

Welcome and Sign-In

- Please sign-in by chatting
 - your name,
 - your organization
 - anyone else joining you today
- If you have not yet registered, please email uwictp@uw.edu and we will send you a link

General Disclosures

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

Planner Disclosures

The following series planners have no relevant conflicts of interest to disclose:

- Denise Chang, MD
- Jessica Whitfield, MD, MPH
- Betsy Payn, MA, PMP
- Esther Solano

Anna Ratzliff MD PhD has received book royalties from John Wiley & Sons (publishers).

Overview of Learning Collaborative

- Audience:
 - Psychiatric Consultants
 - Working or hoping to work in integrated care settings
- Goals:
 - Provide ongoing integrated care education (CME available)
 - Foster learning and support network
 - Support sustainment of integrated care
- Structure:
 - Monthly lunch hour on 2nd Tuesday
 - Didactic topic 20-30 mins
 - Open discussion remainder of time
 - Topics repeat every 6 months

Resources

- [AIMS Center office hours](#)
- [UW PACC](#)
- [Psychiatry Consultation Line](#)
 - (877) 927-7924
- [Partnership Access Line \(PAL\)](#)
 - (866) 599-7257
- [PAL for Moms](#)
 - (877) 725-4666
- [UW TBI-BH ECHO](#)

Reminders

- Please keep yourself on mute during the didactic
- If you have a question during the presentation (related to the topic or not) please type it in the chat

Improving Access to Evidence-Based Behavioral Health Interventions with Bachelor Level Support Specialists Update

Bill O'Connell, Ed.D.

Associate Professor

Director, Behavioral Health Support Specialist Clinical Training
Program

Speaker Disclosures

Faculty Disclosure

The presenter of this session has NOT had any relevant financial relationships during the past 12 months.

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Learning Objectives

As the result of participating in this session, participants will:

- Explain the rationale for behavioral health workforce expansion at the undergraduate level.
- Identify BHSS competencies with a focus on interventions.
- Discuss legislative updates, rule making process and service recovery processes.
- Summarize BHSS supervisor qualifications and plans for supervisor development.

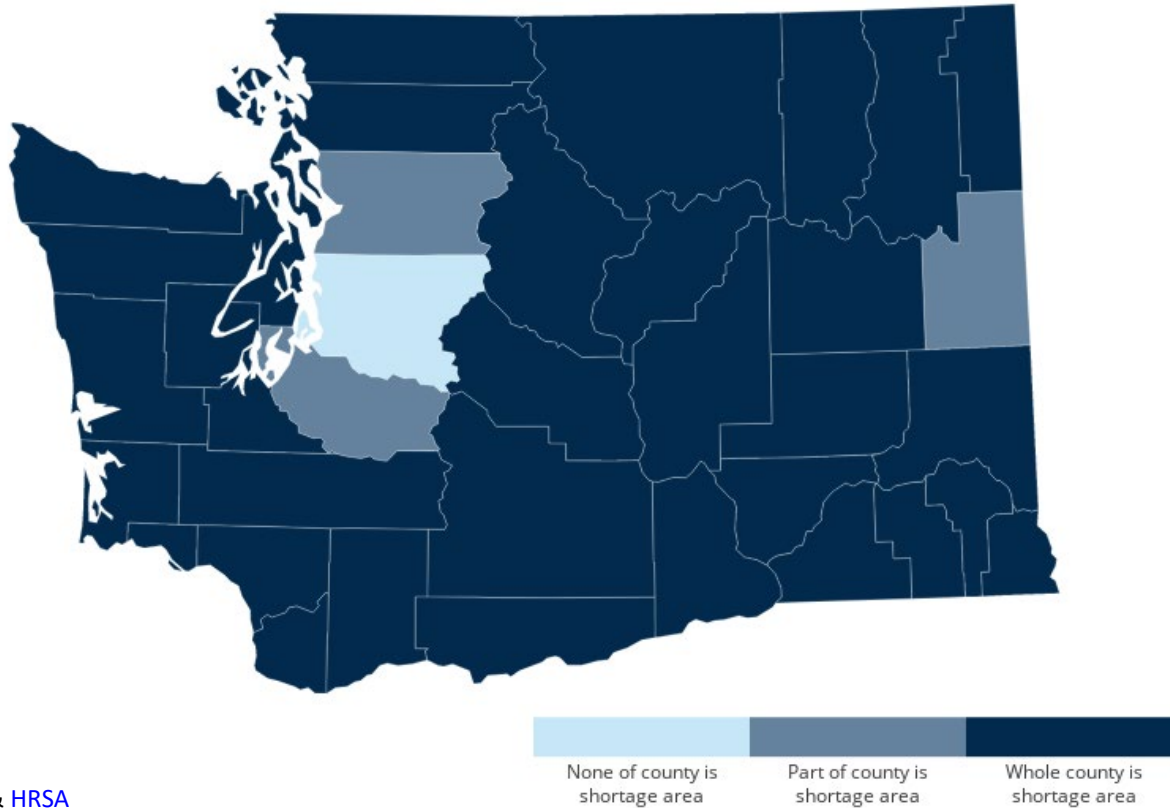
— Overview of Challenge in Washington

Behavioral Health Workforce Shortage

Need for Full Range of Treatments

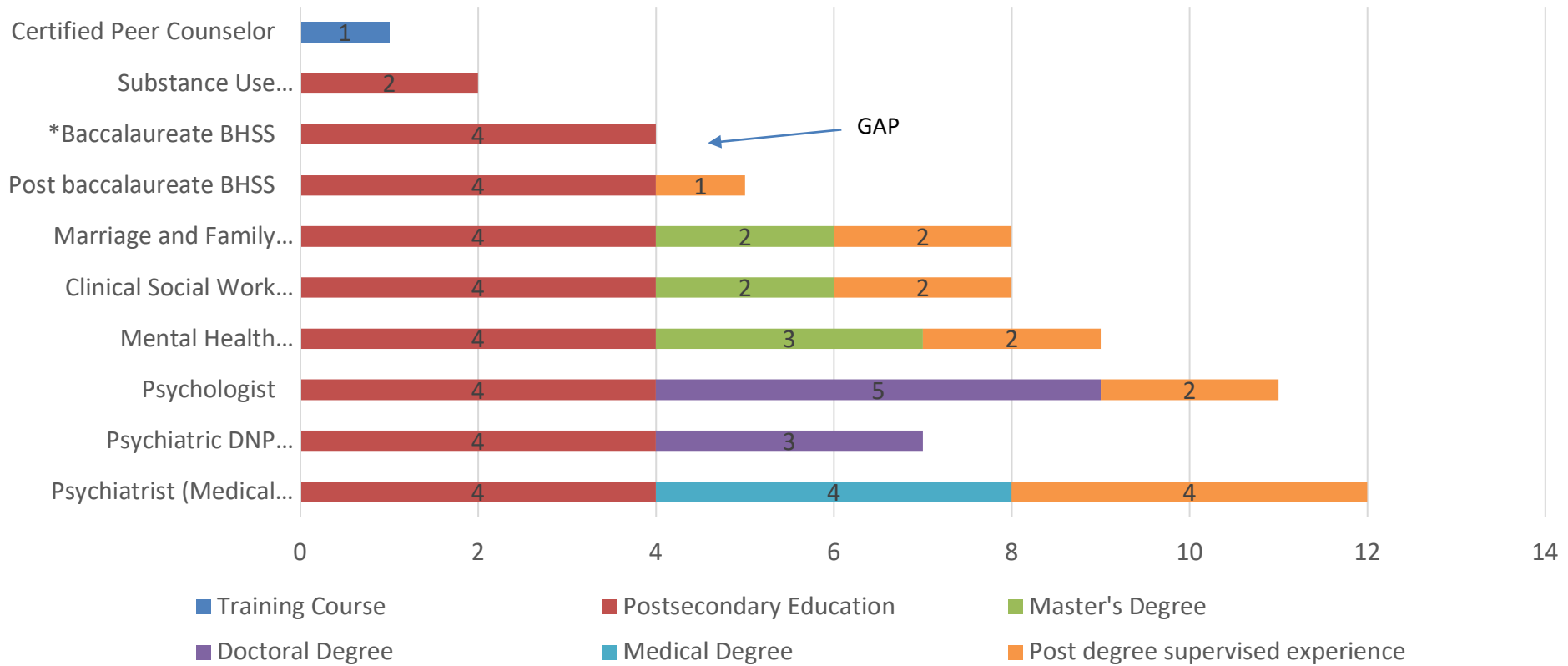
Need Increased Access to Care for All

WA Mental Health Provider Shortage Areas



Source(s): [RHI Hub](#) & [HRSA](#)

Typical Education & Training for Licensure for Select Behavioral Health Occupations in WA State after High School



Stepped Care Model

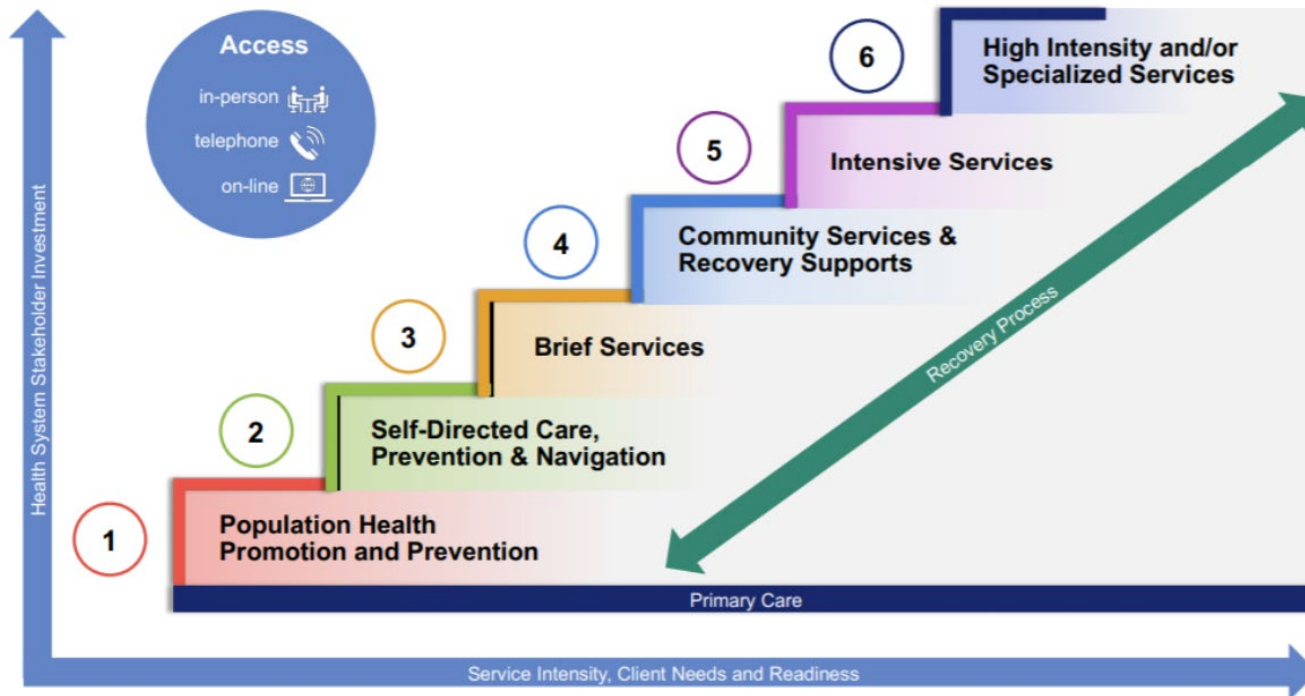


Image Source: New Brunswick Department of Health

Behavioral Health Support Specialist (BHSS)

Training/Preparation

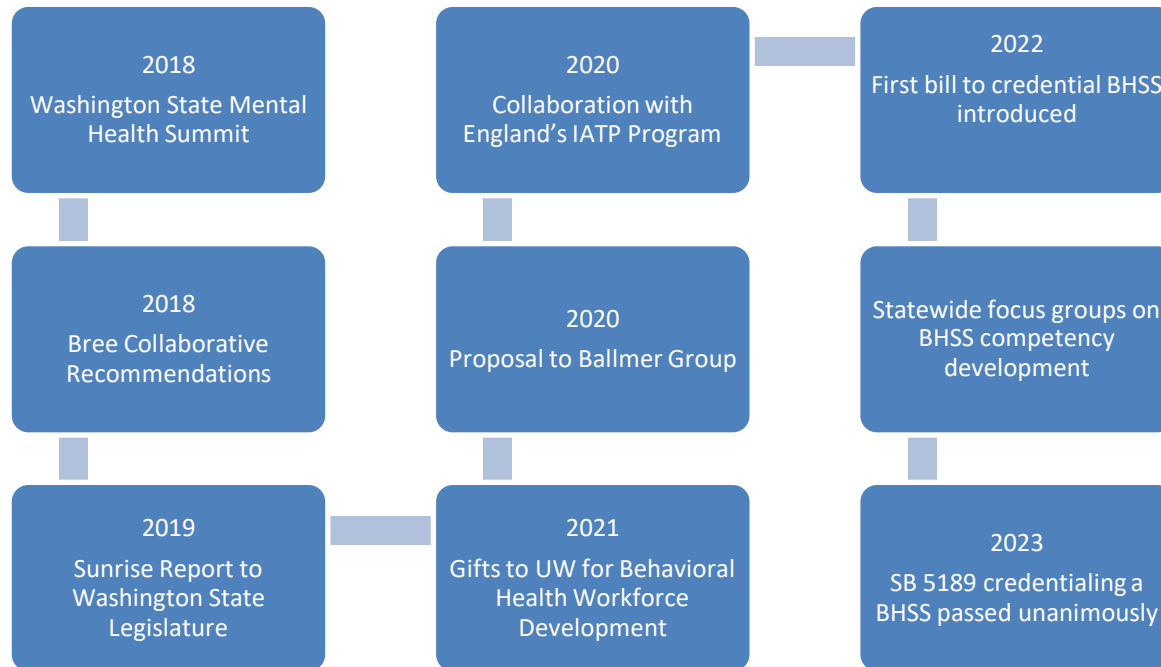
- **Four-year degree in Psychology, Social Work, Behavioral Healthcare or Related Degree program**
- **with BHSS specialization**

In Practice

- **Provides brief, culturally responsive, evidence-informed interventions under supervision**
- **Works with a team using measurement-based care in a stepped care model**



Timeline for BHSS Development



**Proof of Concept
For
BHSSS**

Evidence for Provider Task Sharing

- Originally popularized in global HIV/AIDS work
- Extended to mental health care in LMIC
- Some application in rural and low-resourced settings in US and other high-income countries
 - Community health workers (CHW)
 - *Promotoras*
 - Behavioral health aides
- Research demonstrations in US



Hoefl TJ, Fortney JC, Patel V, Unützer J. *J Rural Health*. 2018 Dec; 34(1): 48-62

Patel V., *Harv Rev Psychiatry*. 2012 Jan-Feb; 20(1):6-12.

Patel V, Weiss HA, Chowdhary N, et al. *Lancet*. 2010 Dec 18; 376(9758):2086-95.

World Health Organization. *Task shifting: Global recommendations and guidelines*. 2008.

UW Medicine

DEPARTMENT OF PSYCHIATRY
AND BEHAVIORAL SCIENCES

— Our Preliminary Work



Behavioral Activation Strategies for Depression

- Trained 18 undergraduates over 9 weekly class sessions
 - Over half (62.5%) passed rating by the seventh class;
 - The majority (82.4%) rated as competent by 9 weeks
- N = 4 retained as "coaches"
 - 100% retention; high ratings of feasibility & acceptability
- Pilot trial with 12 patient participants with depressive symptoms
 - 6 weekly sessions
 - 10 completed treatment
 - Large effects sizes of decreased depression and increased activation

Renn BN, Sams N, Areán PA, & Raue PJ. (2023). Aging Ment Health. 2023 July; 27(7):1403-1410.

UW Medicine
DEPARTMENT OF PSYCHIATRY
AND BEHAVIORAL SCIENCES

Ongoing Work: Intervention for Anxiety Conditions

CBT Strategies for Anxiety

- Pilot trial
 - 7 coaches trained
 - Final fidelity ratings underway
 - Recruitment for patient participants launched
- 8 weekly sessions with pre- and post-assessment
- Exit interviews with patient and coach participants to further evaluate intervention and implementation considerations

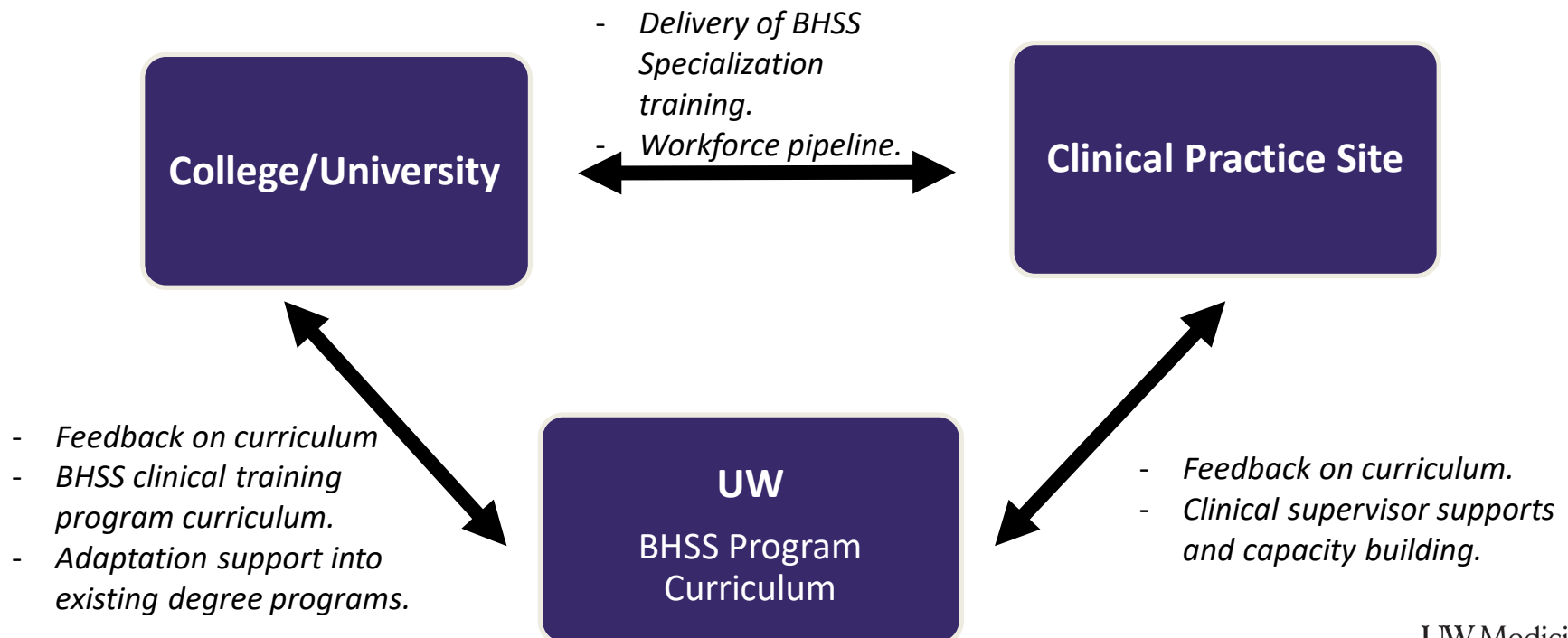


**Designing and
Implementing
Curriculum for
BHSS Specialization**

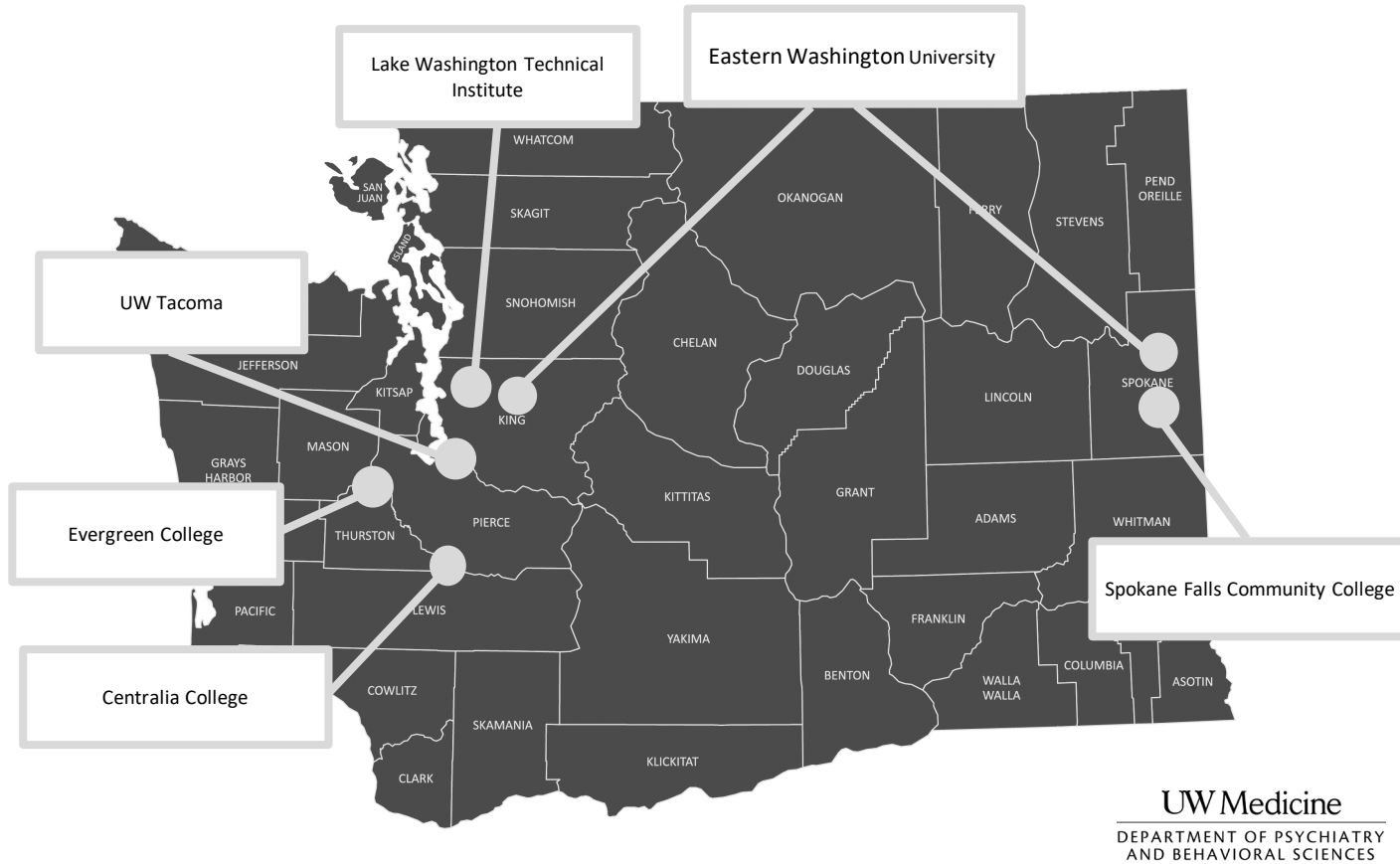
— Meta-Competencies (MC)

- 1. Health Equity**
- 2. Helping Relationships**
- 3. Cultural Responsiveness**
- 4. Team-Based Care and Collaboration**
- 5. Screening and Assessment**
- 6. Case Management and Care Coordination**
- 7. Interventions**
- 8. Legal, Ethical and Professional Issues**

— Statewide Collaboration & Implementation



Education Partners



Curriculum Map for BHSS Clinical Training Program

Meta-Competencies

MC1: Health Equity

MC5: Screening and Assessment

MC2: Helping Relationships

MC6: Care Planning and Care Coordination

MC3: Cultural Responsiveness

MC7: Intervention

MC4: Team-Based Care and Collaboration

MC8: Law, Ethics, & Professional Practice

		BHSS Curriculum			
		Pre-BHSS	Foundations	Advanced	Practicum
Competency	Learning Objectives				
4-b: Practice interprofessional communication.					
Keywords: <ul style="list-style-type: none"> Professional Development Supervision Team-Based Care 	4b2-K Describe how communication affects team processes and patient care and outcomes.	NA	I, R, P		
	4b4-S Effectively and succinctly share information with the interprofessional team using a team-appropriate process (For example, SBAR (Situation-Background-Assessment-Recommendations)).	NA	NA	I, R	P
	4b6-A Value brief, clear, concise, and timely communication between team members.	NA	I	R	P

Rationale for Credentialing a BHSS

Credentialing

- Bachelor-level credentials already exist in many states.
- In WA, there are barriers to billing in group practices that do not identify as specialty mental health settings.
- Project Goal: Identify pathways to support full spectrum of care



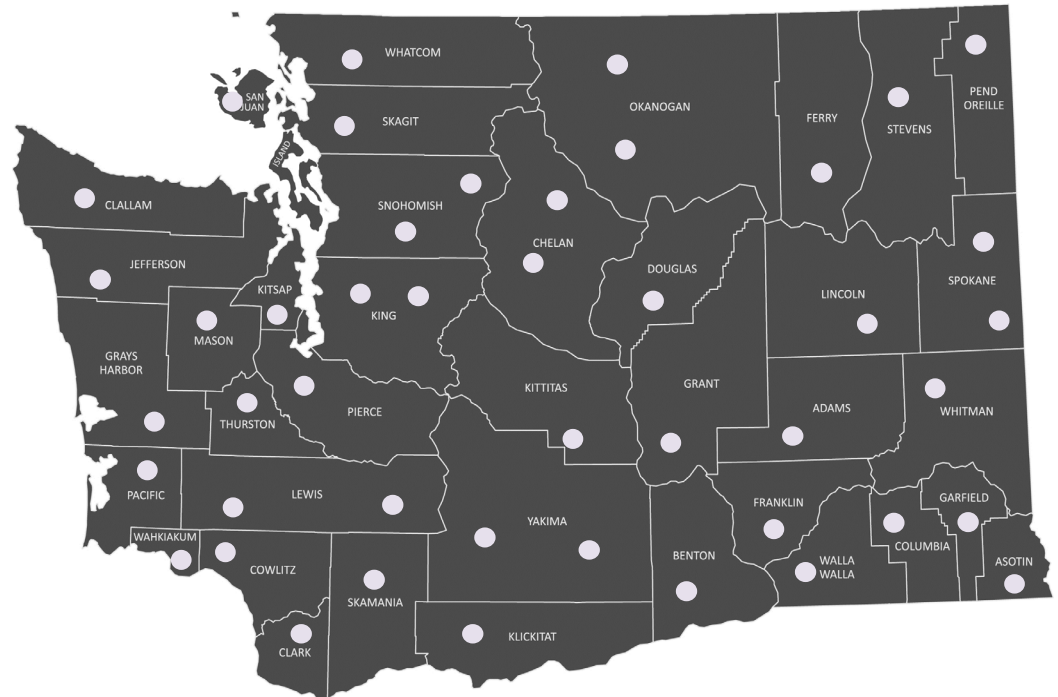
BHSS Workforce Development

- **SSB 5189**
 - Established BHSS as a new WA provider type
- **UW Psychiatry & Behavioral Sciences**
 - Leading BHSS Clinical Training Program development
- **Higher Education Partners**
 - Deliver BHSS Curriculum
- **Behavioral Health Community Partners**
 - Host BHSS Practicum/Internships
- **Department of Health and Health Care Authority**
 - Oversee BHSS credential & modify State plan to include BHSS



VISION

Goal:
50 providers
trained and 40
providers in
practice by July
2026



Contact: BHSSWA@uw.edu

Team Contacts:
Bill O'Connell &
Savanah Tidwell

Supervisor Development

Supervisory Skills



- Understand brief, evidence-based interventions.
- Support fidelity to the clinical interventions.
- Support BHSS clinical practice through measurement-based care and decision-making regarding patient disposition.
- Adopt a developmental view of supervision encouraging supervisee to gradually build skill over time.
- Adopt a strength-based approach to supervision akin to work with patients focusing on successful interventions to reinforce practice.
- Coach the BHSS on professional and ethical practice.

Takeaways

Takeaways

- *The BHSS will help fill a gap in the behavioral health workforce career ladder.*
- *A BHSS works in a team-based, stepped care model under supervision.*
- *Service recovery guidelines will emerge over time.*
- *Supervisor development will be critical to the success of the BHSS.*
- *We are seeking practicum partnerships on behalf of our education partners across the state.*

Communication Avenues

- UW BHSS Clinical Training Program
 - Email: bhsswa@uw.edu
 - University of Washington [website](#)
- Department of Health BHSS Website
 - DOH Program Staff: BHSS@doh.wa.gov
 - Sign up for [GovDelivery](#) for updates
 - DOH [website](#)

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Questions and Discussion

- Ask questions in the chat or unmute yourself

Additional Free Resources for Washington State Healthcare Providers

*No cost

EDUCATIONAL SERIES:

- [AIMS Center office hours](#)
- [UW Traumatic Brain Injury](#) – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO [UW PACC](#)
- UW TelePain series [About TelePain \(washington.edu\)](#)
- TeleBehavioral Health 101-201-301-401 [Telehealth Training & Support - Harborview Behavioral Health Institute \(uw.edu\)](#) | bhinstitute@uw.edu

PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline [Consultation \(washington.edu\)](#) – 844-520-PAIN 7246)
- [Psychiatry Consultation Line](#) - (877) 927-7924
- [Partnership Access Line \(PAL\)](#) (pediatric psychiatry) - (866) 599-7257
- [PAL for Moms](#) (perinatal psychiatry) - (877) 725-4666

Registration

- If you have not yet registered, please email uwictp@uw.edu and we will send you a link