

**PIHP application to use the encounter codes for reporting Dialectical Behavior Therapy**

**Each team within each PIHP need to apply separately**

1. Name of the PIHP:	2. PIHP Contact person, address, email and phone number:
3. Name of the provider/program	4. DBT team start date:
5. Name of the Team Leader:	6. Address/phone number and email

Provide the name of the team members, credentials and roles, including the peer support specialist and percentage of time devoted to delivery of DBT services?

Describe the DBT related training received by each staff member?

Provide a brief description about how DBT services are delivered in your system?

DBT individual therapy requires weekly therapy by a trained DBT therapist. Describe who provides the therapy and how Individual therapy is provided? (Please attach a blank sample of a diary card)

DBT skills training can be carried out in a group or individual format by a trained DBT skills trainer. Describe how skills training are provided including group composition and schedule?

DBT requires that skills coaching is provided by a trained DBT staff member and is available on a 24/7 basis. Describe how the team provides twenty-four/seven on-call response? What is the process for a DBT consumer to get a hold of someone from the DBT team after normal business hours?

DBT requires weekly peer consultation meetings. The purpose of the meetings is to enhance the capabilities and motivation of the DBT providers. Peer consultation must be regularly attended by all members of the DBT treatment team. Describe your peer consultation meeting? (Attach a blank copy of the form that you use to keep meeting minutes)

Describe the inclusion and exclusion criteria for consumers to receive DBT?  
Please note any rules regarding termination from and restarting therapy. (Attach a copy of the contract for services that you use with consumers)

What measures of program effectiveness are you tracking? What have been your outcomes to date?

PIHP Clinical Director or designee signature \_\_\_\_\_ Date \_\_\_\_\_

Submit the entire application to: **Tison Thomas, Service Innovation & Consultation Section, Division of Program Development Consultation & Contracts, Michigan Department of Community Health, 5<sup>th</sup> Floor Lewis Cass Bldg, 320 South Walnut Street, Lansing, MI 48913.**  
email: [thomasti@michigan.gov](mailto:thomasti@michigan.gov) Phone: (517) 241-2616