

**DRAFT****POLICY**

<b>CUMBERLAND COUNTY MENTAL HEALTH CENTER</b>	Section No. 72 Page 1 of 1
Subject: Use of Best Practices Effective Date: Responsible Official: Assistant Area Director for Clinical Services	Supersedes: Dated: NA
Approved by the Area Board on _____. Recorded in Area Board Minutes, dated _____, paragraph _____, page ____.	

Cumberland County MH/DD/SAS shall adopt State identified Best Practices for each target population that will focus on individual outcome based goals. The Area Authority shall also ensure compliance to Best Practices for all providers included in the Qualified Provider Network.

