

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY

NUMBER: BA017

NAME: CREATION AND DISTRIBUTION OF AGENCY POLICIES, PROCEDURES AND FORMS

INITIAL APPROVAL DATE:	07/10/2002	BY: Administrative Committee
(LAST) REVISION DATE:	01/15/2025	BY: CEO
(LAST) REVIEW DATE:	01/16/2025	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

I. PURPOSE

To establish a uniform practice for the creation, distribution and review of Agency policies, procedures and forms.

II. APPLICATION

Populations: **None**
Programs: **Direct – ALL**
Contracted - ALL

III. POLICY

Sanilac County Community Mental Health Authority (Sanilac CMH) policies, procedures and forms will be reviewed on an annual basis, or sooner if needed, to ensure they meet their intended purpose.

IV. DEFINITIONS

- A. POLICY: A plan or course of action adopted by Sanilac CMH designed to influence and determine decisions, actions and other matters.
- B. PROCEDURE: A set of established methods for conducting the various affairs of Sanilac CMH.
- C. FORM: A fillable document for use in conducting the various affairs of Sanilac CMH.

V. STANDARDS

All policies, procedures and forms generated or utilized by Sanilac CMH will follow the procedures contained herein.

VI. PROCEDURE FOR CREATION

- A. All policies and procedures must be created in the approved policy/procedure format. This policy reflects the approved format.
- B. New policies and procedures can be recommended by members of the Administrative or other Agency Committees and may first be reviewed by the Policy Committee.
- C. New policies/procedures shall be reviewed and approved by the Administrative Committee who shall also direct when a new policy requires Board approval, with final receipt and policy number assignment by Policy Committee.
- D. Forms must be created on an Agency computer and saved electronically.

VII. PROCEDURE FOR REVIEW/MODIFICATION

- A. All policies, procedures, and forms, with the exception of Board policies, shall be reviewed by the Sanilac CMH Policy Committee. Only the review of the excepted policies shall be tracked by the Policy Committee.
- B. The CEO will ultimately confirm the membership of the Committee:
 - The Committee will be comprised of the following members:
 - 1) Chief Financial Officer or Designee
 - 2) Chief Information Officer or Designee
 - 3) Chief Operating Officer or Designee and two additional staff
 - 4) One Peer Support to represent the interests of the individuals we serve
 - 5) Human Resources representative
 - 6) Chief Executive Officer or Designee to serve as Chair
 - 7) Clerical Support Staff
 - The Medical Director shall be an ex officio member of the Committee to provide clinical input as appropriate.
 - The Committee will meet on a monthly or bi-monthly basis determined based on the number of policies/procedures/forms to be reviewed.
 - The Committee Chair will assign Policies/Procedures/Forms for review to Committee Members at least one month prior to the due date for review.
 - Committee Members will review assigned policies/procedures/forms obtaining expert Agency opinion when necessary and report back to the Committee any recommended changes.
 - 1) Once a policy/procedure is assigned the assigned committee member will answer the following questions and report the responses to the committee.
 - What is the policy/procedure's purpose?
 - How does the above compare with the current Agency's practice?
 - Is the information included in the policy/procedure covered in another policy and procedure and if so does it need to be in two policies/procedures, or combined into one?
 - Are there any changes that would be beneficial to the Agency's mission and to the individuals we serve?
 - 2) If no changes are needed once Committee approval is obtained said Policy/Procedure/Form will be put back on the annual review cycle, noting the "reviewed" date.
 - 3) If minor changes are determined i.e., grammatical, clarification changes without any change to the intent of the policy/procedure/form, once Committee approval is obtained said policy/procedure/form will be put back on the annual review cycle, noting the "reviewed" date.
 - 4) If major changes are determined to be necessary once Committee approval is obtained said policy/procedure/form will be sent to the Administrative Committee for approval.
 - 5) The Policy Committee will provide the Administrative Committee a list of all policies/procedures/forms reviewed at that meeting with a disposition for each item.
 - The Administrative Committee shall review all major modifications to policies and procedures and provide the final approval as well as direct when policy revisions require Board approval.

- Recipient Rights policies and procedures will be reviewed by the Recipient Rights Officer and approved by the Recipient Rights Advisory Committee. Significant changes to Recipient Rights policies/procedures will be approved by the Sanilac CMH Board.
 - Board policies will be reviewed and approved by the Sanilac CMH Board.
 - Any policies that are related to Agency services or programs shall receive “stakeholder review”, as directed by accreditation guidelines. This review shall be completed by either the Consumer Advisory Board, the Parent Advisory Council or the Recipient Rights Advisory Committee, or a combination of all 3. This review shall be noted on the face of the policy. Stakeholder review shall be required for new policies or substantive changes to current policies, at the direction of the Committee Chairperson or CEO.
- C. All policies, procedures and forms will be available for viewing on the Agency web page.
- D. The Clerical Support Staff will maintain a complete list of policies, procedures and forms. This list shall also be published to the Agency web page.
- E. The minutes of the Policy Committee meetings shall be forwarded to the QI Committee.
- F. A hard copy of the policies and procedures shall be maintained by the Executive Administrative Assistant or designee.
- G. Notice shall be given to all staff of the creation of or change to any policy, procedure or form by way of Agency e-mail.

VIII. ATTACHMENTS

None

IX. REFERENCES

None