

# California Behavioral Health Planning Council

## Patients' Rights Committee Agenda

Wednesday, January 17, 2024

Courtyard by Marriot, San Diego Old Town

2435 Jefferson Street

San Diego, California, 92110

Santa Rosa Room

[Zoom Meeting Link](#)

**Call-in #:** (669) 900-6833

**Meeting ID:** 864 1057 0837

**Passcode:** 572896

10:30am to 12:30pm

<b>TIME</b>	<b>TOPIC</b>	
<b>10:30am</b>	<b>Welcome, Introductions, and Housekeeping</b> <i>Daphne Shaw and All</i>	
<b>10:35am</b>	<b>Review October 2023 Meeting Minutes</b> <i>Daphne Shaw and All</i>	<b>TAB A</b>
<b>10:40am</b>	<b>SB 43 Updates from Disability Rights California</b> <i>Debra Roth, Disability Rights California</i>	<b>TAB B</b>
<b>10:50am</b>	<b>Public Comment</b>	
<b>10:55am</b>	<b>CARE Act Implementation Updates</b> <i>Veronica Kelley</i>	<b>TAB C</b>
<b>11:15am</b>	<b>Letter to DHCS Re: Distribution of Patients' Rights Handbooks</b> <i>Daphne Shaw and All</i>	<b>TAB D</b>
<b>11:25am</b>	<b>Public Comment</b>	
<b>11:30am</b>	<b>Discussion: Patients' Rights in Board and Cares</b> <i>Mike Phillips, Melissa Hall and Whitney Wilson</i> <i>Patient Advocacy, Jewish Family Service of San Diego</i>	<b>TAB E</b>
<b>12:00pm</b>	<b>Public Comment</b>	
<b>12:05pm</b>	<b>Committee Charter and Workplan Review</b> <i>Daphne Shaw and Mike Phillips</i>	<b>TAB F</b>
<b>12:20pm</b>	<b>Planning for Future Meetings/Activities</b>	
<b>12:25pm</b>	<b>Public Comment</b>	
<b>12:30pm</b>	<b>Adjourn</b>	

*The scheduled times on the agenda are estimates and subject to change.*



## California Behavioral Health Planning Council

### **Patients' Rights Committee Members**

**Chairperson:** Daphne Shaw

**Chair Elect:** Mike Phillips

**Members:** Richard Krzyzanowski, Catherine Moore, Darlene Prettyman, Walter Shwe, Susan Wilson

**Staff:** Justin Boese

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



TAB A

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

Wednesday, January 17, 2024

**Agenda Item:** Review meeting minutes from October 2023.

**Enclosure:** Draft of PRC meeting minutes from October 2023

**Background/Description:**

Enclosed is a draft of the meeting minutes from the October 2023 meeting, prepared by Justin Boese. Committee members will have the opportunity to ask questions, request edits, and provide other feedback.



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**Patients' Rights Committee**  
**October 18, 2023**  
**Meeting Minutes**

**Committee Members Present:**

Daphne Shaw (Chairperson)  
Walter Shwe  
Richard Krzyzanowski

Mike Phillips (Chair-Elect)  
Susan Wilson  
Catherine Moore

**Council Staff Present:**

Justin Boese

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**Item #1: Welcome and Introductions**

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Daphne Shaw welcomed all Patients' Rights Committee (PRC) members and guests. Committee members, staff, and guests introduced themselves. A quorum was reached.

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**Item #2: Review Meeting Minutes**

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The committee reviewed the June 2023 Meeting Minutes. No edits to the minutes were requested.

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**Item #3: SB 43 Updates**

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Samuel Jain, Disability Rights California, joined the meeting to speak to the committee about Senate Bill 43 (SB 43). This bill by Sen. Eggman expands the definition of "gravely disabled" in the state welfare and institution code, which could increase the number of people with mental illness who are involuntarily detained or placed into conservatorship. Disability Rights California (DRC) opposed the legislation.

Samuel Jain provided an update to the committee on the version of the bill that passed in early October. Samuel noted that despite opposition, the signed bill still constitutes a significant expansion of the "gravely disabled" definition. One of the biggest changes is that under this definition, people can be committed to involuntary treatment because of severe substance use disorders alone, without a co-occurring mental illness.



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Mike Phillips asked if implementation of the bill could be delayed. Samuel responded that implementation could only be delayed by explicit action at the county level. He also said that implementation could vary county by county and that rural counties don't have the facilities for increased involuntary detention. Mike agreed that the system is already overloaded and there is currently no room for the increase in involuntary detention and treatment that this bill could cause. Richard Krzyzanowski commented that the bar for institutionalization of people with mental illness has been lowered even more.

**Public Comment:**

Steve Leoni commented that he felt the Governor is promoting legislation and policies that address the needs of the San Francisco behavioral health system specifically, which has an over-reliance on involuntary services and step-down services. Steve said that as part of the IMD exclusion waiver that California is applying for, the state needs to expand voluntary, community-based treatment, and expressed a concern that things like SB 43 could compromise that process.

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**Item #4: CARE Act Updates**

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Veronica Kelley joined the meeting to provide an update on CARE Act implementation in Orange County. She reported that her county has received 9 petitions so far. Of those petitions, 8 have been from family members, 1 was filed by a social worker, and 5 of the 9 met the requirements to be acted on. She noted that some of the people they received petitions for were receiving treatment already or being held on 5150s. Veronica also described some of the difficulties of the process, particularly when it comes to locating and engaging people who are currently unhoused.

The committee members asked several questions about the implementation. Susan Wilson asked if this implementation process would look different in every county, to which Veronica replied that it will likely look different in each county. While the counties in the first cohort started implementation in October 2023, the majority of the counties in California will start in 2025.

Mike Phillips said that as far as he was aware, implementation in San Diego looked fairly similar to Orange County. He added that the county could potentially use the CARE Act process as a step-down from conservatorship in some cases.



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**Item #5: SB 519 Discussion**

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Daphne Shaw updated the committee on Senate Bill 519 (SB 519). When the committee last discussed SB 519 in June 2023, the proposed legislation would give county supervisors the ability to take some control of local jails away from sheriffs by creating a county corrections office with an appointed executive. It would also require California sheriff's departments to release internal records of investigations into in-custody deaths and increase oversight requirements for the Board of State and Community Corrections. The committee was in agreement on supporting the bill at the time.

Since the June 2023 meeting, SB 519 went through major changes and was signed by the Governor. The final version of the bill creates the position of Director of In-Custody Death Review within the Board of State and Community Corrections. The position is appointed by the Governor and subject to state Senate confirmation for a six-year term. Daphne Shaw expressed disappointment in this development, as it weakens the impact of the bill significantly.

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**Item #6: MHSA Modernization: SB 326 and AB 531**

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Daphne moved on to the discussion of the MHSA modernization efforts. As of the meeting, both Senate Bill 326 (SB 326) and Assembly Bill 531 (AB 531) passed. Both bills contained provisions that require them to appear jointly on the March 2024 ballot, which will be Proposition 1. The committee members discussed various concerns with Prop 1, including the fact that it will potentially lower funding for some existing programs and services that are already working. Walter Shwe brought up concerns for peer services and wellness centers in particular.

Catherine Moore said that it was very hard to say how it will all turn out if it is implemented, given how big the changes are across the system. She expressed concern over the loss of inpatient beds in the state, as well as the need for board and care and other housing facilities. Catherine said that the reimbursement rates for beds are just too low for them to stay open, which isn't being addressed.

Richard stated that it was an important time for advocates and stakeholders to utilize their connections to collectively voice their concerns and opinions. He emphasized that educating the public and mobilizing voters at a grassroots level would be vital. Susan



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Wilson thanked Richard for his statement and followed up on it by saying she felt the public message to voters needed to be specifically about money. She said that there were already great concerns about existing services being cut, and that is the message that will get people engaged.

Daphne Shaw wrapped up the discussion, stating that this is an important issue that everyone will continue to need to think about, but that there isn't a lot of time left to act.

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**Item #7: California Office of Patients' Rights (COPR) Semi-Annual Reports to the Department of State Hospitals (DSH)**

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Justin Boese provided a short update on the COPR Semi-Annual Reports to DSH that the committee had been attempting to get copies of to review. Daniel Wagoner from COPR has said that DSH has not forgotten about this and intends to provide the committee with these reports. However, they are still working to deidentify the data before they can release them. Justin will continue to provide updates on this issue.

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**Item #8: Planning for Future Meetings/Activities**

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The committee discussed future activities and meeting planning, which include:

- Writing a letter to DHCS about a recent policy change to stop sending out printed Patients' Rights handbooks and other materials to patient advocacy programs.
- Continuing the discussion of PRA staffing issues and the need for an updated ratio. This includes the possibility of working with a state legislator to request an LAO report on the topic.
- Discussing patients' rights advocacy in residential settings such as board and cares.

**The meeting adjourned at 12:30 pm.**



## TAB B

**California Behavioral Health Planning Council**  
**Patients' Rights Committee**  
Wednesday, January 17, 2024

**Agenda Item:** Senate Bill 43 (SB 43) 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 will help Council members advocate for an accessible and effective behavioral health system.

**Background/Description:**

Senate Bill 43 (SB 43), passed in October 2023, expands the definition of “gravely disabled” in state Welfare and Institution Code. Expanding this definition could lead to an increase in the number of people with mental illness who are involuntarily detained or placed into conservatorship. As this topic is directly related to patients’ rights in California, the PRC is tracking the implementation of this legislation. Deb Roth from Disability Rights California will update the committee on this topic.



## TAB C

**California Behavioral Health Planning Council**  
**Patients' Rights Committee**  
Wednesday, January 17, 2024

**Agenda Item:** CARE Act 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 will help Council members advocate for an accessible and effective behavioral health system.

**Background/Description:**

The Patients' Rights Committee continues to track the implementation of the Community Assistance, Recovery, and Empowerment (CARE) Act, which was opposed by the Planning Council. The PRC will receive updates on the CARE Act implementation in Orange County from Veronica Kelley.



## TAB D

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

Wednesday, January 17, 2024

**Agenda Item:** Letter to DCHS re: Distribution of Patients' Rights Handbooks

**Enclosures:** Letter from CBHPC PRC to DHCS (Please contact Justin Boese at [justin.boese@cbhpc.dhcs.ca.gov](mailto:justin.boese@cbhpc.dhcs.ca.gov) for a copy of this document).

**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 advocate for an accessible and effective behavioral health system.

**Background/Description:**

During the quarterly meeting in October of 2023, committee Chair-Elect Mike Phillips brought up an issue with a recent decision by the Department of Health Care Services (DHCS) to only provide printed patients' rights handbooks to hospitals. Previously, patients' advocacy programs could request and obtain copies of the handbooks individually, which they could then distribute to the relevant facilities. The committee discussed sending a letter to DHCS asking them to reconsider this change.

A copy of the letter will be distributed prior to the meeting. The committee will discuss the letter and receive updates on this topic.



## TAB E

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

Wednesday, January 17, 2024

**Agenda Item:** Patients' Rights in Board and Care Facilities

**Enclosures:**

- Patient Advocacy Program: Adult Residential Facilities, a PowerPoint presentation by the Jewish Family Service of San Diego. For a copy of this presentation, please contact Justin Boese at [justin.boese@cbhpc.dhcs.ca.gov](mailto:justin.boese@cbhpc.dhcs.ca.gov)
- [Patient Advocacy: Board and Care Facilities](#), brochure from the Jewish Family Service of San Diego

**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 advocate for an accessible and effective behavioral health system.

**Background/Description:**

The topic of patients' rights and patient advocacy in Adult Residential Facilities / Board and Cares has been brought up as a potential area of focus in recent committee discussions. Melissa Hall (Patient Advocacy Supervisor) and Whitney Wilson (Patient Advocate Lead) from the Patient Advocacy program of the Jewish Family Service of San Diego will present to the committee, providing an overview of patients' rights in Adult Residential Facilities.



TAB F

**California Behavioral Health Planning Council**  
**Patients' Rights Committee**  
Wednesday, January 17, 2024

**Agenda Item:** Committee Charter and Workplan Review

**Enclosures:**

- [Patients' Rights Committee Charter](#) (The enclosed version has been updated with a current roster as of 2024)
- Patients' Rights 2017 Work Plan (Updated to current formatting standards)

**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 committee work plan is to establish the objectives and goals of the Patients' Rights Committee, as well as to map out the necessary tasks to accomplish those goals.

The most recent work plan from 2017 is enclosed, updated to current formatting standards, as a reference and template. Committee members and staff will develop an updated work plan to identify goals, objectives, roles and timeline for the work of the committee in 2024 and beyond.



# California Behavioral Health Planning Council

## Patients' Rights Committee

### Charter and Membership Roster 2024

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

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

#### MISSION

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

#### GUIDING PRINCIPLES

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**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

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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

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### 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: DAPHNE SHAW

Richard Krzyzanowski  
Walter Shwe

Catherine Moore  
Susan Wilson

### CHAIR-ELECT: MIKE PHILLIPS

Darlene Prettyman



**STAFF**

Justin Boese

[Justin.Boese@cbhpc.dhcs.ca.gov](mailto:Justin.Boese@cbhpc.dhcs.ca.gov)

(916) 750-3760



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

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**GOAL 1**

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

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**Objectives:**

- Gather data and input from PRAs
- Complete issue report
- Share the completed report with target audiences

**Target Audience:** Directors of Health Care Services and State Hospitals, Legislature, Local MH Boards/Commissions

**Activities:**

- Survey all PRAs 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 DHCS Director, DSH Director, and legislature
- Send survey results and issue report to local MH Boards/Commissions

**Measure of Success:** Decrease the ratio of PRAs to general population, creation of standardized training, and complete an Issue Paper.

**Timeline:** January-June 2017

**Leads:** CBHPC Staff

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**GOAL 2**

**Encourage Discussion and the Count MH Board/Commission  
Level About the Ratios and Training of Patients' Rights Advocates**

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**Objectives:**

- Gather Information regarding the duties of PRAs in WIC
- Discuss the contents of a letter to local Com/Board
- Draft Letter to all Local MH Com/Boards



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

- Send Letter and Report to all Com/Board Presidents

**Target Audience:** Local MH Com/Boards

**Activities:**

- Review WIC in areas which discuss the specific responsibilities of the local PRA
- PRC committee to discuss at the at the January CBHPC quarterly meeting
- Chair and EO meet to discuss and draft a letter
- Print and send paper letter to Com/Board presidents through the County Behavioral Health Director's Office

**Measure of success:** Letter and report distributed to each MH Board or Commission to place the issue of adequacy of PR on their meeting agenda

**Timeline:** January-May 2017

**Leads:** CBHPC Staff, Daphne Shaw