

POLICY REQUEST FORM

Request for a New Policy, Deletion or Modification of an Existing Policy

CONTACT INFORMATION

Requester:

Date:

Division:

Phone:

POLICY INFORMATION

Reason for Requested Policy:

Policy Name:

RATIONALE/CONTEXT/HISTORY

Describe in detail why a new policy, modification, or deletion of an existing policy is required. Provide as much specific information as you can, including:

- If a new policy, describe the issues that have led to the need for a policy.
- If a modification or deletion of an existing policy, describe the issues that have arisen to justify the need for revisions or deletion.
- Cite relevant policies, BOS direction, external legislations, regulations, codes, etc.
- Provide a history of the development or revisions of the policy.

PROCESS/CONSULTATION

Describe the process that has been used or will be used to develop or modify the policy, including consultation that has occurred or should occur: research, reference to other county policies, meeting groups, identification of best practices. Please be as specific as possible.

TIMING

Is there time sensitivity to the development or review process for this policy? If so, please explain.

ATTACHMENTS

List all attachments included with this request.

Please email this form and attachments to the Office of Strategy Management, contact: Yaneris Muñiz, Behavioral Health Policy Coordinator, at ymuniz@co.santa-barbara.ca.us