

Community Mental Health Partnership of Southeast Michigan/PIHP	Policy Ethics and Conduct
Committee/Department: Clinical Performance Team	Local Policy Number (if used)
Implementation Date 08/19/2024	Regional Approval Date 06/26/2024

Reviewed by:	Recommendation Date:
ROC	05/06/2024
CMH Board:	Approval Date:
Lenawee	05/30/2024
Livingston	05/28/2024
Monroe	06/26/2024
Washtenaw	06/21/2024

I. PURPOSE

The policy establishes guidelines which ensure that all persons will perform ethically and professionally.

II. REVISION HISTORY

DATE	MODIFICATION
08/27/2007	Original document
03/29/2011	Re-formatted; Peer Support Specialists clarified; the authority and role of the Affiliation Ethics Committee; role of supervisor detailed; the Role of the Employee Exit Interviewer was added; Gift Giving/Receiving was expanded; Professional Boundaries section clarified
2014	Revised to reflect the new regional entity effective January 1, 2014.
05/16/2017	Scheduled Review
07/27/2020	Preferential treatment for board members, etc. prohibited
06/26/2024	Scheduled 3-year review

III. APPLICATION

This policy applies to

<input checked="" type="checkbox"/> CMHPSM PIHP Staff, Board Members, Interns & Volunteers
<input checked="" type="checkbox"/> Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
<input checked="" type="checkbox"/> Mental Health / Intellectual or Developmental Disability Service Providers
<input checked="" type="checkbox"/> SUD Treatment Providers <input checked="" type="checkbox"/> SUD Prevention Providers
<input type="checkbox"/> Other as listed:

IV. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the Prepaid Inpatient Health Plan (PIHP) for Lenawee, Livingston,

Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

V. POLICY

This policy establishes that all work shall be performed in an ethical and professional manner as determined by statute, code, accrediting organization standards, professional organizations' code of conduct standards, and the content of the policy itself. This includes engaging in courteous, respectful relationships with co-workers, other health care providers, educational institutions, payers, people served and their family members. Principles of consumer/individual served autonomy, compassion, safety, privacy, informed consent, competence and other related principles shall be demonstrated. Any and all ethical and relationship questions, issues or dilemmas arising from work relationships should be discussed proactively with a supervisor, and/or administrator

VI. STANDARDS

- A. All consumers/individuals served, family members, community members, other treatment providers and internal colleagues shall be treated with the utmost respect, courtesy, compassion and dignity.
- B. In making decisions, primary consideration shall be given to what is in the best interest of the consumer/individual served or what the consumer/individual served desires.
- C. It is the responsibility of immediate supervisors to ensure the behavior of their employees is not in violation of the provisions of this policy.
- D. All licensed and registered professional employees of any affiliation organization shall abide by their profession's Code of Ethics.
- E. When in doubt about the ethical dimensions of a particular situation, a proactive approach shall be taken by discussing the situation with a supervisor or appropriate administrator.
- F. Any staff member whose cultural, religious, or moral values conflict with aspects of a particular job responsibility or task may ask their supervisor to be excused from that responsibility or task. The supervisor shall seek other options for addressing that particular job responsibility by other staff and grant the request only if there is no negative impact on consumer/individual served care as a result of doing so.
- G. Clinical decisions shall be based on the assessed needs and desires of the consumer/individual served, regardless of how leaders, managers and clinical staff are compensated.
- H. Preferential treatment in the application and/or receipt of services for CMH Board members, CMH employees or consultants, or their family members or associates, is prohibited.
- I. Service referrals given to current or past consumers/individuals served or service applicants shall not be influenced by any consideration of possible financial or personal gain for the referring person or their family members or the appearance thereof.

- J. All new employees shall be informed during orientation of their obligation to follow this policy and shall provide written verification of having been thus informed. Any time there is a significant change made to this policy, all staff shall be informed, and new signatures shall be obtained and placed in the personnel file.
- K. All staff, students and volunteers shall utilize their administrative chain of command and formal grievance procedure should they feel they are being asked to engage in an unethical activity.
- L. Workers are encouraged to report observations of unethical conduct. There shall be no retaliation or repercussions for such good faith reporting
- M. Violations of any of the provisions of this policy may be cause for disciplinary action up to and including immediate termination of employment.

VII. EXHIBITS

- A. Ethical Guidelines for Consideration
- B. Gift-Giving & Receiving Guidelines for Consideration
- C. Ethical Practices Agreement
- D. Request Not to Participate In Treatment

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
42 CFR Parts 400 et al. (Balanced Budget Act)		
45 CFR Parts 160 & 164 (HIPAA)		
42 CFR Part 2 (Substance Abuse)		
Michigan Mental Health Code Act 258 of 1974		
The Joint Commission - Behavioral Health Standards	X	
Michigan Department of Health and Human Services (MDHHS) Medicaid Contract		
MDHHS Substance Abuse Contract		
Michigan Medicaid Provider Manual		
PIHP Policy Review Schedule	X	
Policy Tracking Form		

EXHIBIT A

ETHICAL GUIDELINES FOR CONSIDERATION

1. Respect and Dignity

The ethical worker treats everyone, whether colleagues or consumers/individuals served, with courtesy, respect and dignity, always being open to their unique characteristics, their unique histories and to the person as a whole. This is evident in their speech, appearance, manner, attitude and behavior.

2. Worker as Guide, Support and Provider of Assistance

The ethical worker guides, empowers and advocates for the people they serve, maintaining a focus on their desired outcomes and on helping them find their own way.

The focus of the relationship is on the needs of the person being assisted, not those of the worker. However, the ethical worker does not allow the needs or desires of the person to lead to a loosening of professional relationship boundaries which are always respected and maintained.

People are supported in deciding for themselves if, when, where, and how to use professional and non-professional supports and services.

3. Gift Giving and Receiving

The ethical worker is aware of the multiple perceived meanings and underlying intents that receiving or giving a gift may have for a consumer/individual served and a worker, meanings and intents that may interfere with the maintenance of an ultimately effective working relationship. Thus, consultation with a supervisor is pursued before money or gifts are accepted from or given to a consumer/individual served – See Exhibit B, Gift-Giving and Receiving Guidelines for Consideration

4. Worker as Role Model

The ethical worker recognizes that their values, beliefs, actions, and problem-solving methods impact others, both consumers/individuals served and staff members and acts accordingly.

5. Autonomy and Shared Power

In providing services, the ethical worker promotes consumer/individual served autonomy and shared power, never exerting strong influence on a person unless there is a clear and immediate threat to the person's or others' safety or health.

Consumers/individuals served are given the freedom to make their own decisions. The ethical worker offers suggestions rather than directives, identifies

and explores options and choices and discusses possible consequences of the consumer/individuals' decisions.

6. Compassion

The ethical worker demonstrates compassion in dealing with others, appreciating their struggles, their pain, our common humanity, and protecting them from imminent risk of harm.

The ethical worker advocates for and with the person.

7. Fairness and Justice

The ethical worker provides fair and just access to services, as well as fair and just ongoing care, never discriminating on the basis of race, color, gender, sexual orientation, religion, national origin, marital status, disability or other personal characteristics.

The rights of consumers/individuals served are acknowledged and protected.

8. Honesty

The ethical worker is honest with consumers/individuals served and co-workers as well as with themselves.

To maximize consumer/individuals' ability to make service decisions based on full and accurate information, the ethical worker communicates frankly about their role, relevant capacities, intent, limitations and role boundaries.

The ethical worker does not lie, cheat, steal, or condone or associate with others who are involved in such activities. They do not use their position or relationship with consumers/individuals served for personal advantage or give the appearance of the same.

9. Communication

The ethical worker communicates with consumers/individuals served openly, clearly, and frequently, doing what is promised, meeting expectations and fulfilling commitments, including those related to appointments and telephone calls.

Ambiguity, confusion and difficulty with consumer/individual served situations are to be expected and do not deter the worker from persisting in seeking guidance or consultation.

10. Confidentiality

The ethical worker upholds standards of consumer/individual served confidentiality and privacy while being candid about information that cannot be kept confidential and about with whom it can be shared.

The ethical worker also respects the privacy and dignity of co-workers.

11. Competence

The ethical worker performs job duties to the best of their ability, being open with supervisors when lacking the skills needed for a particular task and making efforts to enhance skills and competencies through timely professional development activities.

12. Personal Awareness and Self-Care

To fully appreciate each consumer/individual's perspective and, thus, be able to address their unique needs and desires, the ethical worker strives to identify their own personal issues, preconceptions, biases and areas of vulnerability and is open to making personal changes.

To reduce stress, time and space is carved out for a variety of self-care activities.

13. Professional Boundaries

The ethical worker always behaves professionally with all consumers/individuals served who receive services from the CMHPSM, avoiding interactions that are or might be perceived as flirtatious, provocative, threatening, harassing or hurtful.

The ethical worker never engages in a dating relationship with a person whom the worker directly or indirectly currently supervises or has done so in the past. ("indirectly supervises" is defined as having supervisory authority over the person's supervisor as evidenced by the organizational chart), including students and interns.

The ethical worker does not enter into a dating relationship with a consumer/individual served of the CMHSP who is served by another worker

The ethical worker does not provide services directly to individuals with whom they currently have or have had a prior friendship or dating relationship. Previous infrequent social contact or acquaintanceship would not preclude the provision of services by the worker.

The ethical worker notifies their supervisor regarding any past or current personal relationship with a CMHSP consumer/individual served. The worker whose helping relationship is becoming personal or intimate notifies a supervisor, discontinues the relationship and maintains professional boundaries. Direct treatment or support services are not provided to a person if there is intent to develop a personal or intimate relationship with them.

The ethical worker is aware of a consumer/individual's perceived power imbalance with the worker and the effect it may have on the consumer/individual's freedom to make their own decisions

The ethical worker respects consumer/individuals' religious and spiritual views and preferences and never pressures them to accept the religious or spiritual views of the worker. When initiated by the consumer/individual served and agreed upon as being related to an issue in the Individual Plan of Service, the worker may ethically explore spiritual issues with a consumer/individual served.

Depending on the worker's comfort and based on a determination that it is in the best interest of the consumer/individual served, the ethical worker may choose to disclose their own religious or spiritual views when an inquiry is made by the consumer/individual served.

Any worker-consumer/individual served service activity of a spiritual or religious nature, e.g., praying with a consumer/individual served, calls for prior approval by the worker's supervisor as well as the consumer/individual served themselves.

14. Alcohol and Drugs

The ethical worker never works under the influence of alcohol or drugs (legal or illegal).

The worker never purchases illegal substances from consumers/individuals served, never uses them with a consumer/individual served and never sells or gives them to a consumer/individual served.

Prescription medication is not to be shared with or borrowed from another person.

15. Alternative Interventions

Before engaging in support or treatment activities that might depart from traditional or conventional practices, the ethical worker discusses them with their supervisor to ensure their consistency with current professional standards.

16. Consumer/individuals' Right to Know

The ethical worker ensures that consumers/individuals served know and understand the rights, risks, opportunities and obligations associated with being a recipient of services.

Service activities and interventions are explained in understandable terms as are the limits of their impact and the implications and potential consequences of choices made by consumers/individuals served during the course of service provision.

Consumers/individuals served are informed of the cost of services and any available financial resources that may help them meet this obligation.

17. Organizational Relationships

The ethical worker, while taking into account funding/financial constraints, bases service provision decisions on standard clinical practice and organization criteria, regardless of how the agency compensates or shares financial risk with leaders, managers, clinicians, or licensed individual practitioners.

The ethical worker does not market or sell outside products or services to consumers/individuals served or engage in any non-job related activity with them that might result in or give the appearance of financial gain for the worker.

18. Equipment Use

The ethical worker only uses CMHPSM office equipment for CMHPSM business unless otherwise approved by their supervisor. Home use of equipment is authorized in advance by the appropriate supervisor or designee.

19. Service Provision and Documentation

The ethical worker ensures that all services types, amount, scope and duration are medically necessary and that their justification is clearly and thoroughly documented.

The ethical worker ensures that all services provided are in accordance with the Individual Plan of Service and with what has been authorized.

Documentation of a provided service is accurate, thorough and clear.

Assistance is obtained when there is uncertainty regarding the documentation requirements of service or financial information.

The ethical worker reports any suspected financial abuse or fraud to the Compliance Officer or designee and follows any other reporting requirements mandated by state or federal law.

20. Political Activity

The ethical worker ensures that any of their partisan political activities are conducted separately from their job responsibilities.

These activities never occur during those hours when the worker is being compensated for the performance of their work duties.

CMHPSM office supplies and equipment are not used for partisan political purposes.

The ethical worker never uses the authority or influence inherent in their CMHPSM position to interfere with or influence the results of an election or nomination for office.

The worker never requires contributions for political or partisan purposes as a duty or condition of employment, promotion or tenure and never coerces or

compels another CMHSPM employee to make contributions for political or partisan ends for any reason.

21. Self-Disclosure

The ethical worker only discloses personal information when it is consistent with the outcomes and interventions contained in the consumer/individual's Individual Plan of Service (IPOS).

These disclosures are intended to provide hope. They are intended to provide personal information as a means to facilitate consumer/individual served outcome achievement. Thus, the ethical worker does not self-disclose without considering the consumer/individual's service needs and current capacity to apply the information to their own life.

EXHIBIT B

GIFT GIVING & RECEIVING GUIDELINES FOR CONSIDERATION

Part One

1. The decision to accept or refuse a gift from a consumer/individual served should be given serious consideration as should the decision to give or not give a gift to a consumer/individual served. For the purposes of these Guidelines, “gift” is defined as a concrete object.
2. Like the majority of ethical decisions we face, we need to be fully aware of their possible positive and negative effects, both short and long term ones. This often takes a little time and involves the assistance of a supervisor and / or other staff with expertise in behavioral health ethics.
3. These effects might include a change in the consumer/individual's understanding of the nature of their relationship with the worker. For example, it might blur the difference between the worker as a professional and the worker as a friend, thereby interfering with the consumer/individual's progress toward outcome achievement.
4. Thus, accepting a gift from or giving a gift to a consumer/individual served may initially appear natural, innocent and without important consequences. Further analysis is often needed to confirm or bring into question this initial impression. A full understanding may involve consideration of the following:
 - a. **What is the consumer/individual's intent in giving the gift?**
 - To express thanks for being helpful?
 - To express hope that the worker will be gentler in the future?
 - To express an apology for missing a contact or not achieving goals more quickly?
 - To express a wish to be personal friends?
 - To comply with the request of a parent or guardian?
 - To demonstrate good judgment in selecting the given item?
 - To express an interest in ending the work together via this thank-you gift?
 - To divert the worker's attention from the consumer/individual's anger or disappointment or misbehavior?
 - To express appreciation for sticking with the consumer/individual served through a crisis?
 - No intent, it's just what I do?
 - To express a wish for a gift in return?
 - b. **Based on the intent, what might it mean to the consumer/individual served if the gift is graciously accepted without further discussion?**
 - I can expect better treatment?
 - The worker was so pleased; I will give more gifts in the future so as not to disappoint?
 - I am less uncertain about being seen as special by my worker?
 - I've found a nice way to make friends?
 - This is a good and easy way to show my private thoughts and feelings?

- c. **What might it mean to the consumer/individual served if the gift is refused by the worker or there is some hesitation about accepting it?**
- My worker just makes things more complicated than they are?
 - I can't do anything right? My worker doesn't understand my feelings?
 - I have bad taste in gifts?
 - My worker doesn't understand my cultural traditions and I am hurt and offended?
 - This is interesting – I wonder why my worker won't accept it?
 - My feelings are hurt – I'm sure other gifts are accepted?
- d. **What behavior or personal quality does accepting a consumer/individual served gift reinforce?**
- Dependency?
 - Subordination?
 - Pleasing people in authority?
 - Generosity?
 - Sociability?
 - Comfort with social norms?
 - Need for social bonding?
- e. **What impact might accepting a gift or giving a gift to a consumer/individual served have on the worker?**
- What personal needs does it satisfy?
 - To what extent is the worker's self-esteem related to receiving the gift?
 - Are those needs reducing the worker's focus on the consumer/individual's needs?
 - How might the worker's objectivity be affected?
 - Feelings of being appreciated, accepted?
 - Increased sense of competence?
- d. **What might it communicate to the consumer/individual served if the worker starts a discussion about gift giving in general or about the consumer/individual's thoughts and feelings behind the particular gift?**
- This is different; I wonder how it will help me to talk about my decisions and actions?
 - I guess there are special rules at CMH?
 - The worker thinks it's important to stick to how I'm doing with my outcomes?
 - Pausing to talk before making a decision is something my worker values?
 - Why is my worker making a mountain out of a molehill?
5. In summary, our natural inclination to graciously accept a gift might reduce consumer/individuals' hurt feelings in the short term but might not be the best response. More important may be the need to focus on providing a steady, predictable unambiguous professional relationship as well as on the consumer/individual's longer-term service goals. A lack of clarity about the relationship being more personal or professional can instill additional stress and distract the consumers/individuals served from the main purpose of the service provision.

It can be advisable to delay a decision until thoughtful consideration is given, often involving some timely and sensitive discussion with the consumer/individual served and / or a supervisor.

Guidelines for Consideration – Part Two

1. When feasible, discuss issues related to gift-giving in the early part of the consumer/individual served-worker relationship.
 - Opportunities can arise when expectations / logistics / parameters are being addressed, when the roles / tasks of those involved in implementing the IPOS are being discussed.
 - Talking about “working together” can provide an opportunity for elaborating on the meaning of the “working” part of the term, on what constitutes a working relationship.
 - Although some overlap exists, the uniqueness of the mental health working relationship, as distinct from those with friends, family members, religious officials, probation officers, judges, teachers and others can be spelled out.
 - For consumers/individuals served who have behavioral challenges or otherwise have difficulties with verbal emotional expression, the issue of gifts might be worked into an early conversation, as appropriate, when discussing more useful ways of expressing thoughts and feelings both in the community or with the mental health worker.
 - The consumer/individual’s cultural background and resulting perspective on gift-giving can be discussed as a bridge to understanding later gift-related behavior and reactions.
2. Many consumers/individuals served can benefit from hearing the message from their workers that what is of greatest importance is “our work together,” in outcome achievement and the satisfaction it can bring to the consumer/individual served. Other “gifts” might pale in comparison.
3. Although the meaning(s) given to gift giving and receiving is always an important thing to take into consideration or discuss before accepting or giving a gift, examples of less potentially impactful gifts can include:
 - Holiday cards
 - Very inexpensive gifts
 - Drawings or other artwork from children
 - Poems or songs composed or found by the consumer/individual served treated as an expression of something to be discussed and understood
 - Inexpensive food or decorative items that will be shared or displayed for a whole team or staff group.
 - Items created by the consumer/individual served as a result and demonstration of successful IPOS outcome achievement.
 - Anonymous staff donations to organized holiday gift-giving arrangements, e.g., “The Giving Tree.”
 - Gifts given to young children on special occasions, like birthdays.

EXHIBIT C

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
ETHICAL PRACTICES AGREEMENT**

I, (print name) _____ have read and understand the Ethics and Conduct policy of CMHPSM and I agree to follow its requirements including but not limited to the following:

I will not discuss or reveal consumer/individual served information to non-agency staff unless required by law and will only discuss or reveal it to agency staff on a need-to-know basis.

I will treat all consumers/individuals served with dignity and respect.

I will avoid any conflict of interest activities.

I do not have a mental or physical impairment that would interfere with my ability to carry out the requirements of the aforementioned policy.

In situations where my cultural values, ethics or religious beliefs conflict with those of a consumer/individual served to the extent that it influences my ability to provide appropriate services, I understand that I have the right and obligation to discuss this with my supervisor (EXHIBIT D).

I agree to be bound by applicable state laws including any / all reporting requirements

I agree to meet relevant accreditation standards.

Further, I agree to review the Recipient Rights policies, to be accountable for conducting myself in accordance with them, and to report any care concerns to my supervisor or to the Recipient Rights Officer.

Employee Signature

Date

Employee to turn in signed form to Supervisor

Supervisor Signature

Date

EXHIBIT D

**Ethical Practices Agreement
Request Not to Participate in Treatment**

Complete the following form and submit to your supervisor if there is an aspect of care that conflicts with your cultural values, ethics or religious beliefs:

Employee Name:

Date:

Consumer/Individual Served Name:

Aspect of Care requesting not to participate in:

Reason why (include the cultural values, ethic or religious beliefs that treatment conflicts with):

Resolution (to be completed by supervisor or Program Administrator) (include your conclusion as to whether the request, if granted, will or will not negatively affect treatment)

Supervisor's Signature

Date