




DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT PROVISION OF OFF-SITE MENTAL HEALTH SERVICES	POLICY NO. 309.01	EFFECTIVE DATE 12/10/2012	PAGE 1 of 4
APPROVED BY:  Director	SUPERSEDES 202.27	ORIGINAL ISSUE DATE 11/15/2002	DISTRIBUTION LEVEL(S) 1, 2

PURPOSE

- 1.1 To delineate ethical, legal and professionally appropriate clinical practices and minimize risk in the provision of mental health clinical services at places other than the clinic site or specifically designated areas, such as schools and other health and social agencies.
- 1.2 To provide policy guidance for off-site mental health services for Los Angeles County-Department of Mental Health (LAC-DMH) Directly-Operated and contracted programs.

POLICY

- 2.1 The provision of mental health services outside of the clinic environment shall be in accordance with all LAC-DMH policies, parameters and legal requirements.
 - 2.1.1 These parameters and requirements include, but are not limited to, those related to:
 - DMH Code of Organizational Conduct, Ethics and Compliance (CCEC), ([Reference 1](#));
 - DMH Parameters 4.12, Service Relationships in a Recovery-Based Mental Health Services Model, ([Reference 2](#)); and
 - DMH Policy No. 401.02, Clinical Records Maintenance, Organization, and Contents ([Reference 3](#)).

In addition to above requirements, LAC-DMH staff are required to comply with departmental policies addressing the implementation of HIPAA Privacy and Security ([Reference 4](#)¹);

- DMH Policy No. 304.04, Transportation of Consumers and Their Family Members ([Reference 5](#)¹); and
- DMH Policy No. 609.04, Identification (ID) Card Usage, Replacement, and Collection. ([Reference 6](#)¹).

¹ References 4, 5 and 6 apply to LAC-DMH staff only.



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2.1.2 Contractors of LAC-DMH are not subject to the following DMH policies:

- HIPAA related policies;
- Transportation of Consumers and Their Family Members; and
- Identification Card Usage, Replacement, and Collection.

However, they are subject to their own relevant policies and all applicable provisions of federal and State legal requirements pertaining to HIPAA Privacy, safeguarding of client information, and other applicable statutes and regulations.

PROCEDURE

3.1 General guidelines for the provision of professionally appropriate off-site services include:

- 3.1.1 Staff must conduct themselves professionally during a contact. All actions must be conducive to the process of meeting the client's treatment and recovery goals.
- 3.1.2 Staff providing off-site services should wear professionally appropriate attire and wear or carry an official identification badge.
- 3.1.3 Staff are prohibited from smoking in a client's home or in the course of providing services.
- 3.1.4 Professional boundaries must be maintained in accordance with DMH Code of Organizational Conduct, Ethics and Compliance.
- 3.1.5 Services provided in a consumer's home or other off-site location should be done only after obtaining the verbal permission of the client, his/her conservator, and/or the client's caretaker(s) except for the following circumstances:
 - 3.1.5.1 The provision of an Lanterman-Petris-Short (LPS) assessment; and
 - 3.1.5.2 In instances where absence of client refusal can appropriately be interpreted as an agreement to the off-site service(s), e.g., the necessary assessment of an individual who appears to be severely cognitively compromised.



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- 3.1.6 Responsible privacy, confidentiality and security shall be maintained in contacting clients and providing off-site services, including minimizing opportunities for unauthorized individuals to observe/overhear unauthorized information.
- 3.1.7 Any concerns regarding off-site services shall be brought to the immediate attention of the staff member's supervisor.
- 3.1.8 All treatment services must be carefully and thoroughly documented.
- 3.1.9 Any confidential client documents, including clinical information, presented outside a designated site, when not in immediate use, must be maintained in a locked container under the control of the staff and must be returned to the designated site in accordance with clinic procedures.
- 3.1.10 Off-site services shall be provided in accordance with the Field Safety sections of the LAC-DMH Injury and Illness Prevention Program (IIPP). See IIPP Section VIII B. ([Reference 7](#)¹)
- 3.1.11 When transporting consumers and/or family members, staff must comply with applicable policies regarding transportation such as DMH Policy No. 304.04 Transportation of Consumers and Their Family Members.
- 3.1.12 Should a circumstance arise where it is deemed therapeutically necessary to be alone with a minor client, the following guidelines must be followed:
 - 3.1.12.1 The case should be discussed with the staff member's supervisor.
 - 3.1.12.2 Clients with a history of making unsubstantiated allegations shall not be alone with a staff member.
 - 3.1.12.3 Detailed and accurate documentation must always be maintained.

¹ Reference 7 applies to LAC-DMH staff only.



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REFERENCES (Hyperlinked)

1. [DMH Code of Organizational Conduct, Ethics, and Compliance \(CCEC\)](#)
2. [DMH Parameter 4.12, Service Relationships in a Recovery-Based Mental Health System](#)
3. [DMH Policy No. 401.02, Clinical Records Maintenance, Organization, and Contents](#)
4. [DMH Policies 500-599 Series related to HIPAA Privacy and Security](#) ¹
5. [DMH Policy No. 304.04, Transportation of Consumers and Their Family Members](#) ¹
6. [DMH Policy No. 609.04, Identification \(ID\) Card Usage, Replacement, and Collection](#)¹
7. [DMH Injury and Illness Prevention Program \(IIPP\)](#) ¹

RESPONSIBLE PARTY

LAC-DMH Office of the Medical Director

¹ References 4, 5, 6 and 7 apply to LAC-DMH staff only.