

| General comments | Number | DMH Response (including modifications) |
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| <p>It is apparent to any unbiased observer that the intent is to remove, restrict, and narrow the rights of patients as currently provided under state law.</p> <p>I adamantly oppose the creation of any regulations, which place civilly committed person...in an environment which any of their constitutional rights are overridden or curtailed primarily for the convenience of staff, or political expedience, or as a cost saving measure.</p> | <p>3PC10N</p> <p>3PC3</p> | <p>Not applicable to post hearing changes.</p> <p>Comments not applicable to regulation revisions.</p> |
| <p>That it is the intent of DMH to utilize a methodology and rationale which are brazenly punitive and unconstitutional on its face and which promotes a demeaning "imprisonization" mentality within the hospital community.</p> <p>The proposed texts do not recognize that "because the purpose of confinement is <u>not</u> punitive", the state must also provide judicially committed individuals with more considerate treatment and conditions than criminals. Sharp vs. Weston, 233 F. 3d 1166, 1172 (9th Cir, 200). See also W&I Code § 6250.</p> | <p>3PC10O</p> | <p>Not applicable to post hearing changes.</p> <p>Not applicable to post hearing changes.</p> |
| <p>The proposed regulations are in flagrant contradiction to the legislative intent for these mental-health patients to be held under the least restrictive conditions and environment.</p> | <p>3PC10P</p> | <p>Not applicable to post hearing changes.</p> |
| <p>The proposed regulation language fails utterly in providing due process protections for mental health patients and grants administrator's overbroad, arbitrary and unfettered powers.</p> | <p>3PC10Q</p> | <p>Not applicable to post hearing changes.</p> |
| <p>To force undue rigors onto numerous areas in patient's daily living and into the therapeutic milieu is completely unwarranted.</p> | <p>3PC10R</p> | <p>Not applicable to post hearing changes.</p> |
| <p>We have very strong opposition to the proposed regulations changes in their entirety and utterly reject the political undertones implicit in them.</p> | <p>3PC10S</p> | <p>Not applicable to post hearing changes.</p> |
| <p>I object to all Administrative Directives and regulations that are not approved and implemented through the Office of Administrative Law as required by the Administrative Practices Act.</p> | <p>3PC7G</p> | <p>Not applicable to post hearing changes.</p> |
| <p>5325.1 No person having been involuntarily detained for evaluation or treatment shall be excluded from participation in, denied the benefits of, or be subjected to discrimination under any program or activity, which receives public funds. See Healthcare Facility, Code 4050</p> | <p>3PC2E</p> | <p>Not applicable to post hearing changes.</p> |

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| 1250 of the Health and Safety Code. | | |
| These proposes changes are an attempt to circumvent and replace the clear patients' rights in Title 22. | 3PC13A | Not applicable to post hearing changes. |
| I have concluded that this current second set continues to rework their original proposals into even more misleading, ambiguous, easier to misinterpret by one and all...and statutory rights-both federal and state. | 3PC8A | The Department made revisions to provide further clarification based on the previous comments received. |
| The import and effect of DMH proposed modifications to Title 9 to create a new chapter "4.5" defining a new class of "Non-LPS" patients and circumscribe their rights is still nothing more than the DMH inept attempt to circumvent the law to steal, by deceit and guile, the constitutional, Statutory, and regulatory rights their patients already are endowed with by the United States and State of California, as well as their inalienable rights endowed by God. | 3PC8C | Not applicable to post hearing changes. |
| Please keep the civil rights of mental health patient the same as everyone else regardless of commitment. These changes in the minimum rights of certain patients of the non-LPS class is simply a way to cut costs and have more control. Please stop it. | 3PC14A | Not applicable to post hearing changes. |

| 881- Definitions – (a) Abuse | Number | Department of Mental Health (DMH) Response |
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| (a) Abuse: Do not strike the words you have proposed to strike from this section. | 3PC7H | The Department deleted terms such as intimidation and punishment from the original definition of abuse based on previous comments stating that we need to use the same definitions of abuse contained in the elder and dependent abuse statute, Welfare & Institutions Code Sections 15610.07 and 15610.57. Facilities may, however, choose to include these terms in their facility policy's definition of abuse. |
| Abuse means intimidation, punishment, unreasonable confinement, or willful infliction of injury. Should not be up for deletion, for these are tactics that are often employed by the hospital staff, and the Department of police Services, (DPS), against the 6600 patient population. | 3PC11 3-A | |
| | 3PC2A | |
| | 3PC12B | |
| The second set of modifications appear to be primarily cosmetic in nature, i.e., grammatical and punctuation, and further loosening of DMH's definitions of "Abuse and Neglect". | 3PC8B | |
| As a patient in a health care facility, we do not wish to be abused, (both) mentally, physical or spiritually. | 3PC11 2-A | The purpose of this right is to protect patients from being abused. |

| 881 - Definitions - (d) Confidential Telephone Calls | Number | Department of Mental Health (DMH) Response |
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| <p>Define staff-are HPO.DPS Officers "staff"?? Please tell me if Department (of Mental Health) Police Officers or DMH Officers by any other title are considered "Hospital Staff" for the purposes of Title 9 Regulations. In particular,</p> <p>I am concerned with the matter of "confidential phone calls" which will not be monitored or recorded by "Hospital staff" persons.</p> | <p>3PC7I</p> <p>3PC5A</p> <p>3PC12C</p> | <p>HPO/DPS Officers are staff at the facilities.</p> <p>Confidential telephone calls, as defined in subsection 881 (d), will <u>not</u> be recorded and monitored.</p> |

| 881 - Definitions - (k) Medical Care | Number | Department of Mental Health (DMH) Response |
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| <p>For the definition of "medical care" I would substitute "medical care" means treatment determined to be medically necessary and that is not merely cosmetic or restorative in nature. "Treatment" is already defined in the regulation.</p> | <p>3PC4B</p> | <p>DMH specifically used procedures to differentiate the difference between medical and mental health care.</p> |

| 881- Definitions - (n) Neglect | Number | Department of Mental Health (DMH) Response |
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| <p>"Neglect" means willful disregard of the needs of the patients relating to adequate food, clothing, shelter, safety, Medical care, or mental health treatment. As cited above, this should not be up for deletion, because Hospital staff, often deprives patients of food, clothing and shelter as a means of punishment.</p> | <p>3PC2C</p> | <p>The Department deleted terms such as intimidation and punishment from the original definition of abuse based on previous comments stating that we need to use the same definitions of abuse contained in the elder and dependent abuse statute, Welfare & Institutions Code Sections 15610.07 and 15610.57. Facilities may, however, choose to include these terms in their facility policy's definition of abuse.</p> |
| <p>When a patient exercises the right not to attend a meal because he feels sick, just doesn't want to go, he is refused adequate food and often suffers a reduction in his PAS level.</p> | <p>3PC2D</p> | <p>This issue may be pursued through the complaint process with the Patients' Rights Advocate.</p> |

| 881- Definitions - (u) Privacy | Number | Department of Mental Health (DMH) Response |
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| As patients that have been restricted in or with staff present and not the present of another patient or doctor, we would like to have a doctor or nursing staff available as women and patients | 3PC11 2-I | Not applicable to post hearing changes. |
| As women and patients, we as females and males like to have the same sex present during pat downs and shake downs. We would like that privacy, and to present us with gloves during a pat down or shake down. | 3PC11 2-J | Not applicable to post hearing changes. |
| 881- Definitions - (x) Security | Number | Department of Mental Health (DMH) Response |
| I would reword the definition of "security" to mean "the measures necessary to achieve the management and accountability of patients, staff, visitors and property of the facility." | 3PC4 | Not applicable to post hearing changes. |
| 883- Non-LPS Patients' Rights - Non Deniable (a) | Number | Department of Mental Health (DMH) Response |
| Definition for "medical care" on page 3 (k). We would like to add services and treatment or use the W&I Code, section 7325.1(d) A right to prompt medical care and treatment. | 3PC4D | Section 7325 pertains to escape and does not have a .1 section. 5325.1 (d) states a right to prompt medical care and treatment. DMH did not add the word prompt as "accepted clinical standards and practices will determine the urgency/timeframe of the issue. |
| All state hospital residents MUST HAVE THE RIGHT TO REFUSE ANY OR ALL TREATMENT. | 3PC7J | Not applicable to post hearing changes. |
| 883 (b)(1)- Right to Privacy, Dignity and Humane Care | Number | Department of Mental Health (DMH) Response |
| The proposed regs changes the usual and clear meaning of "privacy" (as provided under 22CCR71619) to "being free from observation by individuals of the opposite sex during medical exams, personal care, bathing and restroom use... " which completely denies the right to privacy in any meaningful sense. | 3PC13B | Not applicable to post hearing changes. |
| The narrow definition of privacy coupled with the procedure for denial of social interaction for "good cause" suggests that when individuals enter the state hospital, their lives are no longer their own. The regulations should affirm a broad right to privacy. The regulations should provide that any restrictions imposed on hospital residents should be least restrictive of individual liberty. | 3PC6C | Not applicable to post hearing changes. |

| 883 (b)(2)- Treatment | Number | Department of Mental Health (DMH) Response |
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| Treatment should also be geared not only to personal independence but to a state where patient learn new skills to help them work with the public at large. So upon release they may function in society instead of relying on government aid, and so that patients don't become isolated. | 3PC11 12A | Not applicable to post hearing changes. |
| 883 (b)(5)- Free from harm, abuse, neglect... | Number | Department of Mental Health (DMH) Response |
| That patient or patients be housed in a safe and secured environment. | 3PC11 2-F | Not applicable to specific post hearing changes. |
| I would like to find a way to refuse medication if I know in my right mind I do not need it. I would like the right to refuse medication and I would like to know what procedure I need to take to accomplish this. Patients need to change drugs faster. | 3PC11 7-A 3PC11 9-A 3PC11 11A | Not applicable to specific post hearing changes. However, patients may direct questions or concerns about medications to staff or the advocate. |
| A right to have any and all brain implants removed. | 3PC11-9-B | Not applicable to specific post hearing changes. |
| My complaint is that I have been shot with pellet gun, given pamonya (sic) given hepatitis, used for gambling, and harassed on a daily basis for over a year. I have also gotten pains in my body due to the CD Rom sound system. Also had hair cut in my sleep. I ask for an investigation. | 3PC11-10-B | Not applicable to specific post hearing changes. However, patients may direct questions or concerns about medications to staff or the advocate. |
| 883 (b)(8)- Advocate | Number | Department of Mental Health (DMH) Response |
| I think this area needs to be looked into because I have had trouble getting an advocate. | 3PC11 4-A | Not applicable to post hearing changes. |
| 883 (b)(9)- Attorney | Number | Department of Mental Health (DMH) Response |
| Access to confidential attorneys call to a disposition or outcome of legal alternatives. A reasonable question analyst (?) requirement. | 3PC11 2-D | Not applicable to post hearing changes. |
| A right to confidential communications with an attorney... and Conrep. | 3PC11 6-A | Not applicable to post hearing changes. |

| 883 (b)(10)- Religion | Number | Department of Mental Health (DMH) Response |
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| I feel this is okay for everyone to express their own faith. But don't try forcing it on others. | 3PC11 4-B | Not applicable to post hearing changes. |
| 884 (b)(3)- Money | Number | Department of Mental Health (DMH) Response |
| Would like to add "A right to receive disability money (enough to pay any and all bills currently in process) while incarcerated, not including food or clothing | 3PC11 9-C | Not applicable to post hearing changes. |
| 884 (b)(4)- Visits | Number | Department of Mental Health (DMH) Response |
| The length and frequency of visits and the number of persons permitted to visit a patient at the same time may <u>not</u> be limited consistent with safety, security | 3PC11 3-B | Not applicable to post hearing changes. |
| 884 (b)(5)- Telephones | Number | Department of Mental Health (DMH) Response |
| We would like access to the phone to inquire concerning our children, parents, grandparents and basically relatives – a phone time of a minimum of 5 hours. | 3PC11 2-B | Not applicable to post hearing changes. |
| My complaint is that I am stopped from getting through to relatives on the phone. | 3PC11 10A | Not applicable to post hearing changes. However, this may be addressed through the complaint process. |
| We need change rates on phones. | 3PC11 11C | Not applicable to post hearing changes. |
| 884(b)(6) – Letter Writing Materials and Mail | Number | DMH Response (including modifications) |
| Revise language to read "Designated facility employees shall be present while patient opens his/her incoming mail. Outgoing regular mail will not be inspected or read by employees." | 3PC1A | The specific post hearing change involved renumbering. These regulations were designed to ensure the right of patients to receive and mail correspondences. Limitations on mail are specified by the policy of each facility. Most facilities currently have staff assigned to open and inspect the incoming mail for contraband. Patients were advised that this issue could be discussed at the local level with the ED to determine if their suggestions are workable and still meet the regulations such as opening the mail in front of staff so staff can inspect it at that time. This issue can also be discussed at the patient and staff training. |
| All residents have the right to send and receive unopened mail. This is federally protected and you get federal money. | 3PC7J | |

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| <p>The Senate STRONGLY OBJECTS to the notion that ... “facility employees shall open and inspect all incoming and outgoing mail addressed to and from patients for contraband. At Patton we are allowed to open and shake out all mail in front of hospital staff and we prefer to keep things the way they are. We believe facilities should have the option of establishing their own process to ensure mail is free from contraband. Perhaps you should change “shall” to “may”.</p> <p>State hospital staff are not privileged to open and read mail, particularly confidential mail. When mail is opened outside the presence of the intended recipient, a statement in the regulations that it should not be read will do little to protect that right.</p> <p>The right “To have ready access to letter writing materials, including stamps,” has become a “a right to have access to letter writing materials and to mail and receive correspondence,” which allows for access to be controlled and not “ready” and leaves out stamps completely!!!</p> <p>Indigent residents shall be allowed free correspondence will all legal service organizations, government offices and elected official, all law offices and members of the BAR, all State Agencies and their Executive Directors, all State Boards including the State Board of Control and all Federal Organizations without restriction.</p> <p>There must be an appeal system implemented in place of a complaint system.</p> | <p>3PC9A</p> <p>3PC13C</p> <p>3PC6A</p> <p>3PC13D</p> <p>3PC7L</p> <p>3PC7M</p> | |
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| 884 (b)(11)- Exercise | Number | Department of Mental Health (DMH) Response |
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| A right to have exercise equipment on the unit and grounds. | 3PC11 8-A | Not applicable to post hearing changes. |

| 884 (b)(7)- Packages | Number | Department of Mental Health (DMH) Response |
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| As patient or patients we would like to inspect our packages and have the opened while present. And also be able to store perishables items in unit refrigerator. | 3PC11 2-K | Not applicable to post hearing changes. |

| 884 (b)(9)- Education | Number | Department of Mental Health (DMH) Response |
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| The treatment plan cannot determine the scope of the right to an appropriate public education. Treatment plans must be written and implemented so as to ensure that treatment does not interfere with the right of state hospital residents to receive the education to which they are entitled under state and federal law. The treatment plan must be consistent with the right to an education and not the other way around. | 3PC9B | Not applicable to post hearing changes. |
| 884 (c)- Denial of Rights Process – Good Cause Denial | Number | Department of Mental Health (DMH) Response |
| Denial of rights on the grounds that exercise of rights would “compromise” safety and security gives hospital staff unlimited power over every aspect of the lives of hospital residents. People who are confined against their will, particularly people with disabilities, are faced with a grave imbalance of power. This must be addressed by implementing policies designed to secure and protect rights. Rights should not be taken away except for serious reasons and in accordance with measurable standards. | 3PC6D | Not applicable to specific post hearing changes. |
| 884 (f)- Denial of Rights Process - Documentation | Number | Department of Mental Health (DMH) Response |
| The documentation of the denial a right documented in the patient's record should also include the documentation of the content of the information the patient was told as well as the "process for restoration at the time of the denial." | 3PC4E | That is what 884 (f) states. |
| Denial of rights shall be documented in an appropriate timely manner, not to exceed 24 hours of disposition. That a patient may personally be notified of his or her right to the profound identify of the client in general, that a patient be allowed a reasonable amount of time to transact the true nature of the circumstance. | 3PC11 2-E | Not applicable to post hearing changes. |
| That patients be informed of specific rights that were denied, and a reasonable or reason why the right were denied or forfeited, also that the director of the facility be informed or notified. | 3PC11 2-L | Not applicable to post hearing changes. |

| 884 (h) - Denial of Rights Process - Restoration | Number | Department of Mental Health (DMH) Response |
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| Section 884 (h) The suggested changes need to have inserted "which is denied". So it should read A patient's right which is denied under this section shall*. | 3PC4F | This is a grammatical issue and does not change the intent of the sentence. (h) A patient's right which is denied under this Section shall be restored not continue to be denied when the good cause for its denial no longer exists. When a right has been denied, staff shall employ the least restrictive means of managing the behavior that led to the denial. The date that a specific right is restored shall be documented in the patient's treatment record. |
| There must be a fair and impartial process for immediate restoration of rights wrongly denied and improperly withheld. Under the proposed regulations, residents must go through a complaint process and four levels of appeal before they can even be considered for a hearing at the discretion of a court. This is not due process. Justice delayed is justice denied. | 3PC6E | The proposed regulations for non-LPS patients are the same as that which is currently afforded to LPS patients. The current process has shown that if a right has been inappropriately denied, the advocate will address and rectify this at the first level of complaint before any need exists to utilize the appeal process or a court hearing. |
| 885 (c) - Complaint and Appeal Procedure | Number | Department of Mental Health (DMH) Response |
| Patients rights are not reliable to a complaint involve the abuse by a staff or co-worker, the response are not dated and verified. We as patients would like this to be documented within 2 working days. | 3PC11 2-G | Not applicable to post hearing changes. However, patients may file a grievance if they feel the advocate is not responding according to procedures or timelines. |
| 890 - Clothing | Number | Department of Mental Health (DMH) Response |
| We should in regards like to obtain hats and t-shirts – as the same color as our restricted clothing. We would like to inquire to the Director of the facility to authorize these appropriate clothing or articles. | 3PC11 2-H | Not applicable to post hearing changes. However, patients may ask staff or the advocate how to submit any type of special request to the facility director. |
| 891- Internet Usage | Number | Department of Mental Health (DMH) Response |
| We object to the notion of using state law to deny non-LPS patients access to the Internet, for all practical purposes, all times. This is far to strict and will result in lawsuits within the next few years as email becomes more ubiquitous and access to legal materials over the Internet becomes commonplace. Please reconsider! | 3PC9B 3PC11 3-C | Not applicable to post hearing changes. |