



# **MONTANA PARAPROFESSIONALS WORKFORCE REPORT WITH A SPOTLIGHT ON INTEGRATION**

**JANUARY 2022**



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## TABLE OF CONTENTS

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<b>MONTANA PARAPROFESSIONALS WORKFORCE REPORT WITH A SPOTLIGHT ON INTEGRATION</b> .....	<b>i</b>
<b>TABLE OF TABLES</b> .....	<b>iii</b>
<b>TABLE OF APPENDICES</b> .....	<b>iii</b>
<b>EXECUTIVE SUMMARY</b> .....	<b>1</b>
<b>METHODS</b> .....	<b>2</b>
<b>KEY FINDINGS</b> .....	<b>3</b>
<b>ACKNOWLEDGEMENTS</b> .....	<b>4</b>
<b>FACT SHEET</b> .....	<b>4</b>
<b>SPOTLIGHT ON INTEGRATION: IBH WORKFORCE IN MONTANA</b> .....	<b>5</b>
<b>INTEGRATED BEHAVIORAL HEALTH INITIATIVE</b> .....	<b>6</b>
<b>MEADOWLARK INITIATIVE</b> .....	<b>7</b>
<b>IBH WORKFORCE IN FQHCS</b> .....	<b>7</b>
<b>IBH WORKFORCE IN CRITICAL ACCESS HOSPITALS</b> .....	<b>12</b>
<b>PARTNERS IN IBH: EMCMH AND SCL HEALTH HOLY ROSARY HEALTHCARE</b> .....	<b>12</b>
<b>IBH WORKFORCE IN AMERICAN INDIAN HEALTH</b> .....	<b>14</b>
<b>PARAPROFESSIONALS OVERVIEW</b> .....	<b>16</b>
<b>CERTIFIED BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST (CBHPSS)</b> .....	<b>16</b>
<b>COMMUNITY INTEGRATED HEALTH CARE (CIHC)</b> .....	<b>17</b>
<b>COMMUNITY HEALTH WORKER</b> .....	<b>18</b>
<b>STATEWIDE SUPPLY OF BEHAVIORAL HEALTH WORKFORCE WITH CERTIFICATIONS AND LICENSES</b> .....	<b>19</b>
<b>SUMMARY AND CONCLUSIONS</b> .....	<b>20</b>
<b>KEY FINDINGS</b> .....	<b>20</b>
<b>REFERENCES</b> .....	<b>35</b>

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## TABLE OF TABLES

---

<b>TABLE 1 SNAPSHOT IBH POSITIONS IN MONTANA</b> .....	<b>9</b>
<b>TABLE 2 SUMMARY OF IBH AT SOUTHWEST MONTANA COMMUNITY HEALTH CENTER</b> .....	<b>10</b>
<b>TABLE 3 SUMMARY OF IBH AT PARTNERSHIP HEALTH CENTER</b> .....	<b>11</b>
<b>TABLE 4 SUMMARY OF IBH AT SIDNEY HEALTH CENTER</b> .....	<b>14</b>
<b>TABLE 5 PARAPROFESSIONALS WITH CREDENTIALS</b> .....	<b>19</b>
<b>TABLE 6 PARAPROFESSIONALS WITHOUT CREDENTIALS</b> .....	<b>19</b>
<b>TABLE 7 BEHAVIORAL HEALTH PROFESSIONALS WORKFORCE</b> .....	<b>19</b>

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## TABLE OF APPENDICES

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<b>APPENDIX A IPAT DECISION TREE</b> .....	<b>22</b>
<b>APPENDIX B CORE ELEMENTS OF INTEGRATED BEHAVIORAL HEALTH</b> .....	<b>23</b>
<b>APPENDIX C SUMMARY OF MTHCF IBH AND MEADOWLARK SITES</b> .....	<b>24</b>
<b>APPENDIX D PARAPROFESSIONALS GEOGRAPHICAL SUMMARY</b> .....	<b>28</b>
<b>APPENDIX E MAPS OF LICENSED PROFESSIONALS</b> .....	<b>29</b>
<b>APPENDIX F STACKABLE CREDENTIAL TRAININGS FOR PARAPROFESSIONALS</b> .....	<b>32</b>





IMAGE: ADOBE STOCK PHOTO

# MONTANA PARAPROFESSIONALS WORKFORCE REPORT WITH A SPOTLIGHT ON INTEGRATION

January 2022

## EXECUTIVE SUMMARY

Montana has ranked in the top five for suicide rates in the nation for the past 30 years (26.2 per 100,000 population, 2019). In 2019, Montana teens (age 12-17) were second to teens in Vermont for reporting alcohol dependence or abuse in the past year (2.5%). Adults (18+) were third in the nation for this same category, 7.9%. In 2019, 11.0% of U.S. adults reported anxiety and/or depressive disorder symptoms, while in October 2021, this number increased to 31.6%<sup>1</sup>. These pre-pandemic statistics on suicide and alcohol abuse, coupled with the increased reports of anxiety and/or depressive disorder, illustrate the necessity of mental health services in Montana.

A geographically diverse state, Montana faces recruitment challenges in mental health and general healthcare services. Over 88% of Montana's population live in an area categorized as a mental health professional shortage area (HPSA)<sup>2</sup>. Mental HPSAs classify underserved populations based on the greatest level of need and help federal and state partners determine where resources should be allocated to help address the needs of low-income populations. Of Montana's 119 mental health HPSAs, 93% are in rural or partially rural areas<sup>3</sup>. However, increasing the provider population does not necessarily translate to improved or timely access to services. Administrators work to expand mental health services by developing innovative initiatives and collaborations, utilizing existing resources to their maximum capacity, and providing their workforce with access to supplemental training such as Applied Suicide Intervention Skills Training (ASIST) and Management of Aggressive Behaviors (MOAB®).

Integrated behavioral health (IBH), an emerging practice, blends the delivery of behavioral health and medical healthcare services. Integration is approached in a variety of methods; collaboration of medical and behavioral health providers, co-location of services, or cross-departmental unification of clinic operations may be components of an IBH program. Through this collaborative method, mental healthcare services are becoming more accessible, timely, and normalized across Montana. This assessment<sup>\*</sup> is designed to provide an overview of the current behavioral healthcare workforce and highlight the utilization of these workers within programs of integration.

\*In 2020, the Montana Office of Rural Health/Area Health Education Council published an assessment of paraprofessionals in the healthcare and behavioral health workforce in Montana. The 2020 assessment provides an extensive overview of Montana's licensed, certified, and non-certified paraprofessional positions and training programs. At the request of the Montana Healthcare Foundation, and as a follow-up to the 2020 assessment, the 2022 report reflects extended workforce metrics and introduces a discussion surrounding Montana's Integrated Behavioral Health workforce.

<sup>1</sup> U.S. Census Bureau, Household Pulse Survey, 2020-2021

<sup>2</sup> Health Resources and Services Administration HPSA Find 2021 and U.S. Census Bureau Population Estimates 2020

<sup>3</sup> Health Resources and Services Administration Shortage Areas 2021

## Methods

The data were acquired through multiple methods:

**Key Informant Interviews:** Key informants were identified by the Montana Healthcare Foundation and Montana Primary Care Association as leaders of behavioral health programs within a Montana Critical Access Hospital or federally qualified health center. Semi-structured interviews were conducted over zoom and by email in November and December of 2021.

**Licensure, Certification and Employment Sources:** The Montana Department of Labor and Industry provided professional licensure data. Data on paraprofessionals who are credentialed was gathered from the corresponding certification bureau. Workforce estimates were obtained from the Occupational Employment Statistics (OES) published by the Montana Department of Labor and Industry.

## Key Findings

- Rather than recruit workforce members to build an IBH program, IBH leaders are building integration frameworks around their existing workforce and resources.
- Many IBH programs are in a restart and rebuild phase due to Covid-19. Other IBH programs remain under development.
- The Montana Healthcare Foundation's (MTHCF) IBH Initiative has funded IBH development in 13 federally qualified health centers (FQHCs), 32 critical access hospitals (CAHs), 9 hospitals, and 3 Urban Indian Health Centers (UIHCs). MTHCF Meadowlark Initiative grantees include one FQHC, 6 CAHs, 8 hospitals, and one tribal health department.
- The IBH program workforce varies among critical access hospitals and federally qualified health centers:
  - RNs with behavioral healthcare training are key members of the IBH workforce within CAHs and act as the IBH Project Lead.
  - Care managers who may hold a high school diploma, bachelor's degree, MSW, or BSW are key members of the IBH workforce with FQHCs.
- An Eastern Montana Community Mental Health Center and Holy Rosary Healthcare collaboration allows patients dealing with chronic mental health conditions to be treated in the community rather than be transported across the state.
- Indian Health Service facilities are not yet integrated.
- Frontier Psychiatry, a highly utilized telepsychiatry program for rural and frontier Montana, employs 23 psychiatric providers.
- Peer support workers are utilized in unique programs such as Montana Assertive Community Treatment (MACT)<sup>4</sup> and IBH inpatient settings.

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<sup>4</sup> The MACT program sends small teams of healthcare professionals into a community to provide care for people struggling with mental illness and have a limited ability to travel.

- From 2017 to 2020, Montana employment estimates demonstrate:
  - Decrease in psychiatrists, 40.0%
  - Decrease in psychologists, 33.0%
  - Increase in therapists, 21.6%
  - Increase in peer support specialists, 36.0%
  - Increase in community health workers, 12.5%
  - Increase in EMTs, AEMTs, and paramedics, 8.6%
  - Increase in Community Integrated Health-Community Paramedic (CIH-CP), 20%
- From Year 3 to Year 4, the number of completers of MORH/AHEC training programs:
  - Management of Aggressive Behaviors (MOAB®) increased, 124.5%
  - Mental Health First Aid increased, 87.0%
  - Youth Mental Health First Aid increased, 68.4%
  - Applied Suicide Intervention Skills Training (ASIST) decreased, 73.2%\*

### **Acknowledgements**

This report was conducted through a contract with the Montana Healthcare Foundation to the Montana Office of Rural Health/Area Health Education Center at Montana State University. The Montana Office of Rural Health/Area Health Education Center collaborated with WIM Tracking to develop this report. Jena Smith, WIM Tracking Founder and CEO, and Beth Ann Carter, MORH/AHEC Assistant Director of Behavioral Health Workforce, contributed to this report.

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- Jamie Vanderlinden, LCSW, LAC, Director of Behavioral Health, Southwest Montana Community Health Center
- Sarah Potts, Psychologist, Director of Behavioral Health, Partnership Health Center
- Annette Darkenwald, LCSW, IBH Coordinator, Billings Clinic
- Marie Logan, LCPC, IBH Project Lead, Sidney Health Center
- Kerri Huso, Marketing Director, Frontier Psychiatry

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\*Applied Suicide Intervention Skills Training (ASIST) is not offered virtually; therefore, ASIST training decreased in response to Covid-19.

# INTEGRATED BEHAVIORAL HEALTH ACROSS MONTANA

**Integrated behavioral health (IBH)**, blends the delivery of behavioral health and medical healthcare services. Integration is approached in a variety of methods; collaboration of medical and behavioral health providers, co-location of services, or cross-departmental unification of clinic operations may be components of an IBH program.

The Montana Healthcare Foundation's (MTHCF) IBH Initiative has supported IBH development in **13 FQHCs**, **32 CAHs**, **9 hospitals**, and **3 Urban Indian Health Centers UIHCs**. MTHCF Meadowlark Initiative grantees include **1 FQHC**, **6 CAHs**, **8 hospitals**, and **1 tribal health department**.

## County Designation

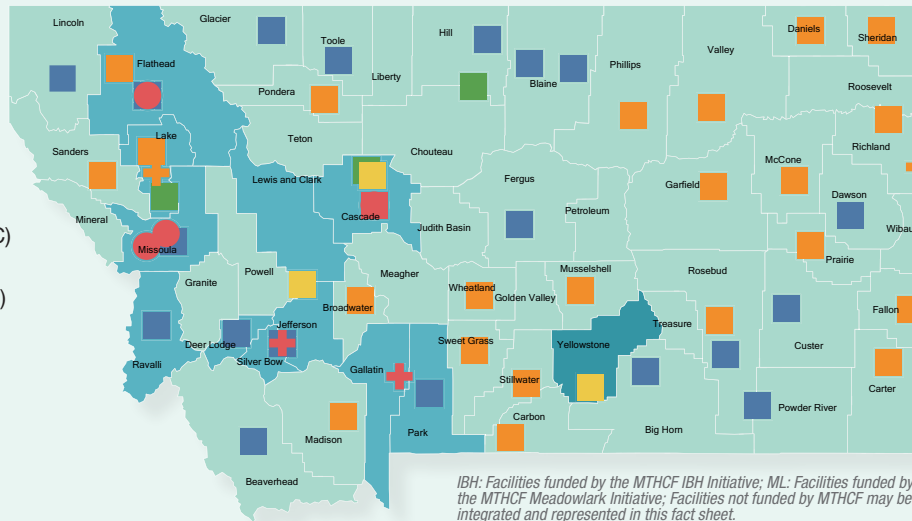
- Frontier
- Rural
- Urban

## Facility Type

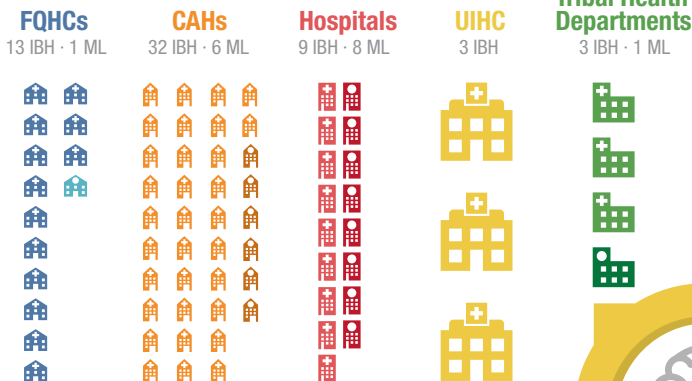
- Urban Indian Health Center (UIHC)
- Hospital
- Community Health Center (FQHC)
- Critical Access Hospital (CAH)
- Tribal Health

## IBH Initiative

- IBH
- IBH & Meadowlark
- Meadowlark (ML)



## IBH Programs by Facility Type



## IBH Workforce



### FQHCs

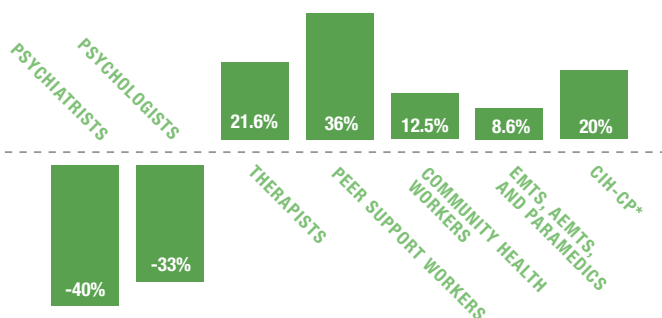
- Behavioral Health Director:** Psychologist, LCSW
- Therapist(s):** LCSW, LCPC
- Care Manager:** BS, MSW, BSW, HSD
- Psychiatric Provider:** Psychiatrist, Psychiatric Nurse Practitioner

### CAHs

- Project Lead:** RN, Clinic Director
- Therapist:** LCSW, LCPC
- Psychiatric Provider:** Remote consultations or referrals through network affiliations, neighboring CAH, or telepsychiatry

## Behavioral Health Workforce: Professionals and Paraprofessionals

Montana employment estimates 2017-2020



## Training Programs

MORH/AHEC Training Programs Year 3 to Year 4

+124.5%

Management of Aggressive Behaviors (MOAB®)

+87.0%

Mental Health First Aid

+68.4%

Youth Mental Health First Aid

Applied Suicide Intervention Skills Training (ASIST)\*

-73.2%

\*ASIST is not offered virtually; therefore, ASIST training decreased in response to Covid-19.







MSU PHOTO BY KELLY GORHAM

## **SPOTLIGHT ON INTEGRATION: IBH WORKFORCE IN MONTANA**

Primary care providers (PCP) coordinate the overall healthcare for an individual, and as part of a wellness check, can play an important role in identifying and treating mental conditions. With integrated care, a PCP may screen a patient for mental health conditions and connect the patient to a behavioral health clinician within the same appointment for common, non-emergent issues. The patient is also connected to follow-up care and everyday resources through care coordination. By integrating mental health services into primary care (IBH), patients receive team-based care covering the spectrum of health. Integration also creates a greater awareness with patients of the importance of mental health concerns, normalizing behavioral healthcare, and alerting them to access these services. Montana's rural and frontier healthcare delivery sites are turning toward integration as an optimal method of meeting the needs of patients with chronic mental health conditions.

There are various levels at which services can be integrated: minimal, where services are provided through collaborative care among providers, basic, where services are co-located, or fully integrated where operational, clinical, structural,

\*Clinicians in Montana have access to psychiatric consultation services through programs like PRISM, PRISM for Moms, and MAPP-Net.

MAPP-Net (Montana Access to Pediatric Psychiatry Network) offers free provider-to-provider consultations to help answer a clinician's diagnosis, treatment, medication, and general questions in relation to their pediatric patients with mental healthcare needs. In addition to provider-to-provider and behavioral health consultations, MAPP-Net also has a care coordinator who can assist clinicians in connecting patients with services such as treatment programming, self-help and/or peer support, legal aid services and social services. Psychiatric services for MAPP-Net are provided by Billings Clinic.

“PRISM” stands for Psychiatric Referrals, Intervention, and Support in Montana. PRISM is a free psychiatric consultation service dedicated to supporting Montana clinicians who are looking for prompt, expert answers to clinical questions.

PRISM for Moms is a subspecialty psychiatric consultation service for Montana-based clinicians caring for patients in the perinatal period. Clinicians are welcome to use this service to discuss psychiatric diagnosis and treatment options for patients who are pregnant or who are in the postpartum period. PRISM psychiatric services are provided by Frontier Psychiatry.

and financial components of medical and behavioral healthcare work together. Montana is a diverse state, and healthcare delivery is complex; therefore, there is no one-size-fits-all IBH implementation strategy. This complexity is even more apparent in frontier areas with workforce limitations. Rather than defining a workforce required to implement IBH, each site's implementation strategy and utilization of its workforce reflect the resources available to the program leaders. As seen in Table 1, workforce strategies are unique to site types as well—the workforce utilized by a federally qualified health center (FQHC) in Western Montana looks much different compared to a critical access hospital (CAH) in Eastern Montana. Thus, quantifying the IBH workforce is a challenge.

### Integrated Behavioral Health Initiative

The Montana Healthcare Foundation's (MTHCF) Integrative Behavioral Health initiative and grantee program has been a fundamental component in the development of IBH programs within Montana's Hospitals, critical access hospitals, Urban Indian Health Centers, and federally qualified health centers. MTHCF representatives believe integration leads to earlier detection and better treatment outcomes of mental illness and substance use.

The MTHCF's IBH initiative utilizes the SAMHSA-HRSA Center for Integrated Health Solutions integrated practice assessment tool (IPAT)<sup>5</sup> and the IBH core elements tracker<sup>6</sup> to inform the framework for levels of integration and assisting grantees in IBH planning. MTHCF developed the IBH core elements tracker with the National Council for Mental Wellbeing. Creating an IBH framework helps MTHCF assess the needs of a site and determine how to support IBH implementation.

The MTHCF IBH Initiative has funded IBH development in 13 FQHCs, 32 CAHs, 9 hospitals, and 3 UIHCs<sup>7</sup>. Indian Health Services units are currently not integrated, though MTHCF is actively engaged with these service units and is prepared to assist sites with building their IBH framework. Ideally, when the MTHCF IBH Initiative funds a site, a therapist is hired within six months, and processes are in place after one year. It's important to note that a few of Montana's independent healthcare providers, who do not qualify as an MTHCF IBH grantee, have taken steps to integrate behavioral health into primary care. These sites include but are not limited to Bridger Care (Bozeman), Western Montana Clinic (Missoula), Planned Parenthood, and Blue Mountain Clinic (Kalispell).\*

<sup>5</sup> See Appendix A for the IPAT decision tree.

<sup>6</sup> See Appendix B for MTHCF's IBH core elements tracker.

<sup>7</sup> See Appendix C for a full list of Montana's American Indian Health sites, CAHs, hospitals, and FQHCs. The list includes a designation for Montana Healthcare Foundation IBH and Meadowlark Initiative grantees.

## Meadowlark Initiative

In a further targeted effort to integrate behavioral health in primary care, the Montana Healthcare Foundation's Meadowlark Initiative utilizes a care coordinator to create a warm hand-off between a prenatal care provider and a behavioral health provider. A prenatal care provider will screen prenatal patients for substance use disorders (SUD) and mental illness in these settings. Patients who screen positive receive a warm hand-off to the behavioral health provider. The behavioral health provider then assesses the patient and provides intervention, outpatient therapy, or refers the patients to a higher level of care. The care coordinators assist the patient in continuing care and connecting them to community resources.

The care coordinator role may be staffed by community health workers, peer support staff, medical assistants, childbirth educators, social workers, or psychology staff. Additional training in care coordination may be appropriate, and medically intensive situations may require a higher level of care coordination, possibly by a registered nurse care manager. MTHCF Meadowlark Initiative grantees include one FQHC, 6 CAHs, 8 hospitals, and one tribal health department.

## IBH Workforce In FQHCS

FQHCs, which often co-locate medical and behavioral services, may operate under an evidence-based best practice of collaborative care management. The primary care provider, behaviorist/therapist, care manager, and psychiatric provider may be located within the same facility. Montana's FQHCs have revealed that it is essential that the program have a clear leader, often known as the Director of Behavioral Health. The person in this role is fully invested in program implementation. The care manager is another key member of the team and handles tasks that don't need to be handled by a licensed professional. This member of the team can be filled by a range of individuals (BS, MSW, BSW, etc.).

The care manager<sup>\*</sup> acts as a liaison between primary care and mental health services, participates in treatment planning, and connects patients to community resources. Sites with a therapist on staff have an opportunity for a warm hand-off between the PCP and behavioral health therapist. For psychiatric needs, a psychiatric provider may provide no direct care to a patient. The care manager exchanges pertinent information from the primary care provider to the psychiatric provider and then returns treatment to the

### \*Example of Care Manager Essential Duties:

- Participates in planning, implementing, coordinating, monitoring, and evaluating behavioral health treatment options and strategies for patients and families.
- Provides case management services by serving as liaison between primary care providers (PCPs), specialty providers, and behavioral health providers to coordinate medical/behavioral health services and ensure communication.
- Meets with patients face to face in the clinic to conduct behavioral health screenings and explain available behavioral health services.
- Maintains an active case load and conducts multiple follow up calls to monitor patient symptoms, provides patient education, and works on patient goals.
- Assesses community support and resources for people in distress. Provides crisis management and makes referrals to interventions as appropriate.
- Completes thorough documentation in a timely manner.
- Leads and attends meetings to accomplish community or integrated health care objectives.
- May make school visits and other public presentations.
- Assists in providing training for support personnel as required.
- Performs literature reviews related to integrated healthcare.
- Gathers and compiles a variety of educational materials and information.



\*The Frontier Psychiatry team is made up of highly trained psychiatrists and psychiatric nurse practitioners with specialties across the care continuum, allowing them to care for Montanans at every season of life. Currently, Frontier Psychiatry has 23 psychiatric providers on staff (including the three co-founders) and are currently hiring for more. The company believes it's crucial for a patient to be able to get in with a provider within two weeks of an appointment request and continues to build staff to address this need. Frontier Psychiatry's workforce includes one LCSW who assists with care coordination, two medical assistants, and an entire team of operational support staff.

[www.frontier.care](http://www.frontier.care)

"We believe by partnering with other organizations it helps all of us support these communities in the strongest way possible, ensuring that Montanans get the highest quality of care possible, no matter where they live."  
— Kerri Huso, Frontier Psychiatry

primary care provider. In some situations, the psychiatric provider may be off-site. Montana sites also have access to a Montana-based telepsychiatry practice, Frontier Psychiatry\*. Frontier Psychiatry partners with FQHCs, independent providers, community mental health centers, and critical access hospitals to bring psychiatric services to Montana's rural and frontier communities.

At the time of this assessment, many sites are working to repair and restart their IBH programs after the Covid-19 pandemic brought large-scale changes to how healthcare and behavioral healthcare is delivered. Sites experienced challenges in response to the pandemic, such as moving away from co-located services to a shift focused on implementing virtual care. Other challenges may create setbacks for program development, such as changes in leadership or organizational structure. MTHCF suggests implementing a program focused on putting processes in place rather than the level of integration.



MSU PHOTO BY KELLY GORHAM



TABLE 1: SNAPSHOT OF IBH POSITIONS IN MONTANA

Site Name	Location	Site Type	IBH Leader Title	IBH Leader Credentials	Behaviorist/Therapist	Care Manager Title	Care Manager Credentials	Psychiatrist
<b>Southwest Montana Community Health Center</b>	Butte	FQHC	Director of Behavioral Health	LCSW, LAC	5 LCSW, 1 LCPC	Care Manager	1 BS, 1 MSW, 1 BSW, 1 High School Diploma	1 Psychiatrist on staff
<b>Partnership Health Center (PHC)</b>	Missoula	FQHC	Director of Behavioral Health	Psychologist	4 LCSWs, 3 LCSW/LAC, 1 LCPC	Care Manager	3 BS	2 Psychiatric Nurse Practitioner on staff
<b>Beartooth Billings Clinic</b>	Red Lodge	CAH	Project Lead	RN, Chief Nursing Officer	1 LCSW	Care Coordinator	1 RN	Billings Clinic Behavioral Healthcare Services
<b>Sidney Health Center</b>	Sidney	CAH	Project Lead	Clinic Director	1 LCPC	N/A	N/A	Referrals made by PCP to Glendive Medical Center or EMCMHC/ Frontier Psychiatry

TABLE 2: SUMMARY OF IBH AT SOUTHWEST MONTANA COMMUNITY HEALTH CENTER

IBH Workforce Profile: Southwest Montana Community Health Center - FQHC	
<b>Description of IBH program</b>	SWMCHC is fully integrated, and therapists operate a please knock policy, prioritizing crises. The providers, medical assistants, behavioral health, and care managers work in a pod. The program is built to work on population health, and if the provider needs a therapist, they have immediate access to one for a warm hand-off. The Butte location also has a child advocacy center within the facility. Additionally, the site has carved out an area for therapists to do more long-term therapy.
<b>Care coordinator overview</b>	SWMCHC has six care managers in Butte and one in Dillon. The current care managers hold either a high school diploma, bachelor's degree, MSW, BSW, or a liberal arts degree. Care managers are hired based on skill and energy. The care manager must be willing to learn and do some challenging work. Originally, therapists were in this role. However, the director decided the therapists needed to be working at the top of their license and moved to this new care manager model. All but two care managers are new to the role within the last year.
<b>Psychiatric services</b>	The Butte location has a psychiatrist on staff, though they have used Shodair Children's Hospital's services for pediatric patients as needed. The Dillon site is encouraged to utilize Frontier Psychiatry when patients cannot travel to Butte.
<b>Utilization of interns</b>	SWMCHC has unpaid MSW interns. The Director of Behavioral Health prefers to hire them upon licensure if there is an opening. The last two interns wanted to stay, but there were no openings. The current Director of Behavioral Health started with SWMCHC as an MSW intern.
<b>Paraprofessionals</b>	<p>The site utilized a peer support worker for about six months. Due to challenges, the role was eliminated. The director stated the most significant challenges were the amount of supervision and training the worker required. The director stated that finding a peer support worker who can maintain HIPAA and protect confidentiality is challenging.</p> <p>The Community Health Worker (CHW) program is working well. The AHEC training has been beneficial. CHWs work with the Frequent Users Systems Engagement (FUSE) population, the high-frequency users of the Emergency Room, jail system, or people experiencing homelessness.</p>
<b>Community behavioral health workforce needs</b>	<ul style="list-style-type: none"> <li>· Recommend that colleges provide training on integration. Therapists are trained to offer long-term counseling, therefore, desire hour-long appointments.</li> <li>· The community needs more therapists for the FQHC to refer patients for long-term care.</li> <li>· Recruitment for all roles is currently a challenge.</li> </ul>

TABLE 3: SUMMARY OF IBH AT PARTNERSHIP HEALTH CENTER

IBH Workforce Profile: Partnership Health Center (PHC) - FQHC	
<b>Description of IBH program</b>	<p>PHC is integrated on-site in Missoula, and IBH is delivered remotely to satellite clinics. All clinicians are a part of the IBH service line, referred to as panels. The goal is to treat with population-based mental health care. Dually licensed clinicians have one IBH shift per week, and all others share IBH coverage by having 2-4 shifts per week.</p> <p>PHC IBH therapists also tend to see patients in a more traditional outpatient therapy setting because of the lack of area therapists with whom to refer. Their clients also prefer to stay and receive care from the PHC clinicians and are okay with being seen less often than in a traditional therapy setting. The program is working to lay the groundwork to offer more traditional behavioral health services moving forward.</p>
<b>Care coordinator overview</b>	PHC has three behavioral health care managers with bachelor's degrees who work like a nurse's assistant and help follow up with patients between appointments, send out education and treatment summaries, and support the IBH panel review. These care managers have been operating in their current capacity for about two years. Retention of care managers has been positive; the current care managers have been there for 3-5 years.
<b>Psychiatric services</b>	PHC has plans for a psychiatrist to join the staff in June 2022. They currently have two psychiatric nurse practitioners and do not utilize telepsychiatry.
<b>Utilization of interns</b>	The site currently has two graduate students who are part of the Behavioral Health Workforce Education and Training Program (BHWET)*. Each student hired in the past two years has been a Professional BHWET student. One intern is a doctoral candidate in psychology, and one is an MSW. Current students are hired in a position so that once they are licensed, they become staff.
<b>Paraprofessionals</b>	<p>PHC received a grant to hire a community health worker slated for hire in the summer of 2022. The Missoula Fire Department and PHC operate a crisis unit with a mobile support team called Missoula CARES. The mobile support team includes an LCSW (PCH) and an EMT (Fire Department) who respond to 911 dispatch. The CHW will work with the mobile support team to connect individuals with community services and follow-up care.</p> <p>PHC has also applied for a grant for a peer support worker.</p> <p>A PHC behavioral health care manager with a unique role may be classified as a paraprofessional. This care manager works with the Homeless Outreach Team (HOT), and they complete home visits and assist clients with setting health goals.</p>
<b>Community behavioral health workforce needs</b>	<ul style="list-style-type: none"> <li>· Clinicians that accept Medicaid patients and accept Medicaid at the same rate as traditional insurance</li> <li>· Therapists to refer child and adolescent clients to</li> <li>· Child psychiatry and psychiatry in general</li> <li>· Funding for paid practicum placements similar to BHWET</li> </ul>

\*The Behavioral Health Workforce Education and Training (BHWET) Program is funded by the Health Resources and Services Administration (HRSA). The program provides behavioral health professionals in training with opportunities to learn and practice in integrated settings.

## IBH WORKFORCE IN CRITICAL ACCESS HOSPITALS

Critical access hospitals have varying strategies based on the resources available within their site. Licensed practical nurses (LPNs), registered nurses (RNs), and social workers may be part of the IBH workforce. CAHs in Montana may not have a therapist on staff and utilize network behavioral health services or contract with community mental health services. For most CAHs, a person known as the project lead acts as the IBH champion or leader. Ideally, the project lead is someone with stackable training and a background in behavioral health<sup>8</sup>. In Montana, the project lead is often an RN<sup>9</sup>.

Billings Clinic has an IBH coordinator who oversees eleven network sites. Even within the Billings Clinic network, the eleven sites implement IBH differently. Billings Clinic's IBH Coordinator provides technical assistance to sites and is working toward developing a centralized care manager to provide hands-on help for sites to connect to behavioral health services. Every site has different resources and, therefore, a different understanding of what behavioral health services are. Furthermore, each site has a different comfort level in delivering behavioral health services.

Some sites will have a behavioral health provider on staff, such as Glendive Medical Center, where primary care and behavioral health services are co-located. Other CAHs, such as Wheatland Memorial Healthcare in Harlowton, utilize Billings Clinic behavioral health services.

Daniels Memorial Healthcare in Scobey utilizes an RN as the IBH Project Lead and an MSW as a Care Manager. This framework is common among the Billings Clinic network CAHs. Some CAHs are also overcoming staffing challenges in response to Covid-19, and their programs remain under development. Daniels Memorial Healthcare, Pioneer Medical Center, and Wheatland Memorial Healthcare programs are under development.

### Partners In IBH: EMCMH and SCL Health Holy Rosary Healthcare

Integration comes in many forms and through unique partnerships. Eastern Montana Community Mental Health Center (EMCMHC), whose primary focus has been on outpatient treatment, serves individuals with chronic mental illness; however, it does not operate an inpatient facility nor can it medically care for patients in crisis. Holy Rosary, a critical access hospital with comprehensive services, operates a five-bed ICU which mental health crisis patients may occupy. These facilities are located on the same campus in Miles City.

<sup>8</sup> See Appendix F for a list of MORH/AHEC stackable training programs.

<sup>9</sup> There are 15,796 licensed RNs with a Montana address registered with the Montana Board of Nursing. The OES estimates Montana to have 9,980 registered nurses in the workforce.



Holy Rosary primary care clinics are integrated; however, integration for crisis response for clients with chronic mental health conditions in the emergency room (ER) and long-term care is under development. When a patient can't be stabilized in the ER, transport to Glendive Medical Center (78 miles away), Montana State Hospital (392 miles away), or Billings Clinic (146 miles away) has historically been common practice. Even with transport to appropriate services, the patient often returns to the Holy Rosary ER within a few days.

To address this and other concerns, in late 2019, EMCMHC and SCL Health's Holy Rosary Healthcare began having strategic conversations about meeting the growing behavioral health needs in Miles City and surrounding communities. The two organizations are working to develop a comprehensive care model, engaging other organizations to bring expertise and resources, and are partnering with critical access hospitals in Glendive and Sidney to expand the continuum of care. The solution includes the utilization of peer support specialists in the ER or an acute care setting. EMCMHC has utilized peer support specialists in the past and has been building up the program in Eastern Montana. The Rimrock Foundation, which has successfully placed peer supporters (PSS), has supplied the program with a PSS to set up the peer support program. In this model, the ER manager closely connects with the peer support worker's supervisor with Rimrock Foundation. Holy Rosary will utilize a full-time behavioral therapist embedded within the primary care clinic to oversee the program for program coordination. On EMCMHC's side, an LCSW or care manager will manage the program (this structure is still under development).

Holy Rosary is also transitioning to have 24/7 telepsychiatry for consults and medication management through Frontier Psychiatry. This collaboration has helped Holy Rosary leadership understand the level of care that can be served directly in the community without transporting patients out of Miles City.

\*MACT is a behavioral health delivery model designed specifically for rural and frontier areas. The program offers community-based treatment to help people with mental illness live and function well in the community. MACT teams are made up of multidisciplinary groups of licensed staff and paraprofessionals available anytime to go out into the community and provide care for people wherever they are.

\*The Nuka System of Care is distinguished through key features:

- a system built for and accountable to patients, known as “customer-owners”;
- an emphasis on prevention, behavioral health, primary care, and supportive services;
- multidisciplinary care teams with robust communication among team members;
- integration of behavioral health into primary care;
- focus on staff development to reduce turnover, enhance quality of care, provide opportunities for career advancement, and ensure commitment to an organizational culture grounded in customer service;
- promotes relationships and improves interactions with and among providers; and
- continuous performance monitoring based on sophisticated information technology and data management.

<https://scfnuka.com>

**TABLE 4: SUMMARY OF IBH AT SIDNEY HEALTH CENTER**

IBH Workforce Profile: Sidney Health Center (SHC) - CAH	
<b>Description of IBH program</b>	Primary care providers in the primary care clinic, same-day clinic, and OB clinic may refer patients to Sidney Health Center’s LCPC. If a Sidney Health Center Cancer Center patient has a primary care provider at SHC, the patient can also access behavioral health services. The health center’s LCPC is at SHC three days per week, is fully integrated at SHC, and documents in the SHC record system. Referrals are seen as needed with a warm hand-off on the three days the LCPC is working at the clinic, or an appointment may be scheduled.
<b>Care coordinator overview</b>	No
<b>Psychiatric services</b>	There are no current ongoing psychiatric consultation services. Sidney Health Center primary care providers can direct referrals to Glendive Medical Center and Eastern Montana Community Mental Health Center, which partner with Frontier Psychiatry.
<b>Utilization of interns</b>	No
<b>Paraprofessionals</b>	Patients who would benefit from case management services are referred to Eastern Montana Community Mental Health Center. Living Independently for Today & Tomorrow (LIFTT) has an outreach worker that is available for referral for individuals who have a disability.
<b>Community behavioral health workforce needs</b>	Eastern Montana Community Mental Health Center will soon expand the MACT* program to reach patients with severe, disabling mental illness (SDMI).

### IBH Workforce In American Indian Health

The Little Shell Chippewa Tribe in Great Falls is opening a medical, dental, and behavioral health clinic in 2022. Indian Health Services will initially operate the clinic, but the Tribe plans to assume management of the clinic. Services offered will be launched in phases, the order of which is undetermined. The Little Shell clinic also has plans to implement the Southcentral Foundation’s Nuka System of Care IBH model. The Nuka System of Care\* addresses the

physical health and the mental, emotional, and spiritual wellness of a patient through integration. Rather than focusing on the workforce, the Nuka system focuses on clinical and operational processes as critical elements for successful integration.

Rocky Boy Tribal Health has been working on integrating services since November 2018. The program's initial attempt to integrate was unsuccessful and led to a low degree of integration. Although services were co-located, the behavioral health consultant and primary care providers operated independently. In 2019, several staff were trained in the Cherokee Health Systems\* integrated method, and the IBH team began to focus on integration procedures. A new integration team was developed with two primary care providers, a behavioral health consultant, two case managers, and two registered nurses.



IMAGE: ADOBE STOCK PHOTO

\*Cherokee Health Systems is a federally qualified health center (FQHC) and a Community Mental Health Center (CMHC) offering an Integrated Care Training Academy.

Cherokee Health Systems' integrated model has the following characteristics:

- Behavioral health consultant (psychologist or LCSW) embedded on the primary care team
- Real time behavioral and psychiatric consultation available to PCP
- Focused behavioral intervention in primary care
- Behavioral medicine scope of practice
- Encouragement of patient's responsibility for healthful living
- A behaviorally enhanced Healthcare Home

<https://www.cherokeehealth.com>

\*Paraprofessional is a job title given to persons in various occupational fields, such as healthcare, who are trained to assist professionals but do not themselves have professional licensure. Generally, paraprofessionals would be in the role of assistants, aides, or technicians who provide services and perform tasks that help nurses, physicians, counselors, social workers, psychologists, or other health professionals in their work. Nationally, the most common paraprofessional roles in behavioral health include peer support specialists, community health workers, psychiatric aides, and certified nursing assistants.

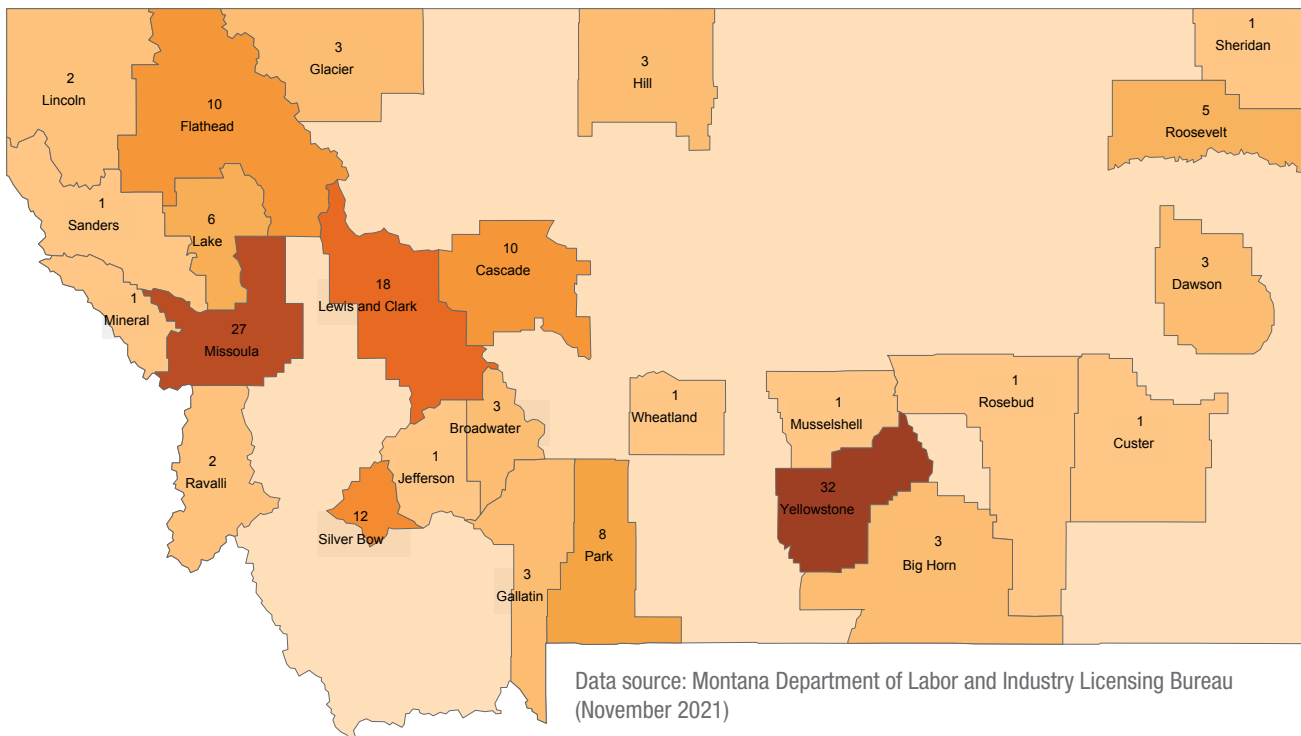
## PARAPROFESSIONALS\* OVERVIEW

As seen so far in this report, a paraprofessional workforce exists to some capacity in every county in Montana. Paraprofessionals are being utilized within healthcare integration and unique initiatives and partnerships. This workforce does remain a challenge to quantify. However, by monitoring credentials earned, employment estimates, and training completions, an understanding of how this workforce is utilized is accomplished.

### Certified Behavioral Health Peer Support Specialist (CBHPSS)

There has been a 36.0% increase in peer support specialists certified in Montana from 2017 to 2021. The peer support workforce can be found throughout Montana and in various practice settings and initiatives. Peer support specialists are becoming utilized in unique ways and within strategic partnerships across the state.

### NUMBER OF ACTIVELY LICENSED PEER SUPPORT SPECIALISTS BY COUNTY





One Health, a federally qualified health center with locations across Montana, has two peer support specialists in Miles City. Through One Health, the specialist functions as a core outreach team member. The peer support specialist is responsible for providing and coordinating warm hand-offs and mentoring patients or potential patient families impacted by substance use disorder (SUD) and in need of behavioral health services. SCL Health Holy Rosary in Miles City is a Meadowlark site grantee through which a care coordinator can call on the peer support specialists from the FQHC for service to their prenatal patients.

EMCMHC's MACT program is another example of the utilization of peer support specialists. Through the MACT program, a certified MACT peer support specialist is a member of a multidisciplinary team and has been a recipient of mental health services for severe and persistent mental illness. EMCMSHS believes that because of life experience with mental illness and mental health services, the peer support specialist provides expertise that professional training cannot replicate. Peer support specialists are fully integrated team members who provide highly individualized services in the community and promote client self-determination and decision-making. The peer support specialist is responsible for delivering peer support services in an outpatient and community-based setting for adults with severe mental illness. Bozeman Health utilizes peer support within the emergency department crisis team. Under supervision, peer support services are provided to patients in a behavioral health crisis in inpatient and outpatient settings.

### **Community Integrated Health Care (CIHC)\***

Twelve individuals currently hold community integrated health care (CIHC) endorsements in Montana; another 20 have recently completed the training and are in the process of completing clinicals. Further individuals are currently enrolled in the MedStar training program.

The current endorsement holders are in:

- Jefferson County, 1
- Cascade County, 2
- Ravalli County, 3
- Carbon County, 1
- Lewis & Clark County, 3
- Valley County, 2

\*Community Integrated Health Care expands the scope of services of Emergency Care Providers (ECPs) to assist patients in non-emergency situations. A CIHC endorsement, new to Montana as of 2020, allows EMTs, AEMTs, and paramedics to provide post discharge follow-up, preventative care, chronic disease management, and referral to community health services.

Covid-19 has caused some disruptive innovation within Montana's CIH-CP pilot programs and has comprised a majority of Community Integrated Health activities since the start of the pilot programs. In the last 12 months of the pilot programs, community paramedics provided Covid-19 testing and vaccination services to over 20,000 individuals. The pilot programs have been extended for another two years with a reduced award (\$20,000 per year) to allow Montana EMS & Trauma Systems to support additional agencies interested in participating. Montana EMS & Trauma Systems is partnering with the MORH/AHEC to provide additional funding opportunities to support 39 community paramedic positions statewide.

Participating CIH-CP sites include:

- Memorial Ambulance of Fort Benton (MOU)
- Francis Mahon Deaconess Hospital (Contract/Grant)
- Great Falls Emergency Services, Inc (Contract/Grant)
- Jefferson Valley Emergency Medical Services (Contract/Grant)
- Madison Valley Medical Center (MOU)
- Marcus Daly Memorial Hospital (MOU)
- Missoula Emergency Services, Inc (Contract/Grant)
- Red Lodge Fire & Rescue (Contract/Grant)
- Saint Peters Hospital (Contract/Grant)
- Powder River County Emergency Medical Services (discontinued)

### **Community Health Worker**

It is estimated that 108 Community Health Workers (CHW) are active in Montana. That is a 12.5% increase from 2017 to 2020. To date, 121 individuals have completed the AHEC CHW training program. A community health worker remains uncertified in Montana. CHWs may be employed under the title of a care manager, care coordinator, or patient navigator rather than community health worker. Sites may employ both care managers and community health workers but refer to their titles differently if they work within distinct departments, as part of specialized teams/programs, or as a formality due to how the role is funded.

Southwest Montana Community Health Center, an FQHC, has a CHW program. The Director of Behavioral Health states that the CHW program is working well and has found the AHEC training very helpful. At SMCHC, the CHWs only work with the FUSE population, the population that is high frequency users of the ER, jail systems, or experiencing homelessness.

## STATEWIDE SUPPLY OF PARAPROFESSIONALS AND PROFESSIONALS

**TABLE 5: PARAPROFESSIONALS WITH CREDENTIALS**

	Credentialed (2019)	Credentialed (2021)	Employment Estimate (2017)	Employment Estimate (2020)
<b>Certified Nurse Aide (CNA)</b>	10,000 (approx.)	10,000 (approx.)	6,170	5,110
<b>Peer Support Specialist</b>	103	161	100	158
<b>Emergency Medical Technician (EMT), Advanced EMT, &amp; Paramedic</b>	4,941	5,856	700	760
<b>Community Integrated Health-Community Paramedic (CIH-CP)</b>	10	12	10	12

Data sources: CNA Certification Bureau, Montana Peer Support Network, Department of Labor and Industry, Bureau of Labor Statistics 2017 and 2020 Occupational Employment Statistics, Montana EMS & Trauma Systems.

**TABLE 6: PARAPROFESSIONALS WITHOUT CREDENTIALS**

	Employment Estimate (2017)	Employment Estimate (2020)
<b>Community Health Worker</b>	160	180
<b>Medical Assistant</b>	1,300	1,410
<b>Psychiatric Technician / Behavioral Health Technician</b>	550	310
<b>Psychiatric Aide</b>	960	680*
<b>Human Service Assistant</b>	1,380	1,310

Data sources: Bureau of Labor Statistics 2017 Occupational Employment Statistics. Bureau of Labor Statistics 2020 Occupational Employment Statistics.

\* Data for the psychiatric aide was not available in 2020, therefore 2019 data was utilized. In 2020, reporting for psychiatric aides was too low for an average to be represented in the Occupational Employment Statistics (OES) report. Therefore, the estimate from the 2019 report was obtained. The decrease in the number of psychiatric aides reported could be attributed to the variation in how these paraprofessionals are categorized by the employing facility and/or to the Covid-19 pandemic. In response to the Covid-19 pandemic, fewer sites may have chosen to respond to the survey or lost members of the workforce.

**TABLE 7: BEHAVIORAL HEALTH PROFESSIONALS WORKFORCE**

	Licensed (2020)	Employment Estimate (2017)	Licensed (2021)	Employment Estimate (2020)
<b>Psychiatrist</b>	--	100	--	60
<b>Psychologist</b>	219	60	285	40
<b>Professional Counselor (LCPC) &amp; Addiction Counselor (LAC)</b>	1,992	1,350	2,377	1,700
<b>Clinical Social Worker (LCSW)</b>	971	550	1,272	610

Data sources: Licensure data is from the Department of Labor and Industry Licensing Bureau (April 2020). Employment estimates are from the Bureau of Labor Statistics 2017 Occupational Employment Statistics. Licensure data as of 11/4/21.

## SUMMARY AND CONCLUSIONS

The behavioral healthcare workforce in Montana is evolving. It is advancing in non-traditional ways through integration, utilization of paraprofessionals, and participation in targeted training. There is no set workforce model for integrating behavioral health services into primary care. Providers in Montana are learning to utilize the resources available to begin putting processes in place. Widespread support is available to healthcare facilities that are working toward or interested in integrating.

The paraprofessional workforce is growing. Although not always identified as a community health worker, the duties of a community health worker are observed to some extent in many roles referred to as patient navigator and care manager across the state. Community integrated health – community paramedic and peer support programs are also expanding. Employment estimates of peer support specialists increased by 36% from 2017 to 2020. Completers of the behavioral health training programs through MORH/AHEC are increasing as much as 125% for certain programs.

### KEY FINDINGS

- Rather than recruit workforce members to build an IBH program, IBH leaders are building integration frameworks around their existing workforce and resources.
- Many IBH programs are in a restart and rebuild phase due to Covid-19. Other IBH programs remain under development.
- The Montana Healthcare Foundation's (MTHCF) IBH Initiative has funded IBH development in 13 federally qualified health centers (FQHCs), 32 critical access hospitals (CAHs), 9 hospitals, and 3 Urban Indian Health Centers (UIHCs). MTHCF Meadowlark Initiative grantees include one FQHC, 6 CAHs, 8 hospitals, and one tribal health department.
- The IBH program workforce varies among critical access hospitals and federally qualified health centers:
  - RNs with behavioral healthcare training are key members of the IBH workforce within CAHs and act as the IBH Project Lead.
  - Care managers who may hold a high school diploma, bachelor's degree, MSW, or BSW are key members of the IBH workforce with FQHCs.



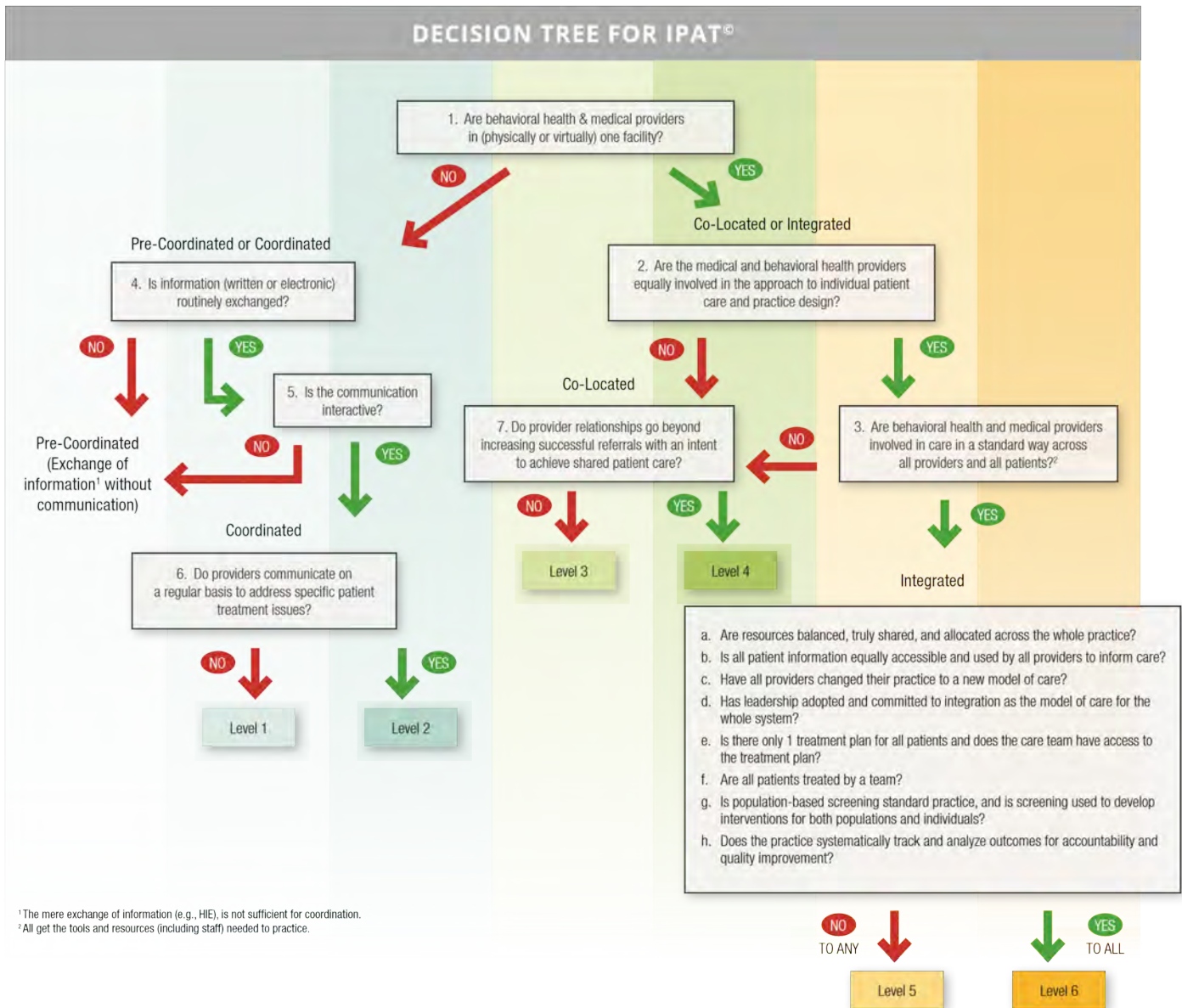
- An Eastern Montana Community Mental Health Center and Holy Rosary Healthcare collaboration allows patients dealing with chronic mental health conditions to be treated in the community rather than be transported across the state.
- Indian Health Service facilities are not yet integrated.
- Frontier Psychiatry, a highly utilized telepsychiatry program for rural and frontier Montana, employs 23 psychiatric providers.
- Peer support workers are utilized in unique programs such as Montana Assertive Community Treatment (MACT)<sup>10</sup> and IBH inpatient settings.
- From 2017 to 2020, Montana employment estimates demonstrate:
  - Decrease in psychiatrists, 40.0%
  - Decrease in psychologists, 33.0%
  - Increase in therapists, 21.6%
  - Increase in peer support specialists, 36.0%
  - Increase in community health workers, 12.5%
  - Increase in EMTs, AEMTs, and paramedics, 8.6%
  - Increase in Community Integrated Health-Community Paramedic (CIH-CP), 20%
- From Year 3 to Year 4, the number of completers of MORH/AHEC training programs:
  - Management of Aggressive Behaviors (MOAB®) increased, 124.5%
  - Mental Health First Aid increased, 87.0%
  - Youth Mental Health First Aid increased, 68.4%
  - Applied Suicide Intervention Skills Training (ASIST) decreased, 73.2%

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<sup>10</sup> The MACT program sends small teams of healthcare professionals into a community to provide care for people struggling with mental illness and have a limited ability to travel.

## APPENDICES

### APPENDIX A: IPAT DECISION TREE



## APPENDIX B: CORE ELEMENTS OF INTEGRATED BEHAVIORAL HEALTH

### Core Elements of Integrated Behavioral Health



*The Montana Integrated Behavioral Health Steering Committee, comprised of stakeholders from the state health department, behavioral and primary care providers, and state and national associations reached consensus on the following elements to support statewide integrated care.*



#### **Intentional choice of level of integration**

The program has made intentional choice to coordinate, co-locate or integrate mental health, substance use and primary care services based on the available resources in the community and at whatever level it has practices in place to decrease patient burden, support active outreach, engagement and follow-up.



#### **Team based care**

There is clear identification of team members (virtual or on site) which includes primary care and behavioral health care and care coordination staff along with practices in place to support team communication, coordination and functioning, team roles, and interdisciplinary planning.



#### **Evidence based clinical models**

The practice chooses an approach that fits their setting (i.e. IMPACT, SBIRT, collaborative care, behavioral health consultant model) and educates staff in brief, evidence based interventions like motivational interviewing, problem solving therapy, behavioral activation etc.



#### **Data driven systems**

Practices put in place that focus on population health and universal screening (with appropriate clinical exceptions). Workflows established for patient identification through screening and clinical pathways to guide intervention and planning. Outcomes and quality measures are defined, tracked, reported and used to modify care. Patient registries are maintained and staff are accountable for work and patient improvement.



#### **Clear leadership**

Clear leadership that sees behavioral health not as an add on but as a key element of health care. Articulates a clear vision from the top down and the bottom up on how to improve patient care, develops policy and procedures supporting integrated behavioral health, and supports performance management strategies that focus on integrated behavioral health.



#### **Defined continuum of care**

Each provider in the practice knows when to treat, when to consult and when to refer. Agreements are in place with external partners for specialty care referrals and communication.



#### **Care coordination**

There is a plan in place for how to insure smooth movement of patients from one provider or one level of care to another. This plan takes into account social determinants, community resources and is based on a data tracking system.



#### **Psychiatric consultation**

Each practice has a plan for consultation with psychiatric prescribers. Consultation may be face to face, through telehealth or through embedded psychiatrists. The plan includes easy transition back to primary care for people who reach a point of stability. Practices work on developing the consultative psychiatry role where psychiatry consults with primary care providers for most patients and only sees clients directly with the most complex needs. This model grows as payment for it advances.



## APPENDIX C: SUMMARY OF MTHCF IBH AND MEADOWLARK SITES

### American Indian Health

American Indian Health	Site Type	Location	IBH Program	MTHCF Grantee
Rocky Boy Tribal Health	Tribal Health	Box Elder	Yes	No
Flathead Tribal Health	Tribal Health	St. Ignatius	Yes	No
Little Shell Chippewa Tribe	Tribal Health	Great Falls	UD*	No
Blackfeet Tribal Health	Tribal Health	Browning	Yes ‡	Yes
Helena Indian Alliance	Urban Indian Health Center	Helena	Yes	Yes
Indian Family Health Clinic	Urban Indian Health Center	Great Falls	UD*	Yes
Billings Indian Urban Health Center	Urban Indian Health Center	Billings	UD*	Yes
All Nations Health Center	Urban Indian Health Center	Missoula	No	No
Butte Native Wellness Center	Urban Indian Health Center	Butte	No	No
Blackfeet Service Unit	IHS Service Unit	Browning	No	No
Crow Service Unit	IHS Service Unit	Crow Agency	No	No
Fort Belknap Service Unit	IHS Service Unit	Harlem	No	No
Fort Peck Service Unit	IHS Service Unit	Wolf Point	No	No
Northern Cheyenne Service Unit	IHS Service Unit	Lame Deer	No	No

\* IBH program is under development

‡ Blackfeet Tribal Health is integrated for prenatal services as a Meadowlark Initiative Grantee

## Hospitals

Facility Name	Site Type	Location	IBH	MTHCF Grantee Program
Billings Clinic Hospital	Hospital	Billings	Yes	Yes
Bozeman Health Deaconess Hospital	Hospital	Bozeman	Yes ‡	Yes
Great Falls Clinic Hospital	Hospital	Great Falls	Yes	Yes
SCL Health St. James Healthcare	Hospital	Butte	Yes ‡	Yes
SCL Health St. Vincent Healthcare	Hospital	Billings	Yes ‡	Yes
St. Peters Health	Hospital	Helena	Yes ‡	Yes
Benefis Health System	Hospital	Great Falls	No ‡	No
Community Medical Center	Hospital	Missoula	Yes	No
Logan Health Medical Center	Hospital	Kalispell	Yes	No
Northern Montana Hospital	Hospital	Havre	No	No
Providence St. Patrick Hospital	Hospital	Missoula	Yes	No
‡ Site is a Meadowlark Initiative Grantee				

## Critical Access Hospitals

Facility Name	Site Type	Location	IBH Program	MTHCF Grantee
Barrett Hospital and HealthCare	Critical Access Hospital	Dillon	Yes	Yes
Beartooth Billings Clinic	Critical Access Hospital	Red Lodge	Yes	Yes
Community Hospital of Anaconda	Critical Access Hospital	Anaconda	Yes ‡	Yes
Dahl Memorial Healthcare	Critical Access Hospital	Ekalaka	Yes	Yes
Daniels Memorial Healthcare Center	Critical Access Hospital	Scobey	Yes	Yes
Fallon Medical Complex	Critical Access Hospital	Baker	Yes	Yes
Frances Mahon Deaconess Hospital	Critical Access Hospital	Glasgow	Yes	Yes
Garfield County Health Center	Critical Access Hospital	Jordan	Yes	Yes
Glendive Medical Center	Critical Access Hospital	Glendive	Yes	Yes
Livingston HealthCare	Critical Access Hospital	Livingston	Yes ‡	Yes
Logan Health Conrad	Critical Access Hospital	Conrad	Yes	Yes
Logan Health Cut Bank	Critical Access Hospital	Cut Bank	Yes	Yes
Madison Valley Medical Center	Critical Access Hospital	Ennis	Yes	Yes
Bitterroot Health Daly Hospital	Critical Access Hospital	Hamilton	Yes	Yes



## Critical Access Hospitals, Cont.

Facility Name	Site Type	Location	IBH Program	MTHCF Grantee
McCone County Health Center	Critical Access Hospital	Circle	Yes	Yes
North Valley Hospital	Critical Access Hospital	Whitefish	Yes	Yes
Phillips County Hospital	Critical Access Hospital	Malta	Yes	Yes
Pioneer Medical Center	Critical Access Hospital	Big Timber	Yes	Yes
Prairie Community Hospital	Critical Access Hospital	Terry	Yes	Yes
Providence St. Joseph Medical Polson	Critical Access Hospital	Polson	Yes ‡	Yes
Roosevelt Medical Center	Critical Access Hospital	Culbertson	Yes	Yes
Rosebud Health Care Center	Critical Access Hospital	Forsyth	Yes	Yes
Roundup Memorial Healthcare	Critical Access Hospital	Roundup	Yes	Yes
SCL Health Holy Rosary Healthcare	Critical Access Hospital	Miles City	Yes ‡	Yes
Sheridan Memorial Hospital Montana	Critical Access Hospital	Plentywood	Yes	Yes
Sidney Health Center	Critical Access Hospital	Sidney	Yes ‡	Yes
St. Lukes Community Healthcare	Critical Access Hospital	Ronan	Yes ‡	Yes
Stillwater Billings Clinic	Critical Access Hospital	Columbus	Yes	Yes
Wheatland Memorial Healthcare	Critical Access Hospital	Harlowton	Yes	Yes
Billings Clinic Broadwater	Critical Access Hospital	Townsend	Yes	Yes
Central Montana Medical Center	Critical Access Hospital	Lewistown	Yes	Yes
Clark Fork Valley Hospital	Critical Access Hospital	Plains	Yes	Yes
Benefis Teton Medical Center	Critical Access Hospital	Choteau	No	No
Big Horn Hospital Association	Critical Access Hospital	Hardin	No	No
Big Sandy Medical Center	Critical Access Hospital	Big Sandy	No	No
Cabinet Peaks Medical Center	Critical Access Hospital	Libby	No	No
Deer Lodge Medical Center Hospital	Critical Access Hospital	Deer Lodge	No	No
Granite County Medical Center	Critical Access Hospital	Philipsburg	No	No
Liberty Medical Center Hospital	Critical Access Hospital	Chester	No	No
Logan Health Shelby	Critical Access Hospital	Shelby	No	No
Mineral Community Hospital	Critical Access Hospital	Superior	No	No
Missouri River Medical Center	Critical Access Hospital	Fort Benton	No	No
Mountainview Medical Center	Critical Access Hospital	White Sulphur Springs	No	No
Northeast Montana Health Services	Critical Access Hospital	Wolf Point	No	No
Poplar Community Hospital	Critical Access Hospital	Poplar	No	No
Ruby Valley Medical Center	Critical Access Hospital	Sheridan	No	No

‡ Site is a Meadowlark Initiative Grantee

**Federally Qualified Health Centers**

Facility Name	Site Type	Location	IBH Program	MTHCF Grantee
Alluvion Health Medical	FQHC	Great Falls	Yes	Yes
Bullhook Community Health	FQHC	Havre	Yes	Yes
Community Health Partners	FQHC	Livingston	Yes	Yes
Glacier Community Health Center	FQHC	Cut Bank	Yes	Yes
Greater Valley Health Center	FQHC	Kalispell	Yes	Yes
Marias Healthcare	FQHC	Shelby	Yes	Yes
Northwest Community Health	FQHC	Libby	Yes	Yes
One Health	FQHC	Hardin	Yes ‡	Yes
Partnership Health Center	FQHC	Missoula	Yes	Yes
Pureview Health Center	FQHC	Helena	Yes	Yes
RiverStone Health Clinic	FQHC	Billings	Yes	Yes
Sapphire Community Health	FQHC	Hamilton	Yes	Yes
Southwest Montana Community	FQHC	Butte	Yes	Yes
Ag Worker Health	FQHC	Billings	No	No

‡ Site is a Meadowlark Initiative Grantee

## APPENDIX D: PARAPROFESSIONALS GEOGRAPHICAL SUMMARY

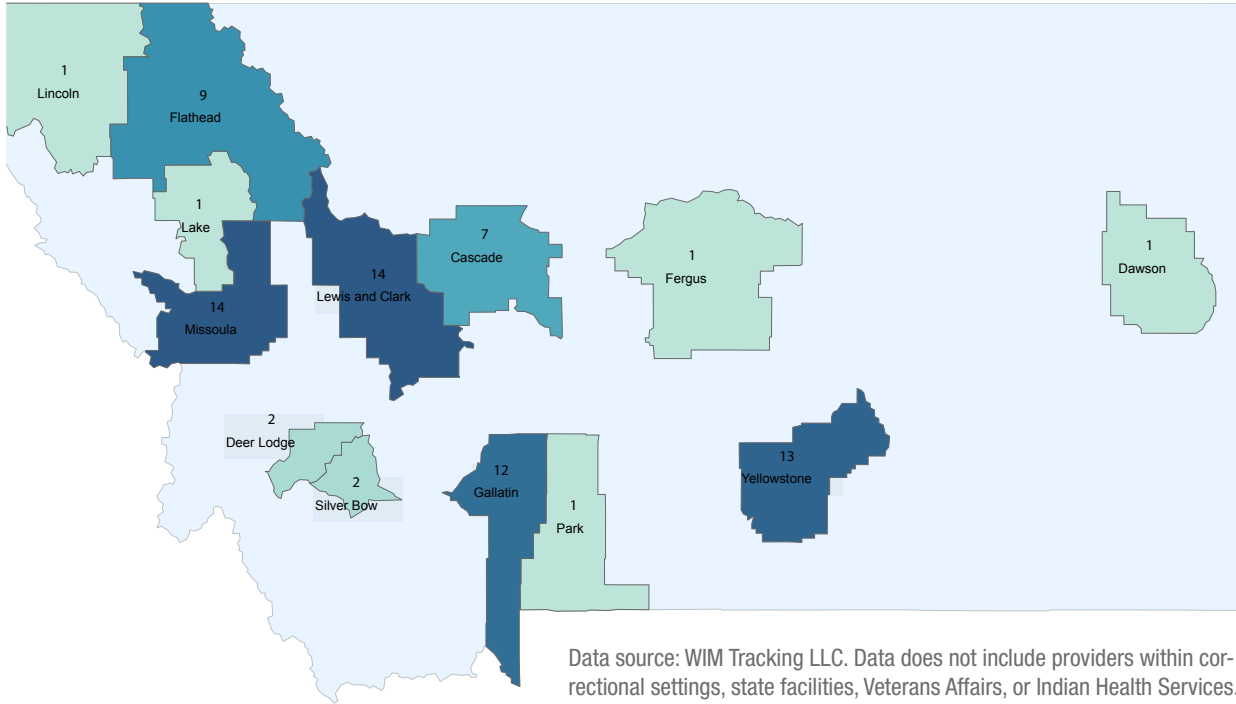
Occupation	Year	Montana Statewide	Billings MSA	Great Falls MSA	Missoula MSA	East Region	Central Region	Southwest Region	West Region
CNA	2017	6,170	1,160	540	770	770	780	1,070	940
	2020	5,110	990	350	430		1270*	1,070	1,000
	% Change	-17%	-15%	-35%	-44%		-18%	0%	6%
Peer Support	2017	100	10	9	14	7	14	35	11
	2020	158	--	--	--	--	--	--	--
	% Change	58%	--	--	--	--	--	--	--
EMT & Paramedic	2017	700	--	--	50	40	100	200	280
	2020	760	--	--	--	--	--	190	210
	% Change	9%	--	--	--	--	--	-5%	-25%
CIH-CP	2017	10	2	2	--	4	--	--	2
	2020	12	1	2	--		2	4	3
	% Change	20%	-50%	--	--		-50%	400%	50%
Community Health Worker	2017	160	40	--	--	--	--	--	50
	2020	180	50	--	--	--	--	40	--
	% Change	13%	25%	--	--	--	--	--	--
Medical Assistant	2017	1,300	290	90	170	50	50	330	330
	2020	1,410	320	70	330	--	130	300	260
	% Change	8%	10%	-22%	94%		30%	-9%	-21%
Psychiatric Technician	2017	550	160	--	--	--	--	--	--
	2020	310	150	--	--	--	--	130	--
	% Change	-44%	-6%	--	--	--	--	--	--
Psychiatric Aide*	2017	960	--	--	--	--	--	850	--
	2020	680	--	--	--	--	--	--	--
	% Change	-29%	--	--	--	--	--	--	--
Human Service Assistant	2017	1,380	270	80	110	70	70	520	260
	2020	1310	240	70	260		130	420	180
	% Change	-5%	-11%	-13%	136%		-7%	-19%	-31%

Data sources: CNA, EMT, and paramedic data was taken from the 2020 Occupational Employment Statistics (OES) published by the Montana Department of Labor and Industry. Peer support data was provided by the Peer Support Network. CIH-CP data was provided by the Montana EMS & Trauma Systems. Provider data from the Peer Support Network and Montana EMS & Trauma Systems was assigned a region in alignment with the 2020 OES Regions based on the provider's county of practice. \*In 2017, OES data was reported for separate regions (East and Central); in 2020 these two regions were combined and reported as East-Central Region. The OES May 2020 estimates are based on responses from six semiannual panels collected over a 3-year period: May 2020, November 2019, May 2019, November 2018, May 2018, and November 2017.



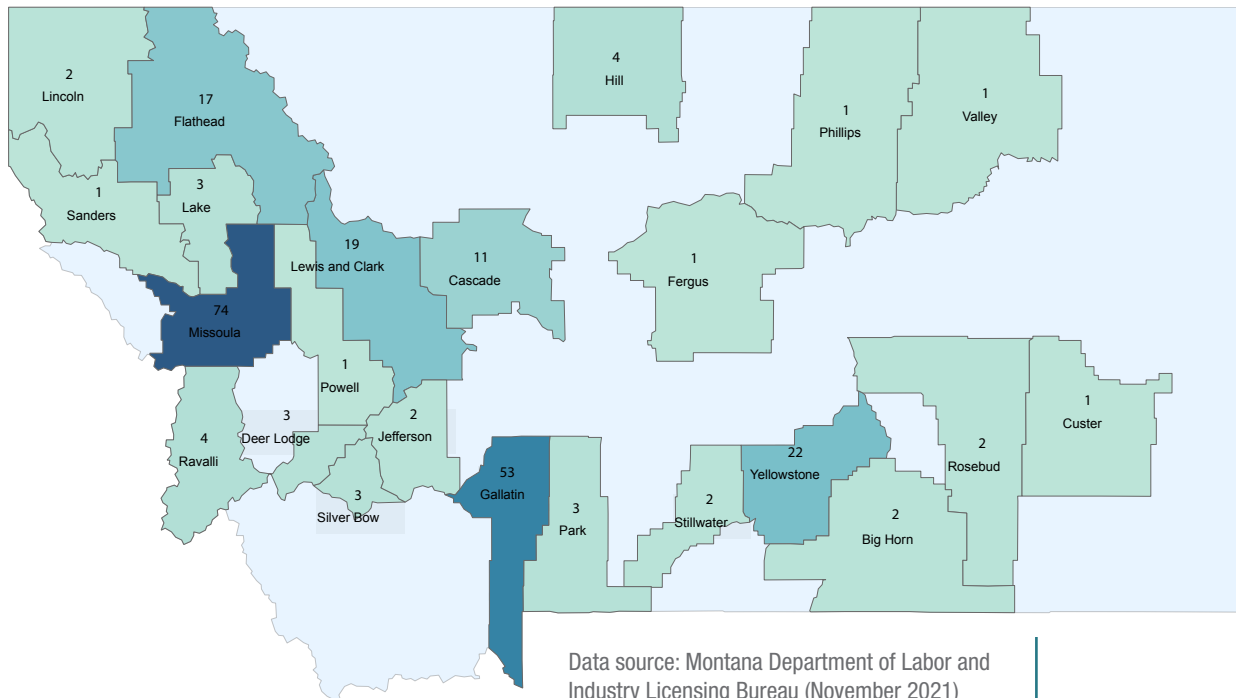
## APPENDIX E: MAPS OF LICENSED PROFESSIONALS

### Number Of Practicing Psychiatrists By County



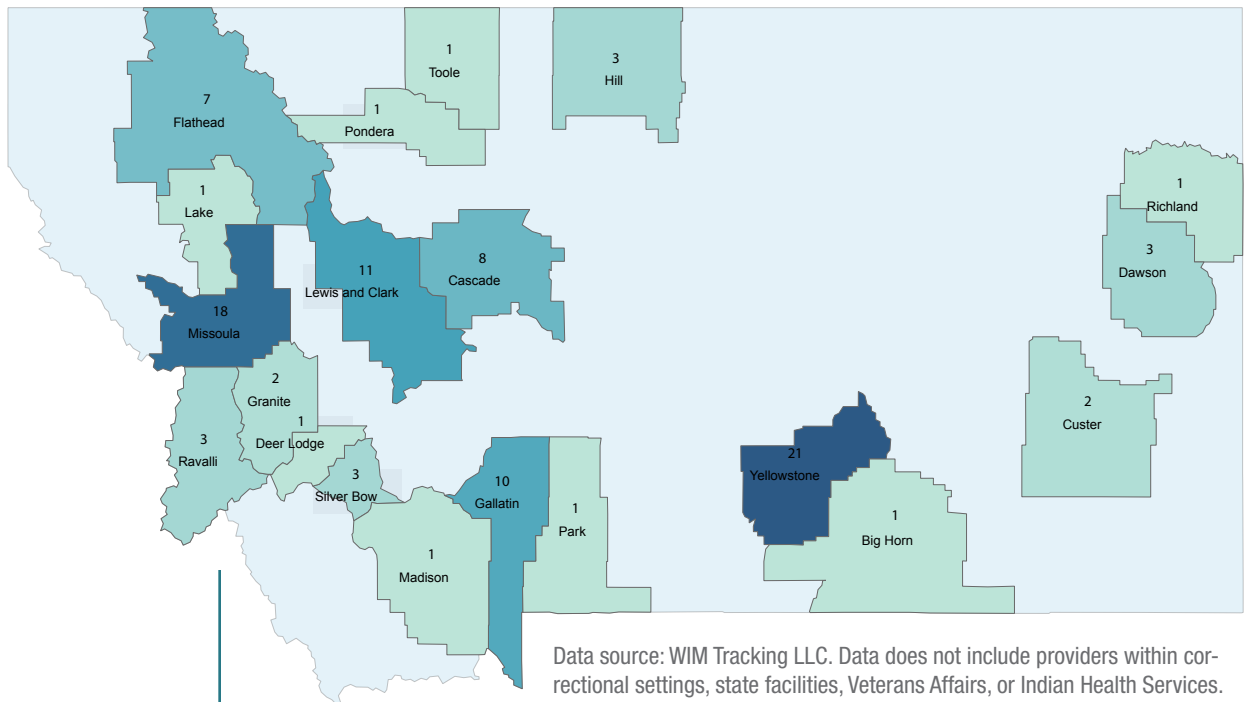
Data source: WIM Tracking LLC. Data does not include providers within correctional settings, state facilities, Veterans Affairs, or Indian Health Services. (December 2021). Psychiatrists associated to Frontier Psychiatry are not included in this map as the providers offer tele visits.

### Number Of Actively Licensed Psychologists By County

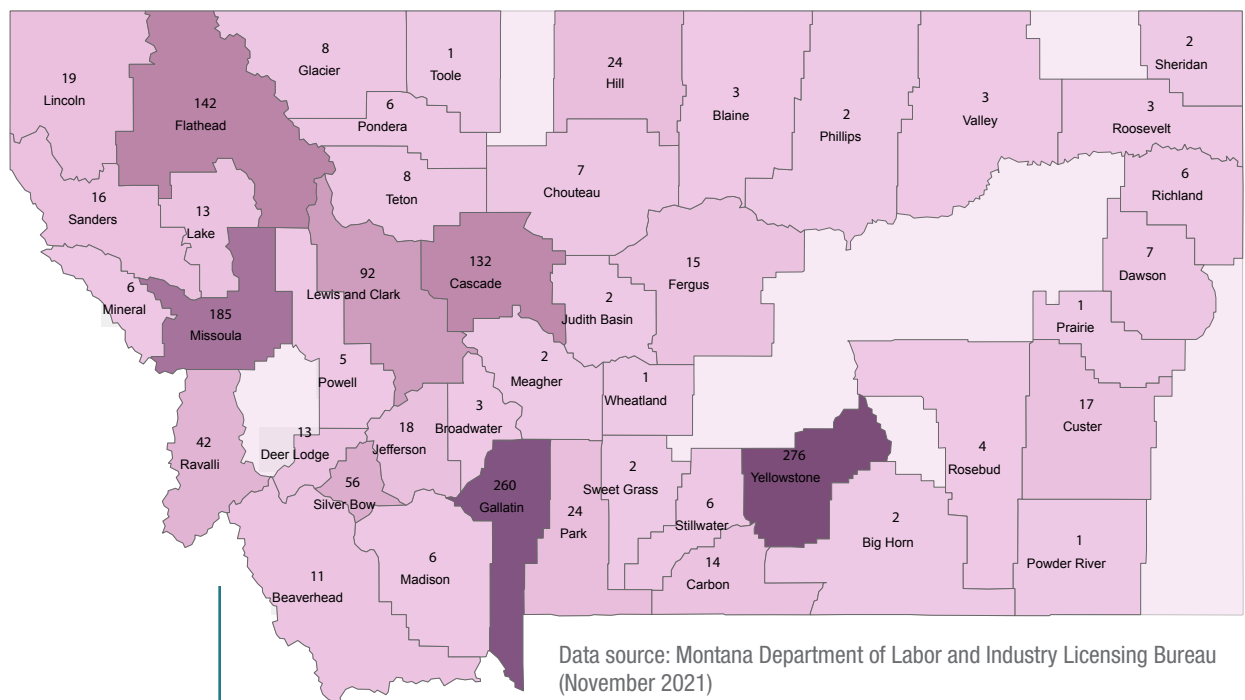


Data source: Montana Department of Labor and Industry Licensing Bureau (November 2021)

### Number Of Actively Practicing Psychiatric Nurse Practitioners By County

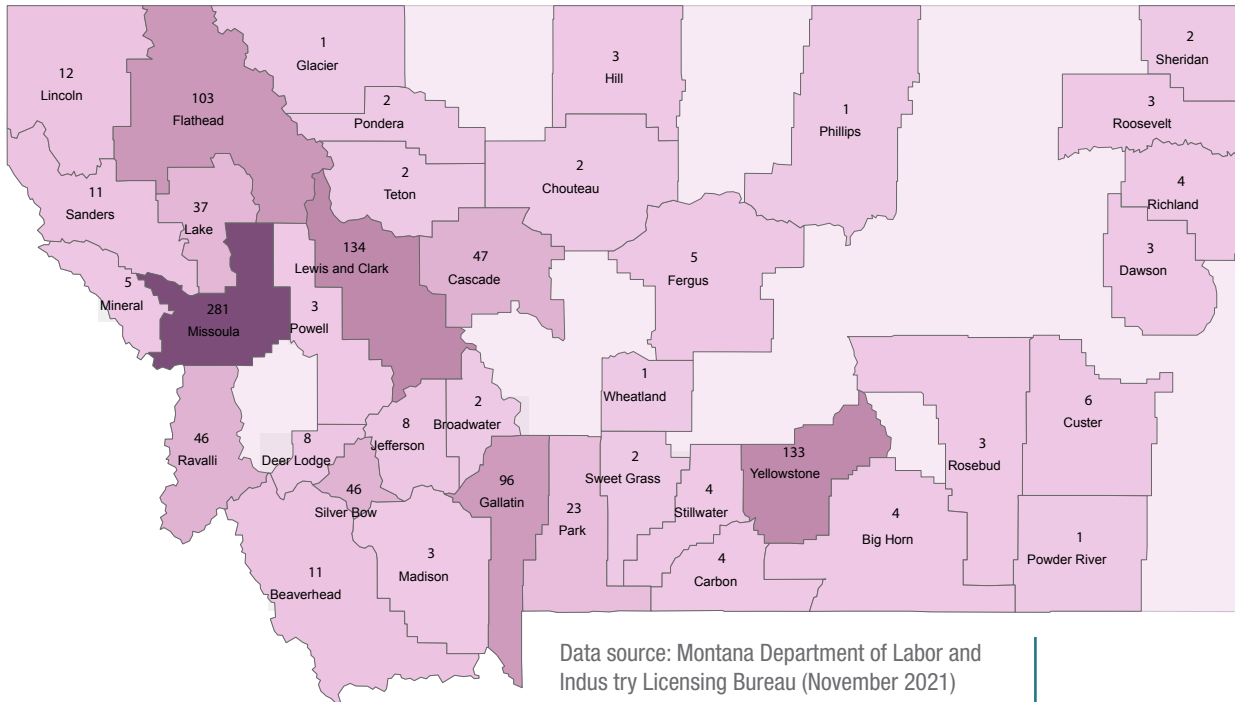


### Number Of Actively Licensed Clinical Professional Counselors (LCPC) By County

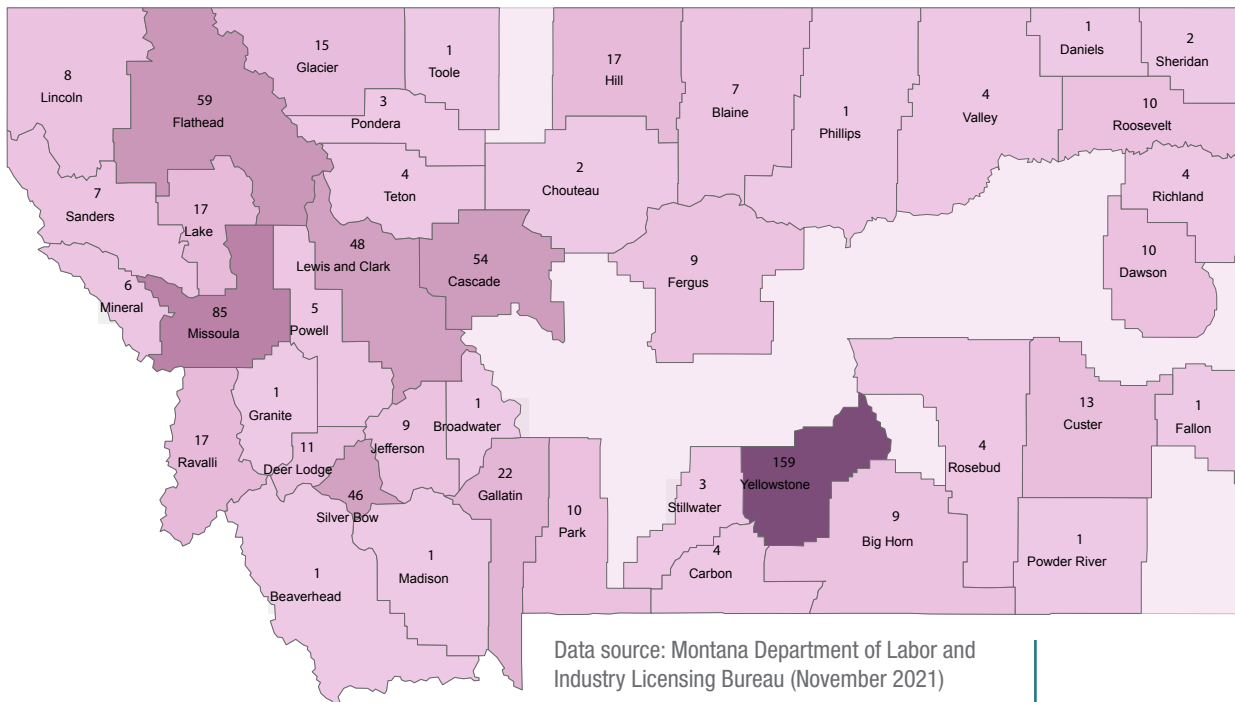




## Number Of Actively Licensed Clinical Social Workers (LCSW) By County



## Number Of Actively Licensed Addiction Counselors (LAC) By County



## APPENDIX F: STACKABLE CREDENTIAL TRAININGS FOR PARAPROFESSIONALS

A stackable credential is a concept in career and technical education that focuses on building the critical skills needed to advance in growing sectors of the economy. They help working students develop the skills they need to advance on the job and earn credentials that help them with both education and in obtaining or keeping jobs. There are many organizations in Montana that provide short term training with a national, state, or educational institution credential. Through a Behavioral Health Workforce Education and Training Paraprofessional grant from HRSA/SAMHSA, the Montana Office of Rural Health/Area Health Education Center has provided training to over 4,800 individuals in Montana in stackable credential offerings including:

- **Mental Health First Aid:** MHFA is an 8 hour, in person training appropriate for anyone who wants to learn about mental illnesses and addictions, including risk factors and warning signs. The training teaches participants a 5-step action plan to help a person in a mental health or substance use crisis or challenge connect with professional peer, social and self-help care. Virtual/blended option available - 2 hours of self-paced, online course work and 5.5 hours of virtual, live or in-person instruction.
- **Youth Mental Health First Aid (YMHFA):** YMHFA is an 8-hour, in-person training designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/ HD), and eating disorders. Virtual/blended option available - 2 hours of self-paced, online course work and 5.5 hours of virtual, live or in-person instruction.
- **Management of Aggressive Behaviors:** (MOAB®): MOAB® is an in-person training with a variety of session options, including a 4-hour, 8-hour or two-day course option. MOAB® presents principles, techniques and skills for recognizing, reducing and managing violent and aggressive behavior. The program also provides humane and compassionate methods of dealing with aggressive people. MOAB® techniques provide research based nonverbal, verbal and physical skills as well as personal defense and safety skills. MOAB® goes beyond the strategies for preventing and diffusing a crisis. It addresses the multitude of crises and stages of conflict to help calm people and diffuse anxious or aggressive behaviors. The 4-hour introduction is available as live, online option.

- **Applied Suicide Intervention Skills Training (ASIST):** ASIST is a two-day, in-person interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with him/her to create a plan that will support their immediate safety. Although ASIST is widely used by healthcare providers, participants don't need any formal training to attend the workshop—anyone 16 or older can learn and use the ASIST model. Studies show that the ASIST method helps reduce suicidal feelings in those at risk and is a cost-effective way to help address the problem of suicide.
- **Fundamentals of Behavioral Health:** The Montana Fundamentals of Behavioral Health (FBH) training provides the knowledge and skills necessary to recognize and respond to behavioral health issues and mental health disorders. Trainees learn to recognize, appropriately respond, and adapt to unpredictable situations that may be encountered. The instructor-guided curriculum takes approximately six weeks (55 hours) to complete and consists of six online Learning Units (units 1-5 are approximately 10-hours each, and unit 6 is 5 hours).

Other trainings available through organizations in or serving Montana include motivational interviewing, QPR, CHW Supervisor Training, Cognitive Behavioral Therapy Training, Suicide and Depression, Secondary Trauma, Group Processing Interventions and Agency Strategies, MAT care coordination training, and trainings related to Integrated Behavioral Health from the National Council on Behavioral Health. Train the Trainer for MHFA, YMHA, MOAB and ASIST are provided periodically through the BHWET grant. Training providers include the AHEC centers at the Montana Hospital Association, Montana Health Network, University of Montana, and Riverstone Health.

### Stackable Certification Program Completers

	Year 1 & 2 (2017-2019)	Year 3 (2019-2020)	Year 4 (2020 – 2021)	Total
Community Health Worker Supervisor Training	8	4	0	12
Fundamentals of Behavioral Health	6	4	0	10
Management of Aggressive Behaviors	474	335	752	1,561
Mental Health First Aid	39	77	144	260
Youth Mental Health First Aid	61	76	128	265
Applied Suicide Intervention Skills Training	25	41	11	77
Questions, Persuade, Respond (suicide prevention)	0	1	0	1

Data sources: Montana Area Health Education Center (AHEC)

### Apprenticeships For Paraprofessionals

Montana operates a state-run apprenticeship program in accordance with federal guidelines, but when registering and approving new sponsors and programs, the State of Montana provides the approval needed for national recognition. Approved apprenticeship sponsors and apprenticeship work processes receive a certificate of approval from DOLI. In approving apprenticeship sponsors, DOLI requires the name and contact information of an apprenticeship liaison and registration of the business with the state of Montana. DOLI then works with each sponsor to identify appropriate mentors within their staff, terms of apprenticeship, apprenticeship wage schedule, on-the-job training outcomes/competencies, and related instruction. MT DOLI monitors progress toward completion on each of its apprenticeships.

MT DOLI apprenticeship coordinators will assist in the development of specific healthcare apprenticeships. Two apprenticeships that are representative of paraprofessional roles are described below. MT DOLI has additional apprenticeship opportunities for Integrated Community Health EMT/ Paramedic and Health Educators. Over 100 healthcare apprenticeships were in place in the past year. A full listing of all apprenticeships by occupation, county and employer is available at [www.apprenticeship.mt.gov](http://www.apprenticeship.mt.gov).

Behavioral health paraprofessional apprenticeships have been met with challenges. Given the unstable behavioral health paraprofessional job market and low-income levels most employers are hesitant to create or fill these positions.

Montana DOLI requires a three-tier pay increase for the apprenticeship program. This has caused concern among many employers wanting to hire these paraprofessionals. With little to no reimbursement for services, employers are having to find creative ways to fund these paraprofessional positions.

**Community Health Worker:** [O\*Net-SOC Code: 21-1094.00, RAPIDS CODE: 2002HY] The apprenticeship on the job competencies include positive behaviors and attitudes, basic knowledge of health concerns and ability to assess, legal and ethical guidelines, effective communication, health care and public health structures, appropriate decision making, outreach and advocacy skills, and health and wellness strategies.

**Certified Nursing Assistant with Fundamentals of Behavioral Health:** [O\*Net-SOC Code: 31-1014.00, RAPIDS CODE: 0824C] The apprenticeship includes CNA in its first period and behavioral health in the second period. Related instruction includes CNA, Fundamentals of Behavioral Health, and MOAB.

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FRONT COVER IMAGES, CLOCKWISE FROM LEFT TOP: KELLY GORHAM; ADOBE STOCK PHOTOS, AND ISTOCK.COM PHOTO.

# MONTANA PARAPROFESSIONALS WORKFORCE REPORT WITH A SPOTLIGHT ON INTEGRATION

JANUARY 2022



Office of Rural Health

Area Health  
Education Center