

**(Effective January 1, 2025)**

**WAC 246-821-110 BHSS competencies and clinical skills.** (1) Consistent with University of Washington behavioral health support specialist clinical training program guidelines, behavioral health support specialist competencies and clinical skills include, but are not limited to:

- (a) Health equity, including:
  - (i) Recognizing the impact of health disparities on patient engagement; and
  - (ii) Practicing use of inclusive communication that supports health care equity;
- (b) The helping relationship, including:
  - (i) Developing a supportive and effective working alliance with patients and their support networks;
  - (ii) Engaging patients to enhance participation in care;
  - (iii) Facilitating group psychoeducation; and
  - (iv) Utilizing a trauma-informed care framework in all aspects of helping relationships;
- (c) Cultural responsiveness, including:
  - (i) Developing knowledge of patient's identity(ies);
  - (ii) Providing services responsive to patient's identity(ies);
  - (iii) Practicing cultural humility in relationships; and
  - (iv) Striving to address own biases in work with patients;
- (d) Team-based care and collaboration, including:
  - (i) Integrating professional identity and scope of practice within a health care team;
  - (ii) Practicing interprofessional communication; and
  - (iii) Contributing to teams and teamwork;
- (e) Screening and assessment, including:
  - (i) Utilizing appropriate standardized screening tools to identify common behavioral health conditions;
  - (ii) Conducting a suicide risk assessment and providing appropriate intervention under supervision;
  - (iii) Conducting a patient-centered biopsychosocial assessment; and
  - (iv) Using measurement-based care to support stepped care approaches and adjusting the type and intensity of services to the needs of the patient;
- (f) Care planning and care coordination, including:
  - (i) Contributing to the development of a whole health care plan and stay well plan with the patient, the patient's support network, and health care team members;
  - (ii) Maintaining a registry to systematically track patient treatment response to interventions;
  - (iii) Ensuring the flow and exchange of information among patients, patients' support networks, and linked providers;
  - (iv) Facilitating external referrals to social and community-based services (housing assistance, food banks, vocational rehabilitation, substance use disorder treatment, etc.);
  - (v) Demonstrating accurate documentation of services provided and summaries of contact with linked providers in the patient record; and
  - (vi) Recognizing the interaction between behavioral health conditions, chronic health conditions, and their associated symptoms;
- (g) Intervention, including:
  - (i) Integrating motivational interviewing strategies into practice;

(ii) Providing psychoeducation to patients and their support network about behavioral health conditions and treatment options consistent with recommendations from the health care team;

(iii) Employing distress tolerance strategies including problem-solving and relaxation techniques to reduce the impact of acute stress on patient mental and behavioral health;

(iv) Applying brief, evidence-based treatment for common mental health presentations including depression, based on behavioral activation principles;

(v) Applying brief, evidence-based treatment for common mental health presentations including anxiety, based on cognitive behavioral therapy (CBT) principles;

(vi) Using harm reduction strategies for substance use concerns including the delivery of screening, brief intervention and referral to treatment (SBIRT); and

(vii) Demonstrating a clear understanding of the evidence base for brief treatment that focuses on symptom reduction; and

(h) Law and ethics, including:

(i) Identifying and applying federal and state laws to practice;

(ii) Integrating foundations of interprofessional ethics into practice;

(iii) Utilizing supervision and consultation to guide practice; and

(iv) Engaging in ongoing reflective practice.

(2) The behavioral health support specialist competencies and clinical skills described in subsection (1) of this section shall not be construed to permit a BHSS to practice beyond the scope of their practice as defined in RCW 18.227.010(4) and WAC 246-821-400.

[Statutory Authority: RCW 18.227.020, chapter 18.227 RCW, and 2023 c 270. WSR 24-21-083, s 246-821-110, filed 10/16/24, effective 1/1/25.]