



# Orange County Psychiatric Society

DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

## December 2015 Newsletter

### PRESIDENT'S REPORT

By: Brenda Jensen, M.D.



While we listen to national presidential debates for the republican and democratic parties and consider who should next lead our country, let us not forget to pay attention to state and county elections, as these elections can shape the future of our communities. For example, state legislators favorable to mental health causes introduced several important bills in the last legislative session.

One bill, which clarified that threat does not need to be imminent for dangerousness to self or others on a 5150 hold, was recently signed into law. It will be important to support local and state lawmakers who are willing to make a difference to improve mental health care.

The California Psychiatric Association (CPA) and Orange County Psychiatric Society (OCPS) will also be holding elections in the Spring of 2016. Please take time to read the candidates statements and vote so your voice can be heard. The candidate running for OCPS President-Elect is Dr. Yujuan Choy. She recently returned from a national APA Advocacy Training event and wrote an excellent summary that will help each of us better understand advocacy at a time when it is especially relevant. Dr. Choy's summary is below:

### ORGANIZED PSYCHIATRY AT ITS BEST

In October, I had the privilege of attending the APA State Advocacy Conference held in Hollywood, Florida. The APA provided training to representatives of District Branches and State Associations on two key issues: implementation of the federal parity law and scope of practice bills. The last time the APA held this type of conference with emphasis on advocacy work at the grass root level was 15 years ago.

At this conference, I witnessed organized psychiatry at its best – with the APA responding to the needs of the District Branches and State Associations in a coordinated effort to make a big impact across the nation on these key issues.

I felt like a psychiatry resident again as I tried to absorb all the knowledge provided in the compact three day training, and gather as much wisdom and guidance from seasoned colleagues around the nation, many of whom have been working on advocacy issues for many years, some for more than 20 years. I would like to share some of the messages about parity law and scope of practice bills that I got from the training.

Score of Practice Legislation: Unsafe prescribing bills that allow psychologists to prescribe medication are faced by almost every state in the nation. Three states already passed this bill: New Mexico (2002), Louisiana (2004), and most recently, Illinois (2014). At an organizational level, we will need to work with other advocacy groups, such as NAMI, AMA, Mental Health of America, to strengthen our voice in defeating these bills. Since our numbers are small, we also need to consider collaboration with other stake holders that may be equally invested in mental health issues, such as employers and unions. The APA has increased its efforts and provided resources to support states faced with scope of practice legislation. I will share these resources with the OCPS leadership. However, in order for us to defeat these unsafe prescribing bills, more APA members need to step up. The work cannot be done by a few in the OCPS Government

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In an effort to improve communications and to save money and trees, OCPS intends to "go electronic" as much as possible, especially with its communications with its membership. To that end, please provide your E-mail address to Holly in the OCPS office ([happelbaum@ocps.org](mailto:happelbaum@ocps.org)). Starting with this issue, the OCPS Newsletter will be sent to members by E-mail and also will be posted in the "Members Only" section of the OCPS website ([www.ocps.org](http://www.ocps.org)). We appreciate your assistance and cooperation in this effort.

## President's Report... continued from page 1

Affairs Committee or by our one lobbyist from the California Psychiatric Association. Individual APA members can make a difference at the grass root level by building a stronger foundation and relationships with our local state legislators. Volunteer as a "key contact" and a mental health resource to these representatives. This is one way we have the opportunity to shape bills that affect patient care since it is often too late once an unsafe prescribing bill is put forth. If you are interested in getting more involved, please consider joining the Access to Care Committee, or sit in on a meeting at the Government Affairs Committee.

**Implementation of Parity Law:** Many states are not uniformly enforcing parity law. In order for state agencies to enforce parity, enforcement agencies need evidence of parity violations. APA members can work with their patients to collect evidence of parity violations, and bring this evidence to the attention of enforcement agencies. The state associations may even be able to sue for parity violations on behalf of patients. In 2013 for example, on behalf of patients, the New York State Psychiatric Association filed a class action lawsuit against United Healthcare for parity violations. If every state takes action, insurance companies will be more likely to follow parity law. If interested, please read further (separate section that follows) on why parity law is important, and what are considered parity violations.

**How you can make a difference:** Everyone can make a difference. Get involved in whatever capacity that works for you. OCPS is only as strong as the members put together. We are fortunate to have many members with active participation and involvement in our advocacy efforts. I hope you join us in advocating for improving quality and access to care for our patients. The following are some ways you can make a difference.

### If you have very little time, consider the following:

- Become informed about parity law and parity violations. You can visit the APA website for more information: [www.psychiatry.org/parity](http://www.psychiatry.org/parity)
- Educate the public and members about parity law. Tell your family, co-workers, and patients to look out for parity violations. APA developed a flyer called "It's the Law." Post the flyer in your private practice office or clinic waiting areas. An English or Spanish version can be downloaded from the APA website: [www.psychiatry.org/parity](http://www.psychiatry.org/parity)
- Even if you don't have time to work with us on defeating unsafe scope of practice bills, you can still make a difference by educating your patients and the public on the difference between psychiatry and psychology.

### If you have a little more time:

- Provide APA with evidence of parity violations. Only solid evidence would allow state agencies to investigate and enforce

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# PRESIDENT'S REPORT *cont.*

*President's Message... continued from 2*

the law. Some things you can do include sending us copies of EOBs from one de-identified patient for psychiatry and non-psychiatry medical visit with same CPT codes.

- Have you received calls from new patients who tell you that they found you on their insurance panel (but you are not on their network)? Insurance companies often fill their directories with “ghosts,” which may be a parity violation if there are insufficient providers in network for mental health providers. One difference you can make is to take yourself off these ghost directories to unmask these violations.
- Get more involved in the advocacy efforts of OCPS, such as attending a Government Affairs or Access to Care committee meeting.

## **If you are passionate about advocacy:**

- Join the Government Affairs Committee or Access to Care Committee.
- Join the APA grassroots network by becoming a resource for elected representatives in federal and state government.
- Consider joining us on state or federal advocacy day.

Yujuan Choy, MD  
Secretary  
Orange County Psychiatric Society

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## **More Information about Parity Law**

### **Why is parity law important for patients?**

The “parity law” or officially, the Paul Wellstone & Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA), is a federal law passed in 2008, with regulations passed in 2010 and final regulations passed in 2015. It is intended to end discrimination of treatment of mental health and substance use disorders. If group health plans offer coverage for mental health or substance use disorders, they are required to provide mental health benefits that are equal to that of medical and surgical benefits. This means that financial requirements and treatment limitations cannot be more stringently applied to mental health and substance use disorder than they are to medical disorders. This applies to private and public sector employers with more than 50 employees, including self-insured as well as fully insured plans.

### **Why is parity law relevant for psychiatrists?**

The parity law requires that psychiatrist get reimbursed the same rate as other medical professions for the same CPT codes billed. Data from certain states showed that psychiatrists get paid less than other physicians for the same CPT code – this is a parity violation. If insurance companies pay lower rates, have bad contract terms and high denial claims for psychiatrists, the incentives for psychiatrists to be in network will decrease. That will result in shortage of in-network psychiatrists, which increases cost of out-of-network pay, and ultimately decreases access to care for patients. This in turn strengthens proponents of unsafe prescribing bills.

### **What are examples of parity law violations?**

Mental health coverage does not have to be comprehensive or good, it just has to be as good as it is for medical coverage. Anytime coverage is unequal, that is a parity violation. Examples of violations can be financial, such as having a separate deductible for mental health, or having different copayments, coinsurance and out of pocket costs for mental health compared to medical benefits. Quantifiable limitations to treatment such as limits on number of visits, that are applied just to mental health services but not medical services are violations. Non-quantifiable limitations such as stringent preauthorization requirements, delay in authorization or limitations of scope or duration of treatment that are imposed only on mental health treatment (but not on medical treatment) are examples of violations.

# OCPS CAREER PANEL A HUGE SUCCESS

*By Scott Huffman, M.D., ECP Representative*

OCPS held its annual Career Panel on October 19, 2015 at The Catch in Anaheim. We had nine interesting panelists representing different modes of practice in psychiatry, from private practice to academia to prison psychiatry to state hospital. The event was very well attended 16 residents and a couple of more established psychiatrists present. After each panelist gave a presentation of his/her daily life in practice, it was time for questions.

The presentations were quite positive and motivational, and audience members came away with the knowledge that, with so many options available, each one is likely to find professional satisfaction – and that work/life balance is possible in a successful practice

*Thank you again to the panelists who donated their time and expertise to this year's Career Panel:*

Laura Dardashti, M.D. – Metropolitan/state hospitals  
Reza Farokhpay, M.D. – Royale Health Care  
Anju Hurria, M.D. – Child/Adolescent/Young Adult Psychiatry  
Douglas G. Kahn, M.D. – Private practice  
Gina Mosich, M.D. – Long Beach V.A. Medical Center  
Jerry Ngo, M.D. – Orange County Behavioral Health Services  
Jeffrey Peterson, M.D. – Department of Corrections and Department of Parole  
Adrian Preda, M.D. – Academia/Research  
Neeta Saheba, M.D. – Kaiser Permanente

Thank you also to [Drs. Ijeoma Chukwu](#) and [Alexis Seegan](#) for helping to organize and promote this year's Career Panel.

## NOMINATING COMMITTEE REPORT

*By: Richard Granese, M.D., Chair, OCPS Nominating Committee*

The Nominating Committee is pleased to announce the following slate of candidates for the 2016 election of officers, Council members, and Assembly Representatives:

	<u>Council</u>	<u>Council</u>
President-Elect – Yujuan Choy, M.D.	Roula Creighton, M.D.	Deena McRae, M.D.
Secretary – Robert Bota, M.D.	Douglas G. Kahn, M.D.	Carolyn Nguyen, M.D.
Treasurer – David Safani, M.D.	Valeh Karimkhani, D.O.	Thomas Okamoto, M.D.
	Vandai Le, M.D.	Nicolaas-John van Nieuwenhuysen, M.D.
Early Career Psychiatrist Representative – Pamela DeMarco, M.D.		
Brian Maser, M.D.		
Assembly Representative – Richard Granese, M.D.		
Assembly Deputy Representative – Donald L. Sharps, M.D.		

A brief biography and position statement for each nominee will accompany the ballot you receive in late January/early February.

*Richard Granese, M.D., OCPS Assembly Representative*

The Fall Assembly Meeting in Washington took place on Halloween this year. There were as many topics addressed as costumes worn during the meeting. Our speaker, Dr. Glen Martin, had a John Boehner mask, members of the Assembly wore wigs and sunglasses and one member even wore a toga. Despite the festive atmosphere, the Assembly was productive. Action papers ranged from access issues, ethics issues, medication coverage issues, buprenorphine training, and licensure to senior psychiatrists being able to secure representation on the Board of Trustees.

Paul Burton, M.D., Chief Psychiatrist from San Quentin State Prison, presented on the current state of the prison system and the large population of inmates with mental health diagnoses. Estimates suggest that greater than 50% of the inmate population has been diagnosed with a mental illness. In the 1970's the state hospitals emptied and sent the patients to the streets. As a result of this displacement of patients the prisons became the 21st century state psychiatric hospitals. To address current needs of this population, we need to be more active in improving access to community treatment, encouraging healthy alternatives such as rehabilitation and provide outreach to law enforcement.

The Assembly Work Group on Access to Care discussed several issues related to barriers to treatment. If it is thought access is impeded because of parity issues, encourage your patients to file a formal complaint. The APA needs to hear from both patients and psychiatrists, so the APA can take action for parity enforcement. The form is available at <http://psychiatry.org/psychiatrists/practice/parity>

The Veterans Administration continues to have difficulty in recruiting psychiatrists. One action paper advocated for equal pay for all psychiatrists in the VA system along with loan forgiveness for psychiatrists who join the VA.

We supported and passed an action paper to explore with other medical organizations whether we should advocate for reimbursement for time spent obtaining the prior authorizations.

The APA Practice Guidelines for Using Antipsychotics to Treat Agitation or Psychosis in Patients with Dementia was passed.

Opioid Use Disorders are reaching epidemic proportions in the United States. In the past year heroin use has increased by 34% from 681,000 to 914,000. This increase in use of opioids has resulted in significant mortality and morbidity for our society. Buprenorphine is an effective maintenance treatment for opioid use disorders. However there are so few Buprenorphine providers that it may be impossible for a patient to locate a doctor to help them. The Action Paper that passed proposed that the APA work with the ACGME/Residency Review Committee to consider including Buprenorphine training during general adult psychiatric residency training.

And lastly I am very happy to report that the Action Paper (Systems to Coordinate Psychiatric Inpatient Bed Availability) that Dr. Barton Blinder and I co-authored passed the Assembly. In addition to passing this Action Paper Dr. Saul Levin mentioned in his opening remarks for the Assembly that he wants the APA Board of Trustees to take the lead on driving federal legislation for a Psychiatric Bed Registry for all states.



# ETHICS CORNER

*As a service to our members we are presenting ethics questions and their answers as reprinted from Opinion of the (APA) Ethics Committee on the Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry.*

**Question:** I have been treating a patient with bipolar disorder, depression, borderline personality disorder, and an eating disorder. At present, I am the only physician treating the patient. The patient is not accepting or following my recommendations regarding treatment for her eating disorder (for example, I referred her to an outpatient treatment clinic but she is not attending treatment or seeing any other eating disorder therapist/clinic); at present the patient is consuming less than 500 calories daily. Is it ethical for me to terminate the relationship?

**Answer:** Most clinicians would deem the situation that you describe as a psychiatric/medical emergency. Your patient is consuming less than 500 calories/day, and she is showing no evidence of a willingness meaningfully address her current illness. As the only treating physician in this case, it is incumbent upon you, either yourself, or by referral to another identified medical/psychiatric individual or facility to see that this medical emergency is addressed. The usual methods for initiating emergency medical treatment, including involuntary emergency evaluation and possible commitment, may need to be employed. Further, given the emergent nature of this patient's medical situation, it may be advisable to involve any possible family members in her care and treatment.

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## OCPS ETHICS ROUNDTABLE

By: Yujuan Choy, M.D.

The Ethics Roundtable met on September 24, 2015. We had a great discussion about ethical conflicts that arise when our clinical standards of care are compromised by external factors in various practice environments. For example, we discussed encountering insurance limitations on what medications can be prescribed that are in formulary. Employer policies that do not allow adequate time for patient care, which also increase risk of burnout and decrease job satisfaction, were discussed as well. We brainstormed ways to improve quality of care and practice according to our ethical code, including forming fellowships among co-workers to advocate for change, encouraging physicians to assume leadership roles in large health care organizations, soliciting reviews of the practice by outside consultants, forming strong alliances and relationships with higher administration positions that can affect policy change, and involving the OCPS Government Affairs Committee in advocating at a policy level for better quality of care. None of these are quick solutions but it's good to know everyone faces these issues in one setting or another.

It was great to get a chance to talk about these issues that impact our daily practice and get support from each other. We want to thank the wonderful psychiatrist colleagues who joined us that evening, as we know that getting to any meeting on a weeknight after a busy workday is not easy.

The group also brainstormed about topics in ethics for our next round tables, including the issue of exceptions in clinical practice, physician assisted suicide, and the ethical obligations around referral to unlicensed alternative and complementary health providers (e.g. yoga, naturopaths, acupuncture, etc.). Please watch out for an invitation to our next event in a few months!

# OCPS WOMEN'S FORUM

By: *Laura Lai, M.D.*

fo·rum  
'fôrəm/  
noun

1. a place, meeting, or medium where ideas and views on a particular issue can be exchanged.

It's hard to believe a whole year has gone by since the OCPS Women's Forum came to fruition, but believe it or not, the other night we had our last gathering for the calendar year. Throughout the year we have had the pleasure of discussing various topics, that night resting on the subject of assertiveness and negotiations. Over a delicious meal of our now-signature Urban Plates/Veggie Grill combo, we were able to share humorous anecdotes, practical advice and overall support in dealing with anything from salary negotiations to purchasing a home.

As it was a smaller gathering, we were able to have more intimate discussions, and are hoping to carry that spirit into next year's Women's Forum events by allowing times for sharing in breakout groups as well as in a whole group setting. We have had such a wonderful experience with this year's meetings, we look forward to continuing to enrich each other's lives with four more gatherings tentatively scheduled for 2016:

Monday, January 25th

Monday, April 25th

Monday, July 25th

Monday, October 24th

If you'd wish to keep the conversation going until our next meeting, feel free to share on our online group. If you'd like to be added to the group, please contact Yujuan Choy at [choymd@gmail.com](mailto:choymd@gmail.com).

We wish everybody a safe and happy holiday season!

- Yujuan Choy, Michelle Park, Deena McRae, Stephanie Lei, Laura Lai



## Organizers:

Stephanie Lei, M.D.

Michelle Park, M.D.

Yujuan Choy, M.D.

Deena McRae, M.D.

Laura Lai, M.D.

## OCPS CALENDAR OF EVENTS

January 25, 2016	OCPS Women's Forum – OCMA Offices
January 27, 2016	OCPS Educational Event - Dennis Greenberger, Ph.D., "Mind Over Mood", presentation and book signing of second edition - OCMA offices
Feb. 25, 2016	Mental Health Association Community Service Awards Luncheon – Turnip Rose, Costa Mesa
April 3, 2016	CPA Council Meeting – Sacramento
April 4, 2016	CPA Advocacy Day - Sacramento
April 25, 2016	OCPS Women's Forum – OCMA Offices
May 14-18, 2016	APA Annual Meeting – Atlanta, Georgia
June 11, 2016	OCPS Installation of Officers Dinner – The Center Club, Costa Mesa
July 25, 2016	OCPS Women's Forum – OCMA Offices
Sept 23-25, 2016	CPA Annual Meeting – Omni Rancho Las Palmas Resort & Spa, Rancho Mirage
October 24, 2016	OCPS Women's Forum – OCMA Offices

# RESIDENTS' CORNER

*By: Ijeoma Chukwu, M.D. and Alexis Seegan, M.D.  
Co-Chief Residents, Department of Psychiatry, U.C. Irvine*

As the year comes to an end, we have begun to reflect on all the things that we are grateful for. We are thankful for all of our attending physicians who tirelessly dedicate their time to teaching residents and medical students and encourage us to become better physicians every day. We are thankful for our nurses who spend long hours to ensure that our patients receive the best care and for our staff for their unwavering commitment and support. We are thankful for our residents who step up when faced with schedule changes and residency challenges, continuously support each other and embrace responsibilities for their patients and medical students.

The holidays are a time not only for giving, but for practicing gratitude. In the spirit of giving, we are organizing two donation drives. We have identified a patient, a 27 year old male veteran who recently married and has a 4 month old son, to participate in the Adopt-a-Family Program at the Long Beach VA. This veteran and his wife are currently struggling to make ends meet financially and are unable to provide a celebration for their son's first Christmas. The Adopt-a-Family program aims to provide veterans with gift donations for the Christmas holiday. We are collecting new items to be gift wrapped for this patient, his wife and their 4 month old son.

We are also collecting donations for the VA PIER Center, which supports homeless veterans. Some of the items requested by the PIER Center for both male and female veterans include blankets, undergarments, socks, sweaters, jackets, gloves, scarves and sleeping bags. Two collection boxes labeled "PIER Center" and "Adopt-a-Family" will be set up in the outpatient psychiatry clinic (OPP) front office at the Long Beach VA and the resident room at UCI. The collection boxes will be available until Monday, December 21st.

Lastly, we will continue the tradition that was started last year and host another Christmas activity for foster youth (ages 6-10) at Orangewood Emergency Shelter adjacent to the UCI campus. This event will be held on Friday, December 18<sup>th</sup> from 6-7:30 pm.

As we encounter daily challenges, it is easy to forget how very fortunate we all are. We hope that you all have many things to be grateful for this holiday season!

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Numerous outstanding and accomplished individuals comprise the membership of OCPS.

*Tom Okamoto, M.D.* is one such member. He graduated from the University of California, Riverside in 1978 and medical school at UCLA School of Medicine in 1981. He completed his residency in psychiatry at Cedars-Sinai Medical Center in 1985. Dr. Okamoto is board certified in general psychiatry and has had a specialty certificate in adolescent psychiatry.

Dr. Okamoto currently has a private practice which he began in 1985. In addition to his private practice, Dr. Okamoto has been an assistant clinical professor at UCLA School of Medicine, worked as a staff psychiatrist at the LA County Coastal Asian Pacific Mental Health Program and as a research psychiatrist at Harbor-UCLA Medical Center. Through his career he has participated in clinical research trials for adolescent and adult bipolar disorders and depression. He has been a local and national speaker for pharmaceutical companies on products and disease states. Dr. Okamoto served as medical director for the Minirth Meier Clinics West inpatient and day treatment programs for adults and adolescents and was a regular weekly guest for their West-coast radio program with an audience of 2 million listeners. He has been the psychiatric consultant to adult and adolescent inpatient and outpatient drug recovery programs. In addition, for the past 30 years he has supported various Christian evangelical churches, developing non-profit counseling services and educating the public on various mental health issues. Dr. Okamoto serves as a consultant to the First Evangelical Free Church in Fullerton to support the pastors, missionaries and the congregation, to assist their peer counseling program with training and consultation, regarding the interplay between spirituality and psychiatry. He currently is on the voluntary teaching staff at UC Irvine's School of Medicine Department of Psychiatry as an assistant clinical professor of psychiatry.

Dr. Okamoto has been a member of the APA since 1983 and was elected to the OCPS Executive Council in 2012 at which time he also joined the Public Affairs/Governmental Affairs Committee. He has volunteered to staff OCPS' exhibit tables at mental-health advocacy conferences and has served as a panelist for the OCPS' annual career panel. He was active on the Asian-American Issues Committee, and is a member of the APA's Spirituality and Religion Caucus. With all of his activities and accomplishments he became a Distinguished Fellow of the APA.

Another project of importance for Dr. Okamoto augments mental health training for the legal system, including law enforcement officers. He has organized continuing education programs for the Orange County Bar Association, has participated in NAMI's mental health training for the Tustin and Irvine Police Departments as well as coordinated training projects with the California Highway Patrol in Orange County.

Dr. Okamoto and his wife live in Yorba Linda. They have 3 grown children. When he is not working or doing community events, Dr. Okamoto plays tennis and is working on writing projects.

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Actual terms, coverages, conditions and exclusions may vary by state.  
Unlimited consent to settle does not extend to sexual misconduct.

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