

# California Behavioral Health Planning Council

## Patients' Rights Committee Agenda

Wednesday, June 18, 2025

10:30 am to 12:30 pm

DoubleTree Hotel Marina del Rey  
13480 Maxella Avenue  
Marina del Rey, CA 90292  
Panache I Room

[Zoom Meeting Link](#)

Join by phone: 1-669-900-6833

Meeting ID: 868 9649 3059

Passcode: 204758

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|----------|---|-------|
| 10:30 am | <b>Welcome, Introductions, and Housekeeping</b><br><i>Mike Phillips, Chairperson and All Members</i>          |       |
| 10:35 am | <b>Review and Accept April 2025 Meeting Minutes</b><br><i>Mike Phillips, Chairperson and All Members</i>      | Tab 1 |
| 10:40 am | <b>CARE Act Supporters</b><br><i>Presenter to be determined</i>   | Tab 2 |
| 11:10 am | <b>Public Comment</b>   |       |
| 11:15 am | <b>Legislation Updates</b><br><i>Mike Phillips, Chairperson and All Members</i>                               | Tab 3 |
| 11:25 am | <b>Public Comment</b>   |       |
| 11:30 am | <b>Break</b>  |       |
| 11:40 am | <b>Committee Charter Review and Workplan Development</b><br><i>Mike Phillips, Chairperson and All Members</i> | Tab 4 |
| 12:20 pm | <b>Planning for Future Meetings/Activities</b><br><i>Mike Phillips, Chairperson and All Members</i>           |       |
| 12:25 pm | <b>Public Comment</b>   |       |
| 12:30 pm | <b>Adjourn</b>  |       |

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

**Public Comment:** Limited to a **2-minute maximum** to ensure all are heard

If reasonable accommodations are required, please contact the Council at (916) 701-8211, not less than 5 working days prior to the meeting date.

**Patients' Rights Committee Members**

**Chairperson:** Mike Phillips

**Chair-Elect:** Richard Krzyzanowski

**Members:** Catherine Moore, Daphne Shaw, Susan Wilson, Uma Zykofsky

**Staff:** Justin Boese

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

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**Agenda Item:** Review and Accept April 2025 Meeting Minutes

**Enclosure:** Draft of April 2025 Patients' Rights Committee Meeting Minutes

**Background/Description:**

Enclosed is a draft of the meeting minutes from the April 2025 meeting, prepared by Justin Boese. Committee members will have the opportunity to ask questions, request edits, and provide other feedback before the minutes are accepted.

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**Patients' Rights Committee**  
**April 16, 2025**  
**Meeting Minutes**

**Committee Members Present:**

Mike Phillips, Chairperson  
Catherine Moore  
Susan Wilson

Richard Krzyzanowski  
Daphne Shaw  
Uma Zykofsky

**Council Staff Present:**

Justin Boese

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**Item #1: Welcome and Introductions**

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**The committee meeting began at 10:30am.**

Mike Phillips welcomed all Patients' Rights Committee (PRC) members and guests. Committee members, staff, and guests introduced themselves. A quorum was established with 6 of 6 members.

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**Item #2: Review Meeting Minutes**

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The committee reviewed and accepted the January 2025 Meeting Minutes. No edits to the minutes were requested.

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**Item #3: CARE Act Implementation Report**

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The Patients' Rights Committee continues to track the implementation of the Community Assistance, Recovery, and Empowerment (CARE) Act. The committee reviewed and discussed an early implementation report published by the Department of Health Care Services that was published in November 2024. The report states that the first annual implementation report will be published by July 2025.

Daphne Shaw said that she had noticed a decrease in coverage about CARE Court in the San Francisco Chronicle. Catherine Moore said she had found the presentation from San Diego during the January meeting very interesting, particularly the county's ability to engage respondents on a voluntary basis. She also noted their use of the

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CARE Agreements as a step-down service from conservatorship and said that it was the kind of care you would expect from an assertive community treatment model.

Mike Phillips said that San Diego has been very open about building their CARE program in a client-friendly way. He said that by pushing counties to provide this level of care to reach people with high needs who weren't previously being served, the outcomes of the act are in line with the intent of the bill when it was passed. However, he also noted that the CARE Act was marketed as a solution to the homelessness crisis, and in that regard it is not necessarily meeting people's expectations.

Daphne said that she appreciated the efforts being done by counties to implement it in client-friendly ways, but also commented that it was a lot of money being spent for few people served. She said that even the amount of funding given for judiciary work is significant. Uma Zykofsky said she thinks that the amount of money and effort going into CARE Court to serve so few people could draw scrutiny that could impact Behavioral Health Services Act (BHSA) funding on a wider level.

Mike said that Senate Bill 823, which the committee will discuss later, would make individuals with a bipolar diagnosis eligible for CARE Court. He then said that he hadn't heard a lot about the volunteer supporters that were included in the CARE Court process. Susan Wilson said that that was interesting considering how people had fought to have that included in the bill. Mike said that originally the bill had funding set aside to train these supporters, but it was removed by the time the bill was passed.

Richard Krzyzanowski added that when he advocated for patient rights during the development of Prop 1, he felt strong push back against patients' rights advocates. He said that he felt the supporter role was included primarily to keep people engaged with CARE Court, and that it did not equal the kind of advocacy that patients' rights advocates provide to patients.

Uma said she thought it would be interesting to request a presentation on the supporter component of CARE court to find out who the volunteer supporters are and what their role in implementation is.

**Motion:** Daphne Shaw made a motion for the committee to send a letter to the Department of Health Care Services asking if they were collecting any data on CARE Act supporters as part of their evaluation of the CARE program. Catherine Moore seconded the motion.

**Vote:** A roll call vote was taken. The motion passed with 6 members voting "Yes."

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**Public Comment:** Lynn Rivas from the California Association of Mental Health Peer Run Organizations (CAMHPRO) stated that her organization opposes Senate Bill 823, which would add bipolar disorder diagnoses to CARE Court.

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**Item #4: Senate Bill 43 Implementation**

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Mike Phillips provided a brief update on Senate Bill 43 implementation, which the committee has been tracking since the bill passed in October 2023. Senate Bill 43 expanded the definition of “gravely disabled” in the Lanterman-Petris-Short (LPS) Act. Mike said that in San Diego County they had spent a lot of time preparing for implementation and educating law enforcement and providers. He said that San Diego County is only counting an increase in holds from Senate Bill 43 based on individuals with substance use disorder alone. Based on that measure, the increase in holds has been very small.

Richard Krzyzanowski stated that this legislation, and other legislation aimed at increasing involuntary treatment, was rolling back fundamental patients' rights protections. He said that he feels the LPS system, and its protections is one of the better systems in the country. Richard said he is concerned that it is being damaged by these changes in ways that will weaken the system and do not serve clients well.

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**Item #5: California Association of Mental Health Patients' Rights Advocates (CAMHPRA) Updates**

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Mike Phillips and Richard Krzyzanowski updated the committee on recent activities of the California Association of Mental Health Patients' Rights Advocates (CAMHPRA). The association is currently focused on the upcoming Patients' Rights Annual Training (PRAT) Conference, which is held by the California Office of Patients' Rights (COPR). Their organization will be hosting a luncheon at the conference. CAMHPRA will also have their annual election of officers.

Jude Stern, the advocate specialist for the California Office of Patients' Rights, provided more details about the PRAT Conference. The conference will be held in Sacramento on May 14-16. It will be a hybrid meeting so it will be streamed and recorded for advocates who cannot be there in person. Samuel Jain will be providing legislative updates. They will also have trainings on interactive investigations, monitoring, dismantling oppressive culture, self-care, and other topics.

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Daphne Shaw asked Jude if the counties have to pay for advocates to attend the training, which Jude confirmed. Daphne said that not all counties are willing to pay for advocates to participate and there is no requirement or mandate for them to provide ongoing training for them.

The committee discussed the need for ongoing training and development for patients' rights advocates, and the lack of requirements or funding for it. Uma Zykofsky said that the Workforce Education and Training planning process was starting soon and suggested that the committee look into including funding for ongoing training for patients' rights advocates.

**Public Comment:** Lynn Rivas commented that in regard to Senate Bill 43, she did feel it was a matter of patients' rights. She added that there is evidence that institutionalizing people for substance use disorder increases rates of overdose in the weeks following their release. Lynn also commented that Patients' Rights Advocates are understaffed, need ongoing training, and require a certain amount of autonomy from counties in order to fulfill their duties effectively.

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**Item #6: Committee Workplan Development**

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Mike Phillips led the committee in a discussion of the committee charter and workplan. He opened it up for committee input on their priorities for a new workplan. Uma Zykofsky asked about the relationship between the committee and the Department of State Hospitals, and how it should be included in the work plan. Daphne Shaw answered that it is in the committee's mandate to advise the Director of State Hospitals, but they have not been very responsive.

Due to limited time, it was decided that the committee would continue this agenda item in June and approve a new workplan at a future date.

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**Item #7: Legislation Updates**

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Mike Phillips updated the committee on several bills potentially impacting patients' rights, including Assembly Bill 416, Assembly Bill 424, Senate Bill 38, and Senate Bill 823.

Assembly Bill 416 allows emergency physicians to authorize a person to be taken into custody on a Lanterman-Petris-Short (LPS) hold. It would also make an emergency

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physician exempt from criminal and civil liability for an action by a person who is released at or before the end of the period for which they were detained. Mike said that counties already have the authority to add emergency physicians and other designations to the list of people who can initiate 5150 holds through their board of supervisors, so this bill may cause some confusion.

Assembly Bill 424 requires the Department of Health Care Services to notify a person who has filed a complaint against a licensed alcohol or drug recovery or treatment center that the complaint has been received, and another notice when the complaint is closed that includes the result of the complaint investigation.

Senate Bill 38 requires the Second Chance grant program to authorize eligibility for proposals that offer mental health or behavioral health services and drug court or collaborative court programs, including the treatment program under the Treatment-Mandated Felony Act. The bill would prohibit the program from specifying percentage allocations in applying for, or awarding, a grant.

Senate Bill 823 expands the criteria for people who qualify for Community Assistance, Recovery, and Empowerment (CARE) Act treatment by adding people experiencing Bipolar I disorder.

Catherine Moore commented that she didn't think Senate Bill 823 would significantly increase the amount of people included in CARE because people with Bipolar 1 disorder who exhibit symptoms of psychosis would already be eligible. Uma Zykofsky said she would not support Senate Bill 823 because it felt premature to add it when counties are already implementing the CARE Act, and she does not like the way CARE utilizes diagnoses to determine eligibility. Daphne Shaw informed the committee that Senate Bill 823 was on the consent agenda for the Legislation and Public Policy committee with an "opposed" position.

**Motion:** Daphne Shaw made a motion for the committee to recommend an "oppose" position on Senate Bill 823 and Assembly Bill 416 to the Legislation and Public Policy Committee. Richard Krzyzanowski seconded the motion.

**Vote:** A roll call vote was taken. The motion passed with 4 members voting "Yes." Catherine Moore voted "No." Susan Wilson was absent for the vote.

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**Item #8: Planning for Future Meetings/Activities**

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The committee discussed future activities and meeting planning. Actions the committee would like to take include:

- Requesting a presentation on CARE Court supporters.
- Send a letter to DHCS asking about data on CARE Court supporters.
- Continue work on the committee charter and workplan.

**The meeting adjourned at 12:30 pm.**

## California Behavioral Health Planning Council Patients' Rights Committee

Wednesday, June 18, 2025

**Agenda Item:** CARE Act Supporters

**Enclosures:** [CARE Act Brief: Supporter Role in the CARE Act](#)  
[CARE Act Volunteer Supporter Toolkit](#)

### **How This Agenda Item Relates to Council Mission**

*To review, evaluate and advocate for an accessible and effective behavioral health system.*

This agenda item provides Council members with information about the implementation of the Community Assistance, Recovery, and Empowerment (CARE) Act volunteer supporters. The Patients' Rights Committee will use this information to review and evaluate the patients' rights system in California as part of the mandated duties of the Patients' Rights Committee.

### **Background/Description:**

The Patients' Rights Committee continues to track the implementation of the Community Assistance, Recovery, and Empowerment (CARE) Act. The act provides community-based behavioral health services and supports to Californians living with schizophrenia spectrum or other psychotic disorders through a new civil court process. People such as family members, first responders, and providers, may file a petition to the court to create a voluntary CARE agreement or a court-ordered CARE plan.

In the CARE process, individuals can choose a volunteer supporter that makes sure that the CARE process reflects their rights and choice. The Patients' Rights Committee is interested in how the role of the supporter is being utilized as counties implement the CARE act. Enclosed for committee member education are a brief on the CARE Act supporter role and a volunteer supporter toolkit from the CARE Act website.

The Patients' Rights Committee will invite individuals who have experience serving as CARE Act supporters to speak about their experiences with the process.

## California Behavioral Health Planning Council Patients' Rights Committee

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**Agenda Item:** Legislation Updates

### **How This Agenda Item Relates to Council Mission**

*To review, evaluate and advocate for an accessible and effective behavioral health system.*

This agenda item relates to the duties of the Patients' Rights Committee to monitor, review, evaluate, and recommend improvements in the protection and upholding of patients' rights to receive effective, timely, and humane treatment in a public mental health system in California.

### **Background/Description:**

The Patients' Rights Committee tracks legislation that impacts patients' rights and patients' rights advocacy. Mike Phillips will update the committee on several bills, including Senate Bill 331, Senate Bill 367, Senate Bill 820, and Senate Bill 823. The committee will discuss their potential impact on the patients' rights system.

Senate Bill 331 would add "chronic alcoholism" to the definition of "gravely disabled" and make several other changes to the LPS act. It would also make changes to the permissible role of the original petitioner in specified CARE processes and in the specified entities that would receive notice of proceedings and service of documents and reports. Lastly, it would require DHCS to establish and implement guidelines for counties regarding the electronic submission of evaluation orders and forms for the LPS act and CARE act. Senate Bill 331 was placed in suspense on May 12, 2025.

Senate Bill 367 would make substantial changes to the LPS act, including: adding to the list of individuals that may recommend an LPS conservatorship, add to the requirements for the LPS conservatorship treatment plan, and make changes to the process for terminating LPS conservatorships, as well as other changes. Senate Bill 367 was placed in suspense on May 12, 2025.

Senate Bill 820 would, if a defendant has been found incompetent to stand trial after having been charged with a misdemeanor, additionally authorize a psychiatrist to administer psychiatric medication to the defendant without their informed consent on an

emergency basis when treatment is immediately necessary for the preservation of life, or the prevention of serious bodily harm and it is impracticable to first gain consent. The bill would also authorize a psychiatrist to involuntarily administer psychiatric medication to those defendants upon a court's determination that the defendant does not have the capacity to refuse treatment and is gravely disabled. Senate Bill 820 was passed by the Senate Public Safety Committee on April 29, 2025. It was read a second time and ordered to a third reading on the Senate floor on May 5, 2025.

Senate Bill 823 expands the criteria for people who qualify for Community Assistance, Recovery, and Empowerment (CARE) Act treatment by adding people experiencing Bipolar I disorder. Senate Bill 823 was placed in suspense on April 28, 2025.

## California Behavioral Health Planning Council Patients' Rights Committee

Wednesday, June 18, 2025

**Agenda Item:** Committee Charter Review and Workplan Development

**Enclosures:** Patient's Rights Committee 2025 Charter Draft  
Patients' Rights Committee 2017 Work Plan

### **How This Agenda Item Relates to Council Mission**

*To review, evaluate and advocate for an accessible and effective behavioral health system.*

This agenda item provides committee members the opportunity to review and update the work plan to ensure that committee activities are aligned with Council's mission.

### **Background/Description:**

The purpose of the Patients' Rights Committee is to monitor, review, evaluate, and recommend improvements in the protection and upholding of patients' rights to receive effective, timely, and humane treatment in a public mental health system in California. The committee work plan is used to establish the objectives and goals of the Patients' Rights Committee, as well as to map out the necessary tasks to accomplish those goals, in alignment with the committee charter.

Mike Phillips will lead the committee in the review of the committee charter and the most recent work plan. Committee members will discuss current priorities and begin developing an updated charter and workplan for the committee, which will be finalized and approved at a future meeting.

# Patients' Rights Committee

## Charter and Membership Roster 2025

The California Behavioral Health Planning Council is mandated by federal and state statutes to advocate for children with serious emotional disturbance and their families and for adults and older adults with serious mental illness; to review and report on outcomes for the public mental health system; and to advise the Department of Health Care Services and the Legislature on policies and priorities the state should pursue in developing its mental health and substance use disorder systems.

### VISION

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A behavioral health system that makes it possible for individuals to lead full and purposeful lives.

### MISSION

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To review, evaluate and advocate for an accessible and effective behavioral health system.

### GUIDING PRINCIPLES

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**Wellness and Recovery:** Wellness and recovery may be achieved through multiple pathways that support an individual to live a fulfilled life and reach their full potential.

**Resiliency Across the lifespan:** Resilience emerges when individuals of all ages are empowered and supported to cope with life events.

**Advocacy and Education:** Effective advocacy for policy change statewide starts with educating the public and decision makers on behavioral health issues.

**Consumer and Family Voice:** Individuals and family members are included in all aspects of policy development and system delivery.

**Cultural Humility and Responsiveness:** Services must be delivered in a way that is responsive to the needs of California's diverse populations and respects all aspects of an individual's culture.

**Parity and System Accountability:** A quality public behavioral health system includes stakeholder input, parity and performance measures that improve services and outcomes.

### COMMITTEE OVERVIEW AND PURPOSE

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The purpose of the Patients' Rights Committee (PRC), as mandated in Welfare and Institutions Code Section 5514, is to monitor and report on the access, depth,

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sufficiency, and effectiveness of advocacy services provided to psychiatric patients. To advise the directors of CA Department of State Hospitals and CA Department of Health Care Services on policies and practices that affect patients' rights at the county and state-level public mental health system provider sites.

## MANDATES

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### **CA Welfare and Institutions Code**

**5772.** The California Behavioral 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 and substance use programs.
- (b) To review, assess, and make recommendations regarding all components of California's mental health and substance use disorder systems, and to report as necessary to the Legislature, the State Department of Health Care Services, local boards, and local programs.
- (e) To advise the Legislature, the State Department of Health Care Services, and county boards on mental health and substance use disorder issues and the policies and priorities that this state should be pursuing in developing its mental health and substance use disorder systems.
- (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 and substance use disorder systems, and to report its findings to the Legislature, the State Department of Health Care Services, local programs, and local boards, as appropriate.

**5514.** There shall be a five-person Patients' Rights Committee formed through the California Behavioral 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.

## GENERAL COMMITTEE OPERATIONS

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### OBJECTIVES

1. Ensure consistency in the application of WIC Sections regarding the duties of Patients' Rights Advocates, especially WIC sections 5150, 5151, and 5152.
2. Obtain information from Patients' Rights Advocates on activities, procedures and priorities.
3. Inform local Mental Health Boards on duties of Patients' Rights Advocates.
4. Address the ratio of Patients' Rights Advocates to the general population.

### PATIENT'S RIGHTS COMMITTEE MEMBER 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 at relevant conferences and summits when requested by the committee or the Planning Council
- Participate in the development of products such as white papers, opinion papers, reports and other documents
- Distribute the committee's written products 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.

### STAFF RESPONSIBILITIES

Staff will capture the PRC member's decisions and activities in a document, briefly summarizing the discussion and outlining key outcomes during the meeting. The meeting summary will be distributed to the PRC members following the meeting. Members will review and approve the previous meeting's summary at the following meeting.

Staff will prepare the meeting agendas and materials, including coordinating presenters, at the direction of the PRC Chairperson and members. The meeting agenda and

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materials will be made available to PRC members, in hardcopy and/or electronically, not less than 10 days prior to the meeting.

## GENERAL PRINCIPLES OF COLLABORATION

The following general operating principles are established to guide the Committee's deliberations:

- The Committee's purpose 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 Council's vision.
- To that end, members will:
  - Commit to expending the time, energy and organizational resources necessary to carry out the Committee's Work Plan
  - 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

Committee members 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 summary.

## MEMBERSHIP ROSTER

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**Chairperson:** Mike Phillips

**Chair-Elect:** Richard Krzyzanowski

**Members:** Catherine Moore, Daphne Shaw, Susan Wilson, Uma Zykofsky

## STAFF

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Justin Boese

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(916) 750-3760

**California Behavioral Health Planning Council  
Patients' Rights Committee  
Work Plan 2017**

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**GOAL 1**

**Increase the Number of Patients' Rights Advocates (PRAs) in CA  
and Standardize Training Requirements for PRAs**

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**Objectives:**

- Gather data and input from patients' rights advocates
- Complete issue report
- Share the completed report with target audiences

**Target Audience:** Directors of Health Care Services and State Hospitals, Legislature, Local Mental Health Boards/Commissions

**Activities:**

- Survey patient's rights advocates across the state
- Collect and analyze data from the surveys
- Secure input from stakeholder groups
- Complete issue paper with survey analysis and recommendations
- Send letter and issue paper to Department of Health Care Services Director, Department of State Hospitals Director, and legislature
- Send survey results and issue report to local mental health boards and commissions

**Measure of Success:** Increase the ratio of Patients' Rights Advocates to general population, creation of standardized training, and complete an Issue Paper.

**Timeline:** January-June 2017

**Leads:** Committee Staff

**California Behavioral Health Planning Council  
Patients' Rights Committee  
Work Plan 2017**

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**GOAL 2**

**Encourage Discussion at the County Mental Health  
Board/Commission Level About the Ratios and Training of  
Patients' Rights Advocates**

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**Objectives:**

- Gather Information regarding the duties of Patients' Rights Advocates in Welfare and Institutions Code
- Draft and send letter to all mental health boards and commissions

**Target Audience:** Local mental health boards and commissions

**Activities:**

- Review Welfare and Institutions Code in areas which discuss the specific responsibilities of the local patients' rights advocates
- Patients' rights committee to discuss at the at the January quarterly meeting
- Chairperson and Executive Officer meet to discuss and draft a letter
- Send letter to local board/commission presidents through the County Behavioral Health Director's Office

**Measure of success:** Letter and report distributed to each Mental Health Board or Commission to place the issue of adequacy of patient's rights advocacy on their meeting agenda

**Timeline:** January-May 2017

**Leads:** CBHPC Staff, Daphne Shaw