patients and their families, legislatures, and the general public about the fair and equitable access to care and the safety of the community at large; and

Whereas,

Psychiatric physicians, by the nature of their specialty, have a particular need for mutually recognized guidelines that expertly address the unique and critical issues of prescribing and dispensing for mental health and substance-related conditions;

Therefore, be it resolved that:

SCPS Council shall have its representatives to the CSAP Government Affairs Committee (GAC) and/or CSAP Board make a motion(s) that:

3. CSAP formally approach the California State Board of Pharmacy and the California Pharmacists Association to develop mutual guidelines for assuring that in carrying out our corresponding responsibility we protect access to safe and appropriate care for our patients.
4. CSAP will discuss this issue with the California Medical Association (CMA) to seek collaboration.

Attachment II Resolution regarding Community Assistance, Recovery, and Empowerment (CARE) Act Implementation in Los Angeles County

Whereas,

The Los Angeles County Board of Supervisors, as part of the first phase of statewide implementation the CARE Act, has directed the Los Angeles County Department of Mental Health (LACDMH) to oversee and coordinate the implementation of CARE Court by December 1, 2023; and

Whereas,

CARE is intended to be an upstream diversion that prevents more restrictive conservatorships or incarceration for people with schizophrenia spectrum or other psychotic disorders, through ensuring that individuals have access to a coordinated set of clinically appropriate, community-based services and supports that are culturally and linguistically competent; and

Whereas,

There is an increased incidence of psychotic spectrum disorder diagnoses in Black, Indigenous, and People of Color (BIPOC) related to historical narratives that racialized issues surrounding post-slavery behavior control, assertions of civil rights, and substance use; and

Whereas,

The method with the most evidence-base for improved outcomes for individuals with psychotic spectrum disorders *and* that is the most humane and supportive is assertive community treatment within a housing-first framework; and

Whereas,

Los Angeles County has multiple governmental and non-governmental programs and organizations with expertise in areas related to CARE Court including the Office of Diversion and Reentry, the Homeless Outreach and Mobile Engagement (HOME) program, National Alliance on Mental Illness (NAMIs Greater LA, Urban LA, and Westside), and the Southern California Psychiatric Society;

Therefore, be it resolved that SCPS shall:

1. Direct the SCPS GAC to coordinate the drafting of a letter to the Director of LAC DMH for possible signature by SCPS and NAMIs that requests:
 - a. Acknowledgement and comment on specific concerns set forth by the signatory organizations regarding the structure and clinical operational components of the DMH CARE Court implementation plans,
 - b. Specific additions or modifications in the current clinical operational components of implementation plans that address the above concerns,
 - c. Ongoing feedback on the status of the above specific operational component requests as DMH plan development proceeds, and
 - d. Involvement of specified key stakeholders in Los Angeles County implementation of the CARE Act.

2. Partner with local NAMI organizations to engage LAC DMH regarding the structure of their CARE Act implementation committees and working group.