UW Medicine

DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

Summary Report

Analysis of Feedback from Community Partner Focus Groups

Behavioral Health Support Specialist Clinical Training Program

September – December 2022

Report prepared by Bill O'Connell, Ed.D. and Juliann Salisbury, MSW in collaboration with the BHSS Project Team. *The BHSS project receives funding from the Ballmer Group to explore, design, develop, and implement curriculum for a BHSS in Washington. The project team has no financial conflicts of interest.*

Executive Summary

Community Partner Focus Group Feedback on
Project Rationale, Competencies, Job Description, & Practicum Guidelines
Behavioral Health Support Specialist (BHSS) Clinical Training Program

About

The BHSS project team facilitated four virtual focus group sessions in August and September 2022. Forty-nine community partners attended, representing professional associations, higher education institutions (universities and community colleges), integrated care, specialty medical care, specialty mental health care, legislative policy groups, third party payers, and government regulatory agencies. Focus group participants were provided with a letter from the director describing the project rationale and goals, a sample job description, draft BHSS competencies, draft practicum guidelines, as well as a project lexicon to review in advance. A voluntary survey accompanied the focus group sessions with 46% of invitees responding.

Key Findings

Among survey respondents, there was endorsement that the BHSS will help to increase access to behavioral health treatment and expand the behavioral health workforce in Washington. Additionally, the competencies were endorsed with several recommendations for improvement.

Focus group discussion data was distilled into the following meta-themes: (a) rationale for the BHSS role; (b) scope of practice of the BHSS; (c) general competencies; (d) curriculum development; (e) supervision; (f) risk management and challenges; (g) credentialing and reimbursement; and (h) relationship of BHSS to co-providers of service.

Action Steps

After reviewing the focus group discussion data meta-themes and themes, the BHSS project team intends to take the following steps:

- Identify prerequisite knowledge for eligibility to participate in the BHSS curriculum.
- Add a law and ethics competency.
- Add trauma-informed care and group facilitation skills to competencies.
- Emphasize self-awareness, self-monitoring, recognition of bias, and strategies to reduce impact of bias throughout the curriculum.
- Complete a supervisor handbook to guide universities, colleges, and practicum site supervisors.
- Describe the role of supervision with greater clarity in the competencies.
- Respond to common questions regarding scope of practice, risk management, and workforce diversity in an FAQ available to the public.

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Summary Report

Introduction

The Health Resource and Services Administration or HRSA (2022) has designated 35 of 39 Washington counties as federally designated mental health workforce shortage areas. Due to lack of access to behavioral health services, the first line of treatment for depression or anxiety is often psychotropic medication despite patient preference for psychosocial interventions (Areán, Renn & Ratzliff, 2021). Since 2018, our project team has been working with educational, clinical, policy, and philanthropic partners across the state to develop a Behavioral Health Support Specialist (BHSS) role. A BHSS is described as a bachelor-level practitioner delivering brief evidence-based interventions for behavioral health conditions under the supervision of a licensed healthcare provider in a team-based setting. The addition of a BHSS will help increase access to appropriate and timely behavioral health interventions across a variety of settings and expand the workforce pipeline.

As reported by Renn et al. (2022), "the initial work of the project team has focused on primary care as a particularly relevant setting to improve behavioral health service provision, given that most mental health conditions are recognized and treated in such settings (p.1)." As the work has progressed and with feedback from community partners, potential practice environments may be any setting where behavioral healthcare is delivered in a team-based environment. While current funding focuses on treatment for adults with behavioral health needs, our project team continues to explore sources of support for adolescent and child curriculum development and believes this will be an important expansion of project scope in the future.

In 2019, our project team conducted an initial feasibility study with a group of community members to better understand alignment and gaps in the workplace (Renn et al., 2022). Clinical and educational partners provided feedback on a sample job description detailing the BHSS role. Based on this, the job description has been iteratively refined to the current BHSS role. This summary report reflects a new stage in developing the BHSS program curriculum. Using a backward design approach, our project team drafted competencies and learning outcomes (knowledge, skills, and attitudes) related to those competencies, as foundations of the program curriculum. A focus group (non-research) design was selected to obtain feedback from community partners regarding an initial draft of competencies and curricular progress to date.

Methodology

The project team used focus group methodology. This project, however, did not meet criteria for research therefore it did not require review by the University of Washington Institutional Review Board (IRB). To protect the integrity of the statewide feedback process, the project team followed standard protocols for qualitative research methods when outlining focus group procedures.

Sample

A convenience sample of participants were selected from a list of community contacts initiated in January 2022. Contact representation included professional associations, higher education institutions, behavioral health agencies, community health settings, hospitals, school-based health settings, rural healthcare networks, healthcare payers, policy and advocacy groups, and government agencies. Within those disciplines, roles included organizational leadership, programmatic decision-makers and administrators,

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clinical supervisors, providers, researchers, and prospective students. Some participants not on the original list of contacts were invited by colleagues who received the focus group invitation.

Procedures

The project team invited 90 individuals via email to participate and choose one of four pre-determined session time slots. A few invitees forwarded the invitation to colleagues. Fifty-five individuals responded affirmatively. Three individuals noted their interest but declined participation due to being unavailable during available session time slots. Thirty-two individuals did not respond to the initial invitation. Nine individuals who registered did not attend due to last-minute conflicts. Forty-nine individuals attended the focus groups, three of whom did not pre-register.

Each participant that pre-registered received a packet with the following items: (1) Disclosure and explanation of confidentiality; (2) Letter from BHSS Director describing the workforce project; (3) BHSS Sample Job Description; (4) BHSS Draft Competencies; (5) BHSS Draft Practicum Requirements; (6) Project Lexicon. Participants were prompted to review the packet in advance of the virtual focus group session. Sessions were limited to 15 participants and ranged from 12-15 participants for each session. Focus groups were 90-minute sessions and closed to unregistered participants. However, three participants that did not pre-register were permitted to take part because they were from the same organization as colleagues that were invited. Zoom waiting rooms allowed project team members to track attendance. After the first 15 minutes, no more participants were admitted, and the session was locked.

Sessions officially started within the first five minutes. The facilitator introduced the project team and participants introduced themselves to one another. *Then the following prompt was used to initiate discussion: “What are your initial reactions to the materials forwarded to you?” Additional sample questions asked by the facilitator were “Describe your thoughts about the BHSS role relevant to your workplace setting”; “Tell us about your impressions of the BHSS competencies”; and “What recommendations do you have for improvement?” In general, the facilitator summarized comments, asked clarifying questions, and answered questions that helped participants understand the goals of the project. The facilitator ensured that each participant had an opportunity to voice their perspective.

At the conclusion of the focus group session, participants were invited to complete an optional survey of demographics and opinions related to the BHSS workforce project. The facilitator thanked participants for their time and contributions and the focus group concluded. The survey remained open for the duration of the four-week focus group period with an additional fifth week after the final focus group. In the survey, participants were invited to share final comments or questions for the project team and received information on how to contact the project team leaders. The three individuals who were interested but unavailable for the sessions and the nine individuals who had a last-minute conflict were also invited to complete the optional survey as an alternative method for sharing their feedback.

****Procedural Change***

For the third and fourth focus group sessions, the facilitator added a ten-minute introduction to the BHSS workforce project using a PowerPoint. These sessions were still ninety-minutes overall. This change was on the advice of project team members observing conversations in the first two focus groups. The slideshow content was built on the themes of the BHSS Director Letter in the participant packet.

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Transcription

The focus group was recorded with Zoom's automated transcription feature. Assigned project team members corrected errors in the automated transcription by listening to the full recorded sessions. The corrected transcriptions were used for qualitative coding using principles of thematic analysis.

Thematic Analysis

Starting mid-September through early October 2022, two project team members conducted an initial reading of the complete transcripts. Following a second review, each team member independently recorded common themes observed. After composing independent observations, the two reviewers met with a project team mediator to discuss points of convergence and divergence in the observed themes. The mediator assisted with resolving discrepancies as well as condensing the themes into a list of eight meta-themes. A combined list of meta-themes and themes was created then forwarded to the project team. The project team met four times to discuss the list of meta-themes and themes in October 2022. General comments and action steps related to each meta-theme are described in the *Results* section.

Validity Check

The draft summary report was forwarded to one volunteer from each focus group (four volunteers total) in late November and returned in early December. Participant volunteers were randomly selected from each group. If one person declined, the next person in the list was contacted. The participant volunteers were asked to read a draft of the summary report and conduct a validity check by responding to the following questions in a REDCap survey:

- Identify 2-3 report themes that align with your recollection of the focus group you attended. State "none observed" if none observed.
- Identify 2-3 discrepancies between the report themes and your recollection of the focus group you attended. Please state "none observed" if none observed.
- On a scale of 1 (poorly) - 10 (well done), rate your opinion of how well the project team comments addressed concerns raised by you and members of your focus group.
- Provide some examples of where and how we might improve the commentary in the summary report.
- On a scale of 1 (poorly) - 10 (well done), rate your opinion of how well the project team action steps address recommendations made by you and members of your focus group.
- Provide some examples of where and how we might improve the action steps in the summary report.
- Please provide any additional questions, comments, or suggestions.

This member checking technique was used to triangulate data and ensure trustworthiness of the results. The results of the validity check were integrated into this final version of the report, found in the *Results* section.

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Results

Survey Data

Nearly half (28/61; 46%) of participants completed the voluntary post focus group survey. Some respondents were people who planned to attend but needed to cancel. Table 1 shows the survey respondent demographics. Table 2 shows the degree to which respondents agreed with statements.

Table 1. Survey Respondent Demographics

Category	Selected Options	Percentage
Gender	Non-Binary	4%
	Woman	86%
	Man	11%
Race*	Asian	7%
	Latinx	4%
	Mixed Race	4%
	Pacific Islander	4%
	White	86%
Professional Affiliation*	Behavioral Health Agency	11%
	Behavioral Health Affiliate	4%
	Government Agency	7%
	Higher Education Institution	36%
	Hospital	7%
	Managed Care Organization	4%
	Policy or Consultation Group	4%
	Primary Care	14 %
	Professional Association	43%
	Specialty Medical Care	4%
Highest Education	Bachelor's Degree	4%
	Master's Degree	39%
	Doctoral Degree	57%

**Respondents selected as many responses as were relevant.*

Table 2. Survey Responses

Statement	Response Option	Percentage (n/N)
I believe a Bachelor-level BHSS will contribute to improved access to BH treatment for WA residents.	Strongly Agree or Agree	68% (19/28)
	Undecided	21% (6/28)
	Disagree or Strongly Disagree	11% (3/28)
I believe a Bachelor-level BHSS will contribute to expanding the BH workforce in WA.	Strongly Agree or Agree	68% (19/28)
	Undecided	18% (5/28)
	Disagree or Strongly Disagree	14% (4/28)
The proposed list of BHSS competencies is sufficient to train a student enrolled in a four-year degree program.	Strongly Agree or Agree	71% (20/28)
	Undecided	18% (8/28)
	Disagree or Strongly Disagree	11% (3/28)
The proposed practicum requirements are sufficient to train a student enrolled in a four-year degree program.	Strongly Agree or Agree	64% (18/28)
	Undecided	29% (8/28)
	Disagree or Strongly Disagree	7% (2/28)

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Focus Group Themes

The project team identified the following meta-themes and themes as the result of structured data analysis previously described in the Methodology section.

a. Rationale for BHSS Role

1. Endorsement of bachelor-level preparation for the workplace.
2. Appeals to both traditional and non-traditional students.
3. Creates a career ladder to master's level disciplines.
4. Uncertain whether a bachelor-level role will increase diversity in the field.

b. Scope of Practice

1. Clarify scope of practice and workplace focus.
2. Differentiate between a BHSS, Peer Counselors, BH Technician, and Associates.
3. Clarify workflow within healthcare settings.

c. Competencies

1. Endorsement of face validity for competencies.
2. Include emphasis on self-reflection, self-awareness, self-monitoring, and potential for transference and countertransference.
3. Include digital literacy competency.
4. Address personal and cultural bias as part of cultural responsiveness.
5. Clarify types of evidence-based interventions.
6. Focus on legal, ethical, and professional concerns.

d. Curriculum Development

1. Define prerequisite knowledge for BHSS curriculum.
2. Include psychopathology (abnormal psychology), disability concerns, and lifespan development.
3. Partner with universities and community colleges.
4. Align with Substance Use Disorder Professional (SUDP) core content and community behavioral health needs.
5. Align with existing state required continuing education for health professionals, like suicide prevention training.
6. Consider a 400-quarter hour practicum to provide opportunity for exposure to breadth of patient concerns and work environment.

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e. Supervision

1. Support site supervisors with clear expectations, nature of responsibility, risk management for high acuity patients, evaluation guidelines, and continuing education.
2. Restrict the number of supervisees under a supervisor's license.
3. Develop a competency for supervisors to support fidelity to BHSS role.
4. Identify qualifications for a supervisor other than licensure.

f. Risk Management and Challenges

1. Prepare BHSS for encounters with patients with severe mental illness.
2. Prepare BHSS for suicide screening and other forms of risk within stepped care model.
3. Address duty to warn for BHSS.
4. Support professional boundaries to work within scope of practice.

g. Credentialing and Reimbursement

1. Minimize confusion for public with BHSS role development.
2. Develop a credential for integrated behavioral healthcare and integrated care.
3. Ensure the BHSS is engaged in continuing education.
4. Add BHSS to Medicaid provider list to report interventions as billable service.
5. Put energy into pay equity for Master-level clinicians working in publicly funded behavioral health and health centers.

h. Relationship to Co-Providers of Service

1. Explain BHSS to other healthcare providers.
2. Explain solutions to barriers in stepped care model, such as access to specialty mental health.
3. Ensure BHSS maintains a clear scope of practice within a care team.

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Project Team Responses to Themes

Below find comments and actions outlined by the project team in response to themes that emerged from the focus groups.

a. Rationale for BHSS Role

Comments:

- Results of the voluntary survey indicate endorsement for moving forward with curricula to better prepare bachelor-level students in four-year psychology, social work, behavioral health, and related programs for careers in behavioral health.
- Regarding the need for this role, available estimates indicate there is a 30-50% vacancy rate among behavioral health positions. The project team believes that brief evidence-based interventions for behavioral health conditions will be useful across settings where behavioral health delivery occurs. The team will continue to collaborate with subject matter experts to identify generalist skills that may be employed in integrated care, specialty mental health and other behavioral health settings.
- The initial stage of the clinical training program curriculum development is focused on adults and older adults. When future funding is secured, our project team would like to see expansion of BHSS program curriculum to support BHSS to work with adolescent and young adult populations, and children and families. Subject matter experts with pediatric expertise will be included to design an appropriate curriculum for the age-based populations.
- The IATP program in England has reported a significant increase in racial and ethnic diversity among persons who completed the Psychological Well-Being Practitioner (PWP) training since 2008 (P. Farrand, personal communication, October 13, 2022). A PWP is similar to the proposed BHSS role. The Washington State Board for Community and Technical Colleges reports that in 2022 over six thousand students are enrolled in bachelor's programs and 49% of enrolled students represent students of color. Coupled with four-year universities, our project team sees tremendous opportunity to attract diverse representation among enrolled undergraduate students.
- Bachelor's degree programs are one of several pathways into the behavioral health workforce. It is the project team's perspective that this step will broaden the available workforce. Alternate pathways such as apprenticeship and pre-baccalaureate hiring will continue to be options in workplace settings licensed to employ these positions.
- A bachelor-level practitioner is not a substitute for a master's or doctoral prepared clinician; rather, it may be a viable opportunity to improve career ladders into the graduate professions.
- Outcome evaluation is a key component of the BHSS project. Our team is committed to evaluating the impact of the BHSS on workforce diversity, workforce vacancy rates, access to behavioral health services for Washington residents and other key factors associated with program success.

Actions:

1. The project team will continue to align curriculum with the needs of workplace settings where behavioral health services are delivered.

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2. The team will continue to collaborate with subject matter experts at UW to support concurrent projects (SPIRIT Lab, CoLAB, etc.).
3. Future materials will include a description of the professions likely to supervise a BHSS: marriage and family therapy, mental health counseling, primary care provider, psychiatry, psychiatric nursing, psychology, social work.
4. The project team plans to evaluate multiple domains connected to the BHSS role including, but not limited to, impact on (a) diversity in the behavioral health field, (b) access to care for under resourced populations, (c) vacancy rates, and (d) career development in behavioral health fields.

b. Scope of Practice

Comments:

- Scope of practice may be articulated in a legislative rule or policy in the future. The UW project team will recommend language describing proposed work for this role. Our project team to date has proposed that the BHSS works in a team-based environment under supervision delivering, brief, evidence-based, culturally responsive interventions for common behavioral health conditions. The BHSS uses valid and standard screening to identify symptoms and make determinations with the care team about symptom severity and appropriate level of care. Diagnosis of behavioral health conditions is not within the scope of a BHSS.
- Our project team emphasizes that a BHSS will be prepared to deliver evidence-based psychosocial interventions under supervision which differentiates the BHSS from other career pathways that may include peer counseling, behavioral health technicians and others not requiring a baccalaureate degree. The academic degree and specialty certification support our project team's rationale for seeking credentialing that includes service recovery for interventions delivered.
- Team-based care workflows are specific to each employment setting. There is significant variability in how integrated whole person care is delivered based on a variety of factors including organizational resources. Ideally, the BHSS will refer complex cases to independently licensed practitioners within the organizational team for assessment and treatment planning. Additionally, the BHSS working in an integrated care setting will refer persons to specialty services within the community after consulting with their supervisor.
- The Behavioral Health Apprenticeship program is supported in part by Ballmer Group funding and managed by the Training Fund in partnership with the University of Washington Behavioral Health Institute. Our project team will continue to collaborate with the UW BHI and Training Fund on opportunities to bridge apprenticeship with a four-year degree and BHSS credential if applicable in the future.

Actions:

5. If credentialing is suggested for the BHSS, our project team will propose language with a scope of practice described in the comments above.

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c. Competencies

Comments:

- The UW project team is using a backward design to arrive at a standard curriculum for the BHSS role. Competencies are followed by the development of learning outcomes as well as recommendations for assessment of the learning outcomes. In focus groups, the project team received affirmation for the face validity of the competencies to prepare a bachelor-level practitioner.
- The competencies were developed after consulting multiple resources including, but not limited to the Integration Elements of the Washington Bree Collaborative, Core Competencies for Integrated Health in Primary Care, Primary Care Collaborative Workforce Competencies, Psychological Well-Being Practitioner Competencies, Interprofessional Collaborative Practice Core Competencies, and Core Elements Treatment Approach (CETA). Our current subject matter experts are experienced behavioral health clinicians and/or researchers representing psychiatry, psychology, counseling, and social work specializing in adult and geriatrics care. As the project progresses and additional funding is secured, our project team will invite additional subject matter experts to help build out the curricular materials that support competency development across the lifespan.
- Our project team did not share learning outcomes drafted under each competency with the focus group participants due to the volume and stage of development of the material. The project team did address feedback related to competencies as noted below.

Actions:

6. "Law and Ethics" was added as an eighth competency and previously held under Team-Based Care and Collaboration.
7. Recognition of bias, the impact of personal bias on patient care, methods of addressing bias, self-awareness, and self-monitoring are described in the learning outcomes for the following meta-competencies: Health Equity, Helping Relationships, Cultural Responsiveness, Team-Based Care and Collaboration, and Law and Ethics.
8. Self-care will be explicitly identified as an ethical responsibility under Law and Ethics.
9. Trauma-informed care and group facilitation skills will be included in the competencies and/or learning outcomes for the Helping Relationship.
10. Evidence-based interventions are clearly defined in the learning outcomes for the Interventions competencies.

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d. Curriculum Development

Comments:

- Since funding began in July 2021, project Subject Matter Experts (SMEs) have primarily focused on the development of curriculum pertaining to evidence-based interventions for depression and anxiety. Additional curriculum will be developed as the project team completes competencies and learning outcomes.
- The college or university offering the BHSS certification will need to make decisions regarding program changes after mapping their existing curriculum to the competencies. UW will share curricular resources through a copyrighted, open-source mechanism. Colleges and universities will be encouraged to utilize UW curricular resources when current material is not available to meet a particular competency. Our project team will continue to consult with collegiate partners across the state to further refine the competencies and learning outcomes for ease of integration into existing four-year degree programs.

Actions:

11. Our project team recommends the following as prerequisite knowledge to start BHSS curriculum: (1) an undergraduate course in abnormal psychology or mental health disorders; and (2) an undergraduate course in human development. The student must be enrolled in one of the following majors: psychology, social work, behavioral health, or a degree closely aligned with one of these areas of undergraduate study. See Implementation for further information.
12. Per recommendation of the focus group, the project team will engage with SMEs in Substance Use Disorder Professional (SUDP) education to determine where there may be competency alignment. If a credential emerges, the WA Department of Health will likely make determinations regarding equivalency.
13. Practicum requirements will include the minimum necessary hours to achieve relevant competencies. Academic programs will reserve the right to require more hours than the recommended minimum to meet graduation requirements for a degree program.

e. Supervision

Comments:

- The Washington Department of Health has established minimum standards to be an approved supervisor for behavioral health professions. As our team evaluates the supervisory relationship, we will make recommendations for improvements in supervisor training, education and support.
- Supervisor understanding and support for evidence-based interventions practiced to fidelity helps to ensure quality care and reduction of risk for harm to patients.

Actions:

14. Our project team will recommend current state standards for an approved supervisor be followed.
15. Our project team will create a supervisor handbook to support university and practicum site supervisors by providing guidance on supervision processes for a bachelor-level practitioner as

well as assessment and evaluation recommendations. Colleges and universities will maintain ownership of practicum and supervisory responsibilities.

16. During the startup period, UW will provide training support to colleges and universities for both university and site supervisors.
17. During the startup period, UW will collaborate with employers to provide virtual consultation for employment supervisors with a special focus on rural and under resourced settings.

f. Risk Management and Challenges

Comments:

- Some members of the focus groups recommended that the clinical training program help prepare the BHSS to work with persons living with severe mental illness (SMI), so that the BHSS is prepared to address acute SMI across settings. We agree that exposure to a broad population is ideal, however, not guaranteed in a practicum experience. Prerequisite learning will include an introduction to abnormal psychology or mental health. The brief interventions taught in the BHSS clinical training program are applicable to a broad population with common mental health presentations. The accumulation of experiences over time will help the BHSS to be more prepared to address the needs of persons living with severe symptoms. All practicum sites ought to have screening standards that allow a team member, including a BHSS, to refer to a higher level of care within and external to the organization when needed. A BHSS is not intended to be a substitute for an independently licensed provider type with skills to assess and treat symptoms of severe mental illness.
- The BHSS will be trained to screen symptom severity based on acceptable models for behavioral health settings. The Columbia Suicide Severity rating scale serves as a basis for current training modules. For clarification, in Washington, bachelor-level practitioners under supervision already screen and assess for risk of suicide and other risk factors. A BHSS will likely have more intensive training than most in screening and responding to symptoms. Additionally, as is already the standard, an independently licensed healthcare provider will need to assess any patient who screens positive with severe symptoms and endorses intention to engage in self-harm with a specific safety plan.
- A validity check reviewer noted that there has been an increase in fees for some professions credentialed by the Department of Health. The reviewer noted a contributing factor to increased fees are costs associated with complaint and disciplinary processes (Washington Department of Health, 2022). The reviewer questioned how this information influences risk management strategies with the proposed addition of a new credential that will require DOH oversight. The BHSS differs significantly from other bachelor-level credentials through formal education requirements including a practicum or internship experience pre-credentialing, formal training in law and ethics, a proposed jurisprudence examination for credentialing, and continuing education requirements. While there is no guarantee these factors will eliminate risk, like graduate professions, it is predicted that risk will be minimized by formative and summative evaluation, as well as remediation efforts during the academic program.
- BHSS supervisors may be from a range of professions, each profession with their own code of ethics. A BHSS certificate will be a career ladder to a variety of professional orientations. The

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clinical training program will explore competencies in law and ethics that are common across professions. In addition, the training program will explore interprofessional practice. There is emerging literature guiding interprofessional ethics for teams. While a BHSS is not connected to any single profession, there is emerging literature guiding interprofessional ethics for teams (Runyan, Carter-Henry & Ogbeide, 2018).

Actions:

18. The BHSS project team added an eighth meta-competency titled "Law and Ethics" in response to recommendations from focus groups. The Legal and Ethical competency will explicitly identify foundational principles for ethical practice and decision-making. An example is the four-box model (Runyan, Robinson & Gould, 2013). Implications of working outside of one's scope of practice, boundary crossings or violations, screening for high-risk behaviors, and mandated reporting will be addressed in the competencies and learning outcomes.

g. Credentialing and Reimbursement

Comments:

- The BHSS project team continues to consult with experts in the field on credentialing pathways to support service recovery for Medicaid patients. Some focus group members suggested that members of the public may be confused between doctoral and master level practitioners; Psychiatrists, Psychologists, Counselors, MFT's, and Clinical Social Workers; agency affiliated counselors, substance use disorder professionals, and peer counselors. Some members of the focus group speculated whether the BHSS would add to the above confusion. As with any healthcare service delivery, trust is a primary ingredient in building a therapeutic alliance. A BHSS will benefit from participating in team-based care under supervision where patient centered care is a priority. The degree to which patients and clients respond to any team member is often correlated with the team's level of trust and confidence in one another.
- A BHSS will have the same standard of disclosure as any other behavioral health professional practicing under supervision. A BHSS will have a standard of continuing education similar to existing bachelor-level practitioners like Certified Counselors or Assistant Behavioral Analysts.
- "Behavioral Health Support Specialist" will continue to serve as the title for the academic program. This title was chosen after a statewide feasibility study between the UW Department of Psychiatry and Behavioral Sciences and community partners in 2019. Workplace titles may differ from the academic certificate program.

Actions:

19. The project team will continue to develop curriculum and programming for the BHSS role. The project team will provide recommendations to any interested legislative champion regarding the education, training, supervision, scope of practice, and continuing education for a BHSS.

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h. Relationship to Co-Providers of Service

Comments:

- Some focus group members expressed concern regarding provider receptivity to a BHSS especially in integrated care settings. There are likely examples of some medical providers expressing skepticism in collaborating with behavioral health providers. There are also examples of extraordinary cooperation between medical providers and behavioral health providers that have resulted in positive outcomes for patients whether it be improved health, decreased risk for disease progression, or preventing a costly hospital admission. The BHSS will be one member of a team employing a population health approach to maximize outreach to patients and offering both preventive and intervention services aimed at improving overall health and decreasing the risk of deterioration due to untreated illness.
- There is ample evidence of successful behavioral health integration across the country with room to improve the expanse of integration. Large scale integration takes time, and some settings are more prepared than others to embrace integration. A BHSS is one member of the integrated or behavioral healthcare team. If the right ingredients are not in place, then some sites will not be appropriate for practicum or employment placements. Over time, as the benefits of a behavioral health support specialist demonstrate positive outcomes for patients, more and more practices will become viable training and employment settings.

Actions:

20. The project team will develop print and media materials to orient the public and professional sectors to the education, training, scope of practice, and role of a BHSS.

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Validity Check

Feedback and comments from this validity check were integrated into aspects of this report as were relevant. The table below summarizes the responses received from four focus group participants after reviewing a draft of this Summary Report.

When asked, "How well did the project team draft report **comments** address concerns raised by you and members of your focus group?", reviewer responses averaged 8.75 out of ten (with ten meaning well done). When asked, "How well did the project team draft report **action steps** address concerns raised by you and your focus group?" The average rating was 8.5 out of ten (with ten meaning well done).

Table 3. Validity Check Responses

Prompt	Responses
Themes that **align** with participant recollection of the focus group attended.	scope of practice explanation
	cultural attunement
	expectations for increased workforce diversity
	plans for addressing ethics in educational training
	career ladder from bachelor's to master's and doctoral programs
	explaining supervision qualifications
	identifying risk management and challenges
	considering review of Substance Use Disorder Professional education for future BHSS credentialing
Themes that were perceived **discrepancies** based on participant's recollection of the focus group attended.	prerequisite knowledge (abnormal psychology, disability concerns and lifespan development) to be admitted to a BHSS certification program
	endorsement of bachelor-level preparation for the workplace in the focus group
	challenges to supporting therapeutic rapport and providing supervision in primary care settings, especially in under resourced communities
	addressing self-reflection
	addressing digital competency
	including group facilitation skills in competencies
Improvement ideas	position the BHSS role as part of a career ladder to graduate level professions
	cite Washington Department of Health data regarding complaints to respective advisory boards and address concern about risk in report
Questions, comments, or suggestions	be clear in stating that diagnosis of mental health and substance use disorders is not within the scope of practice of a BHSS

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Implementation

The initial draft of the BHSS competencies with learning outcomes is planned to be completed by January 2023. At that point, the project team will sequence the competencies and learning outcomes into recommended courses and overall program curriculum. Part of this process will be to clearly outline which learning outcomes are pre-requisites to participation in the BHSS Clinical Training program. These pre-requisite learning outcomes will already be covered in existing baccalaureate programming. The project team is partnering with two colleges that are early adopters of the BHSS clinical training program during the mapping process to provide feedback on the sequencing, as well as the feasibility of the recommended program curriculum. Further refinement of the recommended curriculum map, competencies, and learning outcomes will occur as the result of continuous feedback from educational partners and key community partners. The goal of this work is to create a recommended BHSS Clinical Training Program curriculum that is easily mapped to existing bachelor's degree programs throughout the state. See further explanation provided in the comments for meta-theme d. curriculum development.

The project team has identified the following needs to augment this focus group summary report: (1) need tribal health consultation regarding competency and curricular development; (2) need prospective student feedback on BHSS role, education, and training; (3) need voices of prospective adult patients likely to seek care in a behavioral health setting.

The project team will continue to collaborate with community partners in various sectors to build statewide capacity to educate and employ Behavioral Health Support Specialists in behavioral health settings. As was demonstrated with IATP in England, more patients with untreated behavioral health symptoms may have access to evidence-based behavioral health care, especially in rural and under resourced areas of WA, because of the creation of this new role.

Conclusion

The BHSS workforce project started with a goal to increase the number of behavioral health providers prepared to deliver evidence based psychosocial interventions. During the past year, our project team has received feedback that a workforce prepared to address the needs of all settings providing behavioral health is critically needed in WA. Our project team believes the BHSS competencies, with subsequent modifications from focus group feedback, will help serve the full spectrum of behavioral health. We recognize that certain settings have unique needs and propose continuing education to supplement learning where needed. One or more BHSS working in behavioral health practice will help a master's or doctoral-level behavioral health provider work to the top of their license while overall serving more patients. Our team is committed to continuous quality improvement and feedback based on outcome evaluation and we look forward to the next stage of development for this project.

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References

Areán, P. A., Renn, B. N., & Ratzliff, A. (2021). Making psychotherapy available in the United States: Implementation challenges and solutions. *Psychiatric services (Washington, D.C.), 72*(2), 222 224.

Blount, A., Schoenbaum, M., Kathol, R., Rollman, B. L., Thomas, M., O'Donohue, W., & Peek, C. J. (2007). The Economics of Behavioral Health Services in Medical Settings: A Summary of the Evidence. *Professional Psychology, Research and Practice*, *38*(3), 290–297. https://doi.org/10.1037/0735-7028.38.3.290

Renn, B., Casey, C., Raue, P.J., Areán, P.A., Ratzliff, A. (2022). Task sharing to expand access to care: Development of behavioral health support specialist. *Psychiatry Services in Advance*. https://doi.org/10.1176/appi.ps.202100500.

Runyan, C. N., Carter-Henry, S., & Ogbeide, S. (2018). Ethical Challenges Unique to the Primary Care Behavioral Health (PCBH) Model. Journal of Clinical Psychology in Medical Settings, 25(2), 224-236. https://doi.org/10.1007/s10880-017-9502-2.

Runyan, C., Robinson, P., & Gould, D. A. (2013). Ethical Issues Facing Providers in Collaborative Primary Care Settings: Do Current Guidelines Suffice to Guide the Future of Team Based Primary Care? Families Systems & Health, 31(1), 1–8. https://doi.org/10.1037/a0031895.

Starfield, B., Shi, L., & Macinko, J. (2005). Contribution of Primary Care to Health Systems and Health. *The Milbank Quarterly*, *83*(3), 457–502. https://doi.org/10.1111/j.1468-0009.2005.00409.

Washington Department of Health (October 2022). Agency Affiliated Counselor Fee Cost Drivers. Retrieved from https://content.govdelivery.com/attachments/WADOH/2022/11/16/file_attachments/2331135/Agency%20Affiliated%20Counselor%20Cost%20Driver.pdf

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