

California Mental Health Planning Council

Patients' Rights Committee

June 15, 2016

Ontario Airport Hotel-Sage Room

700 North Haven Avenue Ontario, CA 91764

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

Time	Topic	Presenter or Facilitator	Tab
11:00 a.m.	Welcome and Introductions	Daphne Shaw, Chair	
11:05	Agenda Review	Daphne Shaw, Chair	
11:10	Review and approve April 2016 meeting minutes	Daphne Shaw, Chair	A
11:15	Discuss Issue of Ratio of Patients' Rights Advocates and review of enclosures. Report out from 5/18 CAMHPRA meeting	Jim Preis Executive Director Mental Health Advocacy Services, Inc.	B
12:00	Discuss/Review Projects on Work Plan	All	C
12:15	Plan for Next Meeting/Report Out	All	
12:25	Public Comment		
12:30	Adjourn		

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

Committee Members:

Co-Chairs: **Daphne Shaw** **Cindy Clafin**

Members: Adam Nelson, MD Dan Brzovic
 Carmen Lee Richard Krzyzanowski
 Walter Shwe

Staff: Tom Orrock 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.

INFORMATION

TAB SECTION A

 X **ACTION REQUIRED:**
Approve Minutes

DATE OF MEETING 6/15/16

**MATERIAL
PREPARED BY:** Orrock

**DATE MATERIAL
PREPARED** 5/11/16

AGENDA ITEM:	Approval of PRC Committee Meeting Minutes
ENCLOSURES:	<ul style="list-style-type: none">• Minutes of PRC Meetings on April 20, 2016
OTHER MATERIAL RELATED TO ITEM:	None

ISSUE:

Patient's Rights Committee review and approval of minutes from April 2016 Quarterly meeting in San Francisco, CA.

Patient's Rights Committee

Meeting Highlights

April 20, 2016

1500 Van Ness Avenues, San Francisco, CA

Committee Members present:

Daphne Shaw, Chair

Walter Shwe

Carmen Lee

Richard Krzyzanowski

Staff present:

Tom Orrock

Others present:

Beryl Nielsen, Napa County

Maya Petties, CMHPC

Darlene Prettyman, CMHPC

CJ Jones

Welcome and Introductions:

Daphne Shaw took role and announced that the committee has a quorum. Discussion took place regarding the value of Dan Brzovic to the committee and how the committee could make accommodations for his busy schedule to include him in future meetings.

Review letter to Local Mental Health Boards:

Last year the committee had a very poor response to a survey that was sent to the MH Board chairs around patient's rights advocacy. A report was written in January from the information that was gathered. The CALMBC were of little help to the past process.

The committee is sending a letter to the MH Board Chairs asking them to put the subject of patient's rights on the agenda of a regular meeting.

Every county is required to have at least one PRA.

Because it is so difficult to obtain the names and addresses of current Chairs in the county, the letter will be sent in hardcopy by US mail C/O the MH Board Chair to the BH Directors. Approval was obtained from the committee to send the letter as written.

Richard asked if the committee could invite Patients' Rights Advocates to present to the committee. Letting them know that we are asking their counties to focus on the subject of advocacy. He stated that advocates would like to know that we are doing this work.

We have a list of PRAs around California from 2 years ago. Darlene stated that we should think about this as a way to have them help facilitate the project.

A letter will be drafted to the PRA Directory to inform them that we are asking their county to agendaize a discussion about Patients' Rights Advocacy.

Darlene will ask CAMHPRA if we could distribute materials using their lists.

Discussion of the Ratio for PRAs:

PRAs do not feel that they have enough time to carry out their responsibilities. This is due to the responsibilities that they have to participate in certification hearings. We have been unable to find information about where the ratio of 1:500,000 came from.

Richard stated that this ratio was a suggestion and not anything that was put in statute. It has no official standing.

Darlene suggested that we pursue legislation which would put a ratio in statute.

Daphne stated that she met a representative from CAMHPRA who provides PRA. He invited her to a conference call in May to discuss the issue and concerns that we have. His recommendation was to be careful about putting ratios in statute. He thought that it would make changing the statute at a later time very difficult. Our question to CAMHPRA will be to ask them how we can advance advocacy.

Darlene suggested that he come to our next meeting in LA. Also wondered if we could tie this issue into the Issue Resolution Process.

A suggestion was made to set minimums in statute and then add a procedure to add advocates if counties under-performed in areas of advocacy.

The committee wants to put the subject of issue resolution and ratios on the June meeting agenda.

Richard recommended that the ratios remain based on general population as opposed to the number of patients/consumers in a county.

Discuss/Review Projects on Work Plan:

The committee report is on the CMHPC website. Daphne asked that the report be sent on to DHCS. The report was sent to CAMHPRA. This work plan objective was met.

Discussion of advocacy in the State Hospitals was discussed. Maya Petties was in attendance to discuss her experiences as a provider of mental health services in State Hospitals.

There is one advocate and one assistant for a population of about 1500 in the state hospitals. Daily she has individuals who call PR but don't get a response. Many of their complaints are not actionable. However, there are more substantial complaints that come in too.

PRAs are responsible to assist in Involuntary Medication Panels. This is when an individual does not want to take medications and they are a 1026 (Guilty but Not Guilty by Reason of Insanity). They are monitored and if they are dangerous they are referred to the panel. The PRA is there to explain the process. Often times they don't have the capacity to make that decision on their own. The PRA helps them with the appeal or review process. There are 14 day and 6 month follow ups.

Richard believes that these are Reese Hearings. Maya called them Greenshield Hearings. It involves the more experienced advocates.

Carmen stated that as a consumer when someone calls for help and doesn't get it that it can be very devastating. Maya stated that messages are left on voice mail. Darlene stated that it seems we are going backwards in this area.

Maya stated that her impression is that there are fewer complaints from the LPS(Civil Commitments) folks because they can be more impaired and don't articulate as well. Daphne stated that for those who are Incompetent to Stand Trial, they often get back to their counties and have poor legal representation.

The committee needs more information about competency hearings in State Hospitals. The only thing the committee could do is to make recommendations regarding the number of advocates. Is there anything in statute which states the responsibilities and duties of advocates in the State Hospitals. This would be very different from the responsibilities of community mental health. Dan Brzovic made a presentation on this.

The other question is regarding whether we have responsibility to address patient's rights in community MHPs. Have entities been folded together for advocacy. Where do grievances go at the state level? Individual counties keep their own records. Richard remembers that each county has to provide a report to the state regarding grievances and resolutions.

Competency Hearings are held to determine if someone can be adjudicated. This is done before someone is adjudicated. Maya assists people to become competent so that they are able to stand trial.

There is a bill that will be coming to the advocacy committee. When someone commits a crime and is put in prison they have compassionate release. This same concept is being introduced for those who are in the State Hospitals.

Carmen asked how many counties are not able to attend the CALBHBC meetings.

Public comment:

No public comment

Meeting adjourned at 12:10 am

X INFORMATION

TAB SECTION B

_____ ACTION REQUIRED

DATE OF MEETING

06/15/16

**MATERIAL
PREPARED**

**DATE MATERIAL
PREPARED**

BY: Orrock

05/11/16

AGENDA ITEM:	Discuss issues of the ratio of PRAs and review enclosures. Report out from 5/18 CAMHPRA meeting.
ENCLOSURES:	1) "A Model for Community Mental Health Programs" 2) "Report of the Task Force on County Patients' Rights Advocate Staffing Ratio" (June 1987)
OTHER MATERIAL RELATED TO ITEM:	www.disabilityrightsca.org/OPR/pr_directory.pdf

ISSUE:

These reports were sent to the PRC Committee by Jim Preis of Mental Health Advocacy Services Inc. in Los Angeles.

On page 11 of "A Model for Community Mental Health Programs" a .5-1.0 Full Time Equivalent (FTE) to 100,000 general population ratio is recommended. The report was done in two phases and was completed in the early 1980's.

In the Background section, paragraph 4 of the "Task Force" report, a 1:500,000 is said to have been set in 1980 by the State Director of Mental Health after it was recommended by the Chief of the State Patients' Rights Office. On page 8 under Conclusions, the task force recommended the ratio be 1:300,000. Senator Peralta carried a bill to make that happen, which failed.

X_____ INFORMATION

TAB SECTION C

_____ ACTION REQUIRED

DATE OF MEETING 06/15/16

MATERIAL
PREPARED BY: Orrock

DATE MATERIAL
PREPARED 05/11/16

AGENDA ITEM:	Review and Discuss projects on the Work Plan
ENCLOSURES:	PRC 2016 Work Plan
OTHER MATERIAL RELATED TO ITEM:	

ISSUE:

The Work Plan will be discussed in order to evaluate what has been accomplished to this date and to discuss the completion of the Com/Board letter project.

The PRC Committee may wish to re-visit the MHP grievance process and add a project related to that to the Work Plan.

**California Mental Health Planning Council
Patients' Rights Committee**

Work Plan 2016

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 each County's compliance with WIC 5520 (a)-(e)	Measure of Success Issuing Statewide Report	Targeted Audience Directors of Health Care Services and State Hospitals
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Objectives	Action Steps	Data/Evaluation	Timeline	Leads
<ul style="list-style-type: none"> Gather Data Compile Responses Evaluate Results Develop and Disseminate Report 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Review survey data from PRAs, Counties Explore data from Medi-Cal Compliance Reviews Review annual report from Disability Rights CA 	<ul style="list-style-type: none"> 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 <p>COMPLETED Jan. 2016</p> <p>-June 2016</p>	<ul style="list-style-type: none"> Michael Gardner Laura Leonelli Tom Orrock

**California Mental Health Planning Council
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Goal Increase Number of PRAs in CA		Measure of Success Decrease the ratio of PRAs to general population		Targeted Audience DHCS County MH Departments	
Objectives	Action Steps	Data/Evaluation	Timeline	Leads	
Establish what is current ratio Seek basis/rationale for current ratios Issue report ? Letter to DHCS ? Seek legislation ?	Query DRC, CAMHPRA and County PRAs for info Search for studies, reports, articles which include rationale for current PRA staffing ratios.	Chair to attend CAMHPRA meeting to query about ratios. Review Task Force on County PRA report. Review "A Model for CA Comm. MH Programs" report	May, 2016 June 2016	Tom Orrock	

**California Mental Health Planning Council
Patients' Rights Committee**

Goal	Measure of Success	Target Audience		
Objectives	Action Steps	Data/Evaluation	Timeline	Leads
<p>Encourage discussion at the county MH Com/Board level about the duties of Patients' Rights Advocates.</p>	<p>Letter distributed to each MHP which encourages the Com/Board to place the issue on their meeting agenda.</p>	<p>Local MH Com/Boards</p>		
<p>Gather information regarding the duties of PRAs in WIC.</p> <p>Discuss the contents of a letter to be sent to local Com/Board.</p> <p>Draft letter to all Local MH Com/Boards</p> <p>Send letter to all Com/Board Presidents</p>	<p>Review WIC in areas which discuss the specific responsibilities of the local PRA</p> <p>PRC Committee to discuss at the January CMHPC quarterly meeting</p> <p>Chair and EO meet to discuss and draft a letter.</p> <p>Print and send paper letter to Com/Board Presidents through the County Behavioral Health Director's Office.</p>		<p>January, 2016</p> <p>January, 2016</p> <p>April, 2016</p> <p>May, 2016</p> <p>COMPLETED May, 2015</p>	<p>CMHPC staff</p> <p>Daphne Shaw</p> <p>Tom Orrock</p>