California Psychiatrist

The Newsletter of the California Psychiatric Association

Volume 29, Number 4 Winter 2014

The President's Message

Protecting the Confidentiality of Psychiatric Care

Timothy Murphy, M.D.

By Timothy Murphy, M.D.
CPA President

How to properly balance a citizen's right to privacy with the state's responsibility to enforce laws and maintain security is an ongoing national debate. The requirement for privacy is particularly critical for our psychiatric patients. It is more than a civil liberty, as it goes to the heart of our ability to help. Without assurance of privacy, patients would be unlikely to achieve the openness required for psychiatric treatment to be effective - or risk betrayal by mental health clinicians who have promised to hold their interests primary.

Once again, CPA is committing its resources to protect the principle of confidentiality for psychiatric treatment. As usual in such cases, the patients involved are not sympathetic defendants. But CPA is not getting involved to defend the individuals; we are defending the principles of confidentiality that must apply to all patients.

The specifics are as follows: as a condition of probation, three individuals convicted of sex crimes are being required to receive psychotherapeutic treatment, and to waive their rights to confidentiality of that treatment.

This is a terrible policy. Certainly, the reason for requiring treatment is to lower the risk of future offense. It might be reasonable for the court to require confirmation that the individuals were actively participating in treatment and attending appointments. But to re-

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From the President-Elect

"Mind-Altering" Politics, Journalism and Drugs

William Arroyo, M.D.

By William Arroyo, M.D.
CPA President-Elect

A recent wave of reports about the effects of psychotropic medications on children and youth by ill-informed journalists have appeared in the news media during the past year sparked by a U.S. Government Accountability Office (GAO) Report issued December of 2011 http://www.gao.gov/assets/590/586570.pdf.

Data from Maryland, Florida, Massachusetts, Michigan, Oregon and Texas were subject to a review by the GAO. The focus of the review was the use of psychotropic agents in the foster care population. Some of the findings were based on other reviews of various relevant procedures within those states and of claims data pertaining to the use of psychotropic agents. In five of the states excluding Maryland, psychotropic drugs were prescribed 2.7 to 4.5 times the rates in the non-foster care population in Medicaid (Medi-Cal in California) in 2008. Also, it was discovered that many youth in the foster care and non-foster care system were concurrently prescribed more than five psychotropic agents for which there is minimal, if any, research evidence to support the efficacy of such poly-pharmacy. In addition, it was evident that many children below the age of one had a psychotropic prescribed. The psychiatric experts concluded, rightfully so, from merely reviewing claims data without looking at medical records it would be challenging to conclude that prescrib-

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Inside This Issue

From the Editor ...

Yvonne B. Ferguson, M.D., MPH

As we enter the holiday season post-election, post-annual meeting, this last issue for 2014 is a smorgasbord of loose ends in need of tying. This is the time to take stock of what we have accomplished and are grateful for and a time to project the energy and fiscal expenditures that will need to be invested for 2015, a long view of things, so to speak. Critique us. Tell us how you think we covered 2014 from your vantage point. We'd love to hear from you. We thank you for your support and wish you and your family healthy, peaceful holidays.

– Yvonne B. Ferguson, M.D., MPH

Volume 29, Number 4 Winter 2014

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Capitol Insight and Special Inserts

Check our WebSite at www.calpsych.org
APA WebSite: www.psych.org

APA Assembly: The Heart and Voice of APA Membership

By Joseph Mawhinney, M.D.
Area 6 Assembly Representative

At it's best, the APA Assembly represents the member psychiatrists of the APA, the profession of Psychiatry and the patients we serve.

It is the responsibility of the elected Assembly representatives of the District Branches, specialty represented groups (Resident and Fellow members, Early Career Psychiatrists, Minority and Under-Represented Groups) and Area 6 to bring this ideal to fruition. Your Assembly Representatives are working to develop a greater dialogue between members and the APA through the Assembly. Some of the specific vehicles intended to bring members and the APA closer include:

Adam Nelson's APA Assembly Notes which summarize the Actions of each Assembly meeting; surveys of members; trainings; Town Hall meetings; District Branch Forums and Workshops concerning emergent issues. Also proposed are webinars based on member requests.


Joseph Mawhinney, M.D.

WE NEED HELP FROM YOU, our APA members to make the APA a true membership organization, one which members regard as their trusted advocate and instrument for expression of concerns as well as a resource for information, guidance and training in the evolving health care landscape. Our members should be a dominant voice guiding the development of APA priorities and utilization on APA resources.

Help us by contacting your elected APA Assembly Representatives regarding your ideas and concerns. Please respond to our requests for your involvement.

Women of the APA

By Shannon Suo, M.D.

In early November I had the privilege of representing CCPS at the APA Assembly meeting in Washington, DC. It was an experience I enjoyed far more than I thought I would, though the pace was more grueling than I anticipated--running from one meeting to the next with no breaks! However, it was an important insight into another area of the APA of which I was not yet acquainted. It was great to spend time with fellow Californians and recognize the important role that Area 6 members play in the APA Assembly—from Steve Koh as the Assembly ECP committee chair, to Mindy Young as immediate past-Speaker, to Adam Nelson who takes the Assembly Notes, just to name a few!

The meeting also gave me another opportunity to appreciate the importance of a dedicated and vocal "minority." I attended the Women of the Assembly meeting on Saturday from 7-8 AM and was pleasantly surprised to see a packed room of early risers, including one male member (Jeff Akaka from Hawaii, who is a member of the Women's Caucus!). It was an open forum with discussion centering around how we could support one another in our disparate areas/DBs/chapters/institutions. It was clear that while acknowledging that women are not a numerical "minority" in our profession, we remain "underrepresented," and thus there remains a need for the Caucus. The feeling was that until there is equal pay, consideration and treatment for female patients, and representation within administration/governance—there is a need for a Women's Minority/Underrepresented (MUR) Caucus. Annelle Primm's appointment as Deputy Medical Director of the APA takes some steps on that long road.


Shannon Suo, M.D.

I will use my experience this month to reinvigorate my work within CCPS and locally to address the professional needs of women within our field and be attentive to the different needs of our female patients. At UC Davis, I co-chair the Society for Women in Academic Psychiatry (SWAP). We strive to support our female faculty, staff, and residents and promote women's mental health. I applaud SCPS (in particular Mary Ann Schaepper) for their ongoing High Tea meetings of women within their DB and hope CCPS and other DBs/chapters may emulate. I suspect we need different efforts to involve more women in CCPS. As women, we often feel more isolated and need different support than our male counterparts. After

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How Do You Spell Success?

Yvonne Ferguson, M.D.

By Yvonne Ferguson, MD, MPH
Annual Program Committee member

Why, P-r-e-m-i-e-r-e C-o-n-f-e-r-e-n-c-e is how. Once again our annual meeting at Yosemite's Tenaya Lodge from 9/26-9/28/14 scored. In attendance, quality CME's, food, conviviality, and profitability new standards were set and, if new Program Chair, Dr. Robert McCarron, has predicted correctly, will be exceeded. The committee listened to your feedback and gave you added value for your money. The beauty of one of California's jewels, Yosemite National Park, is always inviting in the fall and Tenaya has given us excellent amenities at reasonable prices be-

Keynote Speaker Assemblywoman Susan Talamantes Eggman, PhD, LCSW

cause of our repeat business. Family members always have plenty to do and members can relax from their stressful practices in nature's serenity.

Your Council met during the day Friday and the first course was a film Friday night discussed by it's director/producer, Gary Tsai, MD, *"Voices: a Documentary Film about Human and Untold Stories of Psychosis,"* emphasized the costs of chronic mental illness to families and communities in the form of emotional pain and social losses and the importance of including the former in treatment plans. Two Saturday morning workshops ran concurrently, giving members a choice between Dr. Bruce Milin's *Improving Patient Treatment by Considering New Evidence on Dietary Factors* and CPA's legal counsel, Attorney Dan Willick's, *Legal Update: Psychotherapy and Public Safety*.

CPA Past President Ron Thurston, MD is honored by CPA for his many years of service

The former informed us of the strategy of using a low carb/high fat diet for weight loss and how a high carb diet can exacerbate mental illness. The latter applied HIPAA regulations to the overlap of confidentiality laws and public safety and the need for discussions with one's malpractice carrier about the supersession of law when state and federal laws differ in restrictiveness.

One of Saturday's plenary topics was *Ethics in Psychotherapy* presented by Dr. Shaili Jain of Stanford University. Boundary breeches and reporting requirements were clarified. The second plenary, *Medical Updates in Psychiatry…Just What You Need To Know*, was presented by Dr. McCarron who wears two hats, associate professorships in psychiatry and internal medicine at UC Davis.

The Honorable Tom Anderson, Presiding Judge, Nevada County Superior Court receives the 2014 Ed Rudin Award

Metabolic risks and the changes in screening were made very user-friendly for psychiatrists. Two afternoon courses ran concurrently, *Preventing Aggressive Behavior*, by anger management consultant, Ian Brennan, and *Laura's Law: a Long Journey into the Future* by our Government Affairs Director, Randall Hagar. The former was very interactive and reassuring that most violence has predictable warning signs that must be attended to. The latter was also reassuring by reporting the number of counties that either have implemented or are considering implementation of Laura's Law and the costs reductions that have been experienced.

The afternoon's Legislative Luncheon had especially moving honorees: freshman Assemblywoman Susan Talamantes Eggman, PhD, LCSW, 13th Assembly District, a clinician herself, who spoke on "What about our

Michael Heggarty, MFT, Director of Health, Nevada County receives the 2014 Ed Rudin Award from CPA President Tim Murphy, MD

Treatment Laws?"; Ed Rudin awardees, The Honorable Tom Anderson, Presiding Judge, Nevada County Superior Court, for his county's Laura's Law program; and Michael Heggarty, MFT, Director of Health, Nevada County Health and Human Services Agency, for his county's Laura's Law program. A Presidential Commendation went to Nick and Amanda Wilcox, tireless volunteer advocates for mental health treatment and the parents of Laura Wilcox, for whom Laura's Law was named.

Sunday workshops consisted of *Psychological and Neuropsychological Testing: When and Why to Refer, Standard and Advanced Applications* by Amir Ramezani, PhD, to assist us with diagnostic clarification and *Psychotherapy: Revitalized and Evidence-based Neurobiological Bases of Medical Conflict and Psychotherapeutic Change* by Dr. Bart

Amanda and Nick Wilcox, recipients of a Presidential Commendation as exceptional advocates for mental health treatment

Blinder of UC Irvine. The final plenary sessions were on Telepsychiatry by Dr. Yellowlees of UC Davis,: *A Practical Guide to Telepsychiatry* which elevated this modality to face-to-face psychiatry in terms of efficacy and *The Biology of Impulsivity and Attention in Psychiatric Disorders* by Dr. Steve Potkin, which underscored the dimensionality, genetic and chemical interaction in the brain, and the neurological linkage between different psychiatric illnesses.

The meeting received high marks by the attendees and the committee will be exploring ways of increasing attendance and profitability in the coming years, especially of young psychiatrists. Next year's meeting will be in Dana Point at the Laguna Cliffs Resort and Spa from 9/25-9/27/2015. Mark your calendars and plan to be there.

Ventura NAMI Executive Director Ratan Bhavnani presents a gift to Dr Ron Thurston in appreciation of his many years of significant contributions to the Ventura NAMI.

CPA Fun Run 2014

Runners and walkers prepare for the big contest!

By Blair Romer, M.D.

We had a great fun run this year in Yosemite. With threats from two local fires, we had N95 Respirators ready just in case! Fortunately, the early morning weather was perfect. No smoke, and pleasant running temperatures in the high 50s. With an unusually great turnout of runners, we enjoyed 2.5K running up the beautiful dirt road in the mixed coniferous forest. Charging back down the gentle grade, we ended up for Men with Blair Romer in first, Devin Stroman in second, and Larry Malak in third. Shortly thereafter, for Women, first went to Monica Simpson, second to Jessica Thackaberry, and third to Janelle Kistler. John Onate was injured and stayed at the finish area to offer "official" timing, which is a new twist to the always enjoyable fun run. We would love to have more runners next year than the fourteen we just enjoyed in Yosemite, so please consider running with us in 2015 at Dana Point. In Dana Point, we will mostly run together along the ocean for the first 2.5K, before charging hard back to the finish to vie for the always beautiful CPA Fun Run awards.

CPA Fun Run Results 2014

Women - 7 Participants

Monica Simpson, 46, 28:44. (Wife of MD Joe Simpson)
Jessica Thackaberry, 31, 30:40
Janelle Kistler, 34, 33:55
MaryAnn Schaepper, 58, 33:55
Zena Potash, 61, 35:50
Shannon Suo, 41, 36:04
Yelena Zalkina, 46, 55:40

Men - 7 Participants

Blair Romer, 53, 23:02
Devin Stroman, 33, 23:26
Larry Malak, 31, 24:18
Tim Murphy, 60, 24:48
Chaitanya Pabbati, 29, 26:15
Jon Kistler, 53, 28:10
Kulwant Singh, 59, 55:40

Women's Winners left to right: Monica Simpson (first), Jessica Thackaberry (second), Mary Ann Schaepper (fourth), Janelle Kistler (third).

Men's Winners left to right: Blair Romer (first), Devin Stroman (second), Larry Malak (third)

We've Come a Long Way

By Barbara Gard, CPA Executive Director

On June 1, 1988 I turned in my grades at the University in Chico and on June 2, 1988 I reported for duty as the first full time Executive Director for the California Psychiatric Association. This was the result of several months of persuasion exerted by the then officers: President Cap Thomson, President Elect Richard Shadoan, and Treasurer Ron Mintz. I kept telling them I didn't want to leave my teaching position and they kept telling me I needed to do this for CPA. I finally took a deep breath and decided it would be a big adventure. I had no idea how big an adventure it would prove to be.

As many of you have heard before, the total organization of CPA then consisted of eight cardboard boxes of records which were at the CMA headquarters in San Francisco. There was no office, no staff, and no infrastructure of any kind. I rented an office space the size of a pantry from CMA in their building, stacked up the boxes to make a desk, borrowed a folding chair from another specialty society in the building, and bought a phone. You were in business.

As I began going through the file folders in the eight boxes I was in for a shock. I discovered there was the first annual CME meeting planned for October. There was a hotel contract and that was all. No speakers arranged, no brochure or advertising out, nothing. Dr Blinder and his committee did get a great program put together, we did get a brochure out, the meeting was a grand success and this year's meeting is the 27th. Whew!

One of the next files revealed CPA was involved in a huge lawsuit over the expansion of the scope of practice for psychologists, CAPP v Rank. About that time I was ready to call the Chairman of the Political Science Department at Chico State to see if my teaching spot was still open. Everyone knows the outcome of that lawsuit and there have been seven legislative efforts for psychologists to practice medicine since then. They have all been soundly defeated along with efforts for a ballot initiative and various regulatory efforts by the psychologists. Dr Michael Meek, the then Chair of the CPA Government Affairs Committee, anticipated these efforts in 1990 and began developing educational materials and planning the strategy to deal with these challenges. That is true prescience. It became obvious very quickly that the focus of the organization needed to be in Sacramento with access to the Capitol and the legislators. By the next May CPA was in a small, very crowded office across the street from the south door of the Capitol building.

Barbara Gard

I believe most of us would agree that CPA is a very grown up organization now and that you have truly come a long way. I am very proud to have been a vital part of this development. You are now the go to mental health organization in Sacramento. You have had great lobbyists working on your behalf during these many years, Sue North, Mary Griffith, Frank Murphy, Conni Barker, and currently Randall Hagar, Jim Gross, and me since I too am a registered lobbyist for you. I found my political experience as a city council member and mayor, a volunteer advocate for the League of California Cities and the University's Economic Development center and my involvement in several statewide campaigns was very valuable in maneuvering through the swamplands of the scope fights and all of the other very gnarly issue developments that were generally won for you. All totaled I have nearly fifty years of political experience and CPA has been a large part of that.

You have been most fortunate in being served by very strong officers who have provided foresight, leadership, and courage and who have led you through some very tough times. I have been most impressed with the dedication to their patients, the profession, and the organization of these exceptional psychiatrists. It would not have happened without them. You have been truly well served in that regard. It has been a true privilege to work for these officers.

As I finish my twenty-sixth year with CPA I am retiring and moving to cooler climes. I thank everyone involved for the wonderful celebration of my twenty fifth anniversary with you at last year's Annual Meeting at La Quinta. It was a glorious send off and I will treasure the memories of that day, the tartan, the bagpiper, my son coming to the celebration, the photos, the plaques, and the very kind words as I start off on a new part of my life. It has certainly been an interesting time with CPA and I think it is fair for all of us to be proud of how far CPA has jour-

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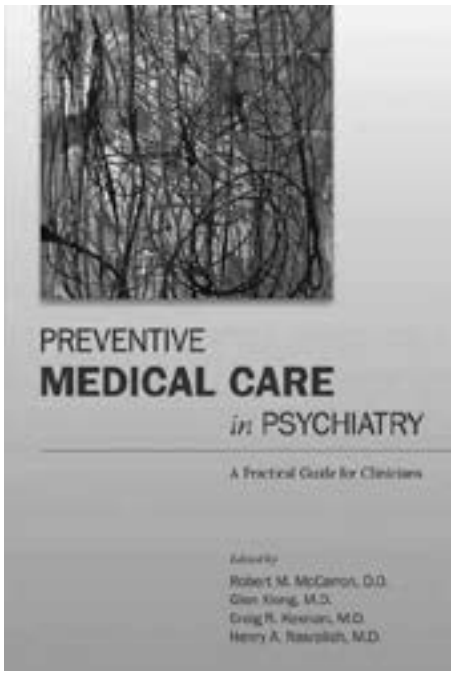
Coming November 2014!

Preventive Medical Care in Psychiatry

A Practical Guide for Clinicians

Edited by Robert M. McCarron, D.O., Glen L. Xiong, M.D., Craig R. Keenan, M.D., and Henry A. Nasrallah, M.D.

2015 • 512 pages • ISBN 978-1-58562-479-9 • Paperback • $69.00 • Item #62479



Preventive Medical Care in Psychiatry: A Practical Guide for Clinicians was written for psychiatrists in training and in clinical practice, as well as other health care providers who wish to learn an evidence-based and user-friendly approach to prevent commonly encountered, treatable, and potentially deadly illnesses in their patients. The poor health and early mortality of people with serious mental illnesses has been well documented: People who have serious mental illness have increased general medical comorbid conditions, receive minimal preventive medical services, and have a reduced life span of as much as thirty years when compared to the general population. In addition, there is now extensive data showing bidirectional interactions between chronic medical illnesses and mental disorders. Clearly, treating the whole person, instead of the disorder in isolation, is critical to improving outcomes and reducing suffering.

The book's logical structure makes it easy to use, with sections devoted to general principles of preventive psychiatry, cardiovascular and pulmonary disorders, endocrine and metabolic disorders, infections disorders, and oncologic disorders. In addition, the volume:

- Provides evidence-based approaches to care across the prevention spectrum, from primary prevention (how to keep people healthy), to secondary prevention (how to detect early signs of common illnesses), through tertiary prevention (how to prevent disability and adverse outcomes once patients develop medical problems).
- Informs clinicians about how to more effectively interface with general medical practitioners, and instructs them in providing screening for common medical problems, as well as ensuring that preventive measures, such as vaccinations, are performed.
- Covers, in a section addressing "special topics," child, adolescent, and geriatric populations, as well as strategies for assessing and managing chronic pain.
- Concludes with an appendix that features a health questionnaire, Preventive Medicine in Psychiatry (PMAP), for use in screening and follow-up, and a handy summary of age based preventive medicine recommendations, references to which clinicians will return repeatedly.

The Affordable Care Act has provided mental health practitioners with new opportunities to develop integrated models of care that better serve patients and populations, furthering the existing trend of treating the whole patient. *Preventive Medical Care in Psychiatry: A Practical Guide for Clinicians* is a critical resource which will prove indispensable to clinicians dedicated to improving the quality of life and longevity for patients who suffer from serious mental illness.

****Twenty-five percent of royalties help support Resident-Fellow Members (RFM) within the California Psychiatric Association.****

*"As we anticipate expanded integration of mental health and primary care in the near future, psychiatrists will be increasingly responsible for helping to keep their patients healthy, for detecting early signs of common medical illnesses in them, and for preventing further disability and decline once their patients have known medical illnesses. This welcome and practical book by outstanding physicians bridging psychiatry and primary care clearly delivers what psychiatrists will need to know regarding primary, secondary and tertiary prevention to help their patients over the coming years."—**Joel Yager, M.D., Professor, Department of Psychiatry, University of Colorado School of Medicine, Chair, American Psychiatric Association Council on Quality Care***

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Help Wanted

By Lawrence Malak, M.D., PAC Chair

The California Psychiatric Association PAC is a vital part of the efforts of our organization to help ensure the election of qualified representatives. Your ongoing contributions allow us to help persons committed to support both our patients and the practice of psychiatry.

As we approach the end of the year, I ask that you consider giving to the PAC. If you have not, then you can proudly say you contributed for 2014. And if you gave already, you can reaffirm your support with an additional donation.

In 2015, we will face many familiar challenges: potential cuts to mental health funding, fighting to ensure parity and ongoing changes to LPS laws and the practice of psychiatry. I know we all pay dues to help fund our organization but we cannot stop there. To me, contributing to the PAC is part of our obligations to our practice and our patients. It allows our staff to support and educate legislators who share our passion and priorities so we can give good care to those we treat everyday.

Anything you can give helps all of us. Of course the amount of money helps, but more important is being able to proudly say we speak for ALL the psychiatrists in the California Psychiatric Association and not just 20%. In fact, I am proud to report that 100% of the CPA Council members who attended the Annual Meeting contributed to the PAC.

So I invite you to give what you can to your PAC. We have a chance to be an active force in shaping the practice of medicine and psychiatry in the state of California. Let us sustain the momentum we have gained and remember your investment in the PAC is an investment in the future of psychiatry.

Contributions to the PAC should be sent to California Psychiatric Political Action Committee, 1029 K Street, Suite 23, Sacramento, CA 95814. Please make them payable to the California Psychiatric Political Action Committee

PAC funds are used to support qualified candidates and officeholders in the California Legislature by contributing to their election and re-election campaigns.

PAC is an independent legal entity separate from the CPA with its own governing board and contributions are not tax deductible.

California Psychiatric Political Action Committee

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Counselors Seek Hospital Work

By Ronald Thurston, M.D.

In 2009, California became the 50th state to create a license for Licensed Professional Clinical Counselors. Wary establishment groups had opposed the new license for several years, until Mike Meek, a past chair of our Government Affairs Committee, saw the opportunity.

One of our longtime goals has been to create a psychiatric medical foundation for mental health team players.

We suggested curriculum requirements for the study of the biological bases of severe mental illness and the role of medical treatment, and 150 internship hours working in a hospital and/or an outpatient setting caring for people with a severe mental illness. No other counseling disciplines come close to this licensing requirement.

The Professional Counselors welcomed our suggestions and we supported the legislation that created their licensure.

But now there's a problem. Potential licensees are having difficulty finding internship opportunities for their required hospital and outpatient experience. The California Psychiatric Association maintains its support for LPCC's and now seeks your assistance in creating programs in your neighborhood. Please talk with your medical director or program administrator.

LPCC's are regulated by the California Board of Behavioral Sciences. You may learn more at the BSS and CALPCC websites.

"We Do It All For You": a Quasi-Insurance Approach to Professional Wills, Wonts and Won'ts.

By A. Steven Frankel, Ph.D., J.D.

Welcome to the fourth and final article on ways to address the problem of preparing for unanticipated disruptions or terminations of practice due to death or disability. In this article, I address a most efficient and effective way of approaching the problem – an approach which has developed as a result of the view that, given the enormity of the task, colleagues need considerable support in order to fulfill the legal/ethical responsibility to prepare for the transitioning of practices when colleagues die or become disabled – a quasi-insurance approach. Currently all medical malpractice insurance companies are focused on "risk management" or "prevention." The program I write about in this article and its options are risk prevention tools for the new world order where people continue to function into what used to be called "advanced age".

Insurance plans typically respond with funds or funded services when a condition which is covered by a policy occurs. The quasi-insurance approach to the problem of dealing with sudden disruptions of practices goes a step further, in that it funds an annual visit with a psychiatrist-colleague with at least 20 years of practice experience, who has been trained to assess practices and to facilitate transitions when the time comes for transition services. That colleague is termed a "Transition Specialist" ("TS").

Subscription Services:

When a practitioner subscribes to the quasi-insurance program s/he becomes a subscriber and a TS is paid to make annual visits to the subscriber's practice to assist with ensuring that patients have been advised of the subscriber's involvement with the program, that proper releases have been signed by each and every patient, providing for the TS to review charts, talk with patients when transition services are rendered, and to refer the patients for continuing care with a psychiatrist in the community – and referral priority is given to other subscribers, thus providing a way to increase the practice value of subscribers.

During the annual visits, the TS reviews the condition of the records of treatment, including medication records, and apprises the quasi-insurance company of any support needs that a subscriber might have (e.g., record-keeping, medication prescriptions/records, etc). TSs also have authority, per the quasi-insurance company's planning, to prescribe limited medications for patients who may short or out of medications at the time of an "event," which will carry the patient through the time needed to transition to another provider of continuing care.

If the subscriber employs one or more office staff members, those staff members will be provided with a Manual created by the quasi-insurance company that provides for all of the "heavy lifting" needs discussed in prior articles, such as where furnishing and furniture should be transported, how to take care of funds, billables, receivables, telephone and electronics (computers), record storage, etc. If the subscriber does not employ such staff, a trained "office temp" who is familiar with similar manuals may be assigned to the practice to carry out those same functions.

By following these procedures, the TS and office staff or temp collaborate to transition the practice with maximum efficiency and care for patients, colleagues and the families of subscribers.

Finally, since subscribers' practices have been vetted by TSs, they are eligible to receive patient referrals when other subscribers cease to practice.

Emergency Services:

In addition to the subscription services for planning and implementing the practice transition, the company also provides an emergency service for practitioners who have not subscribed or planned ahead. This emergency service also makes use of paid TSs and office staff/temps, armed with a court order signed by a probate judge, when necessary, to contact the affected colleague's family or personal legal representative and then to provide all of the services described above.[ii]

Opportunities for Subscribers to Become TSs:

One of the features of the quasi-insurance approach lies in the possibility that a subscriber can become a TS. Subscribers who see the helpfulness and compassion of

the quasi-insurance model may, given that they have been in practice for at least 20 years, become TSs by taking the training and learning from how their own practices have been assessed and supported by subscribing, assist other professionals who are interested in preparing for unanticipated disruptions of practice.

Time Commitments for TSs:

TSs who work with subscribers typically put in one 4-6 hour visit to each TS's practice per year. When an "event" occurs, if it falls after the first year or two of TS visits, the TS's responsibilities are less demanding, in that the patients have already been advised as to their follow-up treater and have already signed releases such that records can be transferred. TSs might be needed by some patients who are grieving the loss of their subscribing treater, for support during the transition. However the bulk of the work will be under the purview of the office staff or temp. Since we do not contemplate a rash of needs for subscribed practice transitions in any given community, it is not likely that the company's calls to engage a TS will be very frequent, and thus the TS's practice and personal life will not likely be disrupted by the call to duty very often. The presence of several trained TSs in a professional community will also allow the frequency of the company's calls to be low and non-disruptive, while the services are, in the words of one of the subscribers, "a god-send."

TSs who are willing to be involved with emergency transitions will be putting in more hours per case than those who work with subscribers. Files will have to be reviewed for appropriate follow-up care, patients will likely need to talk to TSs, to sign releases, review their records, and deal with their grief. Office staff and temps will still cope with the "heavy lifting" described in prior articles, but TSs should count on putting in 7-10 days for emergency practice transitions.

Administrative Involvement:

The company has an administrator who is available and accessible to TSs and office staff and temps. The administrator will coordinate the activities of the TSs and office staff and temps, will arrange for court orders when needed, and will have direct interaction with the families of the stricken colleagues. The administrator will be able to support the on-site work of the company's agents at all times.

Up-sides and Down-sides of the quasi-insurance model:

The up-side to the quasi-insurance model is that the company does the entire project in ways that care for patients, colleagues and families of practitioners. Those people are safe to grieve their losses and carry on with their lives with minimal disruption or distraction. The feelings of safety and being cared about are priceless, which leads to the down-side of the quasi-insurance model: as with insurance of any sort, payment must be made to the company to secure its services. It should be noted, however, that I have strongly recommended that subscribers purchase term life insurance policies for their colleagues if they use either the partnership or team models, such that payment, in and of itself, is found in all three models. For a full comparison of the models that I have discussed in this series of articles, see Fig. 1

Conclusion(s):

Thank you for reading the four articles that have described the problems of practice transition and the various solutions to those problems. The three pathways to manage and address these problems each have their own advantages and disadvantages, and may suit particular individuals differently, depending on their practices, their locations and their life situations. I am most appreciative of the opportunity to address these issues with and for you

Fig. 1: **Summary of Four Models of Preparation for Practice Terminations**:

Model:	Do Nothing	Single Partner	Team	Quasi-Insurance
Intervention:	Emergency	One TS	5 TSs	TS, Office Staff
Advantages:	None	Completion	Completion	Completion
Disadvantages:	Disruptions	Excessive work	Group Dysfunction	Financial Commitment

[i i] If you are interested in a closer look at the issues and support systems, you're welcome to contact me via www.practice-legacy.com

[ii] The company's programs have been vetted and endorsed by the second largest psychiatric malpractice insurer in the United States, and the company is actively seeking professionals interested in both subscription services and in becoming TSs.

Join CMA!

By Tim Murphy, MD

CPA's ability to represent your interests will be enhanced if you do so. The recent resounding defeat of Prop 46 was very much due to the vigorous and exhaustive efforts of the California Medical Association, and its success in organizing a diverse and forceful coalition in opposition to the initiative. CMA's breathtaking financial muscle and lobbying capacity were keys to its success.

For CPA, support by CMA is like having the biggest, toughest guy at school at our back. Our effectiveness is greatly strengthened by our partnership with CMA, our significant voice heard better when amplified by CMA's powerful megaphone.

CMA membership is important for physicians of any specialty, as it is the organization that protects the value of your medical license. Its efforts address the myriad of legal, regulatory, and public health policies that affect us all (as evident in Dr. Weissman's report on the recent

(Continued on page 18)

Ballot Initiative Goes Down

On November 4, the voters of California spoke loudly and definitively, sending the trial lawyers' Proposition 46 to defeat by a vote of 67 to 33. The message is clear – Californians simply don't want to increase health care costs and reduce health access so trial attorneys can file more lawsuits.

An increase in the Medical Injury Compensation Reform Act (MICRA) cap on non-economic damages has been rejected in California again and again: 10 times in court, 5 times in the Legislature and now overwhelmingly by voters. This idea now has its own dedicated spot in California's political trash heap.

But this time, we energized the membership of CMA as a whole to fight the fight together, as one unified voice of medicine, representing the patients we so deeply care about and the care that we have committed to provide them.

Despite the trial attorney proponents' attempt to sweeten

(Continued on page 19)

California Medical Association Meeting

By Barbara Weissman, M.D.

The California Medical Association's meeting this year was postponed due to the need for CMA staff to put all of their energy into defeating Proposition 46 and defending the cap on MICRA, so there was much celebration that those efforts were successful. Another major political victory that CMA supported was the election to the state Senate of Dr. Richard Pan, who started 15 points down in the polling and led by 7 points by the time the votes were counted. CMA was also involved in many legislative issues, including defeating SB 1429 that was another attack on MICRA, and defeating SB 492 which attempted to extend the scope of practice of optometrists to include surgical procedures and primary care services. They also led efforts to stop the 10 percent Medi-Cal cuts, allowing physicians to retain $218 million in Medi-Cal payments. Psychiatrist Maria Lymberis was also honored at the meeting by receiving the Gary S Nye Award for Physician Health and Wellbeing for her lifetime of work in this area.

The major work of the House of Delegates this year was on a set of recommendations for a transformation in governance, which currently accounts for 37% of the CMA budget. The plan is to turn the resolution process into a year-around one. Resolutions will be discussed by the standing councils and committees, and the Board of Trustees will review any actions that are recommended. The Board will be cut from its current 58 members to 34, but will still include a representative from the Specialty Delegation. Starting in 2016 the House of Delegates will continue to meet but will be shortened to two days, and will focus in depth on topics of key importance to the practice of medicine instead of addressing the yearly resolutions.

About ninety resolutions were considered by delegates, some with the use of virtual on-line reference committees instead of using traditional in-person testimony. Tim Murphy and I served as your psychiatric delegates and were able to reinstitute the psychiatric caucus with the other psychiatrists in the house. We will also both be serving on the Executive Committee of the Specialty Delegation next year, Tim in an at-large position and I as past chair of the delegation. Any of the issues discussed could be the basis for a full article, but here is a partial

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Book Review

By Richard Shadoan, M.D.

A recently published book " Inferno" An Anatomy of American Punishment, by Robert Ferguson, a distinguished law professor at Columbia University.

This is a book all Americans should read, but especially psychiatrists. We should be a strong and active voice in changing our criminal justice system which so disportionately affects our patients with mental illness. As we all know the United States punishes at a higher rate than any other country in the world, but what is even more alarming is that our incarceration rates have risen more than 500 percent in the last 20 years. Because of overcrowding and lack of resources, prisoners with serious mental illnesses do not receive even minimal psychiatric care. Do we remember when we once called our prisons "correctional facilities"? Ferguson states that California now has the largest prison system in the Western industrial world, "housing more inmates in our jails and prisons than do France, Germany, Great Britain, Japan, Singapore and the Netherlands combined". I recently read in an article about the New York City jail system that mentally ill inmates account for nearly 40% of the inmates. He points out that one out of nine state workers are employed in prisons and parts of the country spend more on incarceration than on education. The sudden rapid spread of private prisons which are run for profit, indicates just how far our penal system has changed from "correctional and treatment" facilities to "for-profit" warehousing facilities. Are we in California much different? Reducing California's prison population and its costs is not only good for the mentally ill now in prison, but would give us more money for the education of our young people and for community treatment of our mentally ill. I believe this book should be a "wake up" call for all of us interested in helping our mentally ill getting out of our "non- therapeutic prisons" into our "therapeutic community programs".

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"CPA Welcomes Representative TimMurphy@theCommonwealth Club in San Francisco"

Representative Tim Murphy (R-Pennsylvania) author of an omnibus mental health reform bill, held a community forum at the Commonwealth Club in San Francisco. The forum was hosted by the California Psychiatric Association and was attended by community leaders in psychiatry, family members, and members of the press. Tim Murphy, MD, President of the CPA and not related to the Congressman, did the honors introducing him. Former Assembly Member Helen Thomson, author of the California Mental Health Parity Act as well as Laura's Law, facilitated questions and answers from the audience.

Congressman Murphy and CPA Director of Government Affairs Randall Hagar

Congressman Dr Murphy greets CPA President Dr Murphy

Former Assemblywoman, The Honorable Helen Thomson greets Congressman Murphy

President's Message *(Continued from page 1)*

veal the contents of the therapy, or to require the psychotherapists to make reports on what has been revealed about the individuals' thoughts, feelings and impulses will destroy the value of the therapy. It turns the therapists into investigators for the state, peering into the minds and hearts of patients – then reporting to the authorities. How could these patients speak truthfully?

CPA has fought similar battles before to protect psychotherapist – patient confidentiality because unfavorable rulings in such cases would set perilous precedent, with obvious slippery-slope dangers. Why not demand therapy with the waiving of confidentiality for anyone who has ever committed a crime? Or anyone deemed by the state to be potentially dangerous? To members of ethnic or religious groups felt to be potential risks to national security?

Granted, in limited circumstances, California law permits and sometimes requires breaches of psychotherapist –patient confidentiality to protect patients contemplating suicide and to protect others from abuse or violence by a pa-

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"Parity Poster" Helps Patients Report Unfair Insurance Practices

The Mental Health Parity and Addiction Equity Act (MHPAEA) is clear that patients with a mental illness, including a substance use disorder, should no longer be discriminated against by insurers. But how many patients know what constitutes a violation? Patients who know their rights are better equipped to protect their rights.

That's why the American Psychiatric Association and the California Psychiatric Association have created a new tool to support parity enforcement: a poster titled, "Fair Insurance Coverage: It's the Law." Download a copy at www.calpsych.org.

Written for lay people, the poster clearly explains the law and the steps to take when a violation is suspected. Clip out this poster and hang it in your office or waiting area. Be sure to look up your state insurance commissioner's name and number, and fill it in on the poster.

Then consider taking other steps: Provide copies to colleagues for their offices, to clinics and hospitals, and even to employers who sponsor plans. This poster, hung in a break room, will inform employees. And it benefits employers:

- Employees' health needs will be better met,
- Employees will remain more satisfied with their benefits, and
- Attendance and productivity will remain high, given the impact that illness can otherwise have.

This poster is only one of many steps that APA and CPA have planned to strengthen enforcement. It's a sensible step, as it supports patients and boosts the government's inspection and monitoring ability by putting more cases directly on its radar. Attorneys general and state insurance commissioners can be powerful allies when they're informed of potential violations going on in their jurisdictions.

Please join in fighting this form of discrimination and for equal access to mental healthcare.

President's Message *(Continued from page 15)*

tient. CPA recognizes these legal requirements and works to educate members to comply with them. However, effective psychotherapy requires the protection of psychotherapist – patient confidentiality and further erosion of that confidentiality would be counterproductive, forcing patients to conceal their thoughts, or to avoid treatment altogether. The predictable result would be more suicides and more violence.

No matter how unappealing such cases appear at first glance, CPA will remain vigilant for threats to confidentiality, informing policy-makers and judges. Because if we don't, who will?

"Mind-Altering" Politics *(Continued from page 1)*

ing was faulty in every instance.

Further studies for the federal government were completed by Mathematica Policy Research which found that 12.4% of children in the foster care system in thirteen states received anti-psychotics, compared to 1.4% of the general Medicaid eligible children. The US Office of the Inspector General subsequently launched an investigation in 2012 in five states including California which would include a review of medical records. The final report has not yet been released. In May of this year, a congressional hearing on the use of psychotropics in the foster care population was held by the U.S. House Subcommittee on Human Resources of the Ways and Means Committee which included testimony from, among others, Dr. Phil, TV show star, who made a reference to the use of psychotropic agents "as a strait jacket" and, thankfully, one child and adolescent psychiatrist who was medically informed.

The GAO has recommended that U.S. DHHS consider endorsing the guidelines published by the American Academy of Child and Adolescent Psychiatry (AACAP) https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/FosterCare_BestPrinciples_FINAL.pdf for use by states. These guiding principles are included in an AACAP position statement for state oversight of prescribing psychotropic agents to children in state custody. These principles include three categories of principles labeled as *minimal, recommended,*

(Continued on page 18)

FAIR INSURANCE COVERAGE: IT'S THE LAW

Federal law prohibits your private health insurance plan from discriminating against you because you have a mental illness, including a substance use disorder. Coverage for a mental health concern now must be equivalent to coverage for physical health problems, like heart disease, diabetes and cancer.

Under the federal "Mental Health Parity" law:

1. You are entitled to the treatment your physician says is necessary for your mental health or substance use disorder. Your health plan cannot require you to fail first at less-expensive treatments if it does not have the same "fail first" requirement on all other illnesses covered by your plan.
2. With few exceptions your co-payment or co-insurance for your mental health benefit should not be higher than it is for other medical care, and you should have only one deductible and out-of-pocket maximum that covers all of your health care.
3. When you visit a psychiatrist for medication management and for psychotherapy on the same day, you should pay only one co-payment.
4. You should have access to an "in network" mental health provider who:
   - is qualified to treat your condition
   - can see you in a reasonable amount of time at a location accessible from your home.
5. Mental health-related visits or treatment should not require pre-authorization, unless your plan requires pre-authorization for most other medical care.
6. The number of visits or hospital days should not be limited, unless similar limitations apply to most other medical illnesses under your plan.
7. Your health plan should pay even if you don't complete the treatment or a prior recommended course of treatment.
8. Your health plan is required to provide you with a written explanation of:
   - how it evaluated your need for treatment
   - why it denied the claim
   - the basis for its conclusion that the plan complies with federal law.
9. You have the right to appeal your plan's decision about your care or coverage. You have the right to appeal the claim with your plan and with an independent review organization. (Check with your state insurance commissioner's office: www.naic.org/documents/members_membershiplist.pdf)
10. If you have an out-of-network benefit in your plan and see an out-of-network psychiatrist, the health plan should reimburse you for a portion of the amount you paid for the visit. If the amount you are reimbursed is significantly less than the amount the health plan pays to other doctors who are out-of-network, this may be illegal. You can see what doctors are paid by checking the explanation of benefits you receive from your plan.

If you have concerns about your health plan's compliance with federal law:

- ✓ Call the federal government's Center for Consumer Information and Insurance Oversight (CCIIO) at 877-267-2323 ext. 6-1565 or email its Public Health Interest Group, also part of CCIIO: phig@cms.hhs.com
- ✓ Contact a benefit advisor at the U.S. Department of Labor at 866-444-3272 or www.askebsa.dol.gov
- ✓ Call your state insurance commissioner's office (list at www.naic.org/documents/members_membershiplist.pdf)

Commissioner: Dave Jones

Phone: 1-800-927-4357

Terms of plans differ. This document is not intended to be legal advice. It is intended for public education and awareness only. 12/14

American Psychiatric Association

"Mind-Altering" Politics (Continued from page 16)

and ideal. The ideal ones include establishing: (1) training requirements for child welfare, court personnel and/or foster parents to help them become more effective advocates for children and adolescents in their custody; (2) a program, administered by child and adolescent psychiatrists, to oversee the utilization of medications for youth in state custody; and (3) creation of a website by State child welfare agencies, the juvenile court, or other state or county agencies empowered by law to consent for treatment with psychotropic medications to provide ready access for clinicians, foster parents, and other caregivers to pertinent policies and procedures governing psychotropic medication management, psychoeducational materials about psychotropic medications, consent forms, adverse effect rating forms, reports on prescription patterns for psychotropic medications, and links to helpful, accurate, and ethical websites about child and adolescent psychiatric diagnoses and psychotropic medications. California has yet to launch any of these three despite a two year plus effort to enhance oversight.

The federal government's lead child welfare agency issued a mandate to all state child welfare agencies to enhance their oversight of the use of psychotropic agents and to address the issue of trauma in 2012. Annual progress reports are now required each June. The lead state agencies in California convened a stakeholders group numerous times to assist with this. The effort has been remarkable for changes in leadership, changes in composition of the groups established, uneven direction, and abrupt changes in deadlines for work products. Copies of the progress reports, which have been sent to the feds, have not been shared with the stakeholders despite requests to do so. Further complicating this effort is the sudden launching of a new policy requiring Treatment Authorization Requests (TARs) for all Medi-Cal enrollees below age eighteen on October 1, 2014. This extends beyond the foster care population to which the recent federal government mandate pertains. This new policy was ostensibly discussed at one of the stakeholders' meetings which cannot be recalled by many who have participated. Furthermore, the rationale for such a new policy has yet to be explained. A leading pharmacist of the state agency has conveyed to a prescriber that the state must adhere to federal regulations which includes a TAR requirement for non-FDA approved medications after having clearly stated in another venue that this new policy was merely a state and not a federal decision. This new policy has resulted in a myriad of problems, some clinical but most of which have further burdened both the families and array of caregivers of children in need of such medications and the pool of psychiatrists who are committed to serving the foster care population. Furthermore, there is a toll free number to address problems with these TARs which operates only M-F from 8 am – 5 pm. In a communication sent to a statewide mental health organization which has raised concerns about this new policy, one of the lead pharmacists referred to anti-psychotics as "mind-altering drugs", a term likely not endorsed by the American College of Neuropharmacology. This new TAR policy is tantamount to chasing a fly with a jackhammer.

CPA, along with other organizations, is committed to ensuring that evidenced based psychosocial interventions, prescribing practices, medical work-ups and monitoring are in alignment with research evidence, best community practice and in the best interests of the young people who are in need of such interventions. Together, we are working to remedy this insane situation.

Women of the APA (Continued from page 3)

this month I feel compelled to get other young women engaged so that they can join the ranks of the dedicated and vocal "minority." It is only through speaking up and being involved that our issues get addressed, and resolved.

We've Come a Long Way (Continued from page 7)

neyed. My gratitude to CPA for this big adventure.

I leave you in the most capable hands of Lila Schmall as Executive Director and your sterling lobbyist Randall Hagar. Both are truly champions for you and you will continue to thrive under their stewardship.

Join CMA! (Continued from page 13)

House of Delegates meeting, in this issue).

To make sure that CMA attends to the unique concerns of psychiatrists, we need to be at the table. Your CMA membership shows that you understand the value of their support. It also translates into greater representation by psychiatrists on CMA's policy-making components and a greater willingness of CMA to address CPA's concerns.

So if you are not a member already, please consider joining CMA. When the next major battle arrives to psychiatry, let's keep the tough kid at our side.

Ballot Initiative... *(Continued from page 13)*

the deal by adding provisions that polled well– physician drug testing and mandatory checking of a prescription database – voters said NO on election night. As people throughout the state heard from physicians and No on 46 coalition members about the real intentions of the measure's proponents, there was resounding opposition.

One of the secret weapons of this effort was the size and diversity of our coalition. We helped amass one of the largest and most diverse campaigns in California history. The breadth of the coalition — which includes labor, business, local government, health providers, community clinics, Planned Parenthood, ACLU, NAACP, taxpayers, teachers, firefighters and more – underscores just how important affordable, accessible health care is to every Californian.

In addition to the groups on the ground talking to voters about the deception and trickery behind Prop. 46, every major editorial board in California opposed the initiative.

The *Los Angeles Times* said, "As worthwhile as [Proposition 46's] goals may be, the methods the measure would use to achieve them are too flawed to be enacted into law." The *San Francisco Chronicle* decried Prop. 46 saying that the measure, "overreached in a decidedly cynical way." The *Orange County Register, UT San Diego, San Jose Mercury News, Monterey County Herald, Sacramento Bee* and dozens of other newspapers echoed these sentiments.

The efforts of the California Medical Association and the county medical associations across the state is a tremendous showing of what we can do for the future of health care, the quality of medicine and the dedication to patients everywhere. Working together to spread the truth about Prop. 46, building coalitions across communities and standing strong as one united voice is what helped carry us to victory.

This was one of the most contentious and high-stakes ballot fights in California history and we rose to the occasion. We must use this unity moving forward and showcase to our colleagues the value the California Medical Association brings to our great profession and stay united for whatever comes our way next.

CMA Meeting *(Continued from page 13)*

topic list. Our CPA sponsored resolutions asking for repeal of the IMD Exclusion and reform of the LPS system were supported. In the **Committee on Science and Public Health**, the **CMA supported**: a ban on advertising of e-cigarettes and stated they should be regulated as tobacco products including taxation to support research and education, FDA regulation of commercialized genetic testing and restoration of HIV state-level funding, ADF (Abuse Deterrent Formulations) technology to reduce overdose or abuse of opiates, better care for unaccompanied immigrant children and homeless vets, the concept of a tobacco free military, and review of the safety of wireless devices, **discussed** the problems with the Personal Belief Exemptions for vaccines and **referred** this issue to the Board of Trustees. It **opposed** blanket restrictions of potential organ transplant donors and recipients based solely on reported or detected marijuana use.

In the **Committee on Government Health Programs and Health System Reform, CMA supported**: Medicare and Medi-Cal reimbursement for multiple visits on the same day when medically indicated, and mitigation or elimination of penalties for quality reporting and EHR incentive programs, jail diversion and community based treatment options for mental illness, with implementation of law enforcement-based crisis intervention training programs, exploring whether Mental Health Services Act funds could be used to encourage law enforcement participation. The **Committee on Insurance and Physician Reimbursement supported**: reimbursement for end of life care planning and the writing of reports. The **Quality, Ethics and Medical Practice Issues Committee looked at** informed consent in telemedicine and **referred** the issue for a report back, as well as **supported** that nurse practitioners who are appropriately trained and supervised should be able to sign POLST orders (Physicians Orders for Life-Sustaining Treatment) and development of a POLST registry, as well as looked at the issue of expiration dates on medication labels.

Finally, the **Health Professions and Facilities Committee affirmed** that physicians providing care to patients in California, even by telemedicine, need to have a California license and work within scope as defined by California, and that an interstate medical license should not circumvent that, as well as discussed accelerated medical education and discrimination against osteopathic medical students. They also **referred** for further study the statement, "That the CMA advocate for a balanced approach to age-based policies applicable to physicians, that considers due process for individuals as well as evidence-based evaluation and monitoring with the aim of protecting patients

(Continued on page 20)

CMA Meeting *(Continued from page 19)*

and ensuring quality of care", which will be important as hospitals and others are implementing age-based screenings.

The California Medical Association works hard on your behalf and clearly addresses many issues of importance to psychiatrists. The incoming president reported that membership has been steadily growing at 5% for the past three years, but in psychiatry the numbers are low. Please support CMA by becoming a member and supporting the PAC, and if you have the time get involved – join a committee at your local level or join your district's delegation to the CMA. And feel free to contact either Tim or I if you wish more details on a specific subject.

Together Against Stigma

For the first time, the United States will be hosting the 7th International "Together Against Stigma" Conference, February 17-20, 2015, in collaboration between the World Psychiatric Association's (WPA) Scientific Research Subcommittee on Stigma and Mental Health, the California Mental Health Services Authority (CalMHSA), the California Behavioral Health Directors Association (CBHDA), and the California Institute for Behavioral Health Solutions (CIBHS). The Stigma Section of the World Psychiatric Association—through its network of international members, engages in activities designed to reduce societal injustices, improve social inclusion, and advance scientific knowledge. President of the American Psychiatric Association (APA), Paul Summergrad, will be addressing these issues as a speaker at this International Conference. As supporting individuals' mental health within the community and implementing change on a global scale is of critical importance, this conference is designed to provide cutting-edge information to inspire and educate participants at all levels of interest and professionalism. You won't want to miss this exciting event! For more details and to register for the Early Bird Discount, visit www.togetheragainststigma.org.

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Then join our team of professionals! The California Department of Social Services is seeking a few good psychiatrists who are interested in working with outside treating sources and other State professionals that evaluate medical evidence to determine its adequacy for making disability decisions as defined by Social Security Regulations. On the job training is provided.

Interested applicants must have a current CA MD/DO License. Fulltime Salary ranges can start at $8,711 to $12,894 per month depending on experience and credentials.

Job Locations: Covina, Fresno, Los Angeles, Oakland, Roseville, Sacramento, San Diego, Stockton and Rancho Bernardo.

If you are interested, please contact Lynda Harris at (916) 285-7596 or Lynda.L.Harris@ssa.gov

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Join your colleagues who have chosen to be represented by our professional team and our program which is endorsed by the two most prominent associations in your profession - the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry.

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