



Monterey County Behavioral Health

Policy and Procedure

Policy Number	495
Policy Title	Projects within MCBH
References	Penal Code, Sections 11164 through 11174.3. California Welfare and Institutions Code Section 15610 (h), and (i) Field Instructor Guide
Form	Research Proposal Form (Attachment 1) Confidentiality and Non-Disclosure Acknowledgement Form (Attachment 2)
Effective	07/28/2016

SECTION 1: OVERVIEW

Policy Statement: Monterey County Behavioral Health (MCBH) is responsible for protecting the safety, welfare, rights, and privacy of all MCBH consumers it serves. Projects conducted within MCBH must abide by all existing Monterey County Health Department and Behavioral Health policies. Individuals conducting projects within MCBH must also abide by any federal, state, and (if applicable) their affiliated academic institution’s rules and regulations. Specific research projects are required to obtain approval from their academic institution’s Institutional Review Board (IRB) prior to conducting human research.

Definition of Terms:

- *"Project"*- is defined as a planned piece of work, an investigation, which can include development and evaluation, designed to contribute to generalized knowledge. Projects and research conducted within MCBH can provide useful information about the effectiveness of MCBH programs, as well as, identifying potential areas for improvement.
- *"Research"*- is defined as performing a methodical study in order to prove a hypothesis or answer a specific question. Research must be systematic and follow rigid protocols often defined by a student’s academic institution.
- *"Project Coordinator"*– the employee/volunteer/student/intern designated as having primary responsibility for the coordination of the project.
- *"Field Instructor"* MCBH supervisor position responsible for supervising, inspecting, and overseeing the Project Coordinator’s workplace activities. Field instructor has the capability to suspend or terminate a

25 project whenever the project is not being conducted in accordance with the Monterey County Health
26 Department and Behavioral Health policies.

- 27
- 28 • “*Confidential information*” It is the policy of Monterey County Health Department and Behavioral Health
29 to safeguard protected health information (PHI) pertaining to its clients. This policy requires all staff,
30 including employees, volunteers, students, and interns to adhere to all Monterey County Health
31 Department and Behavioral Health policies.

32

33 **Project Proposal Form:** Project Coordinator must complete the “Project Proposal” form (form 1 *or provide an*
34 *equivalent form*) and submit it to their field instructor and Deputy Director for approval. Project proposal form must
35 be completed in full.

36

37 **Informed Consent Forms:** Project Coordinator must obtain informed consent from participants prior to the start
38 of the project. Project Coordinator must clarify the nature of the project and what participants can expect during
39 the course of the project. Project Coordinators are to respect participant decisions to decline or discontinue
40 participating in the project at any time, for any reason, and without penalty or judgement.

41

42 When participants are younger than 18 years of age, the adult (parent or legal guardian) giving consent shall be
43 fully informed of all risks of participating. Additionally, if reasonable to do so, the Project Coordinator shall explain
44 the risks to the child-participant and provide them the opportunity to decline participation.

45

46 **Confidentiality:** All personal identifiable information about participants must be kept confidential and Project
47 Coordinator must abide by Monterey County Health Department and Behavioral Health policies pertaining to
48 protected health information (PHI).

49

50 **Risk Management:**

- 51 • **Mandated reporting:** All Behavioral Health Division employees shall comply with the provisions of the
52 Child Abuse Reporting Law as defined in the Penal Code, Sections 11164 through 11174.3. Refer to
53 MCBH Policy 300 for details and procedures.

- 54
- 55 • **Reporting of Elder and Dependent Adult Abuse:** Mandated reporters are defined under Welfare and
56 Institutions Code Section 15610 (h), and (i). All Behavioral Health employees who have direct contact
57 with a client are mandated to report suspected or known elder or dependent abuse. Refer to MCBH
58 Policy 300B for details and procedures.

- 59
- 60 • **Duty to Warn:** Monterey County Behavioral Health staff members that fall into any of the categories
61 defined as “psychotherapist” by Evidence Code 1010 are required by law to warn potential victim(s) and
62 law enforcement when there is a serious threat of harm against that victim(s). If an employee, volunteer,
63 intern, or contractor working at Monterey County Behavioral Health who does not fall within the category
64 of “psychotherapist” as detailed in MCBH policy 306, that individual should immediately notify their
65 supervisor through the chain of command so that the client’s provider can be immediately notified and
66 made aware of the threat. Refer to MCBH Policy 306 for further details and procedure.

67

- 68 • **5150:** Project Coordinator will be educated on 5150 criteria (e.g. Danger to self, Danger to others,
69 Grave Disability) by field Instructor. Refer to MCBH Policy 335 for details pertaining to evaluation and
70 procedures pursuant to Section 5150.

71

72 **SECTION 2- PROJECT COORDINATOR (PC) PROCEDURES:**

73

74 (1) PC must submit "Project Proposal" (form 1) *or provide an equivalent document* to Field Instructor at
75 least 4 weeks prior to beginning proposed project.

- 76 • Note: Project and Research proposals must ALSO be submit to Deputy Director for
77 approval.

78

79 (2) PC will provide a draft copy of the consent form and any handouts that will be used in the project.

80

81 (3) PC must complete and sign the Monterey County Health Department "Confidentiality and Non-
82 Disclosure Acknowledgement" (Form 2) and submit to their Field Instructor.

83

84 (4) Once "Project Proposal" form, or equivalent, is reviewed and approved, PC can then carry out
85 project. PC must remember to:

- 86 • Obtained consent forms from all participants.
87 • Forms must include risks and benefits of participating in the project.
88 • Include limits of confidentiality (mandated reporting, 5150 criteria, Tarasoff).
89 • Include a plan for mitigation of risk.

90

91 (5) PC will provide progressive updates to field instructor regarding the project.

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93 (6) Completed project is to be reviewed with field instructor.

94

95 **Data Request:** All data requests needed from the electronic health record must be made using the "data request"
96 form within AVATAR.

97

98

99 **SECTION 3: FIELD INSTRUCTOR PROCEDURES:**

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101 (1) Review "Project Proposal" form (form 1), or an equivalent document.

- 102 • Note: Project and Research proposals must ALSO be submitted to Deputy Director for
103 approval.

104

105 (2) Field instructor will review and approve all research project proposal documentation including
106 consent forms, handouts, etc.

107

108 (3) Obtain the signed Monterey County Health Department "Confidentiality and Non-Disclosure
109 Acknowledgement" from project coordinator (form 2).

110

111 (4) Assure that all protected health information (PHI) data is kept confidential and handled in
112 accordance to Monterey County Health Department and Behavioral Health policies.

113
114 (5) Evaluate the project on a continuing basis and provide feedback in a timely manner.

115
116 (6) Review completed project.

117

118 **Field Instructor Guide:** Please refer to “Field Instructor Guide” for additional resources and information on
119 how to support the project coordinator.

120

121 **Authorization Letter (if applicable):** If an academic institution is requesting an “authorization letter;” field
122 instructors may provide a summary of the proposed project or research on Monterey County letterhead. The
123 Deputy Director must review and approve all authorization letters for all research projects. Summary may include
124 awareness of proposed project, including goals, purpose, benefit, impact, risks, use of data, timeline, and approval
125 of consent forms. Field instructor shall maintain a copy for their records.



Monterey County Behavioral Health PROJECT/RESEARCH PROPOSAL

Date:

Program:

Field Instructor:

Behavioral Health Deputy Director:

1. **STATEMENT OF PURPOSE** *(a short statement that makes the focus of the project/research clear, specifies the project/research question(s) , and/or any testable hypotheses):*
2. **WHY THE ISSUE IS COMPELLING TO YOU** *(justification of the need for project/research; what is source of your interest? relevance to your academic major and/or your career interest?):*
3. **EXISTING INFORMATION ON THE TOPIC** *(current state of knowledge, if applicable highlight relevant research already done on topic):*
4. **PROTOCOLS** *(include audience, target population, setting, methodology) (for psychologist-interns only provide instruments/measuring devices):*
5. **LIMITING RISK** *(outline how risks will be minimized? what steps are in place in case of adverse effects? any ethical/legal issues to consider? Provide a copy of informed consent/confidentiality forms, data request):*

6. **USE OF DATA** (if applicable) *MUST* obtained Field Instructor's approval; submit "data request form" in electronic health record-
Avatar.

7. **ANTICIPATED DATE OF COMPLETION** (start and end dates):

Project Coordinator Name (print):

Project Coordinator Signature:

Date:

Field Instructor Name (print):

Field Instructor Signature:

Date:

Deputy Director Signature (for students conducting research)

Date:

Monterey County Health Department



Confidentiality and Non-Disclosure Acknowledgment

Monterey County Health Department's information systems contain confidential records pertaining to business operations, patients, business associate vendors or subcontractors, and Monterey County employees. Federal and state laws protect all individually identifiable information pertaining to our patients (for example, HIPAA and HITECH regulations, the Lanterman-Petris-Short Act, and California Confidentiality of Information Act to name a few). Numerous other federal and state laws, and specific Monterey County policies, govern the access, use, and disclosure of Protected Health Information, Electronic Protected Health Information, and Personal Identifiable Information (PHI, e-PHI, PII), as well as other personal and/or confidential information about Monterey County programs, staff, contractors, vendors and others. Collectively this information will be referred to as Protected Information (PI).

If you are given access to any of this information, you have the responsibility to protect it and abide by all laws, policies and procedures that govern its use, access or disclosure. **This acknowledgment is not intended, and should not be construed, to limit, prevent, or prohibit the signer from complying with or exercising their rights under any applicable federal, state, or local law.**

The purpose of this acknowledgment is to provide you with information (to assist you) in understanding your duty and obligations relative to confidential information.

I acknowledge and agree that the information contained herein has been explained to me (as required via 45 C.F.R. Section 164.530(b)(1)), I received a copy of this document, I had a chance to ask questions, and I understand the rules set forth. By signing this document I acknowledge and agree:

1. To respect the privacy and confidentiality of any information I may have access to through Monterey County's records rooms, files, or computer network.
2. That I will access or use only that information necessary to perform my job.
3. To not (whenever possible) speak about a patient in a manner that would allow others to overhear such information.
4. To not share patient's information with anyone who doesn't have access to such information in accordance with Monterey County Health Department policies and procedures or without that patient's consent.
5. To disclose confidential patient information **ONLY** to those authorized to receive it.
6. Not to use, release or disclose the contents of any patient records, or reports, except to fulfill my work assignment.
7. Not to remove or copy any PI or reports from their storage location except to fulfill my work assignment.
8. Not to sell, loan, alter or destroy any PI or reports except as properly authorized within the scope of my job assignment.
9. Not to access or request any PI that is not necessary to perform my assigned job function.
10. To report **immediately** any suspected or known unauthorized access, use, or disclosure of PI.
11. To abide by Monterey County Health Department's "Notice of Privacy Practices," any other policies and procedures set forth by Monterey County, and any federal, state, and/or local regulations governing privacy issues.
12. Not to remove, copy, or disclose confidential information regarding Monterey County Health Department employees, such as performance or disciplinary records, social security numbers, financial information (including bank and credit card numbers), PII, PHI, ePHI, including, but not limited to medical insurance numbers, except as needed to fulfill my duties in my position with Monterey County Health Department.
13. To keep my workstation secure (i.e. lock up disks or files when not in use, that contain confidential information; locking my computer when I leave the station; and other practices as described in the Monterey County Information Technology Policies and training).
14. To follow all policies for portable County issued devices and personal devices that I have been authorized to use for work purposes (i.e. enabling personal devices to be disabled if lost or stolen, maintaining security standards and patches on personal devices, synching County issued devices to the County Network at least every three weeks, and using County issued devices for work purposes only).
15. To never share any access codes or passwords given to me to access Monterey County systems.

Upon separation of my employment or services with Monterey County Health Department, I shall give back all PI and documents, including, but not limited to, such things as medical information, manuals, notebooks, reports, vendor lists and information, and anything else owned by Monterey County or to which Monterey County is entitled to and which is in my possession or under my control.

In the event of a breach or a threatened breach of any of the preceding provisions, Monterey County Health Department shall, in addition to the remedies provided by law, have the right and remedy to have such provisions specifically enforced by any court having jurisdiction, it being an agreement and agreed that any breach of any of these provisions will cause irreparable injury to Monterey County Health Department.

This acknowledgment supersedes and replaces any prior or existing understanding between Monterey County Health Department and the signer relating generally to the same subject matter. Monterey County Health Department Bureaus may have additional agreements specific to their work function and the specific confidentiality requirements of that Bureau.

If any of the above numbered provisions, in whole or in part, of this acknowledgment is declared void or unenforceable by a court of competent jurisdiction, the remainder of this acknowledgment or the remainder of such provisions shall remain in full force and effect. If any provision of this acknowledgment is so broad as to be unenforceable, such provision shall be interpreted to be only so broad as enforceable. This acknowledgment shall be governed by and construed in accordance with the laws of the State of California.

I further understand that the duties and obligations set forth in this document will continue after the termination, expiration, and cancellation of this agreement to include my termination of employment (required via 45 CFR § 164.530 (e)(1) and 45 CFR § 164.308(1)(i)(ii)(C)) .

I understand that penalties for violating one of the above limitations may include disciplinary action, civil or criminal prosecution.

Signature: _____

Employee # (if applicable): _____

Printed Name: _____

Title, Bureau and Unit: _____

Date: _____