

AMENDED IN SENATE JUNE 19, 2012

AMENDED IN ASSEMBLY MAY 25, 2012

AMENDED IN ASSEMBLY APRIL 9, 2012

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 1907

Introduced by Assembly Member Bonnie Lowenthal

February 22, 2012

An act to amend Section 2602 of, and to add Section 2603 to, the Penal Code, relating to inmates.

LEGISLATIVE COUNSEL'S DIGEST

AB 1907, as amended, Bonnie Lowenthal. Inmates: psychiatric medication.

Existing law requires that no inmate be administered psychotropic medication on a nonemergency basis without the inmate's informed consent, unless after a noticed hearing is conducted in which an administrative law judge determines by clear and convincing evidence that the inmate has a mental illness or disorder, that as a result of that illness the inmate is gravely disabled and lacks the capacity to consent or refuse treatment or is a danger to self or others if not medicated, that there is no less intrusive alternative to involuntary medication, and that the medication is in the inmate's best interest. Existing law authorizes the Department of Corrections and Rehabilitation to seek to initiate involuntary medication on a nonemergency basis only if specified conditions are met, including that a psychiatrist has determined that the inmate is gravely disabled or is a danger to self or others and does not have the capacity to refuse treatment with psychotropic medication.

Existing law allows a physician to administer psychotropic medication to a prison inmate during an emergency consisting of a sudden and marked change in an inmate's mental condition so that action is immediately necessary for the preservation of life or the prevention of serious bodily harm. If psychotropic medication is administered during an emergency, existing law authorizes the medication to be administered for no more than 5 days.

This bill would contain findings and declarations to the effect that it is the intent of the Legislature in enacting specified legislation, which was previously enacted, to terminate the permanent injunction stemming from the decision in *Keyhea v. Rushen* providing a process for the involuntary administration of psychotropic medication to prisoners, and to replace those provisions with the provisions previously enacted, as specified.

This bill would revise the provisions authorizing the Department of Corrections and Rehabilitation to seek to initiate involuntary medication on a nonemergency basis only if specified conditions are met by instead requiring that the psychiatrist make a determination that the inmate is gravely disabled and does not have the capacity to refuse treatment with psychiatric medication, or is a danger to self or others. *If psychiatric medication is administered on an emergency or interim basis, the bill would require the department to give notice to the inmate of its intention to seek an ex parte order if the situation necessitates the continuation of medication beyond the initial 72 hours pending a full mental health hearing, as provided.* The bill would delete references to psychotropic medications throughout the provisions described above and instead refer to psychiatric medications. The bill would also enact provisions governing involuntary medication proceedings similar to those described above, as revised, that would be available to counties for inmates in a county jail, and would, in addition, authorize either a psychiatrist or a psychologist to make the determinations described above. ~~The bill would provide that, for purposes of the provisions applicable to county inmates, the term "counsel" may include the county patient rights advocate.~~ The bill would also make clarifying changes.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. It is the intent of the Legislature, in amending
2 Section 2600 and enacting Section 2602 in Assembly Bill 1114
3 of the 2011–12 Regular Session, to terminate the permanent
4 injunction stemming from the decision in *Keyhea v. Rushen*, 178
5 Cal.App.3d 536, and to replace the provisions of the injunction
6 with the provisions contained within Section 2602 of the Penal
7 Code.

8 SEC. 2. Section 2602 of the Penal Code is amended to read:

9 2602. (a) Except as provided in subdivision (b), no person
10 sentenced to imprisonment or housed in a state prison shall be
11 administered any psychiatric medication without his or her prior
12 informed consent.

13 (b) If a psychiatrist determines that an inmate should be treated
14 with psychiatric medication, but the inmate does not consent, the
15 inmate may be involuntarily treated with the medication. Treatment
16 may be given on either a nonemergency basis as provided in
17 subdivision (c), or on an emergency *or interim* basis as provided
18 in subdivision (d).

19 (c) The Department of Corrections and Rehabilitation may seek
20 to initiate involuntary medication on a nonemergency basis only
21 if all of the following conditions have been met:

22 (1) A psychiatrist has determined that the inmate has a serious
23 mental disorder.

24 (2) A psychiatrist has determined that, as a result of that mental
25 disorder, the inmate is gravely disabled and does not have the
26 capacity to refuse treatment with psychiatric medications or is a
27 danger to self or others.

28 (3) A psychiatrist has prescribed one or more psychiatric
29 medications for the treatment of the inmate’s disorder, has
30 considered the risks, benefits, and treatment alternatives to
31 involuntary medication, and has determined that the treatment
32 alternatives to involuntary medication are unlikely to meet the
33 needs of the patient.

34 (4) The inmate has been advised of the risks and benefits of,
35 and treatment alternatives to, the psychiatric medication and refuses
36 or is unable to consent to the administration of the medication.

37 (5) The inmate is provided a hearing before an administrative
38 law judge.

1 (6) The inmate is provided counsel at least 21 days prior to the
2 hearing, unless emergency *or interim* medication is being
3 administered pursuant to subdivision (d), in which case the inmate
4 would receive expedited access to counsel. The hearing shall be
5 held not more than 30 days after the filing of the notice with the
6 Office of Administrative Hearings, unless counsel for the inmate
7 agrees to extend the date of the hearing.

8 (7) The inmate and counsel are provided with written notice of
9 the hearing at least 21 days prior to the hearing, unless emergency
10 *or interim* medication is being administered pursuant to subdivision
11 (d), in which case the inmate would receive an expedited hearing.
12 The written notice shall do all of the following:

13 (A) Set forth the diagnosis, the factual basis for the diagnosis,
14 the basis upon which psychiatric medication is recommended, the
15 expected benefits of the medication, any potential side effects and
16 risks to the inmate from the medication, and any alternatives to
17 treatment with the medication.

18 (B) Advise the inmate of the right to be present at the hearing,
19 the right to be represented by counsel at all stages of the
20 proceedings, the right to present evidence, and the right to
21 cross-examine witnesses. Counsel for the inmate shall have access
22 to all medical records and files of the inmate, but shall not have
23 access to the confidential section of the inmate's central file which
24 contains materials unrelated to medical treatment.

25 (C) Inform the inmate of his or her right to contest the finding
26 of an administrative law judge authorizing treatment with
27 involuntary medication by filing a petition for writ of
28 administrative mandamus pursuant to Section 1094.5 of the Code
29 of Civil Procedure, and his or her right to file a petition for writ
30 of habeas corpus with respect to any decision of the Department
31 of Corrections and Rehabilitation to continue treatment with
32 involuntary medication after the administrative law judge has
33 authorized treatment with involuntary medication.

34 (8) An administrative law judge determines by clear and
35 convincing evidence that the inmate has a mental illness or
36 disorder, that as a result of that illness the inmate is gravely
37 disabled and lacks the capacity to consent to or refuse treatment
38 with psychiatric medications or is a danger to self or others if not
39 medicated, that there is no less intrusive alternative to involuntary
40 medication, and that the medication is in the inmate's best medical

1 interest. In the event of any statutory notice issues with either initial
2 or renewal filings by the department, the administrative law judge
3 shall hear arguments as to why the case should be heard, and shall
4 consider *Failure of the department to provide timely or adequate*
5 *notice pursuant to this section shall be excused only upon a*
6 *showing of good cause and the absence of prejudice to the inmate.*
7 *In making this determination, the administrative law judge may*
8 *consider factors such as including, but not limited to, the ability*
9 *of the inmate's counsel to adequately prepare the case and to confer*
10 *with the inmate, the continuity of care, and, if applicable, the need*
11 *for protection of the inmate or institutional staff that would be*
12 *compromised by a procedural default.*

13 (9) The historical course of the inmate's mental disorder, as
14 determined by available relevant information about the course of
15 the inmate's mental disorder, shall be considered when it has direct
16 bearing on the determination of whether the inmate is a danger to
17 self or others, or is gravely disabled and incompetent to refuse
18 medication as the result of a mental disorder.

19 (10) An inmate is entitled to file one motion for reconsideration
20 following a determination that he or she may receive involuntary
21 medication, and may seek a hearing to present new evidence, upon
22 good cause shown.

23 (d) Nothing in this section is intended to prohibit a physician
24 from taking appropriate action in an emergency. An emergency
25 exists when there is a sudden and marked change in an inmate's
26 mental condition so that action is immediately necessary for the
27 preservation of life or the prevention of serious bodily harm to the
28 inmate or others, and it is impractical, due to the seriousness of
29 the emergency, to first obtain informed consent. If psychiatric
30 medication is administered during an emergency, the medication
31 shall only be that which is required to treat the emergency condition
32 and shall be administered for only so long as the emergency
33 continues to exist. If the Department of Corrections and
34 Rehabilitation's clinicians identify a situation that jeopardizes the
35 inmate's health or well-being as the result of a serious mental
36 illness, and necessitates the continuation of ~~emergency~~ medication
37 beyond the initial 72 hours pending the full mental health hearing,
38 the department shall give notice to the inmate and his or her counsel
39 of the department's intention to seek an ex parte order to allow the
40 continuance of medication pending the full hearing. The notice

1 shall be served upon the inmate and counsel at the same time the
2 inmate is given the written notice that the involuntary medication
3 proceedings are being initiated and is appointed counsel as
4 provided in subdivision (c). The order may be issued ex parte upon
5 a showing that in the absence of the medication, ~~there is a~~
6 ~~reasonable likelihood~~ that the emergency conditions are likely to
7 recur. The request for an ex parte order shall be supported by an
8 affidavit from the psychiatrist showing specific facts. The inmate
9 and the inmate's appointed counsel shall have two business days
10 to respond to the department's ex parte request to continue interim
11 medication, and may present facts supported by an affidavit in
12 opposition to the department's request. An administrative law
13 judge shall review the ex parte request and shall have three business
14 days to determine the merits of the department's request for an ex
15 parte order. If an order is issued, the psychiatrist may continue the
16 administration of the medication until the hearing described in
17 paragraph (5) of subdivision (c) is held.

18 (1) The Department of Corrections and Rehabilitation shall file
19 with the Office of Administrative Hearings, and serve on the inmate
20 and his or her counsel, the written notice described in paragraph
21 (7) of subdivision (c) within 72 hours of commencing medication
22 pursuant to this subdivision, unless either of the following occurs:

23 (A) The inmate gives informed consent to continue the
24 medication.

25 (B) A psychiatrist determines that the psychiatric medication
26 is not necessary and administration of the medication is
27 discontinued.

28 (2) If medication is being administered pursuant to this
29 subdivision, the hearing described in paragraph (5) of subdivision
30 (c) shall commence within 21 days of the filing and service of the
31 notice, unless counsel for an inmate agrees to a different period
32 of time.

33 (3) With the exception of the timeline provisions specified in
34 paragraphs (1) and (2) ~~of subdivision (d)~~ for providing notice and
35 commencement of the hearing ~~in emergency situations pursuant~~
36 ~~to the conditions specified in this subdivision~~, the inmate shall be
37 entitled to and be given the same due process protections as
38 specified in subdivision (c). The department shall prove the same
39 elements supporting the involuntary administration of psychiatric

1 medication and the administrative law judge shall be required to
2 make the same findings described in subdivision (c).

3 (e) The determination that an inmate may receive involuntary
4 medication shall be valid for one year from the date of the
5 determination, regardless of whether the inmate subsequently gives
6 his or her informed consent.

7 (f) If a determination has been made to involuntarily medicate
8 an inmate pursuant to subdivision (c) or (d), the medication shall
9 be discontinued one year after the date of that determination, unless
10 the inmate gives his or her informed consent to the administration
11 of the medication, or unless a new determination is made pursuant
12 to the procedures set forth in subdivision (g).

13 (g) To renew an existing order allowing involuntary medication,
14 the department shall file with the Office of Administrative
15 Hearings, and shall serve on the inmate and his or her counsel, a
16 written notice indicating the department's intent to renew the
17 existing involuntary medication order.

18 (1) The request to renew the order shall be filed and served no
19 later than 21 days prior to the expiration of the current order
20 authorizing involuntary medication.

21 (2) ~~The department shall provide~~ *inmate shall be entitled to,*
22 *and shall be given,* the same due process protections as specified
23 in subdivision (c).

24 (3) Renewal orders shall be valid for one year from the date of
25 the hearing.

26 (4) An order renewing an existing order shall be granted based
27 on clear and convincing evidence that the inmate has a serious
28 mental disorder that requires treatment with psychiatric medication,
29 and that, but for the medication, the inmate would revert to the
30 behavior that was the basis for the prior order authorizing
31 involuntary medication, coupled with evidence that the inmate
32 lacks insight regarding his or her need for the medication, such
33 that it is unlikely that the inmate would be able to manage his or
34 her own medication and treatment regimen. No new acts need be
35 alleged or proven.

36 (5) If the department wishes to add a basis to an existing order,
37 the department shall give the inmate and the inmate's counsel
38 notice in advance of the hearing via a renewal notice or
39 supplemental petition. Within the renewal notice or supplemental
40 petition, as described in subdivision (g), the department shall

1 specify what additional basis is being alleged and what qualifying
2 conduct within the past year supports that additional basis. The
3 department shall prove the additional basis and conduct by clear
4 and convincing evidence at a hearing as specified in subdivision
5 (c).

6 (6) The hearing on any petition to renew an order for involuntary
7 medication shall be conducted prior to the expiration of the current
8 order.

9 (h) Pursuant to Section 5058, the Department of Corrections
10 and Rehabilitation shall adopt regulations to fully implement this
11 section.

12 (i) In the event of a conflict between the provisions of this
13 section and the Administrative Procedure Act (Chapter 4.5
14 (commencing with Section 11400) of Part 1 of Division 3 of the
15 Government Code), this section shall control.

16 SEC. 3. Section 2603 is added to the Penal Code, to read:

17 2603. (a) Except as provided in subdivision (b), no person
18 sentenced to imprisonment in a county jail shall be administered
19 any psychiatric medication without his or her prior informed
20 consent.

21 (b) If a psychiatrist determines that an inmate should be treated
22 with psychiatric medication, but the inmate does not consent, the
23 inmate may be involuntarily treated with the medication. Treatment
24 may be given on either a nonemergency basis as provided in
25 subdivision (c), or on an emergency *or interim* basis as provided
26 in subdivision (d).

27 (c) A county department of mental health may seek to initiate
28 involuntary medication on a nonemergency basis only if all of the
29 following conditions have been met:

30 (1) A psychiatrist or psychologist has determined that the inmate
31 has a serious mental disorder.

32 (2) A psychiatrist or psychologist has determined that, as a result
33 of that mental disorder, the inmate is gravely disabled and does
34 not have the capacity to refuse treatment with psychiatric
35 medications, or is a danger to self or others.

36 (3) A psychiatrist has prescribed one or more psychiatric
37 medications for the treatment of the inmate's disorder, has
38 considered the risks, benefits, and treatment alternatives to
39 involuntary medication, and has determined that the treatment

1 alternatives to involuntary medication are unlikely to meet the
2 needs of the patient.

3 (4) The inmate has been advised of the risks and benefits of,
4 and treatment alternatives to, the psychiatric medication and
5 refuses, or is unable to consent to, the administration of the
6 medication.

7 (5) The inmate is provided a hearing before a superior court
8 judge, a court-appointed commissioner or referee, or a
9 court-appointed hearing officer, *as specified in subdivision (c) of*
10 *Section 5334 of the Welfare and Institutions Code.*

11 (6) The inmate is provided counsel at least 21 days prior to the
12 hearing, unless emergency *or interim* medication is being
13 administered pursuant to subdivision (d), in which case the inmate
14 would receive expedited access to counsel. The hearing shall be
15 held not more than 30 days after the filing of the notice with the
16 superior court, unless counsel for the inmate agrees to extend the
17 date of the hearing.

18 (7) The inmate and counsel are provided with written notice of
19 the hearing at least 21 days prior to the hearing, unless emergency
20 *or interim* medication is being administered pursuant to subdivision
21 (d), in which case the inmate would receive an expedited hearing.
22 The written notice shall do all of the following:

23 (A) Set forth the diagnosis, the factual basis for the diagnosis,
24 the basis upon which psychiatric medication is recommended, the
25 expected benefits of the medication, any potential side effects and
26 risks to the inmate from the medication, and any alternatives to
27 treatment with the medication.

28 (B) Advise the inmate of the right to be present at the hearing,
29 the right to be represented by counsel at all stages of the
30 proceedings, the right to present evidence, and the right to
31 cross-examine witnesses. Counsel for the inmate shall have access
32 to all medical records and files of the inmate, but shall not have
33 access to the confidential section of the inmate's central file which
34 contains materials unrelated to medical treatment.

35 (C) Inform the inmate of his or her right to ~~contest the finding~~
36 ~~of the court-appointed hearing officer authorizing treatment with~~
37 ~~involuntary medication by filing a petition for writ of~~
38 ~~administrative mandamus pursuant to Section 1094.5 of the Code~~
39 ~~of Civil Procedure~~ *appeal the determination to the superior court*
40 *or the court of appeal as specified in subdivisions (e) and (f) of*

1 *Section 5334 of the Welfare and Institutions Code*, and his or her
2 right to file a petition for writ of habeas corpus with respect to any
3 decision of the county department of mental health to continue
4 treatment with involuntary medication after the *superior court*
5 *judge, court-appointed commissioner or referee, or court-appointed*
6 *hearing officer* has authorized treatment with involuntary
7 medication.

8 (8) *A superior court judge, a court-appointed commissioner or*
9 *referee, or a court-appointed hearing officer* determines by clear
10 and convincing evidence that the inmate has a mental illness or
11 disorder, that as a result of that illness the inmate is gravely
12 disabled and lacks the capacity to consent to or refuse treatment
13 with psychiatric medications or is a danger to self or others if not
14 medicated, that there is no less intrusive alternative to involuntary
15 medication, and that the medication is in the inmate's best medical
16 interest. In the event of any statutory notice issues with either initial
17 or renewal filings by the county department of mental health, the
18 *superior court judge, court-appointed commissioner or referee,*
19 *or court-appointed hearing officer* shall hear arguments as to why
20 the case should be heard, and shall consider factors such as the
21 ability of the inmate's counsel to adequately prepare the case and
22 to confer with the inmate, the continuity of care, and, if applicable,
23 the need for protection of the inmate or institutional staff that would
24 be compromised by a procedural default.

25 (9) The historical course of the inmate's mental disorder, as
26 determined by available relevant information about the course of
27 the inmate's mental disorder, shall be considered when it has direct
28 bearing on the determination of whether the inmate is a danger to
29 self or others, or is gravely disabled and incompetent to refuse
30 medication as the result of a mental disorder.

31 (10) An inmate is entitled to file one motion for reconsideration
32 following a determination that he or she may receive involuntary
33 medication, and may seek a hearing to present new evidence, upon
34 good cause shown.

35 (d) Nothing in this section is intended to prohibit a physician
36 from taking appropriate action in an emergency. An emergency
37 exists when there is a sudden and marked change in an inmate's
38 mental condition so that action is immediately necessary for the
39 preservation of life or the prevention of serious bodily harm to the
40 inmate or others, and it is impractical, due to the seriousness of

1 the emergency, to first obtain informed consent. If psychiatric
2 medication is administered during an emergency, the medication
3 shall only be that which is required to treat the emergency condition
4 and shall be administered for only so long as the emergency
5 continues to exist. If the county department of mental health's
6 clinicians identify a situation that jeopardizes the inmate's health
7 or well-being as the result of a serious mental illness, and
8 necessitates the continuation of ~~emergency~~ medication beyond the
9 initial 72 hours pending the full mental health hearing, the county
10 department may, ~~in lieu of taking the inmate to a facility for~~
11 ~~treatment pursuant to Section 4011.6,~~ seek to continue the
12 medication by giving notice to the inmate and his or her counsel
13 of its intention to seek an ex parte order to allow the continuance
14 of medication pending the full hearing. *Treatment of the inmate*
15 *in a facility pursuant to Section 4011.6 shall not be required in*
16 *order to continue medication under this subdivision unless the*
17 *treatment is otherwise medically necessary.* The notice shall be
18 served upon the inmate and counsel at the same time the inmate
19 is given the written notice that the involuntary medication
20 proceedings are being initiated and is appointed counsel as
21 provided in subdivision (c). The order may be issued ex parte upon
22 a showing that, in the absence of the medication, ~~there is a~~
23 ~~reasonable likelihood that~~ the emergency conditions are likely to
24 recur. The request for an ex parte order shall be supported by an
25 affidavit from the psychiatrist or psychologist showing specific
26 facts. The inmate and the inmate's appointed counsel shall have
27 two business days to respond to the county department of mental
28 health's ex parte request to continue interim medication, and may
29 present facts supported by an affidavit in opposition to the
30 department's request. *A superior court judge, a court-appointed*
31 *commissioner or referee, or a court-appointed hearing officer shall*
32 *review the ex parte request and shall have three business days to*
33 *determine the merits of the department's request for an ex parte*
34 *order. If an order is issued, the psychiatrist may continue the*
35 *administration of the medication until the hearing described in*
36 *paragraph (5) of subdivision (c) is held.*

37 (1) If the county elects to seek an ex parte order pursuant to this
38 subdivision, the county department of mental health shall file with
39 the superior court, and serve on the inmate and his or her counsel,
40 the written notice described in paragraph (7) of subdivision (c)

1 within 72 hours of commencing medication pursuant to this
2 subdivision, unless either of the following occurs:

3 (A) The inmate gives informed consent to continue the
4 medication.

5 (B) A psychiatrist determines that the psychiatric medication
6 is not necessary and administration of the medication is
7 discontinued.

8 (2) If medication is being administered pursuant to this
9 subdivision, the hearing described in paragraph (5) of subdivision
10 (c) shall commence within 21 days of the filing and service of the
11 notice, unless counsel for the inmate agrees to a different period
12 of time.

13 (3) With the exception of the timeline provisions specified in
14 paragraphs (1) and (2) for providing notice and commencement
15 of the hearing in emergency *or interim* situations, the inmate shall
16 be entitled to and be given the same due process protections as
17 specified in subdivision (c). The county department of mental
18 health shall prove the same elements supporting the involuntary
19 administration of psychiatric medication and the *superior court*
20 *judge, court-appointed commissioner or referee, or court-appointed*
21 *hearing officer* shall be required to make the same findings
22 described in subdivision (c).

23 (e) The determination that an inmate may receive involuntary
24 medication shall be valid for one year from the date of the
25 determination, regardless of whether the inmate subsequently gives
26 his or her informed consent.

27 (f) If a determination has been made to involuntarily medicate
28 an inmate pursuant to subdivision (c) or (d), the medication shall
29 be discontinued one year after the date of that determination, unless
30 the inmate gives his or her informed consent to the administration
31 of the medication, or unless a new determination is made pursuant
32 to the procedures set forth in subdivision (g).

33 (g) To renew an existing order allowing involuntary medication,
34 the county department of mental health shall file with the superior
35 court, and shall serve on the inmate and his or her counsel, a written
36 notice indicating the department's intent to renew the existing
37 involuntary medication order.

38 (1) The request to renew the order shall be filed and served no
39 later than 21 days prior to the expiration of the current order
40 authorizing involuntary medication.

1 (2) ~~The county department of mental health shall provide~~ *inmate*
2 *shall be entitled to, and shall be given,* the same due process
3 protections as specified in subdivision (c).

4 (3) Renewal orders shall be valid for one year from the date of
5 the hearing.

6 (4) An order renewing an existing order shall be granted based
7 on clear and convincing evidence that the inmate has a serious
8 mental disorder that requires treatment with psychiatric medication,
9 and that, but for the medication, the inmate would revert to the
10 behavior that was the basis for the prior order authorizing
11 involuntary medication, coupled with evidence that the inmate
12 lacks insight regarding his or her need for the medication, such
13 that it is unlikely that the inmate would be able to manage his or
14 her own medication and treatment regimen. No new acts need be
15 alleged or proven.

16 (5) If the county department of mental health wishes to add a
17 basis to an existing order, it shall give the inmate and the inmate's
18 counsel notice in advance of the hearing via a renewal notice or
19 supplemental petition. Within the renewal notice or supplemental
20 petition, as described in subdivision (g), the county department of
21 mental health shall specify what additional basis is being alleged
22 and what qualifying conduct within the past year supports that
23 additional basis. The county department of mental health shall
24 prove the additional basis and conduct by clear and convincing
25 evidence at a hearing as specified in subdivision (c).

26 (6) The hearing on any petition to renew an order for involuntary
27 medication shall be conducted prior to the expiration of the current
28 order.

29 (h) In the event of a conflict between the provisions of this
30 section and the Administrative Procedure Act (Chapter 4.5
31 (commencing with Section 11400) of Part 1 of Division 3 of the
32 Government Code), this section shall control.

33 ~~(i) For purposes of this section, "counsel" may include the~~
34 ~~county patient rights advocate.~~

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