

California Behavioral Health Planning Council

Patient's Rights Committee Agenda

Wednesday, June 17, 2026

10:30 a.m. to 12:30 p.m.

[Marriot Riverside](#)

3400 Market Street

Riverside, CA. 92501

Orange Crest Room

[Zoom Link](#)

Meeting ID: 939 2355 6968

Passcode: 826347

Join by phone: 1-669-900-6833

Passcode: 826347

- 10:30 a.m. Welcome, Introductions, and Housekeeping**
Mike Phillips, Chairperson
- 10:35 a.m. Review April 2026 Meeting Minutes (Action)** **Tab 1**
Mike Phillips, Chairperson, and All Members
- Committee Discussion
 - Public Comment
 - Accept Minutes
- 10:40 a.m. Engaging Local Behavioral Health Boards and Commissions** **Tab 2**
Mike Phillips, Daphne Shaw
- 10:50 a.m. Review and Approve Committee Workplan (Action)** **Tab 3**
Mike Phillips, Chairperson, and All Members
- Committee Discussion
 - Public Comment
 - Vote
- 11:00 a.m. Updates from the California Office of Patients' Rights** **Tab 4**
Daniel Wagoner, Director, California Office of Patients' Rights (COPR)
- 11:15 a.m. Senate Bill 1401 (Action)** **Tab 5**
Mike Phillips, Chairperson, and All Members
- 11:25 a.m. Senate Bill 989 and 1016** **Tab 6**
Mike Phillips, Chairperson, and All Members
- 11:35 a.m. General Public Comment**

If reasonable accommodations are required, please contact the Council at (916) 701-8211 at least 5 working days prior to the meeting date.

California Behavioral Health Planning Council

Members of the public can comment on any non-action agenda item that did not have public comment or any other general item.

- 11:40 a.m. Break - 10 Minutes**
- 11:50 p.m. Local CARE Court Implementation** **Tab 7**
Marcus Cannon, Deputy Director of Forensics, Riverside University Health System – Behavioral Health
- 12:15 p.m. Article Discussion: Addressing Mental Health Disability in Unsheltered Homelessness** **Tab 8**
Mike Phillips, Chairperson, and All Members
- 12:25 p.m. Meeting Wrap-Up and Next Steps**
Mike Phillips, Chairperson and All Members
- 12:25 a.m. General Public Comment**
Members of the public can comment on any non-action agenda item that did not have public comment or any other general item.
- 12:30 p.m. Adjourn**

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.

Committee Members

Chairperson: Mike Phillips

Chair-Elect: Richard Krzyzanowski

Members:

Catherine Moore
Daphne Shaw
Uma Zykofsky

Don Morrison
Susan Wilson

Council Staff: Justin Boese

If reasonable accommodations are required, please contact the Council at (916) 701-8211 at least 5 working days prior to the meeting date.

TAB 1

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

Wednesday, June 17, 2026

Agenda Item: Review and Accept April 2026 Meeting Minutes (Action)

Enclosure: April 2026 Draft Meeting Minutes

Background/Description:

Committee members will have the opportunity to ask questions, request edits, and provide other feedback before the minutes are accepted.

California Behavioral Health Planning Council
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April 15, 2026
Draft Meeting Minutes

Committee Members Present:

Mike Phillips, Chairperson
Catherine Moore
Daphne Shaw
Uma Zykofsky

Richard Krzyzanowski, Chair-Elect
Don Morrison
Susan Wilson

Council Staff Present:

Justin Boese

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 7 of 7 members present.

Item #2: Review Meeting Minutes

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

Item #3: Engaging Local Behavioral Health Boards and Commissions

Mike Phillips led a discussion about engaging local behavioral health boards and commissions on the topic of Patients' Rights. He informed the committee that Theresa Comstock invited him and Daphne Shaw to present to the California Association of Local Behavioral Health Boards and Commissions on Friday, April 17. Theresa said that this was a good start to establish collaboration between the two groups. She said she hopes that local boards and commissions will be able to connect with county patients' rights advocates to identify gaps and obstacles in the behavioral health system. Mike agreed and said that advocates could share trends and data they have gathered.

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Item #4: Committee Workplan Development

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.

The committee discussed the goals and objectives for the workplan. Susan Wilson suggested that the committee identify topics to bring to the Planning Council regarding patients' rights in substance use disorder (SUD) facilities as part of Goal 4. She also said that the committee should differentiate between mental health and substance use disorders, as there are differences between the systems when it comes to people's knowledge. Richard Krzyzanowski said he would like the committee to look into the influence of the peer/consumer movement and the recovery model within SUD treatment, as it offers a different approach to the traditional "12-step" model used in SUD treatment.

Item #5: Senate Bill 1221 (Action)

Mike Phillips led the committee in a discussion of Senate Bill 1221. The bill, authored by Senator Stern, aims to prioritize placement of potentially dangerous defendants found incompetent to stand trial who have been conserved on Public Safety Conservatorships ("Murphy" Conservatorships). The bill would ensure that the District Attorney has full access to the conservatorship hearings. It would also update evaluation standards of the Public Conservator/Guardian when evaluating potential conservatees.

Mike shared his concern that prioritizing Murphy conservatorships over Lanterman-Petris-Short (LPS) conservatorships wouldn't change the lack of beds within state hospitals that lead to lengthy waitlists. He also questioned the need for further involvement of the District Attorney in this process, when existing law already provides flexibility in that regard. Susan Wilson commented that the real issues were system-

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wide and that this bill would not effectively solve anything. Uma Zykofsky agreed that it was not a solution.

Action Item: A motion was made by Susan Wilson to recommend an “oppose” position to the Council’s Legislation and Public Policy committee. Richard Krzyzanowski seconded the motion. Staff took a roll call vote. The motion passed.

Item #6: Assembly Bill 1676 (Action)

The committee discussed Assembly Bill 1676, authored by Assemblymember Stefani. Mike Phillips said that the bill would allow counties, with court approval, to include involuntary medication as part of an assisted outpatient treatment plan. The bill was referred to the Committee on Health, but Don Morrison informed the committee that the hearing had been canceled at the request of Assemblymember Stefani. Don said there was such vocal opposition to the bill that Assemblymember Stefani was not pursuing it further this legislative cycle. Mike noted that it would likely come back in another form next year, so it is good for the committee to be informed about it.

**Item #7: Community Assistance, Recovery and Empowerment (CARE)
Court Article Discussion**

The committee discussed an article published by Cal Matters that Daphne Shaw shared. The article, titled “Newsom threatens California counties for failing to use his new mental health court,” talks about Governor Newsom’s frustrations with certain counties that he feels are underutilizing CARE court.

Committee members agreed to continue tracking the implementation of CARE court across the state. Catherine Moore suggested that the committee invite someone from a local behavioral health program to present to the committee on CARE court implementation during the June 2026 quarterly meeting.

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Item #8: Patients' Rights Advocate Training Verification Forms

Justin Boese, Council staff, provided an update to the committee on the patients' rights advocate training verification forms received by the committee to date. In 2018, the Patients' Rights Committee co-sponsored Assembly Bill 2316, authored by Assemblymember Susan Eggman. Assembly Bill 2316 requires the California Office of Patients' Rights (COPR) to make training materials for county mental health patients' rights advocates. It also requires counties to verify that newly hired advocates review these materials within 90 days of their start date. A record of each advocate who completes the online training is sent to the patients' rights committee.

Justin reported the number of advocate training verifications received, along with each one's completion date and county. There was a total of 17 forms received in 2025, and 6 so far for 2026. This is a decrease from 25 forms received in 2024 and 36 in 2023. The committee decided to send another letter out to the county behavioral health directors to remind them of the legal requirements of Assembly Bill 2316. Daphne Shaw suggested that the committee send a reminder letter annually.

Item #9: 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.
- Reach out to county CARE court programs to hear about local implementation, including program challenges.
- Continue expanding committee and Planning Council knowledge of patients' rights in SUD facilities.

The meeting adjourned at 12:30 p.m.

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

Wednesday, June 17, 2026

Agenda Item: Engaging Local Behavioral Health Boards and Commissions

How This Agenda Item Relates to Council Mission

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

This agenda item will focus on how the Patients' Rights Committee can work with local behavioral health boards and commissions to strengthen patients' rights advocacy and support an effective patients' rights system in California.

This item relates to the Council's focus for 2026 by advocating for adequate patients' rights support in communities and jails.

Background/Description:

On April 17, 2026, Mike Phillips and Daphne Shaw presented to the California Association of Local Behavioral Health Boards and Commissions (CALBHBC). The presentation included an overview of patients' rights, patients' rights advocates, and the Patients' Rights Committee. Mike and Daphne will report to the committee on the presentation and members will discuss opportunities for future engagement with the boards and commissions.

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

Wednesday, June 17, 2026

Agenda Item: Review and Approve Committee Workplan (Action)

Enclosures: Patients' Rights Committee 2026-2027 Work Plan (Draft)

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 with the opportunity to review and update the committee work plan in alignment with the committee's mandated duties. It will also ensure that the committee workplan aligns with the Council's focus topics for 2026, including Lanterman-Petris-Short Act reform, involuntary treatment, and adequate patients' rights support in communities and jails.

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 behavioral health system in California. The committee work plan outlines the objectives and goals of the Patients' Rights Committee and identifies the necessary tasks to achieve those goals, in alignment with the committee's charter.

Committee members will review and vote to approve the 2026-2027 committee workplan.

Motion: To approve the 2026-2027 Patients' Rights Committee workplan.

**California Behavioral Health Planning Council
Patients' Rights Committee (PRC)
Work Plan 2026-2027
(DRAFT)**

Goal #1: Increase the Number of Patients' Rights Advocates (PRAs) in CA

Objective 1.1: Promote legislative engagement to support the publication of the Legislative Analysts' Office (LAO) report on PRA staffing.

Activities:

- Identify state legislators who have shown an interest in behavioral health or patients' rights.
- Contact legislators to inform them about PRA staffing issues and share the LAO report.
- Encourage interested legislators to request the publication of the report on the LAO website.

Timeline: January 2026 – December 2027

Goal #2: Engage Local Behavioral Health Boards and Commissions on issues affecting patients' rights advocacy.

Objective 2.1: Educate local behavioral health boards and commissions on the duties of PRAs and current issues affecting patients' rights advocacy.

Activities:

- Develop patients' rights advocacy training for local behavioral health boards and commissions.
- Provide training to local boards and commissions, along with informational materials, relevant reports, and other resources.

Timeline: January 2026 – December 2027

Goal #3: Strengthen the Committee's Legislative Responsiveness to Advocate for Patients' Rights Advocacy in California

Objective 3.1: Increase the committee's capacity to respond rapidly to legislative developments.

Activities:

- Connect with partners such as Disability Rights California, the California Office of Patients' Rights, and the California Association of Mental Health Patients' Rights advocates to stay informed about current legislation affecting patients' rights.

**California Behavioral Health Planning Council
Patients' Rights Committee (PRC)
Work Plan 2026-2027
(DRAFT)**

- Work with Planning Council staff and the Legislation and Public Policy Committee to identify key bills, understand their impact, and coordinate timely action.
- Send letters of support or opposition on priority legislation in a timely manner.

Timeline: January 2026 – December 2027

Goal #4: Prioritize the inclusion of Substance Use Disorder (SUD) treatment programs and facilities as a part of the patient's' rights advocacy system.

Objective 4.1: Increase Planning Council and committee knowledge of patients' rights advocacy for patients with substance use disorders.

Activities:

- Continue expanding the committee's knowledge through research and guest presentations.
- Identify topics related to patient's rights in SUD treatment

Timeline: January 2026 – December 2027

Objective 4.2: Encourage best practices for patients' rights advocacy and substance use disorder treatment.

Activities:

- Identify best practices regarding patients' rights advocacy for substance use disorder patients.
- Share identified best practices with patients' rights advocates, county Behavioral Health, local boards and commissions, and other identified audiences.

Timeline: January 2026 – December 2027

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

Wednesday, June 17, 2026

Agenda Item: Updates from the California Office of Patients' Rights (COPR)

How This Agenda Item Relates to Council Mission

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

This agenda item will help Council members to review and evaluate the patients' rights system in California as part of the mandated duties of the Patients' Rights Committee. This item aligns with the Council's 2026 priorities by keeping the Patients' Rights Committee informed about patients' rights support in communities and jails, involuntary treatment, the LPS Act, and other topics of focus.

Background/Description:

The California Office of Patients' Rights (COPR) is a 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 Wagoner, the Director of COPR, will provide updates to the Patient's Rights Committee regarding recent organizational activities and current issues within the patients' rights system.

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

Wednesday, June 17, 2026

Agenda Item: Senate Bill 1401 (Action)

Enclosure: Senate Bill 1401 Fact Sheet

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.

This item addresses Involuntary Treatment, which is one of the Council's focus areas for 2026.

Background/Description:

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 authorizes a county behavioral health agency and jail medical provider to share confidential medical records and other relevant information with the court for the purpose of determining the likelihood of eligibility for behavioral health services and programs. Lastly, SB 1401 allows the court to refer a misdemeanor IST defendant to the county conservatorship investigator in the county of commitment for possible conservatorship proceedings if in its opinion the defendant appears to be gravely disabled.

Patients' Rights Committee members will have an opportunity to discuss the bill and its potential impact on the patients' rights system of California. They may vote to recommend a position to the Legislation and Public Policy Committee.

SB 1401- Stern

Incompetent to Stand Trial (IST) Conservatorship Alignment

UPDATED: February 26, 2026

SUMMARY

SB 1401 brings parity between felony and misdemeanor court procedure provisions regarding the time frames for dismissal, sharing of information with the court, and the court's ability to make a finding as to grave disability. SB 1401 is a technical fix to align the changes made to Penal Code Sections 1370.01 and 1370 by SB 1400 and SB 27.

PROBLEM

The provisions regarding the time frames for dismissal, sharing of information with the court, and the court's ability to make a finding as to grave disability between misdemeanor and felony IST statutes are not aligned.

Under existing law, in a misdemeanor case, where a defendant is found to be IST, and ineligible or unsuitable for mental health diversion, that defendant can be referred to CARE Court, Assisted Outpatient Treatment, or for Conservatorship. The eligibility criteria for each option and amenability of a defendant for these pathways to treatment differ. Accordingly, time frames to effectuate the assessment of a defendant's eligibility and suitability for these programs are built into the statute, Penal Code section 1370.01, before the court must dismiss the case. Penal Code section 1370.01 also authorizes in misdemeanor cases, the ability for behavioral health agencies to share information with the court to assist with the determination of eligibility for these services.

These time frames for dismissal and the provision allowing for the sharing of information with the court exist only for misdemeanor cases but not for felony cases.

BACKGROUND

Existing law prohibits a person from being tried or adjudged to punishment while that person is mentally incompetent and establishes a process by which a defendant's mental competency is evaluated. If the defendant is found to be IST, in a felony case, and the court finds that it is not in the interests of justice to restore defendant to competency, it may grant mental health diversion. If defendant is not eligible or suitable for mental health diversion, the court may hold another hearing to decide if the defendant should be referred for Assisted Outpatient Treatment, conservatorship, or the CARE program, or if the defendant's treatment plan should be modified. Additionally, the charges must be

dismissed if a defendant is accepted into Assisted Outpatient Treatment or the CARE program or if a petition for conservatorship is filed.

Existing law provides that defendants charged with both misdemeanors and felonies who are IST may be referred to the county conservatorship investigator if ineligible, unsuitable, or terminated from mental health diversion. Existing law provides that the referral to a county conservatorship investigator can be made in felony cases where it appears to the court or qualified mental health expert that the defendant appears to be gravely disabled.

THE SOLUTION

SB 1401 seeks to align the time frames for dismissal and sharing of information in IST cases to allow the court "in addition to a mental health expert" to find that a defendant appears to be gravely disabled in order to facilitate a referral for conservatorship investigation.

This bill would, consistent with similar provisions in Section 1370.01, provide that for felonies under Section 1370, if the defendant is accepted into Assisted Outpatient treatment, has a petition for the establishment of a conservatorship filed, or is accepted into CARE Court, require the court dismiss the charges at specified timeframes.

SB 1401 would also amend Section 1370 to authorize, similar to that in Section 1370.01, the county behavioral health agency and jail medical providers to share confidential medical records and other relevant information with the court for the purpose of determining likelihood of eligibility and suitability for behavioral health services and programs including Assisted Outpatient, CARE, and conservatorship.

Lastly, this bill would amend Section 1370.01 consistent with the nearly identical provision in Section 1370 to authorize the court in a misdemeanor case, in addition to a qualified mental health expert, to make a finding that defendant appears to be gravely disabled to facilitate the referral of a defendant, found to be IST, to the county conservatorship investigator.

SUPPORT

Family Advocates for Individuals With Serious Mental Illness (FAISMI) of Sacramento

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

Wednesday, April June 17, 2026

Agenda Item: Senate Bills 989 and 1016

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

This item addresses the Community Assistance, Recovery and Empowerment (CARE) Act, which is one of the Council's focus areas for 2026.

Background/Description

[Senate Bill 989](#) (SB 1221), authored by Senator Blakespear, would provide that a first responder may request the county behavioral health agency to file a petition to commence the Community Assistance, Recovery, and Empowerment (CARE) process, as specified.

[Senate Bill 1016](#) (SB 1016), also authored by Senator Blakespear, would create a pathway for a Community Assistance, Recovery and Empowerment (CARE) respondent to be ordered to undergo an evaluation under the Lanterman-Petris-Short (LPS) Act when certain conditions are met.

The Legislation and Public Policy Committee voted to take an "oppose" position on Senate Bills 989 and 1016 at priority tier level 1 during a committee meeting on May 20, 2026. Priority tier level 1 is the highest level of advocacy and may include all or some of the following activities:

- Send a letter on behalf of the Council to the Legislature
- Council Members meet with members of the Assembly and/or Senate
- Council Staff or Council Members testify at hearings upon request

- Council Staff coordinate for Council Members to state the Council's position at hearings
- Partner with other organizations in efforts to gain more support for the Council's positions/recommendations

Patients' Rights Committee members will have an opportunity to discuss the bill and its potential impact on the patients' rights system of California. They may make recommendations to the Legislation and Public Policy Committee and discuss ways to support the Council's advocacy regarding the bill.

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

Wednesday, June 17, 2026

Agenda Item: Local CARE Court Implementation

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.

This item addresses CARE Court and its impact on the patients' rights system, in alignment with the Council's focus for 2026.

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.

The committee will hear from **Marcus Cannon, Deputy Director of Forensics for Riverside University Health System – Behavioral Health**. Marcus will present to the committee on the implementation of CARE Court in Riverside County.

Marcus Cannon, LMFT is Deputy Director of Forensics for Riverside University Health System – Behavioral Health. His responsibilities include leading programs that provide services to those who are homeless, formerly homeless, in need of social supports, and those involved in the civil and criminal court systems. His duties include the Homeless Housing Opportunities, Partnership & Education (HHOPE) program, Coordinated Entry System, Enhanced Care Management, Community Support, the Office of the Public Guardian, Long-Term Care program, Transportation program, CARE Court, Homeless

Court, Laura's Law, and Incompetent to Stand Trial programs. He is a licensed marriage and family therapist and has worked in Riverside, San Bernardino, and Seattle in both children's and adult behavioral health programs. He earned his bachelor's degree from the University of Southern California and a master's degree from the Seattle School of Theology and Psychology. He is committed to excellence in public service and improving systems to provide better healthcare and housing for vulnerable populations.

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

Wednesday, April 15, 2026

Agenda Item: Article Discussion: Addressing Mental Health Disability in Unsheltered Homelessness

Enclosure: [Addressing Mental Health Disability in Unsheltered Homelessness: Outpatient Conservatorship in Los Angeles](#); Psychiatric Services 2024.

How This Agenda Item Relates to Council Mission

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

This agenda item is part of 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.

This item addresses the Lanterman-Petris-Short Act and Involuntary Treatment, in alignment with the Council's focus for 2026.

Background/Description

An article was published in the journal Psychiatric Services in 2024 titled *Addressing Mental Health Disability in Unsheltered Homelessness: Outpatient Conservatorship in Los Angeles*. The article described a pilot program for gravely disabled individuals experiencing homelessness in Los Angeles County that implements outpatient conservatorship. The program served 43 individuals between August 2020 and July 2021. The article reports on results of the program after 12 months.

Committee members will discuss the findings of the article and its implications for patients' rights.