**NOTE TO USER- This template is intended to give your clinic a head start on developing its own Standard Operating Procedure for this topic. The template can quickly be adapted to fit your clinic’s needs.**  **Drop** **content you do not need, and add anything you feel is relevant. There are several highlighted areas that allow you to customize this template for your clinic.**

**Subject:** Standard Operating Procedures (SOP)/Operating Instructions (OI) outlining the role of Behavioral Health Technicians (BHTs) at the [Mental Health Clinic] at [Medical Center]

**Purpose:** To establish detailed expectations for BHTs to support of our mission to provide the best care possible to our patients using evidence-based practices.

**References:**

Defense Health Agency, Medical Education and Training Campus (no date). “Behavioral Health Program: Behavioral Health Technician.” <http://www.metc.mil/academics/BH/>

Holliday, S. B., Hepner, K. A., Tanielian, T., Meyer, A., & Pincus, H. A. (2019). *Understanding behavioral health technicians within the military: A review of training, practice, and professional development.* Rand Corporation. <https://www.rand.org/pubs/research_reports/RR2649.html>

Psychological Health Center of Excellence Behavioral Health Technician Working Group (2019). *Healthcare provider’s practice guide for the utilization of behavioral health technicians (BHTs): Information and recommendations to optimize use of BHTs to support psychological healthcare in the Department of Defense*. <https://www.health.mil/Reference-Center/Publications?query=Technicians&isDateRange=0&broadVector=000&newsVector=00000000&refVector=000000000001000&refSrc=1>

1. **Objectives.**

1.1. Provide appropriate treatment to as many patients as possible through efficient use of EBPs, especially in a group format.

* 1. Fully utilize existing personnel resources.
	2. Delegate appropriate tasks currently completed by licensed providers to BHTs.

1.3.1. Offer fulfilling, challenging work to BHTs that assists in career advancement.

* 1. Decrease burden on licensed providers.
	2. Increase availability of services to patients.

1.5.1. Decrease wait times.

1.5.2. Broaden range of services available.

1. **Responsibilities.**

2.1. [Clinic Manager] has overall responsibility for the provision of services and their method of delivery.

* + 1. [Clinic Manager] will determine the number and type of Evidence-Based Psychotherapy (EBP) groups needed for the patient population.
		2. [Clinic Manager] will identify the Senior Non-Commissioned Officer (SNCO) or Non-Commissioned Officer (NCO) BHT who will serve as the Lead EBP Tech.
	1. Lead EBP Tech will take overall responsibility for all BHT EBP tasks, assign BHTs to providers/groups, and delegate tasks as appropriate, with the input of [Clinic Manager] as needed.

		1. Lead EBP Tech will provide clinical supervision to BHTs and seek additional clinical consultation when appropriate.
	2. [Licensed Providers] will familiarize themselves with the role and tasks of BHTs that are appropriate given their training.

		1. [Licensed Providers] will not delegate tasks to BHTs that are outside of their scope of practice.
		2. [Licensed Providers] will clear any additional assignments to BHTs with the Clinic Manager or Lead EBP Tech before assigning.
		3. [Licensed Providers] will maintain availability to BHTs for all clinical concerns, especially, but not limited to, high-risk situations.
	3. [Behavioral Health Techs] are responsible for following the procedures as outlined below.
1. **General.**

3.1. BHTs are Medics/Corpsmen who have completed a 16-week intensive course in Behavioral Health. Courses required for this specialization include Communication techniques, human development, psychopathological disorders, psychological testing, consultation, interviewing, psychiatric behavioral interventions, counseling, and Combat Operational Stress Control (COSC).

3.2. To make the best use of their skills and make the best treatment possible available to patients as efficiently as possible, this SOP/OI outlines tasks appropriate to BHT training that involve BHTs in the provision of EBPs. As groups are the most efficient way to help the most people possible, the BHT role outlined will focus primarily on the provision of EBP groups.

1. **Procedures.**

\*\* Note: Some sites may choose to designate a Lead EBP BHT. If your site chooses to use a BHT for this role, this section should be kept and tailored to your needs. If not, delete this section.

* 1. Description of Lead EBP BHT Role.

		1. The Lead EBP Behavioral Health Tech (BHT; a SNCO or NCO) is a full-time staff member identified and tasked to support the clinic’s implementation of EBPs.
		2. The Lead EBP BHT has oversight of all other techs that are assigned to support EBPs within the clinic.
		3. The Lead EBP BHT is trained in each of the EBP groups offered in the clinic by [Clinic Manager] or EBP-trained provider. This training should result in an understanding of the following for each EBP group offered.

			1. Theoretical basis.
			2. Treatment objectives.
			3. Treatment procedures.
			4. Materials/workbooks/handouts.
			5. Outcome measures.

				1. Frequency of completion.
				2. Scoring procedures.
				3. Tracking procedures.
			6. Requirements for documentation.
		4. The Lead EBP BHT is responsible for ensuring that a supply of all EBP patient materials (group and individual) is maintained, including but not limited to:

			1. Patient workbooks (e.g., CPT workbook, SAMHSA anger management workbook, etc.).
			2. Handouts (e.g., CBT-I sleep logs, CPT Challenging Beliefs Worksheets, PE in-vivo tracking sheets, weekly group curriculum materials).
			3. Outcome measures (e.g., PCL-5, PHQ).
			4. Specific materials needed in [Clinic] and their quantities will be identified by [Clinic Manager] or delegated EBP-trained provider.

				1. Written list will be saved on [shared drive] and printed copy available where materials are stored.
				2. Lead EBT BHT will periodically check in with EBP providers to determine whether they have modifications to the EBP materials list.
	2. BHT Support for EBP Groups.

		1. An EBP BHT will be assigned to each group and maintain primary responsibility for the group
		2. Before a BHT and provider co-facilitate a group together, the provider will meet with the BHT to:

			1. Make sure BHT is familiar with the EBP, and provide any background readings and materials.
			2. List all materials needed in each session of the group curriculum (e.g., patient handouts, outcome measures, supplies).
			3. Clarify eligibility/screening criteria.
			4. Review expectations for documentation.
			5. Provide instructions on outcomes tracking.
			6. Cover instructions on providing updates to referring providers.
			7. Discuss expectations for BHTs involvement level in group.

				1. Determine whether BHT will co-facilitate the group
				2. Determine how BHT will document during the session (e.g., patient participation level, homework completion).

* + - 1. Plan responses to risk assessment issues (i.e., suicide, homicide) consistent with [clinic] policy.

				1. In group with or without a licensed provider present.
				2. In individual contact with the BHT.
	1. BHTs Conducting Psychoeducational Groups.

		1. BHTs may independently lead psychoeducational groups according to their experience/skill level. Examples of such groups are stress management, anger management, and psychotherapy education/motivation.
		2. Generally, procedures are the same as therapist-led groups, except:

			1. BHT facilitates the group alone.
			2. A licensed provider should be identified and available at the following times:

				1. During group to assist in clinical emergencies.
				2. After group to co-sign documentation and to discuss clinical concerns.
			3. Lead EBP BHT or provider trains BHT in the intervention.
	2. BHT Screenings for EBPs Groups. (See also detailed information in the Handout, “Pre-group Screening and Orientation Instruction Guide.”)

		1. Some groups within the clinic may require a group screening to occur. The steps for this include:

			1. Review of patient records (ideally performed before the interview).

				1. BHT will perform the following tasks: 1) check the referral source, 2) check the diagnosis, 3) administer any necessary outcome measures, and 4) review risk level and treatment history.
			2. Contact all patients and set up a time for the interview.
			3. Complete a Pre-Group Screening and Orientation interview.

				1. BHT will perform the following tasks: 1) complete the Pre-Group Screening Form, 2) provide education about the group, 3) confirm participant’s willingness to commit to the group requirements, and 4) cover the ground rules/norms for the EBP group.
			4. After completing the group screenings, the BHT will set a time to brief the EBP provider and allow him/her to determine who to admit into the group.

				1. BHT will bring the completed Pre-Group Screening Forms to this meeting.
	3. BHT Support for EBPs Delivered in Individual Therapy.

		1. [Clinic leadership and/or Lead EBP BHT] may assign Techs to support individual therapy EBPs when obligations with groups are met.
		2. Workflow in individual therapy is as follows:

			1. Pre-session:

				1. Ensure EBP materials are available.
				2. Provide patient with self-report measures and score them, when BHDP is not in use.
				3. Brief provider on scores (this may be accomplished by starting a progress note/encounter).
				4. Create an Genesis/AHLTA (i.e., electronic medical record) encounter.
			2. Post-session:

				1. Schedule the patient for follow-up appointments.
				2. Complete necessary patient education.
				3. Provide additional homework materials.