FREQUENTLY ASKED QUESTIONS
(12 SEP 2019)

This FAQ sheet was developed to answer questions about the SBHP program and your state’s participation. It is designed to be a living document and will be updated as the program evolves. Please email Ms. Christy Collette with questions or recommended additions to the document at ccollette@deploymentpsych.org.

1: What is SBHP?

Star Behavioral Health Providers (SBHP) is a training and referral program. The goal is to expand access that NG members and their families have to high quality, evidence-based behavioral health treatment. Launched nearly 10 years ago, SBHP was developed as a partnership of the Indiana National Guard, National Guard Bureau, Indiana’s Family and Social Services Administration, Center for Deployment Psychology (CDP), and Military Family Research Institute at Purdue University (MFRI). It uses a two-pronged approach:

- First, it provides three levels of training for civilian behavioral health providers in your state and local communities who are interested in serving the military population, particularly NG members.
- Second, it offers a public online registry or listing that allows Service members, their families, military behavioral health providers, military leaders, and others to easily search for trained providers in their area.

2. What will be the benefit of the program to my state and me? What will SBHP do for me?

SBHP will provide many benefits once your state confirms its commitment to the program.

- It will expand your state behavioral health resources and maximize services available to your state. You will have access to more evidenced-based treatment options for your Service members through the SBHP registry. The registry will furnish necessary information about each provider so appropriate referrals can be made the first time, thus reducing the need to call multiple providers and decreasing frustration as you try to locate one.
- SBHP will help you develop key relationships with state partners. You will forge connections with both internal and external collaborators to address the behavioral health needs of your state. These relationships will assist Service members in accessing the care they need to restore mission readiness.
- SBHP can help facilitate your tracking milestones and goals around the use of behavioral health services in your state. Participation in SBHP can be used as part of your state’s plan for implementation of a comprehensive behavioral health strategic plan.

3: Who should join me from my state/unit/wing to help implement SBHP?
When a state participates in SBHP, we encourage organizing a state team that will become part of SBHP’s expansion and sustainability in your region, including:

1) Trainers
Some individuals on your team will be trained to be Tier One presenters in your region. Ideal candidates for teaching Tier One workshops are NG staff with behavioral health experience and civilian mental health professionals with experience working with the military population. These individuals should be comfortable training both civilian and military providers and have extensive familiarity with the military and Veteran issues. While Tier One trainers do not have to be members of the NG, it is likely that the majority of your team will include NG personnel and contractors. Some examples include:

- Directors of Psychological Health
- Suicide prevention coordinators
- Individuals working for SARC
- AOD coordinators
- Chaplains
- Civilians with interest and experience should be considered (e.g., community social service providers with expertise in families, university level staff from social work or marriage/family programs).

2) Collaborators
Your team will also include collaborators to help implement and sustain SBHP in your state and region. They can assist with practical support, such as venue location, identifying refreshment sponsors, promoting events, and use of the registry. Examples of state collaborators include:

- Your state Department of Mental Health and Addiction
- Your state Department of Veteran Affairs
- Local VA Medical Centers (VAMCs), Community-Based Outpatient Clinics (CBOCs), and Vet Centers
- National, state, and local organizations with a military/Veteran focus (e.g., Red Cross, Easter Seals)
- National, state, and local behavioral health organizations (e.g., the National Alliance on Mental Illness)
- Professional associations (e.g., counseling, social work, and psychology associations)

4: How will SBHP trainings be offered?
SBHP training is provided in three tiers that must be taken sequentially:

(1) Tier One is a one-day training introducing military culture and the impact of deployments on military families.
(2) Tier Two is a two-day training educating participants about issues associated with military service, including traumatic brain injury, substance abuse, sleep disorders, military family resilience, suicide, PTSD, and ethics.

(3) Tier Three is a two-day training teaching providers how to use evidence-based psychotherapies for treating particular conditions. SBHP offers Tier Three workshops on: Prolonged Exposure Therapy (PE) and Cognitive Processing Therapy (CPT) to treat PTSD, CBT for Depression, CBT for Insomnia, and CBT for Suicide Prevention.

While the majority of these trainings will be face to face, a select number of online synchronous Tier Two and Tier Three trainings will be offered to expand provider access.

5: How often will SBHP trainings be offered in my region?

• The number of face-to-face SBHP workshops in your region will vary depending on the military population and demand from interested civilian providers. While SBHP has used a state model in the past, the new regional model will offer face-to-face trainings in strategically-identified cities easily accessible for providers within or from nearby states in the region.

• Over a period of 12 months, your region can expect approximately: eight to 12 face-to-face Tier One workshops, three to four face-to-face Tier Two trainings, and two face-to-face Tier Three workshops. Online Tier Two and Tier Three trainings will supplement the face-to-face trainings. These trainings will occur over the course of one year.

• The training locations will be carefully selected to maximize the number of participants able to attend.

6: How many SBHP trainings will my team be expected to conduct?

• The standard expectation is for you or a member of your state team to co-teach one to three Tier One workshops with a SBHP trainer each year in your region. You would also be expected to identify local military members who can share their military or deployment experiences and/or demonstrate how to use military gear for about one hour at these workshops. Civilian providers greatly appreciate hearing firsthand from military members.

• Also, you and members of your state training team will be encouraged to attend at least one Tier Two workshop in your region. This will provide the opportunity to network with civilian providers in the referral network.

• If you or your team members are unable to volunteer as Tier One trainers in the first year (as described above), the expectations are the following:
  o Each training team member will observe at least one Tier One workshop in the first year.
  o Your state training team will identify local service members to provide the experiential components of Tier One workshops.
  o In the second year, your state training team will be expected to participate as trainers for Tier One workshops.
Together, state and SBHP trainers usually provide Tier One workshops. Individuals from your state team who volunteer to become Tier One instructors will participate in a two-day Train-the-Trainer (TTT) workshop in their region where SBHP instructors fully review what the Tier One content is and how to teach it.

All Tier Two and Tier Three workshops are taught by SBHP trainers; your state training team would not be expected to co-lead any of them.

SBHP Regional Coordinators will attend all training events to offer support with registration, course materials, continuing education credits, and venue-related issues.

7: Who will pay for my team’s travel to Tier One trainings, and will this be on ANG/ARNG time or on personal time?

- All funds for your state trainers will be covered by the state ANG/ARNG, and the activities you perform for SBHP will fall under the scope of your ANG/ARNG job. All SBHP activities will be done on ANG/ARNG time, not on personal time.
- When possible, the SBHP trainings will be located close to your state ANG/ARNG volunteer trainers to avoid hotel travel expenses.

8: What will I be expected to add to my workload for data gathering and reporting?

- Because SBHP is data-driven, it will augment activities you already do to evaluate program effectiveness in your state. One SBHP goal is to capture information on referrals of Service members to behavioral health care (e.g., to SBHP providers), including their eventual outcome, if possible. It’s very important that we evaluate SBHP’s impact on the behavioral health needs of NG members.
- Practically, you will be asked to track referrals using existing ANG/ARNG strategies and processes like weekly work/activity logs. SBHP staff will work with you and your team to supplement or modify existing reporting procedures or to create new ones tailored to your state needs that are simple and take little time. If you already use the Behavioral Health Data Portal (BHDP), we will encourage making it part of data collection for SBHP.

9: What other tasks will I be expected to perform?

- You will be expected to disseminate information about the SBHP workshops to military and community networks. We find that local marketing at the state level combined with regional and national marketing is most effective.
- We want your help and expertise in educating your state commanders, first sergeants, and leadership about the SBHP program and the benefits of referring service members to SBHP providers on the registry.
- You will be asked to give briefs on the SBHP program to your unit/wing, command leadership, and other military service organizations.
- Additionally, it will be important for you to provide education to Service members, family members, and community groups about the SBHP registry and how to use it.
• SBHP will assist you in these efforts by providing marketing materials and information, including the starproviders.org website, and by reaching out to state groups through its channels.

• Another expectation is for you to identify local organizations to collaborate with that might be willing to provide free training venues, cover continuing education credits for trainings, provide refreshments for trainings, or help market the SBHP program, to suggest a few possibilities. Examples of outreach opportunities include:
  - Yellow Ribbon events
  - Family Readiness Group (FRG) events
  - Family days at Active Duty installations
  - Health fairs
  - Suicide prevention walks/runs
  - State behavioral health conferences

10: How many hours per week will I need to dedicate to SBHP?

• As with any new project, implementation of SBHP in a new state will require more time and commitment in the early phases.

• We do not anticipate needing more than two to four hours per week from you in addition to training time, which will include regularly scheduled calls during the first several months. As the program takes off, less weekly time will be required.

• Many of the tasks involved in bringing SBHP to your state and region are likely related to duties you already perform, such as managing behavioral health referrals, as well as developing relationships with military and community groups to enhance prevention efforts and expand available behavioral health resources.

11: What will be expected of me in terms of outreach to civilian providers?

• Civilian providers are excited to work with the military population but often do not know how to connect with the military communities they desire to assist. Your presence at trainings and your outreach efforts to connect with them are highly valued by the civilian providers on the registry.

• The amount of time can be quite variable. Existing SBHP states have found that sending NG staff to all levels of the tiered trainings builds networking and collaboration with the civilian providers attending these events and their agencies.

• The opportunity to develop relationships with civilian providers interested in serving the military can expand the capacity of your state to serve your military members. These relationships can assist NG behavioral health staff and command leadership in the referral process, as they are choosing clinicians they have met and interacted with rather than unknown providers.