# Behavioral Health Center Designation
## APPLICATION GUIDE

The Star Behavioral Health Provider (SBHP) Behavioral Health Center Designation Program is designed to establish a network of military-friendly behavioral health organizations throughout the state of Indiana. The designation assists service members, veterans and family members who are seeking behavioral health care, in identifying an organization as having a commitment to provide services to military-connected individuals, policies and procedures that show an understanding of military culture and an assurance that clinicians have training in military culture and evidence-based practices (EBP).

Once awarded, the designation will be valid for two years. Specific criteria will need to be updated each year, and after two years organizations will need to re-verify all requirements to continue the current designation level. Applications for a higher designation level will be accepted at any time and will be contingent on the submittal of documentation.

We are providing this guide to use in conjunction with the Behavioral Health Center Designation criteria sheet. This guide provides information about the five different criteria categories, the criteria in each category, and suggested documents which will satisfy the criteria. Each criterion has a reference number which will be important for the application. This is the way we keep track of specific documents for each criterion.

Before starting the application process, please gather all needed documents. Use the boxes on the guide to help keep track of which documents are ready for submission. Any documentation in the data and outcomes section should be de-identified data.

## PROCESS
**To become a designated provider, you must:**
1. Be an organization that provides community behavioral health services in the State of Indiana,
2. Submit the online application to the Military Family Research Institute (MFRI) at Purdue University through the link provided on the website.
3. Upload required information and documentation as outlined in part two of the application guide.

The purpose of this application is to assist MFRI and the Indiana Department of Mental Health and Addiction (DMHA) in evaluating each prospective provider organization for the SBHP Behavioral Health Center Designation. The information provided by the applicant will be kept confidential.

Organizations shall submit all required documentation for the level desired, as well as, preceding levels documentation.
» **Example:** If you are applying for the Two Star designation you will need to submit the documentation for BOTH One Star and Two Star designation. Verification of requirements for each level must be included in application for consideration.

MFRI shall notify applicant of application outcome within 30 business days of submittal. MFRI reserves the right to request additional information and to extend the time in which it responds to an application.

*Collaborators*

**Division of Mental Health and Addiction**

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Military Family Research Institute

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**STAR BEHAVIORAL
HEALTH PROVIDERS**®
Civilian Professionals. *Military Sensitivity.*

**Please check the designation level desired:** One Star ★ ____ Two Star ★★ ____ Three Star ★★★ ____ Four Star ★★★★ ____

## PART 1
## General Information

Full name of organization applying: _____

Mailing address: _____

_____

Name of contact person: _____

Phone: _____ Email: _____

*Please indicate the total number of staff:*

All employees: _____ Support: _____ Non-clinical: _____ Central: _____ Admin: _____

Total number of organization locations (including satellite offices): _____

List locations: _____

_____

_____

_____

_____

_____

_____

_____

_____

## PART 2
### Document Requirements

Dependent on which star level your organization is applying, you will be required to upload the following documentation. Organizations shall submit all required documentation for the level desired, as well as, preceding levels documentation. Verification of all data for each level must be included in application for consideration.

All designation levels must submit organizational roster categorized by non-clinical, clinical, administrative staff and location of operation

## *One Star Designation*

### 1. Policy
- **1.1A**—Submit written guidelines for expedited access to care for military-connected clients in crisis, which must include expedited access for suicidal ideation and contact within 24-hours after release from a hospital or inpatient facility
- **1.1B**— Knowledge of the Department of Veterans Affairs (VA) and veteran services for referral as evidence by interagency contact and/or available literature on site
    - » *Examples: Proof of any in services or training; VA referral reference chart; picture of lobby showing displayed literature.*
- **1.1C**— Submit policy addressing the onboarding of new staff in military culture, which includes community-based training for non-clinical staff and Tier One training for clinical staff

### 2. Procedure
- **2.1A**— Proof of visible recognition of SBHP clinicians in center
    - » *Example: Picture of display*
- **2.1B**— Submit copy of intake paperwork to show proof of specific question on military connectedness.
    - » *Example: "Have you or a member of your family ever served in the military?"*
- **2.1C**— Submit proof of recordkeeping system that has the capability of identifying military-connected individuals

### 3. Staff Training
- **3.1A**— Provides names and trainings dates for non-clinical staff who have completed SBHP Military Culture training
    - » *20% of non-clinical staff required*
    - » *Yearly update required*
- **3.1B**— Provides names and trainings dates for clinical staff who have completed SBHP Tier One trainings
    - » *15% of clinicians, organization wide*
    - » *Yearly update required*
- **3.1C**— Provide names of clinical staff who have completed Tier One training by organization location in which they operate
    - » *At least one Tier One-trained clinician at each location*
    - » *Yearly update required*
- **3.1D**— Provide roster of intake clinicians and trainings dates for completion of SBHP Tier One training
    - » *All intake clinicians have completed Tier One training*
    - » *Yearly update required*

### 4. Community Outreach
- **4.1A**— Proof of established relationship with local Family Assistance Centers
    - » *Examples: Contact name, copies of emails, dates of contact and meeting notes*
- **4.1A**— Proof of established relationship with county Veteran Service Officer
    - » *Examples: Contact name, copies of emails, dates of contact and meeting notes*
- **4.1A**— Proof of established relationship with National Guard Behavioral Health Officers
    - » *Examples: Contact name, copies of emails, dates of contact and meeting notes*
- **4.1B**— Submit copies of resources that are distributed on site and picture of where they are offered
    - » *Example: Pamphlets, informational pages, resource guides*
- **4.1C**— Proof of SBHP information on website
    - » *Example: Screenshot of website*

**5. Data & Outcomes**

- **5.1A**— Submit data from record-keeping system on military-connected individuals who complete an intake and recommended treatment
    - » *For initial application, submit two months of data*
    - » *Yearly update required*
- **5.1B**— Submit data on referral sources for service members, veterans, and family members
    - » *For initial application, submit two months of data*
    - » *Yearly update required*

## *Two Star Designation*

**1. Policy**

- **1.2A**— Proof that intake clinicians possess the knowledge of military-specific, evidence-based practices (EBP) clinic offerings and clinicians trained in military culture and evidence-based practices
    - » *Example: Triage document listing information for reference*
- **1.2B**— Provide completed application to begin process to be an approved provider for Tricare

**2. Procedure**

- **2.2A**— Provide contact information for designated coordinator of veteran collaborative/supportive services and job description within your agency

**3. Staff Training**

- **3.2A**— Provide names and training dates of non-clinical staff who have completed SBHP Military Culture training
    - » *30% of non-clinical staff required*
    - » *Yearly update required*
- **3.2B**— Provides names and trainings dates for clinicians who have completed SBHP Tier One training
    - » *30% of clinicians organizational wide required*
    - » *Yearly update required*
- **3.2C**— Provide name(s) of clinical management at each organization location and completion dates of SBHP Tier Two trainings
    - » *At least one clinical supervisor at each location is required*
    - » *Yearly update required*

**4. Community Outreach**

- **4.2A**— Proof of veteran support is clearly marked on website
    - » *Example: Screenshot of website*
- **4.2B**— Proof of participation in one community event that supports the military community
    - » *Example: Flyer with information and dates; sign in sheets from booth*

**5. Data & Outcomes**

- **5.2A**— Provide report of satisfaction surveys from service members, veterans and their families (ex: discharge satisfaction survey)
    - » *For initial application, submit two months of data*
    - » *Yearly update required*
- **5.2B**— Submit data on attendance for service members, veterans and their families that includes number of no shows and percentage of met appointments (ex: DARMHA data for adults and TOBI for children)
    - » *For initial application, submit two months of data*
    - » *Yearly update required*
- **5.2C**— Submit data on intake and discharge dates of service members, veterans and their families (ex: DARMHA data for adults and TOBI for children).
    - » *For initial application, submit two months of data*
    - » *Yearly update required*

# *Three Star Designation*

## 1. Policy

- **1.3A**— Submit intake policy regarding timelines for scheduling initial assessments and therapy intakes for military-connected clients
- **1.3B**— Submit documentation of Tricare status
- **1.3C**— Submit copy of recommendations from a review of group therapy policies and whether current selections can be increased
- **1.3D**— Submit documentation that the center provides treatment in at least three military-specific EBPs from attached list of approved EBPs and list of clinicians providing each treatment

## 2. Procedure

- **2.3A**— Provide name and contact information of designated case manager for military-connected individuals and sample of notes for follow up communication with military-connected individuals following non-behavioral health referrals
- **2.3B**— Provide contact information for military-specific clinical lead and job description
- **2.3C**— Submit proof of policy that EBPs are ensuring fidelity by following session length and frequency
  - » *Examples: Fidelity monitoring forms, sample of scheduling documents showing session length, de-identified patient session plan*

## 3. Staff Training

- **3.3A**— Provide names and training dates of non-clinical staff who have completed SBHP Military Culture training
  - » *45% of non-clinical staff required*
  - » *Yearly update required*
- **3.3B**— Provide names and training dates of clinicians who have completed SBHP Tier One training
  - » *45% of clinical staff organization wide required*
  - » *Yearly update required*
- **3.3C**— Provide names and training dates of clinicians who have completed SBHP Tier Two training
  - » *30% of clinical staff organization wide required*
  - » *Yearly update required*
- **3.3D**— Provide names, training name and dates for clinicians who have completed SBHP Tier Three trainings structured by organization location in which they operate.
  - » *At least one clinician available at each location required*
  - » *Yearly update required*
- **3.3E**— Provide contact information for EBP champion and dates of SBHP Tier Three trainings
  - » *Yearly update required*

## 4. Community Outreach

- **4.3A**— Proof of established relationships with state and local organizations that serve veterans
  - » *Examples: Contact name, copies of emails, dates of contact and meeting notes*
- **4.3B**— Proof of participation in two community events per year that supports the military community
  - » *Example: Flyer with information and dates; sign in sheets from booth*

## 5. Data & Outcomes

- **5.3A**— Submit data of utilization of record-keeping system which include: EBP type, # of sessions, length of sessions, and intervals between sessions (ie: non-identifiable electronic medical record data)
  - » *For initial application, submit two months of data*
  - » *Yearly update required*

# *Four Star Designation*

## 1. Policy

- **1.4A**— Submit data of those who were military connected at intake with their assigned SBHP clinician
- **1.4B**— Submit implementation plan from review of group therapy selections, which was accomplished for Three Star designation
- **1.4C**— Submit documentation that the center provides treatment in at least four military-specific EBPs from attached list of approved EBPs and list of clinicians providing each treatment.

## 2. Procedure

- **2.4A**— Provide contact information of military-specific clinical lead at every organization location.

## 3. Staff Training

- **3.4A**— Provide names and training dates of non-clinical staff who have completed SBHP Military Culture training
  - » *60% of non-clinical staff required*
  - » *Yearly update required*
- **3.4B**— Provide names and training dates of clinicians who have completed SBHP Tier One training
  - » *60% of clinical staff organization wide required*
  - » *Yearly update required*
- **3.4C**— Provide names and training dates of clinicians who have completed SBHP Tier Two training
  - » *40% of clinical staff organization wide required*
  - » *Yearly update required*
- **3.4D**— Provide names and training dates of clinicians who have completed SBHP Tier Three training
  - » *20% of clinical staff organization wide required*
  - » *Yearly update required*
- **3.4E**— Submit mentoring plan for EBP champion to supervise use of EBP-trained clinicians

## 4. Community Outreach

- **4.4A**— Proof of veteran and family support groups offerings at organization
  - » *Example: fFlyers, group descriptions*
- **4.4B**— Proof of one educational outreach on military, veteran or family-related topics to community organizations
  - » *Examples: Dates and sign in sheets for presentations; meeting/training notes*

## 5. Data and Outcomes

- **5.4A**— Submit data from patient well-being survey given to adult military affiliated clients with EBP treatment and non-EBP treatment. Survey administered at two different time points: 1) within the first three sessions and 2) follow up either at planned discharge or after ten sessions. Survey and collection method are coordinated with MFRI.
  - » *For initial application, submit two months of data*
  - » *Yearly update required*

## EVIDENCE-BASED PRACTICES LIST

**List A**
- Eye Movement Desensitization and Reprocessing (EMDR)
- Cognitive Behavioral Therapy for Depression (CBT-D)
- Cognitive Behavioral Therapy for Insomnia (CBT-I)
- Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)
- Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD)
- Integrated Behavioral Couples Therapy (IBTC)
- Prolonged Exposure (PE)

**List B**
- Dialectical Behavioral Therapy (DBT)
- Social Skill Training (SST)
- Behavioral Family Therapy (BFT)
- Motivational Interviewing (MI)
- Cognitive Processing Therapy (CPT)
- Behavioral Couples Therapy for Substance Use Disorders (BCT-SUD)
- Motivational Enhancement Therapy (MET)
- Acceptance and Commitment Therapy (ACT-D)
- Interpersonal Therapy (IPT)
- Cognitive Behavioral Therapy for PTSD
- Motivational Enhancement Therapy (MET)
- Contingency Management (CM)

**Requirements:**
- Three Star
    - » *At least two EBPs from List A*
    - » *One EBP from List B*
- Four Star
    - » *At least three EBPs from List A*
    - » *One EBP from List B*

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