

**Appendix A**  
**Supplemental Materials**

**Table S1**

***Stakeholder Respondent Characteristics***

	<i>n</i> (%)
	<i>N</i> = 40
<b>Setting*</b>	
Primary care	21 (52.5)
Community mental health	11 (27.5)
Private practice	5 (12.5)
Hospital	5 (12.5)
Higher education	4 (10.0)
Other <sup>†</sup>	5 (12.5)
<b>Occupation*</b>	
Clinician	29 (72.5)
Administrator	20 (50.0)
Educator	9 (22.5)
Researcher	3 (7.5)
Policymaker	1 (2.5)
<b>Clinician Type</b>	
Licensed behavioral health provider <sup>‡</sup>	19 (47.5)
Primary care medical provider <sup>§</sup>	6 (15.0)
Psychiatrist or psychiatric nurse practitioner	4 (10.0)
Another clinician on a care team <sup>#</sup>	2 (5.0)
Other	1 (2.5)

\* Respondents could select “all that apply” for Setting and Occupation types; totals exceed 100%.

<sup>†</sup> Other settings encompassed settings with no more than one respondent, including K-12 education, consulting, and benefits administration.

<sup>‡</sup> Including psychologists, licensed clinical social workers (LCSWs), licensed marriage and family therapists (LMFTs), licensed mental health counselors (LMHCs), licensed professional counselors (LPCs) and similar.

<sup>§</sup> Including physicians, nurse practitioners, and physician assistants

<sup>#</sup> Including nursing staff and medical assistants

## **Supplemental Methodological Details**

This study utilized a cross-sectional design. We distributed our survey to multilevel stakeholders across Washington State, including those affiliated with a statewide integrated care training program, members of relevant state policy groups, educators, and attendees of a statewide mental health summit. We encouraged respondents to distribute our survey to their respective professional networks. The University of Washington Human Subjects Division determined that the activity was not research; therefore, no review by the institutional review board was required and participants did not provide informed consent but were provided written information about the survey. Respondents were not incentivized for their participation. We classified respondents according to professional role and occupational setting but did not ask for personal demographic data.

## **Appendix B Supplemental Materials**

### **Behavioral Health Support Specialist**

#### ***Sample Job Description***

The Behavioral Health Support Specialist is a member of the integrated primary care team. Under the supervision of a primary care physician, psychiatrist, psychologist, clinical social worker, and/or other licensed mental health provider, the Behavioral Health Support Specialist is responsible for coordinating and supporting the mental health care for patients with a specific range of mild-to-moderate symptoms of common mental health conditions, such as anxiety or depression. The Behavioral Health Support Specialist maintain and track an active registry of patients, provide low-intensity evidence-based treatment strategies in a stepped care model, use measurement-based care strategies to refer patients needing high-intensity psychotherapy, engage in case management, and facilitate referrals to clinic sanctioned services within the community.

This provider would be licensed to provide patient care through assessment, care management, consultation, referral and follow-up care.

#### **JOB DUTIES:**

- Support the mental and physical health care of patients on an assigned patient caseload; participate in regularly scheduled caseload consultation to coordinate care with supervising providers, including medical providers, psychiatric consultants, and mental health care provider.
- Administer and score symptom screening instruments, and track patients for common mental health and substance abuse disorders for presentation and consultation on care team; participate in inter-professional dialog to inform diagnosis, treatment options and care coordination.
- Participate in routine supervision and/or consultation; consultation will focus on patients new to the caseload and those who are not improving as expected under the current treatment plan. Case reviews may be conducted by telephone, video conference, or in-person.
- Use a registry to systematically track treatment response and monitor patients for changes in symptoms, side effects or complications; document findings and report to medical providers.
- Document patient progress in EHR and other required systems to share with medical providers, psychiatric consultant, and other mental health providers on care team.
- Support medication management as prescribed by educating and assisting patients in monitoring adherence, effects and side effects of medications for reporting to medical prescribers.
- Engages in active and reflective listening.
- Demonstrates warmth and empathy, showing respect and concern for others, while maintaining appropriate boundaries.
- Develop and maintain a supportive relationship with patients, including addressing issues and events that interfere with treatment.
- Provide patient education about common mental health and substance abuse disorders.
- Provide brief, low-intensity interventions that include goal setting, problem-solving, motivational enhancement, harm reduction, and patient activation strategies through face-to-face, telephone, email, video conferencing or other communication methods.

- Understand stepped care approaches to managing common mental health problems in primary care that include measurement-based care and ongoing risk management appropriate to service protocols.
- Recognize behavioral health crises and warning signs; assess the level of risk for harm to self or others and report to supervisor and behavioral health care team.
- Recognize professional limitations and scope of practice for role, referring patients to appropriate resources and high-intensity psychotherapy as warranted.
- Focus on social inclusion with patients – including return to work and other occupational activities, physical activity, social engagement and other meaningful activities that promote health, wellness and improved patient outcomes.
- Recognize and respect diversity, differences and cultural traditions; demonstrate awareness and sensitivity to beliefs, values and traditions in client’s community, adapting services to the unique characteristics and preferences of clients.
- Maintain knowledge and information on a wide range of social and community health agencies and resources that are statutorily sanctioned and recognized for referral by the clinic.
- Facilitate referrals for social and psychiatric services outside of clinic, e.g., housing assistance, legal assistance, food banks, vocational rehabilitation, higher education, substance abuse treatment, and mental health specialty care.
- Develop a relapse prevention and self-management plan with patients who have achieved their goals and are soon to be discharged from the caseload.
- Consult with medical and department staff to eliminate barriers to the efficient delivery of patient-centered care.
- Maintain patient and clinic confidentiality, complying with laws, regulations and agency/clinic policies to comply with HIPAA regulations and Federal Privacy Act; maintains security of electronic and hard copy confidential information.

## **REQUIREMENTS**

- Bachelor’s degree in psychology, social work or related healthcare with specialization in behavioral healthcare [EXACT CERIFICATION TO BE DETERMINED] and a supervised practicum experience.
- Understanding of common mental health care conditions and symptom presentation
- Experience screening and tracking common mental health and/or substance use disorders.
- Experience with assessment and treatment planning for common mental health and/or substance use disorders.
- Working knowledge of evidence-based treatments for common mental health disorders.
- Ability to deliver structured and brief interventions such as problem-solving skills, motivational enhancement, and behavioral activation principles.
- Ability to assess the need for stepped-up care of patients based on standardized assessments to refer for more intensive medical and psychiatric intervention. [tentative]
- Ability to work in diverse, multicultural settings with a demonstrated commitment to non-discriminatory and equitable care.
- Demonstrated ability to collaborate effectively in an interprofessional team care setting.
- Ability to effectively communicate verbally and in writing.
- Strong organization and time management skills with ability to prioritize multiple tasks.
- Ability to work under-pressure in a high-paced working environment.

- Maintain effective, professional relationships with patients and other members of the care team.
- Computer proficiency, including proficiency with Microsoft Office Suite.
- Comfort working in a high-paced and high-volume environment typical in primary care clinics and other health care settings.
- Ability to effectively engage patients in a supportive relationship.
- Ability to work with patients, individually or in groups, in-person, by telephone or video conferencing.
- Ability to document and maintain patient health records to support medical and psychiatric consultation.
- Working knowledge of community resources to help patients access support and services, as needed.
- Complies with legal, regulatory and agency policies.

**PREFERRED:**

- Experience in primary care medicine or other settings with brief patient encounters.
- Proficiency with electronic health records (EHR) systems.
- Understand billing rules and regulations for reimbursement.
- Basic knowledge of psychopharmacology used for common mental health disorders.
- Working knowledge of state and county specialty mental health structure.

**CERTIFICATION AND LICENSURE:**

TBD by State Department of Health and Legislature

## Appendix C Supplemental Materials

Table S2

### *Description of Themes and Exemplar Quotes from Multilevel Stakeholders Related to Developing a Bachelor's-Level Behavioral Health*

#### *Support Specialist (BHSS)*

<b>Theme: Scope of Practice</b>			
<u>Subtheme</u>	<u>n</u>	<u>Description</u>	<u>Exemplar Quote</u>
Assessment	10	Respondent offers concerns, suggestions, or questions about BHSS providing diagnostic or risk assessment as part of their job duty.	<i>My only concern is in the job duties talking about having experience with assessment and treatment planning for common mental health and/or substance use disorders. I don't recall learning much in undergraduate school about assessment and treatment planning. I learned most of that in graduate school.</i>
Stepped Care	10	Respondent mentions stepped care model in general or aspects of this model to delivering and monitoring treatments, so that the most effective yet least resource intensive, treatment is delivered to patients first.	<i>A "light touch" that starts in our office might help and we might find more referrals would be made than we are doing right now.</i>
Supervision	6	Respondent offers concerns, suggestions, or questions about the proposed model of supervision for BHSS, in which the BHSS will need to be supervised by another licensed professional.	<i>In a licensed Community Behavioral Health Setting, the list of approved supervisors should include a Mental Health Professional, which is more inclusive of a range of master prepared behavioral health providers and consistent with current requirements for supervision of non-licensed people in this setting</i>
<b>Theme: Competencies</b>			
<u>Subtheme</u>	<u>n</u>	<u>Description</u>	<u>Exemplar Quote</u>
Facilitating Integrated Care	11	Respondent mentions how BHSS will contribute to integrated care in practice settings.	<i>This is a good idea. We need integration of care, and this role can help. I supervised bachelor-level clinicians for many years, doing duties like these. It is reasonable and feasible. They can perform these duties as part of a team. And it is feasible to</i>

			<i>educate and hire for these roles.</i>
Teamwork	9	BHSS is designed for integrated care models and team-based care; as such, respondent mentions need for effective communication with care team.	<i>Communication skills &amp; people skills above all else. Effective ability to work as part of a team.</i>
Social Determinants of Health	7	Respondent mentions social systems or factors that influence health, of which the BHSS should be competent in assessing and addressing.	<i>I think that experience with diverse populations should be emphasized more. Under preferred [qualifications] you might include multi-cultural, multi-lingual experience. For children, it is important to have knowledge of school and social support systems.</i>
Substance Use	7	Respondent mentions substance use as a behavior that BHSS should be able to address.	<i>Under preferred qualifications, would add experience with/knowledge of co-occurring substance use disorders. This [BHSS] role is written with a mental health focus, but ability to recognize, screen for, and appropriately refer for SUD is a valuable skill.</i>
Interventions	6	Respondent mentions evidence-based treatments that BHSS should be able to deliver.	<i>I would prefer the candidate have some knowledge of motivational interviewing.</i>

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**Theme: Pragmatic Considerations**

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<u>Subtheme</u>	<u>n</u>	<u>Description</u>	<u>Exemplar Quote</u>
Workforce Concerns	18	Respondent expresses concerns or observations about existing professions (e.g., social workers) that have similar duties and some of the competencies a BHSS would have.	<i>This seems to overlap with social workers.  This position is no different than a behavioral health case manager. I think position creep with a therapist or other integrated behavioral health position would happen.</i>
Access	13	The BHSS position could increase access to services, if patients are able to indeed utilize such services.	<i>Allowing BA-level workers to do the same job would greatly expand the workforce, as lower level degree would work for lower compensation, as their student debt level would not be nearly as high as a Master's-level practitioner doing the same job.</i>
Credentialing	13	Reaction to the proposal that a BHSS is designed to	<i>What's missing here is any emphasis on the SUD component of</i>

be a licensed credential like a substance use disorder professional or licensed mental health professional.

*behavioral health, which seems to be at most an afterthought. If Washington creates a new credential, it must take this opportunity to drive the clinical care standard towards greater competency in treating co-occurring disorders and lowering barriers for clinics that want to deliver co-occurring care and struggle to find, hire, and retain a dually-licensed workforce.*

Billing and Reimbursement 7 BHSS will need a funding/reimbursement mechanism to support position.

*A key question is whether this will be billable for Medicare, Medicaid, and/or commercial health plans.*

**Theme: Educational and Training Needs**

<u>Subtheme</u>	<u>n</u>	<u>Description</u>	<u>Exemplar Quote</u>
Education Program Content	11	BHSS certification is proposed to be gained via college degree or certificate program, and therefore has curriculum and training considerations upon which respondents remarked.	<i>Beyond the training provided to bachelor-level social workers, more advanced training and cultural competence, and treatment modalities would be appropriate.</i>
Experience	12	BHSS is an entry-level position with experience requirements gained via applied experience (e.g., practica, internship, field experience). Respondents remarked on these desired or required training experiences.	<i>I think creating behavioral health support specialist jobs is an excellent idea for expanding the behavioral health workforce. One concern I have is how candidates will gain the required experience described in the job description in order to be qualified for the role. For example, will educational programs include clinical internships?</i>
Qualifications	10	Respondents remarked on the preferred requirements including education, field placement experience, and qualities needed to be successful in the BHSS role.	<i>To be successful, I believe these bachelor-level practitioners will need to have the soft skills and presentation necessary to fit in to the medical service setting ([these settings are] quite different than many behavioral health or other [social services] settings).</i>