



Behavioral Health Center Designation

CRITERIA SHEET

| | ★ <i>One Star</i> | ★★ <i>Two Star</i> | ★★★ <i>Three Star</i> | ★★★★ <i>Four Star</i> |
|------------------|--|--|--|---|
| POLICY | Written guidelines pertaining to access to care for military-connected individuals which includes expedited access for suicidal ideation and contact within 24 hours after release from a hospital or inpatient facility 1.1A | Intake clinicians well informed on clinic offerings in regards to military-specific evidence-based psychotherapies (EBP), and aware of which clinicians have completed training in military culture and military-specific EBPs 1.2A | Develop policy on scheduling regarding timelines for initial assessment and intake appointments for military-connected clients 1.3A | Intake clinicians must assign military-connected clients to SBHP-trained clinicians 1.4A |
| | Possess knowledge of VA and veteran services in order to make effective referrals 1.1B | Initiation of process to become Tricare provider 1.2B | Provides documentation of Tricare application status 1.3B | |
| | On board new clinical and non-clinical staff in military culture (i.e. Community-Based and/or Tier One training) 1.1C | | Review current group therapy policies and provide recommendation on increasing group therapy options 1.3C | Implement recommendation from review of group therapy offerings completed in Three Star designation 1.4B |
| | | | Offer at least three (3) military-specific EBPs from the lists provided 1.3D | Offer at least four (4) military-specific EBPs from the lists provided 1.4C |
| PROCEDURE | Visible recognition of SBHP-trained clinicians within organization 2.1A | Designate point of contact or case manager for military-connected clients to assist with supportive services for non-behavioral health needs 2.2A | Point of contact or case manager for military-connected clients will follow up with referrals for non-behavioral health services to ensure success 2.3A | |
| | Intake paperwork asks this question pertaining to military connectedness: "Have you or a member of your family ever served in the military?" 2.1B | | Appoints military-specific clinical lead for entire organization* 2.3B | Appoints military-specific clinical lead for every clinic location* 2.4A |
| | Record-keeping system ability to identify military-connected individuals 2.1C | | Adherence to the fidelity of EBP, regarding session length and frequency 2.3C | |

*Military-specific clinical lead is the "veteran/military" voice within the CMHC. Advocate for system resources to support military-connected programming and services, stays informed of VA and DOD health care issues/programs, works with CMHC policy staff to support specific military-connected policies, works with case managers and other support staff to ensure follow-up with military-connected clients, etc.

Collaborators



Division of Mental Health and Addiction



Learn more
www.starproviders.org
Contact us
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| | ★ <i>One Star</i> | ★★ <i>Two Star</i> | ★★★ <i>Three Star</i> | ★★★★ <i>Four Star</i> |
|-------------------------------|--|--|--|---|
| STAFF TRAINING** | At least 20% of non-clinical staff have completed military culture training 3.1A | At least 30% of non-clinical staff have completed military culture training 3.2A | At least 45% of non-clinical staff complete military culture training 3.3A | At least 60% of non-clinical staff complete military culture training 3.4A |
| | At least 15% of clinicians, organization wide, complete Tier One training 3.1B | At least 30% of clinicians, organization wide, complete Tier One training 3.2B | At least 45% of clinicians, organization wide, complete Tier One training 3.3B | At least 60% of clinicians, organization wide, complete Tier One training 3.4B |
| | At least one Tier One-trained clinician at every clinic location 3.1C | At least one clinical supervisor/manager, who provides direct clinical oversight, at every clinic location has completed Tier One and Tier Two trainings 3.2C | At least 30% of licensed clinicians, organization wide, have completed Tier Two training 3.3C | At least 40% of clinicians, organization wide, complete Tier Two training 3.4C |
| | All intake clinicians complete Tier One training 3.1D | | At least one Tier Three-trained clinician available at each clinic location 3.3D | At least 20% of licensed clinicians, organization wide, have completed Tier Three training 3.4D |
| | | | Select EBP champion to support implementation of EBP within the organization 3.3E | Written mentoring plan for EBP champion to increase use of EBPs for trained clinicians 3.4E |
| COMMUNITY OUTREACH | Establish connections with local Family Assistance Centers, National Guard Behavioral Health Officers and the county Veteran Service Officer 4.1A | Veteran support clearly marked in agency and on the organization website 4.2A | Establish relationship with state and local organizations that serve veterans 4.3A | Host veteran and family support groups 4.4A |
| | Ensure presence of military-related behavioral health resources and other resources/brochures displayed in all clinic locations 4.1B | Participate in at least one community event per year supporting the military community 4.2B | Participate in at least two community events per year supporting the military community 4.3B | Provide at least one educational outreach to community organizations specific to military, veterans and family-related issues 4.4B |
| | SBHP logo and information on the organization website 4.1C | | | |
| DATA & OUTCOMES*** | Track service members, veterans and family members who complete intake and recommended for treatment (pulled from record-keeping system) 5.1A | Report results from service member, veteran and family member's client satisfaction surveys 5.2A | Track utilization of military-specific EPBs: number of sessions, length of sessions, and interval between sessions based on electronic medical record data 5.3A | Administer patient well-being survey to adult military-affiliated clients with EBP treatment and non-EBP treatment twice: 1) Within the first three (3) sessions and 2) Follow up either at planned discharge or after 10 sessions, whichever comes first; <i>Collection method to be agreed upon</i> 5.4A |
| | Track referral sources for service members, veterans and family members 5.1B | Track service members, veterans and family members attendance: number of no shows and percentage of met scheduled appointments 5.2B | | |
| | | Track intake and discharge dates of service members, veterans and family members 5.2C | | |

Must be resubmitted yearly. *For initial submission, only two months gathered data is required.