



**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

SUBJECT Policy Template	POLICY NO. xxx.xx	EFFECTIVE DATE xx/xx/xxxx	PAGE 1 of 2
APPROVED BY: Director	SUPERSEDES	ORIGINAL ISSUE DATE	DISTRIBUTION LEVEL(S)

PURPOSE: *(Briefly summarize the intent of this new or revised policy/procedure.)*

- 1.1 To provide _____
- 1.2 Also provides _____

DEFINITIONS: *(Optional - use as needed. Provide definitions of new or critical terminology that enables all users of the policy/procedure to understand and apply the same meaning for those terms.) Examples:*

- 2.1 **Policy:** a program of actions adopted by DMH for a specific course of action.
- 2.2 **Procedure:** an established and correct method of doing something.
- 2.3 **Area Experts:** those individuals who have been identified as having significant professional knowledge and experience...

POLICY: *(Clear statement(s) that often relates a regulatory or legal requirement to updated DMH practices. Use outline format.)*

- 3.1
- 3.2

PROCEDURE: *(Briefly identify the operational steps necessary to effectively implement the policy. Use outline format.)*

- 4.1
- 4.2
 - 4.2.1
 - 4.2.1.1



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AUTHORITY: *(Briefly identify the basis of the policy - specify Federal, State, County regulation statute, or policy. Provide clarification regarding legislation, Board of Supervisors' Orders, statutes, codes, State DMH letters, mandates or other administrative directives.) Examples:*

- 5.1 State Letter 10-5, dated September 27, 2010, addressing
- 5.2 _____

ATTACHMENTS: *(Optional - use as needed. To be hyperlinked at area expert's option.)*

- 1. Title of Attachment 1
- 2. Title of Attachment 2
- 3. _____

REFERENCES: *(Optional - use as needed.)*

- 1. Title and Source
- 2. Title and Source
- 3. _____

RESPONSIBLE PARTY: *(Identify the responsible office or unit of DMH that will review/update the policy, i.e.; DMH Office of the Medical Director, or DMH Human Resources Bureau.)*