
	General Policy			
	Chapter:	Board Service and Program Administration	Policy #	2-3-1
	Section:	Program Plans	Revision #	2

- I. **PURPOSE:** To establish policy and procedures for West Michigan Community Mental Health to write and review the clinical services program plans.
- II. **APPLICATION:** The policy and procedures stated herein apply to all clinical staff members at West Michigan Community Mental Health.
- III. **REQUIRED BY:** Accrediting Bodies.
- IV. **DEFINITIONS:** Not applicable.
- V. **POLICY:** It is the policy of the West Michigan Community Mental Health to have written program plans on each of its clinical programs. The Clinical Oversight Committee (COC) will review Program Plans every year.
- VI. **PROCEDURES:**
 1. Directors and assigned program Team Coordinators are responsible for writing and/or revising program plans. Program Plans will include the following information:
 - a. **Program Description**
This should include:
 - One to two paragraphs in length that includes details of how the service structure fits the mission of WMCMH
 - Population served with relative characteristics and ages
 - After hours coverage
 - Crisis management
 - b. **Philosophy of the program (examples included in the list below)**
 - Recovery
 - Culture of Gentleness
 - Non-judgmental
 - Mission, Vision and Values
 - Trauma Informed
 - One paragraph in length with 3-5 sentences
 - c. Program goal and objective: Include one team/program specific goal and objective that will improve outcomes for consumers. Include interventions of how to achieve and how to monitor and measure.
 - d. Credentials and list of staff, including FTEs.
 - e. Unique Program Elements (respite, self-determination, transportation grant, special populations served, how peers are utilized, Fast Lane, SBIRT, trauma informed care, etc.).
 - f. How technology is used to meet the needs of the consumer (patient portal, twilio, texts, collaborative documentation, hot spots).

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2. Scope of Services:

- a. Office locations and other settings such as Autism Center, PWC, office-based, community, remote work, consumer’s home, specialized residential, etc.
- b. Hours of service, including late night appointments, 8 a.m. to 5 p.m., late appointments on Tuesday in the Ludington office location.
- c. Frequency of services (i.e., based on consumer need, amount, scope and duration, frequency of therapy appointments, SIMPLE groups, , frequency of ABA interventions and appointments).
- d. Days of service M-F.
- e. Payer resources.
- f. Fees.
- g. Referral sources.
- h. Specific services covered (directly or indirectly), identify main services provided in the program.


3. Eligibility:

- a. Admission criteria (decision making, functional tools, ANSA/CANS, brief numbered list), therapeutic appropriateness and medical necessity.
- b. Transition criteria (move from one program to another, HB to case management, CSM to ACT, etc.).
- c. Discharge criteria (process, release, referral, warm handoff, referral source).

4. Service Model Delivery:

- a. Most commonly used EBP (how is the EBP used in the program, prevention, intervention, treatment). How does the EBP influence treatment?
- b. Current research.
- c. Clinical practice guidelines.
- d. Identify how WCMH learns about promising practices and new evidence-based practices.

5. The Clinical Oversight Committee will review these plans every year and make recommendations to the related Director/Team Coordinator.

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VII. **SUPPORTING DOCUMENTS:** None

VII. **POLICY/PROCEDURES REVIEW:**

REV#	APPROVED BY	Policy/Procedure	DATE
			01/2011
			05/2014
			05/2017
			05/2019
NC	COC	Procedure	05/2021
Board Approval Date: 12/21/2004			

IX. **CHIEF EXECUTIVE OFFICER ENDORSEMENT:**

I have reviewed and approve of policy # 2-3-1 Revision # 2.

CEO: Lisa A. Williams

Approval Signature: _____