

Policy Title: Investigating and Reporting Misconduct in Science

Scope: To assure compliance with the Final Rule (42 CFR, Part 50, Subpart A) of the Public Health Service Act as published at 54 FR 32445, August 8, 1989, and with 42 CFT 50.101-50.105.

Policy: The Department of Mental Health (DMH) will investigate and report to the Office of Scientific Integrity (OSI) instances of alleged or apparent misconduct involving research or research training, or related research activities that are supported with funds made available under the Public Health Service Act.

Procedure: The Executive Director of the DMH will establish a Scientific Integrity Review Committee (SIRC). The membership of the committee will be comprised of at least five (5) persons appointed by the Executive Director from among the professional staff members of the DMH. The Executive Director will also appoint a Chairman of the committee from among the members. In order to assure compliance with the Final Rule (42 CFT, Part 50, Subpart A) of the Public Health Service Act as published at 54 FR 32445, August 8, 1989, the following procedures are established:

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- I. An impartial process will be maintained by the SIRC for receipt of allegations of scientific misconduct and for initiating immediate inquiry into each allegation.
- II. Subject to Part 50, completion of each inquiry will be accomplished within sixty (60) calendar days from receipt of the allegation, including preparation of a written report.
- III. Detailed documentation of inquiries will be maintained for at least three (3) years, which will, upon request, be provided to authorized personnel of the Department of Health and Human Services (HHS).
- IV. An investigation will be initiated within thirty (30) calendar days of the completion of an inquiry, if findings from that inquiry provide sufficient basis for conducting an investigation.
- V. Subject to Part 50, completion of an investigation will occur within one hundred twenty (120) calendar days.
- VI. Impartial experts will be selected by the SIRC to conduct inquiries and investigations.
- VII. All precautions will be taken to ensure no real or apparent conflicts of interest will occur in an inquiry or an investigation.
- VIII. The affected individual(s) will be afforded confidential treatment to the maximum extent possible, a prompt and thorough investigation, and an opportunity to comment on allegations and finds of the inquiry and/or investigation.

- IX. Notification will be supplied to the OSI, at the National Institutes of Health, that an investigation will be conducted.
- X. Notification will be provided to OSI within twenty-four (24) hours of obtaining a reasonable indication of possible criminal violations.
- XI. The documentation to substantiate an investigation's findings will be prepared and maintained for at least three (3) years after Public Health Service acceptance of the final report.
- XII. Appropriate interim administrative actions will be taken to protect Federal funds and to ensure that the purposes of the Federal financial assistance are being carried out.
- XIII. OSI will be promptly advised of any developments during the course of the investigation which disclose facts that may affect current or potential HHS funding for the individual(s) under investigation or that the Public Health Service (PHS) needs to know to ensure appropriate use of federal funds and otherwise protect the public interest.
- XIV. Efforts will be made to restore the reputations of persons alleged to have engaged in misconduct when allegations are not confirmed.
- XV. To the maximum extent possible, the positions and reputations of those persons who, in good faith, make allegations of scientific misconduct, and those against whom allegations of misconduct are not confirmed will be ensured.

XVI. Appropriate sanctions will be imposed on individuals when the allegation of misconduct has been substantiated.

XVII. The OSI will be notified of the final outcome of the investigation with a written report that thoroughly documents the investigative process and findings.

XVIII. Specific questions may be addressed to the Staff Attorney, DMH.

Policy Title: Facility Operating Procedures

Scope: Each facility operated by the Department of Mental Health shall establish and follow policies outlining the facility's method of operation.

Purpose: To ensure that the Board and the Department of Mental Health fulfills its obligations set out in Section 41-4-7(c) of the Miss. Code of 1972 and state and federal regulations and to ensure all facility staff are aware of the relevant regulations and procedures in the daily operating of the facility, it shall be the policy of the Board of Mental Health that operating procedures of each facility be established.

Procedure: The following shall be the procedure for development and approval of these operating procedures.

I. Name

The operations of the facilities shall be delineated in manual form and shall be entitled:

North Mississippi Regional Center Policy and Procedure Manual

North Mississippi State Hospital Policy

and Procedure Manual

Boswell Regional Center Policy and
Procedure Manual

Hudspeth Regional Center Policy and
Procedure Manual

Ellisville State School Policy and
Procedure Manual

South Mississippi Regional Center Policy
and Procedure Manual

South Mississippi State Hospital Policy
and Procedure Manual

Mississippi State Hospital Policy and
Procedure Manual

East Mississippi State Hospital Policy
and Procedure Manual

Central Mississippi Residential Center
Policy and Procedure Manual

Juvenile Rehabilitation Center Policy and
Procedure Manual

Specialized Treatment Facility for
Emotionally Disturbed Policy and
Procedure Manual

II. Content

A committee known as the Policy and Procedure Manual Committee, appointed by the Executive Director, shall select a standard format to be utilized in all manuals and a standard outline of topics to be addressed in each manual.

III. Development

Each facility shall establish an internal committee to develop and review that facility's Policy and Procedure Manual.

The facility director shall review and approve the content of the Policy and Procedure Manual.

IV. Review

Each facility's manual shall be reviewed for amendments at least every two (2) years.

Recommendations from a facility's internal committee to the Policy and Procedure Manual Committee concerning recommended changes in format or content shall be made at least three (3) months prior to the review date.

V. Dissemination

Copies of the Policy and Procedure Manual shall be provided to all appropriate staff as determined by the facility director.

Information contained in the manual shall be provided to other staff as determined appropriate by the facility director.

The Executive Director shall retain a current copy of each facility's Policy and Procedure Manual.

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