Southern California

PSYCHIATRIST

Volume 72, Number 8 April 2024 Newsletter of the Southern California Psychiatric Society

President's Column

The Advocacy Edition: How Your SCPS Membership Turned CSAP into CPA 2.0

Matthew Goldenberg, D.O.

Happy Spring! This edition of the SCPS Newsletter is dedicated to psychiatry and mental health advocacy. Often cited as one of the most important aspects of SCPS membership by our members, advocacy is a central focus for SCPS and one of your key member benefits.

By being a dues paying member of SCPS you are directly contributing to the advocacy work done at the local, state and federal levels on behalf of the field of psychiatry, our practice of medicine and also on behalf of the patients that we serve.

Advocacy takes many forms and is the product of the volunteer efforts of psychiatrists like yourself. The articles that follow mine are just a small glimpse into the advocacy efforts taking place at both SCPS and CSAP (I will introduce you to CSAP shortly).

Before we get to those articles, I want to remind you of three very important things when it comes to effective advocacy:

First, for those of us who are old enough to remember, the California Psychiatric Association (CPA) was the preeminent statewide advocacy organization in California for more than 25 years. CPA was relevant and influential because all five California District Branches of the American Psychiatric Association (APA) came together and combined their leadership and resources to form CPA to represent California psychiatrists in Sacramento.

CPA was dissolved a few years back. Since that time the California State Association of Psychiatrists (CSAP) was formed, once again by the coming together, through the collaboration of all five of the California District Branches of APA.

Some have called CSAP, "CPA 2.0". Many feel that CSAP is even more well positioned to carry out the original advocacy mission that was started with CPA, because it is 100% focused on advocacy and nothing else. Over the years, as CPA grew, less and less of the funds were spent on direct advocacy. At CSAP, 100% of the dues that SCPS members contribute are spent on direct advocacy.

So, if you were a supporter of CPA, because you cared about "scope creep", you cared about the ris-

ing costs of running a psychiatric practice, you cared about MICRA, you cared about improving access to quality care for our patients, you cared about psychologists prescribing medications, you cared about finding solutions to all of the difficult issues facing psychiatrists and their patients, you will now find that CSAP truly is CPA 2.0. And you will NOT be alone.

The California Medical Association (CMA) recognizes CSAP as the only California statewide Advocacy organization for psychiatrists in their House of Delegates (HOD). Additionally, the APA recognizes CSAP as the official California statewide organization, just as they did CPA.

There is a reason why CPA was so effective. That was because it was widely recognized by our peers and colleagues as the preeminent statewide advocacy organization for psychiatrists. I am proud and encouraged to say that with the CMA HOD, and the APA so quickly recognizing CSAP as the successor organization to CPA, psychiatrists are now once again very well represented by CSAP.

The preeminent psychiatry advocacy organization in California needs to have a repudiable, well known, and seasoned lead advocate. Accordingly, CSAP conducted a wide and thorough search and selected Paul Yoder of SYASL to serve as the Executive Director and Legislative Advocate, a role he has assumed since CSAP was first established.

Paul is a founding partner of SYASL and has earned an impeccable reputation among Sacramento decision makers during his several decades long career. His duties and experience at CSAP include drafting legislative language; reviewing, tracking and analyzing bills, laws, and regulations, testifying at hearings; coordinating legislative strategies with other interest groups and related associations; and, maintaining liaison with CSAP regarding pending legislative issues; and developing strategies to move our interests forward.

Second, I want to remind you what it means to be represented by CSAP and the type of advocacy representation your SCPS dues gets you.

You receive direct voting representation by CSAP.

But what does that mean?

As a member of SCPS, you vote for your SCPS board/council members each year in open elections. These positions are open to all members and the process and those who win the elections are transparent and have term limits. The SCPS board/council, who you vote to represent you, then votes to select who will serve to represent SCPS on CSAP committees. Additionally, from the group of SCPS board/council members who you voted to represent you, SCPS guidelines specify who will represent SCPS on the CSAP board. Currently, the SCPS President (who you directly vote to select) serves a one-year term on the CSAP board and the senior SCPS GAC co-chair, serves as the other SCPS repre-

sentative on the CSAP Board. Should you, as an SCPS member, not be happy with your SCPS representation at CSAP, you can vote them out. Should the SCPS board/council not be happy with the SCPS representation at CSAP, they can vote to replace the representatives.

This is direct representation.

This is full transparency.

This is full accountability.

When SCPS was provided options for replacing our former advocacy representation at CPA, only CSAP provided direct representation, full transparency, and full accountability.

This is why SCPS, and the other four California direct branches of APA all came together at CSAP. Because if you do not have direct representation, you cannot have full transparency and you cannot have full accountability. SCPS and the the other four California district branches were not willing to take any chances with something as important of the psychiatric advocacy it provides to its members and their patients.

At CSAP, SCPS expects to receive the direct representation that our members deserve. This is advocacy by us and for us. There are no conflicts of interest and everything is fully transparent and representative. The CSAP Board Members and advocacy positions are publicly accessible on the website.

Third, I want to remind you how this direct advocacy representation system works and how you can get involved. Many times, advocacy topics and concerns start at the SCPS committee level. Are you interested in Access to Care? Are you interested in Private Practice? Are you interested in Alternatives to Incarceration? Are you interested in Diversity and Culture? If so, those are just a few of the specific SCPS committees that often start the process of advocacy work.

An SCPS committee may identify an issue and then bring it to the attention of the SCPS Government Affairs Committee (GAC). Thus, a second committee of your SCPS colleagues will discuss the issue and may propose action for the SCPS board/council to consider. The SCPS board/council then can discuss making a recommendation at the statewide level via CSAP and/or at the national level via APA.

Therefore, a small group of SCPS members, at the committee level, have the power and reach to effect policy changes at both the Statewide and Federal Levels. In just the past year, I have had a front row seat to legislation, letters to Assembly and Senate Members, direct discussions with lawmakers and their staff and other actions carried out by CSAP, that started with a discussion at SCPS and grew into action that improved the practice of psychiatry and access to care for our patients.

Effective psychiatric advocacy works because of SCPS members like you. Part of your SCPS dues directly fund the important advocacy work at CSAP and there is nothing addition you need to pay or are required to pay for effective, transparent, and representative psychiatry advocacy in Sacramento.

Whether you are active on the SCPS Council, or serve on a SCPS committee, or represent SCPS at CSAP, or simply read the SCPS newsletter each month, you are a key part of what makes SCPS's advocacy efforts so strong and so effective. Namely, we are stronger together.

If CPA taught us anything, it taught us that "we are stronger together". Having the power and commanding the respect of all five California District Branches of APA, CMA, APA and the many thousands

of psychiatrists who are directly represented, CSAP finds it strength in numbers and by directly representing its members.

If you have been sitting on the sidelines. I encourage you to reach out to Mindi to find a committee to join as a guest; no long term commitment. Let Mindi know of your interest(s), and she will help you to find a committee meeting to attend.

If you are happy sitting on the sidelines, I want to thank you for being an SCPS member. Your support of SCPS and your financial contribution each year helps to make SCPS advocacy efforts so strong and so effective. You have helped CSAP to become CPA 2.0 and you are a key part of the future of psychiatry.

In the last few months as serving as your SCPS President, I am honored to share this advocacy edition of the SCPS newsletter. I want to thank Rod Shaner MD and Emily Wood MD our SCPS Government Affairs Committee (GAC) co-chairs for their tireless efforts on our behalf.

Emily is the past chair of the CSAP GAC and Rod will be the incoming CSAP Board Chair! Further examples of your direct representation in Statewide Advocacy as a member of SCPS.

I also want to thank Laura Halpin MD our CSAP PAC representative for her work and contributions to the PAC (which you can read more about later in the newsletter).

The state of California Psychiatric advocacy is strong and only getting stronger. You are directly represented by some of the most knowledgeable and compassionate psychiatrists I have ever met and am proud to call colleagues. I am routinely humbled by the scope of their understanding and commitment to the many public and private practice-based advocacy challenges facing our field and our patients.

I want to conclude by thanking everyone who was a part of this journey. From SCPS and beyond, we are truly walking on the shoulders of giants. Years of work and passion grew and developed CPA and CSAP now carries on the mission.

Many colleagues worked and sacrificed to keep psychiatric advocacy in California fully representative

and fully transparent. I thank them, because we, and our patients, are all better for it.

Whether you boarded the train early or got on board after it left the station, I thank you for your contributions and support.

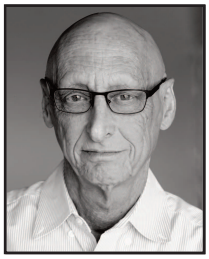
If you have yet to come into the fold, consider this your personal invitation. SCPS and CSAP encourage and welcome you to join your colleagues' advocacy efforts at SCPS and CSAP.

It has been a true collective effort and because of members like you, from all across California, we have taken what CPA started and made it better. We are truly stronger together. Hopefully for many more generations to come.

In This Issue...

Welcome to the April 2024 SCPS Psychiatrist Advocacy Issue!

By: Laura Halpin, M.D., Ph.D., Roderick Shaner, M.D., and Emily Wood, M.D., Ph.D.


As guest co-editors, we welcome you to the April 2024 SCPS *Psychiatrist* Advocacy issue. Legislative advocacy is a critical function of SCPS. It consumes the largest single slice of the SCPS annual budget. And the biggest item in our annual dues. We hope that these articles will serve as a quick blueprint of how this commitment brings value to our practices and patients.

We thank the many members in SCPS who have participated in advocacy efforts through service on the SCPS Council and the SCPS and CSAP Government Affairs Committees. Special thanks to those who have contributed articles and expertise in the pages of this issue.

Perhaps you'll find yourself in agreement with the views expressed in these articles, and with the advocacy positions that SCPS and CSAP are taking. But if not, we are just as enthusiastic about inviting you to step in with new ideas and arguments and help right our course. Either way, this will justify the spilled ink.

Before diving into this month's set of informative articles about the critical issues that face our profession and patients, we might take a moment to demystify psychiatric political "advocacy."

At its core, our psychiatric advocacy is about caring, communicating, staying informed, remaining persistent, and taking a principled stand while working with others with common cause. We are at our most effective when we work with our colleagues to forge our united voice. ***We do this with the ultimate transparency: directly through SCPS voting.*** We don't simply hope that our "input" or monetary contributions to other organizations will sway their actions.

Most of all, advocacy is about working with heart on behalf of our patients and our profession. We sincerely hope that this issue will inspire you to further explore the challenges that face us and to make sure that our united voice remains strong. For our combined SCPS voice to be most effective, we need to hear from YOU as an SCPS member about the issues and perspectives that are important to you. Please also see this newsletter as an invitation to reach out and engage with us on any and all issues.

Alphabet Soup Glossary

AACAP = American Academy of Child & Adolescent Psychiatry
APA = American Psychiatric Association
APAPAC = APA Political Action Committee (www.psychiatry.org/psychiatrists/advocacy)
AOT = Assisted Outpatient Treatment
BOT = Board of Trustees APA (www.psychiatry.org/about-apa/meet-our-organization/board-of-trustees)

Cal-ACAP = California Academy of Child & Adolescent Psychiatry (www.calacap.org/)
CARE Court = Community Assistance, Recovery, and Empowerment Act (www.chhs.ca.gov/care-act/)
CMA = California Medical Association (www.cmadocs.org)
CSAP = California State Association of Psychiatrists (www.calpsychiatrists.org)
CSAP-PAC = California State Association of Psychiatrists Political Action Committee (https://www.calpsychiatrists.org/advocacy/)
DEA = US Drug Enforcement Administration
FDA = US Food and Drug Administration
LPS = Lanterman-Petris-Short Act (WIC 5000-5550), the laws governing civil commitment in California
NAMI = National Alliance on Mental Illness (nami.org), there are many local NAMI organizations
SCPS = Southern California Psychiatric Society
SYASL = Shaw, Yoder, Antwih, Schmelzer, & Lange (syaslpartners.com), lobbying firm hired by CSAP

Laura Halpin, MD, PhD
SCPS CSAP Political Action Committee Board Representative
SCPS Secretary

Rod Shaner, MD
SCPS Government Affairs Committee Co-Chair
CSAP Board Vice Chair

Emily Wood, MD, PhD
SCPS Government Affairs Committee Co-Chair
SCPS Treasurer-Elect

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CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

How Individual Psychiatrist Advocacy Can Drive Needed Change

By: Paul Yoder

Hi! I'm Paul Yoder, the "Y" in SYASL, and the guy who writes that weekly email blast that you get about legislative activity in Sacramento. I'm happy to have the opportunity in this *SCPS Psychiatrist* advocacy issue to address a frequent question that psychiatrists like you ask when they get to the end of a blast:

What can I—as just one busy psychiatrist—do to help drive legislative change?

The short answer is: A Lot! —and we'll get to specifics in a minute. You, as a voting SCPS member, have direct representation in the California State Association of Psychiatrists (CSAP) Home - CSAP (calpsychiatrists.org). You ultimately call the shots in terms of CSAP's robust advocacy to advance mental health policies that support the needs of the psychiatric profession, allied fields, and patients in California.

Of course, given the complexity of Sacramento and its politics, it's good to have expert guidance. I, along with my team at SYASL Partners (https://syaslpartners.com), usually provide that guidance at the CSAP Board level. But I'm also often working directly with members like you to gather ideas and present persuasive professional testimony.

Here, based upon my experience, are the critical ways that you can develop your important advocacy ideas and turn them into action.

> **Stay informed** by reading your weekly email blasts.
> **Contribute your ideas freely to SCPS committees**, participating in committee debates on advocacy choices in areas in which you are passionate.
> ***Take advantage of your tremendous credibility with the public and with the legislature and government agencies to drive needed changes.***

That last point is exactly where I and my SYASL team can help make you most effective. I've been a lobbyist in California for over thirty years and have worked with physicians much of that time. In addition to its relationship with CSAP, SYASL also provides state advocacy services to the California Academy of Child and Adolescent Psychiatry (Cal-ACAP) and the California Medical Association (CMA). I understand private practice issues. And I am also experienced in public behavioral health issues by virtue of also representing over twenty of California's fifty-eight counties. SYASL is annually ranked in California's Top Ten Advocacy Firms.

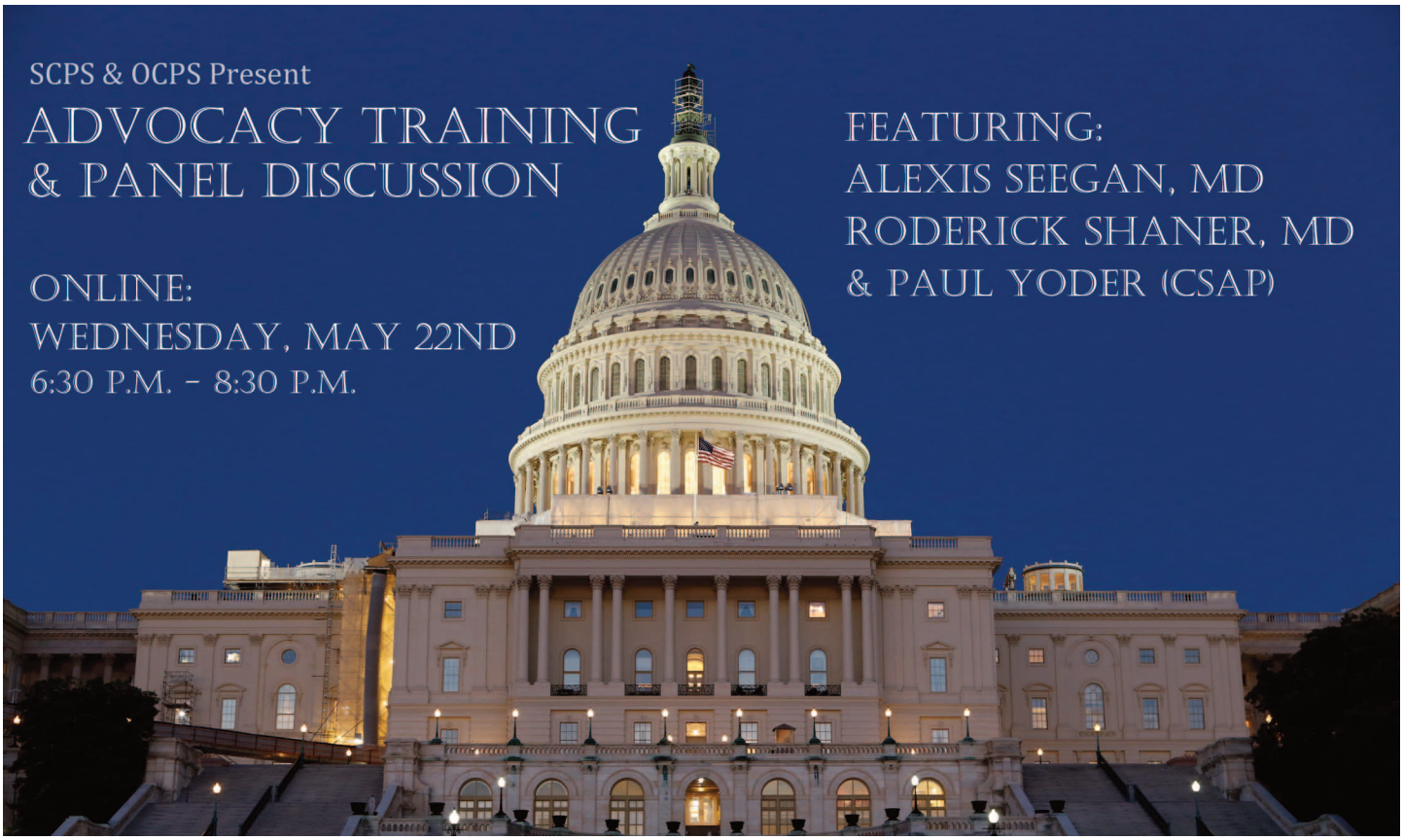
Believe me, I know that it's scary when you first talk with legislators or testify at a committee hearing in Sacramento. But you will be surprised at how influential your presence can be, especially with a little coaching. Some key bills that CSAP is currently sponsoring in Sacramento have resulted from one or two psychiatrists having an idea and forwarding it to SCPS Council Members, staff, or to me directly. Got an idea? My email is paul@syaslpartners.com – try it and see for yourself! We can together hone that idea into a force that might change laws.

I hope that you are interested in learning more about how you can drive change, I'll be speaking at a planned joint advocacy training zoom meeting for OCPS and SCPS soon and would be delighted if you joined us. Stay tuned.

Meanwhile, please stay up to date with the Friday email blast, which will likely focus on issues like Proposition 1 (or pivots in its aftermath!), CARE court implementation, and CSAP sponsored/co-sponsored bills like SB 1184 (Eggman) regarding Riese hearings, SB 1238 (Eggman) to clean up state regulations as they pertain to the placement of individuals suffering from severe substance use disorders, SB 1017 (Eggman) pertaining to a real-time dashboard for available beds, and SB 1472 (Limon), which would allow individuals to put themselves on a "Do not sell" lists for firearms.

Don't see an issue that you think should be high on this list? Email me!

Paul Yoder
Principal, SYASL



A panel presentation and group discussion will follow each presented topic. Panelists to be announced.

Goal of Training: To further harness the tremendous skills, credibility, and commitment of our entire membership by outlining simple, efficient, and effective ways to translate membership knowledge and ideas into advocacy that drives positive health systems change.

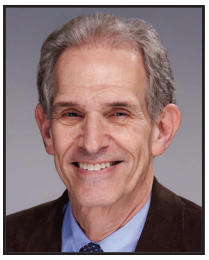
- Part 1: Being informed about opportunities for, and threats to, the effectiveness of our profession and the care of our patients.
- Part 2: Joining decision-making groups
- Part 3: Advocating with legislators and the public.

For More Information

Contact Mindi at socalpsychiatric@gmail.com

Engaging Residents in Organized Psychiatry and Advocacy

By: Lawrence Gross, M.D.



Last month, there was “March Madness” unrelated to college basketball – the annual national residency match! This year, our field of psychiatry continued its incredible success, filling 99.5% of offered positions, with only 12 unfilled positions nationwide. Over recent years, not only have psychiatry residencies become more competitive, but there are also more participating programs and more positions offered. To compare, in 2014, there were 1,322 residency positions offered in the match from 203 participating programs; in the 2024 match, 382 programs offered 2,261 positions (NRMP data). The SCPS area has also seen a rise in general psychiatry residencies over the years – currently, there are 13 training programs, located in Los Angeles, Ventura, Riverside, and San Bernardino counties.

APA has recognized psychiatric residents as the future of our profession, establishing a specific membership category, Resident-Fellow Member (RFM), with representation at the district branch, state, and national levels. SCPS encourages residents to join and become involved in educational and leadership opportunities, including committee membership and serving as an elected RFM representative to the SCPS Council. By participating, residents gain exposure to the important work of organized psychiatry, including advocacy at the local community and state legislative levels.

Some residents have come into medicine and psychiatry training with prior advocacy experience; others have limited knowledge. Residency training in this area is highly variable, as there is no standardized advocacy curriculum. Kennedy and Gilman discuss this topic, advising that each program should create its own curriculum - individualized to the program’s culture, identity, strengths, and weaknesses. They recommend a didactic and experiential component, encouraging community activities as well as legislative advocacy opportunities. SCPS could conceivably be a valuable resource by providing content experts as guest lecturers as well as offering resident participation in Government Affairs Committee activities and legislative Advocacy Day. The SCPS Academic Liaison Committee could also serve to strengthen the connection between the society and the training programs, a difficult task considering competing priorities for training directors and residents. Certainly, food for thought – and action!

References:

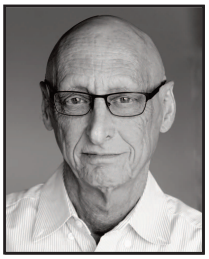
NRMP.org

Kennedy KG, Gilman F. Education as Advocacy, in Vance NC, Kennedy KG, Wiechers IR, Levin SM. A Psychiatrist’s Guide to Advocacy, American Psychiatric Association Publishing, 2020.

Lawrence Gross, MD,
Chair, SCPS Academic Liaison Committee

SCPS and CSAP: An anatomy of statewide advocacy

By: Matthew Goldenberg, D.O. and Roderick Shaner, M.D.



SCPS membership maintains a critical, representative, and member-directed voice in Sacramento. That's how we assure winning legislative victories for our practices and patients. This is a brief anatomy of how we do it.

Only two states in the US have more than one APA District Branch (DB)—California and New York. California has five DBs, each of them regionally different, and all of them vibrant. We must combine forces for effective legislative advocacy in Sacramento.

Musculoskeletal system: How combined APA District Branch strength works

The five California DBs have come together at the California State Association of Psychiatrists (CSAP). As a member of SCPS you are automatically represented through the collaboration of the five California DBs at CSAP. The upside of this is that SCPS, together with the other four California DBs, has the financial muscle, prestige and legitimacy of APA affiliation, and a large and diverse membership. This is what has granted CSAP the exclusive voice of Psychiatry at the California Medical Association (CMA) House of Delegates. Our combined strength has allowed CSAP to contract with SYASL, one of the most impressive and best-known legislative consulting firms in California. SYASL helps CSAP and SCPS to develop polished and effective policy initiatives and maintain relationships with key state legislators. As a unified voice for psychiatry, we have the immediate attention and respect of state legislators, our colleagues from other fields of medicine, and the public at large.

Through SYASL, we sponsor major legislation and shape the fate of many other bills that affect our profession and patients. SYASL connections also allow us to communicate effectively with leadership from other medical and mental health advocacy organizations, including CMA, NAMI, the California Hospital Association, and the Community Behavioral Health Directors Association.

Metabolic system: How we secure necessary resources

Of course, the challenge of having five DBs and one state government is that we must have the machinery and energy to cooperate and arrive at joint advocacy positions and decisions. This is the role of the California State Association of Psychiatrists (CSAP), supported by a significant percentage of membership dues from each DB.

Nervous system: How we coordinate our strength

The CSAP Board has two representatives from each DB. Decisions about every advocacy position are

approved by vote of the Board, based upon recommendations from the CSAP Government Affairs Committee. Each DB has five voting members of this committee. The Chair of the Board and the Chair of the CSAP Government Affairs Committee (GAC) rotate sequentially among the five DBs.

SCPS's Board representatives and GAC members are chosen by SCPS President and Council, whom you have directly elected to represent you. By default, one of our SCPS representatives is always the SCPS President and the other is always the senior chair of the SCPS GAC. This ensures a regular turnover of SCPS members in these positions and ensures close accountability to our general membership. This provides every SCPS member with full accountability of who is representing you and direct voting power to change the makeup of the SCPS council if you are not happy with your representation.

Symbiotic interaction: How we nourish our efforts

Powerful member-directed legislative advocacy, however, requires more than just passionate member participation and a skilled legislative consulting firm. It also requires a political action committee (PAC) with the acumen to support those legislators that best align with psychiatric interests. The CSAP PAC contains a representative from each DB. The SCPS representative is by default the immediate past SCPS Chair of the CSAP Board, which changes every five years. The CSAP PAC interviews state legislators about their legislative goals and positions and, when appropriate, provides financial support for their work.

Cortical function: How we combine membership intelligence and volition

So much for the anatomy dissection. The actual living and breathing APA statewide effort gives every SCPS member a direct voice, not just an invitation to give "input" to the CSAP Board. This is why SCPS council, and every other APA DB in California chose the CSAP model of advocacy; because direct representation is of the highest priority for the SCPS council to provide every SCPS member.

Both of us, as your SCPS CSAP Board Members, are honored to represent you. We encourage you, through direct communication with us and your Council representatives, and through working on SCPS Committees, to lend your knowledge and commitment to our statewide efforts. Your direct involvement in advocacy continues to pay off in Sacramento.

Matt Goldenberg, DO
SCPS President
SCPS CSAP Board Representative

Rod Shaner, MD
SCPS CSAP Board Representative

Introduction to the CSAP PAC

By: Laura Halpin, M.D., Ph.D.

The California State Association of Psychiatrists, which is your state-wide advocacy organization, has formed a political action committee (PAC). As your PAC representative from SCPS, I wanted to provide general background on PACs, how our PAC operates and an update on our actions thus far.

PACs are organizations formed to raise and spend money to support or oppose political candidates, ballot measures, and/or political issues. These committees can represent various interests, including businesses, labor unions, advocacy groups, and individuals. Broadly, the big benefit of a PAC is it provides like-minded individuals an opportunity to pool resources and use those resources to influence policy. While money is NOT the main way that we psychiatrists influence policy, it's undeniably part of the process and not to be overlooked. PACs can engage in a variety of activities including making campaign contributions directly to candidate's campaigns, funding issue-based advocacy efforts, such as promoting or opposing legislation or ballot measures and independently advocating for or against candidates or issues. Most PAC activities involve direct campaign contributions.

Within California, there are 40 Senate districts and 80 Assembly districts. Members of the state Senate serve 4-year terms and members of the Assembly serve 2-year terms. Senate elections are staggered, with approximately half of the Senate seats up for election every two years. Assembly elections are held every two years for all 80 seats. There is a term limit that no person may serve no more than 12 years in the Senate, Assembly, or both during their lifetime. Every 2 years (basically every even year), a substantial number of our CA legislators are up for election or re-election. Elections occur with a March primary election (like that which just occurred) and a November general election.

In California, PACs are subject to regulations enforced by the Fair Political Practices Commission (FPPC). Knowing these limits helps give perspective to the large amounts of money involved in campaigns. Per regulations, the max contribution that an organization can contribute to a PAC (ie from SCPS to CSAP PAC) is $9,100. The max that an individual or PAC can contribute to a single candidate is $5,500 per election (primary and general are considered separate). For governor elections, for which the next scheduled election is in 2026, the limits are higher.

Your CSAP PAC is currently formed with one representative from each District Branch within the state. According to our CSAP procedural code, all decisions made by the PAC are unanimous, meaning all representatives and DBs must agree. Since its inception last year, SCPS has contributed the max allowed by state laws to the CSAP PAC, which is $9,100. This is funded by a small portion of your dues which are already earmarked for advocacy. Money used for advocacy is not tax deductible, so this is why this is highlighted when you pay your dues. Most of the advocacy funds go to other advocacy-related operating costs. Regardless, our goal is to provide as much transparency and seek your input as much as possible regarding this process given the financial aspects.
Thus far, CSAP PAC has met twice and voted to support the following candidates:

Akilah Weber MD (Assemblymember, Democrat, La-Mesa, San Diego general area): OBGYN who previously served as director of OBGYN and Adolescent Medicine at Rady and Clinical professor at UCSD. As one of the few physicians in the Assembly and possibly only physician in the Senate if elected,

we discussed/decided it was appropriate to **support with $5,500**

Jasmeet Bains MD (Assemblymember, Democrat, Bakersfield general area): Family medicine physician who also has specialized training in treating mental health disorders for primary care physicians. As one of the other physicians in the Assembly, especially with more mental health (mainly SUD) focus, we discussed and decided to **support with $5,500.**

Rozzana Verder Aliga LMFT (candidate for State Senate, District 3, UC Davis, Napa, Yolo, Solano Counties): previously on the school board, Solano School Board of Education, and City Council. She came to our PAC meeting to talk with us. She shared significant experience in county behavioral health, understanding of MHSA and complexities of mental health treatment. She was also able to talk with us and answer questions about parity, scope, prop 1/SB43, and homelessness. We decided to **support with $2,000**.

Cecilia Aguiar-Curry (Assemblymember, Napa, Lake, Yolo, Sonoma, Colusa and Solano Counties): Majority leader of Assembly, Member of Health Committee. CSAP was invited to a fundraising event in her district. CSAP **supported with $500**, which was the recommended donation for event, and a local CSAP GAC member attended.

You can also make individual contributions to the PAC, please check out the CSAP website if interested. https://www.calpsychiatrists.org/advocacy/ Please reach out to the SCPS Council anytime with any concerns or questions.

Laura Halpin MD PhD
SCPS CSAP Political Action Committee Board Representative
SCPS Secretary
CSAP PAC Board Representative from SCPS

Interview with an APA Assembly Member

By: Laura Halpin, M.D., Ph.D.

Laura Halpin, M.D.

Ijeoma Ijeaku, M.D.

The APA Assembly functions as one of the main ways by which the APA Board of Trustees (BOT) receives input from the full APA membership. I had a chance to interview one of our SCPS APA Assembly members, Ijeoma Ijeaku MD to get a better understanding of how it works, what it is like and how our representatives' work in the APA Assembly helps the SCPS reach our advocacy goals.

-What is the APA Assembly? What do they do?

The APA Assembly functions almost like the Congress or policy body of the APA, making recommendations to the Board of Trustees. There are representatives from all district branches, as well as resident-fellows, early career psychiatrists, minority and underrepresented psychiatrists and from allied organizations. Each of the 74 District Branches has at least 2 Assembly representatives and then an additional 1 representative for every 450 members within their region. SCPS has 4 representatives. The Assembly reviews Action Papers, which ask the APA and APA BOT to take action on issues. Any member can write an Action Paper, but it is important to work with an Assembly representative to help with the process. The entire Assembly meets twice per year, usually in November and at the APA Annual Meeting in May. The meeting lasts 3 days, and the days are full of meetings with the entire assembly as well as various breakout groups serving different purposes. Ultimately, action papers and position statements are reviewed and voted on, guided by procedural codes. The Assembly also receives updates regarding APA's governance, finances and other critical updates from members of the BOT including President, President-Elect, Treasurer, as well as other key stakeholders including APA's CEO, APAPAC and leaders of health care systems.

-What is Area 6 council? What do they do?

APA is divided into 7 Area Councils. Most areas include multiple states and regions. California is large enough, with enough APA members to be its own area and is called Area 6. Each area council has meetings throughout the year (but particularly just before general assembly meetings) to review action papers, engage APA staff about issues that may be affecting its area, conduct elections and engage district branches within its area. Each council within the assembly attempts to get consensus on issues and strengthen policy. The Area 6 Council has been coordinating with APA staff as well as the APA-recognized state organization in California which is CSAP to ensure that members' voices are heard, and that policies and bills are aligned with what matters to them.

-What is an assembly meeting actually like? What happens there?

It is quite a formal process. To ensure that all the activities scheduled are conducted appropriately and that everyone is heard fairly, the Speaker who presides over the meeting uses the *American Institute of Parliamentarians Standard Code of Parliamentary Procedure* to the T. It is important to understand

the assembly procedural code and parliamentary procedures to even understand what is going on. Some of the Assembly Representatives who have been there longer are quite supportive and help the newbies along the way, otherwise it is easy to be overwhelmed. There appears to be much comradery during the sessions. However, some of the controversial topics get people quite heated up and the vibes become less pleasant.

Before the larger Assembly meets to vote, there are a lot of smaller meetings where everyone is trying to develop consensus on all the different policies. At these smaller meetings, an Action Paper might get sponsored by different groups, councils, areas and other components. The APA will also do a policy assessment, cost assessment, and compare the proposed policy to existing policy. At the Assembly, there are reference committees where testimony is heard on every action paper, these then provide recommendations and the Assembly votes to accept, discuss or oppose depending on proceedings and discussions that occur on the general assembly floor.

-Is there anything you can share about the APA Assembly that was unexpected?
How formal and intense those 3 days of the meeting can be. I think the other, which is a little more challenging, is the limited power of the Assembly, everything passed there still goes to the APA Board of Trustees (BOT) and they then make decisions about what happens next.

-What issues has the Assembly tackled recently that have been really important/made a big difference?
Some of the bigger recent issues have dealt with APA functioning and governance. One recent issue that was addressed in the Assembly was discussion about the importance of the new CEO of the APA being a board-certified psychiatrist. Another was the restructuring of the APA's Department of Government Relations and Division of Policy, Programming and Partnerships. Last year we also authored an action paper asking the APA to take a formal stance against the Moynihan report, which newsletter readers may recall reading about in 2023. Our action paper is still in limbo at this point as the BOT is yet to actualize the recommendation of the Assembly, which voted to make a position statement repudiating the fallacies of the Moynihan Report.

-How can general members get more involved? Can anyone submit an action paper?
If any members are interested or have an issue, they think our APA should address, reach out to your Assembly Members or SCPS Council. Our current Assembly members C. Freeman, MD, Ijeoma Ijeaku MD, Anita Red MD, and Heather Silverman MD.

Laura Halpin MD, PhD
SCPS CSAP Political Action Committee Board Representative
SCPS Secretary

Ijeoma Ijeaku MD
APA Assembly Representative from SCPS

Advancing our Joint Advocacy Priorities

By: Kristin Kroeger

Advocacy at the federal and state levels is a priority for APA. The Division of Advocacy, Policy and Practice Advancement is focused on coordinating all of APA's advocacy efforts between the federal legislative, state legislative, and the regulatory/policy areas. We utilize APA's practice management helpline and our work with our member Councils, committees, district Branches and the Assembly to inform our advocacy work as well as develop member products that will assist you in your practice.

APA's advocacy priorities have not changed and are primarily focused on improving access to quality mental health and substance use services, especially to our most vulnerable populations. For 2024, our division will be building upon our joint legislative and regulatory successes that I shared with you in the recent March Psych News article.APA remains steadfast in ensuring that enforcement of parity continues to be a priority for Congress and the Administration. Our joint advocacy regarding drug shortages will continue with the DEA, FDA and Congress.

As this is an election year, there will be limited time to move our Federal legislative priorities and we need your support more than ever to get our message out to California's delegation. If you are not signed up to receive our action alerts, I encourage you to click here.

At the state level, APA will continue to provide state advocacy support for all of California's district branches. The state advocacy team will benefit from our new division structure from improved coordination with our federal legislative team and enhanced subject matter expertise support from our policy team. Our joint state level advocacy priorities include increasing access through collaborative care, defeating psychologists prescribing and other scope expansion seen as detrimental to patient safety.

Policy change is not always just a legislative fix, it is at times a regulatory fix, and in some cases the policy change we want to make involves advocating to all branches of the federal government, as well as the state legislatures and state agencies. APA's successes with advancing the collaborative care model, and parity enforcement are two examples of successful coordinated advocacy in APA and with many of our district branches.

California is often the incubator of innovation and advances in health, and we want to continue to work with you on your state and federal advocacy initiatives. Our entire team commits to working in partnership with California to enact legislation that will benefit psychiatry and protect and improve the lives of the patients you treat.

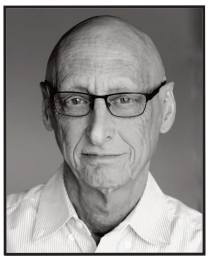
Kristin Kroeger
Chief of Advocacy, Policy and Practice Advancement, APA

CSAP Sponsired Bill Passes Committee

CSAP-Sponsored Bill SB 1184 (Eggman) reagrding Rlese Hearings cleared Committee in March. SCPS member and past-president, Dr. Erick Cheung, went to Sacramento to provide expert and compelling testimony. The Bill passed out of the Senate Health Committee, 11-0. The bill will now go to the Senate Judiciary Committee chaired by Senator Tom Umberg from Orange County. Thank you, Dr. Cheung, for providing invaluable testimony and service to your profession!

Revolution and counterrevolution: Continued Battles over *SB 43 and CARE Court Implementation*

By: Roderick Shaner, M.D. and Joseph Vlaskovits, M.D.



Implementation planning has already begun for SB 43 (Eggman) and CARE Court, both pieces of landmark legislation that affect our patients and professional practice. Here's a quick rundown of the revolutionary changes, counter-attempts to undermine them, and SCPS actions.

SB 43

SB 43 (Eggman) finally brings change to LPS commitment criteria, with credit to years of advocacy chiefly by California APA Psychiatry and NAMI California. It broadens the long-standing and narrow statutory criteria of grave disability which have allowed severely ill patients to "rot with their rights on" because they can find food in garbage cans and shelter in cardboard boxes.

Revolution:

Makes it clear that ***LPS 5150 now applies to substance-related disorders as well as mental disorders***, ensuring that those severely disabled by substance use disorders (or co-occurring disorders) may be subject to commitment and LPS conservatorship.

Changes the definition of ***grave disability*** so that, in addition to inability to provide for food, clothing and shelter, it ***now includes an inability to provide for necessary medical care and/or personal safety***.

Loosens the strict interpretation of the "hearsay" rule that invalidated expert witness testimony based upon the medical record in LPS conservatorship proceedings.

Counterrevolution:

The State Department of Health Care Services has belatedly opined that the provisions of the bill cannot be implemented without extensive changes to regulations, such as imposing require-

ments that unheard-of involuntary drug recovery units must first be developed. This battle is just shaping up.

The broadening of the definition of grave disability could be rendered ineffective because it will likely further increase psychiatric emergency room overcrowding, which could undermine support for implementation, unless there is a corresponding expansion in involuntary acute and subacute units through Proposition 1.

It may create additional pressure on clinicians to discharge individuals rather than continue to detain them in the absence of timely availability of inpatient bed capacity, undermining support for implementation from psychiatrists.

What SCPS can do:

SCPS will closely monitor the implementation of the new regulations, fight misguided attempts to thwart the good intentions of these changes, and vigorously advocate for the necessary inpatient and outpatient resources to timely treat those who have been involuntarily detained.

CARE Court

Many psychiatrists and families of individuals with severe mental illness are cautiously jubilant that the Community Assistance, Recovery, and Empowerment (CARE) Court has been established. It promises to make counties and patients accountable to specially designed courts that mandate treatment for individuals with the most severe symptoms of schizophrenia.

Revolution:

CARE Court represents a de facto recognition of the abject failure of statewide implementation of AOT (Assisted Outpatient Treatment, Laura's Law), which was to meaningfully improve access to care for severely mentally ill individuals on an outpatient basis in cases where they do not recognize their need for treatment.

CARE Court corrects some AOT deficiencies by allowing relatives of severely mentally ill individuals to petition the court to mandate participation in outpatient treatment.

The CARE Court has the power to mandate an outpatient treatment program for a severely ill individual (respondent), hold the county accountable for providing the necessary resources, and hold the respondent accountable for participating in the care.

If the respondent refuses to participate in properly provided care, the court can convene a hearing with the assumption that the respondent requires a higher level of care, e.g., an LPS conservatorship.

Incomplete Revolution:

The law has an incompletely elaborated mechanism for CARE Courts to mandate involuntary treatment for patients who fail to comply with the court-mandated "CARE Plan", apart from referral to LPS Conservatorship.

Counterrevolution:

Early versions of county implementation plans for CARE Court appear to focus heavily upon more of the same voluntary outpatient programs that have already so spectacularly and expensively failed to reliably improve care and safety for individuals with severe schizophrenia, thereby delaying safe and effective care.

What SCPS can do:

SCPS will work closely with NAMI and other stakeholders to advocate that individuals enrolled in CARE Court receive quality treatment and that the CARE Court meets its regulatory obligations to hold counties and plan participants accountable for participating in care. Further, it will closely follow the mandated reporting of "CARE plan" outcomes and subsequent associated hearings for LPS conservatorship.

Rod Shaner, MD
Co-chair, SCPS GAC

Joe Vlaskovits, MD
SCPS Ventura Councilor

Proposition 1: The good, the unknown, the bad, and the scary

By: Roderick Shaner, M.D. and Joseph Vlaskovits, M.D.

California Proposition 1 passed with 50.2% of the vote in the recent primary. It has great potential to forward psychiatric care in our state and contains some considerable risks. Check out the highlights below.

What is Proposition 1?

Proposition 1 has two big features:

It ***wrests greater control of Prop 63 millionaire tax money*** for mental health treatment from the counties, gives it to the state and directs exactly how counties may spend it.
It ***creates a $6.38 billion general obligation bond fund*** for building critical residential treatment facilities and housing.

The good:

It provides ***funding*** for residential treatment facilities and acute psychiatric hospital facilities, ***including much-needed secured psychiatric beds.***
It redirects Proposition 63 money to ***more evidence-based psychiatric treatment*** for those with the most serious mental illnesses and away from non-evidence-based treatments.
It ***finally includes substance use treatment programs***, as well as mental health treatment programs in Proposition 63 funding.
It provides ***more care for homeless mentally ill veterans***.
It ***establishes stricter state oversight*** to monitor the success of county programs—lessening the power of local special interests to lobby county governments for funding.

The unknown:

It redirects money for ***supportive housing***. While clearly well-intentioned, it also enshrines that programs subscribe to the "Housing First" model and does not permit participation in treatment or sobriety to be a condition of housing. This has never been tried on such a large scale for a population of severely and persistently mentally ill individuals or those struggling with severe substance use disorders. Will it work?

The bad:

It ***increases burdens upon county departments of behavioral health to develop, issue, and monitor complex contracts*** to deliver quality services, and if they are not successful, places

counties at risk for losing their funding to a state "claw back."
It ***increases state control at the expense of county control***, and the state may be slower to understand and respond to specific county needs.

The scary:

At its core, the ***annual collection of Proposition 63 mental health funds*** continues to be sensitive to the number and economic health of the state's millionaires, which ***creates insecurities for long-term planning***.

SCPS actions:

SCPS, along with the APA's California State Association of Psychiatrists, NAMI, and many other mental health advocacy organizations strongly supported Proposition 1 as a critical step to responsibly funding and monitoring a continuum of care for those with serious mental illness. SCPS recognizes that its rollout will require vigilance and guidance by organized psychiatry to ensure that its potential will be realized in the counties that make up our region.

Rod Shaner, MD
Co-chair, SCPS GAC

Joe Vlaskovits, MD
SCPS Ventura Councilor

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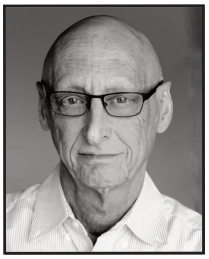
Psychiatric Emergency Departments and Moral Injury

By: Roderick Shaner, M.D.



I've spent a good chunk of my career in a large public psychiatric emergency department connected with a county medical center. If there's a theme that stands out most as an enduring advocacy problem, it is the gross mismatch between the front-end service demands and the back-end resources to take over after acute stabilization. Little has changed over the years as mental health resources funding is held hostage to various ideologies rather than evidence-based resource allocation.

What's new is that emergency room psychiatrists are increasingly confronted with a burden only recently described. As Michael Makhinson, MD, PhD, Interim Chair of the Harbor/UCLA Department of Psychiatry, which operates one of the largest psychiatric EDs in the County, put it most succinctly, "Psychiatrists in our ED experience moral injury by being constantly forced to make difficult dispositions because of resource scarcity."

Dr. Makhinson, with long years of experience at Harbor, recited the resource inadequacies. There are not enough surrounding psychiatric emergency facilities to pick up the immediate slack. Psychiatric urgent care facilities are hobbled by strict limits on their permissible time to stabilize. Access to acute inpatient psychiatric beds is decreasing due to the existing beds being tied up for long periods with patients who no longer need that level of care but have no alternative placement. Stepdown levels, whether long-stay inpatient beds, IMDs, or community residential facilities are not reliably accessible. Transfers from County Jails directly to the ED are increasingly difficult to disposition. And the DMH system of care, including intensive outpatient services, continues to struggle with burdens that don't align with funding.

At the epicenter of this system are emergency room psychiatrists who must balance the merits of waiting for resources that won't materialize timely, or connecting to available resources that may not be optimal. It's a tough choice, and none of us emergency psychiatrists are sanguine about this. We worry every day about ethical implications, and the moral injury festers.

I don't think there is, or even should be, a cure for moral injury in this situation. This hurt is in part paradoxical. It is imposed in part by the tremendous gains that our community is making in removing the stigma of mental illness and restoring recognition of the humanity of those with serious mental illness. NAMI and disability rights organizations rightfully receive much of the credit for this.

How can we assuage the moral injury? One good way is by strongly advocating for those proper resources. We are content experts and, as psychiatric physicians, highly credible advocates for legislation and bureaucratic initiatives that can better align existing resources and create new and more appropriate ones. It won't be easy, but the payoffs are large.

Recent mental health legislative victories, like SB43, CARE Court, and Proposition 1, can help. And advocacy by emergency psychiatrists for proper follow-through will make all the difference. Perhaps we'll heal a little while doing so.

Rod Shaner, MD
Co-chair, SCPS GAC

Stimulant Shortage Update

By: Emily Wood, M.D., Ph.D.

The stimulant drug shortage continues to wreak havoc in our offices and the lives of our patients. The crisis continues despite SCPS working closely with CSAP over the past one and a half years to first understand the shortage and, second, to effect remedies.

The shortage was kicked off in Fall 2022 when an Adderall manufacturing plant run by Teva went out of commission for several months. It is possible that this was a red herring. At the very same time in Fall 2022, many states were reaching Opioid Settlement agreements with manufacturers (Teva, J&J, and Allergan), distributors, and pharmacies (Walgreens, Walmart, and CVS) including the establishment of an independent clearinghouse to track the distribution of controlled substances nationwide and flag suspicious orders.[1] The "clearinghouse" is a black box that utilizes undisclosed algorithms to detect possible drug diversion and provides a mechanism for the US Drug Enforcement Administration (DEA) to withdraw controlled substance licenses from companies based on rules that are not specified in any law or regulation. Understandably, this has put many manufacturers, distributors, and pharmacies on edge and de-incentivized the handling of controlled substances, such as stimulant medications.

The US Food and Drug Administration (FDA) reported the drug shortage related to Teva on October 12, 2022. In December 2022, SCPS was one of the first APA district branches to survey members regarding their experiences. And, in January 2023, we met with California Attorneys General (AGs) to discuss the impact of the recent settlements. While the AGs were dismissive of our claims, the issue became more widely understood within the coming months (NYT 3/13/23[2]). In July 2023, Congress requested information on the medication supply issues and the DEA announced that it would allow the transfer of e-prescriptions of controlled substances between pharmacies (1 time). Interestingly, most of the e-prescribing systems used by pharmacies currently have no method for transferring prescriptions, making this "allowance" useless.

In August 2023, the DEA and FDA released a joint statement about the stimulant drug shortage.[3] They did not mention the increased scrutiny of controlled substance distribution and, instead, pointed to the increased prescribing of stimulant medications in recent years, especially at the height of the COVID-19 pandemic communal gathering restrictions. They suggested that ADHD diagnoses have been made inappropriately and encouraged the use of "alternative treatment options" such as video games. Representatives from the APA and AACAP met with the Commissioner of the FDA, Robert Califf, at the end of August 2023 to provide information about ADHD, diagnosis, treatment, and the harms of the stimulant shortage, especially on already disadvantaged populations. Sadly, we were met with skepticism and encouraged to utilize other treatments. The DEA reiterated their statement in a November 2023 letter:[4]

> *"As a reminder, DEA does not manufacture drugs and cannot require a pharmaceutical company to make a drug, make more of a drug, or change the distribution of drugs. That said, we regularly engage with manufacturers about their production of drugs, and we set limits (called quotas) for how much of these drugs can be produced."*

Since then, the situation has only gotten worse and there is evidence that the DEA continues to restrict manufacturers[5] and pharmacies. Brittany Sanders, PharmD from the National Community Pharmacists Association is the co-owner of a locally owned and run pharmacy in Arkansas and Vice President of the

Arkansas Pharmacists Association. She understands the pressures experienced by pharmacies. She says, “Pharmacists are struggling. Due to the shortages, we have to be very mindful about making sure we have enough supply to fulfill our contracts with skilled nursing facilities and other programs. We know that our patients are stressed and that not getting their ADHD meds can cause poor performance and decreased quality of life. We get flagged by the DEA and are at risk of losing our access to any controlled substances if we go over a percentage of medications being controlled substances or if we are providing to patients who are over a certain distance from our location.”

Brook Trainum, Director of Practice Policy at the APA, has been working with SCPS and CSAP on this issue. “The APA continues to work with AACAP and our federal partners to share the challenges of our members and their patients, but to also offer solutions to ease the pain points of the shortage until a sustainable supply can get to market, meeting the needs of patients and prescribers,” says Trainum.

SYASL representatives for CSAP recently met with California Medical Association staff, a California Society for Addiction Medicine state advocate, and top staff at the California Board of Pharmacy. We were asked to survey our psychiatrist members about the experiences of our patients in getting medications and will continue to work with these groups. Please **complete the survey here.**

The other agencies in the Federal Government continue to pursue the issue. Following reports by both the Senate Committee on Finance[6] and the Senate Committee on Homeland Security and Governmental Affairs,[7] the Federal Trade Commission and the Department of Health and Human Services[8] are soliciting public comments on the root causes of and potential solutions to drug shortages. SCPS and CSAP are looking into the best way to be involved in this effort.

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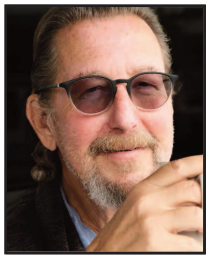
Emily Wood, MD, PhD
Co-chair, SCPS GAC

Mental Health Parity - Are We There Yet?

By: Robert Burchuk, M.D. and Gillian Friedman, M.D.



It seems like a simple concept: Health insurance benefit coverage for mental illness and substance use disorder treatments deserve equality with the benefits for any other health disorder. We just may be on the cusp of substantially achieving this goal with the implementation of new rules and regulations in California. Goals of the law include disrupting the pattern of inadequate provider networks and the abuse of proprietary medical necessity criteria.

The fight for equal benefits for insurance coverage in law, regulation and practice has been underway for more than 25 years. There is a long history of hope, advocacy and overcoming obstacles. The patchwork of Federal, State, and private non-profit and for-profit administrators, often insurance companies, has been a devil's playground, reflecting the chaos of the fragmented US healthcare delivery system.

Critical to continued progress have been key advocates and coalitions of mental health organizations, including both the American Psychiatric Association and the American Psychological Association, the National Alliance on Mental Health, and Mental Health America that have worked to update and improve the Federal Mental Health Parity Act of 1996. Patrick Kennedy was a key participant in the passage of the 2008 Federal Mental Health Parity and Addiction Equity Act and subsequently founded the Kennedy Forum in 2013 which has been at the tip of the advocacy spear nationally.

In California, Helen Thompson, a former psychiatric nurse practitioner and spouse of Cap Thompson, MD, former CPA president, wrote California's 1999 Parity Act mandating coverage for 9 specified diagnoses. Senator Scott Weiner, working with input from a Kennedy Forum-sponsored coalition that includes CSAP, passed SB 855 in 2020. Just recently the Department of Managed Health Care published its final text defining Rules and Regulations after a year of 3 comment periods. Final details are still pending: https://wpso.dmhc.ca.gov/regulations/docs/regs/57/1705417175168.pdf

There are explicit requirements for:
access to in-network care, or, if not readily available, prompt out-of-network services at no financial penalty to the patient
medical necessity determinations that are based on not-for-profit, provider organization-developed criteria sets

More details will emerge as the California Department of Insurance finalizes its rules and regulations and the 2 California regulatory departments coordinate their activities. No doubt fine-tuning will be required.

The battle on the Federal front also continues. Last month the White House's 2025 Federal Budget Proposal was released with the following briefing (excerpt):

Strengthens Mental Health Parity Protections.
The Budget requires all commercial market health plans to cover mental health and substance use disorder benefits, ensures that plans have an adequate network of behavioral health providers, and improves the Department of Labor's (DOL) ability to enforce the law. In addition, the Budget includes $275 million over 10 years to increase the Department's capacity to ensure that large group market health plans and issuers comply with mental health and substance use disorder requirements, and to take action against plans and issuers that do not comply.

What does it all mean? Foremost, it is critical that we stay involved and keep our eye on the ball, watching and monitoring the implementation of our new California rules, and providing feedback on whether intended improvements succeed.

If this or similar topics interest you, you are encouraged to attend as a guest or join the SCPS Access to Care Committee. Last month the committee heard from a member who co-manages a group practice that predominantly treats insured patients. Our colleague, like many of us, was searching for effective ways to negotiate a fair reimbursement rate. Success would help keep it feasible to provide treatments like clozapine and LAIs in private practice settings.

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Robert Burchuk, M.D, Co-Chair, Access to Care Committee
Gillian Friedman, M.D., Chair, Access to Care Committee, Medical Director, Patton State Hospital

Council Highlights
February 8, 2024

Laura Halpin, M.D., *Secretary*

PRESIDENT'S REPORT Dr. Goldenberg

NAMI Debrief/Planning: General sense is meeting went well. Considering change to format in future to further support time for us to hear from NAMI. There was concern about access to LAIs and clozapine. There was also discussion about ensuring we take action on concerns raised from meeting and continue to involve NAMI year round in SCPS work. There was discussion about ongoing issues with conservatorship court, delays in scheduling and issues with Tcon expiring, GAC plans to take up this issue.

Storage/Scanning: As lease of in person office is expiring soon, we will need to decide what to do with documents. We will continue to hold all legally required documents. The executive committee is going to review all old documents and make recommendations

APA annual reception: APA will be in Los Angeles in 2025. NCPS has held receptions for all of CA vs all of APA. Committee of president elect, immediate past president will join committees.

Accept Ads/NPs: There was discussion about NP companies placing ads in newsletter regarding supervision. There was significant concern from council members about what this implies about perspectives on scope of practice. Other members discussed concerns that this may be a revenue source and NP being part of care team is something that is happening.

Newsletter Guidelines: the newsletter committee has received requests about article submission topic clarification. They would like to add to the guidelines that topics are relevant to psychiatry.

Motion Approved: Adding "with relevance to psychiatry" to newsletter guidelines

Guidelines Delirium: APA has new guidelines for members to review. This has been sent out from APA.

RAP-C letter: Between meetings EC vote to support signing RAP-C dissolution letter. Council ratified this vote.

GAC ACTION ITEMS Drs.Shaner and Wood

Report from monthly meeting was provided and the following action items were discussed with the following motions approved:

CSAP has signed on to letter to support dissolution of RAP-C. Additional request from GAC meeting is below

Motion Approved: That SCPS Council direct its CSAP Board Reps to request that they seek an upcoming CSAP agenda item to consider approaching Senator Wiener or others about the State of California consider creating a psychedelic research fund, for in-state investigators

There is a new Board of State and Community and Corrections, Dr Wood would be excellent candidate

Motion Approved: That the SCPS Council endorse Emily Wood, MD, PhD, for membership on the Board of State and Community Corrections and direct its CSAP Board Reps to request the same at an upcoming CSAP Board meeting.

A workgroup of Area 6 assembly members, SCPS representatives, Bylaws committee members came together to clarify and make effective SCPS representation in APA assembly and CSAP. These guidelines were reviewed.

Motion Approved: That the SCPS Council adopt the draft A6A Advocacy Guidelines as unanimously approved by the A6A Advocacy Workgroup members)

The CSAP PAC will have a representative from each DB. They will, at times, have to make decisions without time for executive committee or council input due to timeliness. Due to this, it is important for this person to be experienced.
Motion Approved: That the SCPS Council adopt a guideline that designates by default the most recent SCPS Chair of the CSAP Board as the CSAP PAC representative.

There was discussion about plans to extend the next NAMI meeting. A workgroup will also be convened.
Motion Approved: That the SCPS Council endorse the extension of the next annual SCPS/NAMI meeting from 1.5 to two hours, and convene a workgroup, as appointed by the current president elect, to review other ideas and initiate planning for next year, and to report to Council on progress by the June Council meeting.

TREASURER'S REPORT Dr. Kelly
January Financials and Cash on Hand Report
Dr. Kelly reviewed various financial metrics, year-to-date. Overall, SCPS is in good fiscal health.
Motion Approved: Treasurer's report approved

MEMBERSHIP REPORT Dr. Ijeaku
A. Membership Report
Current Active Membership –871/995
The membership report was approved by unanimous vote. The recruitment video is complete

FELLOWSHIP AND AWARDS
The committee met once this year. There was discussion about awards. Installation and awards will be Saturday April 13th and New Center for Psychoanalysis. There was discussion about the distinguished service award, the outstanding achievement award and the appreciation award.

ASSEMBLY REPORT Assembly Reps, Dr Dube
Drs Dube as Area 6 Assembly deputy representative joined the meeting. They are chair and vice chair of the Area 6 Council. Dr. Dube gave a general overview of the APA Assembly and relevant issues. There are 2 upcoming Area 6 council meetings. There was also discussion about newly appointed APA CEO Dr Marketa Willis MD MBA and APA budget deficits. The next in person APA assembly meeting will be in NYC May 3-5 at APA Annual Meeting. The deadline for action papers is March 7th

NEWSLETTER COMMITTEE REPORT
Dr Khan was editor for February newsletter. The topic of newsletter was for Black History Month and its intersection with psychiatry and mental health

COMMITTEE REPORTS Chairs
Alternatives to Incarceration – Dr. Wood The committee is working on first states of a project to understand how patients end up in carceral system, especially secondary to emergency room care decisions.
B. Access to Care – Dr Friedman gave an update that the committee continues to work to understand new DMHC parity regulations along with CSAP private practice committee. The committee is also discussing clozapine access and review of REMS process. They are also exploring partnership with NAMI on these issues.
C. Diversity and Culture – Dr. Khan. There is upcoming programming from the committee and Dr Denese Shervington, Chair of Psychiatry at Charles Drew University and Dr Lisa Fortuna, Chair of Psy-

chiatry at UC Riverside about The Role of Training Programs in Preparing the Next Generation of Psychiatrist. The repudiation Moynihan Report Action Paper is being considered by Council on Minority Mental Health and Disparities and APA BOT.

E. GAC—Drs Wood and Shaner, motions above. There was ongoing discussion about APA DGR changes and next steps including understand issues with budget and changes as well as putting a committee together at CSAP level to meet with leaders from new APA Division of Advocacy Policy and Practice Advancement. Agenda for this meeting was reviewed

F. Member Recruitment — Dr Ijeaku noted that recruitment video is complete, it was shared with Council ahead of meeting. The workgroup is planning to develop a plan to meet with training programs for recruitment. Mindi will provide a YouTube link to share

Motion Approved: The recruitment video was approved to share with members via email now as well as in September 2024

G. Unhoused Workgroup — Dr Chang updated that the group has met multiple times. They are meeting with leaders in community psychiatry to understand the issue, barriers to caring for patients, especially systemic issues, and identify next steps.

ADJOURNMENT – 9:00 pm Dr. Goldenberg

ALL EDITORIAL MATERIALS TO BE CONSIDERED FOR PUBLICATION IN THE NEWSLETTER MUST BE RECEIVED BY SCPS NO LATER THAN THE 1ST OF THE MONTH. NO AUGUST PUBLICATION. ALL PAID ADVERTISEMENTS AND PRESS RELEASES MUST BE RECEIVED NO LATER THAN THE 1ST OF THE MONTH.

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SCPS Newsletter
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SCPS website address: www.socalpsych.org

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Southern California PSYCHIATRIST, is published monthly, except August by the Southern California Psychiatric Society, 2999 Overland Ave., Suite 208, Los Angeles, CA 90064, (310) 815-3650, FAX (310) 815-3650.

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