

California Behavioral Health Planning Council

Patients' Rights Committee Agenda

Wednesday, April 16, 2025

10:30 am to 12:30 pm

Lake Natoma Inn
702 Gold Lake Drive
Folsom, California 95630
Placer Room

[Zoom Meeting Link](#)

Join by phone: 1-669-900-6833

Meeting ID: 856 2952 8313

Passcode: 293576

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|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 10:30 am | Welcome, Introductions, and Housekeeping
<i>Mike Phillips, Chairperson and All Members</i> | |
| 10:35am | Review and Accept January 2025 Meeting Minutes
<i>Mike Phillips, Chairperson and All Members</i> | TAB 1 |
| 10:40 am | CARE Act Implementation Report
<i>Mike Phillips, Chairperson and All Members</i> | TAB 2 |
| 10:55 am | Public Comment | |
| 11:00 am | Senate Bill 43 Implementation Updates
<i>Mike Phillips, Chairperson and All Members</i> | TAB 3 |
| 11:10 am | California Association of Mental Health Patients' Rights Advocates (CAMHPRA)CAMHPRA Updates
<i>Mike Phillips, Chairperson and Richard Krzyzanowski, Chair-Elect</i> | TAB 4 |
| 11:25 am | Public Comment | |
| 11:30 am | Break | |
| 11:40 am | Committee Workplan Development
<i>Mike Phillips, Chairperson and All Members</i> | TAB 5 |
| 12:00 pm | Legislation Updates
<i>Mike Phillips, Chairperson</i> | TAB 6 |
| 12:10 pm | Public Comment | |
| 12:15 pm | Planning for Future Meetings/Activities
<i>Mike Phillips, Chairperson and All Members</i> | |

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

12:25 pm Public Comment

12:30 pm 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

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**

Wednesday, April 16, 2025

Agenda Item: Review and Accept January 2025 Meeting Minutes

Enclosure: Draft of January 2025 Patients' Rights Committee Meeting Minutes

Background/Description:

Enclosed is a draft of the meeting minutes from the January 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
January 15, 2025
Meeting Minutes

Committee Members Present:

Mike Phillips, Chairperson	Richard Krzyzanowski
Catherine Moore	Daphne Shaw
Walter Shwe	Susan Wilson
Uma Zykofsky	

Other Council Members Present:

Milan Zavala

Council Staff Present:

Justin Boese

Item #1: Welcome and Introductions

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 7 of 7 members.

Item #2: Review Meeting Minutes

The committee reviewed and accepted the October 2024 Meeting Minutes. No edits to the minutes were requested.

Item #3: Nominate Chair-Elect for 2025 (Action Item)

Mike Phillips invited committee members to put forth nominations for the committee Chair-Elect. After some discussion, a motion was made by Susan Wilson and seconded by Catherine Moore to nominate Richard Krzyzanowski as Chair-Elect of the Patients' Rights Committee. Staff took a roll call vote, and the motion passed. Richard Krzyzanowski accepted a nomination for the position.

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Item #4: CARE Act Implementation

Jeff Sabeau, Deputy Director of San Joaquin Behavioral Health, and Monique Brown presented to the committee on the implementation of the CARE Act in San Joaquin County. Jeff said that implementation in the county began on December 1, 2024, so there is limited data to share on the program. So far they have received 1 petition and the first court hearing for the program is scheduled later in the week. They have regular meetings with judicial personnel and have a positive relationship with the judge.

Catherine Moore asked how many people are expected to participate in the program and what the cost per person is. Jeff said that it is difficult to estimate that as they do not have enough data yet. They are focusing on a preventative approach with outreach and community services to avoid the court process when possible. Monique added that they have an upcoming town hall on the topic of CARE Court that will be open to the public, law enforcement, first responders, and others. They are also engaged in educational outreach with public defenders and public guardians.

Mike Phillips asked if they have received any pressure from the Governor's office to increase the utilization of CARE Court in their county. Jeff said that they had not. Uma Zykofsky inquired about what their outreach services looked like for the program. Jeff responded that outreach for the program was being done by their Full-Service Partnership outreach team. Mike thanked Jeff and Monique for speaking with the committee.

Item #5: Senate Bill 43 Updates

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. He said that most counties have opted to wait until January 2026 to implement the bill. San Diego County started implementation but doesn't have any data available to review yet. The committee will continue track Senate Bill 43 implementation.

Item #6: Legislative Analyst's Office (LAO) Report Discussion

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Mike Phillips and Daphne Shaw updated the committee on the Legislative Analyst's Office (LAO) report on patient's rights advocate staffing. The report was completed and shared with the two of them by Susan Eggman's staff. Mike said that the results of the report predictably concluded that patients' rights advocate staffing is inadequate across the state and hasn't kept up with the increasing duties and demand for advocates.

Daphne shared some comments from Samuel Jain, who was also in communication with Susan Eggman's staff and provided background information for the report. Daphne suggested that one option for a next step was to request that the legislature conduct a more in-depth report, as the LAO report noted a lack of data on this topic. Another option would be to co-sponsor legislation to mandate staffing requirements, though without data it is difficult to determine what those staffing requirements should be.

Susan Wilson said that as part of their duties as an advisory body, local behavioral health boards may request the assistance of local patients' rights advocates when reviewing and advising on behavioral health programs and services. Daphne remarked that previous surveys done by the committee found that very few advocates attend local behavioral health board meetings. Mike said that there is a general trend towards increasing involuntary treatment, and that patients' rights staffing should be increased as well to respond to infringements on patients' rights.

Daphne repeated that without data reporting and clear oversight for the patient's rights system, there is no clear way to determine the level of unmet need. She suggested expanding the contract for the California Office of Patients' Rights so they can provide more oversight and gather that data could be one way to address this.

Richard Krzyzanowski said that there are so many different patients' rights programs across the state that are stretched very thin and don't have the capacity to do much more than certification hearings and some basic work in hospitals. They don't have the time to fulfill the other duties mandated for patients' rights advocates, such as community education and advocacy. Richard stated that if there is going to be real progress on these issues, it has to be done on the state level and needs to be funded and resourced properly.

Catherine Moore suggested establishing an annual, standardized reporting structure for the county patients' rights system. Daphne highlighted a recommendation in the LAO report that the legislature consider a detailed survey of county PRA programs to gather data that is not readily available, such as the number of hearings, trainings, and facility reviews. She suggested that the committee advocate for this as the next step in addressing these issues.

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Public Comment:

Gregory Fearon, a board member from Sonoma County, thanked the committee for the conversation. He said that it was valuable for him to be able to understand these issues and he will be around more to listen to the committee's meetings.

Daniel Wagoner from the California Office of Patients' Rights commented that while they do conduct program reviews of county advocacy programs, they only have the capacity to do 2-3 reviews a year. Without additional resources there is no way to collect real-time data.

Theresa Comstock agreed with the need for increased oversight of the county patients' rights system, as well as long term care facilities, and suggested legislative action to address it.

Stacy Dalglish suggested that the committee use the California State Auditor to potentially collect information about patients' rights advocacy staffing.

Item #7: Legislation Updates

Mike Phillips provided brief updates on several bills that are relevant to patients' rights. Senate Bill 1238 is a follow-up bill to Senate Bill 43 that was passed in September 2024. The bill makes it possible for a broader range of facilities to be designated as Lanterman-Petris-Short (LPS) facilities. Mike said that in his opinion, some of these are facilities that are not appropriate to be Lanterman-Petris-Short designated.

Senate Bill 1184 was passed in September 2024 and affects medication capacity hearings. It allows physicians to preemptively request a new medication capacity hearing up to 48 hours before the end of a patients' 14-day hold, rather than having to wait for the 14-day hold to be over to request a new hearing. Mike said that he did not feel this bill would result in a noticeable change.

Assembly Bill 2154, which was passed in September 2024, requires a facility to which a person is brought for involuntary detention to offer and provide a copy of the State Department of Health Care Services prepared patients' rights handbook to a family member of the detained person. Mike said that he did not feel most emergency rooms would implement this, but that it could be easily done by providing a link to a digital copy of the handbook.

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Assembly Bill 1316, passed in September 2024, changes the definition of “psychiatric emergency medical condition” to include voluntary treatment services. Mike said that many hospitals believe that they are less likely to be reimbursed if they don't hold psychiatric patients involuntarily. This bill would ensure that voluntary treatment is covered by Medi-Cal managed care plans during a psychiatric emergency.

Item #8: Planning for Future Meetings/Activities

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

- Follow-up on the Legislative Analyst's Report.
- Advocate for increased patients' rights advocate staffing.
- Set up a meeting with the Department of Health Care Services (DHCS) about the distribution of patients' rights handbooks.
- Send another letter to the behavioral health directors reminding them about the mandatory training requirements for newly hired patients' rights advocates.

The meeting adjourned at 12:30 pm.

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Agenda Item: CARE Act Implementation

Enclosure: [The CARE \(Community Assistance, Recovery, and Empowerment\) Act Early Implementation Report, November 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 provides Council members with information about the implementation of the Community Assistance, Recovery, and Empowerment (CARE) Act. The Patient's 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 November 2024, the Department of Health Care Services published a report on the early implementation of the CARE Act. The committee will review and discuss the report, along with any other updates members may have on this topic.

California Behavioral Health Planning Council Patients' Rights Committee

Wednesday, April 16, 2025

Agenda Item: Senate Bill 43 Implementation 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 provides Council members with updates regarding the implementation of Senate Bill 43, which impacts patients' rights advocacy through the expansion of involuntary treatment. The Patients' Rights Committee will use this information for the evaluation of the patients' rights system.

Background/Description:

Senate Bill 43 (SB 43), passed in October 2023, expands the definition of "gravely disabled" in state welfare and institution code. The expansion of this definition is expected to lead to an increase in the number of people with mental illness who are involuntarily detained or placed into conservatorship. The Patients' Rights Committee is tracking implementation and will continue to discuss the impact of the bill on patients' rights advocacy. Mike Phillips will provide updates on the implementation of the bill.

California Behavioral Health Planning Council Patients' Rights Committee

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Agenda Item: California Association of Mental Health Patients' Rights Advocates (CAMHPRA) Report Out

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 provide Council members with updates from the California Association of Mental Health Patient's Rights Advocates (CAMHPRA) about the activities and priorities of patients' rights advocates. The Patient's Rights Committee will use this information to review, assess, and make recommendations regarding the patients' rights system.

Background/Description:

The California Association of Mental Health Patients' Rights Advocates (CAMHPRA) is a statewide organization composed of county patients' rights advocates mandated by state law, private and public interest attorneys, consumers of mental health services, and representatives from other advocacy organizations. CAMHPRA is dedicated to protecting and advancing the legal rights and treatment interests of individuals with mental health disabilities. Mike Phillips and Richard Krzyzanowski will share information about CAMHPRA's recent activities, including plans for a listening session with Stephanie Welch, Deputy Secretary of Behavioral Health at the California Health and Human Services Agency.

California Behavioral Health Planning Council Patients' Rights Committee

Wednesday, April 16, 2025

Agenda Item: Committee Workplan Development

Enclosures: Patient's Rights Committee 2020 Charter
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 workplan for the committee, which will be finalized and approved at a future meeting.

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 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

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

GOAL 1

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

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: Decrease 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**

GOAL 2

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

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

California Behavioral Health Planning Council Patients' Rights Committee

Wednesday, April 16, 2025

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 Assembly Bill 416, Assembly Bill 424, Senate Bill 38, and Senate Bill 823. The committee will discuss their potential impact on the patients' rights system.

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 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.

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.