

# Code of Conduct

## Department of Behavioral Health

*Wellness • Recovery • Resilience*



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## Message from the Director



The San Bernardino County Department of Behavioral Health (DBH) is committed to the Department's Vision, Mission and Values. In realizing the Vision, Mission and Values, DBH acknowledges there are expectations, such as quality of care and legal and ethical codes, which DBH must strive to meet. In order to meet expectations, DBH provides staff needs basic guidelines and guiding principles that assist in making the right decision when confronted with challenging circumstances or when interacting with clients, colleagues, community, stakeholders and regulatory entities. The DBH Code of Conduct (Code) serves as basic guidelines for staff to follow.

The Code is an fundamental part of the DBH Ethics and Compliance Program; however, DBH understands commitment from all facets of our workforce -- Executive Team, management, employees, volunteers, contractors, contract agencies and their employees, and other individuals working at or on behalf of DBH – is required in establishing and maintaining a work environment with the highest quality of care, is respectful of others, complies with legal mandates, and

practices the highest ethical standards.

DBH expects all staff to know and follow the Code. The Code represents a collection of the expectations and guidelines staff agree to follow every day while working. Having a Code provides DBH with measures of accountability to governing agencies, one another and clients, and assists in the maintenance of honesty in the workplace, financial integrity, and delivery of ethical and quality care.

Please be advised, DBH cannot address every possible circumstance in the Code. If staff encounters a situation not specifically addressed in this document, they should apply the overall philosophy and concepts of the Code as well as use good judgment of what is right and ethical in any particular situation. If staff are in doubt, they should ask themselves if the actions comply with DBH standards, including this Code and DBH policies and procedures, how the actions would look as headlines in the newspaper, and whether the actions follow the spirit of applicable laws and regulations.

Questions or concerns about anything in the DBH Code, or its applicability to a specific circumstance, please discuss with your supervisor or DBH Office of Compliance (Compliance) at 909-388-0879. Staff may also contact DBH Compliance via email at [compliance\\_questions@dbh.sbcounty.gov](mailto:compliance_questions@dbh.sbcounty.gov); if staff prefer anonymity, call the Compliance Hotline at (800) 398-9736 or send an anonymous letter of concern to DBH Office of Compliance 303 E. Vanderbilt Way 4<sup>th</sup> Floor, San Bernardino, CA 92415.

Thank you for your commitment to the Mission, Vision and Values of DBH and your cooperation with the implementation and adherence with this Code.

Sincerely,

A handwritten signature in black ink, appearing to read 'Veronica Kelley, LCSW'. The signature is stylized and includes the letters 'LCSW' at the end.

Veronica Kelley, LCSW  
Director

## Vision, Mission, and Values

### *Our Vision...*

We envision a county where all persons have the opportunity to enjoy optimum wellness, whether they have experienced mental illness or substance use disorder.

### *Our Mission...*

San Bernardino County Behavioral Health Programs strive to be recognized as a progressive system of seamless, accessible and effective services that ***promote prevention, intervention, recovery and resiliency for individuals, families and communities.***

### *Our Values...*

We embrace the following values:

- Clients and families as central to the purpose of our Vision and Mission
- Sensitivity to and respect for all clients, families, communities, cultures and languages
- Effective service in the least intrusive and/or restrictive environment
- Positive and supportive settings with state-of-the-art technologies
- Open and honest dialogue among all stakeholders
- Partnerships and collaborations that share leadership, decision-making, ownership and accountability
- Each other as our most valuable asset, and collectively the empowerment that this provides
- A well trained and competent workforce
- Empowering and supporting staff in their personal and professional development
- Responsible use of our resources to ensure financial sustainability

“There are seven things that will destroy us: wealth without work; pleasure without conscience; knowledge without character; religion without sacrifice; politics without principle; science without humanity; and business without ethics.”

*-Mahatma Ghandi*

## Code of Conduct Purpose

The Department of Behavioral Health (DBH) is committed to providing quality services and complying with governmental laws, rules and regulations. This Code of Conduct (Code) states the Department's standards and expectations for legal and ethical behavior required of the DBH workforce.

All regular, part-time and/or temporary workforce members including: executive management, administrative management, and supervisory staff; paid and unpaid interns; volunteers; contract employees; contract providers; and other designated individuals engaged in the DBH work environment, or acting on behalf of DBH, are expected to comply with this Code as well as with all applicable statutes, regulations, contractual obligations and all DBH and County policies and procedures. If there is not an existing DBH or County policy or procedure on a particular subject matter, the general principles of this Code shall be used as guidelines.

The intent of the Code is to complement, not replace, existing DBH and County policies and procedures, as well as pertinent laws and regulations. In addition, it is intended to supplement guidelines and standards of conduct of the administrative agencies that oversee licensure and certification of staff, such as the California [Board of Behavioral Sciences](#). This document incorporates by reference the San Bernardino County (County) [Personnel Rule 1](#) - Code of Ethics and Commitment to County Public Service, which establishes the required conduct of all public officials and employees for the proper operation of County government. The goal of the County Code of Ethics is to strengthen public service and to maintain and promote faith and confidence of the people in their government.

The DBH Code is an evolving document that will change overtime, in accordance with changes of applicable Department, County, State and Federal standards, laws and regulations. Revisions to the Code will occur regularly every two (2) years unless an immediate revision is required and approved by the DBH Director.

## Responsibility of Public Service

### Agents of the Public

Public officials and employees are agents of the public and serve for the benefit of the public. Employees shall uphold [The Constitution of the United States](#), the [California State Constitution](#), the [Charter of the County](#), the [Countywide Vision](#), the policies and procedures of the Department and County, as well as those of State and Federal government. Public officials and employees shall implement their civic duties faithfully and impartially, recognizing that public interest is paramount. Additionally, they must demonstrate the highest standard of morality and ethics consistent with the expectations of the position(s) they hold and legal requirements.

“A genuine leader is not a searcher for consensus but a molder of consensus.”

*-Martin Luther King, Jr.*

### Leadership Responsibilities

Although all workforce members must follow this Code, supervisors and managers are responsible for setting a consistent example of appropriate behavior. Everyone, especially those in leadership roles, must behave in an inclusive, considerate, kind, and respectful manner. Managers and supervisors must also foster a work environment that encourages staff to share ideas, raise concerns and report misconduct when necessary.

Managers and supervisors are responsible for ensuring staff complete appropriate trainings, receive appropriate supervision, and attain the materials necessary to comply with policies, regulations, and laws, as well as resources for addressing or avoiding legal and/or ethical dilemmas. Lastly, leaders must help promote a culture within DBH that does not tolerate unethical behavior and encourages the highest standard of ethics and compliance.



## Dedicated Service

In the performance of duties, all officials and employees shall support governmental goals and objectives expressed by the electorate and interpreted by the Board of Supervisors (BOS), County departments and the oversight developed to attain these objectives. Officials and employees shall adhere to work rules and performance standards established for various positions by the appointing authority, as well as relevant state and federal requirements. The County requires all officials and employees to exemplify considerate actions, to be accurate and truthful in statement and to exercise sound judgment in work performance. Refer to County [Personnel Rules](#), Rule I. Section 3, Dedicated Service.

During the hours covered by active County employment, no official or employee shall work for any other employer or agency or conduct or pursue any activity for remuneration. Additionally, no official or employee shall engage in any business or other personal interest which is in conflict with proper discharge of official duties or would tend to impair independence of judgement or action in the performance of official duties. Refer to [Personnel Rules](#), Rule I. Section 8, Conflict of Interest.

A Conflict of Interest Disclosure Statement must be completed by each DBH employee upon hire, annually and within ten (10) working days after a change in outside employment practices. Submitted statements are evaluated for potential conflict by the DBH Office of Compliance upon submission. Refer to Conflict of Interest Policy ([COM09-11](#)).

## Beneficiaries

### Quality of Care and Services

In order to provide beneficiaries with the highest quality of care during treatment and recovery, DBH staff must:

- Uphold the dignity of each beneficiary and treat each with courtesy and respect;
- Provide appropriate and timely care without discrimination to race, religion, disability, age, gender, sexual orientation, national origin, or ability to pay for such care;

- Provide services based on evidence-based practices and support the recovery model tenets of hope, resilience, stability, and achievement of goals;
- Protect the rights of each beneficiary;
- Maintain complete medical records; avoid misuse and ensure privacy and security of records.

For grievances or complaints regarding access or other quality of care matters, contact DBH Access Unit:

Office: 909-386-8256

Fax: 909-890-0353

For grievances or complaints regarding discrimination of beneficiaries, contact DBH Affordable Care Act 1557 Coordinator:

[ACA1557@dbh.sbcounty.gov](mailto:ACA1557@dbh.sbcounty.gov)

## Patients' Rights

Beneficiaries in an inpatient, outpatient and/or community setting must be treated in a manner that preserves their dignity, autonomy, self-esteem, civil rights and involvement in their own treatment, which supports achievement of optimal independence and recovery. In providing quality care to beneficiaries, the Department expects that its workforce maintain a working knowledge of beneficiaries' legal rights and applicability to the specific setting.

All beneficiaries receiving behavioral health services, whether voluntarily or involuntarily, regardless of the setting in which services are rendered, retain the same legal rights guaranteed to all other persons by the Federal Constitution and the laws of the State of California. This includes, but is not limited to applicable sections of the Welfare and Institutions Code (WIC), California Code of Regulations (CCR), and Code of Federal Regulations (CFR). It is further expected that DBH employees receive and actively seek out consultation and training to clearly understand their roles in supporting beneficiaries' rights, and how they apply with regard to their specific job duties, work environment and beneficiary circumstance.

DBH seeks to involve beneficiaries in all aspects of their own care, including treatment consent and decisions regarding their care. As applicable, each beneficiary, or his/her representative, is to be provided with a clear explanation of care including, but not limited to:

- Diagnosis;
- Treatment plan;
- Right to refuse or accept care;
- Care decision dilemmas;
- Advance directive options;
- An explanation of the risks, benefits and alternatives associated with available treatment options; and/or
- Information related to how their health information is maintained and used by the facility.

Upon admission to a facility or treatment program, each beneficiary must be provided with a written statement of his or her rights in a language and/or in a manner that the beneficiary can understand. See [WIC Section 5325](#); [CCR Title 9 Section 862](#) and [CCR Title 22 Section 72453](#). Further, a list of these rights must be posted in the threshold languages of the community. English and Spanish are the threshold languages of San Bernardino County.

Statements and postings must describe and include all Patient's Rights listed in [WIC Section 5325](#), [CCR Title 9 Sections 861](#) and [884](#), and [CCR Title 22 Section 72453](#). For beneficiaries receiving inpatient residential treatment, posted rights include the following:

- A. The right to wear their own clothes;
- B. The right to keep and use their own personal possessions;
- C. The right to keep and be allowed to spend a reasonable sum of their own money for canteen expenses and small purchases;
- D. The right to have access to individual storage space for their private use;
- E. The right to see visitors each day;
- F. The right to have reasonable access to telephones, to make and receive confidential calls or to have such calls made for them;
- G. The right to have ready access to letter writing materials and stamps and to mail and receive unopened correspondence;
- H. The right to refuse convulsive treatment;

- I. The right to refuse psychosurgery; and/or
- J. The right to see and receive the services of a Patient Advocate.

These rights, with the exception of H, I and J, may only be denied when good cause exists as described in; [WIC Section 5326](#), [CCR Title 9 Sections 865.2](#), [865.3](#) and [884](#), and [CCR Title 22 Section 72527](#). Additionally, these rights cannot be denied as a condition of admission, a privilege to be earned, a punishment, a convenience for staff or as part of a treatment program, per referenced regulations.

Written statements and postings for all facilities must also include the Patients' Rights listed in [WIC Sections 5325.1](#) and [5328](#), [CCR Title 9 Sections 861](#) and [883](#), and [CCR Title 22 Section 72527](#), which include:

- A. The right to confidentiality;
- B. The right to informed consent;
- C. The right to participation in development of an individual treatment plan;
- D. The right to inspect and copy one's medical record unless certain criteria are met that justifies denial of certain information;
- E. The right to an aftercare plan;
- F. The right to treatment services which promote the potential of the person to function independently;
- G. The right to treatment provided in ways least restrictive of personal liberty of the individual;
- H. The right to dignity, privacy and humane care;
- I. The right to be free from harm, including unnecessary or excessive physical restraint, isolation, medication, abuse, or neglect;
- J. The right to prompt medical care and treatment;
- K. The right to religious freedom and practice;
- L. The right to participate in appropriate programs of publicly supported education;
- M. The right to physical exercise and recreational opportunities; and/or
- N. The right to be free from hazardous procedures.

Beneficiaries must be consulted, as clinically appropriate, in resolving concerns and questions about treatment decisions. Facilities shall maintain processes for prompt resolution of beneficiary complaints and/or grievances, which include informing beneficiaries whom to contact regarding complaints and/or grievances and the typical resolution process. See [WIC Sections 4022 and 5370.2](#), [CCR Title Section 857](#) and [CCR Title 22 Section 72527](#).

For grievances, complaints or training regarding patients' rights matters, contact DBH Patients' Rights:

Office: 800-440-2391  
Fax: 909-421-9258

### Protected Health Information

DBH collects and maintains beneficiary/client information, also known as protected health information (PHI). PHI includes any information about health status, provision of health, or payment for health care that is collected by a Covered Entity (such as DBH or contract provider) and can be linked to a specific individual. It is required that PHI be safeguarded and disclosed only in accordance with [42 CFR Part 2](#), 45 CFR Sections [160](#) and [164](#) and [WIC Section 5328](#). Workforce members shall ensure they do not discuss client information in areas that may jeopardize confidentiality, including but not limited to: elevators, hallways, stairwells, restrooms, lobbies and break areas. Additionally, staff must refrain from action(s) that may identify a DBH client during non-business hours, such as conversations in public settings or with individuals not privy to access PHI.

To ensure the privacy and security of PHI, DBH workforce members must adhere to applicable policies and procedures, including but not limited to the following:

- Medical Records Security for Outpatient Services ([COM0904](#))
- Confidentiality of Protected Health Information Policy ([COM0905](#))
- Electronic Transfer of Protected Health Information Policy ([COM0909](#))

- Authorization for Release of PHI Policy and Procedure ([COM0912](#); [COM0912-1](#))
- Data Integrity Policy ([COM0925](#))
- Privacy Incident Sanctions Policy ([COM0944](#))
- Access and Amendment of Medical Records Policy and Procedure ([COM0931](#); [COM0932](#))
- Privacy and Security Incident Policy ([COM0944](#))
- Transportation of PHI Policy and Procedure ([COM0948](#); [COM0948-1](#))
- Electronic Mail (e-mail) Encryption Information Notice ([IN 15-04](#))

All DBH employees, as well as individuals and entities whom may access PHI for research or auditing purposes, must sign an [Oath of Confidentiality](#) (Oath) prior to accessing PHI and if employed, annually thereafter; contract partners must also utilize an [Oath](#) specific for contract providers. Various civil, monetary and criminal penalties and sanctions apply for violations of confidentiality standards as referenced in the Oath. See DBH Information Notice 17-11 – [Confidentiality Statement Requirement for Safeguarding PHI](#).

In addition to the required Oath, all DBH employees and contract provider employees must also complete an annual Health Insurance Portability and Accountability Act (HIPAA) training, which covers appropriate administrative, physical and technical safeguards required to ensure the privacy of behavioral health records. HIPAA trainings are also intended to educate workforce members on the appropriate methods for disclosing records containing PHI, as well as scenarios in which records cannot be released to an individual client or third party requestor. Additionally, trainings pertaining to the privacy of substance use disorder patient information are strongly encouraged for individuals in substance use disorder programs and/or individuals that may come into contact with substance use disorder treatment beneficiaries. DBH workforce members are required to report any privacy policy violation or breach of PHI to the Office of Compliance. Withholding information regarding a breach or failure to report may be subject to disciplinary action.



## **Business and Financial Information**

### **Accuracy, Retention, and Disposal of Documents and Records**

In compliance with DBH business standards and guidelines, all regular and extra-help employees, paid/unpaid interns, contract employees, contract providers, volunteers, and other designated individuals engaged in the DBH work environment or acting on behalf of DBH, are responsible for the completeness, accuracy, retention and disposal of documents and records. No employee may alter or falsify information on any record or document, or destroy a record in an effort to deny governmental authorities information that may be relevant to a Department, County, state or federal investigation or audit.

Retention of business documents and medical records must be in accordance with the law, DBH's record retention requirements and as specified in contract provisions. Business documents include paper documents, such as letters; memos; printed e-mails or other computer-based printed files; files on disk or tape; and all other media that contain information gathered or received in the conduction of DBH business practices. Medical records include documentation traditionally stored in the DBH clients' chart. Other documentation not particularly contained in the chart, but containing PHI, is also considered documentation gathered during the conduction of business practices and should be handled with confidentiality as referenced herein.

Employees must not inappropriately tamper with business documents or medical records. No one may remove or destroy records prior to the specified date or without obtaining direction from a supervisor, manager and/or the DBH Custodian of Records/Medical Records Supervisor. Finally, under no circumstances may an employee use client, employee or any other individual or entity's information acquired through, or in connection with, his/her employment or contract with DBH for personal benefit or gain.

## **Coding and Billing for Services**

DBH has implemented processes to facilitate accurate billing to government payers, commercial insurance payers and clients. These processes conform to pertinent state and federal regulations, and prohibit DBH employees or agents from knowingly presenting or causing the presentation of claims for payment or approval that are false, fictitious or fraudulent. See Submission of Chart Documentation and CDIs Procedure ([QM6016](#)); Certification of Billed Services Procedure ([COM060915](#)); and Fraud, Waste and Abuse Prevention Policy ([COM0927](#)).

DBH expects its contractors and subsequent subcontractors that perform billing or coding services to have the necessary skills, quality control processes, systems and appropriate procedures to ensure all billings for government and commercial insurance programs are accurate and complete.

**Report false claims, misuse of medical records, privacy breaches, policy violations or other misconduct:**

Compliance Office: 909-388-0879  
Anonymous Hotline: 800-398-9736  
[Compliance\\_Questions@dbh.sbcounty.gov](mailto:Compliance_Questions@dbh.sbcounty.gov)

## **Confidential Information**

The use of "confidential information" shall be restricted to perform applicable job duties. Confidentiality addresses the degree to which data or information is restricted from availability from unauthorized persons or processes. The degree of confidentiality afforded to different information varies in accordance with federal and state laws, as well as Department and County policies and procedures. Sharing confidential information shall not occur unless individuals and/or entities have a legitimate need to perform specific job duties or to carry out a contractual business relationship or it is otherwise allowed by law.

Confidential information may include personally identifiable information (PII) that identifies a person or employee including, but not limited to name, Social Security Number, physical description, home address, home telephone number, education, financial account numbers, and medical, criminal or employment history. Confidential information includes, but is not limited to payroll, personnel files, information on disciplinary matters or privileged information obtained during the course of employment. (Please see *Protected Health Information* section for guidance on handling client-related data and records.)

“It is the purpose of government to see that not only the legitimate interests of the few are protected but that the welfare and rights of the many are conserved.”

*-Franklin D. Roosevelt*

Information such as personnel records shall only be accessed, distributed, or shared as needed to conduct business. All personnel records shall be kept confidential except when disclosure is required by law, including access to personnel files and PII. Personnel actions, including disciplinary measures, regarding Department employees are confidential. Staff involved in the personnel action are required to maintain confidentiality of all materials; this includes prohibition of verbal disclosure to any individual not privy to the personnel record(s). Confidential records are not to be sent outside of the County network or transported off of worksite premises without prior authorization and approval by the appropriate supervisory, manager and/or Human Resource Officer (HRO).

Individuals involved in the selection process of employees or volunteers are not to discuss anything regarding the recruitment or selection within anyone outside of the hiring process. Candidate qualifications, test content and results, and interview questions

must be protected from others outside the process, including other applicants. All PII of candidates for employment must be maintained confidentially. If there is a breach of non-public PII, DBH Office of Compliance must be notified for appropriate investigation. See County Policy [14-02](#) - Non-Public Personally Identifiable Information.

When an individual's employment or contractual relationship with DBH ends for any reason, the individual is still bound to maintain the confidentiality of any and all information acquired or used during the employment or the business relationship with DBH. DBH requires copies of confidential information in an employee or contractor's possession be left with the Department at the end of the employment or business relationship. This provision does not restrict the right of an employee to disclose, if they wish, information about their own compensation, benefits, or terms and conditions of employment.

### **Contact with News Media**

Information relating to the conduct of a public's business prepared, owned or used by the government agency, is subject to release per the California Public Records Act. (This does not include behavioral health information that is protected by law per HIPAA or 42 CFR Part 2.) It is the desire of DBH to respond in a timely manner to inquiries and program information requests. All media requests are to be directed to the DBH Public Information Officer (PIO) Public Information and Media Release Policy ([BOP3007](#)).

### **Contact with Board of Supervisors, Senators and/or State Assembly Offices**

Generally, Department Directors or Deputy Directors will carry out Department contact with the County Board BOS members, directly or by delegation. When BOS office staff request information from an employee, the employee shall convey the request to his or her direct supervisor, who will then communicate the request through the appropriate chain-of-command. Standards of confidentiality apply to contacts with the BOS or BOS staff.

### Contact with Grand Jury

Any member of the DBH workforce possessing accurate information on the subject matter may answer inquiries from the Grand Jury. However, employees who have been asked to respond to such inquiries should recommend to the Grand Jury member that the appropriate Deputy Director also be consulted on the matter. The Deputy Director shall be notified through the established reporting relationships of the inquiry and all subsequent actions. The Deputy Director shall, in turn, provide this information to the Director.

Grand Jury members may review case records if the records are related to the work being conducted. The Deputy Director or designee in consultation with the DBH Office of Compliance shall determine if a member of the Grand Jury shall be permitted access to confidential case records.

### Electronic Media and Security Requirements

It is essential that each employee protect DBH computer systems and the information contained in them by not sharing passwords and by reviewing and adhering to the following:

- Internet Access Policy ([IT5003](#))
- Computer and Network Appropriate Use Policy ([IT5004](#))
- Remote Access Policy ([IT5006](#))
- Device and Media Controls Policy ([IT5008](#))
- User I.D. and Password Policy ([IT5009](#))

All communications systems, including but not limited to computers, electronic mail, Intranet and Internet, telephones and voice mail, are the property of the County and are to be used primarily for business purposes in accordance with the following County policies:

- [No. 09-01](#) - Electronic Mail (E-mail) Systems
- [No. 09-03](#) - Use of County Telephone Systems
- [No. 09-04](#) - Internet/Intranet Use Policy

DBH permits occasional personal use of County-owned communication systems during non-County time if such use does not violate any prohibited activities and does not interfere with County resources or County business. Users must not assume these communications are private, nor expect privacy in anything they create, store, send or receive on the County communication systems. DBH reserves the right to monitor and/or access communication usage and content during any time of use by a workforce member.



Employees may not use internal communication channels or access to the Internet at work to post, store, transmit, download, or distribute any threatening or obscene materials; knowingly, recklessly, or maliciously falsify materials; or anything constituting or encouraging a criminal offense, giving rise to civil liability or otherwise violating any laws. These channels of communication are not for use to send chain letters, jokes, petitions, graphic pictures, personal broadcast messages or copyrighted documents prohibiting reproduction. Abuse of County communication systems or excessive use for non-business purposes may result in loss of privileges and are subject to disciplinary action up to and including termination of employment.

Employees shall comply with all DBH and County security policies governing the use of communication systems and shall not share or disclose passwords. Employees shall not use tools or techniques to break or exploit DBH information security measures, or those used by other companies or individuals. Additionally, DBH communication systems shall not be used to access inappropriate or prohibited websites.

### **Financial Reporting and Records**

All financial information must reflect actual transactions and conform to generally accepted accounting principles. All funds or assets must be properly recorded per County and DBH purchasing and procurement procedures.

## **Workplace Conduct and Employment Practices**

### **Cultural Competence**

DBH recognizes the necessity of adopting culturally competent principles and practices in the delivery of services. Cultural competence is a means of eliminating disparities, as well as enhancing the ability of the system to incorporate the languages, cultures, beliefs and practices of clients into the services. Cultural competence is imbedded into the overall organizational culture and workforce of the Department.

DBH maintains a Department Diversity Committee (DDC), which strives to recruit and retain a diverse workforce representative of the community in which it serves. The DDC creates opportunities within DBH and provides a work environment that values and celebrates diversity.

DBH has developed and implemented a Cultural Competence Plan with support at all levels including policy, programs, operations, treatment, research and evaluation, training and quality improvement. Mandates reflected in the Plan include:

- Adequate and sufficient treatment regardless of language or cultural barriers for individuals and families;
- Quality of care – delivery of safe, appropriate, timely, efficient, effective and equitable treatment to all;

- Elimination of disparities through implemented work plans of culturally appropriate services to diverse communities in the County;
- Adherence to DBH's Cultural Competency Policy ([CUL1006](#));
- Adherence to DBH's Cultural Competency Training Policy ([CUL1014](#)); and
- Respect of various cultures and understanding of diversity dynamics.

“Relativity applies to physics,  
not ethics.”

*-Albert Einstein*

### **Ethics**

Ethics is relevant to all aspects of service delivery and work practices. Our clients and the community are impacted by our actions; therefore, the DBH Values must be used to guide daily decisions and workforce practices. This includes maintaining positive and supportive settings with a workforce that is respectful and follow appropriate practices. Each DBH workforce member shares a personal responsibility to protect, preserve and enhance workplace culture, ensuring the highest level of professionalism and ethical behavior.

All members of the DBH workforce shall adhere to the County's Personnel Rules – Rule I [Code of Ethics](#), DBH Code, and the code of ethics for each respective discipline as listed below:

- [National Association of Social Workers Code of Ethics](#)
- [California Association for Licensed Professional Clinical Counselors Code of Ethics](#)
- [American Association for Marriage and Family Therapy Code of Ethics](#)
- [American Nurses Association Code of Ethics](#)
- [American Psychiatric Association Medical Principles of Ethics](#)
- [American Psychological Association Ethical Principles and Code of Conduct](#)



- [California Consortium of Addiction Programs and Professionals \(CCAPP\) Code of Conduct for Credentialed Alcohol and Drug Counselors](#)
- [California Association of DUI Treatment Programs Code of Ethics](#)
- [Occupational Therapy Association of California Code of Ethics](#)

### **Conflict of Interest**

A conflict of interest occurs when a DBH employee's outside activities, personal financial interests, or other personal interests influence or appear to influence his/her ability to make objective decisions in the course of his/her job responsibilities. A conflict of interest may also exist when the demands of any outside activities hinder or distract an employee from the performance of his/her job or cause the individual to use affiliation with DBH and/or DBH resources for purposes outside the scope of his/her employment. Outside activities include, but are not limited to the following:

- Private practice;
- Employment with other behavioral health agencies;
- Contract or consultant work;
- Personal or business relationships and/or interaction with DBH clients during non-County time;
- Volunteer participation for another agency.

DBH employees are obligated to ensure they remain free from conflicts of interest in the performance of their responsibilities at DBH, especially those involving clients. Members of the DBH workforce must prevent a conflict of interest with clients by directly and indirectly avoiding the use of one's position as influence over a client. DBH prohibits employees from referring or soliciting the services of a current or former client to any agency, practice or network in which the employee has a personal or financial interest. Workforce members are subject to disciplinary action as well as civil monetary penalties according to Stark Law [42 U.S. §1320a-7b(b)] and Anti-Kickback Statute (42 USC §1395m).

Employees are required to report any attempts by clients, vendors, contract providers, collaborative partners, etc., to bribe and/or offer "kickbacks" in exchange for referrals or any other exchange (e.g., un-constituted enhancement of services, remuneration, gifts, etc.). Employees shall refrain from recommending a client obtain goods or services from private enterprises/companies not County and/or DBH approved.

Employees must adhere to DBH and County policies regarding conflicts of interest. Obtaining or retaining interest in another agency may present a conflict or be perceived as a conflict; therefore, employees shall obtain written approval of their appointing authority *before* pursuing outside employment or activity that is an actual or potential conflict of interest between County employment and potential outside employment, interest, activity or private practice. A specific circumstance may be waived only if no actual conflict exists as determined by the DBH Office of Compliance.

Employees are required to complete a Conflict of Interest Disclosure Statement upon hire, annually and within ten (10) days of a change in circumstances pursuant to DBH Conflict of Interest Policy ([COM0911](#)).

### **Employee Conduct**

Employees' conduct shall align with duties and responsibilities of their respective job title. Incompatible and/or inappropriate employee conduct may be cause for disciplinary action, up to and including termination of employment regardless of whether the conduct occurred while the employee was off and/or on-duty. Incompatible and/or inappropriate conduct may discredit the County or DBH and/or create a nexus between the employee's job-related duties and misconduct. Refer to [Personnel Rules](#), Rule 10 - Cause for Suspension, Demotion, Reduction in Salary Step and Dismissal.



## **Intimate/Interpersonal Relationships**

Under no circumstances shall a member of the DBH workforce shall engage in sexual activities, sexual contact or any intimate relationship with current clients, clients' relatives or other individuals with whom clients maintain a close personal relationship. A current employee or hire of an employee who has an existing relationship that conflicts with this DBH standard is responsible to immediately notify his/her direct supervisor of the relationship. The supervisor shall immediately confer with the appropriate manager and/or HRO to assess the situation and receive direction on the appropriate course of action.

Behavioral health services providers consist of professional and paraprofessional employees who render billable and/or non-billable services to clients. DBH service providers include, but are not limited to, Licensed, Registered or Waivered Clinicians, Medical Doctors, Mental Health Nurses, Mental Health Specialists, Social Worker IIs, Occupational Therapists, Licensed Psychiatric Technicians, Alcohol and Drug Counselors, Pre-degree Interns, Parent Partners, etc. Service providers assume the full burden of setting clear, appropriate and culturally sensitive boundaries. They are prohibited from engaging in a sexual relationship with clients and former clients in accordance with the applicable regulation in the [Business and Professions Code](#) and/or certifying board of their respective discipline.

A consensual romantic relationship or intimate/interpersonal relationship between a manager or supervisor and a subordinate employee is prohibited. These types of relationships may result in actual or perceived favoritism or sexual harassment, and/or related complaints by individuals directly or indirectly involved. The DBH supervisor/manager must immediately notify the Deputy Director and HRO in order to address the matter adequately.

Employees must immediately inform their supervisor or manager of the following:

- A close social relationship, such as dating, engagement, and/or cohabitation between employees in the same work unit;

- An employee supervises, or may supervise, or has authority over the other employee's reporting line whom he/she is in an intimate relationship;
- Short-term and/or otherwise temporary supervisory coverage between persons in an intimate relationship.

If the potential for conflict exists, the employee or supervisor may provide a possible resolution or recommendation to address and resolve the conflict to their respective supervisor/manager or HRO. The supervisor/manager or HRO shall take action to affirm the recommendation or direct another solution to ensure minimal impact to the workplace. In instances where employee reassignments take place, and an employee has a relative in that prospective assignment or is in a social relationship as described above with another employee in the prospective assignment, the employee is expected to notify his/her supervisor as soon as possible and prior to any reassignment taking place. Refer to County Policy [No. 07-05](#) - Employment of Relatives.

## **Maintaining Boundaries**

Maintaining boundaries is paramount for all levels of staff: professional providers, paraprofessional providers, management, supervisory, clerical, administrative, technical, interns, volunteers, etc.

It is understood that dual relationships may exist, but it is important for staff to maintain appropriate boundaries and for professional staff to adhere to Board and ethical requirements regarding boundaries and dual relationships. A dual relationship refers to a situation where a DBH employee and a client engage in a separate and distinct relationship at the same time the client is receiving services or following the termination of services. An example of a dual relationship is when a person is a DBH workforce member, but also the relative of a DBH client. DBH recognizes the familial relationship cannot end; however, staff are reminded to maintain appropriate boundaries, including not accessing or viewing family member's medical record; requesting PHI without a valid authorization; or requesting information with a valid authorization during work time.

Dual relationships may also exist when a workforce member and client or family member live in the same small rural community, have children that attend the same schools, worship at the same church, work for the same employer, etc. Members of the DBH workforce shall respect the privacy of clients and shall refrain from acknowledging the client and/or family members in public settings, unless the client acknowledges the workforce member, and shall refrain from discussing behavioral health services to uphold the privacy of the client.

If a workforce member and an adult client know each other from a pre-existing relationship, the employee shall not be the service provider for the client, nor shall any employee, such as an office assistant (who has a dual relationship with a client served by the employee's program of assignment) have any responsibility for the medical records of the client. Workforce members must make supervisory staff aware of any existing dual relationships to prevent the workforce member from being the assigned health care provider or from accessing information inappropriately. If staff have any questions regarding maintaining boundaries, they should consult their immediate supervisor, manager and/or Deputy Director.

### **Exceeding Boundaries**

Service providers have an influential position with clients. However, clients may perceive non-provider staff as having an influential position as well; therefore, DBH expects all workforce members to establish and maintain professional boundaries with clients in order to avoid the exploitation of a client's trust and dependency. Additionally, service providers are required by their licensing or certifying board to set appropriate boundaries with clients and former clients. Failure to do so may impair professional judgment and be harmful to clients.

DBH prohibits members of the workforce from exceeding or violating boundaries with current or former clients (ended services within two years). Staff violate boundaries by developing and allowing a personal, business or social connection with clients, former clients or family members outside the scope of duties. Examples of exceeding or

violating boundaries include, but are not limited to the following:

- Non-service provider forming and maintaining personal friendships with clients or former clients beyond the professional niceties;
- Service provider rendering services to a client and/or engaging in socialization activities beyond the therapeutic/case management relationship (e.g., outside of work hours);
- Service provider engaging in business practices with current or former client (ended services within two years) and using position as a DBH provider to manipulate client's perception and/or action(s).

The following exhibit boundary issues that may cause disciplinary action up to and including termination:

- Accepting, giving or purchasing gifts;
- Accepting or requesting favors from current or former clients;
- Renting rooms to/from current or former clients;
- Hiring a current or former client to work for you personally;
- Serving as payee for current or former client(s);
- Soliciting the purchase of goods or services;
- Manipulating or exploiting the client for any reason;
- Using the DBH position as influence; and/or
- Discussing personal issues with current or former clients.

Members of the workforce are expected to report and discuss all concerns and/or questions regarding professional boundaries or client interactions with their supervisors immediately, or may seek further clarification from the Office of Compliance. If licensing or certifying board standards for a discipline vary, members of the workforce must adhere to the more stringent standard regarding dual relationships.

### **Employment of Relatives**

A family relationship between a manager or supervisor and employee may result in, or be construed as resulting in, favoritism. Employees shall report when such a

relationship exists in the workplace. In the event of such a relationship, DBH shall arrange for a reassignment, as appropriate. Refer to County Policy [No. 07-05](#) - Employment of Relatives. Relative is defined by County Policy and in this Code as a spouse ([California Labor Code Section 233](#)), domestic partner ([California Family Code Section 297](#)), child, parent, sibling, part-sibling-in-law, grandparent, grandchild, aunt, uncle, niece, foster child, ward of the court, or any step relations.

Failure on the part of an employee to notify his or her supervisor that he or she has a relative in the Department is a violation of County Policy, which may be cause for disciplinary action for any participating employee or supervisor.

### **Transporting Clients**

Transporting any client requires awareness of potential problems that may arise. Judgment should be exercised in fieldwork situations to determine whether other means of transportation would be more appropriate. Clients shall be transported in County vehicles only. See DBH Vehicle Use Policy ([BOP3015](#)) and Procedure ([BOP3015-1](#)).

Employees transporting clients should use the “estimated time of arrival” (ETA) method, which is, indicating the ETA for arrival at time of departure and then, when possible, notifying the office by phone when they arrive at their destination(s). Refer to DBH Safety in the Field Procedure ([SFT7013](#)). For safety and liability purposes, employees should have a staff member accompany them when transporting a client whenever possible.

When transporting children, employees must ensure children are secured in an appropriate passenger restraint (safety car seat or booster seat) in the back seat of the vehicle, per state law requirements. Employees shall ensure the parent or guardian of a minor signs the Release and Hold Harmless Agreement for San Bernardino County before transporting the minor.

### **Taking Clients Home or on Field Trips**

Employees are expected to maintain professional boundaries with clients at all times. Employees are prohibited from taking clients to the homes of employees. Employees taking minors or adults on trips shall do so in accordance with DBH Field Trips/Conferences Policy ([CLP0802](#)).



### **Observation or Attendance of Behavioral Health Services**

Behavioral health services provided to clients are confidential. DBH does not permit individuals to attend treatment services without the authorization of the client. Observing treatment services is defined as a person deliberately being present without participation or watching a service provider provide treatment services to a client. Incidental observation does not require an authorization as an individual is not present or watching services being rendered but rather an inadvertent glimpse of a service provider and a client.

If a client agrees to have an individual observe or attend a treatment service, written authorization is the best practice, but if the client has capacity and of age to authorize, verbal authorization is acceptable. The verbal consent must be documented in the chart. Members of the DBH workforce shall adhere to the authorization, written or verbal, including any limitations listed or indicated by the client. An exception to the client authorizing observation or attendance of services is if the presence of the observer causes harm to the client. Additionally, no observers are permitted to be present when phone calls are made or to attend interviews that discuss PII, such as financial interviews.

No individual or volunteer who is not directly related to departmental functions shall assist with job-related activities unless the individual has officially gone through the appropriate application and on-boarding process with the DBH Volunteer Coordinator.

### **Adoption by Department Employees**

Employees seeking adoption of dependents are subject to the same requirements as any other prospective adoptive parent. The San Bernardino County Department of Children and Family Services (CFS) reserves the right to refer the employee to another County or private adoption agency if it perceives that accepting the application may cause a conflict of interest, boundary issue or a breach of confidentiality.

### **Foster Home License Application by Department Employees**

A DBH employee residing in San Bernardino County may apply for a license to provide foster care within the County, either through the County or through a Foster Family Agency (FFA). Such employees may receive placements of behavioral health clients as long as they are not a DBH client.



### **Diversity and Equal Employment Opportunity**

DBH actively promotes diversity in its workforce at all levels of the organization. The Department is committed to providing an inclusive work environment where everyone is treated with fairness, dignity and respect. The County is an equal opportunity employer and does not tolerate discrimination or harassment of employees or applicants for employment on the basis of actual or perceived age, ancestry, race, color, religion, sex, national origin, marital status, physical

or mental disability, economic status, appearance, medical condition and/or sexual orientation. DBH makes reasonable accommodations to the known physical and mental limitations of qualified individuals pursuant to County Policy [No. 07-08](#) - Equal Employment Opportunity Policy.

### **Discrimination and Harassment**

Per the County's Policy No. 07-01, Prohibiting Discrimination, Harassment and Retaliation, all persons involved in or related to County business or operations, including employees, applicants, contract employees, temporary agency employees, interns, volunteers, contractors and all persons providing services pursuant to a contract are prohibited from discrimination, harassment and retaliation as specified in the Policy. DBH is committed to providing an environment free of discrimination, harassment, including sexual harassment, and retaliation. The County and Department prohibit discrimination, harassment or retaliation on the basis of race, religion, color, national origin, ancestry, disability, medical condition, genetic information, marital status/registration of domestic partner status, sex/gender (including pregnancy, breastfeeding, and/or related medical conditions), gender identity/gender expression/sex stereotypes/transgender, sexual orientation, age, military and veteran status, and any other basis protected by applicable federal, state or local law or ordinance or regulation. These individuals are considered "*protected class(es)*".

It is prohibited to discriminate against an employee, job applicant or unpaid intern in hiring, training, promotions, assignments, termination, or any other term, condition, or privilege of employment. Discrimination can also include failing to reasonably accommodate qualified individuals with disabilities or an individual's religious beliefs and practices where the accommodation does not pose an undue hardship.

Harassment of any individual from a *protected class* (including sexual harassment) is strictly prohibited. Harassment may be made in general or directed to an individual, or group of people. Harassment can be intentional or



unintentional, and may include: verbal, physical, visual and/or sexual harassment.

### **Sexual Harassment**

Sexual harassment is a form of sex discrimination according to [Title VIII of the Civil Rights Act](#); and is a violation of California's [Fair Housing and Employment Act](#). Individuals of any gender can be the target of sexual harassment. Sexual harassment can cause physical, emotional and economic problems for victims. DBH will provide a work environment free from unwelcomed sexual overtures, advances or coercion. Employees are expected to adhere to a standard of conduct that is respectful to all persons within the workplace. DBH will not tolerate any form of sexual harassment or any direct or indirect act of retaliation against any person filing a complaint of sexual harassment. In addition, favoritism that arises from consensual romantic or sexual relationships between employees may be construed as harassment. All harassers, including supervisory and non-supervisory personnel, may be held personally liable for harassment or for aiding and abetting harassment.

### **Non-Retaliation**

The County and Department will not retaliate against anyone who reports an alleged violation of discrimination or harassment, or who assists another with a complaint under County Policy, causes information to be provided, participates in an investigation, hearing or other proceeding regarding a complaint of discrimination or harassment. DBH strictly prohibits any indirect or direct acts of retaliation.

### **Workplace Violence**

The County has a "Zero Tolerance Standard" with regard to threats of violence or acts of violent behavior in the workplace. This includes verbal or written threats or physical acts of violence or implied violence, direct or indirect, implied or actual, from any person and directed toward any person, occurring at any County facility or in connection with the conduct of County business, without regard to physical location.

All threatening comments or behavior, direct or indirect, implied or actual, are to be taken seriously and are never to be dismissed as "harmless" or "just blowing off steam." Additionally, weapons are not permitted on County property pursuant to County Policy [No. 13-07](#), Violence and Threats in the Work Place - Zero Tolerance.



Threats or acts of violence by a DBH employee are to be reported immediately to a supervisor and the DBH HRO. The supervisor to whom an incident is reported must immediately provide security at the worksite for other employees. This is completed by placing the employee alleged of workplace violence on leave pending the outcome of an investigation by the Department's HRO, if deemed necessary by the appointing authority. If considered necessary, the supervisor must contact the appropriate law enforcement agency to ensure removal of the alleged offender from the premises. The employee involved may be subject to legal action by law enforcement authorities, civil action by intended or actual victim, and disciplinary action by HRO, up to and including termination of employment. See the following DBH safety policies:

- Assaultive Behavior Plan Policy ([SFT7009](#))
- Possession of a Weapon Policy ([SFT7010](#))
- Possession of a Weapon Procedure ([SFT7010-1](#))
- Threats and Assault on DBH Staff Policy ([SFT7015](#))



## Substance Abuse

DBH is committed to providing a safe work environment. This commitment is placed in jeopardy when any employee participates in the illegal use or abuse of drugs or alcohol on or off the job. Substance abuse is a serious problem that can endanger County operations and the safety of employees and those who seek services from the County. Employees who abuse drugs and/or alcohol, on or off duty, tend to be less productive, have substandard performance and are less reliable. It is proven these employees have greater absenteeism, accidents, injury to themselves and others, resulting in the potential for increased loss, delay, risk and liability to the Department and County.

DBH strictly prohibits the possession, consumption, sale, purchase, distribution, manufacture or being under the influence of alcohol and/or illegal drugs (or prescription drugs, if use adversely impacts the employee's ability to perform employment duties safely and effectively). This prohibition includes during an employee's work hours, in County vehicles, personal vehicles used for County business, while in County uniform, on County property or while representing the County.

In accordance with County Policy Manual No. 07-17: [Substance Abuse/Reasonable Suspicion Drug and Alcohol Testing](#), DBH employees must report to the Department's HRO any alcohol and/or drug-related criminal arrests for possible violations within five (5) days after such arrest. The HRO can determine whether the conduct that led to the arrest is reasonably related to and/or may affect the employee's ability to perform the duties of his or her position.



## Licensure, Certification, Registration, Credentials and Waivers

Employees and contractors who provide treatment services to clients must have and maintain the appropriate licensure, certification, registration, credentials and/or waivers for their respective disciplines and must restrict services to their scope of practice or current status. Moreover, they must comply with local, state and federal requirements applicable to their respective discipline(s), as well as Codes of Ethics and Board standards for their respective discipline. Staff and contractors are responsible for maintaining current licenses and credentials and must supply DBH with copies of documents as evidence of current status. Failure to maintain the required licensure, certification, registration, credentials or waiver status will result in the inability to render services, disallowance of services, and unpaid leaves of absence and/or termination of employment.

Licensed, certified, registered, credentialed and waived providers must adhere to their specific licensing board requirements for reporting felony and/or misdemeanor convictions, including reporting expunged felonies and/or misdemeanors. They must also report any of the following actions brought against one's licensure, certification, registration, credential or waiver:

- Accusation;
- Citation;
- Revocation;
- Suspension;
- Stay;
- Probation terms and conditions;
- Voluntary or requested surrender;
- Public reprimand;
- Felony charge;
- Misdemeanor charge;
- Writ of mandate; or
- Any decisions made by the appropriate board for disciplinary actions.

Failure to report actions brought against one's licensure, certification, registration, credential or waiver as referenced herein is subject to disciplinary action, up to and including termination of employment.

## Work Performance Evaluations

All job classifications have criteria for evaluating work performance. It is the duty of DBH, through its supervisors and managers, to document and evaluate the work accomplishments and deficiencies of employees, to communicate evaluations with employees in writing and to assist employees in improving work performance.

It is the responsibility of employees to meet and strive towards exceeding established work standards, to improve work effectiveness and to perform at the highest competency level possible. All employees must have the knowledge and responsibility for applying appropriate actions within their job classifications, and in relation to relevant Department, County, state and federal policies, procedures, laws and regulations.

In addition, all annual work performance evaluations require verification of the employee's acknowledgement to this Code in the Employee Information Checklist. Refer to [Personnel Rules](#), Rule 8. Work Performance.

## Discipline

Employees will be subject to disciplinary action for violation of any Department or County policy or standard. Pursuant to the [Personnel Rules](#), Rule 10. Disciplinary Action, the precise disciplinary action will depend on the nature, severity and frequency of the violation and may result in any or all of the following:

- Oral warning;
- Written warning;
- Written reprimand;
- Suspension;
- Restitution; or
- Termination.

## Dress Code

In accordance with the County Policy Manual [No. 06-16](#), Standards of Dress and Grooming and DBH Dress and Grooming Policy ([HR4016](#)), all members of the DBH workforce shall abide by appropriate dress and grooming standards. Workforce members shall present themselves in with professional attire and well-maintained appearance to promote a positive image to clients and the community.

Supervisors and managers are responsible for ensuring their staff regularly adhere to Department and County dress code standards. The Department Director and/or HRO may be consulted to review issues and disagreements arising from the enforcement of dress and grooming policies, as required.



## Identification Badges

Members of the DBH workforce shall have and wear approved DBH identification badges at all times while on duty. The photo side of the badge should face out except when exempted or prohibited by the Department due to a safety issue or in cases where wearing an identification badge will interfere with the execution of the workforce members' duties in accordance with County Policy Manual [No. 06-16](#), Standards of Dress and Grooming, Section 5. County Identification.

## Facility Physical Security and Access Control

In accordance with DBH Facility Security and Access Control Policy ([BOP3025-1](#)) employees will not be alone in a facility at any time. Only a supervisor, manager or a classification approved for this level of responsibility and authority may be required to be on site without other staff present. Most employees are authorized access to their work location within an assigned building during normal business hours (Monday through Friday from 7:00 a.m. to 5:30 p.m.). Other employees, depending on position, may have different access and/or restrictions as stated in [BOP3025-1](#).

## Channels of Communication

In general, communication between employees will follow a horizontal and/or vertical path and will remain professional and courteous at all times.

Vertical channels (between manager, supervisors and subordinate staff) should always remain open to allow all information to flow up or down the chain-of-command. Employees are expected to follow the vertical management group reporting relationships when contacting those of progressively higher position. For example, for general problem resolution, an employee should speak to their immediate supervisor who will then go to the appropriate manager as necessary, etc. Should the employee have reason to believe that the immediate supervisor would not be a helpful source, it may be permissible to contact the immediate supervisor's manager directly.

Horizontal channels should also always be open to allow information to flow between those of equal position or authority (i.e., co-workers). This method of communication can be completed in a formal setting (scheduled meetings) or on a day-to-day basis in the course of daily work.

Nothing in this section shall preclude an employee, intern, volunteer, and/or client from contacting the Department HRO or any state or federal agency, as applicable, outside of the normal channels of communication described herein. However, consideration should be given to mitigating issues and concerns utilizing the appropriate channels and seeking resolution at the lowest level whenever possible.



## Health and Safety

All DBH facilities shall comply with Department and County policies, government regulations and rules, and required facility practices that promote the protection of workplace health and safety. The Department has developed various safety policies and procedures to minimize hazardous conditions and promote a safe working environment. Employees are responsible for maintaining a safe-hazard free workspace and must also consider their direct practices as they relate and/or impact others in the larger working environment.

Department Location Safety Coordinators (LSCs), supervisors or the Disaster and Safety Coordinator are available to provide guidance when a safety concern arises. Employees must immediately advise their supervisors or the Disaster and Safety Coordinator of any situation presenting a danger or risk of injury. See the DBH Standard Practice Manual (SPM) Safety Section ([7000](#)).

For workplace safety concerns, please contact the Office of Disaster and Safety:

Office: 909-388-0875

Email: [safety@dbh.sbcounty.gov](mailto:safety@dbh.sbcounty.gov)

## Protection and Proper Use of Assets

### Use of County Resources

Employees have the duty to protect public resources by ensuring the use is limited to purposes that are ethically, prudently and legally designated. This protection includes the duty to report misuse and to participate in efforts to prevent fraud, waste and abuse of County resources including, but are not limited to the following:

- County vehicles;
- DBH physical plants (buildings, property, etc.) and furniture;
- DBH equipment such as computers, copiers, mobile devices, fax machines;
- DBH legal publications and/or training materials.

It is the responsibility of each DBH employee to preserve the organization's assets including time, materials, supplies, equipment and information. The County prohibits officials and employees from using County-owned equipment, materials, property or resources for their personal use and/or profit unless specifically authorized by the Board of Supervisors as an element of compensation. This includes use of e-mail and Internet services or any other equipment or materials provided by the Department. See DBH Fraud, Waste and Abuse Prevention Policy ([COM0927](#)).

### **Smoking in Public Buildings and Facilities**

Smoking (including e-cigarettes) and chewing tobacco is prohibited in all County-owned or leased buildings and in County vehicles. Outdoor smoking must be conducted a minimum of twenty (20) feet away from any access (doors, operable windows, air ducts, etc.) to a County facility.

### **Research, Investigations, and Clinical Trials**

DBH requires all research conducted within the agency be conducted with the welfare and rights of the subjects in mind, particularly if the subjects are clients. DBH has a Research Review Committee responsible for reviewing all research proposals, grant application requests and program evaluation projects to ensure compliance with Institutional Review Board guidelines as governed by [CFR Title 45 Part 46](#).

DBH physicians and professional employees, as well as external students and interns, must follow the highest ethical standards according to state and federal laws and regulations in any research, investigations and/or clinical trials conducted. DBH does not tolerate research misconduct, such as fabrication, falsification, plagiarism or misrepresentation of credentials in proposing, performing or reviewing research or in reporting research results.

Physicians, clinicians and students participating in research investigations and clinical trials must fully inform the research participant of the client's rights and responsibilities of participating in the research or clinical trial. Researchers must fully inform participants of potential discomforts and must give the participants a full explanation of the risks, expected benefits and alternatives. Workforce members participating in research investigations and/or clinical trials must fully inform beneficiaries of the procedures to be followed, especially those that are experimental in nature.

Members of the DBH workforce shall not compromise a clients' access to services if the client refuses participation in research investigations or clinical trials. Researchers must ensure participants' voluntary informed consent to participate in clinical investigations or research is signed prior to proceeding with any research practices. See DBH Research Review Committee Policy ([QM6005](#)) and Research Policy ([QM6032](#)).

## **The Department's Ethics and Compliance Program**

### **Program Overview**

Per the direction of the U.S. Office of Inspector General (OIG), the Department maintains an Ethics and Compliance Program intended to assist in the development of a culture that influences compliance from the top down and fosters compliance from the bottom up. Effectiveness of the Ethics and Compliance Program requires a combined effort from all members of the workforce to help identify problem areas in need of resolution; provide ongoing evaluation of deficiencies as well as strengths; and assistance with maintaining accountability Department-wide. According to the OIG, an organizational culture that values compliance is more likely to have an effective compliance program, thus is better equipped to prevent, detect and correct problems, such as fraud, waste, abuse and other misconduct.





The Office of Compliance assists the Department in remaining committed to its core values, including maintaining positive and supportive settings with employees that are respectful and follow appropriate practices. A workplace culture of accountability, integrity, trust and openness is vital to any organization. Each DBH staff member has a personal responsibility to protect, preserve and enhance workforce culture, ensuring a high level of professionalism and ethical behavior.

## Program Elements

The seven elements of an effective Ethics and Compliance Program include, in no particular order: 1) administrative oversight, including a designated compliance officer and compliance committee; 2) standards, policies and procedures; 3) screening and verification of non-exclusion, sanction and/or debarment status of applicants, employees and contractors; 4) effective communication, education and training; 5) monitoring and auditing; 6) discipline for non-compliance; and 7) investigations and corrective action(s).

### Administrative Oversight

The Chief Compliance Officer provides oversight of the Office of Compliance and offers subject matter expertise to the Department's workforce by serving as a resource and guide for complex compliance matters to minimize risk and liability to the Department. Part of the oversight required also includes development of an Annual Compliance Work Plan in collaboration with the internal DBH Compliance Committee to strategize, plan, communicate and implement compliance activities throughout the year.

Administrative oversight of the Ethics and Compliance Program encompasses Compliance Committees that offer organizational support and engagement, influence departmental and contract provider awareness of compliance matters, and advise the Chief Compliance Officer, Behavioral Health Director, and Executive Team on implementation and strategies for effective execution of the Department's Ethics and Compliance Program. The Committees meet quarterly and are comprised of executive management, management representatives from departmental divisions, as well as contract partners.

The daily responsibilities of the Office of Compliance include, but are not limited to, development, oversight and communication of DBH policies, procedures and standard practices; planning and implementing training initiatives; monitoring various reporting outlets; conducting risk assessments and investigations; and developing and enforcing corrective action(s).

*"I alone cannot change the world, but I can cast a stone across the waters to create many ripples."*

*-Mother Teresa*

### Standards, Policies and Procedures

The Office of Compliance maintains the Department's Standard Practice Manual, which contains policies and procedures for all administrative and clinical areas of the Department. Additionally, Information Notices and Interim Instruction Notices are published on the Department's internet and intranet sites to communicate mandated requirements and/or provide other instructional guidance. Periodically the Office of Compliance also releases "Did You Know?" announcements to reiterate standards and/or communicate areas in need of change and/or improvement. For Compliance-specific policies and procedures, refer to the DBH SPM Compliance Section ([0900](#)).



## Screening and Evaluation of Workforce and Contractors

The DBH Office of Compliance regularly reviews the U.S. Department of Health and Human Services' (HHS) OIG, U.S. General Services Administration's System of Award Management (SAM) lists of excluded and ineligible persons, and the California Department of Health Care Services' (DHCS) Medi-Cal Suspended and Ineligible (S&I) Provider list to ensure no potential employee, workforce member, potential contractor or actual contract provider, is sanctioned, ineligible, excluded, or debarred from participating in state and federal healthcare programs. Employees, vendors, contract agencies and volunteers are required to immediately report to the DBH Office of Compliance if the entity or its employees become excluded, debarred, or ineligible to participate in healthcare programs, or have been convicted of a criminal offense related to the provision of healthcare items or services.

DBH does not contract with, employ or bill for services rendered by an individual or entity that is:

- Excluded or ineligible to participate in federal healthcare programs;
- Suspended or debarred from federal government contracts;
- Convicted of a criminal offense related to the provision of healthcare items or services; and/or
- Has not been reinstated in a federal healthcare program after a period of exclusion, suspension, debarment or ineligibility.

If an individual or entity is excluded or ineligible to participate in federal healthcare programs, the agency affected is not entitled to federal or state reimbursement or monies. See DBH Ineligible Persons Policy ([COM0933](#)).

The Office of Compliance also reviews conflict of interest statements of disclosure submitted by workforce members to evaluate potential or foreseen conflict, and provides appropriate direction and/or advisement.

For County sources *outside* of DBH Office of Compliance:

County Office of Compliance & Ethics:  
909-387-4500,  
[EthicsLine@cao.sbcounty.gov](mailto:EthicsLine@cao.sbcounty.gov)

For State & Federal sources *outside* of DBH Compliance:

DHCS (Medi-Cal fraud):  
800-822-6222  
[fraud@dhcs.ca.gov](mailto:fraud@dhcs.ca.gov)

U.S. HHS OCR (civil rights):  
[OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

U.S. HHS OIG (financial fraud):  
800-447-8477  
[HHSTips@oig.hhs.gov](mailto:HHSTips@oig.hhs.gov)

## Monitoring, Auditing and Reporting Systems

The Department Office of Compliance, in addition to the Department's Human Resources Office and Quality Management, perform verification, monitoring and auditing activities to ensure compliance of Department, County, state and federal laws and regulations, as well as contractual obligations. Verification activities consist of ensuring treatment providers maintain appropriate licensure, waiver, registration, and/or certification status and have no restrictions within their scope of practice.

Monitoring activities consist of evaluating employee and program conduct and adherence to established standards, as well as compliance with remedial and/or other required corrective action(s). This may include monitoring of training activities; site visits; assessment of policy/procedure implementation; evaluation of staff competency and accuracy in various documentation and privacy practices; conducting surveys; review and analyses of various reporting sources, etc.

Compliance may occasionally utilize a variety of program and departmental resources to assist in effective monitoring practices, based on the specific nature of the matter. Additionally, contract monitoring activities, including contract agency site visits and evaluation of adherence to contractual obligations are implemented regularly.

Auditing is conducted to measure the Department's compliance with established standards, laws and regulations governing: billing and coding practices; sanction screening and exclusion checks; medical reviews; clinical staff adherence to discipline requirements; appropriate documentation standards; and confidentiality, privacy and security standards. See DBH Verification, Monitoring and Auditing Policy ([COM0917](#)).

Each employee has an individual responsibility to report any activity by any employee, physician, subcontractor or vendor that violates applicable laws, rules, regulations, certification standards, or this Code. It is appropriate to report any matter that poses serious compliance risk to DBH or involves a serious issue of medical necessity, clinical outcomes or client safety. The individual must report the matter to their direct supervisor or higher level of management or the Office of Compliance. DBH makes every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports concerns or possible misconduct. There is no retribution or discipline for anyone who reports a concern in good faith. Any employee who deliberately makes a false accusation with the intent of harming or retaliating against another employee may be subject to disciplinary action, up to and including termination.

### **Discipline for Non-Compliance**

The Office of Compliance responds to a variety of complaints, privacy incident reports, and/or other reports of misconduct which may lead to further investigation.

Based on discovered findings, recommendations for disciplinary action are made in response to non-compliance of established standards, policies, procedures, laws and regulations. In some instances immediate disciplinary action or corrective action(s) are required, or corrective action(s) within a certain timeframe may be necessary depending on the nature of the circumstance or violation.

Various civil monetary penalties may exist for state and/or federal laws that are violated, including making or using false record or statement that is material to a false or fraudulent claim (False Claims Act); making referrals from a physician to an entity which the physician has a financial interest (Stark Law); offering, paying, soliciting or receiving anything of value to induce or reward referrals or general federal health care program business (Anti-Kickback Statute); HIPAA privacy and security violations unknowingly, due to reasonable cause and/or due to willful neglect. See DBH Fraud, Waste and Abuse Prevention Policy ([COM060927](#)); [Information Notice 17-11](#) – Confidentiality Statement Requirement for Safeguarding PHI ([Oath – DBH Staff](#); [Oath - Contractors](#)); Privacy and Security Incident Sanctions Policy ([COM0926](#)).

### **Investigations and Corrective Action**

Members of the DBH workforce are encouraged to report known or suspected fraudulent activities to DBH Office of Compliance for investigation. Under the False Claims Act specifically (31 U.S.C §3729-3733), those who knowingly submit or cause another to submit false claims for payment of government funds are liable for three times the government's damages plus civil penalties. *Qui tam* provisions, under the False Claims Act, protects whistleblowers who report and provide evidence of fraudulent activity. While DBH desires to resolve issues at the Department level, if members of the DBH workforce are not satisfied with the progress of an investigation or believe the issue is unresolved, state or federal reporting mechanisms are available.

Investigations may consist of collaboration with various Departmental units, such as Quality Management, Human Resources, Contract Administration, Fiscal and/or specific programs or executive management. County Personnel Rules require employees cooperate with administrative investigation efforts as outlined in the [Personnel Rules](#), Rule 10, Section 2, Cause for Suspension, Demotion, Reduction in Salary Step and Dismissal.

Where an internal investigation substantiates a reported violation, it is the policy of DBH to initiate corrective action, including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, instituting appropriate disciplinary action, and implementing systemic changes to prevent a similar violation from recurring in the future.

DBH Office of Compliance is committed to investigating all reported concerns, no matter how minor or severe, as promptly as reasonably possible. The Chief Compliance Officer is responsible for determining the level of severity; coordinating investigative actions; determining and approving written reports of relevant findings; communicating recommended and/or required corrective action(s); ensuring appropriate reports to licensing or certifying boards as necessary; and/or ensuring appropriate reports to the state or federal government are made if deemed necessary.

## **Mandated Reporting**

### **Child Abuse and Neglect Reporting Requirements**

In accordance with state law, all workforce members required to be mandated reporters hired on or after January 1, 1985, are required to sign a statement indicating they will comply with the provisions of Penal Code (PC) [Section 11166.5\(a\)](#).

PC Section 11166 requires mandated reporters who have knowledge of or observe a child in their professional capacities or reasonably suspect the child has been the victim of child abuse or neglect, to report the suspected abuse or neglect. All employees of DBH are mandated reporters who, with signature of this document, acknowledge,

and pledge that they will comply with these Penal Code provisions. See DBH Child Abuse Reporting Policy ([CDH0303](#)) and Procedure ([CDH0303-1](#)).

Law enforcement should be contacted in the event of child abandonment; a child is at immediate risk of harm from caretakers; or child and/or elder abuse occurring in the lobby of a DBH facility.

## **Elder and Adult Abuse Reporting Requirements**

In accordance with state law and County policy, all employees of DBH as of January 1, 1986, and those hired after that date, are required to sign a statement of compliance, attesting to their understanding of mandated reporter responsibilities. Mandated reporters for elder and dependent adult abuse are described in [WIC Sections 15630\(a\)](#) and [15630.1\(a\)](#). Definitions of elder and dependent adult abuse types are found in WIC Sections [15610-15610.65](#).

It is mandated that DBH employees who, within the scope of their employment, have knowledge of, observe, or suspect elder or dependent adult abuse to report such incidents by phone immediately or when practically possible. Reporters are then required to file a written report within thirty-six (36) hours. Employees must comply with specified reporting requirements and must inform their supervisor if they have not signed the required statements. Failure to comply with all reporting requirements may result in disciplinary action, and civil and/or criminal action. See Reporting Dependent Adult/Elder Abuse and Neglect Policy ([OAD0401](#)) and Procedure ([OAD0402](#)).

## **Conclusion**

### **Conclusion of the Code**

The Department recognizes that its workforce, including contract partners, are committed to excellence and strive to provide quality services to assist individuals and their families in achieving their recovery goals, which in-turn result in a higher quality of life. It is with this understanding that DBH is confident this Code will assist, equip and empower the workforce to meet the Department's Mission and Vision by upholding its Values!

### **Acknowledgment Process**

It is required that all DBH workforce members sign an acknowledgment confirming receipt and review of the Code of Conduct (Code), as well as understanding that it reflects the expected conduct and mandatory policies and procedures of the Department that must be abided by. New employees must review and acknowledge the Code within thirty (30) days of the first day of employment. Each employee is required to review and acknowledge the Code annually thereafter.

Adherence to and behavior that aligns with the standards set forth in the Code, and participation in related activity(ies) and training(s), will be considered during decisions of hiring, promotion, compensation, and contract award for all candidates, employees and contractors.



*Promoting  
Wellness,  
Resilience,  
and Recovery!*



## Behavioral Health

### CODE OF CONDUCT ACKNOWLEDGEMENT

I, \_\_\_\_\_, have read and have received a copy of  
(Print Name Clearly)

the **CODE OF CONDUCT**; understand its contents, and acknowledge my responsibility to adhere to the County and the department policies and procedures described therein. **Refusal to sign does not exempt your compliance with these regulations.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Supervisor Print Name Clearly

/ \_\_\_\_\_  
& Sign

☐ Employee refused to sign

Routing:  
Original: Personnel File  
Copy to: Employee  
Copy to: Supervisor