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**Ideas of Reference**

is the newsletter of the Minnesota Psychiatric Society, a district branch of the American Psychiatric Association.

**MPS Fall Scientific Program**  
**SAVE THE DATE!**

**Friday, November 13, 2015**

**Vadnais Commons**  
Vadnais Heights, Minnesota

**Cross Cultural Psychiatry**

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## 2015 Legislative Session Report

Dominic Sposeto, MPS Lobbyist

Once again, our experiment with divided government resulted in another special session and the predictable political bickering and finger pointing that this entails. The Republican controlled House and the Democrat controlled Senate reached agreement during the final hours of the session on the several appropriations bills that fund state government. However, their budget was not acceptable to DFL Governor Dayton, who vetoed three of these spending bills and called the legislature back into special session.

Fortunately for MPS, all our major initiatives, including the health and human services 2016-17 appropriation bill, were passed and signed into law by the governor during the regular legislative session. Here is a brief synopsis of the major pieces of legislation MPS worked on this year.

**Prior Authorization.** Reform of the State's burdensome prior authorization for health care services was a top priority for both MPS and the Minnesota Medical Association. Although it was a very controversial issue and strongly opposed by pharmacy benefit managers as well as their affiliated health plans, there was considerable support for our proposal among legislators, particularly in the Senate. Several changes were made to the bill, including the clarification that prior authorization changes applied only to medications and no other health care services, and that step therapy would be reformed but not completely eliminated. However, the health plans continued to oppose the bill and our proposal was not brought up for a full vote in the House or Senate.

The MMA was able to add the Prior Authorization bill language to the omnibus HHS appropriations bill in the Senate. As the bill went into a House/Senate conference committee, it was clear that the House had accepted health plans' concerns about rising costs. Eventually, the Minnesota Chamber of Commerce entered the fray on the side of the health plans and the proposal was not adopted by the HHS bill conferees. The bill is alive and can be reconsidered next year.

**Telemedicine.** The proposal to mandate health plan coverage for telemedicine services was enacted as part of the omnibus HHS appropriations bill. Insurance policies issued or renewed after January 1, 2017, must include coverage for telemedicine services in the same manner as other benefits covered under the policy. These services cannot be excluded solely because they were delivered via telemedicine. Health plans must reimburse the distant site provider on the same basis and at the same rate that would apply if the services had been delivered in person. For private insurance, the new law would apply to policies sold or renewed after January 1, 2017. For services provided under state programs, the commissioner will establish criteria and procedures for their reimbursement prior to 2017. Minnesota Session Laws Chapter 71, House File 1458.

**Mental Health Programs.** It was a very good year for state funding of mental health programs. In total, mental health received over \$45 million in new state funding. This includes: \$5.4 million for behavioral health homes, \$8.7 million for crisis services, \$5.5 million for intensive MH services, \$1.3 million for ACT teams, \$4.6 million for supportive housing and \$260,000 for first episode programs. The legislature also designated \$6.6 million for psychiatric residential treatment facilities or PRTFs. These are non-hospital facilities that have a provider agreement with the state to provide inpatient services to Medicaid eligible individuals under the age of 21. Congratulations to the Mental Health Legislative Network

(Continued on Page 5)



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Ideas of Reference

The newsletter of the Minnesota Psychiatric Society is published bi-monthly: Jan-Feb, Mar-April, May-June, July-Aug, Sept-Oct and Nov-Dec for members of MPS and others on request. Signed articles express the opinion of the author and do not necessarily reflect policies of MPS. Articles submitted are subject to review by the editors.

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Editor's Column

Continuing the Prior Authorization Fight

Matt Kruse, MD

While there were some wins and losses in the 2015 legislative session for Minnesota physicians, it was greatly disappointing to see the prior authorization (PA) bill pass through four Senate committees only to have it stopped in the House of Representatives. When the health plans stated that the PA system is an important tool to control costs, the House listened. Did physicians have a weaker argument? Or a quieter one?

I want to thank Senator Melisa Franzen not only for championing PA reform, but also for vigilantly continuing to support this important cause. In the May issue of Minnesota Physician, she provided an excellent summary of the PA process and the necessity for reform. Although she presents a strong and data-driven argument, which questions the arguments of health plans and pharmacy benefit managers, I believe the first sentence of her article is also the most important. "I first heard about the challenges with prior authorization (PA) at the home of some of my physician constituents." Unless we, as physicians and constituents, maintain communication with our legislators, the important problems facing healthcare in Minnesota will never be fixed.

I am not afraid to sound like a broken record. PA reform is going to be challenging, but it is also important and obtainable. While a legislative session is discrete, the process is continuous. We as psychiatrists have a particularly strong argument for PA reform, and we must keep making it. I strongly encourage all those who support PA reform to keep reporting your PA headaches. Share your stories with your legislators. I, for one, have a video of my clinic phone while I was on hold during a PA. Grainy smooth jazz on a 20 second loop oozes from the speakerphone as the call timer crosses the 30 minute mark. ■

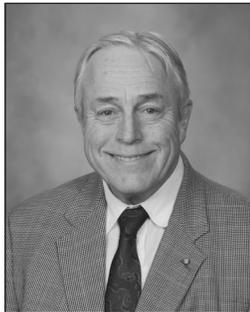
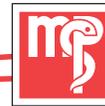
AACAP Legislative Conference 2015: Step into the Exosystem

Joshua Stein, MD
UMN Child Adolescent Psychiatry Fellow

Urie Bronfenbrenner developed his Ecological Systems Theory of childhood development to study how an individual's context within communities and wider society affects their development. There are five expanding systems surrounding the core individual, much like planets orbiting around the sun. In my clinical practice as a child and adolescent psychiatry fellow at the University, I primarily find myself in the Microsystem, the closest system to the individual - the planet Mercury if you will. Intervention in the Microsystem provides immediate support through therapy, referrals, and medication.

At the end of April, MSCAP and AACAP provided me a doorway to the Exosystem, Bronfenbrenner's third system: a child's political or industrial climate. At the AACAP Advocacy Day in Washington DC, mental health providers, patients, and families met directly with senators and representatives to advocate

(Continued on Page 3)



## Reflections

Lloyd A. Wells, MD, PhD  
MPS President

### *Dear Colleagues,*

I am honored to be your president and shall try hard to be responsive to the needs of our members and our patients.

Our annual meeting had a wonderful educational component on veterans, which was organized by Dionne Hart, MD. Some of the talks were both pragmatic and memorable. The dinner was enjoyable, with a great, short talk by Saul Levin, MD, from APA. The dinner's high point for me was a funny address by Mike Koch, MD, our outgoing president. He was an outstanding model for me in the past year as I tried to learn what the president of MPS does, and his stewardship of the Society for two terms, one in the last year and one several years ago, suggests that he may be nominated for a third!

Right after our annual meeting, I attended the APA Annual Meeting in Toronto. Denise and I stayed at the Renaissance Hotel, not knowing it was the Blue Jays' hotel—our room was part of the center field wall, and its window overlooked the ballpark, which was memorable, as was the meeting. It has been several years since I attended the APA and I found it very different. There is much more emphasis on "value" with the new personnel and infrastructure, and the needs of the members seem to be of new and great importance. APA's "horrible" web site (so called by the person newly in charge of it!) is being redesigned to be more user-friendly. The chairs and administrators of the many APA functions were quick to provide their contact information and really wanted input from members. This was an unexpected delight.

I attended an orientation for new presidents of district branches and learned quite a bit. I also attended relevant meetings on ethics and membership. On the scientific side, there were wonderful presentations on pharmacogenomics, genetic prediction of high-risk for tardive dyskinesia, as well as for metabolic syndrome, in those about to take antipsychotic agents.

A presentation on the APA's role in enforcement of the parity legislation was energizing to me. APA is suing Blue Cross in CT about this issue, and it is hoping to collect data from all states. In particular, it is interested in "prior authorization" procedures which may discriminate against psychiatrists and our patients. If you have had bad experiences with prior authorization, the APA's legal counsel, Colleen Coyle, [ccoyle@psych.org](mailto:ccoyle@psych.org), would like you to inform her, and she is very serious about this.

We had 36 people attend our reception at Joe Badali's Restaurant, which surprised the staff, but the high turnout was very pleasing to me, and I think everyone had a good time.

My aspirations as your president are to advocate for our patients, especially in the public system which is in such disarray, to increase membership and retain members, with an emphasis on hospital psychiatrists, psychiatrists working in health systems, early career psychiatrists, residents, and medical students, and to help the Society meet the needs of all these groups. A theme of my career was teaching residents at the bedside, and those residents and early career psychiatrists could energize our Society. I left the meeting and start my presidency with the belief that our profession is a great one and that its best days are right ahead of us. There could not be a more exciting time to be a psychiatrist.

I am available by e-mail: [wells.lloyd@mayo.edu](mailto:wells.lloyd@mayo.edu). One of the benefits of retirement is not having to check my e-mail every day, but I do check it and will respond to you. ■

### **AACAP Legislative Conference** *(Continued from pg 2)*

for political change. The meetings focused on three issues: a bill addressing the workforce shortage (HR 1859), comprehensive mental health reform ("Helping Families in Mental Health Crisis Act" of 2015), and continuation of CHIP funding. I met staffers representing Sen Franken, Sen Klobuchar, and Rep Erik Paulsen to educate them about a variety of issues, including the need for wrap-around services for youth, and the limited access to care. I am proud to say Minnesota's national representatives were already well educated and supportive on these issues. Both Klobuchar and Franken's staffers inquired about starting a senate companion bill to HR 1859. Rep Paulsen was one of the Republican congressmen who stepped across party lines to support the initial Comprehensive Mental Health Reform Act of 2014. The process was invigorating and I encourage colleagues and patients to join me next year in the "Exosystem" to evoke legislative change.

Attendance at this conference will hopefully lead to political change and renewed focus on the mental health needs of our country. Additionally, I believe it will alter the Macrosystem, Bronfenbrenner's the fifth and outermost system that encompasses the beliefs and ideologies of the culture. Hopefully our continued political presence can ultimately diminish the role of mental health stigma in the Macrosystem. ■



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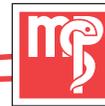


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# Legislative Session 2015 (Continued from page 1)

for their diligent work gaining state funding support for mental health. MN Session Laws, Chapter 71, House File 1458.

**Loan Forgiveness.** The HHS appropriation bill is also adding funding to the state's loan forgiveness program for physicians, nurses, dentists, and other health care providers including mental health professionals. The state legislature provided \$5.26 million for the biennium (\$2.631 million in 2016 and the same in 2017). The Governor and legislature hopes that rejuvenating the program will attract physicians to practice in a designated shortage area. The legislature also allocated \$1.5 million for additional residency programs including psychiatry and \$1 million per year for programs to prepare foreign trained physicians for residency programs or practices in another health care profession. MN Session Laws, Chapter 71, House File 1458.

**Interstate Compact.** Minnesota will now be one of at least eight states that have adopted an interstate medical licensing compact. Once the compact is established by these states, Minnesota physicians will have the option of an expedited licensing process for the states within the compact. The compact does not override a state's authority to regulate the practice of medicine. As one of the first states to adopt the compact, Minnesota should have a significant role in the development of this new multi-state licensing process. MN Session Laws, Chapter 55, Senate File 253.

**Electronic Health Records.** After considerable debate and a good deal of controversy, the chairs of the Health Committees in the House and Senate agreed on an exemption for the EHR mandate. The exemption applies to both solo practices and cash-only practices. This approach was recommended by MPS. The exemption was contained the omnibus HHS policy bill and begins immediately. MN Session Laws, Chapter 78, House File 1535.

**Children's Psych Beds.** The legislature approved an exemption to the state's hospital construction/bed moratorium for a new 20-bed psychiatric project at an existing facility in Maple Grove (Prairie Care). Prior to granting the new beds, the commissioner must determine that the project is in the public interest and will serve patients receiving continuing care benefits under Medical Assistance. MN Session Laws, Chapter 71, House File 1458.

**MNsure.** Republican efforts to repeal MNsure and instead employ the federal health insurance exchange failed to gain passage as did the Senate Democrats' proposal to make MNsure a state agency. So for now, MNsure stands pretty much unchanged.

At the request of the Governor, the legislature did agree to create a Task Force on Health Care Financing to look at sustainable financing, coverages and purchasing for all state operated insurance programs including MNsure, MinnesotaCare, and

Medicaid. The task force will be convened by the governor and consist of 7 members of the House, 7 members of the Senate and 11 public members who are public or private health care experts. MN Session Laws, Chapter 71, House File 1458.

**MinnesotaCare.** Republicans in the House made a concerted effort to repeal the state's ACA authorized "Basic Health Plan" (which is our MinnesotaCare program). They wished to replace it with state and federal subsidized private health insurance purchased through MNsure. This was a key area of contention between legislative leaders and the governor. In the end, privatization of MNCare was not adopted. The legislature did enact significant increases in MinnesotaCare premiums especially at higher incomes. The commissioner of human services was also given the authority to increase MNCare deductibles and cost-sharing to more closely align with private insurance sold through the exchange. These two MNCare changes were projected to save \$65 million. MN Session Laws, Chapter 71, House File 1458.

**State Treatment Facility Workers.** The state legislature made it a charge of fourth degree assault for acts committed against a state employee or individuals who supervise them in a secure treatment facility. Assault in a treatment facility is defined as inflicting demonstrable bodily harm or intentionally throwing or otherwise transferring urine, blood, semen, or feces onto the person. A person found to have committed such an assault would be guilty of a felony and may be sentenced to imprisonment for not more than two years and a fine of not more than \$4,000. MN Session Laws, Chapter 23, Senate File 1120.

**Right to Try Act.** This new law gives eligible patients the right to try investigational drugs or devices that have successfully completed phase 1 clinical trials but have yet to be approved for general use by the FDA. To be eligible the person must be terminally ill, in consultation with a physician, and have considered all other treatment options approved by the FDA. The person must be given a prescription from a physician and also provide their written informed consent to the use of investigational drugs or devices. The law does not require that health plans absorb the cost of the drug or device and the manufacturer may require eligible patients to pay the costs associated with the drug or device. Physicians who prescribe investigational drugs or devices are exempt from civil penalty or disciplinary action by the Board of Medical Practice, or a separate cause of action through the courts. MN Session Laws, Chapter 15, Senate File 100. ■

**Did you know?** There is a monthly credit card payment option for APA/MPS dues payments. Call 1-800-35PSYCH or go to [www.psych.org](http://www.psych.org).

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MPS Fall Meeting - Cross Cultural Psychiatry



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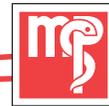
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## Gloria Segal Medical Student Award Winners

MPS gives the Gloria Segal Medical Student Award to fourth year medical students who demonstrate excellence in the care of psychiatric patients, show outstanding performance during pre-clinical and clinical rotations in psychiatry, and exhibit enthusiasm for the psychiatric profession. Award winners demonstrate excellence in scholarly and/or research activities and community involvement on behalf of the mentally ill. Congratulations to our winners!

### University of Minnesota Medical School



#### Dane Jensen

Dane Jensen's path to the Gloria Segal Award has been infused with creative and musical aspirations. An accomplished guitarist, he graduated from the McNally-Smith College of Music's honors program called "The Artist's Diploma," a 2-year course offered to especially gifted performers. As a professional musician, he has written and

performed; he co-wrote and recorded a jazz-alternative-rock album, and was the primary writer and lead guitarist for an original heavy metal band in the mid-2000's. Mr. Jensen's volunteer experiences with YoungLife, Lakeview Hospital Emergency Department in Stillwater, and Fairview Hospital-Riverside, gave him opportunities to engage and serve others. He has been mentoring medical students since his MS2 year, providing insight to traditional and non-traditional students about the specific challenges faced by medical students who are also raising a family. A man of many experiences and interests, he aspires to someday write and illustrate children's books. Congratulations Dane! ■

### Mayo Graduate School of Medicine



#### Brooke Rosen

As a medical student, Brooke Rosen's CV already features numerous research pursuits and an admirable publication list. Her interests include ECT, geriatric psychiatry (specifically, cognition, memory and aging), genomics, youth and bipolar disorder, integrated care and systems of care. This variety of interests led her to participate

in the National Health Service Corps' Student Experiences and Rotations in Community Health program. In addition, she won a National Institute of Mental Health Post Baccalaureate Intramural Research Training Award. Her honors and awards speak to her many scientific and academic accomplishments. Her volunteer activities focus on service and engagement. These interests combined with her intellectual achievements, will serve her well in her psychiatric pursuits. Ms. Rosen maintains memberships in a variety of medical, scientific and psychiatric organizations, including the APA, AMA, AACAP, and MMA. Congratulations Brooke! ■

## Congratulations, New Distinguished Fellows



#### Joel Oberstar, MD

Dr. Oberstar's career to-date has focused on expanding access, awareness, and services to improve children's mental health. He has served the University of MN clinically and as the Associate Training Director for the Child and Adolescent Psychiatry Fellowship Training Program. He continues to offer residents and fellows training

opportunities at PrairieCare Health System where he is Chief Medical Officer. Dr Oberstar has shared his leadership skills with our community in volunteer positions, including president of the MN Association for Children's Mental Health, the MN Society of Child & Adolescent Psychiatry, and next year, MPS! ■



#### Phillip Edwardson, MD

Dr. Edwardson was recognized for his many contributions to this psychiatric community as a child and adolescent psychiatrist, teacher, medical director, consultant, volunteer, leader, and involved member in our professional organizations. Letters of recommendation described Dr Edwardson as, "soft-spoken,"

"articulate," and "focused." They noted his clinical skills, integrity and compassion, and his lifetime of volunteering. One concluded, "He is a credit to his profession and is a valued member of the psychiatric community as well as the community at large." MPS agrees! ■

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## CALENDAR

### First Episode Psychosis

First episodes of psychosis can be scary and confusing for people experiencing them and their families. They may not know what is happening or where to turn for treatment. In the words of one young person,

*"The thing about psychosis is that the experience itself can be so terrifying, like a waking nightmare. But then there's the aftermath, with the stunning realization of what a bizarre experience the person just had. This can be the most frightening part of all."*

Helping young people and their families understand what has happened and providing hope for recovery can be critical during this stressful time. National Alliance on Mental Illness (NAMI) Minnesota's new booklet, *Understanding Psychosis: Resources and Recovery*, is designed to take the fear and confusion out of the experience. It is a resource guide to help young people and parents understand the warning signs and the causes of psychosis, learn about evidence-based treatment practices, and know that supports are available to help get young people back to work or school. The guide was developed by NAMI Minnesota with input from people who have experienced psychosis, family members, and medical professionals working with early episode psychosis.

NAMI Minnesota also provides free classes for people who have experienced psychosis and their loved ones. They are taught by a team – a parent of a young adult and an adult living with bipolar disorder I who experienced psychosis in college. This provides a safe space to ask questions, meet other families with similar experiences, and learn how to move ahead.

NAMI Minnesota also provides peer support groups for people with mental illnesses and their families. In addition, booklets, classes, and resources for families are available, addressing hospitalization, civil commitment, the criminal justice system, and more. These materials can be downloaded or requested from NAMI Minnesota at no cost.

For a copy of the booklet or more information on NAMI Minnesota resources and classes, visit [www.namihelps.org](http://www.namihelps.org) or call 651-645-2948; 1-888-NA-MI-HELPS. ■

July 11, 2015 9am-noon, Forum at 10 am  
**MPS Council Meeting - Open to all members**  
**Forum Guest: 2015 Paul Wellstone Advocacy Award**  
**Winner Senator Greg Clausen**  
MMA Offices, Minneapolis, MN  
651-407-1873 [l.vukelich@comcast.net](mailto:l.vukelich@comcast.net)

July 15, 2015 5:30-7:30 pm  
**MSCAP Summer Social Event**  
Moscow on the Hill, St Paul, MN  
651-407-1873 [www.MSCAP.org](http://www.MSCAP.org)  
[l.vukelich@comcast.net](mailto:l.vukelich@comcast.net)

*For Calendar Updates, go to [www.mnpsychsoc.org](http://www.mnpsychsoc.org)!*

### A Minnesota Milestone

*The University of Minnesota is home to a newly accredited forensic psychiatry fellowship.*

Chinmoy Gulrajani, MD, was hired by the Department of Human Services and the University of Minnesota to establish and direct the 12 month training program, the first of its kind in the state. The program, which has capacity for two fellows each year, will begin accepting applications on July 1, 2015 for matriculation in the summer of 2016. Beyond providing an additional avenue of specialization for Minnesota psychiatry residents, it will ultimately provide a nation-wide draw for trainees, likely helping to correct a critical shortage of forensic psychiatrists in the state. ■