SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Policy Number:	08-02
Policy Name:	Policy Management, Development, and Approval Process
Authority:	Departmental; Divisional
Original Policy Date:	April 9, 2008
Policy Last Revised:	April 24, 2025
Supersedes:	N/A
Attachments:	**A.** BHRS Policy Development Flow Chart

PURPOSE

The purpose of this policy is to establish a consistent, efficient, transparent process for the development, review, and approval of organization policies. This ensures alignment with Behavioral Health and Recovery Services (BHRS) goals, compliance and regulatory standards and stakeholder needs.

BHRS is committed to ensuring fairness, inclusion, and equal opportunity in all aspects of policy development, review, and implementation. We strive to create policies that meet the diverse needs of the individuals and communities we serve, prompting equitable access to resources and opportunities.

DEFINITIONS

Basic Terms for Policy Development

Policy – A high-level document that establishes rules and guidelines for BHRS. A policy is usually written by upper and middle management, with input from supervisors and staff. A policy can describe everything from how much holiday time employees receive, to regulatory requirements for documentation. A policy sets the overall tone for BHRS' practices.

Process – How procedures align with one another to achieve the goals of the policy. A process details who is responsible and ensures that the necessary tasks are completed properly and on time. A process describes what BHRS does and who does it.

Procedure – The steps staff should take to enact a specific policy. Broadly speaking, procedures describe the steps that implement policies. Procedures provide a structure for smaller tasks, known as work instructions. For example, the steps for opening a client to a treatment program (including registration, assigning primary clinician, etc.) is a procedure.

Work Instructions – Provides the most basic instructions for the most basic tasks. A procedure may have one or more work instructions but work instructions themselves extend to one page or less and

are available where the work is performed. These often take the form of "checklists" that staff use to ensure that they are completing all the basic tasks associated with a procedure.

Terms For Policy Edits

Technical Edit – A Technical Edit, often referred to as a Tech Edit, is a *minor change* to a policy that does not impact the overall content or guidance. Examples include grammatical edits, updates to terminology and updating policy attachments. These minor changes do not require Executive Director approval can be completed by a Policy Lead or Executive Sponsor.

Amendment – An Amendment is a *moderate change* to the overall content or guidance of a policy. Examples include updating pertinent information or making significant changes to a procedure. An Amendment to a policy indicates that the changes were significant enough to require Executive Director and Executive Sponsor review and approval, but the core tenants of the original policy are still relevant.

Supersede – When a *substantial change* to a policy is needed to replace information that is no longer relevant or represents current practice. For example, if Policy B is the new updated version of Policy A, then Policy B will supersede Policy A, and therefore Policy A should no longer be referenced for guidance.

The main circumstances under which a new policy should be written to supersede an existing includes:

- New regulations in effect rendering the existing policy out of compliance with the current regulations or procedures. These changes are significant enough to warrant a new policy, rather than amending the existing version. The superseding version still reflects the core tenants of the original policy.

Retire – When an existing BHRS Policy is determined to no longer be relevant or reflect current practices due to regulatory changes, facility changes or other changes that render the policy obsolete. The retired policy is not superseded by another policy.

Definitions Of Responsible Parties

Policy Lead – A staff member with subject matter expertise who is selected by the Executive Sponsor to be the main drafter or editor of a policy.

Executive Sponsor – A member of the Executive Team with subject matter expertise in the area of the policy. This executive oversees the policy process from start to finish and provides support to the Policy Lead.

Committee/Team of Subject-Matter Experts – A group of staff members that have experience and knowledge in the area of the policy. Members of this team are selected by the Executive Sponsor and their function is to review the policy and provide feedback.

Quality Improvement Committee (QIC) – The QIC is embedded in the Quality Improvement Program that aims to monitor SMC BHRS' delivery systems with the aim of improving the processes of providing care and better meeting the needs of its beneficiaries. The QI Committee shall recommend policy decisions.

Executive Team – a group of deputy directors that oversee various programs and managers. The Executive Team reports to the Executive Director.

POLICY

I. Policy Drafting:

A. New policies or changes to existing policies will be drafted by an identified Policy Lead from the department/team with subject-matter expertise. The Policy Lead will serve as the main drafter of the policy and will work closely with the Executive Sponsor who provides oversight and guidance throughout the process.

B. Input may be solicited from relevant stakeholders, including staff, leadership, and external consultants, as necessary to assist the Policy Lead in the initial development or amendments to a policy.

C. Any new or changes to existing policies should incorporate information related to advancing equity, reducing disparities, and promoting inclusivity. Engaging diverse stakeholders and evaluating the potential impact on diverse populations aims to prevent unintended harm and promote equitable outcomes.

II. Initial Review:

A. Draft policies must undergo an initial review by a team comprised of appropriate subject-matter experts.

B. This review ensures alignment with organizational objectives, regulatory requirements, and operational feasibility.

C. Revisions or recommendations from the team or committee of subject matter experts will be provided to the Policy Lead for applicable edits to the policy.

III. Executive Sponsor and QM Review:

A. After the Policy Lead completes the initial edits provided by the subject matter experts, the Policy Lead will submit an updated version to the Executive Sponsor overseeing the policy for final edits and endorsement. The Executive Sponsor will submit the final version to Quality Management (QM) for review. QM reviews the policy and provides feedback to the Executive Sponsor.

IV. Role of Quality Improvement Committee (QIC)

A. The Quality Improvement Committee is comprised of various stakeholders within and outside of BHRS. As a way to promote organizational transparency and elicit feedback from this group of diverse stakeholders, Quality Management may ask that certain types of policies be presented to the QIC.

1. QM ***may request*** that the Policy Lead and Executive Sponsor present the following types of policies to the QIC:

   Policies involving standards for client care:

- Policies impacting treatment protocols, interventions, or therapeutic approaches
- Policies impacting client rights

2. The policies to be presented at the QIC can be new or amended policies.
3. The role of the QIC is to provide feedback, as appropriate. This feedback may be incorporated into the policy prior to final approval by the BHRS Director and Executive Sponsor.
4. The Executive Sponsor should clarify to the QIC the type of feedback they are requesting. For example, while regulatory language within the policy cannot be altered, the QIC can provide feedback to ensure new processes do not create barriers to client care and that the language used is client centered.
5. The QIC may also be asked to assess whether the policy aligns with current workflows or identify potential challenges to implementation across our system of care.
6. The Executive Sponsor may also receive feedback from QM prior to the QIC meeting on areas of the policy where QIC feedback may be valuable.
7. *QIC feedback serves a significant role in the overall policy process, however the Executive Sponsor and BHRS Director will have final approval of the information included and approved in the final version of the policy.*

B. Types of policies where QIC feedback will likely ***not*** be solicited include:
- Compliance policies
- Credentialing policies
- Onboarding and/or policies outlining licensing requirements

C. New or amended policies where QIC feedback is not solicited may be finalized after feedback from the team/committee of subject matter experts, QM, and approval from the Executive Sponsor and BHRS Director.

V. Implementation:

A. Once the final version of the policy is approved by the Executive Sponsor and the BHRS Director, the policy will be disseminated to all relevant stakeholders.

B. Training or informational sessions for BHRS staff and contractors will be scheduled, as needed, to ensure proper understanding and compliance of the of the policy.

C. If appropriate, the policy will be presented at the Management Team Meeting which includes Executive Team Members and all BHRS Managers.

D. Approved policies will be archived by QM and documented in the Policy Index, which is publicly accessible on the BHRS website.

VI. Ongoing Review:

A. Policies are subject to periodic review, as outlined in the organization's review schedule, or as circumstances require (e.g., regulatory changes, organizational restructuring, external auditing, etc.).

B. Any amendments to a policy must follow the outlined procedure above.

VII. Committee/Team Of Subject Matter Experts (SMEs)

A. When a new policy is developed or significant amendments occur to an existing policy, the Executive Sponsor of a policy should compile a committee/team of subject matter experts to review the policy and provide feedback.

B. This team should consist of departmental managers, supervisors, and other stakeholders with direct knowledge of the departments functioning and procedures, such as applicable clinical or administrative staff. In some cases, an existing committee may be the most appropriate group of experts to task with policy review.

C. Not all new or amended policies will require review and feedback from a committee/team of subject matter experts. These policies will instead be reviewed and finalized by the Executive Sponsor and BHRS Director.

D. Types of policies that ***may not*** require review and feedback from a committee/team of subject matter experts:

1. Routine Administrative Operations:
   - Guidelines for documentation
2. Department-Specific or Non-Clinical:
   - Policies affecting only specific teams, such as billing or IT support
   - Procedures for using software (e.g., electronic health records)
3. Minor Revisions to Existing Policies:
   - Clarifications or adjustments that don't alter the intent or impact (e.g., language updates)
4. Internal Policies:
   - Staff training schedules or non-mandatory professional development
   - Internal communication protocols

E. Types of policies ***likely to*** require review and feedback by a committee/team of subject matter experts:

1. Client Care Standards:
   - Policies impacting treatment protocols, clinical interventions, or therapeutic approaches (e.g., evidence-based practices, etc.)
   - Policies impacting client rights
2. Compliance and Regulatory Standards
   - HIPAA compliance policies (e.g., handling of protected health information)
   - Policies addressing mandated reporting of abuse, neglect, or imminent harm

3. Credentialing
    - Policies related to maintaining credentialing, onboarding, and licensing requirements for behavioral health providers

VIII. ROLE OF QUALITY MANAGEMENT (QM)

A. QM along with other BHRS departments, may initiate and recommend the creation of new policies and updates to existing policies based on Behavioral Health Information Notices (BHINs), laws, and regulations to reflect current departmental procedures and practices, and to provide guidance and information to BHRS providers and beneficiaries.

B. The QM team also provides administrative support to the policy process by tracking the policy process and maintaining an accurate database and index of all current and past BHRS polices.

C. QM provides ongoing updates to BHRS' Executive Team on the current status of policies and collaborates with the executive team on any policies where additional guidance or feedback is needed.

IX. TIPS FOR BEHAVIORAL HEALTH POLICIES

A. Check Accreditation Standards
    - If a policy aligns with an accreditation requirement (e.g., client safety or care standards), it likely needs committee approval.

B. Assess Risks
    - High-risk policies (e.g., those related to client harm or legal violations) should always go through a committee.

C. Evaluate Scope
    - Policies affecting direct client care, multiple departments, or compliance with external regulations typically require committee oversight.

SIGNATURES

Approved: *Signature on File*
Dr. Jei Africa, PsyD, FACHE
BHRS Director

Approved: *Signature on File*
Scott Gruendl, MPA
BHRS Assistant Director

REVISION HISTORY

Date of Revision	Type of Revision	Revision Description
04/24/25	Amend	**Policy:** updates made to the policy management, development and approval process and clarification on roles.
04/24/25	Amend	**Attachment A:** revised to reflect new workflow for finalizing policies.
08/29/16	Amend	**Policy:** amended & renamed
8/26/16	Amend	**Attachment A:** BHRS Policy Development Flow Chart added