California Behavioral Health Planning Council

Patients' Rights Committee Agenda

Wednesday, June 19, 2024
Lake Arrowhead Resort
27984 CA-189
Lake Arrowhead, CA 92352
Evergreen Room
Zoom Meeting Link
Call-in #: 1-669-900-6833
Meeting ID: 832 2620 9462
Passcode: 917636
10:30 am to 12:30 pm

10:30 am	**Welcome, Introductions, and Housekeeping** *Daphne Shaw, Chairperson and All Members*	
10:35am	**Review and Accept April 2024 Meeting Minutes** *Daphne Shaw, Chairperson and All Members*	**TAB 1**
10:40 am	**Senate Bill 43 and Senate Bill 1238 Updates** *Deb Roth, Disability Rights California*	**TAB 2**
10:50 am	**Public Comment**	
10:55 am	**Assembly Bill 2352** **(Action Item)** *Daphne Shaw, Chairperson and All Members*	**TAB 3**
11:10 am	**Senate Bill 402** **(Action Item)** *Daphne Shaw, Chairperson and All Members*	**TAB 4**
11:25 am	**Public Comment**	
11:30 am	**Break**	
11:40 am	**Assembly Bill 2154 & Patients' Rights Materials** **(Action Item)** *Daphne Shaw, Chairperson, and Mike Phillips, Chair-Elect*	**TAB 5**
11:50 am	**Senate Bill 1184** **(Action Item)** *Daphne Shaw, Chairperson, and Mike Phillips, Chair-Elect*	**TAB 6**
12:05 pm	**Public Comment**	

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

12:10 pm Committee Updates **Tab 7**
Daphne Shaw, Chairperson

12:15 pm Planning for Future Meetings/Activities

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: Daphne Shaw
Chair Elect: Mike Phillips
Members: Richard Krzyzanowski, Catherine Moore, Darlene Prettyman, Walter Shwe, Susan Wilson
Staff: Justin Boese

TAB 1

California Behavioral Health Planning Council
Patients' Rights Committee
Wednesday, June 19, 2024

Agenda Item: Review and Accept April 2024 Meeting Minutes

Enclosure: Draft of PRC meeting minutes from April 2024

Background/Description:

Enclosed is a draft of the meeting minutes from the April2024 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.

California Behavioral Health Planning Council

Patients' Rights Committee

April 17, 2024

Meeting Minutes

Committee Members Present:

Daphne Shaw (Chairperson)
Walter Shwe
Richard Krzyzanowski
Susan Wilson
Catherine Moore

Council Staff Present:

Justin Boese

Item #1: Welcome and Introductions

The committee meeting began at 10:30am.

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

Item #2: Review Meeting Minutes

The committee reviewed the January 2024 Meeting Minutes. No edits to the minutes were requested.

Item #3: SB 43 Updates

Samuel Jain, from Disability Rights California, joined the meeting to speak to the committee about Senate Bill 43 (SB 43), which passed in October 2023. SB 43 was authored by Senator Eggman and expands the definition of "gravely disabled" in the state Welfare and Institution Code. Disability Rights California (DRC) opposed the legislation and continues to advocate against it.

Samuel briefly spoke about the public forum event held by the Council the previous evening (April 16), which included a panel of speakers invited to talk about SB-43. Samuel was one of the panel members, along with Mike Phillips. Samuel and Mike will be conducting a training session on SB-43 for the Patients' Rights Advocate Training (PRAT) conference, held by the California Office of Patients' Rights.

He informed the committee that Disability Rights California will continue to monitor implementation of the bill. Samuel said that, according to one estimate, the bill will increase the number of people in San Luis Obispo who meet the criteria for “grave disability’ by three times the current number. Disability Rights California is working with patients’ rights advocacy (PRA) offices to advocate for more funding and staff to meet the increased need for advocates.

Disability Rights California is also tracking SB-1238, a follow-up bill to SB-43. The new bill adds several additional changes to the LPS system, such as authorizing counties to designate additional facilities for the purpose of providing one or more specified treatments required by the act, such as admitting individuals who are diagnosed only with a substance use disorder. Samuel said that DRC is also opposing this bill.

Item #4: CARE Act Implementation Updates

Tony Vartan updated the committee on Community Assistance, Recovery, and Empowerment (CARE) Act implementation in Stanislaus County. So far, they have received 36 petitions, which have resulted in 13 CARE agreements. Stanislaus County is focusing a lot on training, community outreach, an education. They are tracking things like housing status and insurance status as they work with individuals to engage them in services and supports.

The committee then heard from Ian Kemmer from the Orange County behavioral health program. Ian said that they have received 46 CARE petitions, which has resulted in 3 CARE agreements and 30 individuals enrolled in services.

Daphne Shaw thanked them for their updates and said that the committee will continue to track the implementation of the CARE act across the state.

Item #5: Bridge Medication and Towing Protection Bills

Daphne Shaw welcomed Melanie Roland from the Law Foundation of Silicon Valley. Melanie presented to the committee on two pieces of patients’ rights legislation that the Law Foundation is currently working on.

The first prospective bill is focused on bridge medications. The bill would ensure that patients leaving hospitals after LPS holds receive their prescription medications, even if they are leaving “against medical advice” (AMA). Melanie said that hospitals often deny patients those medications when they leave against medical advice, citing concerns about side effects. However, Melanie said that some behavioral health patients find this to be retaliatory, and not receiving those medication can cause major mental health problems. She also said that this bill would help reduce rapid rehospitalization that is often seen among patients who have interruptions in their prescription medications.

The second piece of legislation would protect individuals placed on mental health holds from the consequences of having their vehicles towed while they are hospitalized. Melanie told the committee that this is a well-known problem in the patients' rights advocacy world. The bill would add cars, vans, and other vehicles to the list of "personal property" that would be protected when someone is put on an LPS hold. If their vehicle does get towed, the bill would prevent them from having to pay expensive fees to get their vehicles back.

According to Melanie, the Law Foundation has received positive feedback from legislators for both bills. They were unable to secure authors for either bill for this legislative cycle, but they are optimistic that they will during the next cycle. Melanie will stay in touch with the Patients' Rights Committee regarding the Law Foundation's progress on these issues.

Item #6: Committee Updates

Daphne Shaw provided brief updates on several items and ongoing activities, including:

- The committee letter sent to the Department of Healthcare Services (DHCS) in January 2024 regarding Patients' Rights Advocacy materials.
- Efforts to obtain copies of the California Office of Patient's Rights (COPR) reports to the Department of State Hospitals (DSH) on patient's rights advocacy services provided in state hospitals.
- Efforts to request a study by the Legislative Analyst's Office (LAO) on the staffing ratio of patients' rights advocates.

Item #8: Planning for Future Meetings/Activities

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

California Behavioral Health Planning Council

Patients' Rights Committee

April 17, 2024

Meeting Minutes

- Updates on SB 43, CARE Court, the BHSA, and other items.
- Discussion on the impact of recent legislation/policies on patients' rights
- Reaching out to Alex Bernard at NYU to speak to the committee, or potentially the full Council, about conservatorship in California.

The meeting adjourned at 12:30 pm.

TAB 2

California Behavioral Health Planning Council
Patients' Rights Committee
Wednesday, June 19, 2024

Agenda Item: Senate Bill 43 and Senate Bill 1238 Updates

Enclosures: Senate Bill 1238 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 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. The expansion of this definition will lead to an increase in the number of people with mental illness who are involuntarily detained or placed into conservatorship. The PRC is tracking implementation and will continue to receive relevant updates, as this topic is directly related to patients' rights in California.

Deb Roth from Disability Right's California will provide updates on the implementation of SB 43, as well as the status of a follow-up bill, SB 1238.

*If you would like a copy of the Fact Sheet, please email Justin Boese at Justin.Boese@cbhpc.ca.gov.

TAB 3

California Behavioral Health Planning Council
Patients’ Rights Committee
Wednesday, June 19, 2024

Agenda Item: Assembly Bill 2352

Enclosures: Assembly Bill 2352 Fact Sheet*

Disability Rights California Assembly Bill 2352 Position Letter – Oppose Unless Amended

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:

Assembly Bill 2352 (AB 2352) is intended to facilitate the testing of a Psychiatric Advance Directive (PAD) developed by a Mental Health Services Oversight and Accountability Commission (MHSOAC) innovation project. The project includes a digital platform that aims to make PADs more accessible. Disability Rights California (DRC) has an oppose unless amended position on AB 2352, citing multiple issues with the language of the bill, as well as unanswered questions regarding the rules that will govern PAD access and use.

Members will have an opportunity to discuss the bill and its potential impact on the patients’ rights system of California, and act if they choose.

*If you would like a copy of the Fact Sheet, please email Justin Boese at Justin.Boese@cbhpc.ca.gov.

Disability Rights California
California's protection & advocacy system

Mental Health America of California

April 18, 2024

The Honorable Mia Bonta
Chair, Assembly Health Committee
California State Assembly
1020 N Street, Room 390
Sacramento, CA 95814

RE: AB 2352 (IRWIN) as Amended April 10, 2024 – OPPOSE UNLESS AMENDED

Dear Chair Bonta:

Disability Rights California (DRC) is California's federally mandated protection and advocacy agency, working to advance and protect the rights of Californians with disabilities. Mental Health America of California (MHAC) is a peer-run organization leading the state in behavioral health public policy and advocacy since 1957. MHAC works to encourage hope, wellness and recovery from mental health and substance use disorders through voluntary services, delivered locally with compassion and respect for everyone's dignity and autonomy.

AB 2352 is intended to facilitate testing of a Psychiatric Advance Directive (PAD) developed by a Mental Health Services Oversight and Accountability Commission (MHSOAC) innovation project. The project aims to make PADs more accessible, including by using a digital platform. If successful, the project will lead to increased acceptance and use of PADs. The benefits, once realized, should not be understated. PADs have the potential to help deescalate a mental health crisis, leading to reduced hospitalizations and incarceration. By providing the right response and care at the front-end of a crisis, all that follows is more likely to help an individual on their path to recovery.

We appreciate engagement by the author and the project. After robust conversations, we have reached some agreements. We hope continued efforts will lead us to remove our opposition.

I. THE BILL SHOULD RESTORE EXISTING LAW IN PLACES WHERE THE CURRENT VERSION REPLACES “MENTAL HEALTH” WITH “BEHAVIORAL HEALTH.”

We believe the numerous changes to “update” the law with “behavioral health” as the preferred term over “mental health” are premature and not appropriate for this bill. If proponents want to pursue those changes, they should advance new legislation next year for that purpose. Public discussions are needed to assess the impact of each change, especially because of the risk of unintended consequences. One example is the inadvertent expansion of the definition of “gravely disabled.” Recent amendments were intended to fix that problem but did not restore existing law. Even after amendments, the bill’s current language still expands “gravely disabled.”

Status: *We believe the author will further amend the bill to restore existing law in all but one instance.*

II. A PAD IS AN ADVANCE DIRECTIVE. ITS REQUIREMENTS FOR EXECUTION SHOULD NOT BE LESS THAN WHAT IS REQUIRED UNDER EXISTING LAW.

We understand and support the author’s desire to make PADs easier to create. The project’s digital platform is an example of the project’s innovative approach to PADs. At the same time, a PAD is still an advance health care directive. Under existing law, it may be created as a standalone document, limited to psychiatric instructions, or its provisions may be incorporated into an advance directive that also contains instructions and preferences related to medical care. We think any statutory changes that make PADs different from other advance directives should be considered cautiously and only with careful analysis and discussion.

For example, under current law an advance directive must be acknowledged before a notary public OR signed by at least two witnesses who meet specific Probate Code requirements. Also under current law, the individual’s health care provider may not witness their signature.

There is no justifiable reason for changing the signature requirements to eliminate the OPTION of using a notary. Similarly, there are good reasons not to include a health care provider for PADs signatures. We support adding peer support specialists as potential witnesses.

Status: *We believe the author will amend the bill to largely restore existing law and to add peer support specialists.*

III. THE OPTION TO DESIGNATE AN AGENT FOR MAKING DECISIONS SHOULD NOT BE ELIMINATED FOR PADS.

Under current law, an advance directive may include designation of a person as an agent for decision-making. This is an important consideration, but not a requirement, for people who contemplate the possibility they will not be capable of making decisions on their own at times while they are receiving health care. The bill eliminates this option for PADs without good reason.

Status: *We believe the author and sponsor will agree to restore the option to designate an agent for decision-making.*

IV. ADDITION OF “PSYCHIATRIC ADVANCE DIRECTIVE” TO NUMEROUS LAWS SHOULD BE DONE CAREFULLY. SOME ADDITIONS IN THE BILL ARE INAPPROPRIATE. OTHER PROBATE CODE SECTIONS MIGHT BENEFIT FROM ADDING THE TERM.

The addition of “PAD” to numerous laws should be carefully evaluated. Many are inappropriate. For example, the bill proposes to require a CARE plan, under Welfare & Institutions Code Sec. 5971, to include a PAD. We enthusiastically support any effort to publicize PADs and encourage their creation. The changes to Sec. 5971 do not do this and may harm a person’s recovery if imposed under CARE Court.

Status*: Discussions are ongoing. We hope to work with the author and sponsor to eliminate many of these changes and to add PADs to some code sections not in the bill.*

V. THE HEALTH CARE ADVOCATE ROLE SHOULD BE CLARIFIED.

“Health care advocate” is a new position created by the bill. Under the bill’s definition, this person’s role is limited to PADs and does not include power of attorney. The scope of the advocate’s work needs clarification. For example, the advocate agrees “to uphold the person’s preferences for treatment in the case of a behavioral health crisis.” What does it mean to “uphold preferences?” What are the obligations of health care providers, and others with access to the PAD, to listen to the advocate?

***Status**: Discussions are ongoing.*

VI. THE BILL SHOULD ADDRESS NOT JUST PAD CREATION BUT PAD ACCESS. MUCH WORK REMAINS TO ENSURE PADS MAY BE ACCESSED WHEN NEEDED DURING CRISIS RESPONSE.

The current version of the bill focuses on PAD creation. We think it is equally important to ensure PADs are accessible when needed. The best efforts to document a person’s preferences will be of no use if the PAD, or any advance directive, can’t be accessed when it is needed. If a person is incapacitated by a car accident, it would be very important for the treating health care providers to know an advance directive exists. There is currently no system to ensure an advance directive, created at any time other than when a person checks in to a hospital for planned treatment, is available to be followed.

For PADs created as part of the project, the digital platform may become a sea-change in the use of advance directives overall. To accomplish that, the bill needs to specify how a PAD may be accessed. In particular, the bill contemplates use of the PAD beyond health care providers, i.e. by law enforcement and other crisis responders. This raises new questions about how that access will occur and the obligations imposed on those to whom access is given. The bill should identify the specific parts of a PAD that may be accessed by each particular category of people with access. Protecting privacy is paramount. We understand the author and sponsor are engaged in discussions with the Department of Justice (DOJ) regarding integration of PADs with the California Law Enforcement Telecommunications System (CLETS). CLETS is a powerful tool in our criminal justice system. The utmost care and caution should be exercised.

Status: *Discussions are ongoing. We would appreciate being included in conversations the author and sponsor are having with DOJ and other stakeholders on the access side of PADs.*

We look forward to continued discussions on AB 2352. Unfortunately, we remain opposed unless the bill is amended to address our concerns.

Sincerely,

Deb Roth
Senior Legislative Advocate
Disability Rights California

Karen Vicari
Director of Public Policy
Mental Health American of California

cc: Honorable Members, Assembly Health Committee
The Honorable Jacqui Irwin, California State Assembly
Riana King, Assembly Health Committee
Brandon Bjerke, Office of Assemblymember Irwin
Alison Merrilees, Assembly Judiciary Committee

TAB 4

California Behavioral Health Planning Council
Patients' Rights Committee
Wednesday, June 19, 2024

Agenda Item: Senate Bill 402

Enclosure: Senate Bill 402 Fact Sheet*

Disability Rights California Senate Bill 402 Position Letter – Oppose

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 402 (SB 402) would add "licensed mental health professionals," including those who are not employed by or contracted with a county, to the list of those who may be designated by a county to initiate 5150. The intent of the author is to reduce the role of law enforcement in mental health crisis response to reduce bad outcomes. However, Disability Rights California (DRC) opposes the bill, stating that as currently written, it will not achieve this goal.

Members will have an opportunity to discuss the bill and its potential impact on the patients' rights system of California, and act if they choose.

*****If you would like a copy of the Fact Sheet, please email Justin Boese at Justin.Boese@cbhpc.ca.gov.

Disability Rights California
California's protection & advocacy system

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TTY: (800) 719-5798
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www.disabilityrightsca.org

January 3, 2024

The Honorable Aisha Wahab
California State Senate
1021 O Street, Suite 7330
Sacramento, CA. 95814

RE: SB 402 (Wahab) as amended January 3, 2024 - OPPOSE

Dear Senator Wahab:

Disability Rights California (DRC), a non-profit advocacy organization that advances and protects the rights of Californians with disabilities, regretfully **opposes AB SB 402.**

Thank you very much for meeting with DRC about your bill. We support your intention to reduce the role played by law enforcement in mental health crises. As you noted, those interactions may be very harmful and create a higher likelihood of bad outcomes, including the possibility of a person being shot.

Though we are not certain about all the types of providers or situations not authorized by current law but which you aim to include with your bill, we suggest a hypothetical to you: If a licensed mental health professional not otherwise authorized to initiate a 5150 is providing therapy to a person in the community, your bill would authorize that provider to initiate a 5150. Once the provider does that, the mechanics of enforcement will require police to be called because that would seem to be the only way to get a person to the hospital if the person does not want to go.

Conversely, if the person is willing to go to the ER, that should be encouraged without the need to take away the person's voluntary status. Voluntary treatment that recognizes a person's autonomy and right of self-determination is far more likely to succeed.

Under the hypothetical, what would happen if law enforcement shows up and disagrees with the provider's assessment? If law enforcement does not want to detain the person, will the provider/police disagreement play out in real time? This could be very traumatizing to the person having a mental health crisis and would be a setback in future efforts to gain the person's trust and cooperation.

We believe approaches that make it easier to detain people involuntarily will neither improve outcomes nor reduce law enforcement's role. We welcome an opportunity to collaborate with you on ways to make voluntary treatment more likely to occur rather than expanding involuntary treatment. A combination of incentives, reimbursements and services could make a huge difference; this is not a small matter. Much work would be required but we would like to partner with you in that work.

For these reasons, we respectfully oppose SB 402. Please contact me if you have any questions about our position or if I can provide any further information.

Sincerely,

Deb Roth
Senior Legislative Advocate
Disability Rights California

cc: The Honorable Susan Eggman, Chair, Senate Health Committee
Honorable Members, Senate Health Committee
Alicia Lawerence, Office of Senator Wahab

TAB 5

California Behavioral Health Planning Council
Patients' Rights Committee

Wednesday, June 19, 2024

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

Enclosures: Letter from the Patient's Rights Committee to the Department of Health Care Services regarding the printing and distribution of patients' rights handbooks.

Response letter from the Department of Health Care Services to the Patients' Rights Committee.

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. After discussion, the committee sent a letter to DHCS requesting that this change be reconsidered. The letter was sent in January 2024. The committee received a response from DHCS declining this request in February 2024.

Assembly Bill 2154 (AB 2154) would require a facility to which a person is brought for involuntary detention to provide a copy of the Department of Health Care Services' patients' rights handbook to a family member of the detained person. This bill would define "family member" for these purposes to include the spouse or domestic partner of the person and the parent or legal guardian of the person, among others.

The committee will discuss AB 2154 and how it related to the ongoing conversation with DHCS regarding the distribution of patients' rights handbooks. Members will also have an opportunity to discuss a response to the letter received by DHCS in February 2024.

California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

CHAIRPERSON
Deborah Starkey

EXECUTIVE OFFICER
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MS 2706

January 26, 2023

Tyler Sadwith, Deputy Director
Erika Cristo, Assistant Deputy Director
Ivan Bhardwaj, Chief, Medi-Cal Behavioral Health – Policy Division
Behavioral Health Services
California Department of Health Care Services
1501 Capitol Avenue, Bldg. 171
Sacramento, CA 95814

DISTRIBUTION OF PATIENTS’ RIGHTS HANDBOOKS

Dear Mr. Sadwith, Ms. Cristo, and Mr. Bhardwaj:

The Patients’ Rights Committee of the California Behavioral Health Planning Council is mandated in Welfare and Institutions Code section 5514 to monitor and report on the access, depth, sufficiency, and effectiveness of advocacy services provided to psychiatric patients, and 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.

It is in this capacity that we are writing to formally request a reconsideration of the decision to only distribute the Rights for Individuals in Mental Health Facilities handbook to hospitals. Specifically, we are asking for Patient Advocacy programs to have the ability and the authority to independently request and obtain copies of the handbooks.

For example, the San Diego County team has requested these books from the state for decades. The San Diego Patient Advocacy Program would then handstamp the handbooks with their own local contact information and then deliver them to the relevant facilities. The handbook distribution process for the San Diego Patient Advocacy Program included a tracking spreadsheet to ensure that appropriate facilities were regularly receiving these handbooks, and if they were not, the program would follow up with facilities to address the lack of requests. This was a tool utilized by that advocacy program to ensure that facilities were distributing the correct materials to patients admitted to the behavioral health units.

This further allowed the San Diego Patient Advocacy Program to develop contacts and foster a community atmosphere. It also provided the program with an opportunity to explain the requirement to distribute the materials and to ensure the corresponding code section was clearly understood by hospital admission staff members. As a result, facilities in San Diego County now rely on the advocacy program to assist them with obtaining copies of these handbooks.

Regardless of San Diego's program, the Lanterman-Petris-Short (LPS) Act mandates that patients receive these books upon admission. Furthermore, facilities are not particularly motivated to do this on their own whereas the advocacy programs have a vested interest in ensuring that these materials are properly distributed. If the facilities are left to order their own materials, this also runs the risk of shipments arriving unexpectedly and ending up in a facility storeroom where they could be misplaced and ultimately forgotten.

More importantly, even if facilities do order them directly from the state, the handbooks will still not have the county's local patient rights office contact information included so patients can call them directly. Without the inclusion of the contact information for the local patient advocacy program, patients will only be provided with the California Office of Patients' Rights information on the booklet, thereby causing a delay in receiving services from their local advocates, if they are even able to make a long-distance phone call from the patient phone on the behavioral health unit. In San Diego County, when advocates meet with clients, they often ask if they received a handbook. If they say no, the advocates give them one. Without the ability to order their own handbooks, it would be difficult for them to immediately provide a copy for the patient.

In some counties, the Patients' Rights Advocates have worked out collaborative relationships with the facilities in their county, and to the extent that process is working, it makes sense for the facilities in those counties to request the handbooks directly from DHCS. This collaboration

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MS 2706

would still need to ensure that the local Patients' Rights Advocates contact information is added to the handbooks before they are distributed to patients.

In summary, we believe that the best way for advocates to ensure that facilities are fulfilling their legal mandate to provide these handbooks to the patients is to include the local patient rights programs in this process for oversight as well as facilitating the distribution of the materials. Understanding that resources are limited, and that in the past, handbooks have been requested by parties that might not have a pressing need for these materials, we respectfully request that the decision to only provide the handbooks directly to hospitals be revised to include distribution to both LPS facilities and local patient rights programs in counties that have LPS facilities.

If you have any questions about this topic, please reach out to Mike Phillips, our committee Chair-Elect. Our contact information is below.

Sincerely,

Daphne Shaw

Chairperson, CBHPC Patients' Rights Committee
Email: dshaw1@sbcglobal.net

Mike Phillips

Senior Director of Patient Advocacy, Jewish Family Service of San Diego
Chair-Elect, CBHPC Patients' Rights Committee
Email: mikep@jfssd.org
Telephone: 1-858-637-7302

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES
Michelle Baass | Director

February 16, 2024

Attention: Daphne Shaw, Chairperson, CBHPC Patients' Rights Committee and Mike Phillips, Chair-Elect, CBHPC Patients' Rights Committee
Re: Distribution of Patients' Rights Handbooks

Dear Ms. Shaw and Mr. Phillips:

Thank you for contacting the Department of Health Care Services (DHCS) regarding your concerns about DHCS' policies for distributing patients' rights handbooks and your request for reconsidering our distribution policy. DHCS is committed to ensuring that individuals who are admitted under the Lanterman-Petris-Short Act are promptly provided a copy of the patients' rights handbook, *Rights for Individuals in Mental Health Facilities*.

Consistent with Welfare & Institutions (W&I) Code Section 5325, DHCS is required to accept order requests and supply patients' rights materials (handbooks and posters) to designated health facilities as defined in Health and Safety Code Section 1250. In 2014, DHCS issued Mental Health and Substance Use Disorder Services Information Notice 14-043 to notify Mental Health Plans that the Department of State Hospitals transitioned responsibility of patients' rights advocacy services to DHCS and to provide order instructions to mental health facilities. To ensure accessibility to all other entities or individuals, DHCS publishes electronic versions of the patients' rights handbook and posters in English and alternative languages on the DHCS Office of Patients' Rights webpage.

While DHCS acknowledges your request to reconsider and expand its distribution policy beyond designated health facilities and to include local patients' rights programs, as noted above, DHCS has maintained its current distribution policy since 2014. Additionally, DHCS is required to adhere to the provisions outlined in Budget Letter 23-27 and is only authorized to expend funds that are necessary to critical operations. As DHCS does not have designated funding to support fulfillment of patients' rights materials, it cannot consider fulfillment to entities or individuals that are not specified in statute at this time.

Should you have any questions, please contact Ashley Love via telephone at (916) 713-8599 or email at Ashley.Love@dhcs.ca.gov.

In partnership,

Ivan Bhardwaj, Division Chief
Medi-Cal Behavioral Health Policy Division
Department of Health Care Services

TAB 6

California Behavioral Health Planning Council
Patients' Rights Committee
Wednesday, June 19, 2024

Agenda Item: Senate Bill 1184

Enclosures: Senate Bill 1184 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 will help Council members advocate for an accessible and effective behavioral health system.

Background/Description:

Senate Bill 1184 (SB 1184) would require an order for treatment with antipsychotic medication to remain in effect at the beginning of a detention period for various involuntary holds provided that a petition for a new determination on the question of capacity has been filed. It requires this determination to remain in effect until the court hears a petition for that detention period and issues a decision, as specified.

Members will have an opportunity to discuss the bill and its potential impact on the patients' rights system of California and act if they choose.

*If you would like a copy of the Fact Sheet, please email Justin Boese at Justin.Boese@cbhpc.ca.gov.

TAB 7

California Behavioral Health Planning Council
Patients’ Rights Committee

Wednesday, June 19, 2024

Agenda Item: Committee 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 committee members time to receive updates on recent developments and ongoing activities of the committee, aligning with the Council Mission and committee charter.

Background/Description:

The purpose of this agenda item is to allow time for quick updates on various topics and activities of the committee’s work. Updates will be provided by the chairperson, chair-elect, and committee staff as needed.

Updates for the June 2024 meeting include:

- Efforts to request a study by the Legislative Analyst’s Office (LAO) on the staffing ratio of patients’ rights advocates.
- Developments in the implementation of the CARE Act.