



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	
	Onboard 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.

A Collaboration of

With Support From



Military Family Research Institute



Division of Mental Health and Addiction

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www.starproviders.org

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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 3.2Bw	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 relationships 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
	Public proclamation on organization's website of commitment to enhancing care for military populations through training. 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
Track referral sources for service members, veterans and family members 5.1B		Track attendance data for service members, veterans and family members: number of absences and percentage of scheduled appointments attended 5.2B		
		Track intake and discharge dates of service members, veterans and family members 5.2C		

****** Both Staff training and Data is submitted yearly for 12 months. Must be resubmitted yearly. ******* For initial submission, only two months gathered data is required.