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

- 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 WCMCMH
 - 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, , SBIRT (Screening, Brief Intervention, and Referral to Treatment), 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, gathering sites, office-based, community, remote work, consumer’s home, specialized residential, etc.
- b. Hours of service, including evening appointments, 8 a.m. to 5 p.m., later appointments on Tuesday in the Ludington office location, or any other alternative service provision hours.
- 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 best or evidenced based practices (EBP) (how is the EBP used in the program, prevention, intervention, treatment). How does the EBP influence treatment?
- b. Current research that supports practices.
- c. Clinical practice guidelines.
- d. Identify how WMCMH 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

VIII. **POLICY/PROCEDURE REVIEW:**

REV#	APPROVED BY	Policy/Procedure	DATE
	Unknown		01/2011
	Unknown		05/2014
	Unknown		05/2017
	Unknown		05/2019
2	COC	Procedure	05/2021
2	COC	Annual Review	03/2022
3	COC	Procedure	02/2023
Board Approval Date: 3/19/1996			

IX. **CHIEF EXECUTIVE OFFICER ENDORSEMENT:**

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

CEO: Lisa A. Williams

Approval Signature: _____