



## CONFLICT OF INTEREST DISCLOSURE STATEMENT

Pursuant with California Government Code Sections 1125-1127, County Personnel Rules (1.8 – Conflict of Interest), 42 CFR §438.608 (1)(vii), and Patient Protection Affordable Care Act §6401, **all** Department of Behavioral Health (DBH) staff must complete this form. DBH Standard Practice Manual contains the DBH Conflict of Interest Policy (COM0911) outlining rules regarding external employment, affiliations or other activities that may conflict with County DBH employment or improperly influence carrying out duties and designated responsibilities. Per DBH Policy (COM0911), each employee is required to disclose and report on this form all potential conflicts of interest, including external employment, affiliations, and/or other activities, regardless of compensation. Failure to disclose **all** information may result in disciplinary action, up to and including termination of employment.

### PLEASE TYPE OR LEGIBLY PRINT RESPONSES

| I. TYPE OF DISCLOSURE                       |  |   |
|---|--|---|
| Initial Disclosure <input type="checkbox"/> | Annual Disclosure <input type="checkbox"/> | Updated Disclosure <input type="checkbox"/> |

| II. EMPLOYEE INFORMATION           |                          |                                      |             |          |
|------------------------------------|--------------------------|--------------------------------------|-------------|----------|
| Employee Name                      | DBH Job Title            | DBH Phone #                          | Employee ID |          |
| DBH Program Name                   | Primary DBH Work Address | City                                 | State       | Zip Code |
| Name of your direct DBH Supervisor |                          | Direct DBH Supervisor's Phone Number |             |          |

| III. STATEMENTS <i>(check the box next to the statements that apply to you)</i>   |
|---|
| If unsure, it is <b>NOT</b> appropriate for the employee or supervisor to determine if a conflict exists. All relevant information must be disclosed to allow the proper review by the Office of Compliance.                              |
| <b>3(a) EXTERNAL EMPLOYMENT</b> <i>(includes ANY external employer, compensated activity, and self-employment, private practice, teaching, instructional education, professional consulting, etc.)</i>                                    |
| <input type="checkbox"/> <b>I AM NOT</b> EMPLOYED WITH ANY ENTITY OR ORGANIZATION OUTSIDE OF COUNTY DBH.  |
| If this box is <u>not</u> checked, enter external employer information in section IV.<br>If you have more than one employer duplicate and use page 4.   |
| <b>3(b) EXTERNAL AFFILIATIONS &amp; ACTIVITIES</b> <i>(may include, but is not limited to Board/Committee Membership or regular participation, political advocacy and/or activity outside of DBH, volunteerism or philanthropy, etc.)</i> |
| <input type="checkbox"/> <b>I AM NOT</b> AFFILIATED WITH ANY EXTERNAL ENTITY OR ENGAGING IN ANY ACTIVITIES THAT MAY REQUIRE REVIEW PER DBH POLICY.  |
| If this box is <u>not</u> checked, disclose information in section V.   |



**3(c) EXTERNAL EMPLOYMENT OR AFFILIATIONS WITH MENTAL HEALTH AND/OR SUBSTANCE USE DISORDER (SUD) PROGRAMS OR ORGANIZATION/ENTITY.**

**I AM NOT** EMPLOYED OR AFFILIATED WITH ANY MENTAL HEALTH AND/OR SUD PROGRAM OR ORGANIZATION OUTSIDE OF COUNTY DBH AND AM NOT EMPLOYED BY ANY ENTITY THAT MAY BE CONTRACTED WITH DBH FOR ANY MENTAL HEALTH/SUD SERVICE.

If this box is not checked, disclose information in section IV or V, as applicable.

**IV. ENTER INFORMATION FOR 1st EXTERNAL EMPLOYER (if applicable)**

|                                     |                  |             |                        |                 |
|-------------------------------------|------------------|-------------|------------------------|-----------------|
|                                     |                  |             |                        |                 |
| <b>Employer/Organization Name</b>   | <b>Address</b>   | <b>City</b> | <b>State</b>           | <b>Zip Code</b> |
| <b>Type of Service/Organization</b> | <b>Job Title</b> |             | <b>Employment Date</b> |                 |

Describe the duties you perform at your external employment position (be specific). Include the average time allotted/dedicated to performing duties, contractual terms as applicable, and whether duties are performed online or in-person.

**Is your employer affiliated with DBH?**  YES  NO If "YES", Explain:

**Indicate client population served, if applicable:**  Children  Transitional Age Youth  Adults  
 Older Adults  N/A

**Indicate services you/organization provides:**  Mental Health  Substance Use Disorder  Teaching/Instruction  
 Consulting  Private Practice  Other

**Do you/organization serve San Bernardino County Medi-Cal clients?**  YES  NO  N/A

**Do you/organization receive referrals from DBH?**  YES  NO  N/A

**Briefly describe how clients are referred to you/organization (if applicable):**



**Enter your DBH daily work schedule for BOTH weeks "A" and "B" ("B" week is last week of pay period)**

| WEEK "A"  | START | am/pm | END | am/pm | WEEK "B"  | START | am/pm | END | am/pm |
|-----------|-------|-------|-----|-------|-----------|-------|-------|-----|-------|
| Saturday  |       |       |     |       | Saturday  |       |       |     |       |
| Sunday    |       |       |     |       | Sunday    |       |       |     |       |
| Monday    |       |       |     |       | Monday    |       |       |     |       |
| Tuesday   |       |       |     |       | Tuesday   |       |       |     |       |
| Wednesday |       |       |     |       | Wednesday |       |       |     |       |
| Thursday  |       |       |     |       | Thursday  |       |       |     |       |
| Friday    |       |       |     |       | Friday    |       |       |     |       |

**Enter your exact 1<sup>st</sup> external employer's daily work schedule for BOTH weeks "A" and "B" as above**

| WEEK "A"  | START | am/pm | END | am/pm | WEEK "B"  | START | am/pm | END | am/pm |
|-----------|-------|-------|-----|-------|-----------|-------|-------|-----|-------|
| Saturday  |       |       |     |       | Saturday  |       |       |     |       |
| Sunday    |       |       |     |       | Sunday    |       |       |     |       |
| Monday    |       |       |     |       | Monday    |       |       |     |       |
| Tuesday   |       |       |     |       | Tuesday   |       |       |     |       |
| Wednesday |       |       |     |       | Wednesday |       |       |     |       |
| Thursday  |       |       |     |       | Thursday  |       |       |     |       |
| Friday    |       |       |     |       | Friday    |       |       |     |       |

**Are you ever "on-call" or does your schedule fluctuate for your external employment?**  YES  NO

**If you answered YES, explain in detail how this WILL NOT cause a conflict with your DBH work schedule:**

**V. EXTERNAL AFFILIATIONS OR OTHER ACTIVITIES (if applicable)**

Please describe any affiliations, or other external activities. This may include but is not limited to Board/Commission/Committee Membership or regular participation, political advocacy and/or activity outside of DBH, volunteerism or philanthropy, etc. Please include the average time allotted/dedicated to performing these activities, if there is any monetary or other compensation, and whether online or in-person.



**VI. EMPLOYEE ACKNOWLEDGEMENT**

I hereby certify that all statements made on this disclosure form are true and complete to the best of my knowledge. I understand that any false statements or relevant omissions may constitute grounds for disciplinary actions, up to and including termination of employment. I understand I must complete the Conflict-of-Interest Disclosure Statement annually and within ten (10) working days of a change. I am aware that there may be additional inquiries and resulting recommendations based on Disclosure review, and I will be responsive and work to meet recommendations accordingly.

|                    |                           |             |
|--------------------|---------------------------|-------------|
| <b>Employee ID</b> | <b>Employee Signature</b> | <b>Date</b> |
|--------------------|---------------------------|-------------|

**VII. SUPERVISOR ACKNOWLEDGEMENT**

I am aware of the information disclosed by the employee on this statement, and I confirm that the DBH schedule provided is accurate.

|                              |                             |             |
|------------------------------|-----------------------------|-------------|
| <b>Supervisor Name/Title</b> | <b>Supervisor Signature</b> | <b>Date</b> |
|------------------------------|-----------------------------|-------------|

**Note:** Supervisors are to place a copy of all signed forms in employee file and send originals or scanned version to Payroll at [DBH-AnnualForms@dbh.sbcounty.gov](mailto:DBH-AnnualForms@dbh.sbcounty.gov) and Compliance at [DBH-Required-Acknowledgements-Disclosures@dbh.sbcounty.gov](mailto:DBH-Required-Acknowledgements-Disclosures@dbh.sbcounty.gov).

| ENTER INFORMATION FOR ADDITIONAL EXTERNAL EMPLOYER(S) <i>(if applicable)</i>  |                  |             |                        |                 |
|---|------------------|-------------|------------------------|-----------------|
| <b>Employer/Organization Name</b>   | <b>Address</b>   | <b>City</b> | <b>State</b>           | <b>Zip Code</b> |
| <b>Type of Service/Organization</b>   | <b>Job Title</b> |             | <b>Employment Date</b> |                 |
| Describe the duties you perform at your external employment position (be specific):   |                  |             |                        |                 |
| Is your employer affiliated with DBH? <input type="checkbox"/> YES <input type="checkbox"/> NO  |                  |             |                        |                 |
| Indicate client population served: <input type="checkbox"/> Children <input type="checkbox"/> Transitional Age Youth <input type="checkbox"/> Adults <input type="checkbox"/> Older Adults <input type="checkbox"/> N/A |                  |             |                        |                 |
| Indicate services you/the agency provide(s): <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Use Disorder <input type="checkbox"/> Teaching <input type="checkbox"/> N/A                      |                  |             |                        |                 |
| Do(es) you or the agency serve San Bernardino County Medi-Cal members? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A  |                  |             |                        |                 |
| Do you/the agency receive referrals from DBH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A   |                  |             |                        |                 |
| Briefly describe how clients are referred to you/the agency (if applicable):  |                  |             |                        |                 |



**Enter your DBH daily work schedule for BOTH weeks "A" and "B" ("B" week is last week of pay period)**

| WEEK "A"  | START | am/pm | END | am/pm | WEEK "B"  | START | am/pm | END | am/pm |
|-----------|-------|-------|-----|-------|-----------|-------|-------|-----|-------|
| Saturday  |       |       |     |       | Saturday  |       |       |     |       |
| Sunday    |       |       |     |       | Sunday    |       |       |     |       |
| Monday    |       |       |     |       | Monday    |       |       |     |       |
| Tuesday   |       |       |     |       | Tuesday   |       |       |     |       |
| Wednesday |       |       |     |       | Wednesday |       |       |     |       |
| Thursday  |       |       |     |       | Thursday  |       |       |     |       |
| Friday    |       |       |     |       | Friday    |       |       |     |       |

**Enter your exact 2<sup>nd</sup> external employer's daily work schedule for BOTH weeks "A" and "B" as above**

| WEEK "A"  | START | am/pm | END | am/pm | WEEK "B"  | START | am/pm | END | am/pm |
|-----------|-------|-------|-----|-------|-----------|-------|-------|-----|-------|
| Saturday  |       |       |     |       | Saturday  |       |       |     |       |
| Sunday    |       |       |     |       | Sunday    |       |       |     |       |
| Monday    |       |       |     |       | Monday    |       |       |     |       |
| Tuesday   |       |       |     |       | Tuesday   |       |       |     |       |
| Wednesday |       |       |     |       | Wednesday |       |       |     |       |
| Thursday  |       |       |     |       | Thursday  |       |       |     |       |
| Friday    |       |       |     |       | Friday    |       |       |     |       |

Are you ever "on-call" or does your schedule fluctuate for your external employment?  YES  NO

If you answered YES, explain in detail how this **WILL NOT** cause a conflict with your DBH work schedule: