

California Behavioral Health Planning Council
Patients' Rights Committee
April 16, 2025
Meeting Minutes

Committee Members Present:

Mike Phillips, Chairperson	Richard Krzyzanowski
Catherine Moore	Daphne Shaw
Susan Wilson	Uma Zykovsky

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 6 of 6 members.

Item #2: Review Meeting Minutes

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

Item #3: CARE Act Implementation Report

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.

Item #4: Senate Bill 43 Implementation

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.

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

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.

Item #6: Committee Workplan Development

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.

Item #7: Legislation Updates

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 Zykovsky 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.

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.