STAR BEHAVIORAL HEALTH PROVIDERS®

Behavioral Health Center Designation

CRITERIA SHEET

	★ *One Star*	★★ *Two Star*	★★★ *Three Star*	★★★★ *Four Star*
POLICY	Develop and implement a written policy pertaining to access to care for military-connected individuals to an SBHP-trained provider, which includes expedited access for suicidal ideation and contact within 24 hours after release from a hospital or inpatient facility. 1.1A	Develop and implement a written policy that care provided to veterans is required to be consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration (VHA), including clinical guidelines contained in the Uniform Mental Health Services Handbook of such administration. 1.2A	Develop and implement a written policy on scheduling regarding timelines for initial assessment and intake appointments for military-connected clients. 1.3A	Develop and implement a written policy ensuring the organization provides access to telehealth, online scheduling, and online access to medical records for improved service access. 1.4A
	Develop and implement policy to ensure that all new clinical and non-clinical staff are required to be trained in military culture (e.g. community-based and/or SBHP Tier One training). 1.1B	Develop and implement a written policy requiring newly hired admissions or registration staff to complete SBHP Tier One training within their first 12 months of employment. 1.2B	**Note:** *Requirements for Military Culture training were met at the Two Star level. No additional documentation is required.* 1.3B	**Note:** *Requirements for Military Culture training were met at the Two Star level. No additional documentation is required.* 1.4B
	Develop and implement a written policy to incorporate staff into your organization's training on VA resources, VA services, and the referral process. 1.1C	Submit application(s) to become paneled with TRICARE and/or affiliated with Military OneSource. 1.2C	Provides documentation of TRICARE application status. 1.3C	Accepts TRICARE. 1.4C Exceptions will be made if applications are pending or denied.
	Develop and implement a written policy requiring a champion or advocate for the organization who advocates for the military-connected clients. 1.1D	Develop and implement a written policy that the organization will offer a minimum of two (2) military-specific evidence-based practices (EBPs) from the lists provided. 1.2D	Develop and implement a written policy that the organization will offer a minimum of three (3) military-specific evidence-based practices (EBPs) from the lists provided. 1.3D	Develop and implement a written policy that the organization will offer a minimum of four (4) military-specific evidence-based practices (EBPs) from the lists provided. 1.4D

A Collaboration of

PURDUE UNIVERSITY
Military Family Research Institute

CDP
Uniformed Services University

Funded through a contract with the Indiana Family and Social Services Administration, Division of Mental Health and Addiction

INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION

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PROCEDURE	Provide visible recognition of SBHP-trained licensed clinicians within the organization so veterans can easily identify military-aware providers. 2.1A	Designate point of contact, such as a case manager or patient navigator, for military-connected clients to assist with non-behavioral health supportive services, with particular attention to veterans, service members, and family members experiencing cognitive impairments or disabilities. 2.2A	Appoint military-specific clinical lead for the entire organization (can be champion if they are clinical staff). 2.3A	Adhere to the fidelity of EBP regarding session length and frequency. 2.4A
	Adult and pediatric intake paperwork asks this question pertaining to military connectedness: "Have you or a member of your family ever served in the military?" 2.1B	Screen for cognitive impairment, including traumatic brain injury (TBI), in adult and pediatric clients. 2.2B	Establish procedure for assessing suicide risk and providing resources, including lethal means safety planning. 2.3B	
	Electronic Medical Record system (EMR) must have the ability to identify military-connected individuals. 2.1C	Establish and implement procedure requiring intake clinicians to assign military-connected clients to SBHP-trained clinicians. 2.2C		
	Establish procedure for processing referrals from the SBHP directory. 2.1D			
STAFF TRAINING	At least one SBHP Tier One-trained licensed clinician **at every center location**. 3.1A	At least one clinical supervisor/ manager, who provides direct clinical oversight, **at every center location** has completed SBHP Tier One and Tier Two trainings. 3.2A	At least 20% of licensed clinicians, **organization wide**, have completed at least one SBHP Tier Three training. 3.3A	At least one SBHP Tier Three-trained licensed clinician is available **at each center location.** 3.4A
	At least 50% of admissions staff (i.e., intake clinicians/specialists, front desk staff) complete SBHP Tier One training. 3.1B	At least 75% of admissions staff (i.e., intake clinicians/specialists, front desk staff) complete SBHP Tier One training. 3.2B	At least 90% of admissions staff (i.e., intake clinicians/specialists, front desk staff) complete SBHP Tier One training. 3.3B	**Note:** *Requirements for training admissions staff were met at the Three Star level. No additional documentation is required.* 3.4B
	At least 20% of non-clinical staff have completed military culture training. 3.1C	At least 30% of non-clinical staff have completed military culture training. 3.2C	At least 45% of non-clinical staff complete military culture training. 3.3C	At least 60% of non-clinical staff complete military culture training. 3.4C
	At least 15% of clinicians (both licensed and non-licensed clinical staff), **organization wide**, complete SBHP Tier One training. 3.1D	At least 30% of clinicians (both licensed and non-licensed clinical staff), **organization wide**, complete SBHP Tier One training. 3.2D	At least 45% of clinicians (both licensed and non-licensed clinical staff), **organization wide**, complete SBHP Tier One training. 3.3D	At least 60% of clinicians (both licensed and non-licensed clinical staff), **organization wide**, complete SBHP Tier One training. 3.4D
	At least 10% of licensed clinicians, **organization wide**, have completed SBHP Tier Two training. 3.1E	At least 20% of licensed clinicians, **organization wide**, have completed SBHP Tier Two training. 3.2E	At least 30% of licensed clinicians, **organization wide**, have completed SBHP Tier Two training. 3.3E	At least 40% of licensed clinicians, **organization wide**, complete SBHP Tier Two training. 3.4E

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COMMUNITY OUTREACH	Establish connections with the National Guard Soldier & Family Readiness staff, and the County Veteran Service Officer. 4.1A	Establish relationship with National Guard Behavioral Health Officers. 4.2A	Establish relationships with state and local organizations that serve veterans. 4.3A	Host veteran and family support group meetings. 4.4A
	SBHP resources/materials and information appear on the organization's website. 4.1B	Veteran support is clearly marked within the organization's office and on their website. 4.2B	Provide visible recognition of military-connected staff members on the organization website and/or on staff members' nametags. 4.3B	Participate in one community based behavioral health crisis outreach effort for military connected individuals, including postvention and/or interventions in partnership with local first responders. 4.4B
	Ensure presence of military-related behavioral health resources and other resources/ brochures displayed in all center locations and on company website. 4.1C	Participate in at least one community event per year supporting the military community. 4.2C	Participate in at least two community events per year supporting the military community. 4.3C	Host an event or give a presentation on treating military-connected individuals. 4.4C
DATA OUTCOMES*	Report the number of current military-connected clients (veterans, service members, family members) who received behavioral health services with your organization over the past year and indicate what percentage of total clients this represents. 5.1A	Report a deidentified list of service members, veterans and family members served, including their attendance: number of completed scheduled appointments and number of appointments with no-shows. 5.2A	Report utilization of specific EBPs with military clients, including the type of EBP and the number of sessions, length of sessions, and interval between sessions based on a deidentified list of electronic medical record data. 5.3A	Report deidentified data from a patient well-being survey given to adult military-connected clients. Indicate whether these clients received EBP treatment or not. The survey should be administered at two different time points: 1) within the first three sessions and 2) as a follow-up either at planned discharge or after ten sessions. Survey and collection method are coordinated with SBHP. 5.4A
		Report deidentified intake and discharge dates (client initiated or administrative) of service members, veterans and family members. 5.2B	Report deidentified results from client satisfaction surveys of service members, veterans and family members. 5.3B	Report deidentified results from client satisfaction surveys of service members, veterans and family members, which include a cultural competency measure supplied by SBHP.** 5.4B

* For initial submission, only two months gathered data is required. Staff Training and Data must be resubmitted yearly (12 months of data).

** The cultural competency measure was developed by the Military Family Research Institute at Purdue University.