Southern California

PSYCHIATRIST

Volume 64, Number 6 March 2016 Newsletter of the Southern California Psychiatric Society

President's Column

Incarceration of the Mentally Ill: A Systems Problem Requiring A Collaborative Solution

Heather Silverman, M.D.

As mental health professionals, we have a heightened understanding of the injustice and moral failure of incarcerating people whose criminal conduct is driven by an underlying mental health problem. APA leadership and others are to be commended for bringing increased attention to this issue. As Southern California is one of the nations leading offenders in incarcerating the mentally ill (Twin Towers jail in Los Angeles is often cited as the largest psychiatric facility in the country), I am dedicating this column to providing understanding of the problem and exploring ways in which we can help.

It is important to recognize that no single entity can be blamed for the problem of incarcerating the mentally ill. In fact, according to conversations with people in the judicial and legal communities, the problem itself is largely a product of a failure to collaborate between key parties. As mental health professionals, we need to first understand the challenges and concerns facing those working in the criminal justice system, starting with the Courts. The Courts are very important because they have the power to direct a mentally ill defendant into treatment as opposed to incarceration. There is sometimes an assumption that mentally ill defendants are not directed to treatment because there are insufficient treatment resources. In many cases this is true, but in many other cases mentally ill defendants go to jail because the Courts and the attorneys working in them do not have the means to effectively design and supervise an alternative sentencing order that would provide for treatment. In other words, even when the resources are available for treatment, there are problems effectively integrating them with the Courts.

Working with military veterans in the criminal justice system is a good example of where this problem of resource coordination has existed, but also where significant progress has been made. After Vietnam, the American criminal justice system incarcerated tens of thousands of veterans suffering from problems like posttraumatic stress disorder, and a wide range of other mental health conditions. Fortunately, in the last 5 to 10 years much has been done to facilitate treatment options. The first Veterans Treatment Court was formed in 2008

(Continued on page 2)

In This Issue...

Letter from the Editor 3
HIPAA and NICS 5
In Memorium: Nick Gutierrez, M.D 7
Election to Distinguished Fellowship 9
Psychopharmacology Update 27 13
Who Will Care When We're Not There? 15
Council Highligts 16

and today there are more than 250 of these courts across the country. A hallmark feature of these courts is the presence of VA staff who coordinate treatment programs for participating veterans. These Courts have proven very successful in keeping veterans out of jail and facilitating successful community reintegration.

What Veterans Courts and mental health courts have proven is that collaboration between the legal and mental health professions can yield excellent results in working with mentally ill offenders. The legal community cannot do it on its own and psychiatrists along with other mental health professionals can provide assistance that leads to positive outcomes in the Courts. The same can be said for providing assistance to the police, jails, and other criminal justice entities. Such assistance may take the form of education, strategic collaboration, organization and identification of resources, and directly working with the Courts and law-enforcement.

It is an excellent time for mental health professionals to become more involved with the legal community. LA County has elected a very progressive District Attorney in Jackie Lacey, and there is momentum to expand mental health courts in the county. If more collaboration between key parties becomes a reality, we can do a lot to help mentally ill individuals who become entangled in the criminal justice system.

SCPS Events That We Would Love to See You At!

Women's Brunch on Reflective Parenting with our speaker Regina Pally, M.D.
March 19th at the home of Heather Silverman, M.D.
(Members RSVP to: mindi@socalpsych.org for address information)

Substance Abuse: Contemporary Approaches to a Timeless Problem
April 16th at the Olympic Collection

Kevin Hill, M.D. - Director, Substance Abuse Consultation Service, Division of Alcohol and Drug Abuse, McLean Hospital; Assistant Professor of Psychiatry, Harvard Medical School
Alcohol use disorder and cannabis use disorder are two of the most common substance use disorders faced in everyday practice. In the United States, alcohol misuse is a major economic burden and alcohol-related deaths are the third-leading preventable cause of death. Cannabis remains a hot topic as state after state considers either medical marijuana or the legalization of the recreational use of marijuana. Physicians must treat both of these disorders in an evidence-based fashion. Dr. Hill will review the science and epidemiology of both disorders, as well as the evidence supporting behavioral interventions and pharmacotherapies for each.

Timothy Fong, M.D. - Associate Professor of Psychiatry; Co-Director, UCLA Gambling Studies Program; Director, UCLA Addiction Psychiatry Fellowship
This presentation will provide a scientific and clinically relevant overview of opiate use in America, starting with opioid use patterns across the lifespan and across different ethnic and socioeconmic groups with a focus on how users obtain opiates. Special attention will be paid to substandard prescription practices that lead to opioid use disorder as well as describing patient behavior that might signal the presence of an addiction. Next, screening tools and practices that every physician's office and hospital should be using will be described with an emphasis on how to translate these practices. Finally, a review of FDA-approved medications and standards of psychosocial treatment programs will be reviewed and discussed. The primary messages of this presentation will also be highlighted and reinforced by case studies and audience participation and discussion.

For Complete Details and to Register:
http://www.socalpsych.org/events.html

Installation and Awards Ceremony and Reception
Saturday, April 30, 2016 at Le Merigot Hotel and Spa
Please rsvp to: mindi@socalpsych.org

Letter from the Editor

CURES: Prescription Privacy Policy

Colleen Copelan, M.D.

The Controlled Substance Utilization Review & Evaluation System (CURES) is California's Prescription Drug Monitoring Program. The CURES technology has been recently updated to "CURES 2.0" As of July 1, all prescribers of Schedule II-IV drugs are obliged to participate. As you will see below, your patients have always been obliged to participate.

Prescription Drug Monitoring Programs collect patient-specific information from pharmacies and post the data on a central website.

Physician's and pharmacists may access the information on a need-to-know basis—ideally and theoretically—in furtherance of patient care. This has obvious advantages for emergency department personnel confronted with "med seekers", pain management doctors, or just me, worried about doctor shopping.

The new and enhanced CURES 2.0 has the capacity to send alerts when certain thresholds of doctors or drugs are surpassed, and when opioids and benzodiazepines are prescribed for the same patient.

The agency responsible for managing a PDMP varies from state to state, as do the rules for accessing the data. In California, the Department of Justice manages the Program. The Health & Safety Code section 11165(c)(2) says: "CURES data is available to appropriate state, local, and federal public agencies, law enforcement, and regulatory boards for disciplinary, civil, or criminal purposes."

So, is the Medical Board, for example, at liberty to peruse CURES data to check up on doctors, even without the consent of patients exposed to such scrutiny? Our Medical Board thinks so.

The California Psychiatric Association, and others, have joined the California Medical Association in an amicus brief on behalf of one Dr Lewis, in a case now pending before the California Supreme Court.

The CMA describes the situation as follows:

"This case, Lewis v. Superior Court (Medical Board), examines the constitutionality of the Medical Board of California's practice of routinely data mining the confidential prescription records of California patients. In response to a patient complaint—a complaint that had nothing to do with Dr. Lewis's prescribing practices—the medical board investigator accessed from CURES the prescribing records of every single one of Dr. Lewis's patients during a three-year period. In addition, it obtained three years of confidential prescription records for all medications, including non-controlled substances, dispensed to Dr. Lewis's patients from the corporate headquarters of CVS Pharmacy. The information obtained identified patients by name and included details about medications prescribed to them. The medical board did not obtain any patient authorizations, warrants or issue subpoenas prior to accessing this patient data."

It seems obvious to me that you need search warrant to search protected data. I'm glad to see our organizations stepping up to the plate. cocopelan@aol.com

Documentary premieres May 18th, 2016 at the APA Meeting in Atlanta, Georgia

featuring: Lindo Do, DO ● Michelle Furuta, MD ● Michael Gales, MD ● Jaime Garcia, MD
Haig Goenjian, MD ● Charles Grob, MD ● Ijeoma Ijeaku, MD ● Martha Kirkpatrick, MD
Maria Lymberis, MD ● Elizabeth Mcguire, MD ● Arsalan Malik, MD ● Joseph Natterson, MD
Kristen Ochoa, MD ● Robert Ross, MD ● Mary Ann Schaepper, MD ● Kimberly Shapiro, MD
Steve Soldinger, MD ● Devin Stroman, MD

Directed by Michelle Furuta, MD
Produced by Mindi Thelen for the Southern California Psychiatric Society

The truth of a group begins with the stories of its people

Presented by SCPS and the Art of Psychiatric Medicine Committee

HIPAA and NICS

Donna Vanderpool, MBA, JD
Vice President, Risk Management
Professional Risk Management Services, Inc. (PRMS)

LinkedIn
January 7, 2016

On January 4th, President Obama released a series of executive actions to reduce gun violence, including a final rule from the Department of Health and Human Services. This final rule amends HIPAA's Privacy Rule to "remove unnecessary legal barriers preventing States from reporting relevant information about people prohibited from possessing a gun for specific mental health reasons."

BACKGROUND

The federal Gun Control Act of 1968 has categories of people prohibited from gun ownership, including any individual "who has been adjudicated a mental defective or who has been committed to a mental institution." Commitment under this law refers to involuntary commitment and excludes voluntary admission or admission for observation. (Note that there are pending regulations to modify the term "mental defective.")

The Brady Handgun Violence Prevention Act of 1993 established the National Instant Criminal Background Check System (NICS), and required those purchasing guns from federally licensed firearms dealers to first pass a background check. Run by the FBI, gun sellers must run prospective buyers through this system to see if the buyer is disqualified from owning a gun. Participation in NICS is voluntary; states are not required to provide names of individuals prohibited from gun ownership due to mental health issues.

In 2008, Congress passed the NICS Improvement Amendments Act. Among other things, this law created financial incentives to improve reporting to the NICS those individuals prohibited from gun ownership due to mental health issues. However, states were still not reporting, due in large part to privacy concerns such as HIPAA. Under the Privacy Rule, releases of patient information for governmental purposes and law enforcement can only be made if "required [not just allowed] by law." At my last count, only 23 states "require" reporting to NICS.

In 2013, President Obama signed 23 executive orders addressing gun violence, including HHS' amendment to the Privacy Rule to increase NICS reporting. Three years later, that amendment was published in today's Federal Register.

WHAT IS THE NEW LAW?

HIPAA's Privacy Rule § 164.512 "Uses and disclosures for which an authorization or opportunity to agree or object is not required" is amended to add a new paragraph (k)(7) which says:

> (7) National Instant Criminal Background Check System. A covered entity may use or disclose pro-

tected health information for purposes of reporting to the National Instant Criminal Background Check System the identity of an individual who is prohibited from possessing a firearm under 18 U.S.C. 922(g)(4) [the mental health prohibitions] provided the covered entity:

(i) Is a State agency or other entity that is, or contains an entity that is:

(A) An entity designated by the State to report, or which collects information for purposes of reporting, on behalf of the State, to the National Instant Criminal Background Check System; or

(B) A court, board, commission, or other lawful authority that makes the commitment or adjudication that causes an individual to become subject to 18 U.S.C. 922(g)(4); and

(ii) Discloses the information only to:

The National Instant Criminal Background Check System; or

An entity designated by the State to report, or which collects information for purposes of reporting, on behalf of the State, to the National Instant Criminal Background Check System; and

(iii) (A) Discloses only the limited demographic and certain other information needed for purposes of reporting to the National Instant Criminal Background Check System; and

Does not disclose diagnostic or clinical information for such purposes.

THINGS TO KEEP IN MIND:

There is no new reporting requirement created under this amendment.

The amendment explicitly permits the pre-existing reports to be made without violating HIPAA.

Not every psychiatrist who involuntarily commits an individual will have to make a report to NICS.

NICS reporting is done by the State, and typically by the mental health facility rather than by an individual physician.

Some states prohibit such reporting.

Not every individual with a mental health diagnosis is affected by this law.

From HHS' comments: "…we emphasize…that a mental health diagnosis does not, in itself, make an individual subject to the Federal mental health prohibitor, which requires an involuntary commitment or adjudication that the individual poses a danger to self or others or lacks the mental capacity to contract or manage his other own affairs….the Federal mental health prohibitor, which applies only where an individual has been involuntarily committed or otherwise has received a relevant adjudication from a court, board, commission, or other lawful authority..."

The covered entities making the report are few.

Some states have entities other than covered entities responsible for the reporting

For example, California law requires mental health facilities to report involuntary commitments to the state DOJ; the state DOJ then makes the report to NICS

From HHS' comments:

"…limiting the permission to those covered entities that also perform an adjudicatory or data repository function."

"This final rule applies only to covered entities that function as repositories of information relevant to the Federal mental health prohibitor on behalf of a State or that are responsible for ordering the involuntary commitments or other adjudications that make an individual subject to the Federal mental health prohibitor….Our understanding is that, for the most part, formal adjudications and repository functions of this nature are conducted by entities, such as court systems or law enforcement agencies, that are not covered by HIPAA."

This is only federal law – state law could prohibit such disclosures.

From HHS' comments: "…because the Privacy Rule, as modified by this final rule, only permits (but does not require) the disclosure for NICS reporting, State laws that prohibit such disclosures are not contrary to the Privacy Rule, and covered entities in States with such laws remain subject to any applicable prohibitions against disclosures under State law."

For more information about the mental health prohibitions on gun ownership, and information on restoration of gun rights, I can highly recommend a chapter I co-authored, along with Dr. Liza Gold, in Gun Violence and Mental Illness (APPI, 2015).

©2016 Professional Risk Management Services, Inc. (PRMS). All rights reserved. The content of this post ("Content") is for informational purposes only. The Content is not intended to be a substitute for professional legal advice or judgment. Always seek the advice of your attorney with questions you may have regarding the Content. Never disregard professional legal advice or delay in seeking it because of the Content.

For another article about this topic written by Daniel Willick, please see the CPA Winter Newsletter page 4.

http://media.wix.com/ugd/86eb1f_5fe0436be2944b00aa36ebc49185c21e.pdf

In Memorium: Nick Gutierrez, M.D.

It is with a great deal of sadness that I write to inform you about Nick Gutirrez, M.D.'s untimely and unexpected passing yesterday. He was a great colleague and extraordinarily dedicated psychiatrist who will be missed by everyone whose life was touched by his. Words cannot not express the many things that he did both large and small to help others live better lives. The Didi Hirsch family has lost not only it's Associate Medical Director, but also a valued employee who through his actions and words exemplified our core values and our mission.
NICK MARTIN GUTIERREZ September 30, 1961 - February 10, 2016

JAIL MENTAL HEALTH SERVICES

OUR WORK MATTERS

LAC DMH
LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
HOPE WELLNESS RECOVERY

"Jail Mental Health Services can offer you a lot great benefits, flexibility, great salary and many different places you can work such as outpatient, camps, jails, and juvenile justice. There are so many diverse opportunities! It's safe and challenging, but very dynamic and never boring."

Katherine Smith-White, MD
Child and Adolescent Psychiatrist

"I chose DMH Jail Mental Health Services because of the quality of care we provide to patients, job security, salary, a pension plan and benefits. I have been challenged to learn and expand my skill set and make an impact by providing input to improve the quality of care in various services."

David Kidwell, MD
Jail Mental Health Supervising Psychiatrist

"I like working in Jail Mental Health Services and being part of a larger organization that provides great support for someone like me coming out of residency. You never have to worry about job security you can just focus on your clinical work. Correctional psychiatry is becoming the forefront of psychiatry in all aspects; public psychiatry, integrative psychiatry, and addiction psychiatry. You're never bored and always challenged."

Arastou Amindzadeh, MD, FAPA
Child and Adolescent, Addiction Psychiatrist

"I love it here, I can't imagine working anywhere else, it's the most secure and safe place to work. You are surrounded by custody staff, they are wonderful and they protect you. I plan on finishing my career at Jail Mental Health Services because it's safe, flexible and the support from colleagues and friends are excellent. I enjoy seeing how these patients, the most in need of help, quickly recover."

V. Dorina Trufasu, MD
Psychiatry & Internal Medicine

The Los Angeles County Department of Mental Health has immediate openings with Jail Mental Health Services, Juvenile Justice Correctional Facilities, Antelope Valley, and directly operated programs. This is your chance to join the leading mental health agency in the nation and work in a safe, diverse, and challenging environment. Our entire department is filled with opportunities for professional development and growth, and is expanding exponentially with 27 new full-time psychiatrist positions. We offer competitive salaries with potential bonuses up to $30,000* a year, depending on qualifications and placement, plus up to 24 hours a week is allowed for outside employment.

To learn more about employment as a psychiatrist with the Los Angeles County Department of Mental Health including salary and benefits, please visit:

www.psychiatristjobs.la

*Based on CEO approval at step 15 of the mental health psychiatrist salary schedule.

Dear Members,

Please review the Guidelines for Election to Distinguished Fellowship below. If you or a colleague you know excels in at least 5 of the categories described, please submit their name to SCPS for Distinguished Fellowship consideration. mindi@socalpsych.org

GUIDELINES FOR
ELECTION TO DISTINGUISHED FELLOWSHIP

All nominations for the honor of Distinguished Fellowship are reviewed by the APA Membership Committee, which submits recommendations to the Board of Trustees for final approval. Nominations for Distinguished Fellowship are primarily the responsibility of the District Branches. Procedures are as follows:

The APA Membership Department annually sends to each District Branch a list of its members who have been APA General Members or Fellows for a combination of at least eight years and have board certification. The branch should check the list carefully and verify years of General Membership or Fellowship for any prospective nominee.

The District Branch nominates from the list and asks only those members meeting the following requirements to complete the Distinguished Fellowship nomination form:

At least eight consecutive years as a General Member and/or Fellow of APA.
(Exceptions to the requirement that the years be consecutive may be considered under unusual circumstances).

Certification by the American Board of Psychiatry and Neurology, the Royal College of Physicians and Surgeons of Canada, the American College of Osteopathic Neurology and Psychiatry or equivalent certifying board. (Board Certification became a core requirement in 2013. A waiver may be granted under extraordinary circumstances.)

The District Branch should not submit nominations of members who were nominated but not approved the preceding year. This allows time for members being re-nominated to improve their qualifications in areas where previously they did not show adequate strength. While a waiver of the two-year requirement is possible, there must be compelling reasons adequately documented by the branch.

The General Member or Fellow should be an outstanding psychiatrist who has made significant contributions in at least five of the areas listed below. **Excellence**, not mere competence, is the hallmark of a Distinguished Fellow.

(1) Certification by the American Board of Psychiatry and Neurology, the Royal College of Physicians and Surgeons of Canada, the American Osteopathic Association or equivalent certifying board. Once Distinguished Fellowship status is attained, maintenance of certification is encouraged but not required. If certified by another Board, details of the certification standards and process should be submitted so the Committee might evaluate the equivalence of that certification. Additional credit in this category may be earned through certification by other medical boards, sub-specialty boards, or psychoanalysis, or for a Ph.D. or Masters degree in a related field. Training without certification warrants no credit. Board certification in general psychiatry is worth category credit if the Board is current. If the Boards are expired, no points will be awarded for this category.

(2) Involvement in district branch, chapter, and state association activities.
Length and quality of service to the Chapter, District Branch or State Association are taken into consideration. Elected offices, committee work as a chair or member, newsletter work, website design/maintenance for the DB, political action committee oversight, or special projects at the district branch/chapter level are examples of activities earning credit in this category. Presentations at local meetings are usually considered under teaching activities. Substantial committee work together with elected office or membership on the Executive Council for several years will usually qualify the nominee for higher credit in this category. Membership alone does not earn credit.

(3) Involvement in other components and activities of APA.
Involvement in the work of Area Councils, the Assembly or Board of Trustees counts, as does holding elected office. Other examples of activities earning credit in this category are work on APA Councils, Committees, Task Forces, service on the editorial boards of APA publications, APA advocacy work or APA PAC leadership. Several years of activity in two or more of the above roles will usually qualify the nominee for category credit. A longer term of service or attaining elected office in one of the components mentioned will also usually qualify the nominee for category credit. Presentations at APA meetings should be listed under teaching activities.

(4) Involvement in other medical and professional organizations.
The role, length and quality of service, as well as the level of responsibility in the positions held, determine level of credit given. Membership alone does not earn credit. Organizations may include international organizations (e.g., World Health Organization, World Psychiatric Association), national organizations (e.g., American Academy of Child and Adolescent Psychiatry, American Medical Association), state and county medical societies, associations representing other medical specialties (e.g., pediatrics or neurology), or related professions (e.g., psychology, anthropology, sociology).

(5) Participation in non-compensated mental health and medical activities of social significance.
Voluntary activities or service demonstrating the physician's social responsibility and humanitarian concerns are included in this criterion. Voluntary service for mental health patient advocacy groups (includes service on boards or task forces, event/fundraising committees, outreach and education), free mental health clinics, educational events, mental health fairs, mental health stakeholder or advocacy groups should be included in this category. Also included is providing volunteer service to survivors of natural or man-created disasters and medical humanitarian efforts (i.e., Doctors without Borders, Give an Hour, non-compensated medical service in a foreign country, etc.). . Nominees should specify the nature of their contributions and the time commitments made. The highest weight is given to service performed over a period of time, or on a short-term but intensive basis.

(6) Participation in non-medical, non-income-producing community activities.
The Committee looks for significant contributions to the political, religious, charitable, artistic, educational, athletic or ethnic life of the community, i.e., contributions unrelated to medical income-producing activities. Mere membership in, or financial donation to, a community service organization does <u>not</u> earn credit. Supporting letters detailing the nominee's contributions from persons directly involved with these activities are very important in documenting this category. Nominees should specify the nature of their contributions and the time commitments made. The highest weight is given to service performed over a period of time, or on a short-term but intensive basis.

(7) Clinical contributions.
This category is meant to recognize excellence in direct patient care activity. Letters attesting to and detailing exemplary skill, knowledge, diagnostic ability and therapeutic expertise are necessary. The Committee will recognize clinical distinction achieved in any of a spectrum of settings, but may take special note of work done in public service or underserved settings. Many years of respected private practice or staff work in a clinic or inpatient unit will usually qualify the nominee for credit in this category, especially when supported by letters detailing clinical excellence. Supervision of others who provide direct patient care should be included in this category. Service on hospital committees and other medical administrative work should be listed under Administrative Contributions (8) below.

(8) Administrative contributions.
In this category the Committee looks for advancement in administrative positions in institutional, community/public, or private settings, as well as the level of responsibility associated with the position(s). Intraspecialty administration as well as administration within broader mental health, medical or overarching venues count towards credit in this category. Responsibilities documented should include such non-clinical activities as program development and oversight, committee work, budgeting, management of human and financial resources, strategic planning or policy formulation. Letters giving the specifics, as well as the quality of the nominee's achievements in this area are needed.

(9) Teaching contributions.
Teaching in all settings is acceptable. Teaching may include academic instruction (i.e., medical school curriculum or didactics or didactics within a residency training program), clinical instruction (i.e., supervising clinicians), non-psychiatrist instruction (i.e., teaching nurses or allied health professionals), or others. In university settings, advancement in academic rank is taken into consideration, as is the extent and quality of teaching activities in other settings. There should be letters from faculty members, heads of departments or others familiar with the nominee's work. Teaching in non-institutional, non-professional settings should be supported by letters from individuals directly involved. As indicated above, presentations at scientific meetings should be included under this category.

(10) Scientific and scholarly publications.
Articles in journals, books (other than privately published) and book chapters should be listed in this category. Higher weight will be given to articles published in peer-reviewed, refereed and/or widely circulated journals and to lead authorship. Both number and quality of publications are considered in evaluating this category. No credit is given for unpublished research.

Curriculum vitae in lieu of, or as supplements to, completed nomination forms are not acceptable.

Distinguished Fellows will be expected to maintain the dignity of their profession and the practice of medicine including all relevant ethical guidelines.

The District Branch Distinguished Fellowship Chairperson shall forward nominations to the APA Membership Committee by the **1st of July.**

We've got you covered.

For over 30 years, we have provided psychiatrists with exceptional protection and personalized service. We offer comprehensive insurance coverage and superior risk management support through an "A" rated carrier. In addition to superior protection, our clients receive individual attention, underwriting expertise, and, where approved by states, premium discounts.

Endorsed by the American Psychiatric Association, our Professional Liability Program Provides:

- **Risk Management Hotline** – comprehensive 24/7 service for emergency issues
- **Insuring Company rated "A" (Excellent)** by A.M. Best
- **Telepsychiatry, ECT coverage & Forensic Psychiatric Services are included**
- **Many discounts, including Claims-Free, New Business & No Surcharge for claims** (subject to State Approval)
- **Interest-free quarterly Payments/Credit Cards Accepted**

Visit us at **apamalpractice.com** or call **877.740.1777** to learn more.

American Professional Agency, Inc.

LEADERS IN PSYCHIATRIC MEDICAL LIABILITY INSURANCE

SCPS' premier Psychopharmacology Update 27: Path to the Future was held on January 30, 2016 at the Olympic Collection. The meeting was another highly successful event. Here are photos from the event.

David Mintz, M.D., on patient-centeredness.

Charles Raison, M.D., spoke about treatment of major depression.

Helen Lavretsky, M.D., talked about integrative psychiatry.

Barbara Parry, M.D. spoke about hormones and mood disorder.

Stephen Marder, M.D., spoke about first-episode psychosis.

Advertisement

95%
OF CLIENTS RENEW WITH PRMS

WE PROTECT YOU

PRMS protects you from beginning to end, throughout every stage of your psychiatric career. That's why 95% of our clients choose to renew their medical professional liability policy and remain with PRMS year after year – the result of a comprehensive policy, outstanding customer service and a team of experts who truly understand psychiatric risk.

PROTECTION PRMS 20 YEARS DEDICATION

JACKIE PALUMBO
CHIEF UNDERWRITING OFFICER

Full-career protection is just one component of our comprehensive professional liability program.

When selecting a partner to protect you and your practice, consider the program that puts psychiatrists first. Contact us today.

More than an insurance policy

800.245.3333 | PsychProgram.com/Dedicated | TheProgram@prms.com

PRMS® the psychiatrists' program®

Actual terms, coverages, conditions and exclusions may vary by state. | Insurance coverage provided by Fair American Insurance and Reinsurance Company (NAIC 35157). FAIRCO is an authorized carrier in California, ID number 3175-7. www.fairco.com | In California, d/b/a Transatlantic Professional Risk Management and Insurance Services.

WHO WILL CARE WHEN WE'RE NOT THERE ?...

Introducing the Proxy Parent Foundation.

By Elizabeth Galton, MD

The Proxy Parent Foundation, a 501 (c)(3) non-profit California corporation, is a spin-off of NAMI (National Alliance for Mental Illness) that is dedicated to helping parents of mentally ill offspring plan for the future, in cases where their child is unlikely ever to be able to manage their lives and finances themselves. Proxy Parent Foundation is a dba of PLAN of California.

It does this in two ways: 1. It establishes a Special Needs Trust which is held and disbursed to benefit the person with mental illness and 2. Assigns a paid Personal Support Specialist devoted to that person's needs, as established by the Trust.

The Special Needs Trust is set up in such a way that the Beneficiary is able to access government benefits (e.g. MediCal, SSI). The assets within the trust are considered property of the trust and not of the beneficiary.

There are three types: Third Party — part of family estate planning, such as a living trust or will where assets come from another party. First Party (Stand Alone — Individual), funded by the disabled person's own assets, such as savings, awards, settlements or inheritances — requires court petition by a parent, grandparent or legal guardian. Then there is the Pooled Trust (PLAN of California Master Pooled Trust). Such a trust can be created by the disabled person without parent or legal guardian, must be managed by a non-profit corporation; funds are pooled for investment purposes and lower management fees.

Proxy Parent Foundation can act as trustee, because it acquires, through work with the parents and their (adult) child, the detailed knowledge required to understand their particular needs. The disbursements are adjusted periodically, as developments occur in the life span of the disabled person. There is day-to-day accounting administration of the Master Pooled Trust, and an investment firm provides investment management under the oversight of the Proxy Parent Foundation Trust Oversight Committee.

A Personal Support Specialist is assigned to each beneficiary (state wide). That person provides customized help with living and treatment needs. (Although this is not a clinical relationship). The Specialist will help find housing, accessing psychiatric appointments and medication, will intervene in medical or personal crises, be an ombudsman in community or judicial issues and generally help maintain a smooth and positive quality of life. All Specialists are carefully vetted and all report to the director of Social Services, with whom I work very actively.

The Board of Directors meets four times a year. I have had the pleasure of serving on this Board, which has attorneys, mental health directors, a County Supervisor. We are very active and engaged in finding the best solutions for sometimes very difficult lives. We do accept donations.

For more information, contact us at: www.proxyparentfoundation.org, email at info@proxyparentfoundation.org, or call toll free: 888-574-1258.

Reprinted from the February issue of the Southern California PSYCHIATRIST at the request of the author.

Council Highlights
February 11, 2016

Erick Cheung, M.D., *Secretary*

The meeting called to order with quorum by Dr. Heather Silverman at: 7:00pm

Disaster Committee Update: the committee met by conference call. Dr. Lawrence provided an update regarding the basics of the response. The committee discussed organizations that have educational materials and organizational infrastructure to provide responses to disasters, including American Red Cross, APA, "psychological first aid," and disaster psychiatry outreach.

Dr. Shaner provided an update that there is a county response that is developed. Mindi has been in discussion with Red Cross related to how SCPS and community psychiatrists can volunteer or be involved. It currently remains unclear how SCPS can improve members' readiness to respond to disasters. Program committee may wish to consider a seminar or half day meeting related to disaster response.

Legalization of Marijuana: Council held discussion regarding the potential legalization of marijuana and current position of the organization. There was discussion related to the principles of legalization. Council posited as to the current opportunity to poll membership about their opinions. Dr. Shaner made a motion that SCPS urge CPA to survey membership by questionnaire regarding the legalization, controls, and social dimensions regarding the legalization of marijuana to guide CPA to taking a potential position regarding this issue. Seconded by Dr. Fogelson. Further discussion occurred regarding the speculation of a relationship between violence and marijuana dispensaries. The motion passed unanimously.

Access to care: APA Assembly has a workgroup on access to care and is seeking information on local access to care issues (formulary, workforce, managed care, prior authorizations). The workgroup has requested feedback from membership about potential case examples / frequency of issues that demonstrate impaired access to care. Dr. Fogelson described access problems in denials of prescription drugs for longstanding medications. Dr. Soldinger described inability to access insurance representatives to even initiate a prior authorization. Dr. Seroussi and Dr. Cheung described seemingly routine and excessively frequent denials of inpatient and PHP levels of care, and the need to perform doc-to-doc reviews. The physician reviewers for inpatient stays, at times, have strong suggestions with an aim to influence the treatment plan (such as suggesting specific medication trials). Dan Willick discussed another potential route of advocacy by possibly working with the Kennedy Foundation who could advocate for potential legal action.

Council made a request that workgroup to clarify / categorize their questions, and perhaps develop a survey or reporting tool to obtain the information. A suggestion was also made to engage NAMI in regards to identifying access to care issues with physician network availability.

Insurance Merger: There was a request from CMA for feedback via completion of the survey for physician feedback regarding proposed health insurance mergers.

SCPS Installation: will take place at Le Merigot and April 30, 2016.

President-Elect Report (Dr. Bonds) – There have been some withdrawals related to the election including

Sara Hyoun, Amandeep Jutla, and Joy Kong. Any Council vacancies that remain following the election

will be appointed by the new Council president. Dr. Bonds also sadly reported to Council that Dr. Nick Guttierez passed away yesterday due to a complication of surgery.

Membership Report: Mindi reported that the current membership is 957. There are 4 new RFM and 2 GM:

Helen Bashoura, M.D. (IN) New RFM
PJ Bonavitacola, M.D. (WLA) RFM
Siddarth Puri, M.D. (WLA) RFM
Emily Wood, M.D. (WLA) RFM

David Seigler, M.D. (IN) New GM
Valerie Tutson, M.D. (SGV/ELA) GM

A motion was made, seconded, and unanimously approved to accept the new RFM and new GM.

The new "Drop date" for members who have not renewed will be dropped by 3/31/2016. Committee discussed the potential cost of administrative time that will be expended related to the dropping and adding of the members.

Treasurer's Report: Dr. Red was absent from the meeting, Mindi provided the Treasurer's report. A motion was made to approve the Treasurer's report, seconded, and approved by unanimous vote.

Legislative Report: Dr. Soldinger reported that an action paper will be coming to the Assembly that relates to euthanasia for patients with non-terminal illnesses, including Depression and Borderline Personality Disorder. Dr. Shaner reported that AB1300 originally contained significant reforms to LPS law. The bill has been stripped down but has elements that provide greater discretion to non-designated facilities in moving/transferring or discharging patients. There is an additional bill to extend the sunsetting of AOT for another three years. There have so far been no successful petitions for AOT. The new/upcoming medi-cal waiver will potentially contain robust drug abuse benefit for Medi-Cal beneficiaries.

Program Committee Report: Dr. Gales reports that the 2016 Psychopharm meeting was successful, with an approximate attendance of 130. He announced the next program on April 16th will be a chemical dependency program.

New Business: Dr. Silverman held a discussion about the possibility of having an every other month guest editor of the newsletter. Suggestions were made for Kristin Ochoa and Anita Red to be possible guest editors.

Old Business: none

Meeting adjourned at 9:05 p.m.

AMERICAN PSYCHIATRIC ASSOCIATION

Integrated Care Training

Learn about a creative new way to practice, vary your work with part-time opportunities, and prepare for value-based health care.

Sign up today for APA's integrated care training.
Contact **SAN@psych.org** or visit **APAPsy.ch/TCPi**.

HOW TO GET INVOLVED:

TRAIN

Training Modules
Build skills in integrated care.

Learning Collaborative
Network, share best practices, and continue your education.

READY

Finish training and receive a certificate.

CONNECT

Find a Practice Transformation Network.

Increasing Access to Psychiatric Care

APA will train 3,500 psychiatrists over the next four years in the clinical and leadership skills needed to support primary care practices implementing integrated behavioral health programs, as part of the Centers for Medicare and Medicaid Services (CMS) Transforming Clinical Practice Initiative (TCPi).

What sort of training is available from APA?

- Population health management
- Use of registries and real-time clinical outcomes data
- Telephonic, tele-video, and caseload-focused psychiatric consultation methods
- Skill development for coordinating with a primary care team
- Use of evidence-based methods for managing patients with common mental disorders in primary care

Training is available in both **online modules** on psychiatry.org/sansgrant and at **in-person sessions** at the APA Annual Meeting (May) and IPS Conference (October).

Benefits of the Training

The training focuses on core integrated behavioral health care principles to prepare psychiatrists for practicing in a value-based world. Once trained, APA will help connect psychiatrists with practice networks looking for physicians with such skills.

- **Free** training in the only integrated care model with a clear evidence base - the Collaborative Care Model
- **CME credit** offered for the training
- **Facilitated connection** with a practice network in your region
- **Technical support** for practicing in integrated care
- **Varying levels of training**

What is the Collaborative Care Model (CCM)?

The CCM integrates effective psychiatric care into primary care practices. It is the only model with a clear evidence base and has been tested in more than 80 randomized controlled trials. Benefits of practicing in the CCM include:

- Greater professional flexibility for psychiatrists as they can practice on a **part-time basis** in the model
- Increased access for patients by allowing psychiatrists more time to care for patients that need higher levels of care
- Achieves the Triple Aim of better patient outcomes, better patient and provider satisfaction, and reduction in health care costs

Once trained in the CCM, psychiatrists can join one of 29 Practice Transformation Networks (**PTN**s) nationwide to practice.

American Psychiatric Association's TCPi Effort

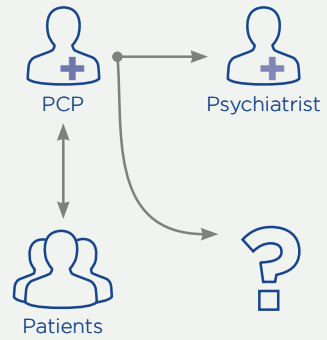
TCPi is an initiative funded by CMS supporting practice transformation through nationwide, collaborative, and peer-based learning networks.

TCPi supports medical group practices, regional health care systems, regional extension centers, and national medical professional association networks through two components:

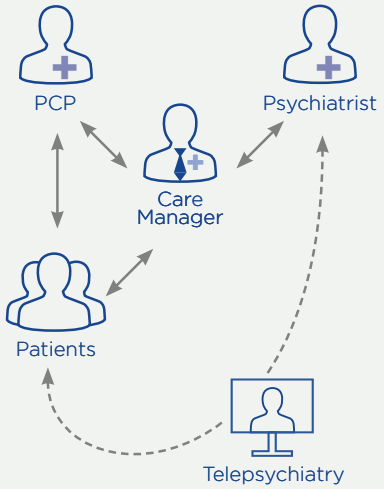
10 Support and Alignment Networks (SANs):
National and regional professional medical associations and public-private partnerships to provide a system for workforce development and practice transformation. The American Psychiatric Association serves as a Support and Alignment Network.

29 Practice Transformation Networks (PTNs):
Peer-based learning networks that support clinicians as they work to transform clinical practice

Traditional Model of Care



Collaborative Care Model



Supported by Funding Opportunity Number CMS-1L1-15-002 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

Learn More about TCPi and APA's SAN
For more information, contact **SAN@psych.org** or visit **APAPsy.ch/TCPi**.

CLASSIFIED ADVERTISEMENTS

Positions Available

OPENING FOR CLINICAL RESEARCH PSYCHIATRIST – SOUTHERN CALIFORNIA

Pacific Clinical Research Medical Group is looking for an experienced psychiatrist to work part time as a Sub-Investigator in our Upland, California office. We offer a competitive salary (based on experience) and excellent working conditions, including opportunities for professional growth and a flexible schedule with no late nights or weekends. Some duties can even be completed remotely. Candidates must be board certified and have clinical research experience and experience conducting psychometric ratings. Candidates with board certification and/or experience in child and adolescent psychiatry or geriatric psychiatry are a plus.

Pacific Clinical Research Medical Group is a recognized leader in Phase II, Phase III and Phase IV CNS research studies, specializing in major depressive disorder, treatment resistant depression, generalized anxiety disorder, bipolar disorder, insomnia, smoking cessation and other psychiatric conditions. Founded in Southern California nearly 30 years ago by Dan L. Zimbroff, M.D., our company, through its experienced staff, has conducted more than 800 clinical trials, focusing on quality research, recruitment and retention of appropriate study subjects, and reduction of placebo response.

Please contact our Business Development Director at 562-496-8325 or send your CV via email to cfugitt@pcrmg.com.

Southern California Psychology Centers is seeking Head of Psychiatry
Join our multispecialty group practice of psychologists and live and work in sunny San Diego. We manage all administrative hassles, including authorizations, billing, scheduling, etc. We cover your overhead costs. Contract with our growing organization, head our Psychiatry Department and decide your own work hours. Call 855-629-7272 Ext.2, ask for Dr. Gupta or email: drgupta@socalpsychology.com

Seminars

Register Now for The Renfrew Center Foundation's 6 CE Seminar The False Self: The Complexity of Body Image and Identity Issues in the Treatment of Eating Disorders in Newport Beach, CA, on April 8, 2016 from 9:00am – 4:00pm. For more information or to register visit www.renfrewcenter.com

1st UCLA CONFERENCE ON INTEGRATIVE MEDICINE AND MENTAL HEALTH

When and where:

Saturday, April 30, 2016 &

Sunday, May 1, 2016

9:00AM — 5:00PM

UCLA Carnesale Commons

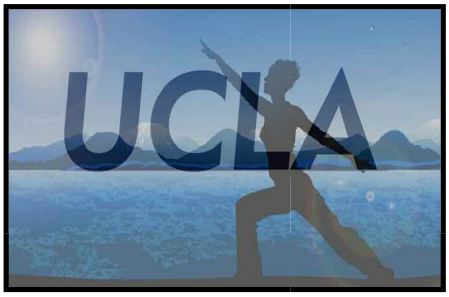
251 Charles E. Young Dr., West

Los Angeles, CA 90024

Information

- **This inaugural two day conference will review scientific advances in Complementary and Integrative medicine.**
- **All lectures and experiential workshops will be presented by UCLA faculty and invited experts and focused on the use of integrative medicine for treatment and prevention of physical and mental disorders.**
- **Review will include: Acupuncture and Chinese medicine; Mind– Body techniques; the use of supplements, etc.**

To register, please go to:
www.semel.ucla.edu/integrativementalhealth
For questions, E-mail: Latelifewellness@mednet.ucla.edu
Phone: (310) 794-4619



ACCREDITATION: The Semel Institute is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. The Semel Institute designates this live activity for a maximum of 14.0 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education. Social Workers and MFCCs/MFTs: **The Semel Institute at UCLA is an accredited provider for continuing education credits for LCSWs and MFCCs/MFTs (provider number PCE 378). This course meets the** qualifications for up to 14.0 hours of continuing education credit for LCSWs and MFCCs/MFTs as required by the California Board of Behavioral Sciences. Board of Registered Nurse Contact Hours: The Semel Institute at UCLA is an accredited provider approved by the California Board of Registered Nursing (provider number CEP 381). Registered nurses attending this course may report up to 14.0 hours.

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.

SCPS Officers

President . . . . . Heather Silverman, M.D.
President-Elect . . . . . Curley Bonds, M.D.
Secretary . . . . . Erick Cheung, M.D.
Treasurer . . . . . Anita Red, M.D.
Treasurer-Elect . . . . . Arsalan Malik, M.D.

Councillors by Region (Terms Expiring)

Inland . . . . . Ijeoma Ijeaku,M.D. (2018)
San Fernando Valley . . . . . Joy Kong, M.D., M.D. (2016)
. . . . . Oscar Pakier, M.D., M.D. (2017)
San Gabriel Valley/Los Angeles-East . . . . . Steven Horwitz, M.D. (2016)
Roderick Shaner, M.D. (2018)
Santa Barbara . . . . . vacant
South Bay . . . . . Mary Read, M.D. (2016)
South L.A. County . . . . . Dharmesh Sheth, M.D. (2016)
Ventura . . . . . Ronald Thurston (2016)
West Los Angeles . . . . . Zoe Aron, M.D./Ariel Seroussi, M.D. (2016)
. . . . . Sophie Duriez, M.D. (2017)
. . . . . Michael Gales, M.D. (2016)
. . . . . Zeb Little, M.D.(2018)
ECP Representative . . . . . Michelle Furuta, M.D. (2016)
ECP Deputy Representative . . . . . Jamie Garcia, M.D. (2017)
MIT Representative . . . . . Amandeep Jutla, M.D. (2016)
. . . . . Galya Rees, M.D. (2016)

Past Presidents . . . . . Larry Lawrence, M.D.
Steve Soldinger, M.D.
David Fogelson, M.D.
Federal Legislative Representative . . . . . Steve Soldinger, M.D.
State Legislative Representative . . . . . Mary Read, M.D.
Public Affairs Representative . . . . . vacant

Assembly Representatives

Lawrence Gross, M.D. (2017) — Mary Ann Schaepper, M.D. (2016)
Larry Lawrence, M.D. (2018) — Steve Soldinger, M.D. (2016)

Executive Director . . . . . Mindi Thelen
Desktop Publishing . . . . . Mindi Thelen

CPA Officers

President . . . . . Timothy Murphy, M.D.
President-Elect . . . . . William Arroyo, M.D.
Treasurer . . . . . Catherine Moore, M.D.
Trustee . . . . . Melinda Young M.D.
Government Affairs Consultant . . . . . Randall Hagar

SCPS Newsletter

Editor . . . . . Colleen Copelan, M.D.

Editorial Committee
Ronald Thurston, M.D.

SCPS website address: www.socalpsych.org

© Copyright 2016 by Southern California Psychiatric Society

Southern California PSYCHIATRIST, (ISSN #10476334), 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.

POSTMASTER: Send address changes to Southern California PSYCHIATRIST, Southern California Psychiatric Society, 2999 Overland Ave., Suite 208, Los Angeles, CA 90064.

Permission to quote or report any part of this publication must be obtained in advance from the Editor.

Opinions expressed throughout this publication are those of the writers and do not necessarily reflect the view of the Society or the Editorial Committee as a whole.The Editor should be informed at the time of the Submission of any article that has been submitted to or published in another publication.

DISCLAIMER

Advertisements in this newsletter do not represent endorsement by the Southern California Psychiatric Society (SCPS), and contain information submitted for advertising which has not been verified for accuracy by the SCPS.