

## **Increasing Access to Evidence-based Behavioral Health Interventions in Washington Behavioral Health Support Specialist Clinical Training Program**

### **Background**

The University of Washington (UW) Department of Psychiatry and Behavioral Sciences is leading the development of the Behavioral Health Support Specialist (BHSS) Clinical Training Program, with funding from the Ballmer Group. The curriculum from this program may be integrated into existing bachelor's degrees or it can be used as a standalone continuing education certificate. It complements existing bachelor's in psychology, social work, behavioral health, and related programs.

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The program prepares students for a BHSS role. Under supervision, a BHSS provides brief, culturally responsive, evidence-based interventions for behavioral health conditions. They also apply measurement-based care strategies to track patient progress and facilitate referrals to specialty services within the community. During the program, students participate in classroom learning and a practicum/field placement.

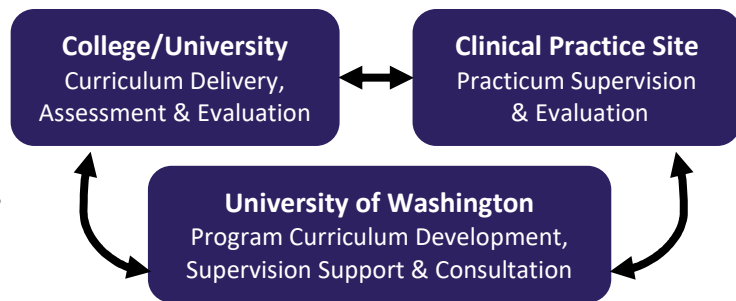
### **Curriculum Competency Areas**

- |                                      |  |
|--------------------------------------|--|
| 1. Health Equity                     | 5. Screening and Assessment            |
| 2. Helping Relationship              | 6. Care Planning and Care Coordination |
| 3. Cultural Responsiveness           | 7. Intervention                        |
| 4. Team-based Care and Collaboration | 8. Law and Ethics                      |

### **Program Development & Delivery**

The UW program development team defines the program's core curriculum and the recommended training approach. This process involves soliciting feedback from community partners in the field.

Our team also partner with four-year degree programs and clinical practice sites to deliver the curriculum, offering support, consultation, and additional resources as needed.



### **Work in Progress**

Clinical Skills & Training	Delivery of Service	Billing & Payment
<ul style="list-style-type: none"> <li>- Pre-requisites in health field</li> <li>- Core curriculum</li> <li>- Practicum &amp; skills development</li> </ul>	<ul style="list-style-type: none"> <li>- Iterate on job description</li> <li>- Develop funding models for BHSS position</li> <li>- Develop practice supervision models</li> </ul>	<ul style="list-style-type: none"> <li>- Explore credentialing options</li> <li>- Identify billing codes appropriate to role</li> <li>- Advocate for Medicaid &amp; third-party payor reimbursement</li> </ul>

### **Seeking Partnership From**

Clinical Skills & Training	Delivery of Service	Billing & Payment
<ul style="list-style-type: none"> <li>- Colleges &amp; universities</li> <li>- Continuing education programs</li> <li>- Practicum sites</li> </ul>	<ul style="list-style-type: none"> <li>- Potential BHSS employers</li> <li>- Partners for supervisor development</li> </ul>	<ul style="list-style-type: none"> <li>- Legislative champions</li> <li>- Integrated care advocates</li> </ul>

## Rationale

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). **Preparing a bachelor-level BHSS in culturally responsive, evidence-based interventions under supervision may increase access to appropriate and timely behavioral health interventions across a variety of settings.**

The Improving Access to Psychological Therapies (IAPT) Program in England demonstrated improved patient outcomes and reduced cost of care with implementation of a practitioner like the BHSS. IAPT increased the volume of the workforce, especially in rural and under-resourced areas, trained the workforce to use evidence-based strategies and significantly reduced wait lists.

**A bachelor-level practitioner is one solution of many to increasing access to behavioral health services and expanding the behavioral health workforce pipeline.** The Ballmer Group is also funding conditional grants for preparing masters-level providers and behavioral health apprenticeships.

## Supervision

Supervision of BHSS service delivery will be important for both clinical quality and reporting services for reimbursement. There may be a challenge in some practices, especially rural practices, to provide close supervision on site. Our project team's current recommendations are that a supervisor be a Washington state credentialed provider who can assess, diagnose, and treat identifiable mental and behavior health conditions as part of their scope of practice. UW will work with practicum and employment partners to launch reliable supervisory practices that meet compliance and regulatory standards.

## Credentialing

It is anticipated that credentialing the BHSS role will be important for reporting services to Medicaid and other third-party insurers. The BHSS project team is developing recommendations that will support sustainability for the BHSS role across settings with broad variability in funding sources.

## New Behavioral Health Workforce Pipeline

Washington is uniquely positioned to build a bachelor-level workforce pipeline to multiple behavioral health professions. Supervisors may include Psychologists, Clinical Social Workers, Mental Health Counselors, Marriage and Family Therapists and Psychiatric Nurse Practitioners. A BHSS will be an entry-level provider type that serves as career ladder to any one of the above professions.

## 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.

Health Resources and Services Administration (HRSA) (2022). *Rural Health Information Hub: Health Professional Shortage Areas: Mental Health by County, 2022-Washington*. Retrieved from: <https://www.ruralhealthinfo.org/charts> on 10.26.2022.

## Get Involved

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