POLICY TITLE: ETHICAL CONDUCT

POLICY STATEMENT:

In accordance with Alameda County Behavioral Health Care Services (ACBHCS) standards, ethical conduct should be evidence throughout the activities of all personnel of the organization including both management and direct service staff*, County operated providers and the contractual providers which incorporates the Behavioral Health Plan's provider network. The ethical conduct should be seen in communications with the consumers served, payers, and the community. It is expected that ethical conduct is shown in how clinicians involve the clients and their families in the treatment process and outcomes, and how all persons that are part of or representative of the ACBHCS' organization communicate with funding sources and other regulatory agencies.

POLICY:

Alameda County Behavioral Health Care Services adheres to written codes of ethical conduct related to its organizational staff, provider network, governance authority, business and financial practices, marketing activities, treatment of consumers and community members.

ACBHCS has defined ethical codes and conduct for its organization by addressing primary philosophical beliefs, principles and values that are considered exceptional in promoting the kind of relationships and subsequent environment whereby services can be provided in an exceptional manner. Ethical conduct is expected at all levels of the organization, not only in provisions of services and the correctness in billing for those services, but in everyday activities from the regular business plans, decision-making processes, meetings and policy development.

ACBHCS' ethical conduct policy is in accordance with the several licensing boards and professional organizations that address their practitioners' unprofessional conduct.

Besides the written Ethical Conduct policy and ethical conduct standards within contracts, orientation and educational programs are provided to employees and contractual providers.

New employees of ACBHCS' county-operated and contracted services are required to review and sign an ethical code of conduct, indicating knowledge of this code and a non-disclosure agreement to protect confidentiality of medical and behavioral health information.

ACBHCS resolves allegations of violations of its codes of ethical conduct by referring to the Credentials Committee when it involves the BHP's provider network and to the appropriate administrative operations office for county-operated and contracted services.

CORE VALUES:

Following are the core values that act as a guidance tool for actions of staff and providers, treatment of consumers served, business/financial practices and marketing:

1. RESPECT FOR EACH OTHER

Thoughtful consideration of others including clients and their family members, colleagues, supervisors, staffs we supervise, community members, other agency staffs, regulatory agencies and governing boards.

2. PROFESSIONAL PRACTICES

A commitment to professional practice that is competent, objective, and with integrity.

*All reference to staff will refer to both management, direct services and contracted staff.

3. HONESTY

The value of honesty cannot be compromised. It is expected that employees and contractors in their association with consumers, agencies and other staffs will be honest without being harmful.

4. TRUST

A non-judgmental position on issues that do not directly pertain to you or your ability to conduct business provides a supportive environment. When indicated during a time of need a supportive position for others is taken.

5. NON-DISCRIMINATORY MANNER

A commitment to society which offers opportunity to all its members in a just and non-discriminatory manner.

6. CLIENT PRIVACY

A commitment and obligation to monitor the privacy of both current and former clients, whether living or deceased, and to monitor the confidentiality of material that has been transmitted to you in your professional role.

I. POLICY ON MEDI-CAL AND MEDICARE COMPLIANCE

COMPLIANCE CODE OF CONDUCT

- Staff/contractor will adhere to Medi-Cal and Medicare standards and procedures as required by federal and state regulatory agencies.
- Staff/contractor will not knowingly and willingly falsify medical records by erroneously
 documenting assessment findings, diagnostic formulations, or the amount of time and/or type
 of services rendered to consumers. Improper alterations to documentation is included as
 medical records falsifications.
- Staff/contractor is responsible to ensure the integrity and confidentiality of client and medical records information, compliance from employees they supervise, and investigate and report any hazards or threats to the security or integrity of client information to appropriate staff within your organization.

II. POLICY ON PROFESSIONAL RELATIONSHIPS

STANDARD

Staff/contractors do not exploit professional relationships sexually, financially or for any other
professional and/or personal advantage. This standard of conduct is maintained toward all
who may be professionally associated with you.

SEXUAL RELATIONSHIPS

- Sexual activity or involvement with the staff member's/contractor's current or former ACBHCS service system client is prohibited.
- Sexual harassment of any ACBHCS client is prohibited. This includes sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature.

PERSONAL RELATIONSHIPS

• Staff may provide to, receive from, or exchange articles of value with their clients only within the provisions of an ACBHCS or contract agency-sanctioned program (e.g. art show and sale, food or clothing collection project, etc.)

 When clients receive money or articles of value through an agency-sanctioned project, the client will not be informed of the individual donor's identity.

STAFF/CONTRACTOR ARE PROHIBITED FROM THE FOLLOWING:

- Promising or entering into any personal, professional, financial or other relationship with a client that is not a part of their assigned duties within the program at which they are employed.
- Employing or using the services of their own current or former client for personal gain, except within the bounds of an agency-sanctioned project.
- Borrowing or accepting money or articles of value from clients, except within the bounds of an agency-sanctioned project, e.g. approved culturally sensitive activity.
- Loaning or giving personal funds or articles of value to clients, except within the bounds of an agency-sanctioned project, e.g. provision of funds for clients when reimbursement of these funds by the agency will occur or approved culturally sensitive activity.
- Using the relative position of power afforded by their staff position to influence clients in any way not directly relevant to the client's treatment or service goals.
- Living with their current or former ACBHCS clients.
- Staff should refrain from religious proselytizing to clients and/or employees.
- Providing massage to clients, except within the bounds of a formal job description and any applicable State licensure.
- Providing any form of treatment not sanctioned by the employing program's formally recognized program design or the service definitions and procedures of the ACBHCS.

III. POLICY ON SELF-PROMOTION AND REFERRAL

STANDARD

- Clear, appropriate professional standards are set to prevent engagement in dual or multiple
 relationships in which there is any risk of professional judgment being compromised, or of the
 client being harassed or exploited.
- Staff may not refer ACBHCS clients to their own private practices, businesses, or any other service in which a staff member has a personal or financial interest.
- Staff will present themselves accurately and not misrepresent their roles, scope of practice or professional status in the course of their work with clients and the community.

• Staff may not receive self-referred ACBHCS client or ACBHCS clients referred by a third party into their private practices except as follows:

- * Under certain exceptional circumstances, a client who initiates a request for a private professional relationship with an ACBHCS service system staff member may be permitted to enter into such a relationship if no other adequate public or private resource is available to meet the client's needs. Supervisory approval is required. Such approvals must be documented and the total number of such private self-referrals must be reported by the Center/Executive Director at the end of each calendar year to the Quality Assurance Administrator.
- * Under certain circumstances in order to meet client's needs, ACCESS may refer to a private practitioner who may also be employed by ACBHCS. This is done with the approval of the Director of ACCESS.
- In order to protect the client from undue influence and the Agency from potential conflicts of interest, the staff member receiving the private referral must attest to the guidelines listed on the Self-Disclosure Referral Form (see attached).
- Staff who have continuing private professional relationships with ACBHCS clients that were
 entered into either before the effective date of this policy or that were entered into before the
 client became an ACBHCS client must complete the Self-Referral Disclosure Form (see
 attached).

IV. SELF DISCLOSURE OR PRE-EXISTING PROFESSIONAL RELATIONSHIPS

It is the policy of this agency to comply with the Alameda County Behavioral Health Care Services "Policy on Multiple Relationships and Staff Self-Promotion." In recognition of the rights of clients to exercise choice in therapeutic relationships under appropriate circumstances, the following disclosure information will be filed by agency staff based on the following:

- 1. A staff member is entering into a private professional relationship with a client because no other adequate public or private resource is available to meet the client's needs OR
- 2. A staff member had a pre-existing private professional relationship with a client prior to client receiving services from ACBHCS.
- 3. A staff member had a pre-existing private professional relationship with a client prior to the effective date of this policy.

A signed acknowledgement of this information will be retained by ACBHCS in confidential files. This data may be reviewed in order to audit the number of clients who enter the private practice of any ACBHCS staff.

When staff agrees to enter into a private professional relationship with a client following his/her termination with ACBHCS, this information will be provided to the ACBHCS.

When a current private professional relationship with a client exists, the following has occurred:

- I have encouraged this client to return to, and appropriately terminate, any existing client/therapist relationships before entering into one with me.
- I have determined that no other public sector, private or nonprofit agency resource is available to adequately meet the client's needs.

• I have not solicited this client's business in any way, nor used my position in this agency to advertise my services as an independent practitioner.

 I have explicitly stated that the decision to enter such a relationship will not affect the client's County services in any manner, except that I will exclude myself from any decisions in the future that affect their care within the County system, since this could represent conflict of interest.

V. PROGRAM MANAGER & SUPERVISORS WILL DO THE FOLLOWING:

- Assist staff in understanding how clear boundaries in their relationships with clients serve to protect clients from manipulation, distorted perceptions, and exploitation.
- Assist staff in understanding how the terms of this policy are related to the need for clear boundaries in their relationships with clients.
- Whenever necessary, also assist staff in maintaining warm, empathetic, and humanistic relationships with clients in a way that protects the service delivery relationship from manipulation, distorted perceptions, and (countertransferences) exploitation.

<u>ACKNOWLEDGEMENT</u>

I hereby acknowledge that I have reviewed and understand Sections 1 through 5 of the ACBHCS Ethical Conduct Policy.

| Employee Name (Please Print) | | | |
|------------------------------|----------------------------------|------|--|
| Signed | (Employee) | Date | |
| | (Employee) | | |
| Signed | | Date | |
| | (Supervisor) | | |
| cc. | Center Director/Program Director | | |

cc: Center Director/Program Director Quality Assurance Administrator Human Resources Office

ETHICAL CONDUCT POLICY REFERENCES

- ➤ Jacobs, Brotz and Gamel, <u>Critical Behaviors in Psychiatric Mental</u> Health Nursing, Volume II, Behavior of Nurses, American Institutes for Research, Palo Alto, California, 1973, pages 493-505.
- International Association of Psychosocial Rehabilitation Services, Field Review Copy, Code of Ethics for Psychiatric Rehabilitation Practitioners, International Association of Psychosocial Rehabilitation Services, Columbia, M.D..
- ➤ Board of Behavioral Sciences, Laws and Regulations Relating to the Practice of Marriage, Family, and Children Counseling, Licensed Clinical Social Work, and licensed Educational Psychology, Board of Behavioral Sciences, Sacramento, CA, August 2000.
- > Balancer, Lewis and RCALP, Avoiding Criminal Law Issues in Medicare Billing (c), Phoenix, Arizona.
- > Alameda County Prohibition of Sexual Harassment Policy.
- > Alameda County Right of Equal Treatment and Respect Policy.
- > Alameda County Client Privacy and Confidentially Policy.
- Alameda County Contractor's Policy. (Tentative)
- Alameda County Workplace Violence Policy.
- > MOU Mutual Respect Clause.

ROSTER: Credentials Committee

Peter Alevizos, Ph.D., M.B.A. Richard Singer, M.D. Carolyn Novosel, LCSW Damon Bennett, LCSW Dean Chambers, LCSW