California Behavioral Health Planning Council
Patients' Rights Committee
June 17, 2026

Meeting Minutes

Committee Members Present:

Mike Phillips, Chairperson	Catherine Moore
Don Morrison	Daphne Shaw
Susan Wilson	Uma Zykofsky

Other Council Members Present:
Bill Stewart

Council Staff Present:

Justin Boese	Maydy Lo

Item #1: Welcome and Introductions

The committee meeting began at 10:30 a.m.

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 7 members present.

Item #2: Review Meeting Minutes

The committee reviewed and accepted the April 2026 meeting minutes, with no edits requested.

Item #3: Engaging Local Behavioral Health Boards and Commissions

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Mike Phillips and Daphne Shaw debriefed the committee on their presentation to the California Association of Local Behavioral Health Boards and Commissions (CALBHBC) on Friday, April 17. Mike said he was very pleased with how the presentation went and the positive response from the CALBHBC members. Bill Stewart commented that the CALBHBC members loved the presentation and were very receptive to the information. Bill also noted that the presentation was recorded, so it's possible it could be shared with other members who weren't in attendance.

Item #4: Review and Approve Committee Workplan

The committee continued the development of a new work plan for 2026 and beyond. A draft workplan was included in the meeting materials, which included four goals. The goals are:

1. Increase the number of Patients' Rights Advocates in California.
2. Engage Local Behavioral Health Boards and Commissions on issues affecting patients' rights advocacy.
3. Strengthen the committee's legislative responsiveness to advocate for Patients' Rights Advocacy.
4. Prioritize the inclusion of substance use disorder (SUD) treatment programs and facilities as part of the patients' rights advocacy system.

Susan Wilson told the committee that the Performance Outcomes Committee is considering patients' rights and the impact of involuntary treatment services as a potential topic for the 2027 Data Notebook survey. She suggested that collaboration with the Performance Outcomes Committee could be incorporated into the workplan if that happens.

Uma Zykofsky suggested that Goal #2 be broadened to include the education of Planning Council members.

Item #5: California Office of Patients' Rights Updates

Daniel Wagoner, the Director of the California Office of Patient's Rights (COPR), provided updates to the committee on their recent activities. The California Office of Patients' Rights is Disability Rights California (DRC) unit that is contracted by the Department of State Hospitals (DSH) to ensure that people with mental illness receive quality mental health treatment that is in compliance with patients' rights regulations. They provide technical assistance and training to county patients' rights advocates (PRAs).

Daniel told the committee about the Patients' Rights Annual Training (PRAT) conference that COPR hosted in April. They had workshops on topics such as the use of AI in patients' rights work, and patient's rights in substance use disorder facilities. They also hosted a meet-and-greet event for attendees.

Another project they are working on is updating the online patients' rights advocate training materials that COPR maintains. All newly hired advocates are required to take this training. The California Office of Patients' Rights is updating the materials to include new changes in laws regarding patients' rights and involuntary treatment. This includes things like CARE Court, Senate Bill 43, and other bills in recent years. Rayann Smith,

Daniel's executive assistant, showed the committee what the online training platform looks like. When the training is complete, it automatically sends an email to the county behavioral health director and the Patients' Rights Committee verifying completion. Uma Zykofsky suggested that the email to the behavioral health director include an explanation that they are receiving the notification because they are responsible for ensuring all patients' rights advocates complete the online training.

Daniel said that they are working on integrating the patients' rights advocate listserv with this online portal. A lot of valuable conversations about patients' rights advocacy happen in the listserv, and they are working on saving some of those discussions on the web page so that advocates can reference them at any time.

Item #6: Senate Bill 1401 (Action

Mike Phillips led the committee in a discussion of Senate Bill 1401. Senate Bill 1401 (SB 1401), authored by Senator Stern, specifies timeframes for the dismissal of felony charges for a defendant who is incompetent to stand trial (IST) and referred to one of several specified programs. It also allows the court to refer a misdemeanor IST defendant to the county conservatorship investigator in the for possible conservatorship proceedings if in its opinion the defendant appears to be gravely disabled. Daphne Shaw said her concern is that the bill allows the court to determine the defendant in a misdemeanor is "gravely disabled," potentially even when mental health experts say the person does not meet the criteria.

Action Item: A motion was made by Daphne Shaw to recommend an "oppose" position to the Council's Legislation and Public Policy committee. Susan Wilson seconded the motion. Staff took a roll call vote. The motion passed.

Item #7: Senate Bill 989 and 1016

The committee did not have time to discuss Senate Bill 989 and 1016. The Legislation and Public Policy Committee voted to take "oppose" positions on the two bills during and interim committee meeting on May 20, 2026.

Item #8: Riverside County Community Assistance, Recovery and Empowerment (CARE) Court Implementation

Marcus Cannon, Deputy Director of Forensics for Riverside University Health System Behavioral Health, presented on CARE Court implementation in Riverside County. Marcus gave an overview of the Riverside University Health System (RUHS), which

functions as the health system for Riverside County. The health system is made up of four agencies: the public health department, the behavioral health, the medical center, and the community health centers.

Marcus explained that CARE Court is just one part of a broader network of court-connected programs, including mental health court, mental health diversion, veterans' treatment court, their felony incompetent to stand trial program, assisted outpatient treatment, and more. Since the beginning of CARE Court implementation in Riverside County, they have been working to educate the public on the program, presenting it as a collaborative civil court pathway to care, support and stability. Marcus said they have been clear with the public about what CARE Court can accomplish and what the limitations of the program are. It is not a criminal court, it is not for all mental health conditions, and it isn't a solution to homelessness. Furthermore, treatment cannot be forced, and medication cannot be forcibly administered as part of CARE Court.

Marcus provided data on CARE Court implementation in Riverside County. To date, they have had:

- 530 total referrals to CARE Court
- 360 formal petitions in civil court
- 27 orders to investigate from criminal court
- 73 CARE agreements enacted
- 81 petitions dismissed
- 20 graduations from the CARE program

At the time that petitions were filed, 29% of individuals had permanent housing and 20% were experiencing homelessness. Over 70% of the individuals referred to CARE Court have been male. Marcus said that initially family petitions were the most frequent, but now the Behavioral Health department is the most frequent petitioner. Overall, the CARE Team has completed 14,668 initiation services and 13,004 direct services since implementation.

After the presentation, Marcus answered questions from the committee members, including the following:

- Mike Phillips asked why Marcus thought the number of petitions from family members had decreased. Marcus said that over time the behavioral health staff found it more efficient to ask family members if they would like the staff to file the petition on their behalf, and many family members have accepted that offer.
- Catherine Moore asked how much the CARE Court program resembles the assertive community treatment model. Marcus answered that it is very similar as a "whatever it takes" model. Without involuntary treatment tools, the behavioral health department relies on connecting with individuals and meeting their immediate needs so that they can be engaged in further services.
- Daphne Shaw asked if the behavioral health department has been able to bring on more staff to provide CARE Court services. Marcus said that they did bring on new staff at the start of the CARE Court program, and they are grateful that the

state provide some startup funds that they were able to use for that. However, those funds are now expended, which is presenting some challenges.

- Bill Stewart asked if there were any unexpected benefits of CARE Court that they had observed. Marcus said that one benefit was that the broad outreach approach that they implemented to educated the public about CARE Court connected a lot of people to other resources, even if their loved one didn't quality for CARE Court. He also said that active participants in the program are receiving services and attention in ways they didn't previously thanks to the persistent outreach required.

Item #9: Article Discussion: Addressing Mental Health Disability in Unsheltered Homelessness

The committee discussed an article shared by Catherine Moore titled *Addressing Mental Health Disability in Unsheltered Homelessness: Outpatient Conservatorship in Los Angeles*. The article was published in the Psychiatric Services journal in 2024 and describes a pilot program for outpatient conservatorship services for gravely disabled individuals experiencing homelessness in Los Angeles County. The program served 43 individuals between August 2020 and July 2021. The article reported that the program showed promising results in reducing homelessness for participating clients and diverting clients from more restrictive treatment.

Catherine Moore said that the program looked like an improved use of resources compared to people being stuck in the most expensive forms of care like emergency rooms and hospital beds. She said the outpatient conservatorship model is something the committee should investigate and suggested reaching out for a presentation on the program if possible. Mike noted that it was a limited time pilot program and it is unclear if it was continued in any way but said that the committee could look into it.

Item #10: Planning for Future Meetings/Activities

Mike Phillips and other members identified some next steps and agenda items for the June 2026 meeting. These next steps include:

- Send a reminder to county behavioral health departments about training requirements for patient's rights advocates.
- Finalize the committee work plan.
- Follow up on the outpatient conservatorship pilot program in Los Angeles.

The meeting adjourned at 12:30 p.m.