California Mental Health Planning Council

Patients' Rights Committee

October 14, 2015

Lake Natoma Inn
702 Gold Lake Dr.
Folsom, CA 95630
(916) 351-1500

ROOM: Natoma
11:00 a.m. to 12:30 p.m.

Time	Topic	Presenter or Facilitator	Tab
11:00 a.m.	Welcome and Introductions	Daphne Shaw	
11:05	Agenda Review		
11:10	Council Member- New Business		
11:15	The State-Level Patients' Rights Advocacy Process – How it Differs From the County-Level	Michele Mudgett, Director, California Office of Patients' Rights	A
12:10	Review/Comment- Draft PRC Charter	Daphne Shaw	B
12:10	Public Comment		
12:20	WWW / Plan for Next Meeting		
12:25	Plus/Delta		
12:30	Adjourn		

The scheduled times on the agenda are estimates and subject to change.

Committee Members:

Co-Chairs:	**Daphne Shaw**	**Cindy Claflin**
Members:	Adam Nelson, MD	Dan Brzovic
	Carmen Lee	Richard Krzyzanowski
	Walter Shwe	
Staff:	Andi Murphy	Jane Adcock, EO

If reasonable accommodations are required, please contact the CMHPC office at (916) 323-4501 not less than 5 working days prior to the meeting date.

PATIENTS' RIGHTS COMMITTEE
June 17, 2015
Crowne Plaza Hotel - Burlingame
1177 Airport Blvd, Burlingame, CA 94010

Members Present

Daphne Shaw, Chair
Cindy Claflin, Chair-Elect
Carmen Lee
Adam Nelson, MD
Walter Shwe

Staff Present

Andi Murphy, Staff

Others Present

Presenter: Marshall Gonzalo. MHAAC of San Mateo, PR Advocate

The meeting commenced at 11:00 a.m. and members introduced themselves. The minutes were approved as presented, with no amendments requested.

Item #	Topic	Issue/Options	Action/Resolution	By Whom?	By When?
1.	Review/Approve Meeting Summary	No corrections	Approved		N/A
2.	Work Plan Item 1	5150-related hearings can be time-consuming, and PRAs are not that numerous.	Survey, through CAMHPRA, counties asking where all 5150 –related hearings are held; i.e., Probably cause, Conservatorship, writ	Staff	TBD
3.	Work Plan Item 2	Why is the formula for PRA s in relation to population instead of per admission? Is a revision of the formula for calculating the proportion of PRAs to their constituents something the Planning Council should pursue legislatively? How many counties are	Ask CAMPHRA if they are interested in having the Planning Council elevate the issue based on the information gathered and provided by CAMHPRA.	Staff	TBD

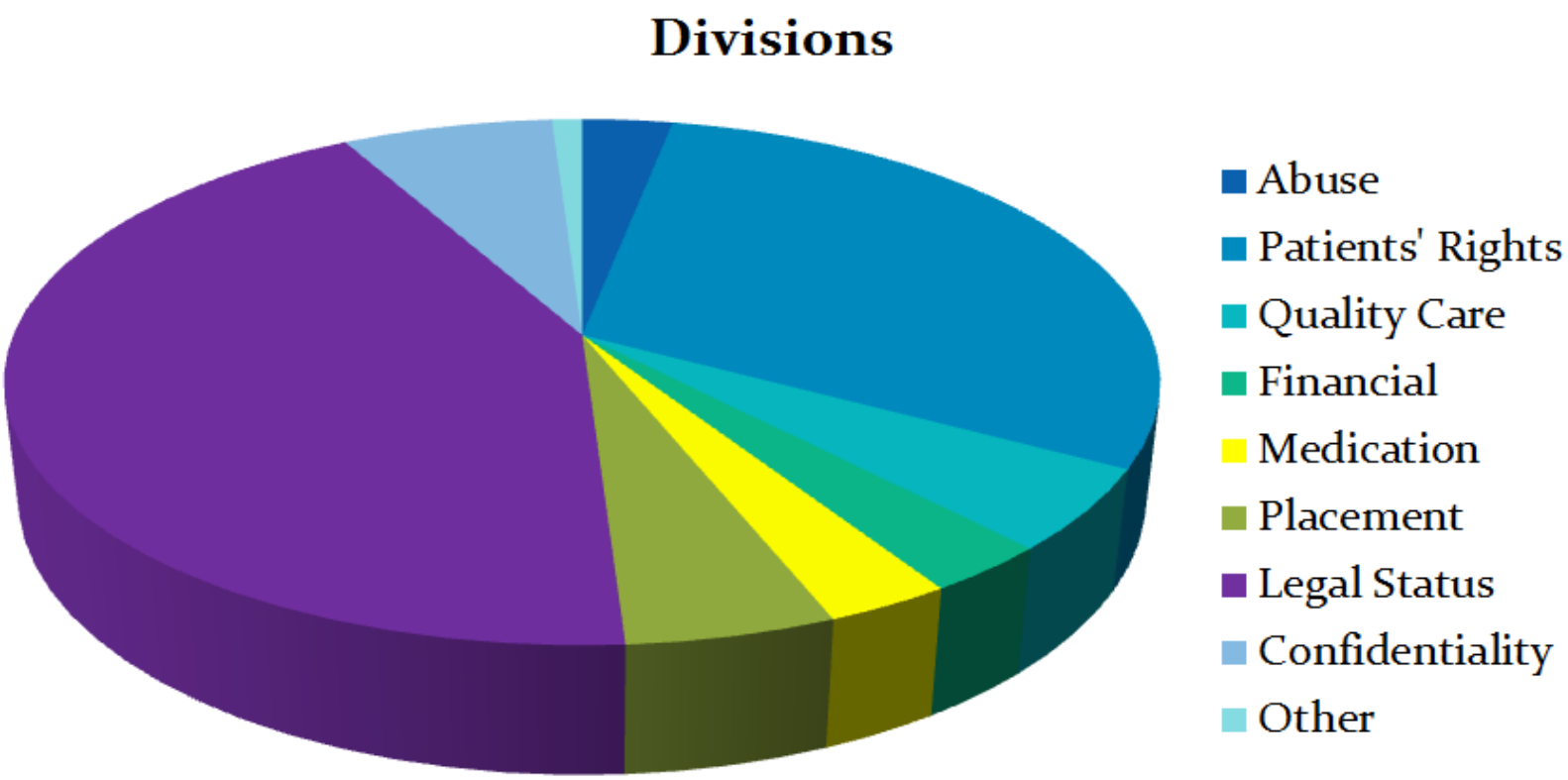
Item #	Topic	Issue/Options	Action/Resolution	By Whom?	By When?
		using the formula?			
4.	Work Plan – State Hospitals	• Separate Patients' Bill of Rights for those in hospitals • What are the ratios to PRAs in hospitals? • What types of advocacy do they provide and to what level.	Ask Jaye Vanderhurst at Napa if she can recommend somebody from the Napa Hospital PRA to present in October.	Staff	TBD

Marshall Gonzalo, of the Mental Health Association of Alameda County, provided information on Patients' Rights Advocates' activities in Alameda County. There are presently 3 advocates in San Mateo County, and 9 in Alameda County.

- Average wait time for Patient on 14-day hold to see Advocate is less than 14 days.
- Calls to office are answered within 48 hours.
- Hearings are attended on holidays if needed
- Seclusion and restraint is labelled as "quiet time" and there are no standards for quiet time in respect to when it ends – the door is not locked.
- Each county has their own version of therapeutic time-out.

Mr. Gonzalo distributed a handout detailing the different types of activities, facilities, and information on the types of Information and Referrals that were made in 2009-2010. He agreed to provide the information electronically so the graphs and charts could be read more clearly.

Information and Referrals Statistics for 2009 - 2010



California Mental Health Planning Council
Patients' Rights Committee

Work Plan 2014 - 2015

Mandate: ***WIC 5514*** *…The committee shall also review the advocacy and patients' rights components of each county mental health plan or performance contract and advise the Director of Health care Services and Director of State Hospitals concerning the adequacy of each plan or contract in protecting patients' rights. …"*

Goal #1	**Measure of Success**	**Targeted Audience**
Measure each County's compliance with WIC 5520 (a)-(e)	Issuing Statewide Report	Directors of Health Care Services and State Hospitals

Objectives	**Action Steps**	**Data/Evaluation**	**Timeline**	**Leads**
• Gather Data • Compile Responses • Evaluate Results • Develop and Disseminate Report	• Survey the Counties/MHBs • Collect PRAT Questionnaires • Secure Input from NAMI • Send Letter to County MH Directors • Send Surveys to Local MH Boards/Commissions • Compile/Analyze/Evaluate all Input • Draft Statewide Report • Submit report to DHCS	Review survey data from PRAs, Counties Explore data from Medi-Cal Compliance Reviews Review annual report from Disability Rights CA	• **November 2013**: County surveys released •**? 2013**: Survey of Mental Health Boards • **March 2014**: Participated in Patient Rights' Advocate training and solicited attendee input • **November 2014**: Letters sent to County MH Directors • **February 2015**: Follow up PRA survey at PRAT conference and online	

California Mental Health Planning Council
Patients' Rights Committee

Goal	Measure of Success	Targeted Audience

Objectives	Action Steps	Data/Evaluation	Timeline	Leads

__A___ **TAB SECTION** **DATE OF MEETING** **10/14/15**

MATERIAL PREPARED BY: Murphy **DATE MATERIAL PREPARED** 9/13/15

AGENDA ITEM:	The State-Level Patients' Rights Advocacy Process – How it Differs From the County-Level
ENCLOSURES:	9 CCR §§ 880-892 (Section 880 regulations)

BACKGROUND/DESCRIPTION:

In past meetings, the Patients' Rights Committee has heard broad overviews of the Patients' Rights Advocacy processes at both the state and county levels. Additionally, the committee has heard more in-depth information from county level advocates.

This presentation will address the Advocacy process used at State Hospitals. The state mandated advocacy service is contracted out to the California Office of Patients' Rights, which operates as a separate entity under the Disability Rights California organizational umbrella.

The California Code & Regulations language describing the specific functions of the advocate is attached.

6. State Hospital Patients' Rights

9 CCR §§ 880-892 (Section 880 regulations)

9 CCR § 880

Chapter 4.5 applies to patients' rights and related procedures for all non-Lanterman-Petris-Short Act (LPS) patients placed in or committed to a treatment program in a Department of Mental Health facility, except when transferred to or placed in a federally certified program.

9 CCR § 882

(a) Upon admission to the facility, each non-LPS patient shall be informed of the rights specified in Sections 883 and 884 and given a copy of their rights in the language or modality understood by the patient.

(b) These patients' rights shall also be prominently posted in the predominant languages of the patients in patients' living areas.

9 CCR § 883

(a) The patient's parent, guardian, or conservator **may not waive** the rights listed in this Section unless authority to waive these rights is specifically granted by court order.

(b) Non-LPS Patients have the following rights:

> (1) A right to **privacy, dignity, respect and humane care**.
>
> (2) A **right to receive treatment** for a **diagnosed mental disorder** that is provided in a method **least restrictive of individual liberty** and **promotes personal independence**.
>
> (3) A right to **medical care and treatment** for physical ailments and conditions according to accepted clinical standards and practices.
>
> (4) A **right to refuse psychosurgery, electroconvulsive therapy, experimental and other hazardous procedures**.

(5) A **right to be free from harm including abuse or neglect, and unnecessary or excessive medication, restraint, seclusion, or protective or administrative isolation**. Medication, restraint, seclusion, or protective or administrative isolation shall not be used as punishment, as retaliation for filing complaints, for the convenience of staff, as a substitute for a treatment program or in quantities that interfere with the patient's treatment.

(6) A right **to confidential case discussions, consultation, examination, and patient records**. Confidential information shall only be provided to those people providing evaluation and/or treatment or as authorized by law.

(7) A right to be informed of the **procedures for filing complaints** and the process for appeals when complaints are not resolved to the patient's satisfaction.

(8) A right to access the services of a **Patients' Rights Advocate**.

(9) A right to **confidential communications with an attorney**, either through correspondence or through private consultation, during regularly scheduled visiting days and hours.

(10) A right to **religious freedom and practice**, within the context of the environment of a secure treatment facility.

(11) A right to **opportunities for physical exercise and recreational activities**.

9 CCR § 884

(a) The patient's parent, guardian, or conservator **may not waive** the rights listed in this Section unless authority to waive these rights is specifically granted by court order. These rights shall only be denied for good cause in accordance with Subsection (b) of this Section.

(b) Non-LPS Patients have the following rights, **subject to denial for good cause**:

(1) A right to keep and use **personal possessions as space permits, except items and materials that are listed as contraband** by the facility. Each facility shall make a copy of the contraband listing available on all treatment units and public areas within the facility. Each patient shall receive a copy of the contraband listing upon admission.

(2) A right to have access to **individual secured storage space** for personal possessions in accordance with the formal policies and procedures of the facility. Title 19, Section 314 and Title 22, Sections 71543 and 73507 require hospitals and licensees to comply with State Fire Marshall regulations.

(3) A right to **keep and spend** a sum of the **patient's own money** via the facility monetary replacement system.

(4) A right to personal visits during regularly scheduled visiting days and hours. The right to have visits shall not be denied except as is necessary for **reasonable security of the facility and the safety of persons**. The length and frequency of visits and the number of persons permitted to visit a patient at the same time may be limited consistent with safety, security, and to ensure that all patients have a fair opportunity to have visitors.

(5) A right to access **telephones** to make and receive confidential telephone calls, or to have such calls made for them. Telephone hours, frequency and duration of telephone calls, and method of payment may be limited to ensure access by all patients.

(6) A right to have access to **letter writing materials** and to mail and receive correspondence. Designated facility employees shall open and inspect all incoming and outgoing mail addressed to and from patients **for contraband**. **Confidential mail, as defined in Section 881(c), shall not be read**. Limitations on size, weight and volume of mail shall be specified by formal facility policy.

(7) A right to receive **packages**. Designated facility employees **shall open and inspect** all incoming and outgoing packages addressed to and from patients for **contraband**. Limitations on the size, weight and volume, and frequency/number of packages allowed shall be specified by formal facility policy.

(8) A right to have access to **legal reference material**. Limitations on the time, duration, frequency, and method of access shall be specified by formal facility policy to ensure opportunity for access by all patients.

(9) A right to participate in appropriate programs of **publicly supported education** that are consistent with the patient's treatment plan and with the secure treatment facility environment.

(10) A right to **social interaction**. The formation of supervised patient leisure time activity groups that promote educational, social, cultural and recreational interests of participating patients shall be permitted, except for activities that pose a threat to safety and security.

(c) The rights specified in Subsection (b) of this Section shall be denied only for good cause. Good cause for denying a patient the exercise of a right exists when the facility director determines that:

(1) The exercise of the specific right would be injurious to the patient; or

(2) There is evidence that the specific right, if exercised, would seriously infringe on the rights of others; or

(3) The facility would suffer serious damage if the specific right is not denied, or;

(4) The exercise of the right would **compromise the safety and security of the facility and/or the safety of others**; and

(5) That there is no less restrictive way of protecting the interests specified in Subsections (c)(1) through (4) of this Section.

(d) The reason for denial of a right under this Section must be related to the specific right denied. A right specified in this Section shall not be withheld or denied as a punitive measure, nor shall a right specified in this Section be considered a privilege to be earned. A denial of a right shall not exceed thirty days without additional staff review. Treatment plans shall not include denial of any right specified in Subsection (b) of this Section.

(e) Each denial of a right specified in this Section shall be noted in the patient's treatment record. Documentation shall take place immediately whenever a right is denied. The notation shall include:

(1) Date and time the right was denied.

(2) Specific right denied.

(3) Good cause for denial of right.

(4) Date of review if denial was extended beyond 30 days.

(5) The facility director's signature authorizing the denial.

(f) The patient shall be told of the content of the notation and the process for restoration at the time of the denial.

(g) Each denial of a right specified in this Section shall be documented regardless of the reason for the denial, or the frequency with which a specific right is denied in a particular facility, or to a particular patient.

(h) A patient's right under this Section shall be restored when the good cause for its denial no longer exists. When a right has been denied, staff shall employ the least restrictive means of managing the behavior that led to the denial. The date that a specific right is restored shall be documented in the patient's treatment record.

(i) Information in the patients' treatment record pertaining to a denial of rights shall be available on request to the patient, their attorney/conservator/guardian, the Department, or excluding the patient identity, a member of the State Legislature.

9 CCR § 886

(a) Each facility director shall file quarterly reports with the Office of Patients' Rights, by the last day of January, April, July, and October. These reports shall list the number of patients whose right or rights were denied and the specific right or rights that were denied.

(b) The quarterly reports shall enable the Director of the Department and the Office of Patients' Rights to identify individual treatment records, if necessary, for further analysis and investigation.

W&IC § 7295

(a) To ensure its safety and security, a **state hospital** that is under the jurisdiction of the State Department of State Hospitals, as listed in Section 4100, **may develop a list of items that are deemed contraband and prohibited on hospital grounds, and control and eliminate contraband on hospital grounds**.

(b) The State **Department of State Hospitals shall develop** a list of items that **shall be deemed contraband at every state hospital**.

(c) A state hospital shall form a contraband committee, comprised of hospital management and employees designated by the hospital's director, to develop the list of contraband items. **The committee shall develop the list with the participation of patient representatives, or the patient government of the hospital, if one is available, and the Office of Patients' Rights.**

(d) Each hospital list of contraband items developed pursuant to subdivision (a), and the statewide list of contraband items developed pursuant to subdivision (b) are subject to review and approval by the Director of State Hospitals or his or her designee.

(e) A list of contraband items developed pursuant to subdivision (a) shall be updated and subject to review and approval by the director of the department, or his or her designee, no less often than every six months.

(f) If an item presents an **emergent danger to the safety and security of a facility, the item may be placed immediately on a contraband list** by the Director of State Hospitals or the executive director of the state hospital, but this placement shall be reviewed by the contraband committee, if applicable, and approved by the Director of State Hospitals or his or her designee within six weeks.

(g) **The lists of contraband items developed pursuant to this section shall be posted prominently in every unit of the hospital and throughout the hospital, and provided to a patient upon request.**

(h) **The lists of contraband items developed pursuant to this section shall be posted on the hospital's Internet Web site.**

(i) For the purposes of this section, "contraband" means materials, articles, or goods that a patient is prohibited from having in his or her possession because the materials, articles, or goods present a **risk to the safety and security of the facility**.

(j) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the hospital and the department may implement, interpret, or make specific this section without taking regulatory action.

7. Medi-Cal Patients' Rights

9 CCR § 1850.205-1850.215

9 CCR § 1850.205. General Provisions.

(a) An MHP shall develop problem resolution processes that enable a beneficiary to resolve a problem or concern about any issue related to the MHP's performance of its duties under this Chapter, including the delivery of specialty mental health services.

(b) The MHP's beneficiary problem resolution processes shall include:

(1) A grievance process;

___B__ **TAB SECTION** **DATE OF MEETING 10/14/2015**

MATERIAL PREPARED BY: Murphy **DATE MATERIAL PREPARED** 9/14/2015

AGENDA ITEM:	**Review/Comment- Draft PRC Charter**
ENCLOSURES:	Draft PRC Charter CMHPC Mandates

BACKGROUND/DESCRIPTION:

CMHPC Committees employ charters in order to clarify or articulate their purpose and objectives, and to link their activities to existing mandates. The Charters help provide focus and direction and create a common ground from which to operate. Please take some time to review the proposed draft charter (attached), and review the CMHPC mandates (attached). Consider what you would like to see as the guiding principles (that inform your research and work products) and the objectives (work plan components) that this committee should articulate in support of the CMHPC mandates.

Committee members are asked to attend the October meeting prepared to provide their suggestions to “fill in the blanks” on this draft charter document in order to formalize it and remove the draft status.

CMHPC

PATIENTS' RIGHTS COMMITTEE

DRAFT CHARTER 2015

CMHPC Mission:

The CMHPC evaluates the mental health system for accessible and effective care. It advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally competent and cost-effective. To achieve these ends, the Council educates the general public, the mental health constituency, and legislators.

Patients Rights' Committee Purpose:

The purpose of the Patients' Rights Committee is to monitor and report on the access, depth, sufficiency, and effectiveness of advocacy services provided to psychiatric patients at the county and state-level public mental health system provider sites.

Mandate: Welfare and Institutions Code (WIC); Division 5.

Part1; Chapter 6.2 - Mental Health Advocacy;

Article 2. Patients' Rights Program [5510 - 5514]:

5514:

There shall be a five-person Patients' Rights Committee formed through the California Mental Health Planning Council. This committee, supplemented by two ad hoc members appointed by the chairperson of the committee, *shall advise the Director of Health Care Services and the Director of State Hospitals regarding department policies and practices that affect patients' rights. The committee shall also review the advocacy and patients' rights components of each county mental health plan or performance contract and advise the Director of Health Care Services and the Director of State Hospitals concerning the adequacy of each plan or performance contract in protecting patients' rights.* The ad hoc members of the committee shall be persons with substantial experience in establishing and providing independent advocacy services to recipients of mental health services.

(Amended by Stats. 2012, Ch. 34, Sec. 108. Effective June 27, 2012.)

Guiding Principles: All advisory efforts and work products shall be promulgated or produced to ensure that the following best practices and principles are included:

Your suggestions here Your suggestions here Your suggestions here

Your suggestions here Your suggestions here Your suggestions here

OBJECTIVES:

1. Your Suggestions Here
2. Your suggestions here

CMHPC

PATIENTS' RIGHTS COMMITTEE

DRAFT CHARTER 2015

Roles and Responsibilities:

Regular attendance of committee members is expected in order for the Committee to function effectively. If a committee has difficulty achieving a quorum due to the continued absence of a committee member, the committee chairperson will discuss with the member the reasons for his or her absence. If the problem persists, the committee chair can request that the Executive Committee remove the member from the committee.

Members are expected to serve as advocates for the committee's charge, and as such, could include, but are not limited to:

- Attend meetings
- Speak when authorizes at relevant conferences and summits when requested by the committee or the Planning Council
- Participate in the development products such as white papers, opinion papers, and other documents
- Distribute the committee's white papers and opinion papers to their represented communities and organizations
- Assist in identifying speakers for presentations

Materials will be distributed as far in advance as possible in order to allow time for review before the meetings. Members are expected to come prepared in order to ensure effective meeting outcomes.

Membership:

Co-Chairs:
Daphne Shaw, Co-Chair
Cindy Claflin, Co-Chair
Committee Members
Dan Brzovic
Richard Krzyzanowski
Carmen Lee
Adam Nelson
Walter Shwe
Staff: Andi Murphy *(916) 324-0777* *andi.murphy@cmhpc.ca.gov*

General Principles of Collaboration:

The following general operating principles are proposed to guide the committee's deliberations:

DRAFT

- The committee's mission will be best achieved by relationships among the members characterized by mutual trust, responsiveness, flexibility, and open communication.
- It is the responsibility of all members to work toward the committee's common goals.
- To that end, members will:
    - Commit to expending the time, energy and organizational resources necessary to carry out the committee's mission
    - Be prepared to listen intently to the concerns of others and identify the interests represented
    - Ask questions and seek clarification to ensure they fully understand other's interests, concerns and comments
    - Regard disagreements as problems to be solved rather than battles to be won
    - Be prepared to "think outside the box" and develop creative solutions to address the many interests that will be raised throughout the Committee's deliberations

Decision Making:
The Committee will work to find common ground on issues and strive to seek consensus on all key issues. Every effort will be made to reach consensus, and opposing views will be explained. In situations where there are strongly divergent views, members may choose to present multiple recommendations on the same topic. If the Committee is unable to reach consensus on key issues, decisions will be made by majority vote. Minority views will be included in the meeting highlights.

Meeting Protocols:
The Committee's decisions and activities will be captured in a highlights document, briefly summarizing the discussion and outlining key outcomes during the meeting. Viewpoints will be recorded, but not be attributed to a specific member. The meeting highlights will be distributed to the Committee within one month following the meeting. Members will review and approve the previous meeting's highlights at the beginning of the following meeting.

Media Inquiries:
In the event the Committee is contacted by the press, the Chairperson will refer the request the CMHPC's Executive Officer.

DRAFT

State Statutes - Welfare and Institution Code

4033. (a) The State Department of Health Care Services shall, to the extent resources are available, comply with the Substance Abuse and Mental Health Services Administration federal planning requirements. The department shall update and issue a state plan, which may also be any federally required state service plan, so that citizens may be informed regarding the implementation of, and long-range goals for, programs to serve mentally ill persons in the state. The department shall gather information from counties necessary to comply with this section.

(b) (1) If the State Department of Health Care Services makes a decision not to comply with any Substance Abuse and Mental Health Services Administration federal planning requirement to which this section applies, the State Department of Health Care Services shall submit the decision, for consultation, to the California Mental Health Directors Association, the California Mental Health Planning Council, and affected mental health entities.

(2) The State Department of Health Care Services shall not implement any decision not to comply with the Substance Abuse and Mental Health Services Administration federal planning requirements sooner than 30 days after notification of that decision, in writing, by the Department of Finance, to the chairperson of the committee in each house of the Legislature which considers appropriations, and the Chairperson of the Joint Legislative Budget Committee.

5400. The Director of Health Care Services shall administer this part and shall adopt rules, regulations, and standards as necessary. In developing rules, regulations, and standards, the Director of Health Care Services shall consult with the California Mental Health Directors Association, the California Mental Health Planning Council, and the office of the Attorney General. Adoption of these standards, rules, and regulations shall require approval by the California Mental Health Directors Association by majority vote of those present at an official session.

Wherever feasible and appropriate, rules, regulations, and standards adopted under this part shall correspond to comparable rules, regulations, and standards adopted under the Bronzan-McCorquodale Act. These corresponding rules, regulations, and standards shall include qualifications for professional personnel.

Regulations adopted pursuant to this part may provide standards for services for chronic alcoholics which differ from the standards for services for the mentally disordered.

5514. There shall be a five-person Patients' Rights Committee formed through the California Mental Health Planning Council. This committee, supplemented by two ad hoc members appointed by the chairperson of the committee, shall advise the Director of Health Care Services and the Director of State Hospitals regarding department policies and practices that affect patients' rights. The committee shall also review the advocacy and patients' rights components of each county mental health plan or performance contract and advise the Director of Health Care Services and the Director of State Hospitals concerning the adequacy of each plan or performance contract in protecting patients' rights. The ad hoc members of the committee shall be persons with substantial experience in establishing and providing independent advocacy services to recipients of mental health services.

State Statutes - Welfare and Institution Code

5604.2. (a) The local mental health board shall do all of the following:

(1) Review and evaluate the community's mental health needs, services, facilities, and special problems.
(2) Review any county agreements entered into pursuant to Section 5650.
(3) Advise the governing body and the local mental health director as to any aspect of the local mental health program.
(4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
(5) Submit an annual report to the governing body on the needs and performance of the county's mental health system.
(6) Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.
(7) Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.
(8) Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

5610. (a) Each county mental health system shall comply with reporting requirements developed by the State Department of Health Care Services, in consultation with the California Mental Health Planning Council and the Mental Health Services Oversight and Accountability Commission, which shall be uniform and simplified. The department shall review existing data requirements to eliminate unnecessary requirements and consolidate requirements which are necessary. These requirements shall provide comparability between counties in reports.

(**b)** The department shall develop, **i**n consultation with the Performance Outcome Committee, the California Mental Health Planning Council, and the Mental Health Services Oversight and Accountability Commission, pursuant to Section 5611, and with the California Health and Human Services Agency, uniform definitions and formats for a statewide, nonduplicative client-based information system that includes all information necessary to meet federal mental health grant requirements and state and federal Medicaid reporting requirements, as well as any other state requirements established by law. The data system, including performance outcome measures reported pursuant to Section 5613, shall be developed by July 1, 1992.

(c) Unless determined necessary by the department to comply with federal law and regulations, the data system developed pursuant to subdivision (b) shall not be more costly than that in place during the 1990-91 fiscal year.

(d) – (f) provides additional requirements regarding reporting/data.

State Statutes - Welfare and Institution Code

5611. (a) The Director of Mental Health shall establish a Performance Outcome Committee, to be comprised of representatives from the PL 99-660 Planning Council and the California Conference of Local Mental Health Directors. Any costs associated with the performance of the duties of the committee shall be absorbed within the resources of the participants.

(b) Major mental health professional organizations representing licensed clinicians may participate as members of the committee at their own expense.

(c) The committee may seek private funding for costs associated with the performance of its duties.

5614.5. (a) The department, in consultation with the Quality Improvement Committee which shall include representatives of the California Mental Health Planning Council, local mental health departments, consumers and families of consumers, and other stakeholders, shall establish and measure indicators of access and quality to provide the information needed to continuously improve the care provided in California's public mental health system.

(b) The department in consultation with the Quality Improvement Committee shall include specific indicators in all of the following areas:

(1) Structure.
(2) Process, including access to care, appropriateness of care, and the cost effectiveness of care.
(3) Outcomes.

(c) Protocols for both compliance with law and regulations and for quality indicators shall include standards and formal decision rules for establishing when technical assistance, and enforcement in the case of compliance, will occur. These standards and decision rules shall be established through the consensual stakeholder process established by the department.

(d) The department shall report to the legislative budget committees on the status of the efforts in Section 5614 and this section by March 1, 2001. The report shall include presentation of the protocols and indicators developed pursuant to this section or barriers encountered in their development.

5664. In consultation with the California Mental Health Directors Association, the State Department of Health Care Services, the Mental Health Services Oversight and Accountability Commission, the California Mental Health Planning Council, and the California Health and Human Services Agency, county mental health systems shall provide reports and data to meet the information needs of the state, as necessary.

5664.5. (a) County mental health systems shall continue to provide data required by the State Department of Health Care Services to establish uniform definitions and time increments for reporting type and cost of services received by local mental health program clients.

(b) This section shall remain in effect only until January 1, 1994, and as of that date is repealed, unless a later enacted statute, which becomes effective on or before January 1, 1994, deletes or extends the dates on which it is repealed; or until the date upon which the director informs the Legislature that the new data system is established pursuant to Section 5610, whichever is later, unless the provisions of the section are required by the federal government.

State Statutes - Welfare and Institution Code

5701.1. Notwithstanding Section 5701, the State Department of Health Care Services, in consultation with the California Mental Health Directors Association and the California Mental Health Planning Council, may utilize funding from the Substance Abuse and Mental Health Services Administration Block Grant, awarded to the State Department of Health Care Services, above the funding level provided in federal fiscal year 1998, for the development of innovative programs for identified target populations, upon appropriation by the Legislature.

5732. (a) Given the requirements of Public Law 99-660 and the significant policy issues currently facing the mental health system in California, a master plan for mental health is required which integrates these planning and reform efforts and which establishes priorities for the service delivery system and analyzes critical policy issues.

(b) The California Planning Council's scope shall be expanded to include the development of the Mental Health Master Plan. This Mental Health Master Plan shall be distinct but compatible with the plan mandated by Public Law 99-660, the development and implementation of which is the responsibility of the State Department of Mental Health.

(c) Therefore, the California Planning Council required by Public Law 99-660 shall be expanded to include the following members:

(1) The Speaker of the Assembly shall recommend to the Governor for appointment, one council member.
(2) The Assembly Minority Floor Leader shall recommend to the Governor for appointment, one council member.
(3) The President pro Tempore of the Senate shall recommend to the Governor for appointment, one council member.
(4) The Senate Minority Floor Leader shall recommend to the Governor for appointment, one council member.
(5) The County Supervisors Association of California shall recommend to the Governor for appointment, one council member.

(d) The Mental Health Master Plan shall be completed and submitted to the Legislature and the Governor by October 1, 1991.

5750. The State Department of Health Care Services shall administer this part and shall adopt standards for the approval of mental health services, and rules and regulations necessary thereto. However, these standards, rules, and regulations shall be adopted only after consultation with the California Mental Health Directors Association and the California Mental Health Planning Council.

5771. (a) Pursuant to Public Law 102-321, there is the California Mental Health Planning Council. The purpose of the planning council shall be to fulfill those mental health planning requirements mandated by federal law.

(b) (1) The planning council shall have 40 members, to be comprised of members appointed from both the local and state levels in order to ensure a balance of state and local concerns relative to planning.

(2) As required by federal law, eight members of the planning council shall represent various state departments.

State Statutes - Welfare and Institution Code

(3) Members of the planning council shall be appointed in a manner that will ensure that at least one-half are persons with mental disabilities, family members of persons with mental disabilities, and representatives of organizations advocating on behalf of persons with mental disabilities. Persons with mental disabilities and family members shall be represented in equal numbers.

(4) The Director of Health Care Services shall make appointments from among nominees from various mental health constituency organizations, which shall include representatives of consumer-related advocacy organizations, representatives of mental health professional and provider organizations, and representatives who are direct service providers from both the public and private sectors. The director shall also appoint one representative of the California Coalition on Mental Health.

(c) Members should be balanced **according to demography, geography, gender, and ethnicity. Members should include representatives with interest in all target populations, including, but not limited to, children and youth, adults, and older adults.**

(d) The planning council shall annually elect a chairperson and a chair-elect.

(e) The term of each member shall be three years, to be staggered so that approximately one-third of the appointments expire in each year.

(f) In the event of changes in the federal requirements regarding the structure and function of the planning council, or the discontinuation of federal funding, the State Department of Health Care Services shall, with input from state-level advocacy groups, consumers, family members and providers, and other stakeholders, propose to the Legislature modifications in the structure of the planning council that the department deems appropriate.

5771.1. The members of the Mental Health Services Oversight and Accountability Commission established pursuant to Section 5845 are members of the California Mental Health Planning Council. They serve in an ex officio capacity when the council is performing its statutory duties pursuant to Section 5772. Such membership shall not affect the composition requirements for the council specified in Section 5771.

5771.3. The California Mental Health Planning Council may utilize staff of the State Department of Health Care Services, to the extent they are available, and the staff of any other public or private agencies that have an interest in the mental health of the public and that are able and willing to provide those services.

5771.5. (a) (1) The Chairperson of the California Mental Health Planning Council, with the concurrence of a majority of the members of the California Mental Health Planning Council, shall appoint an executive officer who shall have those powers delegated to him or her by the council in accordance with this chapter.

(2) The executive officer shall be exempt from civil service.

State Statutes - Welfare and Institution Code

(b) Within the limit of funds allotted for these purposes, the California Mental Health Planning Council may appoint other staff it may require according to the rules and procedures of the civil service system.

5772. The California Mental Health Planning Council shall have the powers and authority necessary to carry out the duties imposed upon it by this chapter, including, but not limited to, the following:

(a) To advocate for effective, quality mental health programs.

(b) To review, assess, and make recommendations regarding all components of California's mental health system, and to report as necessary to the Legislature, the State Department of Health Care Services, local boards, and local programs.

(c) To review program performance in delivering mental health services by annually reviewing performance outcome data as follows:

(1) To review and approve the performance outcome measures.
(2) To review the performance of mental health programs based on performance outcome data and other reports from the State Department of Health Care Services and other sources.
(3) To report findings and recommendations on programs' performance annually to the Legislature, the State Department of Health Care Services, and the local boards.
(4) To identify successful programs for recommendation and for consideration of replication in other areas. As data and technology are available, identify programs experiencing difficulties.

(d) When appropriate, make a finding pursuant to Section 5655 that a county's performance is failing in a substantive manner. The State Department of Health Care Services shall investigate and review the finding, and report the action taken to the Legislature.

(e) To advise the Legislature, the State Department of Health Care Services, and county boards on mental health issues and the policies and priorities that this state should be pursuing in developing its mental health system.

(f) To periodically review the state's data systems and paperwork requirements to ensure that they are reasonable and in compliance with state and federal law.

(g) To make recommendations to the State Department of Health Care Services on the award of grants to county programs to reward and stimulate innovation in providing mental health services.

(h) To conduct public hearings on the state mental health plan, the Substance Abuse and Mental Health Services Administration block grant, and other topics, as needed.

State Statutes - Welfare and Institution Code

(i) In conjunction with other statewide and local mental health organizations, assist in the coordination of training and information to local mental health boards as needed to ensure that they can effectively carry out their duties.

(j) To advise the Director of Health Care Services on the development of the state mental health plan and the system of priorities contained in that plan.

(k) To assess periodically the effect of realignment of mental health services and any other important changes in the state's mental health system, and to report its findings to the Legislature, the State Department of Health Care Services, local programs, and local boards, as appropriate.

(l) To suggest rules, regulations, and standards for the administration of this division.

(m) When requested, to mediate disputes between counties and the state arising under this part.

(n) To employ administrative, technical, and other personnel necessary for the performance of its powers and duties, subject to the approval of the Department of Finance.

(o) To accept any federal fund granted, by act of Congress or by executive order, for purposes within the purview of the California Mental Health Planning Council, subject to the approval of the Department of Finance.

(p) To accept any gift, donation, bequest, or grants of funds from private and public agencies for all or any of the purposes within the purview of the California Mental Health Planning Council, subject to the approval of the Department of Finance.

5814. (a) (1) This part shall be implemented only to the extent that funds are appropriated for purposes of this part. To the extent that funds are made available, the first priority shall go to maintain funding for the existing programs that meet adult system of care contract goals. The next priority for funding shall be given to counties with a high incidence of persons who are severely mentally ill and homeless or at risk of homelessness, and meet the criteria developed pursuant to paragraphs (3) and (4).

(2) The Director of Health Care Services shall establish a methodology for awarding grants under this part consistent with the legislative intent expressed in Section 5802, and in consultation with the advisory committee established in this subdivision.

(3) (A) The Director of Health Care Services shall establish an advisory committee for the purpose of providing advice regarding the development of criteria for the award of grants, and the identification of specific performance measures for evaluating the effectiveness of grants. The committee shall review evaluation reports and make findings on evidence-based best practices and recommendations for grant conditions. At not less than one meeting annually, the advisory committee shall provide to the director written comments on the performance of each of the county programs. Upon request by the department, each participating county that is the subject of a comment shall provide a written response to the comment. The department shall comment on each of these responses at a subsequent meeting.

State Statutes - Welfare and Institution Code

(B) The committee shall include, but not be limited to, representatives from state, county, and community veterans' services and disabled veterans outreach programs, supportive housing and other housing assistance programs, law enforcement, county mental health and private providers of local mental health services and mental health outreach services, the Department of Corrections and Rehabilitation, local substance abuse services providers, the Department of Rehabilitation, providers of local employment services, the State Department of Social Services, the Department of Housing and Community Development, a service provider to transition youth, the United Advocates for Children of California, the California Mental Health Advocates for Children and Youth, the Mental Health Association of California, the California Alliance for the Mentally Ill, the California Network of Mental Health Clients, the California Mental Health Planning Council, the Mental Health Services Oversight and Accountability Commission, and other appropriate entities.

(4) The criteria for the award of grants shall include, but not be limited to, all of the following:

(A) A description of a comprehensive strategic plan for providing outreach, prevention, intervention, and evaluation in a cost appropriate manner corresponding to the criteria specified in subdivision (c).

(B) A description of the local population to be served, ability to administer an effective service program, and the degree to which local agencies and advocates will support and collaborate with program efforts.

(C) A description of efforts to maximize the use of other state, federal, and local funds or services that can support and enhance the effectiveness of these programs.

(5) In order to reduce the cost of providing supportive housing for clients, counties that receive a grant pursuant to this part after January 1, 2004, shall enter into contracts with sponsors of supportive housing projects to the greatest extent possible. Participating counties are encouraged to commit a portion of their grants to rental assistance for a specified number of housing units in exchange for the counties' clients having the right of first refusal to rent the assisted units.

(b) – (h) present additional requirements for the grants.

5820. (a) It is the intent of this part to establish a program with dedicated funding to remedy the shortage of qualified individuals to provide services to address severe mental illnesses.

(b) Each county mental health program shall submit to the Office of Statewide Health Planning and Development a needs assessment identifying its shortages in each professional and other occupational category in order to increase the supply of professional staff and other staff that county mental health programs anticipate they will require in order to provide the increase in services projected to serve additional individuals and families pursuant to Part 3 (commencing with Section 5800), Part 3.2 (commencing with Section 5830), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division. For purposes of this part, employment in California's public mental health system includes employment in private organizations providing publicly funded mental health services.

(c) The Office of Statewide Health Planning and Development, in coordination with the California Mental Health Planning Council, shall identify the total statewide needs for each

professional and other occupational category utilizing county needs assessment information and develop a five-year education and training development plan.

(d) Development of the first five-year plan shall commence upon enactment of the initiative. Subsequent plans shall be adopted every five years, with the next five-year plan due as of April 1, 2014.

(e) Each five-year plan shall be reviewed and approved by the California Mental Health Planning Council.

5821. (a) The California Mental Health Planning Council shall advise the Office of Statewide Health Planning and Development on education and training policy development and provide oversight for education and training plan development.

(b) The Office of Statewide Health Planning and Development shall work with the California Mental Health Planning Council and the State Department of Health Care Services so that council staff is increased appropriately to fulfill its duties required by Sections 5820 and 5821.

5845. (a) The Mental Health Services Oversight and Accountability Commission is hereby established to oversee Part 3 (commencing with Section 5800), the Adult and Older Adult Mental Health System of Care Act; Part 3.1 (commencing with Section 5820), Human Resources, Education, and Training Programs; Part 3.2 (commencing with Section 5830), Innovative Programs; Part 3.6 (commencing with Section 5840), Prevention and Early Intervention Programs; and Part 4 (commencing with Section 5850), the Children's Mental Health Services Act. The commission shall replace the advisory committee established pursuant to Section 5814.

(d) In carrying out its duties and responsibilities, the commission may do all of the following:

(12) Work in collaboration with the State Department of Health Care Services and the California Mental Health Planning Council, and in consultation with the California Mental Health Directors Association, in designing a comprehensive joint plan for a coordinated evaluation of client outcomes in the community-based mental health system, including, but not limited to, parts listed in subdivision (a). The California Health and Human Services Agency shall lead this comprehensive joint plan effort.

5848. (d) Mental health services provided pursuant to Part 3 (commencing with Section 5800), and Part 4 (commencing with Section 5850), shall be included in the review of program performance by the California Mental Health Planning Council required by paragraph (2) of subdivision (c) of Section 5772 and in the local mental health board's review and comment on the performance outcome data required by paragraph (7) of subdivision (a) of Section 5604.2.

5892. (d) Prior to making the allocations pursuant to subdivisions (a), (b), and (c), funds shall be reserved for the costs for the State Department of Health Care Services, the California Mental Health Planning Council, the Office of Statewide Health Planning and Development, the Mental Health Services Oversight and Accountability Commission, the State Department of Public Health, and any other state agency to implement all duties pursuant to the programs set forth in this section. These costs shall not exceed 5 percent of the total of annual revenues received for the fund. The administrative costs shall include funds to assist consumers and family members to ensure the appropriate state and county agencies give full consideration to

concerns about quality, structure of service delivery, or access to services. The amounts allocated for administration shall include amounts sufficient to ensure adequate research and evaluation regarding the effectiveness of services being provided and achievement of the outcome measures set forth in Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division. The amount of funds available for the purposes of this subdivision in any fiscal year shall be subject to appropriation in the annual Budget Act.

5897. (a) Notwithstanding any other provision of state law, the State Department of Health Care Services shall implement the mental health services provided by Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division through contracts with county mental health programs or counties acting jointly. A contract may be exclusive and may be awarded on a geographic basis. As used herein a county mental health program includes a city receiving funds pursuant to Section 5701.5.

(b) Two or more counties acting jointly may agree to deliver or subcontract for the delivery of such mental health services. The agreement may encompass all or any part of the mental health services provided pursuant to these parts. Any agreement between counties shall delineate each county's responsibilities and fiscal liability.

(c) The department shall implement the provisions of Part 3 (commencing with Section 5800), Part 3.2 (commencing with Section 5830), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division through the annual county mental health services performance contract, as specified in Chapter 2 (commencing with Section 5650) of Part 2 of Division 5.

(d) When a county mental health program is not in compliance with its performance contract, the department may request a plan of correction with a specific timeline to achieve improvements.

(e) Contracts awarded by the State Department of Health Care Services, the California Mental Health Planning Council, the Office of Statewide Health Planning and Development, and the Mental Health Services Oversight and Accountability Commission pursuant to Part 3 (commencing with Section 5800), Part 3.1 (commencing with Section 5820), Part 3.2 (commencing with Section 5830), Part 3.6 (commencing with Section 5840), Part 3.7 (commencing with Section 5845), Part 4 (commencing with Section 5850), and Part 4.5 (commencing with Section 5890) of this division, may be awarded in the same manner in which contracts are awarded pursuant to Section 5814 and the provisions of subdivisions (g) and (h) of Section 5814 shall apply to such contracts.

(f) For purposes of Section 5775, the allocation of funds pursuant to Section 5892 which are used to provide services to Medi-Cal beneficiaries shall be included in calculating anticipated county matching funds and the transfer to the State Department of Health Care Services of the anticipated county matching funds needed for community mental health programs.

14682.1. (a) The State Department of Health Care **S**ervices shall be designated as the state agency responsible for development, consistent with the requirements of Section 4060, and implementation of, mental health plans for Medi-Cal beneficiaries.

State Statutes - Welfare and Institution Code

(b) The department shall convene a steering committee for the purpose of providing advice and recommendations on the transition and continuing development of the Medi-Cal mental health managed care systems pursuant to subdivision (a). The committee shall include work groups to advise the department of major issues to be addressed in the managed mental health care plan, as well as system transition and transformation issues pertaining to the delivery of mental health care services to Medi-Cal beneficiaries, including services to children provided through the Early and Periodic Screening, Diagnosis and Treatment Program.

(c) The committee shall consist of diverse representatives of concerned and involved communities, including, but not limited to, beneficiaries, their families, providers, mental health professionals, substance use disorder treatment professionals, statewide representatives of health care service plans, representatives of the California Mental Health Planning Council, public and private organizations, county mental health directors, and others as determined by the department. The department has the authority to structure this steering committee process in a manner that is conducive for addressing issues effectively, and for providing a transparent, collaborative, meaningful process to ensure a more diverse and representative approach to problem-solving and dissemination of information.

Health and Safety Code Section 128456.
In developing the program established pursuant to this article, the Health Professions Education Foundation shall solicit the advice of representatives of the Board of Behavioral Sciences, the Board of Psychology, the State Department of Health Care Services, the California Mental Health Directors Association, the California Mental Health Planning Council, professional mental health care organizations, the California Healthcare Association, the Chancellor of the California Community Colleges, and the Chancellor of the California State University. The foundation shall solicit the advice of representatives who reflect the demographic, cultural, and linguistic diversity of the state.