Patients' Rights Committee Charter and Membership Roster 2020

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

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

MISSION

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

GUIDING PRINCIPLES

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

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, 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

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 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 patients' rights. 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

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 within one month 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 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

CHAIRPERSON: WALTER SHWE	CHAIR-ELECT: CATHERINE MOORE	
Daphne Shaw	Susan Wilson	Richard Krzyzanowski (ad- hoc)
Darlene Prettyman	Mike Phillips (ad-hoc)	
STAFF		
Justin Boese Justin.Boese@cbhpc.dhcs.ca.gov (916) 750-3760		