SCSCAP Newsletter 2019

The Southern California Society of Child & Adolescent Psychiatry

PRESIDENT'S COLUMN

by Roya Ijadi-Maghsoodi, M.D., M.S.H.P.M.

It has been an honor to serve as the President of SCSCAP this past year. I am continuously inspired by all of the amazing members of SCSCAP and the great work being done by child psychiatrists throughout our Southern California region.

This year, we held several exciting events that brought together SCSCAP members and trainees. A few of these events are highlighted in this newsletter issue. We were lucky to have several great talks from experts on topics that are increasingly relevant and important to child psychiatrists. In the fall, our joint SCPS/SCSCAP speaker meeting was hosted at Dr. Bill Arroyo's home. We heard an excellent talk from Drs. Sheryl Kataoka and Marlene Wong—both experts in child trauma and delivery of mental health services through the school system—on the important topic of school violence. In the spring at our annual speaker meeting at the Omni Hotel, Dr. Eraka Bath delivered an outstanding talk on commercial sexual exploitation of children, with recommendations for clinicians delivering care to this population.

Our speaker presentations this year demonstrated a compelling theme: child psychiatrists play a critical role in addressing significant public health issues our youth are facing, including school violence and commercial sexual exploitation of children. Both issues raise concerns about trauma and the appropriate way to address trauma in these settings.

I also wanted to draw attention to another critical issue we are facing: the inhumane treatment of immigrants—including children and families—seeking asylum in the United States. As Dr. Sabrina Reed covers in her newsletter article, as a result of the "zero tolerance" immigration policy, we have witnessed an increased number of asylum seekers detained, the cruel and shocking separation of children and parents, and the ill-treatment of immigrants in detention centers.

With mounting evidence of the trauma these immigrant youth and families are facing, I wanted to bring attention to one way that child psychiatrists can help the situation. In addition to providing direct patient care,

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and advocacy, there is a strong need for child psychiatrists to provide forensic evaluations for youth and parents seeking asylum. Individuals seeking asylum have often experienced torture and trauma, and are fleeing dangerous situations. In addition to suffering trauma in their countries of origin, they can face violence, trafficking, and assault during the journey, and further stress and trauma upon resettlement.[1] By conducting forensic psychological evaluations to support asylum cases, child psychiatrists can play a critical role in documenting evidence of torture and trauma, and psychological findings from the evaluation. Research demonstrates that asylum seekers have a far greater chance of being granted asylum when they have a medical affidavit supporting their claims.[2]

There are multiple ways child and adolescent psychiatrists can become involved in conducting volunteer asylum evaluations. Nationally, Physicians for Human Rights (PHR) offer asylum evaluation trainings several times throughout the year, to learn skills to conduct asylum evaluations and write affidavits. Once trained in conducting asylum evaluations, one can join the PHR Asylum Member Network to volunteer for cases locally. To learn more about the trainings and how to join the Asylum Member Network, you can visit the website at: https://phr.org/get-involved/participate/health-professionals/.

In Los Angeles, there are also several ways to receive further training in conducting asylum evaluations. UCLA and USC both have student-led clinics that provide pro-bono forensic asylum evaluations to asylum seekers, and offer trainings in conducting asylum evaluations each year. At the UCLA student-led clinic, called the Los Angeles Human Rights Initiative (LAHRI), licensed clinicians affiliated with UCLA are eligible to attend the trainings, and upon doing so, can join the network of volunteer providers for the clinic. The next training at UCLA will occur in the fall. At USC, the Keck Human Rights Clinic (KHRC) was founded by medical students and the USC Department of Family Medicine. The KHRC offers asylum trainings for interested clinicians and opportunities to conduct asylum evaluations for asylum seekers. For further information, please visit their websites at https://lahumanrights.org/ and https://www.keckhumanrights.com/.

As we grapple with these difficult issues, it is difficult not to become overwhelmed. However, child psychiatrists have played and will continue to play a vital role in mitigating the effects of trauma and violence in our communities, through direct care and advocacy. I am proud of all of the hard work members of SCSCAP are doing to improve the care and wellbeing of our youth. Please let SCSCAP know how we can support you. Thank you for all that you do!

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PROMOTING RESILIENCE IN CHILD AND ADOLESCENTS AFTER FAMILY SEPARATION AT THE U.S.–MEXICAN BORDER

by Sabrina Reed, M.D.

In recent years, there have been significant increases in the number of minors seeking refuge and attempting to cross the U.S–Mexico border. Approximately 50,000 unaccompanied children were apprehended at the southwestern border in 2018, about twice the number in 2012.[1] As migrant family units trying to enter the country also increased in numbers during that time, the department of justice implemented the "zero tolerance policy" aimed to discourage illegal migration and prevent concerns regarding fraudulent asylum reporting. The immediate result of this policy was an increase in criminal prosecution of adults illegally crossing the border requiring them to be detained separately from their children. Since its official implantation in May 2018, up to 3,000 children have been separated from their families as a consequence of this policy which is thought by many sources to be underreported given the number of families that were separated before and after the announcement of the change.[2] During the separation, children begin at Customs and Border Protection facilities with the intention of being transferred to longer term facilities. Still, these facilities have earned much criticism for inhumane treatment including denial of medical care, inadequate food and water, sleep deprivation, small and cold holding rooms, and verbal and psychological abuse.[3]

It has been well studied that adverse childhood events can accumulate over time and increase the likelihood of diabetes and heart disease, substance use, mental illness, unemployment, and poverty. [4] [5] A parent's impact is critical during the earliest years of life and family disruption can contribute to lifelong impacts on a developing brain. Studies throughout Europe have shown children & adolescents seeking asylum are at risk of developing posttraumatic stress symptoms, depression, anxiety, and externalizing behaviors. Within this group, those children that are without the support of family show the highest rates of mental health issues. [6]

Fortunately, published European reports on preventing psychological distress in unaccompanied minors provide a template for the discussion of factors which may promote resilience and improve the mental health of those children who have undergone family separation at the border. Generally minors that were placed in settings that were more supportive, including ethnically matched foster care placements, experienced less post–traumatic stress symptoms.[7] Similarly, children that were placed in more restricted settings (no opportunities to leave the facility, unable to receive guests, no possibility of learning the language) showed more emotional problems, anxiety, and depression than minors in more autonomous settings.[8] Over time, longer stays in facilities result in more anxiety and poorer physical health. Significant interventions should also be made in regard to recognition of distress and referral to mental health services. The identification of youth who need mental health services is challenging and, in general, are underutilized. Approximately 58% of

unaccompanied minors reported needing professional mental health care, yet only 12% reported receiving any.[9] Given the many factors that may prevent children & adolescents from reporting their needs for mental health services, the psychoeducation of guardians, teachers, and those who interact with these children are crucial factors for recognizing symptoms to lessen any possible future gaps in treatment.

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Effective Discipline: American Academy of Pediatrics (AAP) Policy

By Jessica Jeffrey, MD, MPH, MBA and Andrea Carter, MD

In December 2018, the American Academy of Pediatrics (AAP) released a much–anticipated update to its twenty year old policy statement on corporal punishment. In "Effective Discipline to Raise Healthy Children" (Sege and Siegel, 2018), the AAP strictly advises against aversive disciplinary strategies, such as all forms of corporal punishment, and verbal discipline that causes shame or humiliation. The 1998 AAP policy "Guidance for Effective Discipline" suggests that "parents should be encouraged and assisted in methods other than spanking in response to undesired behaviors." The new policy statement adopts a much stricter stance against corporal punishment. The impetus for updating the policy statement includes mounting research that reveals aversive disciplinary strategies are minimally effective in the short–term and not effective in the long–term (Sege and Siegel, 2018). In fact, research demonstrates these strategies may even cause children unintended harm.

The APA policy statement explores three main negative consequences of aversive disciplinary strategies. First, research indicates that corporal punishment increases children's oppositional and aggressive behaviors, ultimately creating a viscous cycle of violence. The Fragile Families and Child Wellbeing Cohort Study collected data on approximately 5,000 U.S. children at birth, 1, 3, 5 and 9 years of age (Reichman et al., 2001). The study revealed that 3–year–old children who were spanked more than twice monthly were more aggressive at 5 years, after controlling for factors such as the child's behavior at age 3 years, demographic and parenting factors (Taylor et al., 2010). Another study noted a correlation between exposure to spanking at 5 years of age and higher levels of externalizing behaviors and lower receptive vocabulary at age 9 years (MacKenzie et al., 2013). Second, it is postulated that use of corporal punishment impacts children's brain development. In an interview with the Journal of the American Medical Association (Abbasi, January 16, 2019), Dr. Sege describes a small sample size study (N=23 exposed, N=22 control; ages 18–25 years) that compares the brain anatomy of young adults who had been exposed to corporal punishment to those who had not been exposed. Employing the lens of toxic stress and resulting elevated cortisol levels, Dr. Sege shares the study reported that individuals who experienced corporal punishment had lower prefrontal cortical gray matter volume and performance IQ (Tomoda et al., 2009). Lastly, the APA policy statement notes that corporal punishment is associated with increased mental health problems, such as anxiety and depression. The policy cites data obtained in the 1998 Adverse Childhood Experiences study which revealed that exposure to spanking was associated with an increased odds ratio of suicide attempts, moderate–to–heavy drinking, and substance use disorders in adults, while controlling for the confounders of physical and emotional abuse (Afifi et al., 2017; Sege and Siegel, 2018).

The updated AAP policy statement identifies specific child and parental characteristics that may warrant additional attention. Children in foster care who have experienced abuse or neglect may demonstrate challenging behavioral effects of maltreatment, and foster parents may benefit from education regarding these issues (Sege and Amaya–Jackson, 2017; Council on Foster CareAdoption et al., 2015). Similarly, parents

of children with special health care needs may require additional assistance with disciplinary strategies based on an understanding of the child's functional capacity (Kistin et al., 2016). Parents who are depressed are more likely to negatively evaluate their child's behavior and more likely to use corporal punishment, while children of depressed parents display more externalizing behaviors (Callender et al., 2012). Mothers with past trauma may relate their child's negative behaviors to their own past and use harsh discipline in an attempt to prevent future behavioral problems (Kisten et al., 2014).

Sege and Siegel (2018) note that effective disciplinary strategies "teach the child to regulate his or her own behavior; keep him or her from harm; enhance his or her cognitive, socioemotional, and executive functioning skills; and reinforce the behavioral patterns taught by the child's parents and caregivers." For age and developmentally appropriate effective disciplinary strategies, the AAP policy statement refers readers to *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents* (Hagan et al., 2017, available at HealthyChildren.org) and the AAP program Connected Kids: Safe, Strong, Secure (AAP, 2006). These resources emphasize consistent, positive discipline focused on teaching and protection, as opposed to punishment. Positive re-enforcement for desired behaviors is emphasized as the most effective way to teach a child, with limit setting evolving from distraction in infants, to statement of simple rules, to time outs from positive re-enforcement. Parents are encouraged to teach and model respect, good relations, appropriate expression of emotion, avoidance of aggression, and self-control. Additional strategies noted include listening, encouraging self-expression, use of choices, natural consequences, praising effort over perfection, clearly communicating rules and consequences, and modifying child's environment to avoid conflict/ tantrums.

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SCSCAP ANNUAL SPEAKER'S MEETING

By Ara Anspikian, M.D.

The SCSCAP Annual Speaker's meeting was held this year at The Omni Los Angeles Hotel located in Downtown Los Angeles on Sunday March 13th. Continuing Medical Education credits were provided by the Los Angeles County Department of Mental Health. The California State Advocacy Update on Child and Adolescent Mental Health was prepared and presented by Paul Yoder, the Legislative Advocate for CALACAP and one of the founding partners of Shaw, Yoder and Antwih. Mr. Yoder has been a legislative advocate for almost 30 years, representing dozens of local government entities and specifically with CAL ACAP for over 10 years. Some of the highlights of his presentation included noting a 19 billion dollar surplus for the California state budget. Governor Newsom's budget proposal contains numerous financial and programmatic supports for children's mental health initiatives. He has designated 45 million dollars for adverse childhood event screenings, 60 million dollars to increase developmental screenings, and 25 million dollars for early intervention, prevention and treatment of psychosis. Furthermore, he has earmarked over a billion dollars for universal preschool and 500 million for childcare. Mr Yoder and his team, while prioritizing the most relevant and impactful bills, are tracking more than 70 bills. He specifically mentioned support for Senator Bell's bill encouraging mental health parity and assembly bill AB 149, sponsored by the California Medical Association, which would delay the changes in the prescription bill.

Our speaker, Eraka Bath, M.D. at the SCSCAP Speaker's Meeting - **'Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States: A Guide for the Health Care Sector'** *March 3rd, 2019*

The headline speaker for the meeting was Eraka Bath, M.D., a clinical and forensic psychiatrist who is board certified in forensic psychiatry, adult psychiatry, and child and adolescent psychiatry. Dr. Bath is an Associate Professor in the Division of Child and Adolescent Psychiatry and the Associate Chair for Justice, Equity, Diversity and Inclusion at the UCLA Neuropsychiatric Institute in the David Geffen School of Medicine. Since joining the UCLA faculty in 2007, Dr. Bath has served as the Director of Child Forensic Services and the psychiatrist appointed to the Los Angeles County Juvenile Mental Health Court (JMHC). Her talk was titled, "Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States: A guide for the Health Care Sector."

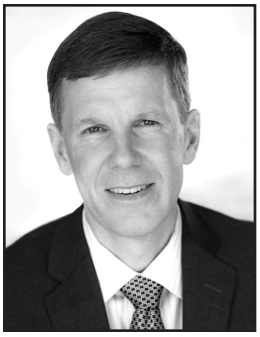
Dr. Bath adeptly discussed how physicians can recognize youth with histories and risk factors of commercial sexual exploitation (CSE), and increased awareness about the disproportionate amount of youth in child welfare, juvenile justice and who come from ethnic minorities who have histories of CSE. The attendees became familiar with some novel approaches of engaging youth with CSE with mobile technology. Dr. Bath, with her vast experience in the topic, was able to eloquently engage the audience about the intricacies of appropriate terminology, and the expansive nature of this issue both domestically and globally. For example, she noted the more than 30 billion dollar worldwide sex-trafficking industry has a substantial 10 billion-dollar presence within the United States. Sex trafficking of only 4 kids can potentially bring in up to 650 thousands dollars annually to gangs who are frequently involved in the exploitation of these youth. She commented on the risk factors, clinical/health outcomes and the process of grooming youth for commercial sexual exploitation. It was encouraging to hear about the effort of Los Angeles County Superior Court, an initiative to combat CSE entitled, Succeeding Through Achievement and Resilience (STAR). The STAR Court is a specialty court for CSE youth on probation, as a post-adjudication and diversion program providing voluntary trauma-informed services. It utilizes a multidisciplinary and multiagency collaborative approach to link these youth to rehabilitative and health related services which includes Substance Use and Mental Health treatment, along with academic and housing support. Finally, Dr. Bath led us through a practical review of the tools a clinician can use to identify at risk youth along with the "Dos and Don'ts" of health care responders which

Paul Yoder, of CALACAP's lobbying firm, Shaw, Yoder and Antwih, with CALACAP delegate, Marcy Borlik, M.D. at the SCSCAP Annual Speaker Meeting on March 3rd, 2019

helped translate her riveting presentation into some tangible practice changing elements.

Overall, this year's speaker's meeting, held in a more central location, was an excellent forum for networking, collaboration, education and learning about SCSCAP's and CALACAP's legislative efforts on behalf of our profession and, most importantly, our patients.

FROM YOUR CALACAP PRESIDENT, Christopher "Kip" Thompson, M.D.



I am honored, humbled, and grateful to have the unique opportunity to serve as president of California Academy of Child and Adolescent Psychiatry (CALACAP) President for the next two years. These next two years likely will present multiple challenges for CALACAP and the four Regional Organizations, including SCSCAP, emanating both from Washington, D.C. and Sacramento. On the flip side, the next two years also will offer perhaps unparalleled opportunities for us to advocate for improving mental health care and conditions for children and adolescents across the state.

During the past two years, we (as physicians and child & adolescent psychiatrists) have weathered a storm from Washington, D.C., which has included attempted repeals of the Affordable Care Act (and potential attendant issues related to access), patients' potential mental health issues related to separation of migrant children from their parents, and numerous other challenges. However, with the 2018 election results changing the composition of the U.S. House of Representatives, fresh national perspectives on access to health care, addressing mental health/healthcare workforce shortages, and improving children's mental health may emerge. And with the enactment of the "First Step Act" (related to criminal justice reform), some embers of bipartisanship appear to be reigniting in the Capitol.

During this same time period (i.e., 2017–2019), California has continued to serve as a beacon of progressiveness, resilience, and compassion for those at the margins of society. For example, multiple pieces of legislation have been passed to address juvenile justice and adult criminal justice reform, and prevention and diversion of individuals from the juvenile justice and adult correctional systems have been prioritized. Addressing mental health concerns is a crucial component to the ultimate success of these initiatives and reforms. CALACAP has been at the forefront of advocating for measures that would improve the mental health treatment of the disadvantaged. Additionally, our organizations have been integral in helping the legislature, governor, and various state departments/agencies address workforce shortage problems, "access to care" issues, and other "bread and butter" topics related to child & adolescent psychiatry.

However, we have faced some challenges, too, on the state level. Multiple pieces of legislation seem essentially to have put blame on psychiatrists for systems' problems and failures. Therefore, the legislative "fixes," and subsequent increased regulations and burdens on psychiatrists, likely will not remedy the underlying problems. Despite these setbacks, CALACAP has, through our presence in Sacramento, managed to advocate for both child & adolescent psychiatrists and our patients. We have helped modify well-intentioned, though ill-advised legislation and tempered the potential negative effects of such legislation through our work with our legislative advocates (Melissa Immel, Paul Yoder, and Priscilla Quiroz of Shaw Yoder Antwih), legislators, and their staffs. This year, we may take the next step

of co–sponsoring our own piece of legislation.

From an "executive branch" perspective, with the start of Governor Newsom's administration, CALACAP has perhaps an unprecedented opportunity to work with a chief executive who appreciates fully the individual and societal importance of early childhood education and making a positive impact on the "developing brain." He has proposed dedicating $1.8 billion to an array of programs that are designed to improve access to early education and child care. I am eager to have CALACAP partner with Governor Newsom and his administration, as well as with other organizations (both public and private), in this visionary and bold venture.

Somewhat similarly, CALACAP may have an extraordinary opportunity (and duty) to help shape both policymakers' and the public's approach to the implementation and promulgation of new technologies that may have significant impact on issues related to child & adolescent psychiatry. Multiple topic areas would benefit from our individual members' and collective organizational input. These include:

- the impact of technological advances (e.g., social media, video games, etc.) on youth mental health and suicide risk;
- effective strategies for delinquency prevention, early intervention, and diversion;
- responsible use of data and algorithms for risk assessment in a variety of contexts (e.g., examining social media postings to determine suicide risk, using various databases to assess risk to youth in child welfare settings).

Fortunately, CALACAP and its ROCAPs will not go this admittedly difficult road alone. In order to increase our numbers and amplify our effectiveness during legislative advocacy days (and throughout the year), we will continue to nurture partnerships with the National Alliance on Mental Illness (NAMI) California (https://namica.org)
and the California Psychiatric Association (http://www.calpsych.org). We also are in the process of developing a working relationship with Children Now (https://www.children–now.org), in order to add to the strength of our coalition. These actions will increase our voice in Sacramento and, to the extent that California is a national policy trailblazer, Washington, D.C.

In that vein, and although it is short notice, I welcome SCSCAP members to take part in our multi–organization Advocacy Day, which this year will be taking place in Sacramento on Monday, April 29. During this day, we meet at the Capitol, divide into teams, and visit multiple legislative offices to apprise them of several pieces of pending legislation related to improving children's mental health (and encourage them to support these bills). We also have a morning briefing and an afternoon debriefing, to discuss the process and to follow up on any contacts or requests for additional information the legislators or their aides may have had for us. This is always a very educational and informative day that definitely reinforces the power of personal narratives and our members' individual and collective subject matter expertise. The free lunch, generally attended by senior legislators who have been champions for improving children's mental health, doesn't hurt either!

Similarly, I encourage SCSCAP members along with members from other parts of the state to attend our Fall Advocacy Day, which this year will occur on Saturday, November 16, at the beautiful California Yacht Club in Marina Del Ray. During this meeting, CALACAP and its members gather with members of our partner organizations to discuss the nuts and bolts of legislative advocacy, receive a briefing on recently enacted or pending legislation related to children's mental health, interact with a legislator(s) with an interest in children's mental health, and brainstorm in small groups to develop our general collective legislative agenda for the upcoming year. It's always a time for learning new skills, renewing old friendships, and forging new connections, while enjoying a great catered breakfast and lunch in a scenic setting. I hope you can join us.

The next few years will be crucial in the development and implementation of child mental health law and policy. Our organizations will have a unique opportunity to impact these domains. We will remain vocal advocates for our patients, members, and by extension, society at large. Additionally, we will continue to be educators of and collaborators with our own members, physicians from different disciplines, legislators, other policymakers, and the general public. By utilizing the individual and collective expertise of our membership, and by leveraging the power of our partnerships and coalitions, we can both effectively address the inevitable challenges we will face and take advantage of the unique opportunities with which we are presented. Hopefully, our Advocacy Days will help better prepare us to do this. Many thanks for joining me on this mission!

Please write to me if you have any ideas that will move us forward at chthompson@mednet.ucla.edu.

SAVE THE DATE - June 29th

SCSCAP Lunch & Social
in Laguna Beach, CA
Details Announced Soon!

Dr. Ijadi-Maghsoodi, M.D. presents award of appreciation to SCSCAP past president, Jessica Jeffrey, M.D.

Education on School Violence and Social Event Joint Meeting with the Southern California Psychiatric Society

Presentation by Marleen Wong, Ph.D
and Sheryl Kataoka, M.D.

By Rupinder Legha, M.D.

On November 14, 2018, William Arroyo, M.D., generously opened his home to host this informative presentation by two national leaders in children's mental health and school violence. Approximately 30 people attended the dinner talk on School Violence, which was led by Marleen Wong, Ph.D., Senior Vice Dean at the USC Suzanna Dworak-Peck School of Social Work, and Sheryl Kataoka, M.D., Professor-in-Residence in the UCLA Division of Child and Adolescent Psychiatry.

Dr. Wong's presentation was entitled "Trauma Leaves Children Behind: A Time for Social Justice, Public Policy and New Case Law as Mandates for Trauma Informed Schools." She began with a timeline of the violent and traumatic events that changed the culture of American education. This timeline began with the Los Angeles 49th Street Elementary School shooting in 1984 and ended with the Parkland, Florida Marjory Stoneman Douglas High School shooting in 2018. It was woven into an overview of the crisis intervention, school safety, and threat assessment recommendations developed by the US Department of Education and the Secret Service in response. The presentation, also, emphasized on why child trauma is the number one public health issue of our time by drawing upon the Adverse Childhood Events Study (ACES) framework to emphasize its long-term effects and by indicating how widespread trauma is, and especially, in communities of color and poverty. It closed by describing key findings from the RAND/USC/UCLA Partnered Research Center's Research on Effects of Violence, including Dr. Wong and Dr. Kataoka's 2003 study on the effectiveness of Cognitive Behavioral Intervention for Trauma in Schools (CBITS), which captures how early identification and intervention can transform trauma into resilience and new ways of coping.

Sheryl Kataoka, M.D. and Marleen Wong, Ph.D present on School Violence at the SCPS/SCSCAP Joint Meeting

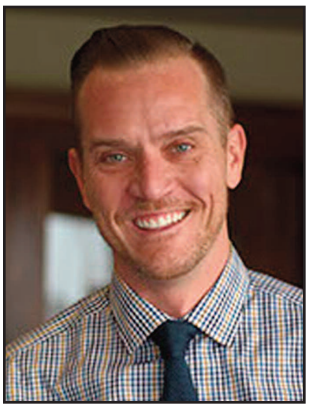
Dr. Kataoka's presentation, "Taking a Public Health Approach to Trauma-Informed Services in Schools", included a review of various statistics demonstrating how widespread violence is in the lives of children, notably the substantial proportion of children at risk for

PTSD and the large fraction of students who feel unsafe at school, especially during middle school. It proceeded with a review of school-based models for mental health treatment and a description of the Families OverComing Under Stress (FOCUS) Resilience Curriculum, which emphasizes managing feelings, communication, problem-solving, coping with reminders, and goal setting. Dr. Kataoka highlighted a study (written by current SCSCAP president Dr. Roya Ijadi-Maghsoodi) that demonstrates how the FOCUS Resilience Curriculum can improve total internal assets, including empathy, problem-solving, self-awareness, and self-efficacy. Dr. Kataoka closed her talk by advocating for a public mental health approach to child trauma, one that includes universal screening of risk and protective factors, universal prevention curricula, targeted mental health screening, and evidence-based interventions, such as FOCUS and CBITS.

Dr. Wong and Dr. Kataoka's presentations and expertise provoked lively conversation among participants, who found the material especially intriguing given the number of school shootings in recent memory and the need to underscore the importance of prioritizing child trauma as a major public health issue.

The SCSCAP Annual Brunch will be held in late August or early September.
Stay Tuned for Details

Assembly of Regional Organizations at AACAP's 65th Annual Meeting



By Michael Enenbach, M.D.

On October 23, 2018, the assembly of regional organizations took place in Seattle. Regional organizations from around the country participated in the day-long meeting. A group of SCSCAP members served as assembly delegates this year to represent the needs and concerns of child psychiatrists in southern California.

To open, assembly chair Dr. Deb Koss and AACAP president Dr. Karen Wagner presented national initiatives that AACAP is currently working on. The Presidential Initiative on Depression Awareness and Screening was presented. This includes the Committee on Quality Issues writing a Clinical Practice Guideline on depression, the Psychopharmacology Committee revising AACAP's Parents' Medication Guide on depression, the Health Promotion and Prevention Committee writing a Policy Statement on universal screening for depression in youth, and an update of AACAP's Depression Resource Center. Dr. Wagner also reviewed actions AACAP has taken to address the issue of separating children from their families at the US/Mexico border. AACAP released a Presidential Statement on May 11, released a Policy Statement on June 24, and compiled a resource list of organizations and service agencies currently mobilizing to help. AACAP also signed

joint letters last year with other mental health organizations opposing policies related to the separation of families. SCSCAP member Dr. William Arroyo spoke about the Flores Settlement Amendment, which limits the length of time and conditions under which U.S. officials can detain immigrant children. Dr. Arroyo testified against the Justice Departments' attempt to detain children longer that the 20 days the agreement allows.

Two other topics of interest to SCSCAP members were also discussed. One related to how regional organizations can improve infrastructure and increase member engagement. Four topics were presented: quality programming, member benefits, membership rosters and mentoring. Several ideas presented mesh with SCSCAP's effort to organize CME/non-CME meetings in different locations in the SCSCAP membership area. The importance of mentorship within the regional organizations was highlighted as well, which is another area SCSCAP can focus its efforts.

The second topic of interest was the difficulty obtaining and organizing activities that meet CME requirements. Lack of time and cost were noted to be the primary barriers. Two pilot programs were created by AACAP: online CME for regional organizations to use in a live meeting, and free JAACAP CME for regional organizations. These pilot programs will launch summer 2019.

Finally, two motions were passed that will be brought to full Council:

1. AACAP will advocate the ABPN MOC status not be a barrier to child and adolescent psychiatrists from practicing in their states, including the renewal of their licenses, obtaining hospital privileges and enrollment in insurance panels.
2. AACAP will work with the appropriate AACAP components and other organizations to take action so that applicants on medical licensing applications use the language recommended by the federation of state medical boards, particularly regarding queries on physical and mental health.

SCSCAP welcomes any comments or questions about these topics. Please contact us through our website if there is something you would like to hear more about or would like the executive council to discuss in our monthly meetings. You can also send your comments to scscap@gmail.com.

CALACAP REPORT

By William Arroyo, M.D., Alternate Delegate to CALACAP

This is a bit of an extension of the report provided by Christopher "Kip" Thompson in another article.

CALACAP Political Action Committee (PAC) continues to move forward. A Board of Directors has been established with membership from all four Regional Organizations, including SCSCAP. A convenient website link will be operational shortly; a notice will be issued as soon as the link is functional.

The CALACAP Advocacy Day has been scheduled in Sacramento for Monday, April 29, when we will be visiting state legislative offices along with partner organizations.

AACAP will have its own Advocacy Day in Washington, D.C., on May 2 and 3. Legislative office visits will be scheduled for Friday, May 3. Stipends have been made available for trainees by both the AACAP and one's Regional Organization; some stipends are also available for families by AACAP. The AACAP Assembly will have its meeting on Saturday, May 4.

The AACAP annual meeting is scheduled to be in Chicago, Ill. beginning the week of October 14. It is very likely that CALACAP and the Regional Organizations will once again sponsor a California reception as it has for the past several year; planning will get underway shortly.

One of the exciting things in Sacramento this year is that Governor Newsom has identified early childhood as an area in which he is very interested in developing and expanding programs and services. He has appointed Kris Perry as his Early Childhood Development Senior Advisor on Implementation of Early Childhood Development Initiatives. She formerly served as Exec Director of the State First 5 Commission. CALACAP is particularly interested in soliciting assurances from the Governor and his staff that there will be a component of mental health to his early childhood initiatives. A coalition of statewide organizations which are proponents of this idea have has been convened by CALACAP to develop a conceptual framework for the mental health piece for these early childhood initiatives.

The first year of the two legislative session has kicked off with a bang with the introduction of many bills relating to children and adolescents. These include AB 34 (Ramos) which would mandate the development and distribution of bullying prevention handbooks to parents of students; AB 258 (Jones–Sawyer) which would modify the Adult Use of Marijuana Act (AUMA) to allocate funding to schools in order to launch substance use disorder (SUD) prevention strategies; AB 307 (Reyes) which would modify AUMA to provide funding in the form of competitive grants to communities to develop SUD prevention programs for homeless youth, especially LCBTQ youth; AB 565 (Maienshein) which would allocate funding for educational loan forgiveness to mental health professionals as an incentive to work in the public sector; AB 577 (Eggman) which would expand mental health services to women during the perinatal period; AB 624 (Gabriel) which would have sexual assault and domestic violence phone numbers placed on

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backside of student ID's; AB 741 (Kalra) would establish universal trauma screening for all children on Medi-Cal; AB 916 (Muratsuchi) would establish suicide prevention programs in all levels of higher education; AB 1004 (McCarty) would mandate developmental screening for all children in alignment with AAP policy statement; AB 1031 (Nazarian) would establish a statewide SUD continuum of care for all youth funded by Medi-Cal; AB 1085 (McCarty) would establish a wide array of after school programs to prevent SUD using funds from AUMA; SB 11 (Beall) would establish mental health parity metrics and data reporting system; SB 377 (McGuire) would allow Medical Board of California to access medical records of youth in foster care system to review the mental disorder of youth in foster care system to determine if child is being "over-medicated" with psychotropic agents; SB 328 (Portantino) which would mandate that school for older youth start no earlier than 8:30 am; SB 660 (Pan) establish a certain ratio of counselors to students in high school; among others. Many of these bills may not proceed further than their respective Appropriations Committees depending on the price tag. Updates of these bills and others will follow.