

AMENDED IN ASSEMBLY AUGUST 29, 2000

AMENDED IN ASSEMBLY AUGUST 18, 2000

AMENDED IN ASSEMBLY JULY 6, 2000

AMENDED IN ASSEMBLY JUNE 26, 2000

AMENDED IN SENATE MAY 30, 2000

AMENDED IN SENATE MAY 3, 2000

AMENDED IN SENATE APRIL 13, 2000

SENATE BILL

No. 1534

Introduced by Senator Perata
(Coauthor: Assembly Member Steinberg)

February 17, 2000

An act to amend Sections 5325, 5325.1, 5326.9, 5328, 5500, 5512, 5520, 5521, 5522, 5523, 5530, 5541, 5542, and 5550 of, and to add Sections 5520.1, 5544.1, 5545.2, and 5545.3 to, the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

SB 1534, as amended, Perata. Mental health: patient advocacy: special programs.

Under existing law the State Department of Mental Health is required to contract with a single nonprofit agency for the provision of mental health patient advocacy services. The services include conducting investigations of abuse, neglect, and death of persons with mental disabilities residing in state hospitals.

Existing law provides that each person involuntarily detained for evaluation or treatment under provisions of this part, each person admitted as a voluntary patient for psychiatric evaluation or treatment to any health facility, as defined, in which psychiatric evaluation or treatment is offered, and each mentally retarded person committed to a state hospital shall have certain rights.

This bill would revise that provision to eliminate the reference to mentally retarded persons committed to a state hospital, and would include each person with psychiatric disabilities receiving residential care at a community care facility, as defined, within the scope of that requirement.

~~This bill would require the Director of Mental Health to collect statistics on the provision of advocacy services by the counties.~~

This bill would revise the training and scope of responsibilities of a county patients' rights advocate, and the scope of authority to refer complaints to government agencies. By increasing the scope of those responsibilities, this bill would increase county responsibilities in the administration of patients' rights advocacy, and would result in a state-mandated local program.

This bill would revise the scope of the right of a county patients' rights advocate for access to records and information for certain purposes, and to facilities for the purpose of hearing, investigating, and resolving complaints by or on behalf of individuals in psychiatric facilities.

Existing law authorizes the court to impose a civil penalty on any person or facility found in violation of a prohibition against discrimination or retaliatory activities against certain persons participating in filing a complaint or providing information regarding complaints by individuals in psychiatric facilities and for obstruction of a county patients' rights advocate in the performance of his or her duties. The bill would authorize certain persons to bring an action in court to impose civil penalties if the district attorney or the Attorney General declines to enforce the penalties.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for

making that reimbursement, including the creation of a State Mandates Claims Fund to pay the costs of mandates that do not exceed \$1,000,000 statewide and other procedures for claims whose statewide costs exceed \$1,000,000.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

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

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

1 SECTION 1. Section 5325 of the Welfare and
2 Institutions Code is amended to read:
3 5325. Each person involuntarily detained for
4 evaluation or treatment under provisions of this part,
5 each person admitted as a voluntary patient for
6 psychiatric evaluation or treatment to any health facility,
7 as defined in Section 1250 of the Health and Safety Code,
8 in which psychiatric evaluation or treatment is offered,
9 and each person with psychiatric disabilities receiving
10 residential care at a community care facility for adults, as
11 defined in subdivision (a) of Section 1502 of the Health
12 and Safety Code, or each person who resides in a
13 community care facility to which Section 1502.4 of the
14 Health and Safety Code applies, shall have the following
15 rights, a list of which shall be prominently posted in the
16 predominant languages of the community and explained
17 in a language or modality accessible to the patient in all
18 facilities providing such services and otherwise brought
19 to his or her attention by such additional means as the
20 Director of Mental Health may designate by regulation:
21 (a) To wear his or her own clothes; to keep and use his
22 or her own personal possessions including his or her toilet
23 articles; and to keep and be allowed to spend a reasonable
24 sum of his or her own money for canteen expenses and
25 small purchases.
26 (b) To have access to individual storage space for his
27 or her private use.

1 (c) To see visitors each day.

2 (d) To have reasonable access to telephones, both to
3 make and receive confidential calls or to have such calls
4 made for them.

5 (e) To have ready access to letterwriting materials,
6 including stamps, and to mail and receive unopened
7 correspondence.

8 (f) To refuse convulsive treatment including, but not
9 limited to, any electroconvulsive treatment, any
10 treatment of the mental condition which depends on the
11 induction of a convulsion by any means, and insulin coma
12 treatment.

13 (g) To refuse psychosurgery. Psychosurgery is defined
14 as those operations currently referred to as lobotomy,
15 psychiatric surgery, and behavioral surgery and all other
16 forms of brain surgery if the surgery is performed for the
17 purpose of any of the following:

18 (1) Modification or control of thoughts, feelings,
19 actions, or behavior rather than the treatment of a known
20 and diagnosed physical disease of the brain.

21 (2) Modification of normal brain function or normal
22 brain tissue in order to control thoughts, feelings, actions,
23 or behavior.

24 (3) Treatment of abnormal brain function or
25 abnormal brain tissue in order to modify thoughts,
26 feelings, actions or behavior when the abnormality is not
27 an established cause for those thoughts, feelings, actions,
28 or behavior.

29 Psychosurgery does not include prefrontal sonic
30 treatment wherein there is no destruction of brain tissue.
31 The Director of Mental Health shall promulgate
32 appropriate regulations to assure adequate protection of
33 patients' rights in such treatment.

34 (h) To see and receive the services of a patient
35 advocate who has no direct or indirect clinical or
36 administrative responsibility for the person receiving
37 mental health services.

38 (i) Other rights, as specified by regulation.

39 Each patient shall also be given notification in a
40 language or modality accessible to the patient of other

1 constitutional and statutory rights which are found by the
2 State Department of Mental Health to be frequently
3 misunderstood, ignored, or denied.

4 Upon admission to a facility each patient shall
5 immediately be given a copy of a State Department of
6 Mental Health prepared patients' rights handbook.

7 The State Department of Mental Health shall prepare
8 and provide the forms specified in this section and in
9 Section 5157.

10 The rights specified in this section may not be waived
11 by the person's parent, guardian, or conservator.

12 SEC. 2. Section 5325.1 of the Welfare and Institutions
13 Code is amended to read:

14 5325.1. Persons with mental illness have the same
15 legal rights and responsibilities guaranteed all other
16 persons by the Federal Constitution and laws and the
17 Constitution and laws of the State of California, unless
18 specifically limited by federal or state law or regulations.
19 No otherwise qualified person by reason of having been
20 involuntarily detained for evaluation or treatment under
21 provisions of this part or having been admitted as a
22 voluntary patient to any health facility, as defined in
23 Section 1250 of the Health and Safety Code, in which
24 psychiatric evaluation or treatment is offered, or such a
25 person with a psychiatric disability receiving residential
26 care at a community care facility for adults, as defined in
27 subdivision (a) of Section 1502 of the Health and Safety
28 Code, or each person who resides in a community care
29 facility, as defined in Section 1502.4 of the Health and
30 Safety Code, shall be excluded from participation in, be
31 denied the benefits of, or be subjected to discrimination
32 under any program or activity, which receives public
33 funds.

34 It is the intent of the Legislature that persons with
35 mental illness shall have rights including, but not limited
36 to, the following:

37 (a) A right to treatment services which promote the
38 potential of the person to function independently.
39 Treatment should be provided in ways that are least
40 restrictive of the personal liberty of the individual.

1 (b) A right to dignity, privacy, and humane care.

2 (c) A right to be free from harm, including
3 unnecessary or excessive physical restraint, isolation,
4 medication, abuse, or neglect. Medication shall not be
5 used as punishment, for the convenience of staff, as a
6 substitute for program, or in quantities that interfere with
7 the treatment program.

8 (d) A right to prompt medical care and treatment.

9 (e) A right to religious freedom and practice.

10 (f) A right to participate in appropriate programs of
11 publicly supported education.

12 (g) A right to social interaction and participation in
13 community activities.

14 (h) A right to physical exercise and recreational
15 opportunities.

16 (i) A right to be free from hazardous procedures.

17 SEC. 3. Section 5326.9 of the Welfare and Institutions
18 Code is amended to read:

19 5326.9. (a) Any alleged or suspected violation of the
20 rights described in Chapter 2 (commencing with Section
21 5150) shall be investigated by the local director of mental
22 health, or his or her designee. Violations of Sections 5326.2
23 to 5326.8, inclusive, shall also be investigated by the
24 Director of Mental Health, or his or her designee. If it is
25 determined by the local director of mental health or
26 Director of Mental Health that a right has been violated,
27 a formal notice of violation shall be issued.

28 (b) Either the local director of mental health or the
29 Director of Mental Health upon issuing a notice of
30 violation may take any or all of the following actions:

31 (1) Assign a specified time period during which the
32 violation shall be corrected.

33 (2) Referral to the Medical Board of California or
34 other professional licensing agency. Such board shall
35 investigate further, if warranted, and shall subject the
36 individual practitioner to any penalty the board finds
37 necessary and is authorized to impose.

38 (3) Revoke a facility's designation and authorization
39 under Section 5404 to evaluate and treat persons detained
40 involuntarily.



(4) Refer any violation of law to a local district attorney or the Attorney General for prosecution in any court with jurisdiction.

(c) Any physician who intentionally violates Sections 5326.2 to 5326.8, inclusive, shall be subject to a civil penalty of not more than five thousand dollars (\$5,000) for each violation. Such penalty may be assessed and collected in a civil action brought by the Attorney General in a superior court. Such intentional violation shall be grounds for revocation of license.

(d) Any person or facility found to have knowingly violated the provisions of the first paragraph of Section 5325.1 or to have denied without good cause any of the rights specified in Section 5325 shall pay a civil penalty, as determined by the court, of fifty dollars (\$50) per day during the time in which the violation is not corrected, commencing on the day on which a notice of violation was issued, not to exceed one thousand dollars (\$1,000), for each and every violation, except that any liability under this provision shall be offset by an amount equal to a fine or penalty imposed for the same violation under the provisions of Sections 1423 to 1425, inclusive, or 1428 of the Health and Safety Code. These penalties shall be deposited in the mental health subaccount of the local health and welfare trust fund of the county, as described in Section 5701, in which the violation occurred.

(e) The local district attorney or the Attorney General shall enforce this section in any court with jurisdiction. Where the State Department of Health Services, under the provisions of Sections 1423 to 1425, inclusive, of the Health and Safety Code, determines that no violation has occurred, the provisions of paragraph (4) of subdivision (b) shall not apply.

(f) Notwithstanding the remedies provided in this section, the person whose right or rights were violated by the person or facility subject to the penalties under this subdivision may bring a private action in any court of jurisdiction. Nothing in this section shall be construed to require any person who privately enforces the right of

1 action authorized by this subdivision to prove any actual
2 damages.

3 (g) The remedies provided by this subdivision shall be
4 in addition to and not in substitution for any other
5 remedies which an individual may have under law.

6 SEC. 4. Section 5328 of the Welfare and Institutions
7 Code is amended to read:

8 5328. All information and records obtained in the
9 course of providing services under Division 4
10 (commencing with Section 4000), Division 4.1
11 (commencing with Section 4400), Division 4.5
12 (commencing with Section 4500), Division 5
13 (commencing with Section 5000), Division 6
14 (commencing with Section 6000), or Division 7
15 (commencing with Section 7100), to either voluntary or
16 involuntary recipients of services shall be confidential.
17 Information and records obtained in the course of
18 providing similar services to either voluntary or
19 involuntary recipients prior to 1969 shall also be
20 confidential. Information and records shall be disclosed
21 only in any of the following cases:

22 (a) In communications between qualified professional
23 persons in the provision of services or appropriate
24 referrals, or in the course of conservatorship proceedings.
25 The consent of the patient, or his or her guardian or
26 conservator shall be obtained before information or
27 records may be disclosed by a professional person
28 employed by a facility to a professional person not
29 employed by the facility who does not have the medical
30 or psychological responsibility for the patient's care.

31 (b) When the patient, with the approval of the
32 physician, licensed psychologist, social worker with a
33 master's degree in social work, or marriage and family
34 therapist who is in charge of the patient, designates
35 persons to whom information or records may be released,
36 except that nothing in this article shall be construed to
37 compel a physician, psychologist, social worker, marriage
38 and family therapist, nurse, attorney, or other
39 professional person to reveal information which has been

1 given to him or her in confidence by members of a
2 patient's family.

3 (c) To the extent necessary for a recipient to make a
4 claim, or for a claim to be made on behalf of a recipient
5 for aid, insurance, or medical assistance to which he or she
6 may be entitled.

7 (d) If the recipient of services is a minor, ward, or
8 conservatee, and his or her parent, guardian, guardian ad
9 litem, or conservator designates, in writing, persons to
10 whom records or information may be disclosed, except
11 that nothing in this article shall be construed to compel
12 a physician, psychologist, social worker, marriage and
13 family therapist, nurse, attorney, or other professional
14 person to reveal information which has been given to him
15 or her in confidence by members of a patient's family.

16 (e) For research, provided that the Director of Mental
17 Health or the Director of Developmental Services
18 designates by regulation, rules for the conduct of research
19 and requires the research to be first reviewed by the
20 appropriate institutional review board or boards. The
21 rules shall include, but need not be limited to, the
22 requirement that all researchers shall sign an oath of
23 confidentiality as follows:

24 _____
25
26 Date
27

28 As a condition of doing research concerning persons
29 who have received services from _____ (fill in the
30 facility, agency or person), I, _____, agree to obtain the
31 prior informed consent of such persons who have
32 received services to the maximum degree possible as
33 determined by the appropriate institutional review
34 board or boards for protection of human subjects
35 reviewing my research, and I further agree not to divulge
36 any information obtained in the course of such research
37 to unauthorized persons, and not to publish or otherwise
38 make public any information regarding persons who have
39 received services such that the person who received
40 services is identifiable.

1 I recognize that the unauthorized release of
2 confidential information may make me subject to a civil
3 action under provisions of the Welfare and Institutions
4 Code.

5

6 (f) To the courts, as necessary to the administration of
7 justice.

8 (g) To governmental law enforcement agencies as
9 needed for the protection of federal and state elective
10 constitutional officers and their families.

11 (h) To the Committee on Senate Rules or the
12 Committee on Assembly Rules for the purposes of
13 legislative investigation authorized by the committee.

14 (i) If the recipient of services who applies for life or
15 disability insurance designates in writing the insurer to
16 which records or information may be disclosed.

17 (j) To the attorney for the patient in any and all
18 proceedings upon presentation of a release of information
19 signed by the patient, except that when the patient is
20 unable to sign the release, the staff of the facility, upon
21 satisfying itself of the identity of the attorney, and of the
22 fact that the attorney does represent the interests of the
23 patient, may release all information and records relating
24 to the patient except that nothing in this article shall be
25 construed to compel a physician, psychologist, social
26 worker, nurse, attorney, or other professional person to
27 reveal information that has been given to him or her in
28 confidence by members of a patient's family.

29 (k) Upon written agreement by a person previously
30 confined in or otherwise treated by a facility, the
31 professional person in charge of the facility or his or her
32 designee may release any information, except
33 information that has been given in confidence by
34 members of the person's family, requested by a probation
35 officer charged with the evaluation of the person after his
36 or her conviction of a crime if the professional person in
37 charge of the facility determines that the information is
38 relevant to the evaluation. The agreement shall only be
39 operative until sentence is passed on the crime of which
40 the person was convicted. The confidential information



1 released pursuant to this subdivision shall be transmitted
2 to the court separately from the probation report and
3 shall not be placed in the probation report. The
4 confidential information shall remain confidential except
5 for purposes of sentencing. After sentencing, the
6 confidential information shall be sealed.

7 (l) Between persons who are trained and qualified to
8 serve on “multidisciplinary personnel” teams pursuant to
9 subdivision (d) of Section 18951. The information and
10 records sought to be disclosed shall be relevant to the
11 prevention, identification, management, or treatment of
12 an abused child and his or her parents pursuant to
13 Chapter 11 (commencing with Section 18950) of Part 6 of
14 Division 9.

15 (m) To county patients’ rights advocates who have
16 been given knowing voluntary authorization by a client
17 or a guardian ad litem. The client or guardian ad litem,
18 whoever entered into the agreement, may revoke the
19 authorization at any time, either in writing or by oral
20 declaration to an approved advocate.

21 (n) To county patients’ rights advocates, in the course
22 of investigating complaints, pursuant to Section 5522,
23 made by, or regarding, a client who is a current or past
24 recipient of mental health services, if the client is
25 deceased or is absent and due efforts have been made to
26 locate him or her, or he or she is unable to give
27 authorization pursuant to subdivision (m) due to his or
28 her physical or mental condition. In no case shall a
29 patients’ rights advocate have access to a client’s
30 confidential records over that person’s objections.

31 ~~(o) To county patients’ rights advocates in accordance~~
32 ~~with their routine monitoring duties pursuant to~~
33 ~~subdivision (b) of Section 5520. In no case shall a patients’~~
34 ~~rights advocate have access to a client’s confidential~~
35 ~~records over that person’s objection.~~

36 ~~(p)~~

37 (o) To a committee established in compliance with
38 Sections 4070 and 5624.

39 ~~(q)~~

1 (p) In providing information as described in Section
2 7325.5. Nothing in this subdivision shall permit the release
3 of any information other than that described in Section
4 7325.5.

5 ~~(t)~~—

6 (q) To the county mental health director or the
7 director's designee, or to a law enforcement officer, or to
8 the person designated by a law enforcement agency,
9 pursuant to Sections 5152.1 and 5250.1.

10 ~~(s)~~—

11 (r) If the patient gives his or her consent, information
12 specifically pertaining to the existence of genetically
13 handicapping conditions, as defined in Section 341.5 of
14 the Health and Safety Code, may be released to qualified
15 professional persons for purposes of genetic counseling
16 for blood relatives upon request of the blood relative. For
17 purposes of this subdivision, "qualified professional
18 persons" means those persons with the qualifications
19 necessary to carry out the genetic counseling duties
20 under this subdivision as determined by the genetic
21 disease unit established in the State Department of
22 Health Services under Section 309 of the Health and
23 Safety Code. If the patient does not respond or cannot
24 respond to a request for permission to release information
25 pursuant to this subdivision after reasonable attempts
26 have been made over a two-week period to get a
27 response, the information may be released upon request
28 of the blood relative.

29 ~~(t)~~—

30 (s) When the patient, in the opinion of his or her
31 psychotherapist, presents a serious danger of violence to
32 a reasonably foreseeable victim or victims, then any of the
33 information or records specified in this section may be
34 released to that person or persons and to law enforcement
35 agencies as the psychotherapist determines is needed for
36 the protection of that person or persons. For purposes of
37 this subdivision, "psychotherapist" means anyone so
38 defined within Section 1010 of the Evidence Code.

39 ~~(u)~~—

(t) To persons serving on an interagency case management council established in compliance with Section 5606.6 to the extent necessary to perform its duties. This council shall attempt to obtain the consent of the client. If this consent is not given by the client, the council shall justify in the client's chart why these records are necessary for the work of the council.

~~(v)~~

(u) (1) To the designated officer of an emergency response employee, and from that designated officer to an emergency response employee regarding possible exposure to HIV or AIDS, but only to the extent necessary to comply with provisions of the Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (P.L. 101-381; 42 U.S.C. Sec. 201).

(2) For purposes of this subdivision, "designated officer" and "emergency response employee" have the same meaning as these terms are used in the Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (P.L. 101-381; 42 U.S.C. Sec. 201).

(3) The designated officer shall be subject to the confidentiality requirements specified in Section 120980, and may be personally liable for unauthorized release of any identifying information about the HIV results. Further, the designated officer shall inform the exposed emergency response employee that the employee is also subject to the confidentiality requirements specified in Section 120980, and may be personally liable for unauthorized release of any identifying information about the HIV test results.

~~(w)~~

(v) (1) To a law enforcement officer who personally lodges with a facility, as defined in paragraph (2), a warrant of arrest or an abstract of such a warrant showing that the person sought is wanted for a serious felony, as defined in Section 1192.7 of the Penal Code, or a violent felony, as defined in Section 667.5 of the Penal Code. The information sought and released shall be limited to whether or not the person named in the arrest warrant is presently confined in the facility. This paragraph shall

1 be implemented with minimum disruption to health
2 facility operations and patients, in accordance with
3 Section 5212. If the law enforcement officer is informed
4 that the person named in the warrant is confined in the
5 facility, the officer may not enter the facility to arrest the
6 person without obtaining a valid search warrant or the
7 permission of staff of the facility.

8 (2) For purposes of paragraph (1), a facility means all
9 of the following:

10 (A) A state hospital, as defined in Section 4001.

11 (B) A general acute care hospital, as defined in
12 subdivision (a) of Section 1250 of the Health and Safety
13 Code, solely with regard to information pertaining to a
14 mentally disordered person subject to this section.

15 (C) An acute psychiatric hospital, as defined in
16 subdivision (b) of Section 1250 of the Health and Safety
17 Code.

18 (D) A psychiatric health facility, as described in
19 Section 1250.2 of the Health and Safety Code.

20 (E) A mental health rehabilitation center, as
21 described in Section 5675.

22 (F) A skilled nursing facility with a special treatment
23 program for chronically mentally disordered patients, as
24 described in Sections 51335 and 72445 to 72475, inclusive,
25 of Title 22 of the California Code of Regulations.

26 ~~(x)~~—

27 (w) The amendment of subdivision (d) enacted at the
28 1970 Regular Session of the Legislature does not
29 constitute a change in, but is declaratory of, the
30 preexisting law.

31 SEC. 5. Section 5500 of the Welfare and Institutions
32 Code is amended to read:

33 5500. As used in this chapter:

34 (a) “Advocacy” means those activities undertaken on
35 behalf of persons who are receiving or have received
36 mental health services to protect their rights or to secure
37 or upgrade treatment or other services to which they are
38 entitled and includes, but is not limited to, representation
39 of patients receiving mental health treatment at



1 administrative hearings as described in subdivision (f) of
2 Section 5520.

3 (b) “Mental health client” or “client” means any
4 person who is receiving, or has received services from a
5 mental health facility, service or program and who has
6 personally or through a guardian ad litem, entered into
7 an agreement with a county patients’ rights advocate for
8 the provision of advocacy services.

9 (c) “Mental health facilities, services, or programs”
10 means any publicly operated or supported mental health
11 or community care facility or program; any private
12 facility or program licensed or operated for health
13 purposes providing services to mentally disordered
14 persons; and publicly supported agencies providing other
15 than mental health services to mentally disordered
16 clients.

17 (d) “Independent of providers of service” means that
18 the advocate has no direct or indirect clinical or
19 administrative responsibility for any recipient of mental
20 health services in any mental health facility, program, or
21 service for which he or she performs advocacy activities.

22 (e) “County patients’ rights advocate” means any
23 advocate appointed, or whose services are contracted for,
24 by a local mental health director pursuant to Section 5520.

25 SEC. 6. Section 5512 of the Welfare and Institutions
26 Code is amended to read:

27 5512. Training of county patients’ rights advocates
28 shall be provided by the contractor specified in Section
29 5510 responsible for the provision of protection and
30 advocacy services to persons with mental disabilities.
31 *Prior to implementing any new training curriculum, the*
32 *contractor shall submit it to the State Department of*
33 *Mental Health and representatives of local mental health*
34 *directors for review.* Training shall be directed at
35 ensuring that all county patients’ rights advocates possess:

36 (a) Knowledge of the service system, mental health
37 needs, financial entitlements, and service rights of
38 persons, including children and older adults, receiving
39 mental health services. This knowledge shall include, but
40 need not be limited to, knowledge of available treatment

1 and service resources in order to ensure timely access to
2 treatment and services.

3 (b) Knowledge of patients' rights in institutional and
4 community facilities.

5 (c) Knowledge of civil commitment statutes and
6 procedures.

7 (d) Knowledge of state and federal laws and
8 regulations affecting recipients of mental health services.

9 (e) Ability to work effectively and respectfully with
10 service recipients and providers, public administrators,
11 community groups, and the judicial system.

12 (f) Skill in interviewing and counseling service
13 recipients, including giving information and appropriate
14 referrals.

15 (g) Ability to investigate and assess complaints and
16 screen for legal problems.

17 (h) Knowledge of administrative and judicial due
18 process proceedings for persons receiving mental health
19 services, including children and older adults, in order to
20 provide representation at administrative hearings and to
21 assist in judicial hearings when necessary to carry out the
22 intent of Section 5522 regarding cooperation between
23 advocates and legal representatives.

24 (i) Knowledge of, and commitment to, advocacy
25 ethics and principles.

26 SEC. 6.5. Section 5520 of the Welfare and Institutions
27 Code is amended to read:

28 5520. Each local mental health director shall appoint,
29 or contract for the services of, one or more county
30 patients' rights advocates. The duties of these advocates
31 shall include, but not be limited to, the following:

32 (a) To receive and investigate complaints from or
33 concerning recipients of mental health services residing
34 in licensed health or community care facilities regarding
35 abuse, unreasonable denial or punitive withholding of
36 rights guaranteed under the provisions of Division 5
37 (commencing with Section 5000).

38 (b) To monitor mental health facilities, services and
39 programs for compliance with statutory and regulatory
40 patients' rights provisions.



(c) To provide training and education about mental health law and patients' rights to mental health providers.

(d) To ensure that recipients of mental health services in all licensed health and community care facilities are notified of their rights.

(e) To exchange information and cooperate with the Patients' Rights Office.

(f) To provide representation in the following administrative hearings, unless the representation is already provided by the local public defender's office:

(1) Certification review hearings pursuant to Section 5256.4.

(2) Capacity hearings pursuant to Section 5333.

(3) Hearings held pursuant to *In re Roger S.* ((1977) 19 Cal. 3d 921).

(g) To provide assistance to minors who are eligible for, and request, an independent clinical review, pursuant to Section 6002.20.

(h) To provide assistance to recipients of public mental health services concerning complaints or grievances regarding those services.

(i) To provide outreach to recipients of mental health services to ensure that they are aware of their rights and of the complaint process, in a manner that is respectful of the client's privacy, preferences and cultural and linguistic needs, and to engage mental health clients in this outreach effort whenever appropriate and feasible.

(j) To maintain records regarding numbers of administrative hearings in which the patients' rights advocate provides representation, and to maintain records of patients' rights complaints alleged against licensed and unlicensed health and community care facilities, in accordance with subdivision (b) of Section 5500.2.

~~This section does not constitute a change in, but is declarative of existing law.~~

(k) To coordinate with the local mental health director in carrying out the duties described in subdivisions (a) to (j), inclusive, and other activities pursuant to this chapter.

1 SEC. 7. Section 5520.1 is added to the Welfare and
2 Institutions Code, to read:

3 5520.1. The local mental health director shall oversee
4 the patients' rights advocates and shall be responsible for
5 responding to the complainer about any complaint
6 received about a patients' rights advocate.

7 SEC. 8. Section 5521 of the Welfare and Institutions
8 Code is amended to read:

9 5521. It is the intent of the Legislature that legal
10 representation regarding changes in client legal status or
11 conditions and other areas covered by statute providing
12 for local public defender or court-appointed attorney
13 representation, shall remain the responsibility of local
14 agencies, in particular the county public defender.
15 County patients' rights advocates, in the execution of
16 their duties and responsibilities defined in Section 5520,
17 shall not duplicate, replace, or conflict with these existing
18 or mandated local legal representations. This section shall
19 not be construed to prevent maximum cooperation
20 between legal representatives and providers of advocacy
21 services.

22 SEC. 9. Section 5522 of the Welfare and Institutions
23 Code is amended to read:

24 5522. County patients' rights advocates may conduct
25 investigations if there is probable cause to believe that the
26 rights of a past or present recipient of mental health
27 services have been, may have been, or may be violated.

28 SEC. 10. Section 5523 of the Welfare and Institutions
29 Code is amended to read:

30 5523. (a) Notwithstanding any other provision of
31 law, and without regard to the existence of a guardianship
32 or conservatorship, a recipient of mental health services
33 is presumed competent for the purpose of entering into
34 an agreement with county patients' rights advocates for
35 the provision of advocacy services unless found by the
36 superior court to be incompetent to enter into an
37 agreement with an advocate and a guardian ad litem is
38 appointed for such purposes.

39 (b) When patients' rights advocates are conducting
40 advocacy activities that are not investigations of specific

1 complaints or representations in administrative hearings
2 pursuant to subdivision (f) of Section 5520, the advocate
3 shall notify the treating professional responsible for the
4 care of any recipient of services whom the advocate
5 wishes to interview, and the facility, service, or program
6 administrator, of his or her intention to conduct such an
7 interview. Whenever the treating professional or
8 representative of the facility is reasonably available for
9 consultation, the advocate shall consult with the
10 professional or representative of the facility concerning
11 the appropriate time to conduct the interview.

12 (c) Any agreement with any county patients' rights
13 advocate entered into by a mental health client shall be
14 made knowingly and voluntarily or by a guardian ad
15 litem. It shall be in a language or modality which the
16 client understands. Any such agreement may, at any
17 time, be revoked by the client or by the guardian ad litem,
18 whoever has entered into the agreement, either in
19 writing or by oral declaration to the advocate.

20 (d) Nothing in this chapter shall be construed to
21 prohibit a recipient of mental health services from being
22 represented by public or private legal counsel of his or
23 her choice.

24 (e) The remedies provided by this chapter shall be in
25 addition to any other remedies which may be available to
26 any person, and the failure to pursue or exhaust the
27 remedies or engage in the procedures provided by this
28 chapter shall not preclude the invocation of any other
29 remedy.

30 (f) Investigations concerning violations of a past
31 recipients' rights shall be limited to cases involving
32 discrimination, cases indicating the need for education or
33 training, or cases having a direct bearing on violations of
34 the right of a current recipient. This subdivision is not
35 intended to constrain the routine monitoring for
36 compliance with patients' rights provisions described in
37 subdivision (b) of Section 5520.

38 SEC. 11. Section 5530 of the Welfare and Institutions
39 Code is amended to read:

1 5530. (a) County patients' rights advocates shall have
2 access to all clients and other recipients of mental health
3 or community care services in any mental health facility,
4 program, or service at all times as are necessary and
5 reasonable, and, if feasible, during normal hours of
6 operation, to investigate or resolve specific complaints, to
7 provide advice, answer questions, or represent
8 individuals in accordance with subdivision (f) of Section
9 5520, or in the course of routine monitoring and in
10 accordance with subdivision (b) of Section 5523, when
11 applicable. County patients' rights advocates shall
12 endeavor not to disturb the day-to-day operations of the
13 facilities.

14 (b) County patients' rights advocates shall have access
15 to mental health and community care facilities,
16 programs, and services, and recipients of services therein
17 during normal working hours and visiting hours for other
18 advocacy purposes and in accordance with subdivision
19 (b) of Section 5523. Advocates may appeal any denial of
20 access directly to the head of any facility, the director of
21 a county mental health program or the State Department
22 of Mental Health or may seek appropriate relief in the
23 courts. If a petition to a court sets forth prima facie
24 evidence for relief, a hearing on the merits of the petition
25 shall be held within two judicial days of the filing of the
26 petition. The superior court for the county in which the
27 facility is located shall have jurisdiction to review
28 petitions filed pursuant to this chapter.

29 (c) County patients' rights advocates shall have the
30 right to interview all persons providing the client with
31 diagnostic or treatment services.

32 (d) Upon request, all mental health facilities shall,
33 when available, provide reasonable space for county
34 patients' rights advocates to interview clients in privacy
35 and shall make appropriate staff persons available for
36 interview with the advocates in connection with pending
37 matters.

38 (e) Individual patients shall have a right to privacy
39 which shall include the right to terminate any visit by

persons who have access pursuant to this chapter and the right to refuse to see any patient advocate.

(f) Notice of the availability of advocacy services and information about patients' rights may be provided by county patients' rights advocates by means of distribution of educational materials and discussions in groups and with individual patients.

SEC. 12. Section 5541 of the Welfare and Institutions Code is amended to read:

5541. (a) Except in those circumstances set out in ~~subdivisions (c) and (d)~~ *subdivision (c)*, a specific authorization by the client or by the guardian ad litem is necessary for a county patients' rights advocate to have access to, copy or otherwise use confidential records or information pertaining to the client. Such an authorization shall be given knowingly and voluntarily by a client or guardian ad litem and shall be in writing or be reduced to writing. The client or the guardian ad litem, whoever has entered into the agreement, may revoke such authorization at any time, either in writing or by oral declaration to the advocate.

(b) When specifically authorized by the client or the guardian ad litem or as provided in subdivision (c), the county patients' rights advocate may inspect and obtain a copy of confidential client information and records.

(c) A county patients' rights advocate may inspect and copy confidential client information and records, without specific authorization by the client or guardian ad litem, in the course of investigating a complaint made by or regarding a client who is a current or past recipient of mental health services, if the client is deceased, is absent and due efforts have been made to locate him or her, or he or she is unable to give authorization for the release of confidential mental health information due to his or her physical or mental condition. ~~A patients' advocate shall only be permitted to copy medical information if the patient's individually identifiable information, as defined in the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code), is redacted from the medical record, or if the~~

~~patient consents to have those records copied. In no case shall a patients' rights advocate have access to a client's confidential records over that person's objection.~~

~~(d) A county patients' rights advocate may inspect and obtain a copy of confidential client information and records without specific authorization by a client or guardian ad litem, in accordance with their routine monitoring duties pursuant to subdivision (b) of Section 5520 and Section 5522. In no case shall a patients' rights advocate have access to a client's confidential records over that person's objection.~~

~~(e)~~

~~(d)~~ The facility may charge a reasonable fee for the cost of record duplication pursuant to subdivisions ~~(e)~~ and ~~(d)~~ subdivision (c) and Section 5542, not to exceed twenty-five cents (\$.25) per page.

SEC. 13. Section 5542 of the Welfare and Institutions Code is amended to read:

5542. County patients' rights advocates shall have the right to inspect or obtain a copy of, or both, any records or other materials, except proprietary contracts, records prepared solely for personnel management, and attorney-client privileged information, not subject to confidentiality under Section 5328 or any other provision of law, in the possession of any mental health or community care program, services, or facilities, or city, county or state agencies relating to an investigation on behalf of a client or which indicate compliance or lack of compliance with laws and regulations governing patients' rights, including, but not limited to, reports on the use of restraints or seclusion, and autopsy reports.

SEC. 14. Section 5544.1 is added to the Welfare and Institutions Code, to read:

5544.1. All records and information in the possession of the patients' rights advocate relating to any complaint or investigation made pursuant to this chapter and the identities of complainants, witnesses, patients, or residents shall remain confidential, unless the disclosure is authorized by the patient resident or his or her legal representative or the disclosure is to a court, pursuant to

1 a court order. The patients' rights advocate may release
2 information to the local mental health director, the State
3 Department of Mental Health, a law enforcement
4 agency, public protective services agency, or a licensing
5 or certification agency in a manner that is consistent with
6 state and federal laws and regulations.

7 SEC. 15. Section 5545.2 is added to the Welfare and
8 Institutions Code, to read:

9 5545.2. (a) A county patients' rights advocate may
10 refer any complaint to any appropriate state or local
11 government agency including, but not limited to, the
12 following agencies:

13 (1) The Licensing and Certification Division of the
14 State Department of Health Services.

15 (2) The Community Care Licensing Division of the
16 State Department of Social Services.

17 (3) The State Department of Mental Health.

18 (4) The State Nursing Home Administrator Program.

19 (5) The Board of Registered Nursing.

20 (6) The Medical Board of California.

21 (7) The California State Board of Pharmacy.

22 (8) The Board of Vocational Nurse and Psychiatric
23 Technician Examiners.

24 (9) The American Occupational Therapy
25 Certification Board.

26 (b) Any licensing authority that responds to a
27 complaint against a health facility or community care
28 facility that was referred to the authority by the county
29 patients' rights advocate shall forward to the county
30 patients' rights advocate, and the county director of
31 mental health, and any state department responsible for
32 certifying the facility or program, copies of related
33 inspection reports and plans of correction and notify the
34 county patients' rights advocate, and the county director
35 of mental health, and any state department responsible
36 for certifying the facility or program of any citations and
37 civil penalties imposed on the facility.

38 SEC. 16. Section 5545.3 is added to the Welfare and
39 Institutions Code, to read:

1 5545.3. Any licensing authority that receives a
2 complaint pursuant to Section 5545.2 shall annually
3 collect and publish and make available to the Legislature
4 aggregate data regarding patients' rights complaints,
5 which shall include at least the number of complaints, the
6 type or nature of the complaints, the source of the
7 complaints, and the resolution of the complaints,
8 including the timeframe for the resolution.

9 SEC. 17. Section 5550 of the Welfare and Institutions
10 Code is amended to read:

11 5550. (a) Any person participating in filing a
12 complaint or providing information pursuant to this
13 chapter or participating in a judicial proceeding resulting
14 therefrom shall be presumed to be acting in good faith
15 and unless the presumption is rebutted shall be immune
16 from any liability, civil or criminal, and shall be immune
17 from any penalty, sanction, or restriction that otherwise
18 might be incurred or imposed.

19 (b) No person shall knowingly obstruct any county
20 patients' rights advocate in, or retaliate against any
21 county patients' rights advocate for, the performance of
22 duties as described in this chapter, including, but not
23 limited to, access to clients or potential clients, or to their
24 records, whether financial, medical, or otherwise, or to
25 other information, materials, or records, or otherwise
26 violate the provisions of this chapter.

27 (c) No facility to which the provisions of Section 5325
28 are applicable shall discriminate or retaliate in any
29 manner against a patient or employee on the basis that
30 the patient, resident, or employee has initiated or
31 participated in any proceeding specified in this chapter.
32 Any attempt by a facility to expel a patient or resident, or
33 any discriminatory treatment of a patient, who, or upon
34 whose behalf, a complaint has been submitted to a county
35 patients' rights advocate within 120 days of the filing of
36 the complaint shall raise a rebuttable presumption that
37 such action was taken by the facility in retaliation for the
38 filing of the complaint.

39 (d) No county patients' rights advocate shall
40 knowingly violate any provision of this chapter

1 concerning client privacy and the confidentiality of
2 personally identifiable information.

3 (e) Any person or facility found in violation of
4 subdivision (b) or (d) shall pay a civil penalty, as
5 determined by a court of not less than one hundred
6 dollars (\$100) or more than one thousand dollars (\$1,000),
7 which shall be deposited in the county general fund.

8 SEC. 18. Notwithstanding Section 17610 of the
9 Government Code, if the Commission on State Mandates
10 determines that this act contains costs mandated by the
11 state, reimbursement to local agencies and school
12 districts for those costs shall be made pursuant to Part 7
13 (commencing with Section 17500) of Division 4 of Title
14 2 of the Government Code. If the statewide cost of the
15 claim for reimbursement does not exceed one million
16 dollars (\$1,000,000), reimbursement shall be made from
17 the State Mandates Claims Fund.

