


CHAPTER: 6	SECTION: 3	SUBJECT: Improving Organizational Performance
TITLE: Policy & Procedure Formulation, Revision and Review		
EFFECTIVE DATE: 12/15/95	REVISED/REVIEWED DATE: 9/98, 7/24/00, 11/18/03, 9/20/05, 10/12/06, 3/26/13, 2/24/14, 3/20/15, 3/24/16, 4/7/16, 7/6/18, 9/9/19; 10/01/20; 05/01/21, 01/03/23, 11/14/2023	
ISSUED AND APPROVED BY:  EXECUTIVE DIRECTOR		

I. PURPOSE:

To provide the Agency with a process for formulating and revising policy and procedures that reflects the Agency’s mission and values.

II. APPLICATION:

To all Community Mental Health of Ottawa County (CMHOC) operated and contracted programs as specified in the Contract.

III. DEFINITIONS:

Standing Committees: Ongoing committees formed under the Agency’s Quality Improvement Plan.

Administrative Policy: A course of action adopted by the Agency designed to accomplish its mission and values.

Administrative Procedures: Processes related to the day-to-day operation of the Agency.

IV. POLICY:

It is the policy of CMHOC to provide staff with a process for the formulation and revision of policies and administrative procedures in order to deliver services that reflect the Agency’s mission and values.

V. PROCEDURE:

A. Process of Policy Formulation:

1. Staff has the ability to bring requests through the supervisory structure or as representatives of a QI standing committee.
2. If the proposed policy is deemed necessary, Leadership Group will send the policy back to the individual, department, or committee proposing the policy with any revisions.
3. The policy will then be revised and forwarded to Leadership Group for final approval.
4. Once approved by Leadership Group, the QI Unit designee will incorporate the policy formulations into the policy format and will distribute the final draft.

5. The Executive Director has the prerogative of establishing and revising policies as needed. Final authority and approval of CMHOC policies and administrative procedures will be the role of the Executive Director.
6. Once final approval is given by the Executive Director, the QI Unit designee will post the new policy to the CMH portal.

B. Process of Policy Review and Revision:

1. The Quality Improvement Team will select the policies that need to be reviewed based on need and the appropriate time frame.
2. Policies will be evaluated annually to determine if review is necessary.
3. All requests for policy revision will be assigned to the appropriate standing committee or department.
4. Leadership Group will approve all major policy changes. Minor changes will be approved by the identified lead committee or manager.
5. The QI Unit designee will incorporate the policy revisions into the policy format and will distribute the final draft.
6. The Executive Director has the prerogative of establishing and revising policies as needed. Final authority and approval of CMHOC policies and administrative procedures will be the role of the Executive Director.
7. Once final approval is given, the QI Unit designee will post the new policy to the CMH portal.
8. Board policies will be reviewed by the CMHOC Board of Directors on an annual basis.

C. Operational Guidelines

1. Operational Guidelines are administrative procedures that do not typically fall under a policy.
2. Operational Guidelines must be approved by the appropriate Leadership Group representative.
3. Operational Guidelines should be evaluated as needed.
4. The Leadership Group representative will send the new or updated guideline to the Executive Assistant to put into the correct format and to post on the CMH Portal.

D. Notification

1. Notification will be sent to all CMHOC staff members if a new policy is formulated or if a policy has a major change.
2. Notification will be sent to all CMHOC staff members if a policy is rescinded.
3. Providers will be updated on any applicable policy changes, thus keeping any contract providers notified.

VI. ATTACHMENT:

None Applicable

VII. REFERENCE:

None Applicable