

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH  
OFFICE OF THE MEDICAL DIRECTOR

**4.19 PARAMETERS FOR RESPONDING TO SUPERVISORIAL OFFICE  
REQUESTS FOR CONSTITUENT/CLIENT SERVICES OR INFORMATION**

March 2018

**I. GENERAL GUIDELINES:**

- A. Responses to requests from a Supervisorial office shall be given highest priority;
- B. Every effort shall be made to fully understand the request;
- C. DMH clinical/administrative supervisor direction shall be sought;
- D. Associated sources of DMH departmental information related to the request should be contacted/reviewed for related actions taken or not taken
- E. The request shall be acted upon in all circumstances in which it is possible to do so, consistent with existing DMH Policies unless it appears to conflict with standard clinical or administrative standards or policies as outlined in Section II; and
  - 1. In such cases, the Supervisory Office shall be immediately notified that by the handling employee that management direction will be immediately sought in order to complete the action.
- F. Follow-up shall be given to the Supervisory Office when completed.

**II. INITIAL ACTIONS WHEN A CONSTITUENT REQUEST APPEARS TO  
CONFLICT WITH CLINICAL OR ADMINISTRATIVE STANDARDS OR POLICY**

- A. Immediately ensure that Departmental Executive staff (Regional Deputy Director and Medical Director) is aware of the situation and has available information,
- B. Make sure that constituent/client has been offered an appropriate clinical assessment and, if necessary, a second opinion by another DMH clinician,
- C. Determine the complete treatment plan, including medications, offered to the constituent/client,
- D. From the following list, determine the precise reason that the constituent request appear to conflict with proposed service to client:

1. **DMH does not provide the medication/service that the constituent/client requests** (e.g., a narcotic pain medication such as Vicodin or Oxycontin). Make sure constituent/client has been given referral to proper agency, the report to clinical/administrative supervisor for further action.
  2. **DMH could provide the medication/service that the client requests, but refuses on the basis of clinical or administrative assessment** (e.g., medication is contraindicated due to high risk for side effects, services should be provided by a different program, adequate clinical or administrative assessment has not been possible). Obtain a precise description of the reason and report to the DMH clinical/administrative supervisor for further action.
  3. **DMH could provide the medication/service that the client requests, but refuses on the basis that the constituent/client does not meet administrative clinical criteria for obtaining that service** (e.g. doesn't meet medical necessity or SMI criteria). Obtain a precise description of the reason and report to the DMH clinical/administrative supervisor for further action.
  4. **DMH service response involved release of confidential personal health information (PHI)**. Identify the specific PHI requested and forward it to Office of the Medical Director. Precisely describe the reason for the request and report to DMH Medical Director for further action.
  5. **Other**: Precisely describe the reason and report to the responsible Deputy Director and Medical Director for further action.
- E. Reassess constituent/client if there is any clinical or administrative indication, and then carefully explain to the constituent/client all reasons for any refusal to provide the requested medication/service; and
- F. Transmit the results of the communication with the client to Executive Staff and/or the Board of Supervisors as appropriate.