



7.4.4 CRISIS STABILIZATION UNIT DENIAL OF CLIENTS' RIGHTS

Issue Date: 11/7/2018

Revision History: 04/30/2025, 12/30/2019

References: Welfare and Institutions Code, Sections 5325-5337; Title 9 CCR Section 800-868

Policy Owner: Health Services, Behavioral Health Division, QAPI, Quality Assurance Manager

Director Signature: **Signature on File**

I. Policy Statement

This policy is to provide persons with mental health needs within the Crisis Stabilization Unit (CSU) the same legal rights and responsibilities guaranteed to all other persons.

II. Scope

This policy applies to all licensed and pre-licensed "Covered Persons" which includes County of Sonoma employees (full-time, part-time, extra help) and all additional persons who are performing services for the Behavioral Health Services within the Department of Health Services (DHS), at the CSU, with the exception of Community Based Organization (CBO) staff.

III. Definitions

A. Prescribers: For the purpose of this policy, "prescribers" include licensed:

1. Medical Doctors (MD)
2. Nurse Practitioners (NP)
3. Physician Assistants (PA)

B. Qualified Licensed Medical Staff:

1. Licensed Medical Doctors (MD)
2. Nurse Practitioners (NP)
3. Physician Assistants (PA)
4. Licensed Registered Nurse (RN)
5. Licensed Psychiatric Technician (LPT)
6. Licensed Vocational Nurse (LVN)

C. Qualified License/Pre-License Clinical Staff:

1. Associate Marriage and Family Therapist (AMFT)
2. Licensed Marriage and Family Therapist (LMFT)
3. Associate Social Worker (ASW)
4. Licensed Clinical Social Worker (LCSW)
5. Associate Professional Clinical Counselor (APCC)
6. Licensed Professional Clinical Counselor (LPCC)
7. Psychologist (PhD/PsyD)

IV. Policy

It is the policy of Sonoma County Department of Health Services, Behavioral Health Division to provide persons with mental health needs the same legal rights and responsibilities guaranteed to all other persons by the Federal Constitution and laws and the Constitution and laws of the State of California, unless specifically limited by federal or state laws or regulations.

Undeniable rights include but are not limited to the right to: dignity, privacy, and humane care; to be free from harm, including unnecessary or excessive physical restraint, isolation, or medication; religious freedom and practice; social interaction and participation in community activities; physical exercise and recreational opportunities; and the right to see a patient advocate.

Certain rights can be denied by the professional person in charge of the CSU (or his/her designee) if good cause has been determined, and only upon immediate and proper documentation showing of good cause. The reason used to justify the denial of a right to a client must be related to the specific right denied and the client shall be informed of the content of the notation.

A right shall not be withheld or denied as a punitive measure, nor shall a right be considered a privilege to be earned. When a right has been denied, staff will employ the least restrictive means of addressing the problem behavior that led to denial of the right(s). Treatment modalities shall not include denial of any right specified in this article. Waivers signed by the client/resident, or by the responsible relative/guardian/conservator, shall not be used as a basis for denying rights in any treatment modality.

As soon as good cause for the denial is no longer present, the right must be restored to the client.

Good cause criteria are as follows:

- A. Injury to that person or others; or
- B. A serious infringement on the rights of others; or
- C. Serious damage to the facility

AND there is no less restrictive way to protect against these occurrences.

The following is a list of rights which can be denied for good cause:

- A. Rights to wear one's own personal possessions
- B. Right to keep and use one's own personal possessions, including toilet articles
- C. Right to keep and be allowed to spend a reasonable sum of one's own money
- D. Right to have access to individual storage space for one's private use
- E. Right to see visitors each day
- F. Right to have reasonable access to telephones, both to make and receive confidential calls, or to have such calls made for them
- G. Right to mail and to received it unopened

The beneficiary rights outlined above will be posted in the predominant languages of the community and explained in a language or modality accessible to the beneficiary receiving evaluation and treatment at the CSU.

V. Procedures

- A. Documentation shall take place immediately whenever a right has been denied, regardless of the gravity of the reason for the denial or the frequency with which a specific right is denied.

- B. Assigned Qualified Licensed Medical and Clinical Staff shall complete the Denial of Rights Documentation form Client Orders (Client) and ensure that the following information is completed:
 - 1. Initiation of Denial of Rights
 - 2. Right Restoration
 - 3. 30-Day Review, if indicated
- C. Staff shall inform clients of the right(s) being denied, the content of the notation in the client record, and criteria for right(s) to be restored. Staff will document this advisement in the progress notes.
- D. Staff will evaluate client every shift and document good cause for continued denial of right(s) in a progress note.
- E. A denied right must be restored as soon as good cause for the denial is no longer present. Restoration of rights shall be documented on the Denial of Rights Documentation Client Orders (Client).
- F. Qualified License/Pre-Licensed Clinical staff, under the direction of the client care manager, must conduct a reassessment to determine if a right is to be denied longer than 30 days.
- G. Each Denial of Rights Documentation Client Orders (Client) must be transferred to Denial of Rights/Seclusion and Restraint Monthly Report (DHCS-1804). At the beginning of the following month, Quality Assurance Performance Improvement (QAPI) designee will complete a monthly report and forward to the patient's rights advocate (PRA) by the 5th of the following month.
- H. At the end of each fiscal quarter, the PRA will consolidate the information from the DHCS-1804 reports submitted monthly by QAPI into the Denial of Rights – County Summary (DHCS-1805) and email this form to the California Office of Patients' Rights.

VI. Forms

CSU Denial of Rights Documentation Form Client Orders (Client)

VII. Attachments

Attachment #1: Denial of Rights/Seclusion and Restraint Monthly Report (DHCS-1804)

Attachment #2: Denial of Rights – County Summary (DHCS-1805)