



# Behavioral Health Workforce Implementation Plan

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# Plan Development

Contracted by DHS to:

1. Analyze current behavioral health workforce including geographic coverage
2. Develop process for training peer support specialist and recommendations for developing peer support certification
3. Develop a behavioral workforce development plan based on review of national best practices and previous recommendations

# Recommendation 1

Recommendation 1: Establish the infrastructure available to support and coordinate workforce development efforts.

- 1.1: Establish an entity to provide support and oversee the implementation of behavioral health workforce related efforts in the state.
- 1.2: Improve and expand the collection, analysis, and dissemination of data about behavioral health workforce.
- Aligns with HSRI Recommendations: 7.1, 7.2, 7.3, 7.4, 7.5, 12.1

# Recommendations (Cont.)

Recommendation 2: Develop and provide ongoing support for the paraprofessional behavioral health workforce.

- 2.1: Develop and provide ongoing support of peer support services.
- 2.2: Elevate the value of paraprofessionals through standardized training, support, and recognition.
- Aligns with HSRI Recommendations: 4.6, 4.7, 7.6, 7.7, 7.8, 10.3, 12.3

# Recommendations (Cont.)

Recommendation 3: Support the development and adoption of mechanisms to enhance the capacity of the existing workforce.

- 3.1: Expand and support the adoption and use of telebehavioral health services.
- 3.2: Expand and support the integration of primary care with behavioral health care.
- Aligns with HSRI Recommendations: 4.4, 4.8, 8.1, 8.4, 10.5

# Professions Review

- Completed a review of relevant century code, licensing boards, and educational programs
- At least 14 in-state educational programs, 44 relevant degrees, and 8 licensing boards
- Secured available data from relevant licensing boards to compile numbers of professionals and geographic location

# Tiered System

The tiered system for behavioral health professionals in North Dakota was established in 2017 by the 64<sup>th</sup> Legislative Assembly and is found in Chapter 25-01-01 of the ND Century Code.

The intent of the tiered system was to establish is a basic ranking of behavioral health professionals (both licensed and unlicensed) based on education and scope of practice.



# Tier 1a Mental Health Professionals

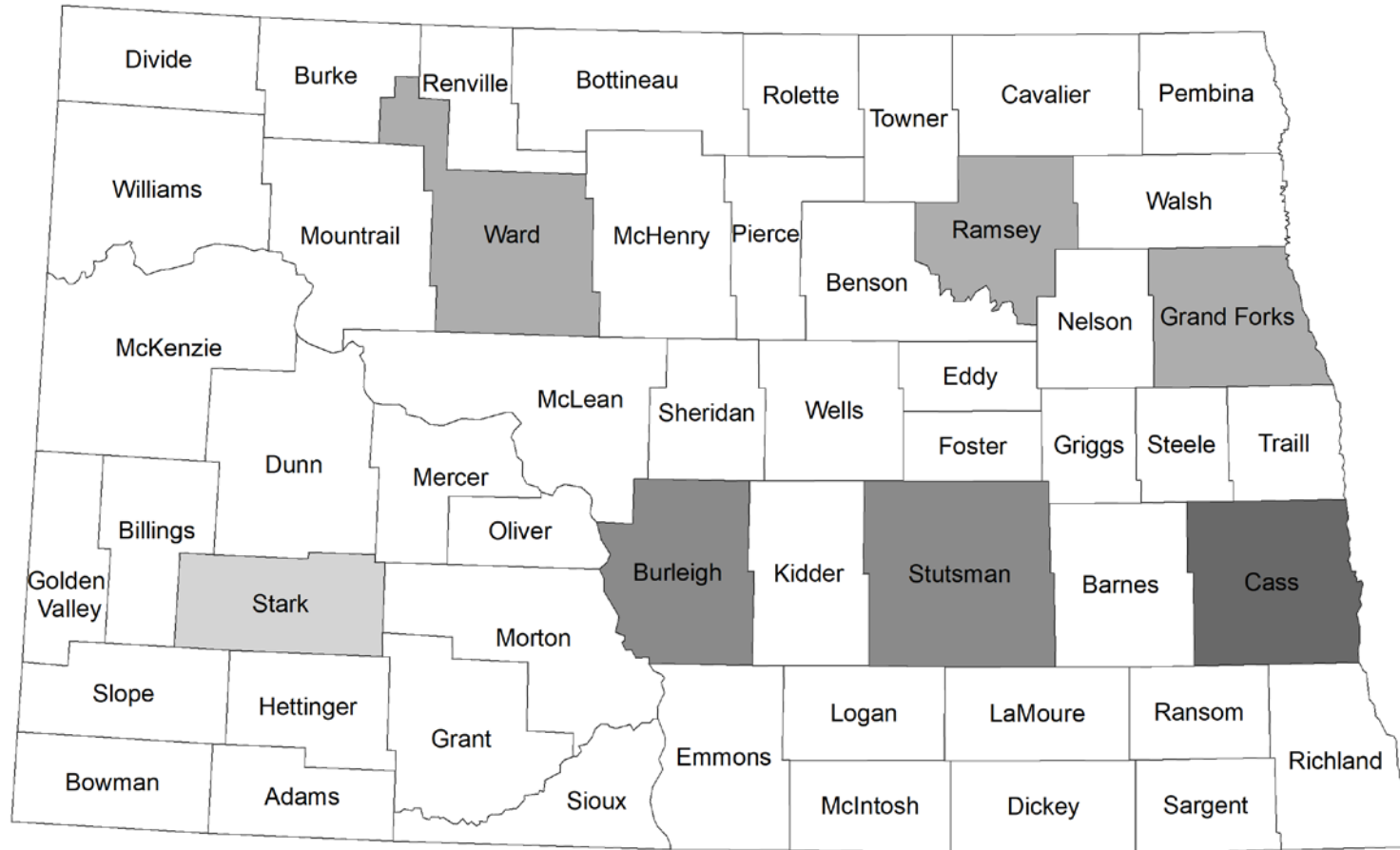
A tier 1a mental health professional is a **psychiatrist** licensed under chapter 43-17 or a **psychologist** licensed under chapter 43-32.



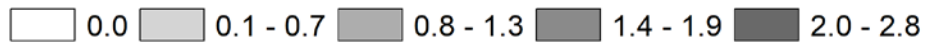
# Tier 1a Number of Professionals

<b>Occupation</b>	<b>Licensed Providers</b>
Psychiatrist	88
Psychologist	204

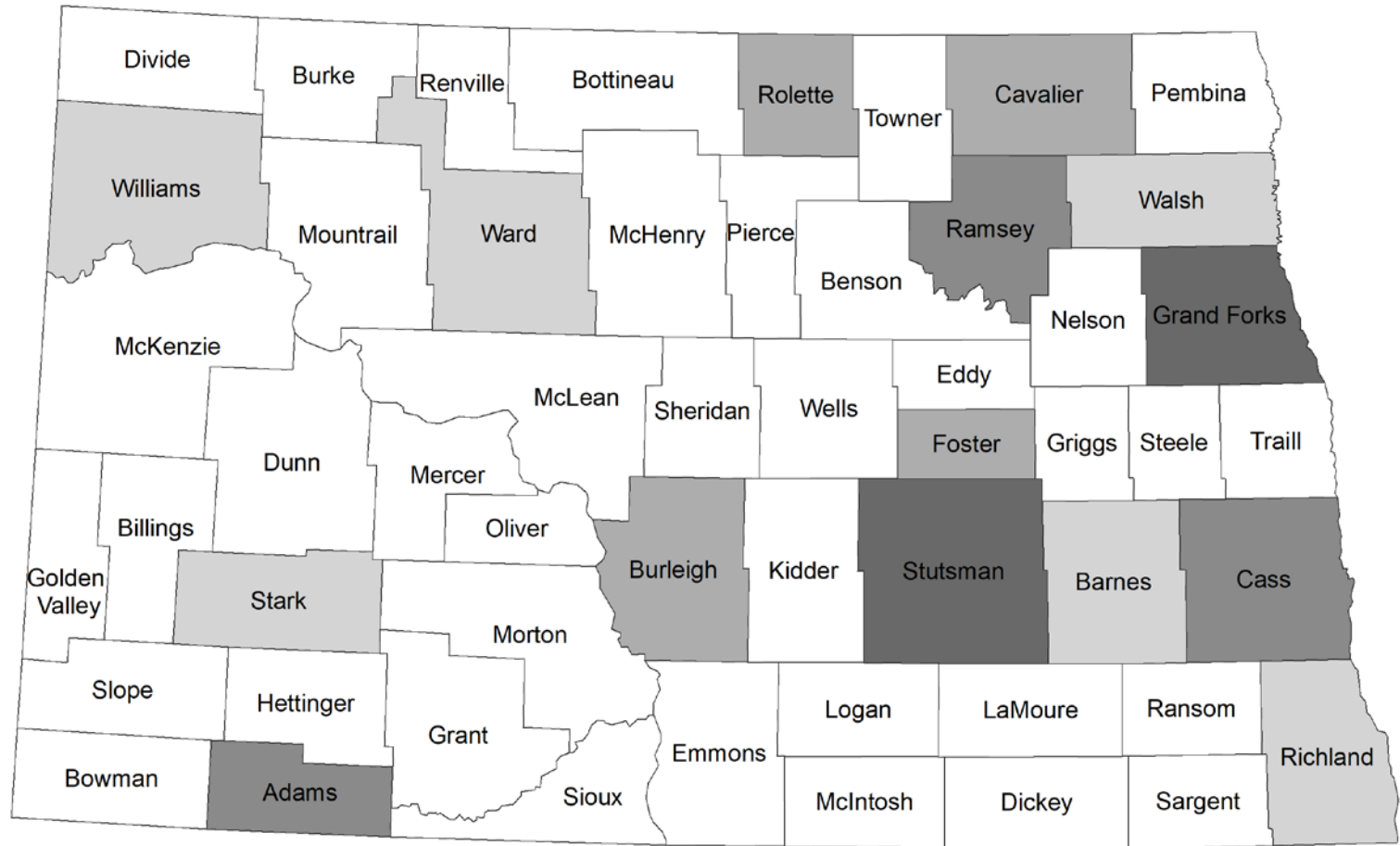
## Rate of Psychiatrists Per North Dakota County



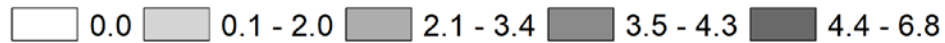
Rate of Psychiatrists per 10,000 residents



## Rate of Psychologists Per North Dakota County



### Rate of Psychologists per 10,000 residents



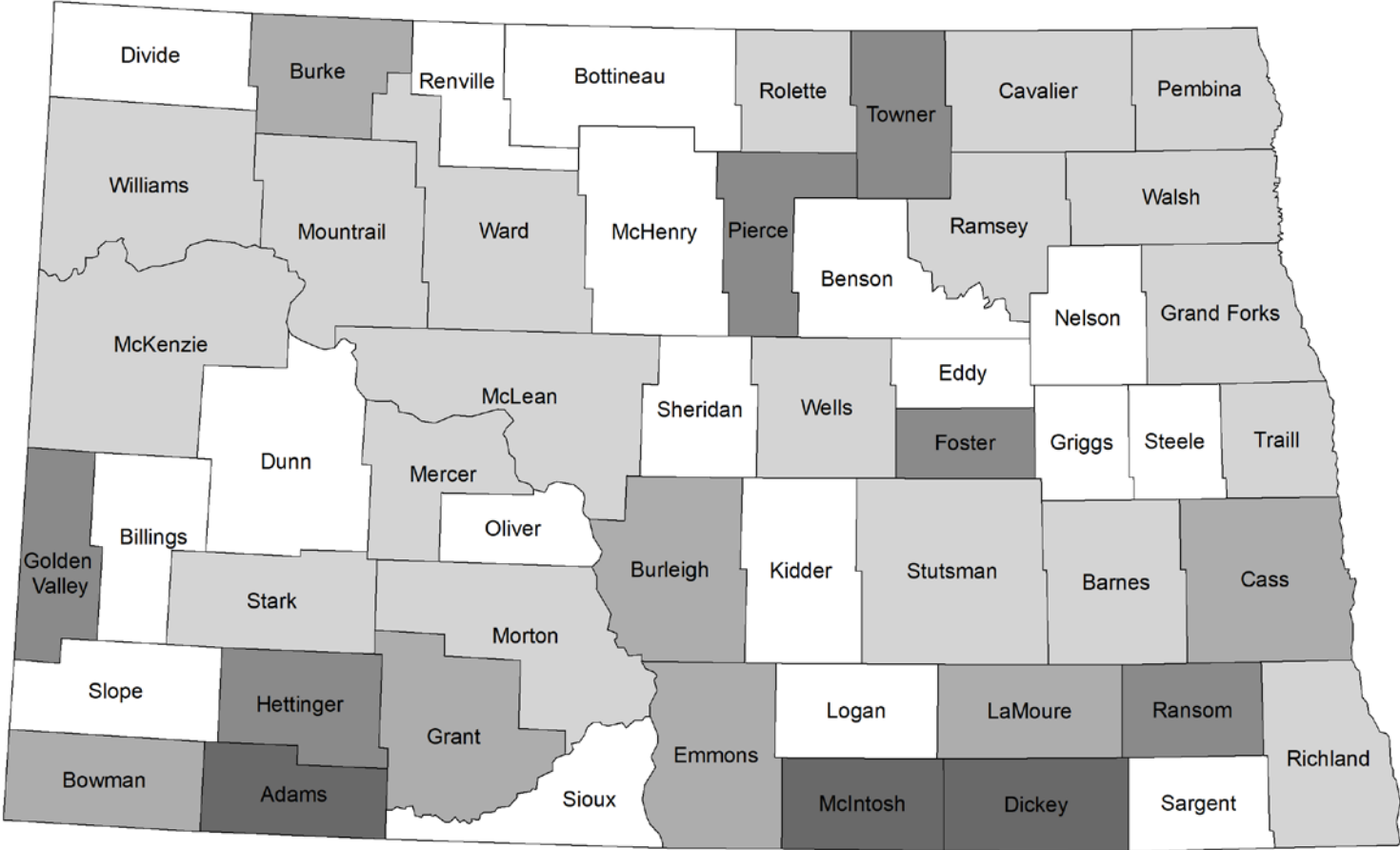
# Tier 1b Mental Health Professional

A tier 1b mental health professional is a licensed **physician** or a **physician assistant** licensed under chapter 43-17 or an **advanced practice registered nurse** licensed under chapter 43-12.

# Tier 1b Number of Professionals

<b>Occupation</b>	<b>Licensed Providers</b>
Physicians	1,610
Physician Assistants	361
Advanced Practice Registered Nurse	76

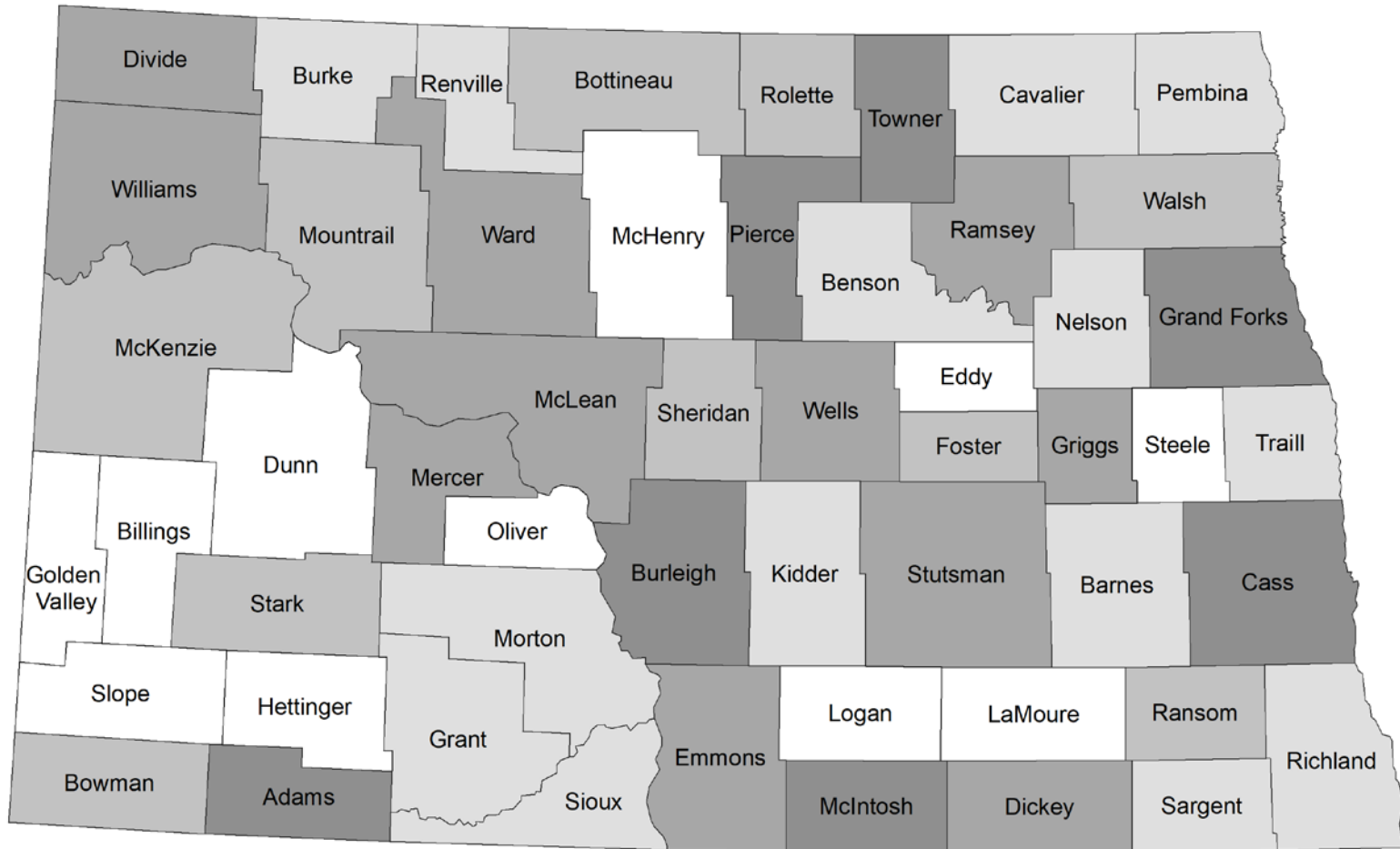
# Rate of Physician Assistants Per North Dakota County



Rate of Physician Assistants per 10,000 residents

0.0 0.1 - 3.7 3.8 - 6.3 6.4 - 11.3 11.4 - 18.5

# Rate of Advanced Practice Registered Nurses Per North Dakota County



Rate of Advanced Practice Registered Nurses per 10,000 residents

0.0 0.1 - 5.3 5.4 - 8.3 8.4 - 15.2 15.3 - 30.2

# Tier 2a Mental Health Professional

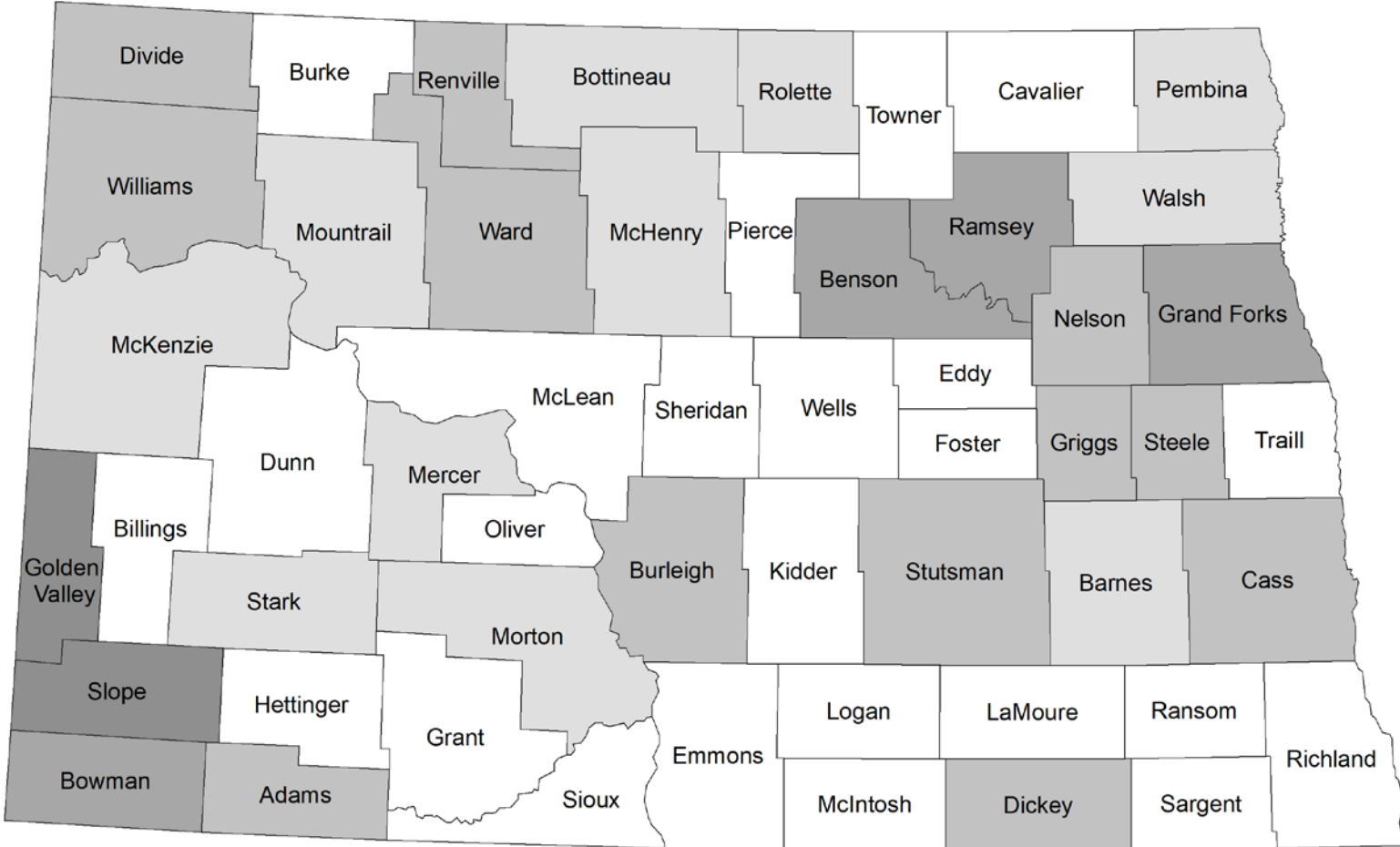
A tier 2a mental health professional is an independent clinician who is a **licensed independent clinical social worker** licensed under chapter 43-41, a **licensed professional clinical counselor** licensed under chapter 43-47, or a **licensed marriage and family therapist** licensed under chapter 43-53.



# Tier 2a Number of Professionals

Occupation	Licensed Providers
Licensed Independent Clinical Social Workers	353
Licensed Professional Clinical Counselors	176

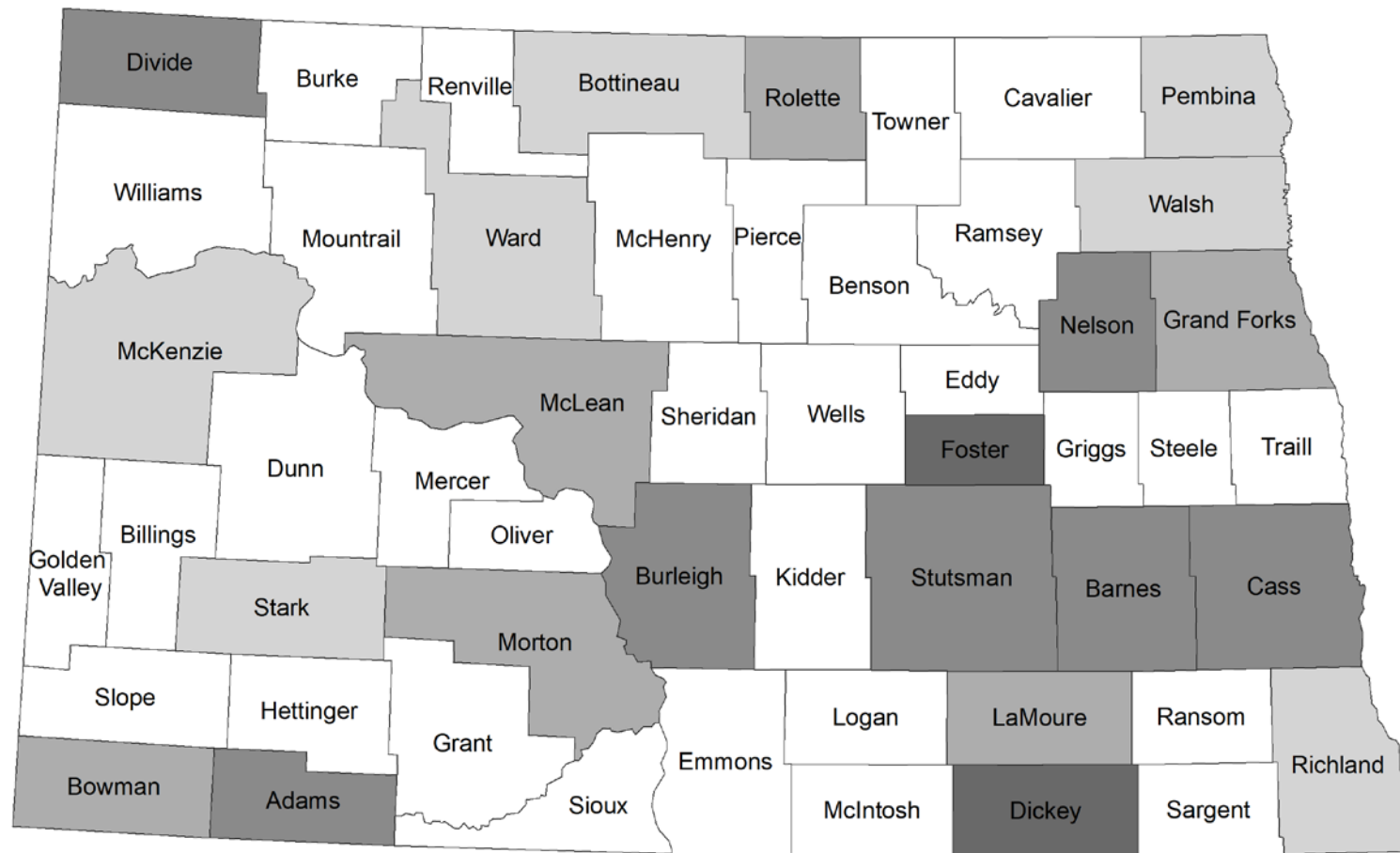
# Rate of Licensed Independent Clinical Social Workers Per North Dakota County



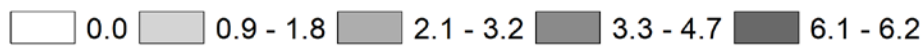
Rate of Licensed Independent Clinical Social Workers per 10,000 residents

0.0
  0.1 - 2.0
  2.1 - 5.2
  5.3 - 8.7
  8.8 - 13.0

# Rate of Licensed Professional Clinical Counselors Per North Dakota County



Rate of Licensed Professional Clinical Counselors per 10,000 residents



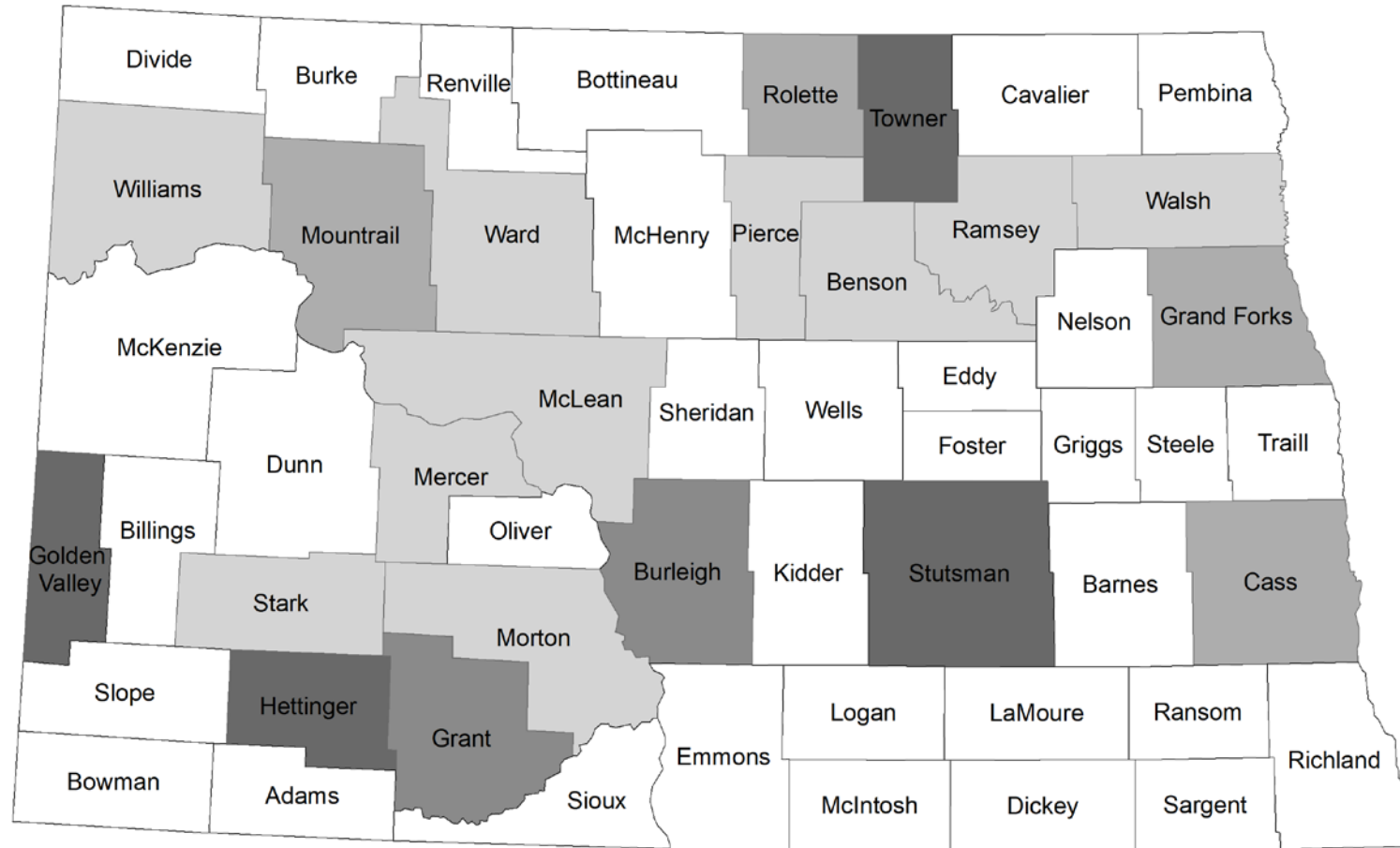
# Tier 2b Mental Health Professional

A tier 2b mental health professional is an **addiction counselor** licensed under chapter 43-45 or a registered nurse licensed under chapter 43-12.

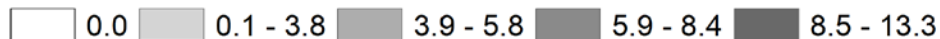
# Tier 1b Number of Professionals

<b>Occupation</b>	<b>Licensed Providers</b>
Licensed Addiction Counselors	351
Registered Nurses	398

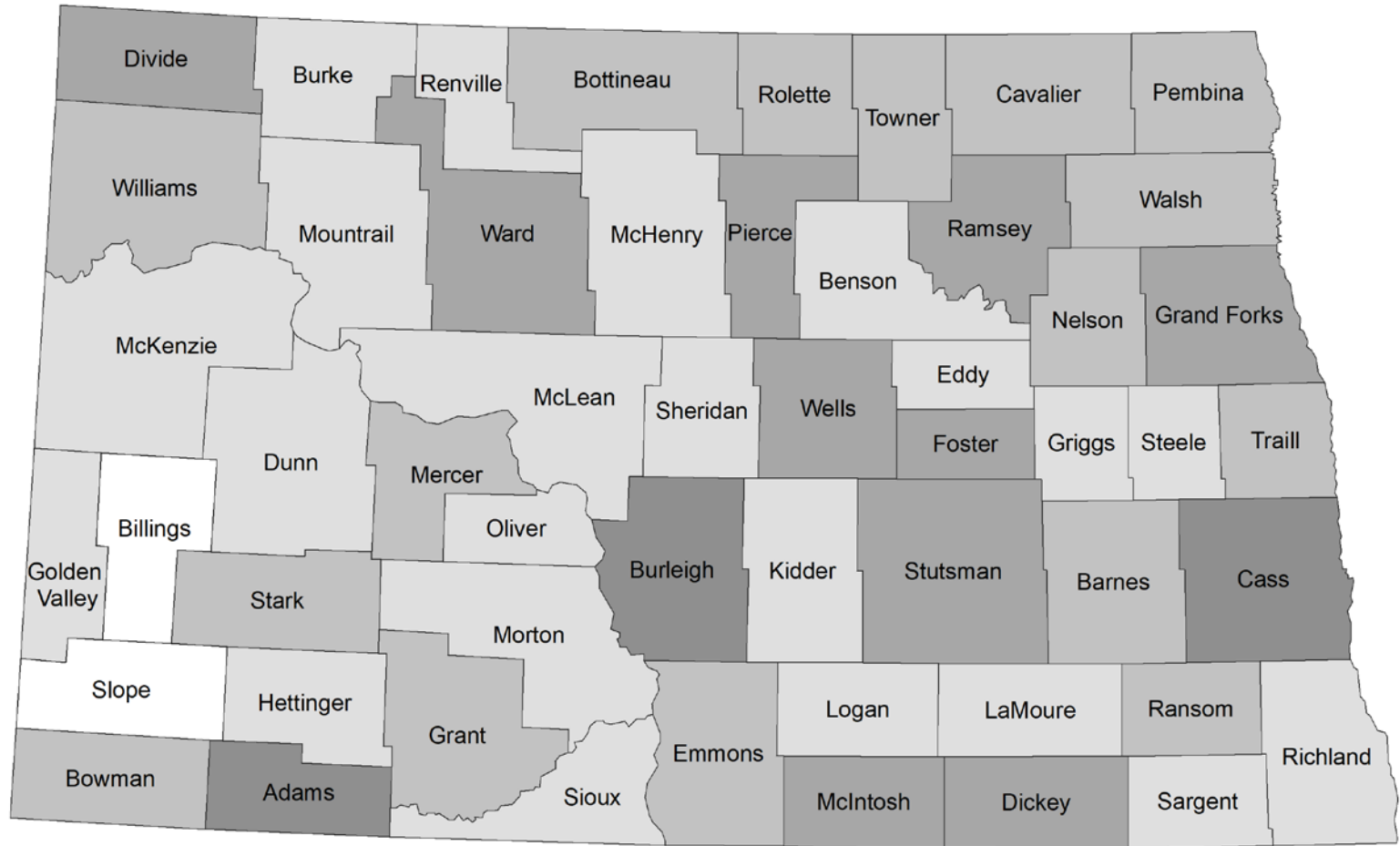
## Rate of Licensed Addiction Counselors Per North Dakota County



Rate of Licensed Addiction Counselors per 10,000 residents



# Rate of Registered Nurses Per North Dakota County



Rate of Registered Nurses per 10,000 residents

0.0   0.1 - 55.5   55.6 - 93.2   93.3 - 157.1   157.2 - 218.6

# Tier 3 Mental Health Professional

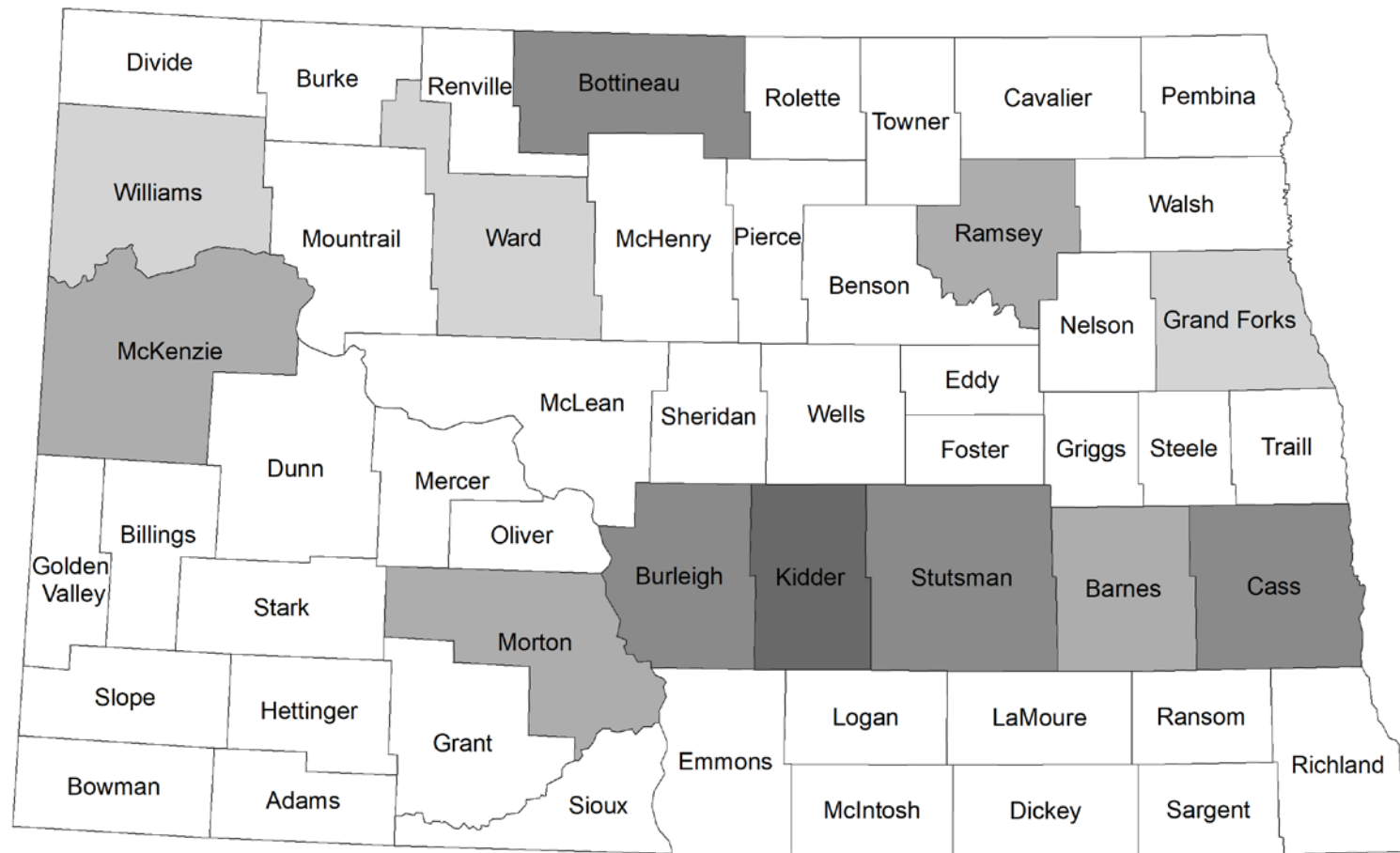
- "Tier 3 mental health professional" means a **licensed associate professional counselor** licensed under chapter 43-47, a **licensed certified social worker** licensed under chapter 43-41, a **licensed professional counselor** licensed under chapter 43-47, an **associate marriage and family therapist** licensed under chapter 43-53, an **occupational therapist** licensed under chapter 43-40, a **licensed practical nurse** licensed under chapter 43-12, a **behavior analyst** licensed or registered under chapter 43-32, a **vocational rehabilitation counselor** practicing under chapter 50-06.1, a **school psychologist**, or a **human relations counselor**.



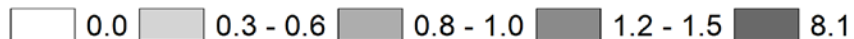
# Tier 1b Number of Professionals

<b>Occupation</b>	<b>Licensed Providers</b>
Licensed Professional Counselors	156
Licensed Certified Social Workers	221
Occupational Therapists	641
Licensed Practical Nurses	93
Behavioral Analysts	21

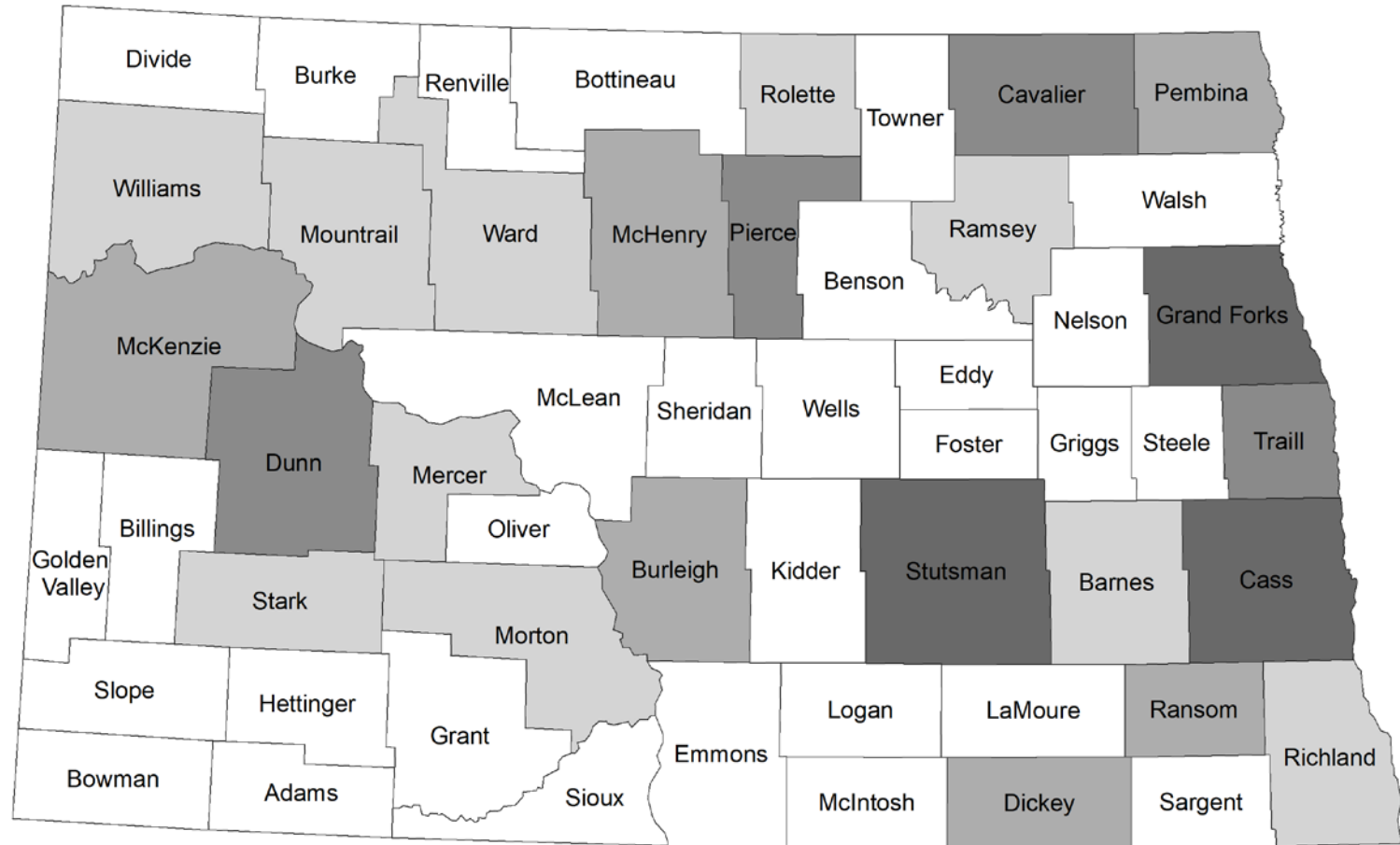
# Rate of Licensed Associate Professional Counselors Per North Dakota County



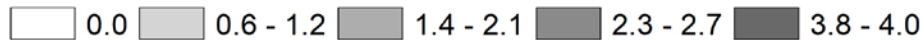
Rate of Licensed Associate Professional Counselors per 10,000 residents



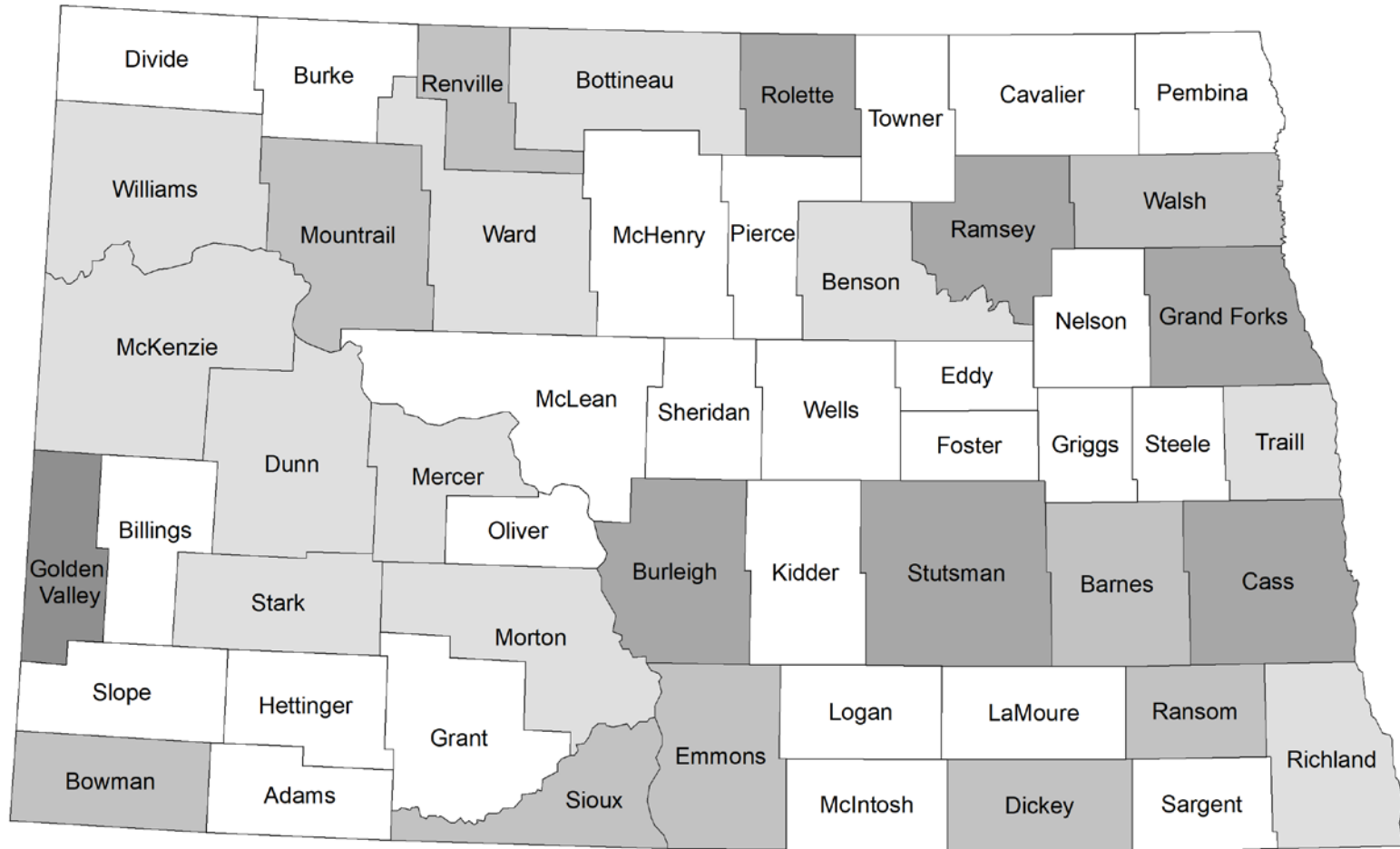
# Rate of Licensed Professional Counselors Per North Dakota County



Rate of Licensed Professional Counselors per 10,000 residents



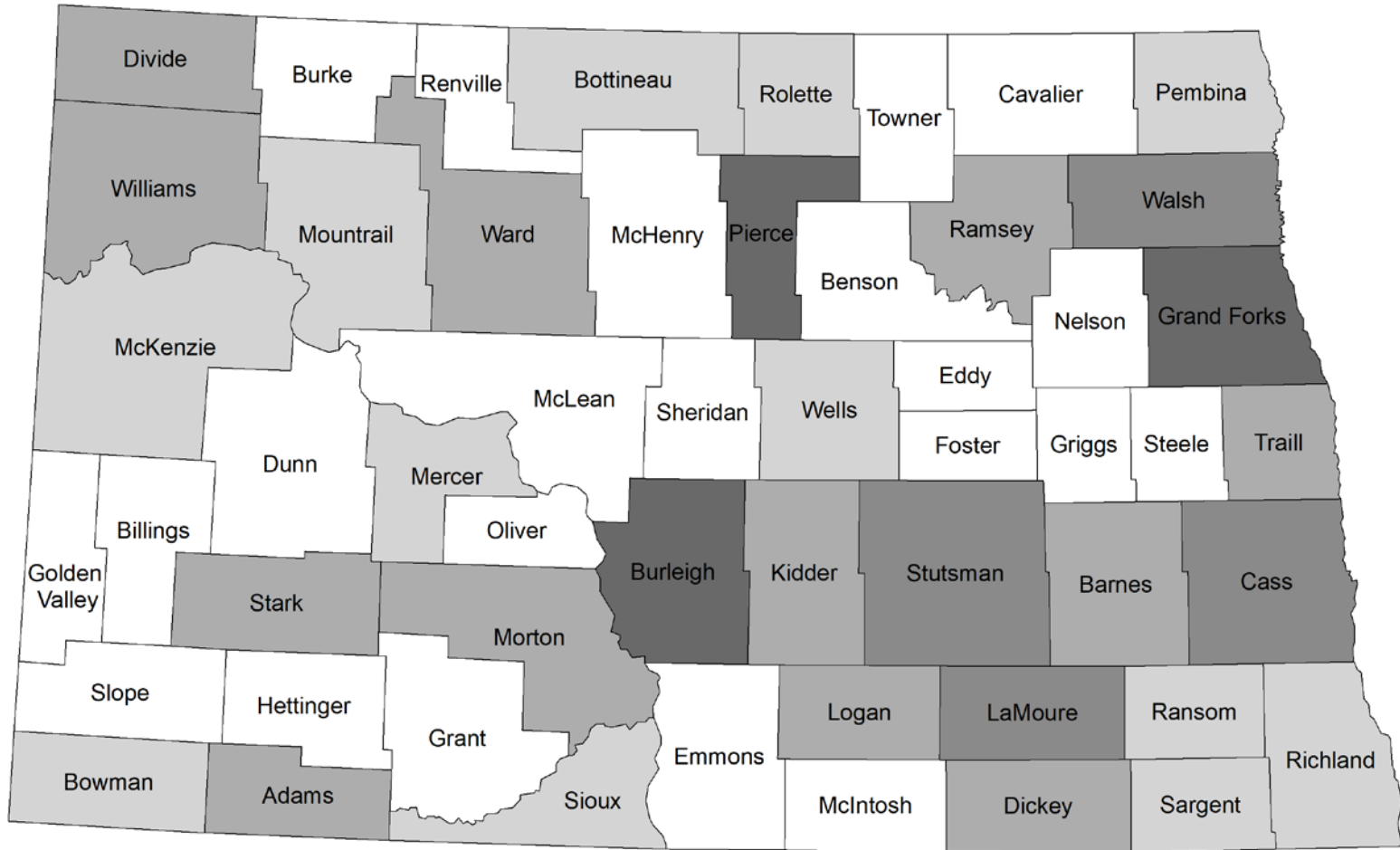
## Rate of Licensed Certified Social Workers Per North Dakota County



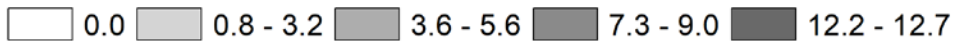
Rate of Licensed Certified Social Workers per 10,000 residents

0.0 0.1 - 2.6 2.7 - 4.6 4.7 - 8.1 8.2 - 16.8

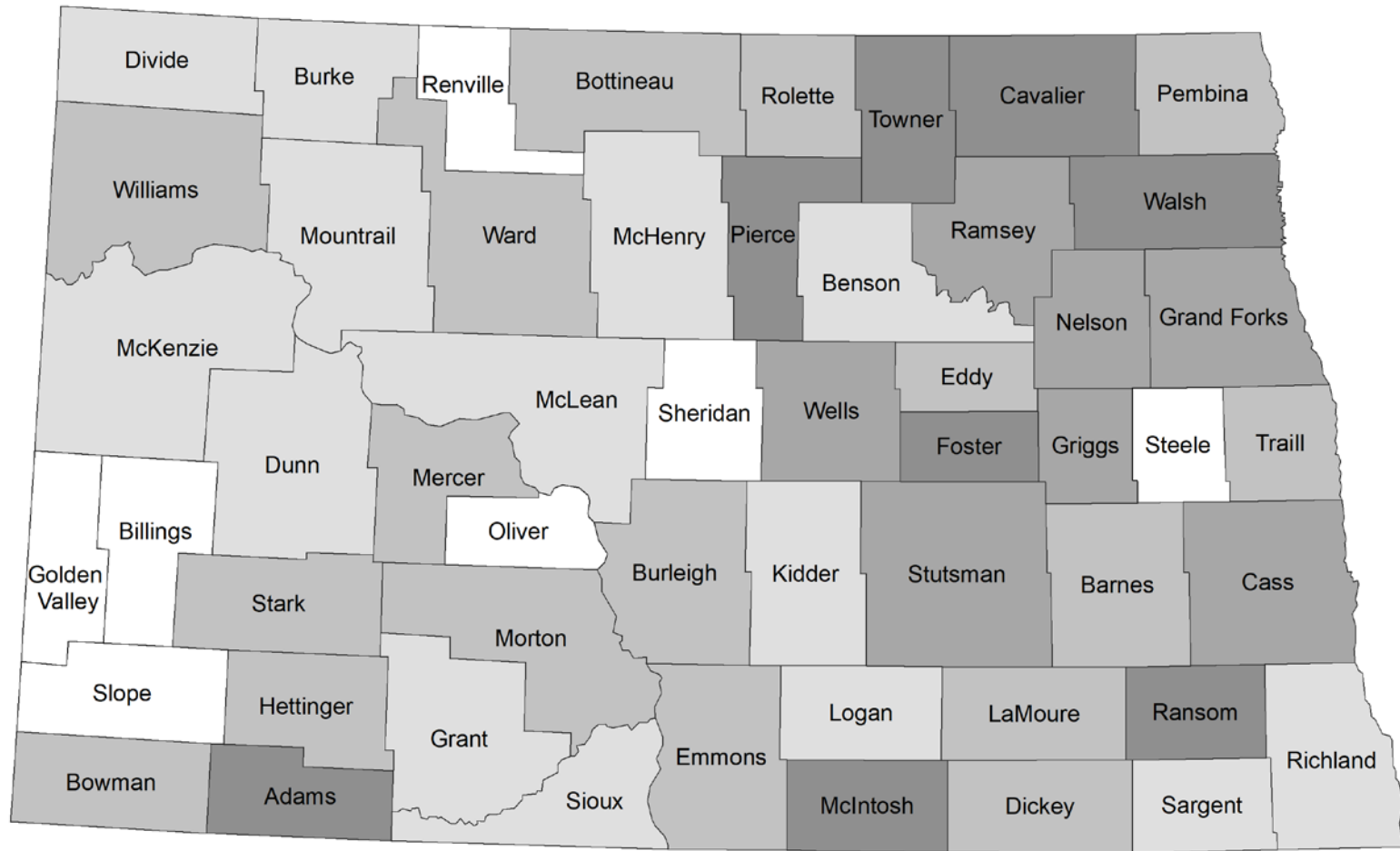
# Rate of Occupational Therapists Per North Dakota County



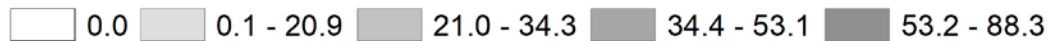
Rate of Occupational Therapists per 10,000 residents



# Rate of Licensed Practical Nurses Per North Dakota County



Rate of Licensed Practical Nurses per 10,000 residents



# Tier 4 Mental Health Professional

“Tier 4 mental health professional” means a direct care associate or technician.

- Currently there are no North Dakota Century Code or licensure criteria requirements for tier 4.
  - Mental health technicians and case aides must be certified as a mental health technician by the ND DHS Behavioral Health Division
  - Behavioral Modification Specialist-must be certified as a Behavioral Modification Specialist by the ND DHS
  - Behavior Technicians must have the relevant certificates from the National Behavior Analyst Certification Board (BACB).

# Non-Tiered Professions

The following professions are not included in the current tiered system:

## Assistant Behavior Analyst

- Certified from the National Behavior Analyst Certification Board (BACB).

## Licensed Social Worker

- Bachelor's level licensed under chapter 43-41

## Peer Support Specialist

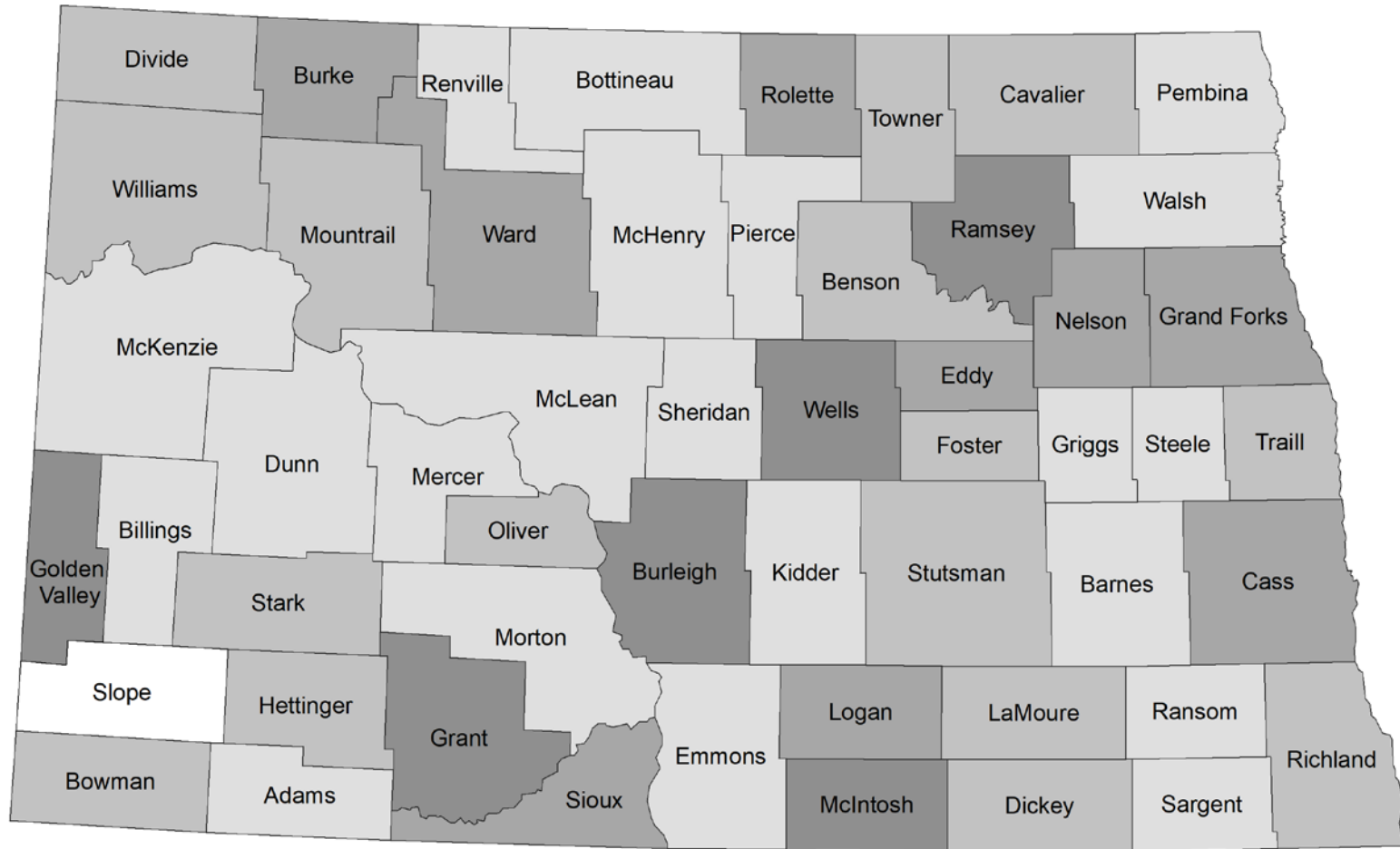
- Currently no certification process in North Dakota



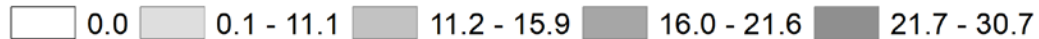
# Non-Tier Number of Professionals

<b>Occupation</b>	<b>Licensed Providers</b>
Licensed Social Workers	1,592

## Rate of Licensed Social Workers Per North Dakota County



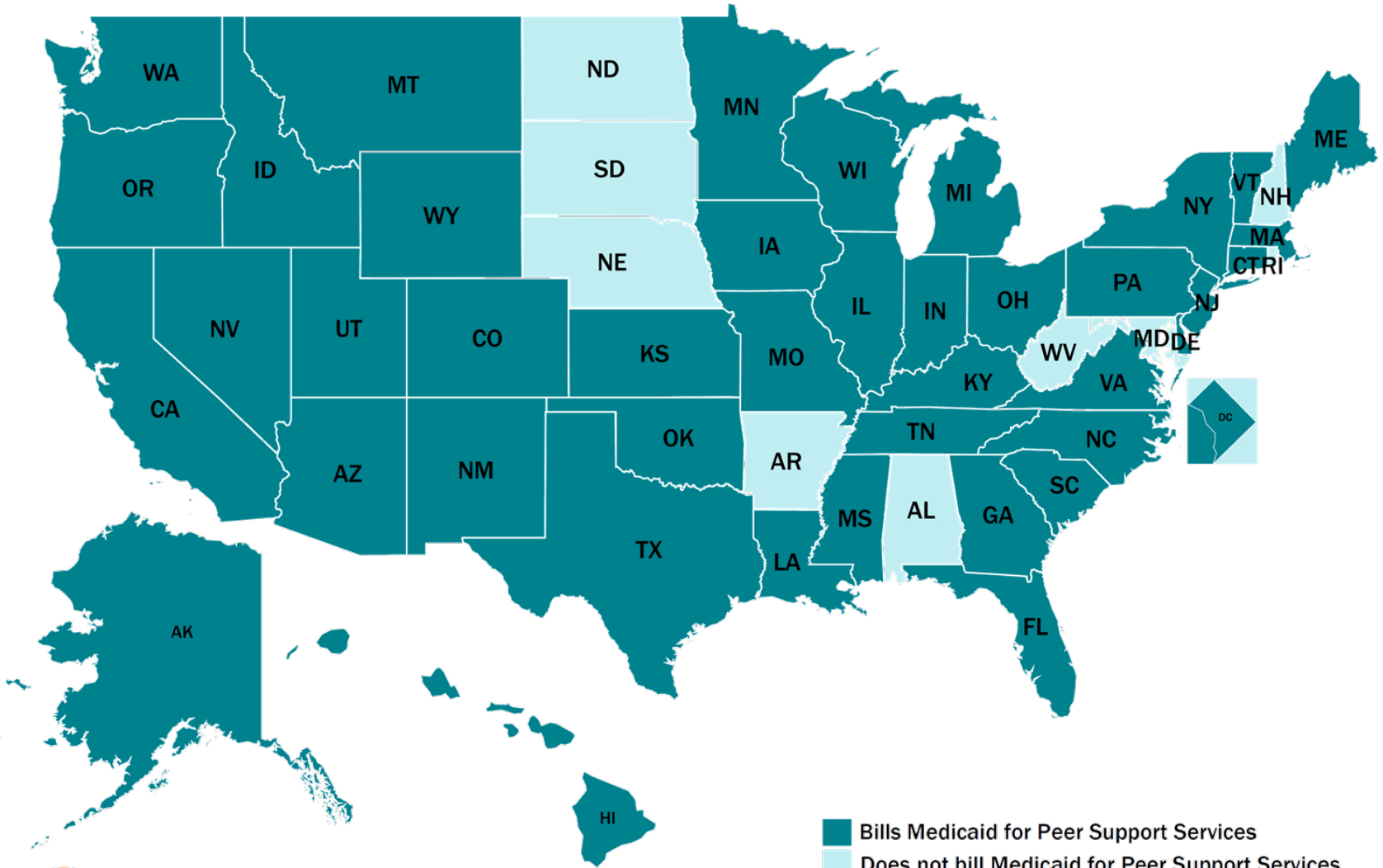
Rate of Licensed Social Workers per 10,000 residents



# Peer Support Specialist

- A peer support specialist is an individual with lived experience who has initiated their own recovery journey and assists others in the recovery process.
- Peer Specialist Certification is an official recognition by a certifying body that the individual has met qualifications including training from an approved curriculum
- Currently, 43 states have established Medicaid reimbursable programs to train and certify peer specialists.

# Map of Medicaid Reimbursement for Peer Services



■ Bills Medicaid for Peer Support Services  
■ Does not bill Medicaid for Peer Support Services



# Peer Support Development

- Selected training program developed by Appalachian Consulting Group from Georgia.
- Developed the training for Georgia when they became the 1<sup>st</sup> state to have Medicaid billable peer services in 2001.
- Appalachian has worked with more than 20 states in providing training and establishing a state specific curriculum.

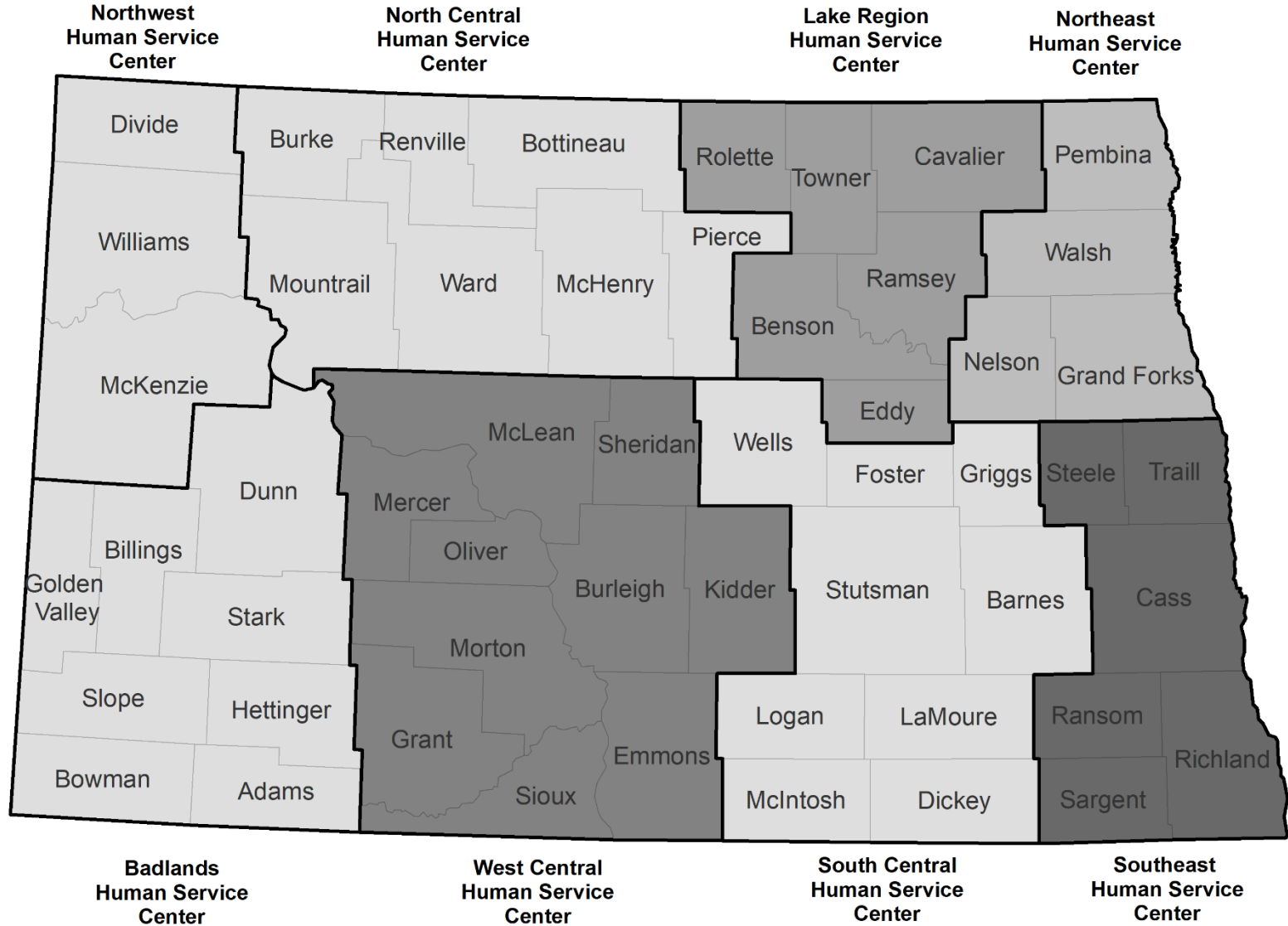
# North Dakota Trainings

Dates	Title	Location	Number Trained
Jan 29-Feb 2	Peer Support	Bismarck	32
Feb 13-15	Train the Trainer	Bismarck	9
April 16-20	Peer Support/Train the Trainer	Grand Forks	2
June 18-22	Peer Support	Bismarck	21
July 16-20	Peer Support	Grand Forks	21
August 13-17	Peer Support	Minot	31

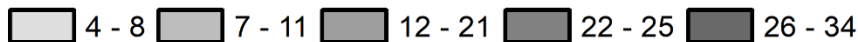
# Number of Trained Peers Specialists

- 110 Total trained Peer Support Specialists
- 11 Trained Trainers
- 45.5 percent are located in a rural community
- 22 percent identified as Native American

# Number of Peer Support Specialists Per DHS Region



Number of Peer Support Specialists per DHS region





Recommendation 1: Enhance the infrastructure available to support and coordinate workforce development efforts.

1.1: Establish an entity to provide support and oversee the implementation of behavioral health workforce related efforts in the state.

- Foster partnerships with educating entities to align education efforts and foster the development of educational pathways.
- Foster ongoing relationships with licensing boards, employers, and funding mechanism to provide assist with collaboration, and alignment.
- Develop a single electronic database of available statewide vacancies for behavioral health professionals, available student placements, available incentive programs, and competency requirements.
- Develop a program for providing recruitment and retention support to assist with attracting providers to fill needed positions and retain skilled workforce.
- Expand the funding available for the behavioral health professions loan repayments program and support the addition of LAPC, BHA.
- Provide central leadership and support in coordinating the various behavioral health workforce incentive programs, including identifying and responding to behavioral health workforce related funding opportunities.

1.2: Improve and expand the collection, analysis, and dissemination of data about behavioral health workforce.

- Advise licensing boards on the benefits to adopting minimum data set standards
- Create a comprehensive database of behavioral health licensure to be used to identify trends over time
- Create a spatial analysis of behavioral health licensure to determine maldistribution and shortages

Aligns with HSRI recommendations:

- 7.1 Establish a single entity responsible for supporting behavioral health workforce implementation
- 7.2 Develop a single electronic database of available statewide vacancies for behavioral health professionals
- 7.3 Provide assistance for behavioral health students working in areas of need in the state
- 7.4 Ensure providers and students are aware of student internships and rotations
- 7.5 Conduct a comprehensive review of state licensure requirements and establish licensure reciprocity with bordering states
- 12.1 Develop an organized system for identifying and responding to funding opportunities

National best practice example:

The Behavioral Health Education Center of Nebraska has been a leader in the development of a central state entity to oversee behavioral health workforce development in the state. Through this program they have developed comprehensive workforce analysis, recruitment and retention strategies, and interdisciplinary training on emerging topics such as tele-behavioral health adoption and integrated care. <https://www.unmc.edu/bhec/>

Recommendation 2: Develop and provide ongoing support for the paraprofessional behavioral health workforce.

2.1: Develop and ongoing support of peer support services.

- Establish a formalized training and certification process for peer support specialists.
- Develop peer support services that are reimbursable through Medicaid and other insurers.
- Create a centralized organization to provide training, continuing education, and support for peer support specialists; additionally, create mechanisms for supporting employers, organizations, and agencies with issues regarding adoption and integration of peer services.

North Dakota has informal peer support happening in various systems, but there has not been a standardized and supported mechanism for the wide spread adoption of peer support services. Peer support at this point is available in small pockets or through silo programs such as Free Through Recovery, the SUD voucher, and the recovery centers.

2.2: Elevate the value of paraprofessionals through standardized training, support, and recognition.

- Establish a formalized training and certification process for paraprofessionals that includes identifying the various direct services roles, developing agreed credentialing requirements, core competencies, scope of practice, and opportunities for professional development.
- Develop career pathways for direct care staff to progress into more highly qualified positions and retain their experience in the workforce.
- Expand the use of Community Health Workers (CHWs) to provide behavioral health care with native populations.
- Foster opportunities for employers to support and provide assistance to employees desiring to pursue additional education.

Aligns with HSRI recommendations:

- 4.6 Promote employment and education among behavioral health service users
- 4.7 Restore and enhance funding for Recovery Centers
- 7.6 Continue to establish a training and credentialing program for peer services
- 7.7 Expand credentialing programs to prevention and rehabilitation practices
- 7.8 Support a robust peer workforce through training, professional development, and competitive wages
- 10.3 Support the development of and partnerships with peer-run organizations
- 12.3 Pursue additional options for financing peer support and community health workers to address social determinants of health and provide preventive and rehabilitative services

National best practice examples:

The Substance Abuse and Mental Health Services Administration (SAMHSA) view peer support as an evidenced based practice that needs to be widely available. Approximately, 40 states nationwide have developed certification process for peer support and established Medicaid reimbursement.

Alaska has developed a mechanism for Rural & Indigenous Behavioral Health Pathway that has worked with their tribal and local collages to align the various direct service certificates, develop a system of behavioral health apprenticeship, and established articulated career pathways.

Recommendation 3: Support the development and adoption of mechanisms to enhance the capacity of the existing workforce.

3.1: Expand and support the adoption and use of telebehavioral health services.

- Develop mechanism for training of behavioral health professionals in telehealth techniques and development familiarity with technology to combat provider resistance to adoption.
- Develop clear, standardized procedural and regulatory guidelines to support the use of telebehavioral health services.
- Explore the utilization of paraprofessional level staff to assist with the time constraints of providing telebehavioral health services.
- Identify and facilitate resolution of any regulatory or funding barriers to adoption telebehavioral health services.

3.2: Expand and support the integration of primary care with behavioral health care.

- Foster partnerships to facilitate the develop a state integration framework guide that includes defines levels of integration, administration, regulatory, and funding impact of integration.
- Develop cross-system understanding and training opportunities for professionals in both behavioral health and primary care of issues related to care integration and supporting the adoption.
- Explore the use of peer support specialists trained as whole health navigators being located in primary care to assist with navigation and integration across health care access points.

Aligns with HSRI recommendations:

4.4 Support and coordinate efforts to enhance availability of behavioral health outpatient services in primary care

4.8 Promote timely linkage to community-based services following crisis, inpatient, and residential treatment

8.1 Support providers to secure necessary equipment/staff for telebehavioral health

8.4 Develop clear, standardized regulatory guidelines for telebehavioral health

10.5 Offer and require coordinated behavioral health training among related service systems

National best practice examples:

SAMHSA and HRSA have partnered on the creation of a Center for Integrated Health Solutions

<https://www.integration.samhsa.gov/>

The Integrated Care Resource Center (ICRC) was established to help states develop integrated programs that coordinate medical, behavioral health, and long-term services and supports for individuals who are dually eligible for Medicare and Medicaid.

<https://www.integratedcareresourcecenter.com/>