	Credentialing and Privileging			
	Chapter:	Board Service and Program Administration	Policy #	2-1-2
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I. **PURPOSE:**

1. To provide a system for credentialing and re-credentialing of professional clinical staff members who provide clinical services in order to guarantee ongoing delivery of high-quality clinical services to WMCMH consumers.
2. To assure that the services provided by WMCMH are of the highest professional quality possible.
3. To identify the clinical qualifications, authority, and responsibility of clinical staff members for delivery of services within the behavioral health field.
4. To evaluate and monitor the qualifications of professional clinical staff members and their performance and competency.
5. To effectively organize the WMCMH professional clinical staff.

II. **APPLICATION:** All individuals who provide professional clinical services.

III. **REQUIRED BY:** Contractual organizations; 438.214(b)(1) and accrediting bodies.

IV. **DEFINITIONS:**


Credentialing – A process for gathering and presenting evidence of necessary qualifications to provide services and/or undertake activities related to a specific service and discipline.

Clinical Privileges – A granting of authority to provide specific care and treatment services to consumers within defined parameters, based upon license, education, training, experience, competence, and judgment.

Privileging – The process for reviewing and deeming levels of proficiencies for specific evidence-based practices, approved therapies or providing services.

Professional Clinical Staff Members – Professional clinical staff members are defined as:

- Physicians
- Physician Assistants
- Psychologists (Licensed, Limited License, or Temporary License)
- Nurse Practitioners and/or Nurses (Licensed by the State of Michigan)
- Social Workers (Licensed Master's [LMSW], Limited Licensed Master's [LLMSW], Bachelor's [LBSW], Limited License Bachelor's [LLBSW])
- Licensed Professional Counselors (Licensed [LPC] or Limited Licensed [LLPC])
- Occupational Therapists (Licensed by the State of Michigan)
- Physical Therapists (Licensed by the State of Michigan)
- Speech Pathologists / Audiologists (Licensed by the State of Michigan)
- Registered Dietitians
- Licensed Marriage & Family Therapists or Limited Licensed Marriage and Family Therapists (Licensed by the State of Michigan)
- Educators (With a degree from in education from an accredited program)
- Therapeutic Recreation Specialist
- Human Service Degreed Supports Coordinators

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- Board Certified Behavior Analyst (BCBA)
- MCBAP Counselors

Para-Professional Staff: Para-professional clinical staff are defined as:

- Peer Support Specialist
- Peer Recovery Coach
- Parent Support Partner
- Youth Peer Support Specialist

Student Interns: All student interns are required to make an application for credentialing and privileging while completing an internship with WMCMH. The Executive Committee of the Clinical Oversight Committee will review each application to make a determination as to whether the student meets requirements for temporary privileging to provide service based on their field of study and education.


For the purposes of organizational consistency, all individuals who provide direct clinical service requiring a Bachelor's or higher level degree or an R.N. with an Associate's degree will be designated as professional clinical staff members and be reviewed through the WMCMH Credentialing and Privileging Process.

- V. **POLICY:** It is the policy of WMCMH that all professional clinical staff members providing direct clinical services to consumers will be reviewed initially and on-going thereafter through a credentialing and privileging system designed to guarantee necessary licensure, ongoing competency, training, education, and quality care delivery to the consumers we serve.

VI. **PROCEDURES:**


A. WMCMH Credentialing and Privileging Body:

1. The Executive Committee of the Clinical Oversight Committee (COC) will act as the Credentialing and Privileging (C&P) Committee for WMCMH. This group will meet as needed to review new applications for credentialing and re-credentialing of professional clinical staff members and master's level student interns.
2. The Executive Committee for the COC will be comprised of the following individuals:
 - Chief Clinical Officer (Co-Chair)
 - Chief Healthcare Integration Officer (Co-chair)
 - Clinical Directors
 - Director of Human Resources
 - Clinical Coordinator (ad hoc)
 - Medical Director (ad hoc)
3. In the event of an appeal of a C&P decision, the full COC will serve as the secondary review body. See more detail below regarding appeals.


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B. WCMCMH Credentialed Staff Members: Professionals representing the various categories of clinical staff membership (provisional, fully privileged and consultant), must apply/reapply for clinical staff membership and privileges as set forth in these procedures. Any appointment/reappointment will be for a specific duration and condition, such as type and intensity of supervision and period of review. Clinical privileges are required to perform certain services provided by WCMCMH. Professionals of WCMCMH requesting clinical privileges must demonstrate and/or provide proof of required education, training, supervised experience, and successful practice in accordance with professional ethics, state and federal laws, scope of professional certification, license and/or registration as it pertains to the privileges requested. WCMCMH reserves the right to ensure the provision of quality mental health care. WCMCMH also reserves the right to establish professional qualifications for clinical privileges. Only professionals who meet the specific privileging criteria will be granted clinical privileges.

1. WCMCMH Professional and Para-Professional Clinical Staff Positions: Professionals seeking positions with WCMCMH must be eligible for privileges from COC. Eligibility for privileges will be set forth in these procedures.
2. Application Contents: Professionals seeking clinical privileges are solely responsible for the content and accuracy of their application. Any falsification, distortion of facts or omissions from the application for privileges will constitute a cause for denial of privileges. All information submitted by the applicant will be certified as being true statements to the best of the applicant's knowledge and belief.
3. Applicant's Acknowledgment: In making application for privileges, the applicant will declare his/her professional obligation to:
 - a. Provide quality care for his/her assigned consumers.
 - b. Accept reasonable organizational committee assignments.
 - c. Attest to being physically and mentally able to successfully work with consumers to meet their clinical needs and perform the professional duties for which they requested privileges.
 - d. Participate in continuing education activities as established by an annual comprehensive continuing education plan for clinical staff.
 - e. Comply with the ethical standards of practice established by his/her profession and those established by WCMCMH policy.
 - f. Comply with the standards for continuing education as identified by the licensing, registering, or certifying body of the staff member's professional discipline.
4. Effect of Application: The submission of an application for privileging will be a testament of the applicant's approval and understanding to the following conditions:
 - a. Willingness to appear for interviews in connection with the application process.


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- b. Authorization for WMCMH to contact specific past and present employers, professional organizations, colleges and universities and malpractice insurance carriers who may have information about the applicant's professional competence, character, and ethical qualifications.
 - d. Agreement to release from liability all representatives of WMCMH for acts performed in good faith and without malice in connection with evaluating the applicant's application, credentials and qualification and professional competence.
 - e. Agreement to release from any liability all individuals and organizations who have provided information to WMCMH in good faith without malice concerning the applicant's professional competence, ethics, character, credentials, and qualifications for privileging.
5. General Privilege Criteria: Only qualified professionals will be eligible for privileges to work at the WMCMH organization. Applicants for membership must document professional education, related relevant experience and training, past 5 years of relevant work experience, required state professional certification/ licensure/registration, adequate physical and mental health status, adherence to ethics of their profession, their sound judgment, demonstrated current competence, and the ability to work with others with sufficient adequacy to assure the WMCMH COC that any consumer receiving services from them under the auspices of WMCMH will be given quality clinical care.
6. Demonstrated Current Competence is defined as the objective appraisal of the professional clinical staff member's performance as it pertains to the exercise of clinical privileges and professional judgment in the delivery of behavioral health services within the community and/or related consultant services. This is determined by the findings of clinical team leaders and supervisors' teams reviewing consumer care, clinical issues, and services; compliance with WMCMH policies and procedures as approved by the COC and the WMCMH governing body; and by regularly scheduled performance evaluations.
7. Professional Qualifications for Clinical Positions: WMCMH reserves the right to establish professional qualifications for its clinical staff positions. Qualifications may be adopted as promulgated by State certification and licensing boards, State colleges and universities, professional organizations, insurance carrier requirements, the Michigan Mental Health Code (P.A. 258 of 1974, as amended) and the Michigan Department of Health and Human Services. Qualifications may include a professional degree from an accredited college/university; type and length of related job experience; requirements relative to specialized training; certification, registration and/or professional licensure; and the completion of continuing professional education as defined by each professional/ licensing group. The loss of certification, licensure, or registration as a clinical professional will result in automatic suspension, limitation, or restriction of

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privileges as recommended by the COC. Professional clinical staff members are obligated to inform their immediate supervisor of any change in the status of their certification, license and/or registration.

8. Student Qualifications for Temporary Credentialing: WMCMH reserves the right to establish qualifications for student internships. Qualifications are adopted as promulgated by Medicaid requirements and the Michigan Department of Health and Human Services. A signed agreement between the student, university and WMCMH is required. An academic advisor is required to conduct onsite and/or phone consultation with the student and the supervising professional from WMCMH on a regular basis. Specific assignments given to the student are dependent on the course of study; master or bachelor level degree attainment. The student will have weekly meetings with their supervising professional from WMCMH.
9. Non-Discrimination: Applicants for privilege will not be denied appointment for reason of race, color, national origin, marital status, sex, age, political affiliation, sexual orientation, religious and/or irrelevant physical handicap.
10. Effect of Other Affiliations: Clinical staff who have been given privileges may have affiliations with other related and non-related organizations. If initiated, this is at the expense of the employee and will not interfere with the exercise of clinical privileges and responsibilities as employees of WMCMH.
11. Responsibilities of Privileged WMCMH Staff Members: Clinical staff must:
 - a. Execute professional responsibilities as outlined in their respective WMCMH approved job descriptions/consultant contracts for clinical staff positions.
 - b. Accurate and timely completion of complete clinical record keeping responsibilities as established by WMCMH policy and procedures.
 - c. Serve on various WMCMH committees to effectively implement the WMCMH's Performance Improvement Plan.
 - d. Exercise clinical privileges.
 - e. Adhere to clinical practice ethics.
 - f. Maintain good mental health and physical health.
 - g. Adhere to a positive professional image within the community.
 - h. Complete the requirements of continuing professional education as established by annual WMCMH program continuing education plans. (See WMCMH policy regarding Continuing Education for Employees).
 - i. Meet continuing education requirements for professional licensure understanding that this may be randomly monitored by the agency.
12. Credentials required for position: Staff must obtain required credentials including licensure, certifications and/or trainings within 6 months of accepting a position or as otherwise approved by the C&P committee.
- C. Conditions and Duration of Appointment: In effort to provide quality mental health care, WMCMH has established conditions for privileges. The provision of placing conditions on clinical staff membership is to ensure adequate supervision and evaluation of the clinical privileges conferred. All established provisional


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appointments will have specific durations of review. In the event that there are changes by the State of Michigan to the credential requirements of staff members providing services through their employment at WMCMH, the Agency's Clinical Oversight Committee reserves the right to revise or withdraw privileges as appropriate. PIHP retains the right to approve, suspend, or terminate any provider selected for participation.

1. Provisional Privileges:

- a. Initial Appointment – This may be applied to newly hired clinical professionals at WMCMH. All clinical staff members must have an initial review and appointment within 150 days of hire.
- b. Other - Provisional privileges may also apply if the clinical staff member is subject to disciplinary action. Upon notification and review of the disciplinary action, the COC Executive Committee may return the clinical staff to provisional status and thus weekly supervision applies. All professional clinical staff members may be subject to one (1) year of probationary employment. Provisional clinical staff memberships are granted for no more than 150 days. The provisional clinical staff membership may be reinstated by the procedures outlined below. This classification also is conferred to graduate level students (or bachelor level students enrolled in a program leading to a professional degree, such as BS in Nursing or Occupational Therapy), applying for internship placements with WMCMH as established by a written contract with a college/university for such purpose. All college student internship placements are for duration of one (1) year or less. (See WMCMH policy regarding Student and Volunteer Services). This classification is also conferred upon clinical staff members who do not complete their application or re-application for privileges in a timely manner or whose supervisors do not complete their performance appraisal in a timely manner such that their application may be considered by the Executive Committee of the CoC. Upon receipt of such applications or re-applications for privileges or of the completed performance appraisal, the staff member will be considered for reinstatement to full privileges at the next regular meeting of the Committee.

2. Full Privileges: A granting of authority to provide specific care and treatment services to consumers within defined parameters, based upon license, education, training, experience, competence, and judgment. Will receive routine supervision.
3. Deny Privileges: Privileges may be denied if the professional clinical staff member does not meet the competency or performance expectations required for the position; if he/she does not have the necessary licensure, ongoing competency, training, education, and quality care delivery required for the position. In the instance of a denial, the individual will be notified in writing of the denial and of the specific reason for the adverse decision.
4. Terminate Privileges: Professional clinical staff members may have their privileges terminated due to disciplinary action. Termination of privileges may be

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recommended if in the opinion of the COC Executive Committee there has been a substantial violation of WMCMH policy and procedures. Termination of privileges also applies when the professional clinical staff member is no longer working for the organization. In the instance of a termination of privileges, the individual will be notified in writing of the termination and of the specific reason for the adverse decision. Those who have terminated employment with the Agency will have a memo noting the termination of their privileges added to their personnel file.


D. Initial Credentialing of Professional Clinical Staff Members:

1. C&P of all professional clinical staff members will occur as part of the initial hiring process.
2. Staff will complete an initial application for credentialing and privileging the first week of employment. Initial credentialing will be designated based on the staff's education, licensure and training provided at hire.
3. The initial application for C&P contains the legally required attestations as well as information regarding professional licensure and certification.
4. Information regarding initial credentialing and privileging of an individual will be maintained in the personnel file. The Human Resources Director will maintain a tracking system for all C&P documents and materials.
5. The initial credentialing and privileging will be for a period of no more than 150 days. At this mark, the staff will apply for re-credentialing and privileging under Section E.

E. Re-Credentialing and Privileging of Professional Clinical Staff Members:

1. Re-credentialing and privileging will occur every two years based on hire date.
2. Para-Professional staff will not go through the re-credentialing process however, certain certifications (Peer Specialist, Peer Recovery Coach, Youth Peer Support, Parent Support Partner) will be brought to the C&P committee to acknowledge the credentialing of such certifications.
3. The process will begin with the Human Resource Director sending the list of professional clinical staff members who will be reviewed at the next Credentialing and Privileging meeting to the staff members identified in the table below for the purpose of conducting background checks and review of records.

Criminal Background Check
<input type="checkbox"/> Medicare/Medicaid OIG Check
<input type="checkbox"/> NPBD Check (Master's and Bachelor' level positions)
<input type="checkbox"/> Professional License Verification
<input type="checkbox"/> MCBAP Verification

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<input type="checkbox"/> College Degree Verification
<input type="checkbox"/> Driver's License Check
<input type="checkbox"/> Corporate Compliance Records Review
<input type="checkbox"/> Recipient Rights Records Review
<input type="checkbox"/> Grievance & Appeals Records Review

4. At the beginning of the month in which the staff will be reviewed, he or she will be sent the Re-Application for Credentialing and Privileging form for completion within one week and with the instruction to provide a completed copy to Human Resources.
5. Human Resources will send the supervisor a supervisor determination form to be completed.
6. Supervisors will monitor Relias for staff who are credentialed as a CMHP or those that serve waiver clients, to ensure the 24 hour training requirements are met.
7. Human Services will complete the Credentialing and Privileging Verification form and complete the staff's credentialing packet for the monthly C&P meeting.

F. Reporting:


1. The Credentialing and Privileging Recommendation and Decision form will be sent to the C&P Committee for review of re-credentialing. Final decisions will be noted on the form and signed by a committee chair and human resources.
2. The professional clinical staff member, or Network or Contractual Provider, will receive notice in writing of the decision of the committee within 30 days, as well as the decisions being noted in the Clinical Staff Listing on the WMCMH InfoHub. The process for appeal is delineated in section H below.
3. Information regarding re-credentialing of an individual will be maintained in the personnel file. The Human Resources Director will maintain a tracking system for all C&P documents and materials.

G. Credentialing Network Providers:

The C&P of Network and Contractual Providers will be reviewed every 2 years via the procedures outlined in this policy. This policy will apply to contracted professionals where applicable and the COC Policy (2.1.1).

H. Previous Credentialing Decisions:

WMCMH will review each applicant upon initial credentialing and determine credentialing and privileging status. WMCMH will not accept another CMHSP's credentialing decision.


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I. Appeal Process:

1. In the instance of a denial of privileges, the written notification of the denial will include the specific reason for the adverse decision. If the professional clinical staff member is dissatisfied with the decision of the committee, he/she may appeal that decision.
2. The appeal must be made in writing to the Chief Clinical Officer within 5 business days of the notification.
3. The Chief Clinical Officer will call a special meeting of the full COC within 30 days of receipt of the appeal for the purpose of reviewing the decision.
4. Professional clinical staff members do not maintain their privileges while they go through the appeal process.


J. Clinical Oversight Executive Committee Process for Determining Privileges:

1. Basis for Privileging Decisions: The C&P committee will thoroughly examine all requests for clinical privileges. The C&P Committee will review the applicant's current qualifications, the summary of the most recent performance evaluation, quality improvement monitoring and evaluation data, background check results, and previously conferred clinical privileges, and any other relevant information to support or not support the applicant's request for clinical privileges. The C&P Committee will privilege only those who are clearly applicable to the applicant's scope of professional practice for which the applicant is qualified as established by the COC privileging criteria.
2. HR will compile the application / reapplication packages for the C&P Committee to review.
3. The C&P Committee will review the completed application form looking for evidence of the following:
 - a. Professional Certification, Licensing and/or Registration.
 - b. Accepted Professions: The C&P Committee will determine if the professional clinical staff member is a member of one of the accepted clinical professions listed below. Professional discipline-specific require advanced or specialized education, specialized practicum training or experience in a particular discipline, in accordance with ethical standards of professional discipline practice, federal and state laws, and scope of professional certification, licensing and/or registration. Requirements for each position can be found in the Michigan Medicaid Manual.
 - **Physician / Physician Assistant**
 - **Nurse Practitioner Social Worker**
 - **Occupational Therapist Physical Therapist**


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- **Speech Pathologist / Audiologist Psychologist.**
- **Registered Nurse Licensed Practical Nurse (LPN)**
- **Licensed Professional Counselor**
- **Therapeutic Recreation Specialist Educator**
- **Licensed Marriage and Family Therapist**
- **MCBAP Counselor**
- **Board Certified Behavior Analyst**

- c. Special Populations served: The staff member's supervisor will note the specific population in which the staff member will be serving during the application period. The choices include the following the following consumer categories:
- i. Adults (18+)
 - ii. Children (0-21)
 - ii. MI (Mental Illness)
 - iii. I/DD (Intellectual/Developmental Disability)
 - iv. SED (Severely Emotionally Disturbed, term for Children)
 - v. SUD (Substance Use Disorders)
- d. Special Skills: The C&P Committee determines if the professional clinical staff member is fluent in communicating and providing treatment using other skills such as American Sign Language or another language. If so, then privileges may be granted with special populations. The choices and definitions include the following:
- i. Clinician is fluent in communicating and providing treatment to Individuals with Vision Impairments
 - ii. Clinician is fluent in communicating and providing treatment to Individuals with Hearing Impairments (Must be fluent in American Sign Language)
 - iii. Clinician is fluent in communicating and providing treatment to Individuals with Speech Impairments
 - iv. Clinician is fluent in communicating and providing treatment to Individuals who Speak the following non-English languages:
 _____(List the language)_____
- e. Core Privileges: Professional clinical staff members, in conjunction with the appointment and reappointment process, are to request privileges applicable to their clinical staff position. Staff members may be granted privileges when determined to be applicable to their qualifications. Privileges are granted under the general administrative supervision of team leaders, supervisors, program managers, service coordinators or the Deputy Director of Clinical Services. Provisional staff members receive direct supervision as outlined in this document. Core privileges include the following:
- Program level intake assessment services;

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- Emergency assessment services as part of the Crisis Stabilization Service (CSS) system;
 - Program level mental health assessments and reassessments;
 - Program level mental health service plan development;
 - General program level intervention services;
 - Program level discharge planning;
 - Monitoring of service recipient's medication in consultation with the prescriber;
 - Consumer specific and general mental health consultation services;
 - Co-occurring Intervention specifically working with those with a dual diagnosis of Substance Use and Mental Illness or Developmental Disability(ies).
- f. Treatment Therapies and Evidence-Based Practices (EBPs): Treatment and Evidence-Based Practices require special training as a component of a professional degree or advanced training beyond the initial professional degree. The Clinical Oversight Committee has defined three levels of proficiency: In-Training, Proficient, and Certified. The definition of each Treatment Therapy or Evidence-Based Practice and the criteria for determining the level of proficiency are listed in Appendix 2-1-2A. WMCMH reserves the right to add/or modify the following list of treatment therapies or evidence-based practices to reflect changes as set forth by professional organizations, state and federal laws, certification, licensing and registration requirements, and guidelines/practice standards established by third party payors. Current treatment therapies and evidence-based practices are listed in the CoC agenda and are reviewed monthly.
- g. Medicaid Provider Manual Verification: The Clinical Oversight Executive Committee will make a determination if the individual meets the qualifications for the following classifications as defined in the Michigan Medicaid Provider Manual: QMHP, QIDP, MHP, CMHP, QBHP, SATS, SATP.
- h. Performance and Competency: The C&P Committee will review the following Performance/Quality Indicator Information:
1. Union-Represented Staff: The applicant's performance appraisal results will be reviewed by the Clinical Oversight Executive Committee. A positive evaluation is measured by 50% score the organization-wide core competencies. If the applicant has below a 50% score, the committee may choose to review the performance evaluation in detail to determine if the applicant should be granted privileges.
 2. Non-Union Staff: The applicant's performance appraisal results will be reviewed by the Clinical Oversight Executive Committee. A rating of Commendable defines a positive evaluation. If the applicant has a rating below this, the committee may choose to review the performance evaluation in detail to determine if the applicant should be granted


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privileges.

- i. Relevant Background checks: The Clinical Oversight Executive Committee will review the following background checks as a Quality Indicator:
License/Registration (Current and Acceptable)
 - Medicare/Medicaid OIG Fraud Check: Clinical Oversight Executive Committee is looking for no findings of a record of fraud on the background check.
 - Criminal Background Check: Clinical Oversight Executive Committee will review any criminal convictions to determine the potential impact on the clinical staff member's ability to successfully fulfill his or her clinical duties and responsibilities.
 - Driver's License Record Check: Clinical Oversight Executive Committee will review the driving license record of all clinical staff members to determine the potential impact on the clinical staff member's ability to successfully fulfill his or her clinical duties and responsibilities.
 - Corporate Compliance, Recipient Rights, Grievance and Appeals, and Customer Services: The purpose of reviewing this information is for the committee to identify any potential continuing unaddressed individual, performance-related issues. Supervisors are always made aware of such issues at the time of the allegation and / or complaint. Customer services complaints and unsubstantiated rights and compliance complaints in and of themselves are not grounds for denial of privileges; however, an ongoing pattern of substantiated Rights and/or Compliance violations that have either not been addressed through disciplinary action or that have been addressed but not resulted in performance improvement may be grounds for provisional privileges and/or denial of privileges, at the discretion of the committee. This decision should be made in consideration jointly with other performance data. The Committee will ask the supervisor, who is aware of the complaint or violation, if the recommendation or the plan of correction included a change in privileges status or if the Plan of Correction (POC) corrected the problem. The Committee will seek recommendation for privileges from the supervisor.

K. Supervision Requirements:

- Supervision of clinical staff shall occur regular and on-going per the WMCMH Supervision Plan.. Specific guidance for certain roles includes:
 - Supervision of the Supports Coordinator Assistant Role:
Clinical Supervision of Supports Coordinator Assistants (SCAs) must contain at least a monthly review of clinical documentation and oversight of job duties to meet the Medicaid guidelines for oversight of

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SCAs. These supervision logs will be audited for compliance by Credentialing and Privileging committee, quarterly.

- QIDP (Qualified Intellectual Disability Professional):
 - A staff member who is working with the I/DD population must be credentialed as a QIDP or supervised directly by a QIDP if they do not have a year worth of experience. Co-signature on documents is required in the event the staff member is within the first year of gaining experience.
- Clinical Licensure and Certification Supervision: Clinical supervision will be provided for licensure and/or credential based on the licensing/certifying body requirements.
- Homebased Services Supervision: Weekly Supervision (Group or Individual) is required per the program plan and Medicaid standards.
- Infant Mental Health: Weekly Supervision (Group or Individual) is required per the program plan and Medicaid standards.
- QBHP (Qualified Behavioral Health Provider): Weekly by the supervising BCBA.
- After 3 months of employment, supervisors may notify HR to turn off the mandatory note review function in R3 or they may continue to require documentation review until supervisor determines it is no longer needed. This can be initiated at that time by completing and submitting to HR the initial 3-month orientation guide OR via an email notification to HR if longer than 3 months.

VII. SUPPORTING DOCUMENTS:


Appendix 2-1-2A: Approved Treatment Therapies & Evidence-Based Practices

For Reference below in Work Instructions:

- Initial Application for Credentialing & Privileging
- Re-Application for Credentialing & Privileging
- Supervisor Determination Form
- Human Resources Verification Form
- C&P Termination Form
- C&P Determination Staff Letter

See the following WMCMH Policies for additional information regarding specific elements of the C&P process:

- 2.1.1 Clinical Oversight Committee
- 4.6.1 Background Checks
- 4.6.3 Performance and Competency Assessment

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See also: Network Plan and the Network Process Manual

VI. POLICY/PROCEDURES REVIEW:

REV#	APPROVED BY	Policy/Procedure	DATE
			03/2010
			03/2011
			11/2012
			11/2013
			07/2015
			02/2016
			02/2017
			03/2018
			09/2018
			07/2019
2	COC	Procedure	05/2021
3	COC	Procedure	08/2021
4	COC	Procedure	07/2022
5	COC	Procedure	06/2023
6	COC	Procedure & Definitions	06/2024
Board Approval Date: 10/16/2007			

IX. CHIEF EXECUTIVE OFFICER ENDORSEMENT:

I have reviewed and approve of policy # 2-1-2 Revision # 6.

CEO: Lisa A. Williams

Approval Signature: _____

WEST MICHIGAN COMMUNITY MENTAL HEALTH
Approved Treatment Therapies & Evidence-Based Practices Definition

Clinical Oversight Committee – June 2024

Therapy / Practice Name			
ABA- Applied Behavior Analysis			
Definition	ABA is the process of systematically applying interventions based on principles of learning theory to improve socially significant behavior to a meaningful degree and demonstrate that the interventions employed are responsible for the improve of the behavior. It is an evidenced practice for children with Autism, ages 18 months to 6 years.		
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>BCBA acquiring 2000 hours of supervised implementation of ABA interventions</i>	<i>1-2 years</i>	<i>Works under BCBA who provides needed supervision Observation and feedback from supervising BCBA, using proper technique for skill needed, assessment of progress. Clinical supervision by immediate supervisor, providing observation, review of demonstrated skills and knowledge of EBP. Frequency of supervision in accordance with Medicaid provider manual and agency supervision plan.</i>
Proficient	<i>Completed 2000 hours and ready to take BCBA exam.</i>	<i>Two years</i>	<i>Develops and selects proper intervention for skill level of child, uses standardized tests to measure progress in child. Clinical supervision by immediate supervisor, providing observation, review of demonstrated skills and knowledge of EBP. Frequency of supervision in accordance with Medicaid provider manual and agency supervision plan.</i>
Certified	<i>Passed exam and received certification as BCBA in State of Michigan</i>	<i>Year 2 or 3</i>	<i>Passed exam and received certification as BCBA in State of Michigan</i>

Therapy / Practice Name	
ACT- Assertive Community Treatment	
Definition	The Assertive Community Treatment program provides an expanded intensive level of care for individuals experiencing marked to extreme symptoms associated with a severe and persistent mental illness.

	<p>Consumers in this level of care have not demonstrated capacity to engage in traditional mental health services. The consumers receiving services in this program have the most severe difficulties with basic, everyday activities.</p> <p>ACT consumers need increased support, monitoring and ancillary services beyond what is available at less intensive levels of care. Consumers in this level of care require a wider array of supports in order to regain or maintain their level of functioning.</p>		
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Participation in coursework or formal trainings approved by WMCMH specific to EBP</i>	<i>Experience in accordance to job description</i>	<i>Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Proficient	<i>Completion of coursework or formal trainings approved by WMCMH specific to EBP specifically completion of ACT 101.</i>	<i>Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor.</i>	<i>Clinical and/or administrative supervision by immediate supervisor – including but not limited to case consultation, observation (audiotapes, video recordings or direct observation) case file review and review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Certified	NA	NA	NA

<u>Therapy / Practice Name</u>	“Air Traffic Control” Crisis Model with MiCAL		
Definition	<p>The “Air Traffic Control” (ATC) Crisis Model approach creates a professional framework for all levels of crisis services. The ATC model for crisis services ensures there is a hub for effective management of a mental health crisis from the time of the initial call to the deployment of a mental health crisis response, to provide access to appropriate facility-based services (i.e., crisis residential inpatient).</p> <p>The agency’s Crisis Management System (CMS) site serves as the hub for WMCMH’s management of crisis response. The CMS tracks current crisis situations in progress, houses documents that may be needed to manage a crisis, provides access to resources, and allows for monitoring of staff location and safety while dispatched on a mobile crisis call.</p> <p>MiCAL – Michigan Crisis and Access Line: statewide crisis line that accepts NSPL/988 call, texts and chats. Through the use of the MDHHS Behavioral Health Customer Relationship Management care coordination can take place in real time between MiCAL and WMCMH. WMCMH must provide real time up-to-date information regarding our crisis and access services, MiCAL activation of face-to-face crisis services, encounter reports and crisis alerts.</p>		
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>

In-training	<i>Participation in coursework or formal trainings approved by WMCMH specific to EBP</i>	<i>Experience in accordance to job description.</i>	<i>Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Proficient	<i>Completion of coursework or formal trainings approved by WMCMH specific to EBP.</i>	<i>Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor.</i>	<i>Clinical and/or administrative supervision by immediate supervisor – including but not limited to case consultation, observation (audiotapes, video recordings or direct observation) case file review and review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision</i>
Certified	N/A	N/A	N/A

Therapy / Practice Name	Behavioral Treatment Planning		
Definition	A specifically delineated and formatted part of the IPOS that stipulates the goal-oriented treatment, developed along with, and provided for a patient, to treat, manage, control, or extinguish predictable and continuing behaviors.		
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Participation in coursework or formal trainings approved by WMCMH specific to EBP.</i>	<i>Experience in accordance to job description.</i>	<i>Completion of training and course work in identified requirements. Clinical supervision by immediate supervisor, providing observation, review of demonstrated skills and knowledge of EBP. . Behavior Tx committee review and PhD psychologist approval required. Frequency of supervision in accordance with agency supervision plan.</i>
Proficient	<i>Completion of coursework or formal trainings approved by WMCMH specific to Behavior Treatment</i>	<i>Minimum of 1 year authoring Behavior Treatment Plans with clinical supervision by an immediate supervisor</i>	<i>Clinical and/or administrative supervision by immediate supervisor – including but not limited to review of behavior assessment and authored behavior treatment plans. Behavior Tx committee review and PhD psychologist approval required. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Certified	N/A	N/A	N/A

Therapy / Practice Name	CBT- COGNITIVE BEHAVIORAL THERAPY		
Definition	<p>Cognitive Behavioral Therapy (CBT) is based on the theory the psychological Symptoms are related to the interaction of thoughts, behaviors, and emotions. Therapists using cognitive behavioral therapy work with consumers on identifying and directly changing thoughts and behaviors that may be maintaining symptoms. Cognitive behavioral therapists often assign homework for the patient to complete outside of sessions.</p> <p>There is an ability to become certified in CBT; two levels of certification the can be obtain included both the <u>Certified Cognitive-Behavioral Therapist (CCBT)</u> and the <u>Diplomat in Cognitive-Behavioral Therapy</u> (DCBT). The National Association of Cognitive Behavioral Therapist (NACBT) provides the certification.</p>		
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Participation in coursework or formal trainings approved by WCMCMH specific to EBP</i>	<i>Experience in accordance to job description</i>	<i>Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Proficient	<i>Completion of coursework or formal trainings approved by WCMCMH specific to EBP</i>	<i>Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor.</i>	<i>Clinical and/or administrative supervision by immediate supervisor – including but not limited to case consultation, observation (audiotapes, video recordings or direct observation) case file review and review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Certified	<p><i>Masters or doctoral degree in psychology, counseling, social work, psychiatry, or related field from a regionally accredited university.</i></p> <p><i>Successful completion of a certification program (all levels) in cognitive-behavioral therapy that is recognized by the NACBT, such as Rational Emotive Behavior Therapy, Rational Behavior Therapy, Rational Living Therapy, or Cognitive Therapy</i></p> <p><i>Three letters of recommendation from</i></p>	<p><u>(CCBT):</u></p> <p><i>Six years of post-graduate experience at providing cognitive-behavioral therapy. This experience must be verified by a supervisor or supervisors.</i></p> <p><i>Successful completion of a primary or introductory certification program in cognitive-behavioral therapy that is recognized by the NACBT, such as the Primary Certificate Program in REBT, the Level-One Certification in Rational Behavior Therapy program, or Level-One Certification</i></p>	<p><i>The National Association of Cognitive-Behavioral Therapists provides four certifications –</i></p> <p><u>CCBT Re-Certification</u></p> <p><i>Certification is effective for five (5) years. To re-certify, a member must submit at the end of the five years proof of continuing education received during the five-year certification period. The total number of contact hours for the five years is twenty-five (25). If a member fails to meet the continuing education requirements at the end of the five-year certification period, he or she may take the certification examination to re-certify. An updated diploma will be forwarded yearly upon the NACBT's receiving the annual re-certification fee.</i></p> <p><i>The Association provides several avenues to obtain continuing education, including</i></p>

	<p>mental health professionals who are familiar with the applicant's cognitive-behavioral skills.</p>	<p>in Rational Living Therapy.</p> <p><u>(DCBT) Certification is the highest level of certification for CBT Therapists:</u></p> <p>Ten years of post-graduate experience at providing cognitive-behavioral therapy. This experience must be verified by a supervisor or supervisors.</p>	<p>seminars throughout the USA and audio-taped lectures.</p> <p><u>DCBT Re-Certification</u> Certification is effective for five (5) years. To re-certify, a member must submit at the end of the five years proof of continuing education received during the five-year certification period. The total number of contact hours for the five years is twenty-five (25). If a member fails to meet the continuing education requirements at the end of the five-year certification period, he or she may take the certification examination to re-certify. An updated diploma will be forwarded yearly upon the NACBT's receiving the annual re-certification fee. The Association provides several avenues to obtain continuing education, including seminars throughout the USA and audio-taped lectures.</p> <p>Diplomats must publish one article every year that is closely related to CBT. This can include submitting an article for publication in the NACBT's quarterly newsletter, Rational News.</p> <p>Diplomats must serve as an Associate on the NACBT Advisory Board and must exercise their voting privilege with the board.</p>
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Therapy / Practice Name		CPT- Cognitive Processing Therapy		
Definition		CPT is a cognitive- behavioral treatment for Post-traumatic stress disorder (PTSD), and related conditions.		
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>	
In-training	Participation in coursework or formal trainings approved by WMCMH specific to EBP.	Professional licensure/ registration as a mental health professional, with psychotherapy in scope of practice.	Completion of training and course work in identified requirements. Clinical supervision by immediate supervisor, providing observation, review of demonstrated skills and knowledge of EBP. Frequency of supervision in accordance with agency supervision plan.	
Proficient	-Participation in a CPT training - Participation in 20 hours of sanctioned	Time is takes to complete all the requirements for the certification.	Observation by immediate supervisor of employee using CPT skills with consumer to measure quality of engagement, inspiring hope, and stage matched MI interventions. Frequency	

	<p>group CPT consultation OR participation in individual CPT consultation/ supervision for a minimum of 7.5 hours</p> <p>- Initiation of at least 4 CPT individual cases or 2 CPT groups or some combination and successful completion of 2 individual CPT treatment cases, 2 CPT groups or 1 CPT group and 1 individual case.</p>		<p>of supervision in accordance with agency supervision plan.</p>
Certified	Attend a CPT training.	Complete a CPT training.	Completion of training and obtaining the certificate.

Therapy / Practice Name		DBT- Dialectical Behavioral Treatment	
Definition		Dialectical Behavior Therapy (DBT) is a method of cognitive behavioral therapy that treats people with Borderline Personality Disorder or people who exhibit emotional dysregulation. DBT is a structured approach that combines individual therapy with skills building in the areas of emotional regulation, distress tolerance, interpersonal effectiveness (communication) and mindfulness.	
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	Participation in coursework or formal trainings approved by WMCMH specific to EBP	Experience in accordance to job description	Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.
Proficient	Completion of coursework or formal trainings approved by WMCMH specific to EBP. DBT Foundational Training by Behavior Tech LLC consisting of either online training or a 5 Day Classroom Experience. Or	Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor.	Clinical and/or administrative supervision by immediate supervisor – including but not limited to case consultation, observation (audiotapes, video recordings or direct observation) case file review and review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.

	<i>The DBT 2 week Intensive Training by Behavior Tech LLC Or A DBT Foundational Training recognized by WMCMH.</i>		
Certified	NA	NA	NA

Therapy / Practice Name		DIMENSIONS	
Definition		Dimensions is an evidence-based program that encourages a person to look at their values, or assists them in identifying them, and how smoking may not be in line with those values	
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Participation in coursework or formal trainings approved by WMCMH specific to EBP.</i>	<i>Experience in accordance to job description.</i>	<i>Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Proficient	<i>Completion of coursework or formal trainings approved by WMCMH specific to EBP.</i>	<i>Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor.</i>	<i>Clinical and/or administrative supervision by immediate supervisor – including but not limited to case consultation, observation (audiotapes, video recordings or direct observation) case file review and review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Certified	N/A	N/A	N/A

Therapy / Practice Name		EMDR-Eye Movement and Desensitization and Reprocessing	
Definition		EMDR is a psychotherapy that enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences.	
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Basic Level - 40 hours of specialized training by EMDR certified trainer (20 hours of training) 6 weeks of practice, supervision</i>	<i>Six weeks of training, practice, supervision and case consultation as outline in the training requirement.</i>	<i>Clinical supervision by trainer, providing observation, review of demonstrated skills and knowledge of EBP at the second 20 hours of training after six weeks of practice, supervision and case consultation. Trainer would deem clinician</i>

	and case consultation totaling 10 hours and 20 more hours of specialized training by the EMDR certified trainer. Read 9 chapters of EMDR Basic Principles, protocols and procedures prior to first 20 hour training.		competent based on observation and evaluation of effectiveness of EBP. Trainer would provide certification. Frequency of supervision in accordance with agency supervision plan.
Proficient	Complete basic level of training as outlined above.	Clinician must continue use of EMDR in therapy interventions with consumers who would benefit. Clinician must use skill weekly in order to maintain competency	Ongoing utilization of EMDR in therapy practice is required in order to maintain competency. Clinician and supervisor must review frequency of use of EMDR in clinical practice. Attendance at EBP trainings and conferences is recommended. If clinician is unable to continue use of EMDR in routine practice, retraining may be indicated.
Certified	Complete Basic training as outlined above. Clinician must provide 50 hours of EMDR therapy and receive 20 hours of consultation from a trainer of EMDR.	Clinician must continue use of EMDR in therapy interventions with consumers who would benefit. Clinician must use skill weekly in order to maintain competency	Ongoing utilization of EMDR in therapy practice is required in order to maintain competency and certification. Clinician and supervisor must review frequency of use of EMDR in clinical practice. Attendance at EBP trainings and conferences is recommended. If clinician is unable to continue use of EMDR in routine practice, recertification may be indicated

Therapy / Practice Name	Exposure Therapy
Definition	For the purpose of this document, WMCMH defines acceptable and evidence-based exposure therapies as systematic desensitization, visualization exercises, and progressive muscle relaxation

<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	Participation in coursework or formal trainings approved by WMCMH specific to EBP	Experience in accordance to job description. Supervisor can clearly identify coursework (in progress or completed) in any one or all 3 of exposure therapies	Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan. Verified by supervisor via transcript, coursework reading list, or course syllabus.

Proficient	<p>Completion of coursework or formal trainings approved by WMCMH specific to EBP</p> <p>Evidence of supervised practice in any one of or all 3 of exposure therapies.</p>	<p>Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor.</p>	<p>Clinical and/or administrative supervision by immediate supervisor – including but not limited to case consultation, observation (audiotapes, video recordings or direct observation) case file review and review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</p>
Certified	NA	NA	NA

Therapy / Practice Name		FPE- Family Psychoeducation	
Definition		Family Psychoeducation is a method for working with families, other caregivers, and friends who are supportive of persons with mental illness. The program is based on a family-consumer-professional partnership. It combines clear, accurate information about mental illness with training in problem solving, communication skills, coping skills and developing social supports. The goals are to improve an individual's overall quality of life as well as reducing family stress and strain. It combines the expertise and experience of family members, consumers, and professionals for the purpose of developing coping skills that provide the building blocks for mastery and recovery.	
Proficiency Level	Training Requirement	Experience Requirement	Process / Measurement Method of Skill Proficiency
In-training	Participation in coursework or formal trainings approved by WMCMH specific to EBP	Experience in accordance to job description	Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.
Proficient	Completion of coursework or formal trainings approved by WMCMH specific to EBP.	Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor.	Clinical and/or administrative supervision by immediate supervisor – including but not limited to case consultation, observation (audiotapes, video recordings or direct observation) case file review and review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.
Certified	FPE Facilitator Completion of the three day FPE Facilitator training workshop with approved curriculum. Recertification Every Three Years Obtain Continue Education hours applicable to the FPE model as required	Facilitates a FPE group for 1 year or a minimum of 20 sessions. Participates in group supervision with a FPE Trainer/ Supervisor for a minimum of 10 monthly supervision sessions, with demonstration of competence and positive outcomes.	Review of a minimum of 3 videotaped FPE sessions conducted with a FPE facilitator over a 12-month period, this will include three sessions: Joining session (may be an audio tape), Problem-Solving Group sessions, the FPE Workshop along with a copy of the PowerPoint presentation and agenda from the workshop. Submit three sessions for review (Joining, Problem Solving Groups, FPE workshop).

	<i>If recertification tapes do not pass fidelity reviews (competency check list) at 80%, additional supervision may be required.</i>	<i>Has completed requirements for the FPE Facilitator</i>	<i>Achieve fidelity to the model, evidenced by 80% compliance in the competency check list.</i>
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Therapy / Practice Name		IDDT- Integrated Dual Disorder Treatment	
Definition		IDDT integrates mental health and substance use disorder interventions by the same team, working in one setting, providing individualized treatment and rehabilitation for both disorders in a coordinated fashion.	
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Taking course work in the following areas: Motivational interviewing, co-occurring disorders or ACT training</i>	<i>One year, minimum</i>	<i>Completion of training and course work in identified requirements. Clinical supervision by immediate supervisor, providing observation, review of demonstrated skills and knowledge of EBP. Frequency of supervision in accordance with agency supervision plan.</i>
Proficient	<i>Determined by supervisor after observation and individual/group supervision</i>	<i>Two years</i>	<i>Observation by immediate supervisor of employee using EBP skills with consumer to measure quality of engagement, inspiring hope, and stage matched MI interventions. Frequency of supervision in accordance with agency supervision plan.</i>
Certified	NA	NA	NA

Therapy / Practice Name		IMH- Infant Mental Health	
Definition		Service proving in home parent-infant support and interventions services to families where the parent's condition and life circumstances, or the characteristics of the infant, threaten the parent-infant attachment and the consequent social, emotional, behavioral, and cognitive development of the infant. Services reduce the incidence and prevalence of abuse, neglect behavioral and emotional disorder and developmental delay. WMCMH provides IMH services to infants and young children (age 0-3) and their families.	
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Participation in coursework or formal trainings approved by WMCMH specific to EBP</i>	<i>Experience in accordance to job description</i>	<i>Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency</i>
Proficient	<i>Completion of coursework or formal trainings approved by WMCMH specific to EBP</i>	<i>Minimum of 1 year using EBP principles and practices with clinical and administrative</i>	<i>Clinical and/or administrative supervision by immediate supervisor – including but not limited to case consultation, observation (audiotapes, video recordings or direct observation) case file review and review of</i>

	<p><i>Training in infant mental health - minimum of 30 clock hours of specialized in-service training in IMH interventions.</i></p>	<p><i>supervision by an immediate supervisor,</i></p> <p><i>Needs knowledge in all aspects of infant development, infant care and family functioning as well as clinical processes and intervention skills</i></p> <p><i>Previous experience with families having multiple challenges or with young children or adolescents is helpful background.</i></p> <p><i>Training and/or 1 year experience in mental health interventions</i></p>	<p><i>demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan. Membership in MI-AIMH (individually or by organization)</i></p>
Certified	<p><i>College Graduate Certifications in IMH acceptable however must meet guidelines established by MI-AIMH</i></p> <p><i>Membership in MI-AIMH</i></p> <p><i>Training (30 clock hours) required in infant mental health called MI-AIMH Endorsement (Levels of endorsement from I through IV) in Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health, and Competency Guidelines.</i></p> <p><i>IMH-E; Infant Mental Health – Endorsement Four Levels of Endorsement: Level I and II Level III and IV</i></p>	<p><i>Needs knowledge in all aspects of infant development, infant care and family functioning as well as clinical processes and intervention skills</i></p> <p><i>Previous experience with families having multiple challenges or with young children or adolescents is helpful background.</i></p> <p><i>.</i></p>	<p><i>Monthly Reflective Supervision required from MI-AIMH Endorsed Supervisor. Levels of endorsement: Level I & Level II candidates receive an endorsement decision after at least two portfolio review committee members examine and approve the portfolio. Level III & Level IV candidates move on to a written exam after at least two portfolio review committee members examine and approve. MI-AIMH offers the written exam twice a year, usually in March and September.</i></p>

Therapy / Practice Name	MB-CBT- Mindfulness Based Cognitive Behavioral Therapy
Definition	MB-CBT combines cognitive behavioral techniques with mindfulness strategies in order to help individuals better understand and manage their thoughts and emotions in order to achieve relief from feelings of distress.

<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Participation in coursework or formal trainings approved by WMCMH specific to EBP.</i>	<i>Experience in accordance to job description.</i>	<i>Completion of training and course work in identified requirements. Clinical supervision by immediate supervisor, providing observation, review of demonstrated skills and knowledge of EBP. Frequency of supervision in accordance with agency supervision plan.</i>
Proficient	<i>Completion of coursework or formal trainings approved by WMCMH specific to EBP.</i>	<i>Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor.</i>	<i>Observation by immediate supervisor of employee using EBP skills with consumer to measure quality of engagement, inspiring hope, and stage matched MI interventions. Frequency of supervision in accordance with agency supervision plan.</i>
Certified	<i>Attend a MB-CBT training.</i>	<i>Complete MB-CBT training</i>	<i>Completion of training and obtaining the certificate.</i>

<u>Therapy / Practice Name</u>	MI- Motivational Interviewing		
Definition	Motivational Interviewing is a way of relating to a person in a collaborative, non-judgmental manner that respects the individual's autonomy. It is a method of relating to people in a way that helps them explore ambivalence related to change and their discrepancy in behavior.		
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Participation in coursework or formal trainings approved by WMCMH specific to EBP</i>	<i>Experience in accordance to job description</i>	<i>Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Proficient	<i>Completion of coursework or formal trainings approved by WMCMH specific to EBP.</i>	<i>Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor.</i>	<i>Clinical and/or administrative supervision by immediate supervisor – including but not limited to case consultation, observation (audiotapes, video recordings or direct observation) case file review and review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Certified	NA	NA	NA

<u>Therapy / Practice Name</u>	PCIT- Parent Child Interaction Therapy
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Definition	PCIT is an evidence-based behavior parent training treatment for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns.		
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Participation in coursework or formal trainings approved by WMCMH specific to EBP.</i>	<i>Experience in accordance to job description.</i>	<i>Completion of training and course work in identified requirements. Clinical supervision by immediate supervisor, providing observation, review of demonstrated skills and knowledge of EBP. Frequency of supervision in accordance with agency supervision plan.</i>
Proficient	<ul style="list-style-type: none"> - Completion of 40 hours of foundational training - Web-based consultation calls regularly scheduled (2-3 times per month) for a period of one year -Therapy sessions observed by a PCIT Trainer. Real-time video or audio recordings. Up to 6 video-recorded sessions (four are required) -Complete 2 PCIT cases -Submit and get approved your PCIT Certified Practitioner Application 	<i>Time it takes to complete the 5-step process of obtaining the certificate.</i>	<i>Observation by immediate supervisor of employee using PCIT skills with consumer to measure quality of engagement, inspiring hope, and stage matched MI interventions. Frequency of supervision in accordance with agency supervision plan.</i>
Certified	<i>Attend a PCIT training.</i>	<i>Complete PCIT training</i>	<i>Completion of training and obtaining the certificate.</i>

Therapy / Practice Name	PE- Prolonged Exposure Therapy		
Definition	Prolonged exposure teaches individuals to gradually approach their trauma-related memories, feelings and situations. They presumably learn that trauma-related memories and cues are not dangerous and do not need to be avoided.		
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Participation in coursework or formal</i>	<i>Professional licensure/</i>	<i>Completion of training and course work in identified requirements. Clinical supervision by</i>

	<i>trainings approved by WMCMH specific to EBP.</i>	<i>registration as a mental health professional, with psychotherapy in scope of practice.</i>	<i>immediate supervisor, providing observation, review of demonstrated skills and knowledge of EBP. Frequency of supervision in accordance with agency supervision plan.</i>
Proficient	<p><i>-Participation in a CPT training</i></p> <p><i>- Participation in 20 hours of sanctioned group CPT consultation OR participation in individual CPT consultation/ supervision for a minimum of 7.5 hours</i></p> <p><i>- Initiation of at least 4 CPT individual cases or 2 CPT groups or some combination and successful completion of 2 individual CPT treatment cases, 2 CPT groups or 1 CPT group and 1 individual case.</i></p>	<i>Time is takes to complete all the requirements for the certification.</i>	<i>Observation by immediate supervisor of employee using CPT skills with consumer to measure quality of engagement, inspiring hope, and stage matched MI interventions. Frequency of supervision in accordance with agency supervision plan.</i>
Certified	<i>Completion of a 4 day Intensive Workshop in PE conducted by a CTSA certified PE trainer.</i>	<i>Completion of PE Consultation (at least 2 full PE cases under a certified PE consultant)</i>	<i>Recommendation of the certified PE consultant.</i>

Therapy / Practice Name	Play Therapy
Definition	<p>Play therapy and its various forms and schools (like filial therapy, family therapy and child-centered, ecosystemic, developmental, relationship, group and cognitive behavioral play therapy), is a special therapeutic approach for working with children, adolescents and their families and/or caregivers.</p> <p>Usually children have not developed the cognitive or verbal skills that adults use to discuss feelings, emotions and experiences in therapy. A safe and structured playroom environment is established where children are encouraged to play in ways that reveal concerns, problems and issues they are struggling with.</p>

<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In- training	<i>Participation in coursework or formal trainings approved by WMCMH specific to EBP</i>	<i>Experience in accordance to job description</i>	<i>Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency</i>
Proficient	<p><i>Completion of coursework or formal trainings approved by WMCMH specific to EBP</i></p> <p><i>24 hours training specific to children/families specific in play therapy preferred</i></p>	<p><i>Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor, in addition experience in mental health interventions specific to children and families</i></p>	<i>Clinical and/or administrative supervision by immediate supervisor – including but not limited to case consultation, observation (audiotapes, video recordings or direct observation) case file review and review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Certified Registered Play Therapist	<p><i>2 years and/2000 hours of supervised clinical experience of which training 350-500 hours of clinical play therapy with clients and 150 hours of instruction</i></p> <p><i>24 hours training specific to children/families specific in play therapy preferred</i></p>	<p><i>One year experience in mental health services and/or education in child development, and family functioning as well as clinical processes and intervention skills</i></p> <p><i>Previous experience with families having multiple challenges or with young children or adolescents.</i></p>	<i>35-50 hours of clinical supervision by RPT Annual requirement; 36 CEUs and registration with Association for Play Therapy (APT)</i>

Therapy / Practice Name	PMTO- PARENT MANAGEMENT TRAINING-OREGON MODEL		
Definition	PMTO is a behavior intervention program. It is an “evidence-based” structured intervention program to help parents and caregivers manage the behavior of the children they are responsible for. It is designed to promote social skills and cooperation and prevent, reduce and reverse the development of moderate to severe conduct problems in children age 4-12. PMTO is a preventative intervention aimed at promoting healthy parenting especially in families with risk factors such as changes in family structure, parent psychological problems, poverty and trauma.		
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In- training	<i>Participation in coursework or formal trainings approved by WMCMH specific to EBP</i>	<i>Experience in accordance to job description</i>	<i>Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills and knowledge of specific EBP. Frequency of</i>

			<i>supervision is in accordance to Agency Supervision Plan.</i>
Proficient	<i>Completion of coursework or formal trainings approved by WMCMH specific to EBP</i>	<i>Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor.</i>	<i>Clinical and/or administrative supervision by immediate supervisor – including but not limited to case consultation, observation (audiotapes, video recordings or direct observation) case file review and review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Certified	<i>Completion of the certification process of PMTO training curriculum</i>	<i>Needs knowledge in all aspects of child development as well as family functioning and clinical processes and intervention skills Previous experience with families having multiple challenges or with young children or adolescents is helpful background</i>	<i>External reviews of clinical application of techniques and interventions as outlined by the model. Videotaping and reviews that affirm fidelity to model achievement of trainer status by external trainings source</i>

Therapy / Practice Name	PTC-Parenting Through Change
Definition	PTC is a group parenting intervention that addresses child and adolescent behavior problems

<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Participation in coursework or formal trainings approved by WMCMH specific to EBP.</i>	<i>Depending on the agencies that employ them, practitioners may need to possess a Bachelor's, Master's, or doctorate level degree as entry qualifications for the training.</i>	<i>Completion of training and course work in identified requirements. Clinical supervision by immediate supervisor, providing observation, review of demonstrated skills and knowledge of EBP. Frequency of supervision in accordance with agency supervision plan.</i>
Proficient	<i>Completion of coursework or formal trainings approved by WMCMH specific to EBP.</i>	<i>Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor</i>	<i>Observation by immediate supervisor of employee using EBP skills with consumer to measure quality of engagement, inspiring hope, and stage matched MI interventions. Frequency of supervision in accordance with agency supervision plan.</i>

Certified	<i>Attend a PTC training.</i>	<i>Completion of PTC training.</i>	<i>Completion of training and obtaining the certificate.</i>
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Therapy / Practice Name	SBIRT- Screening, brief intervention referral and treatment		
Definition	SBIRT is an evidenced based practice approach to identify persons who use alcohol and other substances at risky levels with the goal of reducing and preventing health consequences, disease, accident and injuries. It is a comprehensive, integrated public health approach that provides opportunities for early intervention before more severe consequences occur.		
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Master's level prepared clinician. No experience working with substance use disorders is required.</i>	<i>Complete on-line training and successfully pass pre and post-test. Practice implementation, 3-6 months. Receive training from supervisor or other qualified clinician in the use of the AUDIT or DAST assessment tools.</i>	<i>Clinical supervision by immediate supervisor, providing observation, review of demonstrated skills and knowledge of EBP. Frequency of supervision in accordance with agency supervision plan.</i>
Proficient	<i>Submit proofs of training to supervisor and HR.</i>	<i>6 months of practice and implementation of EBP with supervisor observation and coaching.</i>	<i>Observation by immediate supervisor of employee using EBP skills with consumer present to measure quality of engagement and use of SBIRT intervention strategies. Frequency of supervision in accordance with agency supervision plan.</i>
Certified	<i>No certification for SBIRT</i>		

Therapy / Practice Name	SFBT- Solution Focused Brief Therapy		
Definition	SFBT is a goal-directed collaborative approach to psychotherapeutic change that is conducted through direct observation of clients' responses to a series of precisely constructed questions. It focuses on addressing what clients want to achieve without exploring the history and provenance of problem(s).		
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>In the process of participating in the 3 levels of certified training.</i>	<i>The minimum requirement of 50 hours of direct contract training and 100 hours of personal professional hours</i>	<i>The trainings must be completed over a minimum of one year. The direct training is a formal training that is obtained in a classroom or workshop. The personal professional practice training activity hours are able to be completed in part during their normal working hours.</i>

		<i>of training activities for each of the 3 levels of certified training.</i>	
Proficient	<i>Completion of each of the three levels of certified training.</i>	<i>150 hours have been completed for each of the three levels.</i>	<i>Successfully have completed all hours required and are able to demonstrate knowledge and aptitude in the principles of SFBT. Trainee will be able to demonstrate competence in using and following up a variety of Solution-Focused questions. They will be able to formulate and deliver contextually appropriate compliments, acknowledgement, and validation.</i>
Certified	<i>Completion of each level and passing an examination.</i>	<i>All hours logged and in addition successful completion of a final examination</i>	<i>Successful completion of the examination and interview, and then the trainee will receive the certificate.</i>

Therapy / Practice Name		TF-CBT - Trauma Focused Cognitive Behavioral Therapy	
Definition		TF-CBT is an evidenced based practice for children and adolescents. Treatment is designed to resolve a broad array of emotional and behavior difficulties associated with single, multiple and complex trauma experiences. It is a structured, short-term treatment model.	
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Attend 2 day live training Complete 10 hour online training, learning collaborative-6 month minimum, follow up consultation for 6 months (2x per month) or 1 year (1x per month), present 3 separate TF-CBT cases and administer standardized trauma instrument to assess for TF-CBT tx progress.</i>	<i>12-24 months to complete training requirements and gain needed experience providing TF-CBT.</i>	<i>Write up case 3 separate TF-CBT cases and submit to MDHHS. Attendance at live training and completion of 10 hours of online course work. Clinical supervision by immediate supervisor, providing observation, review of demonstrated skills and knowledge of EBP. Frequency of supervision in accordance with agency supervision plan.</i>
Proficient	<i>Submit proofs of training requirements to MDHHS and receive permission to use TF-CBT modifier for CPT code when reporting encounters.</i>	<i>12-24 months, can be the training time outlined above.</i>	<i>Observation by immediate supervisor of employee using EBP skills with consumer present to measure quality of engagement, use TF-CBT intervention strategies, and degree of improvement in functioning as reported by the consumer. Frequency of supervision in accordance with agency supervision plan.</i>

Certified	<i>Take and pass TF-CBT certification knowledge based test. This is optional in Michigan and not required.</i>	<i>Time needed to pass the certification test.</i>	<i>Ongoing utilization of TF-CBT, attending EBP trainings and conferences provided by MDHHS. Frequency of supervision by immediate supervisor who is also TF-CBT trained, is in accordance to agency supervision plan and certification requirement.</i>
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Therapy / Practice Name TREM- Trauma Recovery and Empowerment (For women)			
Definition		TREM Trauma Recovery and Empowerment is an evidence-based, facilitated group approach to healing from the effects of trauma. It combines elements of social skills training, psychoeducational and psychodynamic techniques, and emphasizes peer support.	
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Employees who work with female patients who have experienced trauma.</i>	<i>Experience in accordance with job description.</i>	<i>Listen and learn the techniques to provide the best treatment to patients. Participants will practice running a TREM group by being a TREM mock group leader and a TREM mock group participant. Participants will learn how and when to use grounding techniques with consumers in group settings.</i>
Proficient	<i>Provide evidence of completion of training.</i>	<i>12 hours of credit that are obtained through the training.</i>	<i>Developed the proper skills needed to lead a support group for women. Being able to use the techniques that were learned during the course of the training.</i>
Certified	<i>Attend a training focused on TREM to receive certificate.</i>	<i>12 hours in a TREM training.</i>	<i>Completion of the 12-hour training and ongoing consultation of actual group scenarios and case consultation.</i>

Therapy / Practice Name TREM- M Trauma Recovery and Empowerment (For males)			
Definition		TREM Trauma Recovery and Empowerment is an evidence-based, facilitated group approach to healing from the effects of trauma. It combines elements of social skills training, psychoeducational and psychodynamic techniques, and emphasizes peer support.	
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Employees who work with male patients to address the impact of interpersonal</i>	<i>Documentation of three to five hours of prerequisite training in basic</i>	<i>Listen and learn the techniques to provide the best treatment to patients. Developing skills to initiate conversations and discuss information surrounding the care that</i>

	<i>violence and trauma on men with serious, persistent mental illness and/or substance use disorders.</i>	<i>trauma theory is required for M-TREM participants.</i>	<i>would be needed for leading groups of men to co-facilitate this M-TREM group model.</i>
Proficient	<i>Provide evidence of completion of training.</i>	<i>Attend M-TREM training.</i>	<i>Developed the proper skills needed to lead a support group for men. Being able to use the techniques that were learned during the course of the training.</i>
Certified	<i>Attend a training that focuses on TREM for men.</i>	<i>Completion of workshop.</i>	<i>Completion of training and obtaining the certificate and ongoing consultation of actual group scenarios and case consultation.</i>

Therapy / Practice Name		TREM Trauma Recovery and Empowerment (For adolescents)		
Definition		TREM Trauma Recovery and Empowerment is an evidence-based, facilitated group approach to healing from the effects of trauma. It combines elements of social skills training, psychoeducational and psychodynamic techniques, and emphasizes peer support.		
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>	
In-training	<i>Employees who work with adolescent patients to address the impact of interpersonal violence and trauma on adolescents with serious, persistent mental illness and/or substance use disorders.</i>	<i>Documentation of three to five hours of prerequisite training in basic trauma theory is required.</i>	<i>Listen and learn the techniques to provide the best treatment to patients. Developing skills to initiate conversations and discuss information surrounding the care that would be needed for leading groups of adolescents to co-facilitate this TREM group model.</i>	
Proficient	<i>Provide evidence of completion of training.</i>	<i>Attend TREM training.</i>	<i>Developed the proper skills needed to lead a support group for adolescents. Being able to use the techniques that were learned during the course of the training.</i>	
Certified	<i>Attend a TREM training.</i>	<i>Completion of workshop.</i>	<i>Completion of training and obtaining the certificate and ongoing consultation around actual group scenarios and case consultation needs.</i>	

Therapy / Practice Name		WHAM- Wellness, Health and Medical		
Definition		WHAM is an approach for enhancing physical health of people with mental health and substance use challenges.		
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>	

In-training	<i>Participation in coursework or formal trainings approved by WMCMH specific to EBP.</i>	<i>Experience in accordance to job description.</i>	<i>Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Proficient	<i>Completion of coursework or formal trainings approved by WMCMH specific to EBP.</i>	<i>Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor.</i>	<i>Clinical and/or administrative supervision by immediate supervisor – including but not limited to case consultation, observation (audiotapes, video recordings or direct observation) case file review and review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Certified	N/A	N/A	N/A

Therapy / Practice Name		Wrap Around	
Definition		Wrap Around refers to an individually designed set of services and supports provided to children with serious emotional disturbance or serious mental illness and their families that includes treatment services, personal support services or any other supports necessary to maintain the child in the family home.	
Proficiency Level	Training Requirement	Experience Requirement	Process / Measurement Method of Skill Proficiency
In-training	<i>Participation in coursework or formal trainings approved by WMCMH.</i> <i>Attendance at Initial Wraparound Facilitator Training within 3 months of hire.</i>	<i>Experience in accordance to job description.</i>	<i>Completion of training and course work in identified requirements. Clinical supervision by immediate supervisor, providing observation, review of demonstrated skills and knowledge of Wraparound. Frequency of supervision in accordance with agency supervision plan.</i>
Proficient	NA		
Certified	<i>Completion of coursework or formal trainings approved by WMCMH.</i> <i>Maintain updated training (Minimum 2 Wraparound Trainings per year)</i>	<i>Minimum 1 year experience providing Wraparound with fidelity to the model, and continued meeting training requirements.</i>	<i>Observation by immediate supervisor of employee using Wraparound skills with consumer to measure quality of engagement, inspiring hope, and stage matched MI interventions. Frequency of supervision in accordance with agency supervision plan.</i>

Therapy / Practice Name	Zero Suicide		
Definition	<p>Zero Suicide is an evidence-based approach to safer suicide care that is organized into a framework that is a system-wide, organizational commitment. Seven elements make up the core components of safer suicide care (LEAD, TRAIN, IDENTIFY, ENGAGE, TREAT, TRANSITION, & IMPROVE).</p> <p>Zero Suicide is based upon the following foundational principles which staff will be trained to:</p> <p><i>Core Values</i> – by improving service access and quality and through practicing continuous quality improvement, suicide can be eliminated in a population</p> <p><i>Systems Management</i> – systemic steps across systems of care are taken to create a culture that no longer finds suicide acceptable; setting goals to eliminate suicide attempts and deaths and organizing services and support accordingly</p> <p><i>Evidence-Based Clinical Care Practice</i> – the adoption of practices that research shows reduce suicide deaths and behaviors; these practices are delivered through the entire organization or system and productive consumer-staff interactions are emphasized</p>		
<u>Proficiency Level</u>	<u>Training Requirement</u>	<u>Experience Requirement</u>	<u>Process / Measurement Method of Skill Proficiency</u>
In-training	<i>Participation in coursework or formal trainings approved by WCMCMH specific to EBP</i>	<i>Experience in accordance to job description.</i>	<i>Clinical supervision by immediate supervisor - providing observation and/or review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision Plan.</i>
Proficient	<p><i>Completion of coursework or formal trainings approved by WCMCMH specific to EBP.</i></p> <p><i>Specific trainings that must be completed:</i></p> <ul style="list-style-type: none"> - Columbia - AMSR - CALM - Safety Planning - Suicide Care Pathway/Suicide Care Management Plan 	<i>Minimum of 1 year using EBP principles and practices with clinical and administrative supervision by an immediate supervisor.</i>	<i>Clinical and/or administrative supervision by immediate supervisor – including but not limited to case consultation, observation (audiotapes, video recordings or direct observation) case file review and review of demonstrated skills and knowledge of specific EBP. Frequency of supervision is in accordance to Agency Supervision</i>
Certified	N/A	N/A	N/A