

SAN MATEO COUNTY HEALTH SYSTEM  
BEHAVIORAL HEALTH AND RECOVERY SERVICES

DATE: July 9, 2014

BHRS POLICY: 14-02

SUBJECT: Family Inclusion Policy

AUTHORITY: See BHRS Policy 03-01, Confidentiality/Privacy of Protected Health Info.

SUPERCEDES: New Policy, restating existing practice

#### BACKGROUND

San Mateo County Behavioral Health and Recovery Services is committed to the fullest possible involvement of consumers/clients and family members in planning, developing, providing and evaluating services for consumers/clients of all ages. The formation of this policy is in response to priorities identified by the Co-Occurring Steering Committee and the Community Service Area planning process. The first value in the BHRS Mission Statement is:

- Partnership with consumers/clients and their families to promote recovery while respecting strengths and choices.

#### PURPOSE

- To strengthen opportunities for client/consumer recovery through inclusion of Family Members (defined below) as allies in recovery process.
- To encourage behavioral health staff, including contractors, to work inclusively with families in the care, treatment and support of their family member who is recovering from mental health or substance use problem;
- To promote active, culturally responsive partnership with the family, the consumer/client and the clinical staff; and
- To promote the inclusion of culturally and linguistically competent family member participation in Behavioral Health and Recovery Services' (BHRS) design, operations and governance

## DEFINITION

Within this policy, “family” is used broadly and can include relatives, friends, partners, recovery support people, and significant others chosen by consumer/client to take part in their treatment/recovery process. Family member is defined by the client/consumer and/or family member themselves.

## POLICY

### A. Consumer/Client Privacy and Confidentiality

1. Staff will adhere to all federal, state and local confidentiality and privilege mandates that relate to individual consumer/client health care information and consent.
2. Notwithstanding the above, staff will encourage consumers/clients to involve family in their treatment and recovery process.
3. During the intake and annual reassessment process, staff will routinely ask adult consumers/clients, emancipated minors or legal representatives for written authorization to include family in their treatment. (BHR Policy 03-05 - B)
  - a. Suggested approach to encourage consent: *“Is there a person in your life whom you trust that you would like to involve in your treatment/recovery process? Perhaps a family member, friend, partner, recovery support person or significant other?”*
  - b. Signed authorizations should be entered into the electronic health record after a progress note records the interaction with the consumer/client.
  - c. Consents authorized by client shall remain in effect for one year, unless the client initiates a change in consent.
  - d. If client/consumer does not identify a “family member” treatment team will help client connect to social and support networks in the community.
4. During a transfer of a consumer/client from one treatment team to another, the receiving team will utilize Avatar, referral forms and other resources to assure that they are aware of the consumer/client’s wishes about communicating with family members. The transfer process will provide an additional opportunity, as needed, to encourage client permission for family involvement.
5. Staff will comply with consumer/client representatives’ rights to withhold consent to provide information about them to family members.
6. Staff will provide identified family members with information concerning the rules and regulations about HIPAA and consumer/client confidentiality and the impact of these regulations on family inclusion.
7. If a consumer/client states that no information is to be shared with family, this situation should be respected but revisited as clinically appropriate. Efforts to approach the consumer/client about family inclusion and the client’s response should be documented.
8. If there is no consent signed, staff will provide family members with support and general information about behavioral health issues, treatment, and available

resources. However, caution must be taken not to reveal that a family member is known to BHRS and is receiving treatment, unless the consumer/client has consented even for this limited level of communication.

#### B. Family Privacy and Confidentiality

1. Staff will respect family privacy and confidentiality.
2. A family member may volunteer information to staff at any time without consumer/client consent. Such information should be clearly, respectfully and accurately recorded in the clinical record, citing source.
3. The family member may provide information by phone, written communication, or on the form: Historical Information Provided by Family Member or Other Concerned Party (website: [www.smchealth.org/bhrs/ocfa](http://www.smchealth.org/bhrs/ocfa) ).
4. Information expressly provided by a family member “in confidence”, provided by law, such information will be withheld if the consumer/client requests access to the record. This information must be placed in the restricted section of the medical record. If information shared in confidence is in a progress note that note must be marked as restricted note type and will not be released.
5. If information presented involves potential child, older adult or dependent adult abuse, mandated reporting procedures must be followed. In such circumstances, the staff member shall consult with his/her immediate clinical supervisor and follow the mandates of BHRS policies.

#### C. Family Involvement in Treatment and Recovery

1. Staff will always accept and consider information received from family or community members.
2. With the consent of the consumer/client representative, staff will:
  - a. Orient family to the services their family member is receiving;
  - b. Consult family as appropriate throughout the treatment and recovery process, in planned meetings designed for this purpose.
  - c. To the extent appropriate and desired by family members and consumer/client, meetings should include the consumer/client as well as his/her designated family members.
3. Without current consent or authorization on file:
  - a. Family members will be directed to designated staff, supervisor or Office of Consumer and Family Affairs to provide general information and resources that do not require a release of PHI; such as NAMI, Al/Nar-Anon, etc.
4. Family member calls and requests will be responded to promptly so that family members of current and prospective consumers/clients feel welcomed by BHRS.

#### D. Role of Supervisors

Supervisors will review this policy at staff meetings, and for all subsequent new employees.

E. Oversight and Accountability

Clinical Services Managers, including Community Service Area (CSA) Managers, are responsible for monitoring implementation of the Family Inclusion Policy and procedures and will report findings through the Joint Policy Committee to BHRS leadership.

F. Family Involvement in Program Development and Governance

1. Family members will be encouraged to participate in any BHRS project team, advisory board and/or committee that relate to service delivery or program development/governance.
2. Family perspectives will be invited during BHRS interviews for leadership positions, and wherever possible, recruitment interview panels will include a family member and/or family representative.
3. BHRS welcomes and encourages family representatives to:
  - a. Present information about their experiences as a family impacted by a member with a mental disorder, and
  - b. Provide constructive feedback on BHRS services and family inclusion practices.

Approved: Signature on File  
Stephen Kaplan, Director  
Behavioral Health and Recovery Services

Reviewed: \_\_\_\_\_  
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