COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH

CODE OF ORGANIZATIONAL CONDUCT, ETHICS, AND COMPLIANCE

July 2010

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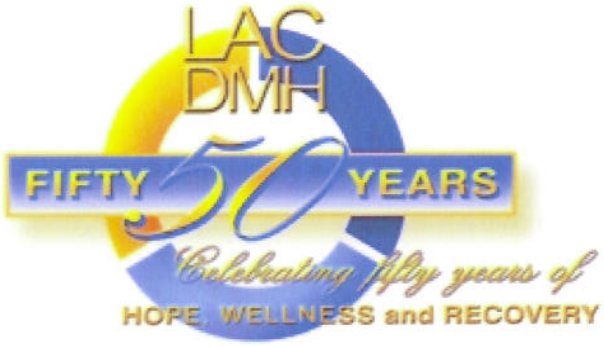

COUNTY OF LOS ANGELES

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July 15, 2010

A Message from the Director

The Department of Mental Health (DMH) is committed to providing and administering quality mental health services that adhere to the highest ethical principles, in compliance with all applicable laws, rules, regulations, policies, and procedures. The Department's emphasis on compliance is in keeping with a nation-wide emphasis on accountability in health care delivery systems and this is why in 2002 the Department established and continues to support its Compliance Program Office.

The Code of Conduct, Ethics, and Compliance is a critical element of the DMH Compliance Program. The Code sets the expectations for all DMH staff and professional activities, promotes the concept of quality of care, while emphasizing the Department's Vision, Mission, and Values.

All members of the workforce are to receive a copy of the Code of Conduct, Ethics, and Compliance. New members of the Departments workforce will receive their copy as they process into the Department with Human Resources. Existing members of the workforce will receive an update through a distribution process. All members of the Department's workforce are required to sign an "Attestation" acknowledging receipt of a copy of the code. The "Attestation" will be placed in your personnel file.

I invite all members of the Department's workforce to embrace the Department's commitment to an ethical and compliant organizational environment. As a member of the Department's workforce it is important that you read and understand the Code of Conduct, Ethics, and Compliance. After reading the code you should know what is expected from you in regards to your behavior and how you play an integral part in making the Compliance Program a success.

I ask Program Managers and Supervisors to take time in your staff meetings to review the Code and answer any questions.

Should anyone need additional information in regards to the Code, please contact our Compliance Officer at (213) 739-2390.

Sincerely,

Marvin J. Southard, D.S.W.
Director of Mental Health

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COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
CODE OF ORGANIZATIONAL CONDUCT, ETHICS, AND COMPLIANCE

PURPOSE

The County of Los Angeles - Department of Mental Health (DMH) is committed to building and supporting an organization that demonstrates honesty, integrity, ethics, and best practices.

Accordingly, DMH has recently taken the opportunity to review and update its mission, vision, and values statement. Additionally, DMH has reviewed and updated the Code of Organizational conduct as well as other policies and procedures related to ethics and compliance. Our goal was to eliminate duplication and to ensure you have a single source document related to conduct, ethics, and compliance. To accomplish our goal we have combined the Code of Ethics with the Code of Conduct.

The result is this document known as the Code of Organizational Conduct, Ethics, and Compliance, ("CCEC"). Provided are the elements/purpose of the Department's Compliance Program, the responsibilities of the Compliance Program, and employee obligations and responsibilities. Finally, the Code sets forth principles and standards intended to guide the actions and decision-making processes for the DMH workforce[1].

[1] DMH workforce is defined as employees, volunteers, interns, trainees, and other persons whose conduct in the performance of their work is under the direct control of DMH, whether or not they are paid by the County.

DMH Mission

Enriching lives through partnerships designed to strengthen the community's capacity to support recovery and resiliency.

DMH Vision

Partnering with clients, families, and communities to create hope, wellness and recovery.

DMH Values

1. ***Integrity:*** We conduct ourselves professionally, according to the highest ethical standards.

2. ***Respect***: We recognize the uniqueness of every individual and treat all people in a way that affirms their personal worth.

3. ***Accountability***: We take responsibility for our choices and the outcomes.

4. ***Collaboration***: We work together toward common goals by partnering with the whole community, sharing knowledge, building consensus, and sharing decision making.

5. ***Dedication***: We will do whatever it takes to improve the lives of our clients and communities.

6. ***Transparency***: We openly convey our ideas, decisions, and outcomes to ensure trust in our organization.

7. ***Quality and Excellence***: We identify with the highest personal, organizational, professional, and clinical standard and commit ourselves to achieving those standards by continually improving every aspect of our performance.

OBJECTIVES OF THE CODE OF ORGANIZATIONAL CONDUCT, ETHICS, AND COMPLIANCE (CCEC)

It is the intention of DMH to utilize the CCEC as a means of orienting all employees to the principles and standards that are embraced by DMH and to serve as a source of ongoing commitment and guidance to all employees of DMH. Every member of the DMH workforce will be required to certify in writing that they have received a copy of and will abide by the principles and standards set forth in the CCEC. Such certification will be required when the employee is hired and annually as a component of the performance evaluation process.

The CCEC applies to all employees of DMH and will be utilized in assessing employee's job performance. All employees are expected to comply with the CCEC (and ensuring adherence is an obligation of each supervisor.) Adherence to the highest ethical and legal behavior will not only further DMH's ability to effectively carry out its mission, but will serve to maintain and foster a relationship of trust between DMH and its clients, families, and community we serve.

In addition to covering the DMH workforce, the CCEC also governs the conduct of persons and entities that contract with DMH. Accordingly, DMH will provide its contractors with copies of the CCEC.

INTRODUCTION TO THE COMPLIANCE PROGRAM

There are many definitions of a compliance program. Basically, compliance is about prevention and detection of fraud, waste, and abuse; collaboration; and enforcement. It is a system of policies and procedures developed to assure compliance with all applicable Federal, State, and County statutes, rules, regulations, polices, and procedures.

An effective compliance program is constantly evolving and is part of organizations that are committed to conducting business in an ethical way. In other words, it is a system for doing the right thing.

DMH has established a compliance program and is committed to operating in an ethical and compliant manner. A compliance program alone cannot maintain a culture of ethics and compliance; it requires every member of the workforce to be committed to such a culture.

DMH's Compliance Program is to operate independently, with objective oversight, in a manner consistent with the requirements of the Department of

Health and Human Services, Office of the Inspector General,[2] and in compliance with the requirements of the California Department of Mental Health. The Compliance Program is responsible for promoting the highest ethical behaviors within DMH and within the community of the Department's contractors and stakeholders. The Compliance Program is to ensure compliance with Federal, State, and County statutes, rules, regulations, policies, and procedures, and to combat waste, fraud, and abuse. These objectives are carried out through various training programs, audits, investigations, and inspections; and through instructions and priorities identified by the Compliance Program Steering Committee, County Counsel, and the Auditor-Controller. DMH employees are encouraged to stay informed about available training opportunities by contacting Program Support, Training Division at (213) 251-6854 or by visiting the web site: http:dmhportal1/sites/TCCB/default.aspx DMH District Chiefs and Program Managers shall inform its employees of available training opportunities.

See Appendix A for the structure of the Compliance Program.

EMPLOYEE RESPONSIBILITIES

It is the responsibility of each member of the DMH workforce to exercise good judgment and behave in a manner that represents the highest standards of professional and personal conduct. In addition to the guiding principles and standards discussed in this document, workforce members should review and be familiar with DMH policies and procedures and DMH parameters for clinical practice. Policies and Procedures (see Appendix B) can be viewed on the DMH intranet web site; and clinical practice parameters can be found on the DMH internet web site:
http://dmh.lacounty.gov/ToolsFor Clinicians/clinical_practice.html

Members of the DMH workforce are to comply with the CCEC and all policies, procedures, and practices of DMH that relate to their employment. Non-supervisorial DMH workforce members are encouraged to promptly report and DMH Supervisors and Managers have an affirmative duty to promptly report perceived violations of this Code and/or any violations of Federal, State, County, or Departmental statutes, rules, regulations, policies, or procedures. Such a report should be made to your direct supervisor or program manager, or may be made anonymously by calling the County Fraud Hotline at 800-544-6861 as described below in Compliance Program Communication and Reporting. Failure to comply with the CCEC or with the qualitative or quantitative elements of employee performance, including reporting violations, may result in disciplinary

[2] These requirements are found in CFR, Title 42, Section 438.608.

action and/or the application of sanctions in accordance with applicable laws, regulations, county codes, and DMH policy.

DMH will not knowingly hire or continue to employ individuals who have been recently convicted of a criminal offense related to health care, or are suspended, debarred, excluded, or otherwise ineligible to provide goods or services under any Federally funded health care programs. The Department periodically reviews both the Federal and State lists for exclusions and suspensions. It is the responsibility of the workforce member to notify their Program Manager or supervisor, in writing, immediately, should the member of the workforce, during the course of their employment, become suspended, excluded, or debarred from providing services under any Federally funded health care program. (See policy 112.04, Employees Ability to Provide Goods and Services Under Federally Funded Health Care Programs, for specifics.)

The Department of Mental Health strongly believes in the dignity and value of individuals and expects the same beliefs from its workforce. As such, the DMH expects all of its members to act with the highest integrity when interacting with fellow workforce members, clients, other service providers, and with the public. Professional employees must know and observe all applicable laws, regulations, rules of professional conduct and ethics. Professionals must also understand that the DMH Code of organizational Conduct, Ethics and Compliance does not include an exhaustive list of all applicable ethical and professional rules of conduct. DMH expects all of its workforce members to abide by all applicable professional and ethical canons and rules.

QUESTIONS OR CONCERNS RELATED TO MATTERS OF COMPLIANCE

DMH recognizes the critical importance of identifying and appropriately responding to actions or behaviors that are not consistent with the CCEC, Department Policies and Procedures, or other codes, rules, regulations, or laws that relate to, or govern business and clinical operations. Errors, non-compliant actions, or inappropriate behaviors are frequently a result of a lack of clarity in rules, regulations, or procedures.

DMH believes that most questions or concerns related to actions or behaviors inconsistent with the CCEC, Department Policies and Procedures, or other codes, rules, regulations or laws that relate to, or govern business and clinical operations, can be resolved promptly on a division, bureau or organizational level. Employees are encouraged to contact their immediate supervisor or program manager to discuss questions or concerns related to compliance.

If consultation with an employee's immediate supervisor or program manager does not clarify or address the issue raised by the employee, or if the nature of the question or concern directly involves actions or behaviors of the supervisor or

program manager, the Department has created an alternate means (see below) for employees to raise questions, express concerns or report perceived ethical or legal violations.

COMPLIANCE PROGRAM COMMUNICATION AND REPORTING (Alternative Means of Reporting)

In addition to contact with an employee's immediate supervisor or area manager, an employee may raise questions regarding compliance, or report perceived ethical or legal violations to the Compliance Officer, or may make an anonymous report using County of Los Angeles Fraud Hotline and as discussed in Policy 112.1, Compliance Program Communication. Note that the Auditor-Controller fraud reporting is handled by the Auditor-Controller Officer of County Investigations (OCI). Contact information:

Compliance Program Office	(213) 739-2390
Auditor-Controller Fraud Hotline	(800) 544-6861
Auditor-Controller OCI – Fraud Report Web Site	Hotline@oci.lacounty.gov
Auditor-Controller OCI Fax Number	(213) 633-0991
Auditor-Controller OCI Mailing Address	500 W. Temple Street Room 515 Los Angeles, CA 90012

NON-RETALIATION FOR GOOD FAITH REPORTING

DMH complies with the County of Los Angeles Code, as does the Auditor-Controller OCI, which prohibits retaliation against anyone who, in good faith, reports an occurrence that he/she believes to constitute a work-related violation by a County officer or employee of any law or regulation; gross waste of County funds; gross abuse of authority; a specific and substantial danger to public health or safety due to an act or omission of a County official or employee; use of a County office or position or of County resources for personal gain; or a conflict of interest of a County officer or employee. (Title 5 Personnel, Section 5.02.060) See Appendix C.

Non-retaliation is consistent with the Federal and State DMH False Claim Acts. DMH employees should be familiar with the following two (2) DMH policies that were created and distributed in compliance with the Federal Deficit Reduction Act of 2005:

1) Policy 112.06 Fraud, Waste, and Abuse Prevention
2) Policy 112.07 The False Claims Act and Related Laws

THE CODE OF ORGANIZATIONAL CONDUCT, ETHICS, AND COMPLIANCE

PRINCIPLES AND STANDARDS GOVERNING ORGANIZATIONAL CONDUCT

The following principles and associated standards are intended to guide actions and decision-making processes by the DMH's workforce.[3] Members of the DMH workforce are expected to abide by these principles and standards and are to conduct business in a manner consistent with the values, principles, and standards described in the CCEC. Members of the DMH workforce should be familiar with DMH Policies and Procedures, and as appropriate to employee's position and classification, the DMH Parameters for Clinical Practice. These resources should be used to clarify specific steps to ensure departmental compliance.

1. Legal Compliance

DMH is committed to conducting all administrative, clinical and/or service activities in an ethical manner complying with all applicable laws, regulations, standards, and codes.

a) Members of the DMH workforce are prohibited from making or causing to be made any false or fraudulent statement or representation that relates to the benefits or payment from, any federally funded health care program or other third party payor source.

b) Members of the DMH workforce are prohibited from soliciting or receiving any payment or other benefit (for example, lunch provided by pharmaceutical companies), directly or indirectly, for referring an individual for items or services reimbursable in whole or in part by any federally funded health care program.

c) Members of the DMH workforce are prohibited from soliciting or receiving any payment or benefit in exchange for recommending or arranging for the purchase of goods or services for which a federal health care program will pay.

d) DMH shall recommend to the Board of Supervisors for contract awards only qualified mental health providers, [specifically, contractors who are not excluded or suspended or ineligible to bill Federal programs] and other vendors of goods in accordance with all applicable County policies and procedures utilizing established evaluation criteria.

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[3] DMH Workforce is defined in footnote 1 on page 3.

e) Members of the DMH workforce are prohibited from engaging in any personal political activity whatsoever during working hours or on County premises.

f) Members of the DMH workforce may not directly or indirectly use official authority to interfere with any election or to influence political actions of other County employees or any member of the general public; however, the DMH Legislative and Public Information Officers may offer recommendations concerning legislation or regulations being considered through recognized channels of communication with the Office of Legislative Affairs, Chief Executive Office.

g) DMH has a policy against harassment in the work place or work-related environment, or in the performance of job duties in accordance with DMH Policy 605.2.

h) Employees may not be appointed, reduced, removed, favored or discriminated against in employment on the basis of any protected status identified under State and/or Federal law(s).

2. Professional Ethics

DMH is committed to conducting administrative and service activities in compliance with Professional Codes of Ethics.

a) Members of the DMH workforce shall avoid misrepresentation of his/her own professional qualifications, affiliations and purposes, or those of the colleagues, institutions and organizations with which the staff member is associated.

b) Members of the DMH workforce shall demonstrate respect and dignity to those persons he/she encounter in the line of work.

c) Members of the DMH workforce will not deny services to clients because of their sex, race, ancestry, age, color, religion, national origin, disability, marital status, medical condition or sexual orientation or any other legally recognized protected class.

d) All members of the DMH workforce shall comply with the Department's Sexual Harassment Policy. See Policy 605.02, Harassment. The professional relationship between a therapist and a client shall be based on accepted therapeutic principles and standards as determined by DMH and the therapist's professional code of ethics.

3. Business Ethics

DMH is committed to conducting business in an honest and ethical manner.

a) Members of the DMH workforce shall act honesty and with the highest integrity in the performance of their duties.

b) Members of the DMH workforce shall not knowingly make misrepresentations or false statements, or encourage others to knowingly misrepresent or make false statements, to any clients, families, community members, or others, doing business with or monitoring services by the DMH.

c) Members of the DMH workforce shall not inappropriately use confidential or other information that belongs to, or is the property of another person or entity, including computer software, publications and other proprietary documents.

d) All Contractors doing business with DMH shall comply with the CCEC and all applicable laws, regulations, codes, and Departmental policies.

4. Conflict of Interest

Members of the DMH workforce shall not use their position as Department employees to profit in any way, or assist others to profit in any way, as a result of their employment or association with DMH.

a) Members of the DMH workforce are to conduct themselves in such a way as to avoid the perception of, or actual situations, involving conflict of interest. This includes but is not limited to:

- Referral of clients receiving mental health services from DMH to any private service – whether psychological, legal, or the like that may be of potential monetary benefit to the employee or employee member's associates or immediate family;
- Any work based activity which may affect or appear to affect private interests, financial or non-financial; or
- Any apparent preferential treatment to any private/public organization or individual.

b) **Non-supervisorial DMH Employees are encouraged to promptly report, and DMH Supervisors and Managers have an affirmative duty to promptly report,** potential conflict of interest situations and to consult with the appropriate supervisor regarding procedures to be followed in situations where potential or actual conflict of interest situations may exist.

c) DMH employees designated within the Statement of Economic Interest Filers (Form 700), as approved by the County of Los Angeles Board of Supervisors, must accurately represent and disclose personal financial information in compliance with the procedures outlined in the DMH Statement of Economic Interest policy.

5. Confidentiality

Members of the DMH workforce shall maintain the confidentiality/privacy of client and employee information in accordance with all applicable laws [including, but not limited to the Health Insurance Portability and Accountability Act (HIPAA). See Appendix D], regulations, County codes, and Department policies. Also see the Welfare and Institutions Code Section 5328.

a) Members of the DMH workforce are required to safeguard all forms of confidential information and take appropriate steps to prevent any unauthorized disclosure.

b) Confidential client information (also referred to as Protected Health Information [PHI]) includes any information that is held by DMH and was originally obtained by any individual or entity in the course of providing services to an individual, whether oral or recorded in any form or medium.

c) Confidential employee information includes any information related to the hiring and employment of individuals, such as information contained in personnel files, payroll information, medical leave information, disciplinary actions, and similar information.

6. Protection of Assets

Members of the DMH workforce shall safeguard the County's assets from loss. Assets include revenues, property, and other Department and/or County resources.

a) Reports relating to claims for services, employee time sheets, or other financially related data reports shall be compiled in an accurate and non-misleading manner.

b) Members of the DMH workforce shall utilize Department assets, property, and resources in a prudent and effective manner.

c) Members of the DMH workforce are prohibited from using County-owned equipment, materials, or property for personal use and/or for profit.

7. Quality

DMH is committed to providing the highest quality of care by operating a comprehensive program of continuous quality improvement.

a) Members of the DMH workforce are encouraged to maintain the highest standards of professional competence and quality.

b) Members of the DMH workforce shall be responsible for recognizing the limitations of his/her competencies and will provide only services or perform procedures with which he/she is qualified and familiar.

c) Members of the DMH workforce have an obligation to seek appropriate consultation for problematic issues of client care.

d) Members of the DMH workforce shall make every effort to recognize and avoid personal behavior and situations that may impair their ability to treat consumers/clients, e.g., use of drugs, undue emotional stress, and lack of proper rest.

e) When any member of the DMH workforce, including supervisors, observe a colleague behave or act in a way that may harm a client, non-supervisory staff should, and all supervisory staff must intervene and stop this conduct.

f) DMH will provide appropriate and effective clinical services that are medically necessary, client focused, evidence-based, and delivered in the least restrictive manner possible. Services shall also be deemed appropriate by DMH based on accepted community standards of care. Controversial or unconventional approaches shall be used with extreme caution and shall be approved by appropriate supervisory or management staff prior to initiation.

g) DMH will maintain an effective quality improvement program that at a minimum examines those areas mandated by the California Department of Mental Health.

h) DMH will provide effective planning and program administration, including ongoing training opportunities, designed to provide employees the means to improve the efficiency and effectiveness of their employment responsibilities.

8. Clinician-Client Relationships

DMH is committed to maintaining high professional standards and behaviors between clinician and client.

a) The relationship between a clinician and a client shall be based on accepted therapeutic principles and standards as determined by DMH and

the clinician's profession, as established in pertinent professional codes of ethics.

b) The clinician shall make every effort to maintain professional and objective personal conduct between the clinician, the client's family, and/or close associates.

c) The clinician should have a professional concern for his/her client. The clinician shall make every effort to maintain professional concern within the bounds of the clinician's professional responsibilities, so as to safeguard the welfare of the client, both during and after treatment.

d) The clinician is to make every effort to discourage the development of personal favors and/or obligations in the therapeutic relationship.

e) It is the responsibility of the service provider/clinician to monitor services, in collaboration with management, in such a way as to avoid the fostering of personal obligations, such as sexual favors or financial collaborations.

f) The clinical relationship should never include behaviors on the part of the clinician which reasonable persons could agree are abusive or damaging to the client, or demeaning and not in the client's best interest. Any sexual behavior is interpreted to be abusive or damaging.

g) Per California State Law, sexual involvement with a client constitutes unprofessional conduct and is grounds for disciplinary and legal action, both during treatment and for at least two years following termination of the therapist client relationship. (Civil Code 43.93)

h) A clinician in consultation with his/her supervisor should attempt to terminate services and/or transfer a client when it is reasonably clear that the client will not benefit from the current clinical relationship.

i) With the support of DMH management, care must be taken to ensure an appropriate setting for clinical work to protect both client and clinician.

j) A clinician having pre-existing social ties or relationships with a person seeking service should carefully evaluate with the supervisor his/her capability to treat the client effectively.

k) Each clinician shall make every effort to ensure the continuity of his/her client's care.

l) A clinician shall not knowingly offer clinical services to a client who has a pre-existing professional relationship with a colleague without the colleague's knowledge unless requested by the client and/or in an emergency situation.

9. Cultural Competence

DMH is committed to providing culturally competent services and programs. (See Appendix E)

a) All DMH workforce members shall show respect for persons of all cultural and linguistic backgrounds by providing clinically competent, culturally sensitive and linguistically appropriate services.

b) All DMH workforce members shall avoid participation in or condoning of discriminatory practices and shall treat each other and each consumer/client equally and with compassion.

10. Communication

DMH will provide information regarding laws, regulations, County codes, and Department standards and expectations to its employees, clients, families, and other members of the mental health community. DMH will also facilitate the exchange of information from all organizational levels within DMH to its employees, clients, and other members of the mental health community.

a) DMH will provide current information to its workforce, contractors, clients, and family members regarding the rules, regulations, rights, and obligations that govern their participation in the DMH system of service delivery.

b) Members of the DMH workforce should seek advice from their supervisor or program manager regarding issues about which they are unclear or uncertain, such as job responsibilities, interpretation of policy and procedures, or ethical dilemmas.

c) Members of the DMH workforce may contact the Compliance Officer, either formally or informally, to clarify questions or concerns related to ethical, legal, or policy matters. To contact the Compliance Officer please call (213) 739-2390 or send an e-mail to: compliance@dmh.lacounty.gov

d) The County of Los Angeles operates a Fraud Hotline that may be contacted to report perceived ethical or legal violations. Informants may remain anonymous. Contact the County of Los Angeles Fraud Hotline by calling (800) 544-6861 or by submitting an e-mail to: Hotline@oci.lacounty.gov

e) DMH complies with the County of Los Angeles Code, which prohibits retaliation against anyone who, in good faith, reports something that they believe to be:

- a work-related violation of any law or regulation by a County employee or officer;
- gross waste of County funds;
- gross abuse of authority;
- specific and substantial danger to public health or safety due to an act or omission of a County official or employee;
- use of a County office, and/or County position and/or County resources, for personal gain; or
- a conflict of interest of a County officer or employee.

11. Research Ethics

It is the policy of DMH that any research conducted in the Department shall meet the highest clinical and ethical standards.

a) The Human Subjects Committee reviews all proposed research projects and approves only those that adhere to the highest clinical and ethical standards.

b) In accordance with the standards set forth in the Belmont Report,[4] the Human Subjects Committee will uphold the following principles:

- Respect. All participation in research is voluntary and will only occur following informed consent. Pressure or coercion of any sort will not be tolerated.
- Beneficence. The well-being of our clients is paramount. Subjects of research will not be intentionally harmed, nor will their involvement in research compromise the delivery of the highest quality care. Research will be directed at maximizing possible benefits. Every effort will be made to monitor and minimize any potential risks.
- Justice. The burdens and benefits of research must be distributed fairly. No one should be exposed to risk, if there is no potential for him or her to benefit. Individuals with mental illnesses must not carry the burdens of research for society at large.

[4] [The Belmont Report is a report created by the former United States Department of Health, Education, and Welfare (which was renamed to Health and Human Services) entitled "Ethical Principles and Guidelines for the Protection of Human Subjects of Research" and is an important historical document in the field of medical ethics.]

APPENDIX A

The Compliance Officer

The Compliance Officer is responsible for the day-to-day operations of the Compliance Program and Audit Services Bureau (CPAS). This includes working with staff to develop policies and procedures, training programs, and communication tools. The Compliance Officer also provides support to CPAS staff who follow-up on allegations of fraud, waste, and abuse; conduct risk assessments, audits, and monitoring reviews; and write and assist DMH in establishing, updating, and retiring Departmental Policies and Procedures.

Compliance Program Oversight

DMH has established a Compliance Program Steering Committee (CPSC), made up of the Executive Management Team. CPSC is responsible for oversight, monitoring, and direction of the DMH Compliance Program. CPSC also works with the Compliance Program, in the coordination and resolution of significant policy issues for the Department.

APPENDIX B

Department of Mental Health Policies and Procedures Manual

The purpose of the Department of Mental Health (DMH) Policy and Procedures Manual is to provide information, guidelines and standardization in all Department operations. The Manual covers program, clinical, administrative, fiscal and operating policies and should be used as the basis for work performance. Due to the scope of information covered in the DMH Policy and Procedure Manual, reference cannot be made to each individual policy. Employees should consult the DMH Policy and Procedures Manual to obtain specific information on the implementation of DMH policies, or to review new or revised policies. In particular, employees should be familiar with those policies and procedures that govern the performance of their work and responsibilities as a Department employee.

Hardcopies of the DMH Policy and Procedures Manual are available at the DMH work sites. Policies and Procedures may also be viewed on the DMH intranet at: http://dmhhqportal1/sites/DMHPAP/default.aspx.

Department of Mental Health Parameters for Clinical Practice

The Department of Mental Health (DMH) Parameters represent critical factors to be considered in the provision of care and are neither absolute nor comprehensive treatment guidelines. Parameters reflect current interpretation of best practices and are subject to change as new information and techniques become available.

The DMH Parameters are designed to encourage consultation, monitoring and supervision at all clinical sites; practice outside of DMH parameters requires special justification, documentation and in some instances supervisory approval. DMH Parameters may be viewed on the internet at: http://dmh.lacounty.gov/ToolsForClinicians/clinical_practices.html

APPENDIX C

No Retaliation

Los Angeles County Code, Title 5, Personnel, Section 5.02.60, Retaliation for reporting fraud, waste, or misuse of County resources prohibited

A. No officer or employee of the County of Los Angeles shall use or threaten to use any official authority or influence to restrain or prevent any other person, acting in good faith and upon reasonable belief, from reporting or otherwise bringing to the attention of the County Auditor-Controller or other appropriate agency, office or department of the County of Los Angeles any information which, if true, would constitute: a work-related violation by a County officer or employee of any law or regulation; gross waste of County funds; gross abuse of authority; a specific and substantial danger to public health or safety due to an act or omission of a County official or employee; use of a County office or position or of County resources for personal gain; or a conflict of interest of a County officer or employee.

B. No officer or employee of the County of Los Angeles shall use or threaten to use any official authority or influence to effect any action as a reprisal against a County officer or employee who reports or otherwise brings to the attention of the Auditor-Controller or other appropriate agency, office or department of the County of Los Angeles any information regarding subjects described in subsection A of this section.

C. Any person who believes that he or she has been subjected to any action prohibited in subsections A or B of this section may file a complaint with the director of personnel. The director shall investigate the complaint and thereafter prepare a report thereon which shall be forwarded to the Board of Supervisors.

D. Any officer or employee of the County of Los Angeles who knowingly engages in conduct prohibited by this section shall be disciplined, including but not limited to discharge, in accordance with the personnel rules and regulations of the County of Los Angeles. (Ord. 88-0162 1, 1988)

APPENDIX D

The Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that is designed to protect the privacy of identifiable client information, provide for the electronic and physical security of health and client medical information, and simplify billing and other electronic transactions through the use of standard transactions and code sets (billing codes).

The Privacy Rule sets the standards for how protected health information (PHI) should be controlled. PHI is confidential, personal, identifiable health information about clients that is created or received by the Department of Mental Health (DMH) and is transmitted or maintained in any form (paper or electronic). PHI includes written documents, electronic files, and verbal information. Examples of PHI include medical records, claims, and related claim reports, letters of correspondence, and documentation notes.

The DMH Privacy Officer has developed policies and procedures in compliance with HIPAA Privacy Rules. These policies and procedures apply to all of the DMH workforce, i.e., employees, volunteers, interns, trainees, and other persons whose conduct in the performance of their work is under the direct control of DMH, whether or not they are paid by the County. It is essential that the DMH Workforce read, understand, and comply with the HIPAA policies and procedures.

For questions regarding privacy, please contact the Privacy Officer by phone at (213) 739-2375.

For questions regarding security, please contact the Security Officer by phone at (213) 251-6480.

For Questions regarding Administrative Simplification, specifically the National Provider Identifier (NPI), please contact the Compliance Officer by phone at (213) 739-2390.

APPENDIX E

CULTURAL COMPETENCY

Welfare and Institutions Code Section 5600.2 (g)

Cultural Competence. All services and programs at all levels should have the capacity to provide services sensitive to the target populations' cultural diversity. Systems of care should:

(1) Acknowledge and incorporate the importance of culture, the assessment of cross-cultural relations, vigilance towards dynamics resulting from cultural differences; the expansion of cultural knowledge; and the adaptation of services to meet culturally unique needs.

(2) Recognize the culture implies an integrated pattern of human behavior, including language, thoughts, beliefs, communications, actions, customs, values, and other institutions of racial, ethnic, religious or social groups.

(3) Promote congruent behaviors, attitudes, and policies enabling the system, agencies, and mental health professionals to function effectively in cross-cultural institutions and communities.