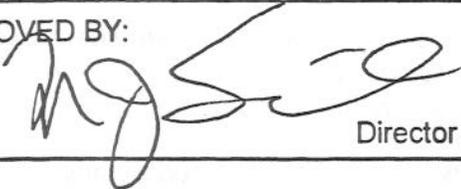




DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT: SECURE ID CARDS	POLICY NO. 302.17	EFFECTIVE DATE 11/15/02	PAGE 1 of 4
APPROVED BY:  <div style="text-align: right; margin-right: 50px;">Director</div>	SUPERSEDES N/A	ORIGINAL ISSUE DATE	DISTRIBUTION LEVEL(S) 2

PURPOSE

- 1.1 To provide policy and guidelines for issuing secure identification ("SecurID") cards to staff in the Department of Mental Health (DMH) who need to access departmental e-mail or other applications through the County firewall when they are away from the office.
- 1.2 A SecurID Card is a security token, about the size of a credit card. It displays an electronic number that changes every sixty (60) seconds. This changing number combines with the user's four-digit Personal Identification Number (PIN) to become the card's password. The card's serial number and expiration date are linked through a logon ID for the specific person to whom the card is issued.
- 1.3 The SecurID Card, in conjunction with the logon ID and password, allows access to MIS and the DMH e-mail via the internet.
- 1.4 SecurID Cards are valid for up to three (3) years, after which a replacement card must be purchased by the Department. The current cost of each card is \$75.00 for three years.

POLICY

- 2.1 Upon approval of the Chief Deputy Director, DMH will issue SecurID Cards to persons who need to access DMH e-mail and other applications when away from the office.
- 2.2 SecurID Cards are not intended to staff who would otherwise have access to the Department's e-mail and other computer-based systems through their normal work location. However, exceptions may be approved for those DMH staff who do not have such access. In these circumstances, a staff member may request a SecurID Card through his/her management. Approval for issuing the card will remain with the Chief Deputy Director or the Department Director after further review.
- 2.3 SecurID Cards may also be issued to contract providers. Providers must pay the full cost (including administrative fees) of all cards they are issued.
- 2.4 For DMH employees, the payment for the SecurID Cards will come from the program area or cost center where the employee is assigned. (See Paragraph 3.5.1)



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- 2.5 As will all other information technology goods and services within DMH, the acquisition/requisition of SecurID Cards must be made by and/or approved by the DMH Chief Information Office (CIO Bureau), regardless of the funding source.
- 2.6 Under no circumstances may SecurID Cards be loaned to or used by any person other than the individual to whom the card is assigned.
- 2.7 Neither the Logon ID nor the SecurID Card PIN may be shared with anyone.
- 2.8 Users of SecurID Cards must abide by all policies issued by the Department regarding internet and e-mail access, use and misuse.
- 2.9 DMH retain the authority at all times to remotely disable the SecurID and logon ID of any individual, or the SecurIDs held by all individuals within a program, agency or organization in order to ensure the security of County and client information and communications.

PROCEDURE

- 3.1 Requests for a SecurID Card require the completion of the “Downey Data Center Registration” form (Attachment I) as follows:
 - 3.1.1 In the “Profile Information” section, complete all boxes. In box #2 (Type of Request) check New Logon ID. In box #6 (Requestor Organization Name, enter the bureau/ organization name.
 - 3.1.2 In the “IBM Data Center Access” section, check “SecurID Remote Access” and check “Wireless (Web Access for DMH e-mail). Leave the remaining boxes blank.
 - 3.1.3 In the “Signatures” section, complete boxes 28 (Requestor’s Signature, 31 (Manager’s Signature), 32 (Phone Number, 33 (Print Manager’s Name, and 34 (Date).

NOTE: In order for the CIO Bureau to process this request, the above Manager’s signature must be on file with the CIO Bureau to verify that he/she is authorized to sign this request. The Manager’s signature will be on the “Individuals Authorized to Sign Staff Appointment and Termination Record” form. (Attachment II)

- 3.2 The completed “Downey Data Center Registration” form should be sent to:

Department of Mental Health
 CIO Bureau – Help Desk
 3160 W. 6th Street, 2nd Floor
 Los Angeles, CA 90020



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

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- 3.3 The CIO Bureau will review the registration form to ensure the authorizing Manager’s and Chief Deputy Director’s signatures are on file.
- 3.3.1 If the authorizing signature is not on file, the CIO Bureau will annotate the form and return it to the requesting bureau/provider.
- 3.3.2 If the authorized signature is on file, the CIO Bureau will approve the request and refer the information to the Internal Services Department (ISD).
- 3.4 Within two to three weeks, ISD will issue the SecurID Card to the CIO Bureau, which will send the card, including instructions on the card’s use, to the requesting bureau/provider.
- 3.5 Funding
- 3.5.1 Director operated DMH programs (programs operated by DMH personnel):
- DMH bureaus/divisions/programs are responsible for funding the cost of their SecurID Cards. To acquire SecurID Cards, DMH agencies must submit a “Request for Budget Transfer” form, also known as a 403 Form (Attachment III), **with** their Downey Date Center Registration forms (see paragraph 3.1).
- 3.5.2 Non-DMH departments (whose employees may be working for DMH):
- Employees of County Departments/agencies other than DMH must see their department’s Security Officer for procedures on how to acquire SecurID Cards.
- 3.5.3 Contract providers:
- The DMH Accounting Division will invoice each contract provider the full cost of all SecurID Cards issued to the agency. The term full cost refers to the amount DMH is billed by the County Internal Services Department (ISD) for acquiring the cards and will include any price adjustments made by ISD and all applicable administrative fees. The current cost of each SecurID Card is \$75.00; the additional administrative fee currently is less than \$1.25 per card. The amount billed to each contract provider will be based on the account DMH establishes with ISD to acquire the cards for the respective provider. All billing inquiries by contract providers must be made to the DMH Accounting Division.
- 3.6 Questions regarding a request for or use of the SecurID Card may be directed to the CIO Bureau Help Desk at 213-351-2937.



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ATTACHMENTS

- I County of Los Angeles "Downey Data Center Registration" Form
- II County of Los Angeles Department of Mental Health Management Information Systems
"Individuals Authorized to Sign Staff Appointment and Termination Record" Form
- III "Request for Budget Transfer" Form (Form 403)

REVIEW DATE

This policy shall be reviewed prior to the end of each fiscal year.

**COUNTY OF LOS ANGELES
DOWNEY DATA CENTER REGISTRATION**

Provider#: _____

PROFILE INFORMATION — print or type completing boxes 1 – 9 County Employees Only complete Box 4

(1) DATE OF REQUEST		(2) TYPE OF REQUEST (Check One) <input type="checkbox"/> NEW LOGON ID <input type="checkbox"/> UPDATE LOGON ID ACCESS <input type="checkbox"/> SUSPEND LOGON ID <input type="checkbox"/> DELETE LOGON ID		
(3) REQUESTOR LAST NAME	FIRST NAME	M.I.	(4) COUNTY EMPLOYEE #	(5) E-MAIL ADDRESS
(6) REQUESTOR ORGANIZATION NAME				(7) COUNTY DEPARTMENT # 435
(8) WORK MAILING ADDRESS, STREET		CITY	STATE	ZIP
				(9) WORK PHONE #

IBM DATA CENTER ACCESS — complete each area for required access. New Users leave Box 10 Blank

(10) LOGON ID	(11) 2-DIGIT MAJOR GROUP CODE HQ	(12) 2-DIGIT LSO GROUP CODE MH	(13) SECURITY AUTHORIZATION *	
<input type="checkbox"/> TSO ACCESS — check box for access and complete boxes 10. New Users leave Box 10 Blank				
(14) 2-DIGIT TSO GROUP CODE	(15) BIN NUMBER *	(16) SUG-GROUP 1 *	(17) SUB-GROUP 2 *	(18) SUB-GROUP 3 *
<input type="checkbox"/> ONLINE ACCESS — check box for access and complete boxes 10. New Users leave Box 10 Blank				
(19) SYSTEM APPLICATION MHMIS	(20) SECURITY LEVEL / GROUP NAME 50	(21) OLD GROUP *	DMV / JAI / APS APPLICATION COORDINATORS ONLY	
			APS NO: _____	
			DMV SYSTEM CODE: _____	
			JAI SYSTEM LOCATION: _____	
<input type="checkbox"/> SECURID REMOTE ACCESS — check box for access and complete box 22b. Leave Account Number Blank				
(22) ACCOUNT NUMBER		(22b) <input type="checkbox"/> HOST ON DEMAND (Internet connection to Mainframe) <input type="checkbox"/> WIRELESS (Web Access for DMH email)		

UNIX ENVIRONMENT ACCESS

(23) TYPE OF REQUEST (Check One) <input type="checkbox"/> NEW LOGON ID <input type="checkbox"/> UPDATE LOGON ID ACCESS <input type="checkbox"/> SUSPEND LOGON ID <input type="checkbox"/> DELETE LOGON ID				
(24) LOGON ID	(25) APPLICATION	(26) ACCESS GROUP	(27) ACCOUNT NUMBER	

SIGNATURES — each signature entry must be completed in full. Complete boxes 28, 31, 33, and 34.

(28) REQUESTOR'S SIGNATURE		(29) DEPARTMENT CALL BACK NAME *	(30) PHONE NUMBER *	
(31) MANAGER'S SIGNATURE	(32) PHONE NUMBER	(33) PRINT MANAGER'S NAME	(34) DATE	
(35) APPLICATION COORDINATOR'S SIGNATURE **	(36) PHONE NUMBER ** (213) 351-2937	(37) PRINT APPLICATION COORDINATOR'S NAME ** Joyce A. Fantroy	(38) DATE **	

**If you have indicated a need to access a system not owned by your department, concurrence from the other department(s) is required.

**Please return to: Department of Mental Health
CIO - Helpdesk
3160 W. 6th Street, 2nd Floor
Los Angeles, CA 90020**

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
MANAGEMENT INFORMATION SYSTEMS

INDIVIDUALS AUTHORIZED TO SIGN STAFF APPOINTMENT AND
TERMINATION RECORD FORM

Provider Number: _____

Name of Agency/Provider: _____

Address: _____
Street City State Zip

Telephone Number: _____
Area Code Number Extension

Program Director: _____
Print/Type

Program Director's Signature: _____

The following individual is authorized to sign Staff Appointment And Termination Record
Forms submitted by the above name agency:

Name of Designee: _____
Print/Type

Signature of Designee: _____

Title: _____

Name of Alternate: _____
Print/Type

Signature of Alternate: _____

Title: _____

NOTICE: FAX WILL NOT be accepted. Original signatures are required.

Return completed form to: Department of Mental Health
CIO Bureau – End Users Support & Training
3160 West 6th Street, 2nd Floor
Los Angeles, CA 90020
Attn: Neisha Casasola

LAC-DMH FORM 403
REQUEST FOR BUDGET TRANSFER
FISCAL YEAR 2002/03

BRD LOG NO. _____

PROGRAM LOG NO. _____

<u>COST CTR.</u>	<u>PROV. NO.</u>	<u>DESCRIPTION</u>	<u>MINOR OBJ. CODE</u>	<u>UNIQUE NUMBER</u>	<u>AMOUNT</u>
FROM:					
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TO:					
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

FUNDING SOURCE: _____
 BUDGET CHANGES IS: () PERMANENT (X) ONE-TIME
 JUSTIFICATION: _____

CONTACT PERSON: _____ PHONE _____

APPROVAL SIGNATURES:	<u>FROM</u>	<u>TO</u>
COST CENTER	_____	_____
PROG. MGR./DIV. CHIEF	DATE _____	DATE _____
DEPUTY DIRECTOR	_____	_____
	DATE _____	DATE _____
ASSISTANT DIRECTOR	_____	_____
	DATE _____	DATE _____

BRD USE ONLY:
 BUDGET ADJUSTMENT REQUIRED? () YES () NO
 ANALYSTS INITIALS _____
 BUDGET OFFICER _____