



MONTANA COMMUNITY HEALTH WORKERS AND OTHER PARAPROFESSIONALS STATEWIDE WORKFORCE REPORT

MAY 2024



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MONTANA COMMUNITY HEALTH WORKERS AND OTHER PARAPROFESSIONALS STATEWIDE WORKFORCE REPORT

May 2024

EXECUTIVE SUMMARY

Paraprofessionals play a pivotal role in Montana's healthcare landscape, aiding various professionals without holding professional licensure. The state sees a diverse array of paraprofessional roles, including Community Health Worker (CHW), Certified Behavioral Health Peer Support Specialist (CBHPSS), Community Integrated Health (CIH) provider, Certified Nurse Aide (CNA), Medical Assistant (MA), Psychiatric Aide, Psychiatric Technician, and Social and Human Service Assistant.

CHWs, though uncertified, demonstrate a substantial presence in Montana, with an estimated 360 actively working individuals. These professionals offer versatile support across healthcare and educational settings, assisting with navigation, education, and advocating for underserved populations. Training programs, like the Montana Office of Rural Health / Area Health Education Center (MORH/AHEC) CHW Fundamentals, have graduated 237 individuals, enhancing the workforce's skills and credentials.

Montana showcases a recent surge in CHW program adoption, with 80% of Critical Access Hospital programs established within the last year. However, sustainability planning for grant-funded programs remains a concern, especially in Tribal Health organizations where none reported such plans. Additionally, there's a lack of active Return on Investment (ROI) assessment for CHW initiatives, potentially hindering the evaluation of their effectiveness. Different facilities rely on diverse funding sources, such as foundation grants, government funds, and internal sources, to sustain CHW programs. Duties performed by CHWs span from paperwork assistance to advocating for community needs across various sectors, including healthcare, housing, transportation, and general assistance.

The CBHPSS workforce has seen a significant increase of 100% since 2017, with approximately 200 certified specialists spread across 32 Montana counties. Their roles span from mental health centers to recovery programs, providing invaluable peer support in diverse practice settings.

CIH expands Emergency Care Providers' roles to cover non-emergency situations, focusing on post-discharge follow-ups, chronic disease management, and referrals. As of November 2023, 34 individuals hold CIH endorsements across various counties. Pilot programs receive funding from different sources, and the University of Montana offers an online CIH training program, contributing to the workforce's skill development.

KEY FINDINGS

1. Community Health Workers (CHWs): The count of active CHWs doubled from 180 to 360 between 2020 and 2022.
2. MORH/AHEC CHW Fundamentals Training: A total of 237 individuals successfully completed the AHEC CHW Fundamentals training.
3. CHW Program Duration: About 48% of CHW programs have been operational for less than a year as of 2022.
4. Sustainability of Grant-Funded Programs: Among grant-funded programs for CHWs, 46% lack a sustainability plan, a concern echoed by 100% of Tribal Health respondents.
5. Sustainability Planning by Facility Type: Critical Access Hospitals (70%) and Non-Profits (64%) exhibit a higher tendency towards sustainability planning for CHW programs.
6. ROI Calculation for CHW Programs: Only 20% of facilities actively calculate the Return on Investment (ROI) for their CHW programs.
7. Funding Sources for CHW Programs: CHW programs secure funding through various sources, including government funds, county funds, local charities and programs, hospital discharge planning departments, CDC grants, donations, Tribal funds and donations, foundation grants, internal funds, and reimbursement.
8. Certified Behavioral Health Peer Support Specialist (CBHPSS): The number of peer support workers doubled between 2017 and 2022.
9. Certified Nursing Assistants (CNAs): CNAs represent the largest paraprofessional workforce reviewed in this report. While the number of active CNA certifications in the state remained constant, there was a 19% decrease in employed CNAs from 2017 to 2022.
10. The Medical Assistant (MA) and Social and Human Service Assistant workforce grew from 2020 to 2022 and are the second and third largest paraprofessional groups detailed in this report.
11. Changes in Emergency Medical Technician (EMT) Licensing (2021 to 2023): Eastern Montana counties experienced significant fluctuations in licensed EMTs. Counties like Daniels, Dawson, Custer, Fallon, and Powder River saw increases ranging from 50% to 100%, while Phillips, Garfield, McCone, and Big Horn counties witnessed decreases between 36% to 44%.
12. Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), and Paramedic Licensing in Montana: Every county in Montana has at least one EMT, AEMT, or paramedic license on file with a local address.

CONCLUSION

Although most CHW programs are in their infancy, the CHW workforce is growing rapidly. As CHW program adoption continues, a focus on sustainability and ROI assessment is needed to ensure continued effectiveness and support for these roles. Efforts to diversify funding sources and support training programs are crucial in enhancing their impact and reach within the community.

The growth of emerging roles like CHW and CBHPSS and the growth seen in Medical Assistant and Social and Human Service Assistant groups underscores their increasing significance in Montana. In contrast, the decline in Certified Nurse Aides (CNAs) presents a concern in staffing shortages and should be further evaluated.

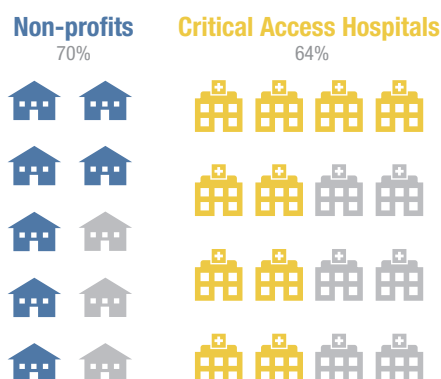
Overall, while Montana benefits from the presence and significance of the paraprofessional landscape, challenges regarding sustainability planning, assessment methodologies, and workforce fluctuations require strategic attention for the continued effectiveness and growth of these essential healthcare roles.



MSU PHOTO BY COLTER PETERSON

COMMUNITY HEALTH WORKERS AND OTHER PARAPROFESSIONALS ACROSS MONTANA

Critical Access Hospitals and Non-profits exhibit a higher tendency toward CHW program sustainability planning compared to other facility types



CHW Programs

48% of CHW programs have been operational for less than a year (2022)



20% of facilities actively calculate ROI



46% of CHW programs lack a sustainability plan*



*Sustainability Planning by Facility Type: Critical Access Hospitals (70%) and Non-Profits (64%) exhibit a higher tendency towards sustainability planning for CHW programs.

A total of

237 individuals

successfully completed the AHEC CHW Fundamental training.



Funding Sources for CHW Programs:

CHW programs secure funding through various sources, including:

\$\$\$\$\$\$\$\$\$\$\$\$

GOVERNMENT FUNDS

TRIBAL FUNDS AND DONATIONS

COUNTY FUNDS

FOUNDATION GRANTS

LOCAL CHARITIES AND PROGRAMS

INTERNAL FUNDS AND REIMBURSEMENT

HOSPITAL DISCHARGE PLANNING DEPARTMENTS

CDC GRANTS

DONATIONS

Behavioral Health Workforce

Every county in Montana has **at least one** EMT, AEMT, or paramedic license on file with a local address.



Eastern Montana counties experienced significant fluctuations in licensed EMTs. Counties like Daniels, Dawson, Custer, Fallon, and Powder River saw **increases ranging from 50% to 100%**, while Phillips, Garfield, McCone, and Big Horn counties witnessed **decreases between 36% to 44%**.

Emergency Response Paraprofessionals

Montana employment estimates 2017-2022

Montana employment estimates 2020-2022



METHODS

The Montana Office of Rural Health/Area Health Education Council 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.

The data were acquired through multiple methods:

Licensure, Certification, and Employment Sources: The Montana Department of Labor and Industry provided professional licensure data for this report. Data on paraprofessionals credentialed in Montana 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.

Community Health Worker Survey of Healthcare Providers: In the fall of 2022, a Qualtrics survey developed by MORH/AHEC was sent electronically to Critical Access Hospital CEOs, schools, and non-profits across Montana.

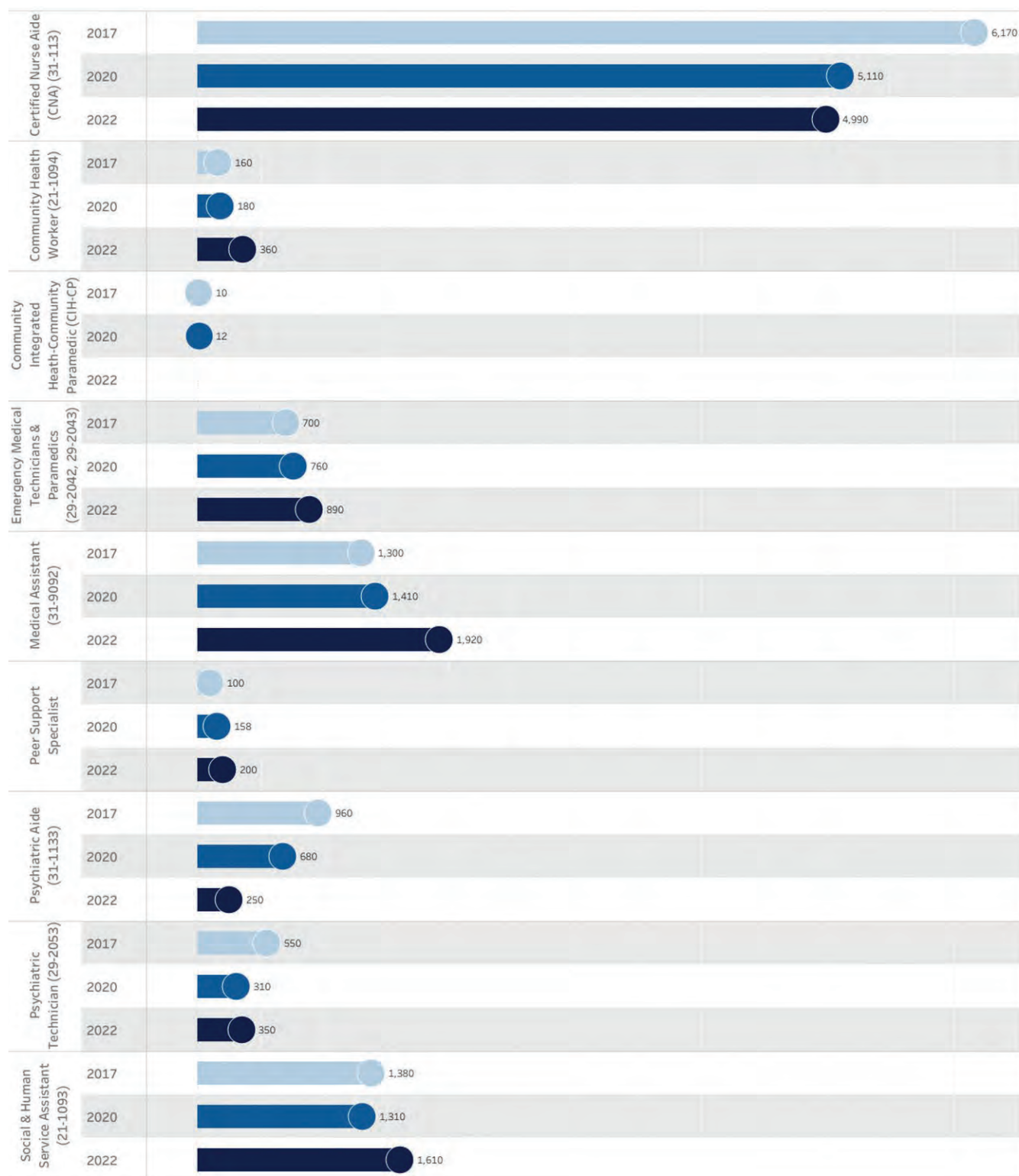
PARAPROFESSIONALS OVERVIEW

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.

The Montana Occupational Employment statistics provide insight into the utilization of non-credentialed paraprofessionals, Community Health Workers, Medical Assistants, Psychiatric Aides, Psychiatric Technicians, and Social and Human Service Assistants. Paraprofessionals credentialed in Montana include Certified Nurse Aides, Peer Support Specialists, Emergency Medical Technicians, and Community Paramedics.

Of paraprofessionals identified in this report, the CNA workforce is the most extensive paraprofessional group, comprising approximately 4,990 active members in 2022. Notably, this workforce has encountered a significant 19% decline in employment since 2017. There is also a downward trend in the utilization of Psychiatric Aides and Technicians. In contrast, there's a remarkable growth trajectory observed in the Medical Assistant field, showing a healthy 36% increase from 2020 to 2022. Similarly, the Social and Human Service Assistant area experienced notable growth, expanding by 23% during the same period.

**FIGURE 1: NUMBER OF PARAPROFESSIONALS WORKING IN MONTANA
BY YEAR AND BY TYPE**



COMMUNITY HEALTH WORKERS

In Montana, Community Health Workers (CHW) are an uncertified paraprofessional. However, it is estimated that 360 CHWs are actively working in Montana, marking a 125% increase from 2017 to 2022. CHWs are most often employed under the title of CHW, however, may be employed under the title of a care manager, care coordinator, or patient navigator rather.

- *In a healthcare setting*, a CHW may help in facilitating healthcare and social service system navigation, managing care and care transitions for vulnerable populations, educating health system providers and stakeholders about community health needs, providing culturally appropriate health education, and advocating for underserved clients to receive appropriate services.
- *In a school*, a CHW may be used to conduct health assessments, enroll uninsured individuals and families in health insurance programs, educate students, parents, caregivers, and neighborhood residents about health issues, and provide resources and referral services.

MORH/AHEC provides CHW Fundamentals training through a stackable credential program. 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. To date, 237 individuals have completed the MORH/AHEC CHW Fundamentals training program.

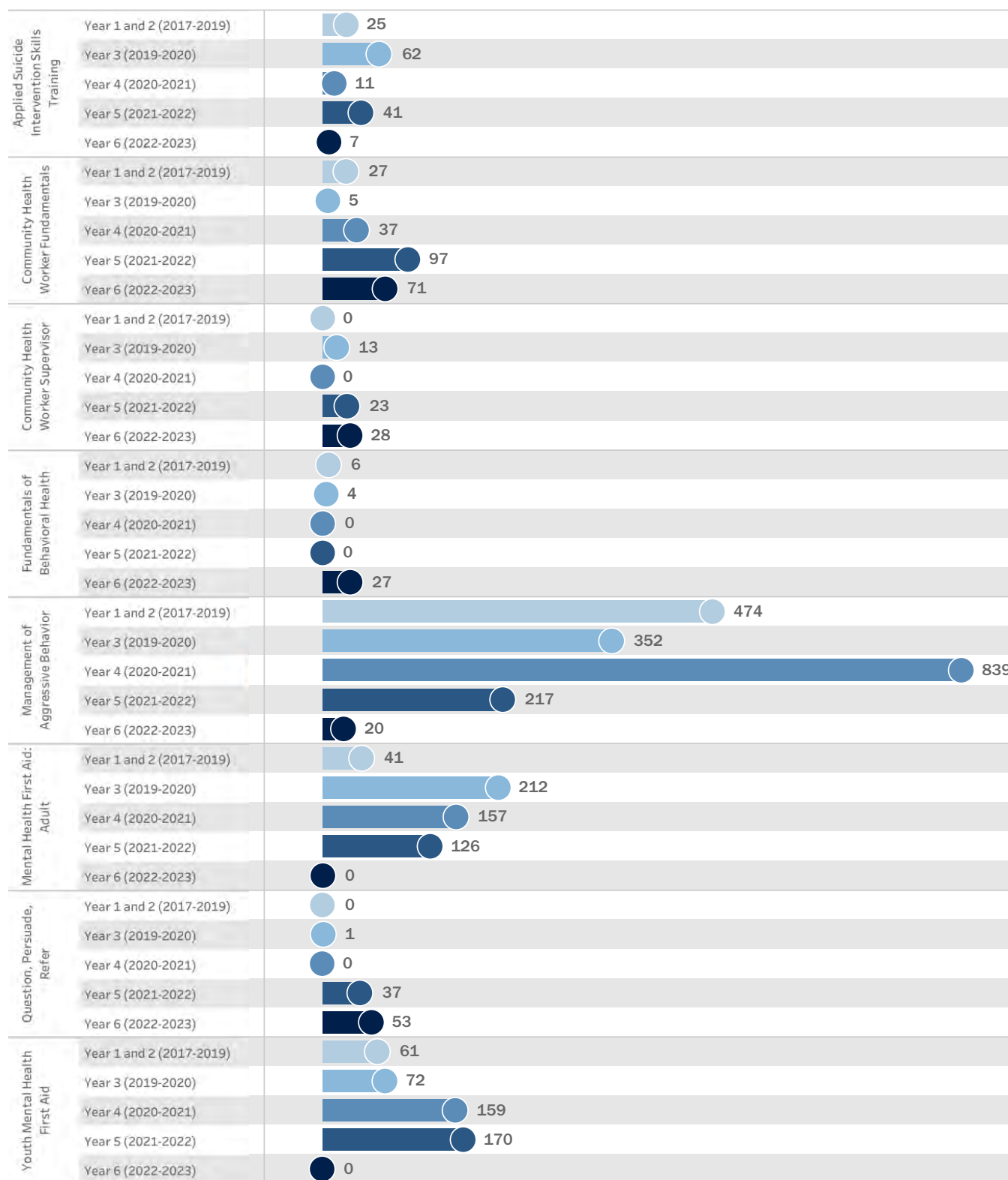
During the fall of 2022, MORH/AHEC conducted a comprehensive electronic survey targeting Critical Access Hospital CEOs, schools, and non-profit organizations throughout Montana. The survey, which was designed to gather insights into the utilization of Community Health Workers in the state, received 110 responses. Of these responses, 68 had employed individuals working as CHWs in some capacity. Figures 3 – 9 represent response data from the 2022 MORH/AHEC survey.

Figure 1 Sources: CNA Certification Bureau, Montana Peer Support Network, Department of Labor and Industry, Montana EMS & Trauma Systems and Bureau of Labor Statistics Occupational Employment Statistics (OES).

Notes on OES data: 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. In 2022, classification 29-2040 was separated into two new classifications, 29-2042 (EMT = 730) and 29-2043 (Paramedics = 160).

¹ 2022 Occupational Employment Statistics

FIGURE 2: AHEC PROGRAM COMPLETERS BY YEAR (2017 – 2023)



A majority, 64.8%, of facilities surveyed commonly refer to individuals performing CHW duties as Community Health Workers. However, beyond this standard title, other frequently reported designations include Outreach Specialist, Prevention Health Specialist, Workforce Development Manager, Care Manager, and Patient Care Coordinator. This trend was consistent across various facility types, apart from primary care clinics, where the title CHW was exclusively reported. This distinction in terminology provides insights into the diverse ways organizations label roles involving CHW responsibilities and the challenge presented in quantifying this workforce.

Community Health Worker programs represent an innovative approach to care coordination in Montana. Among the 68 survey respondents, a mere three facilities—comprising one Critical Access Hospital (CAH), one non-profit, and one facility of an undefined type—indicated having a program with a commendable track record of over five years. Conversely, across all facility types, a substantial 48% reported implementing programs within the past year. A noteworthy 80% of Critical Access Hospital survey respondents specified that their CHW programs have been active for less than one year. This highlights a recent and evolving landscape in the adoption of CHW models in Montana.

FIGURE 3: PERCENTAGE OF TITLES USED FOR PERSONS THAT PERFORM THE DUTIES OF A CHW

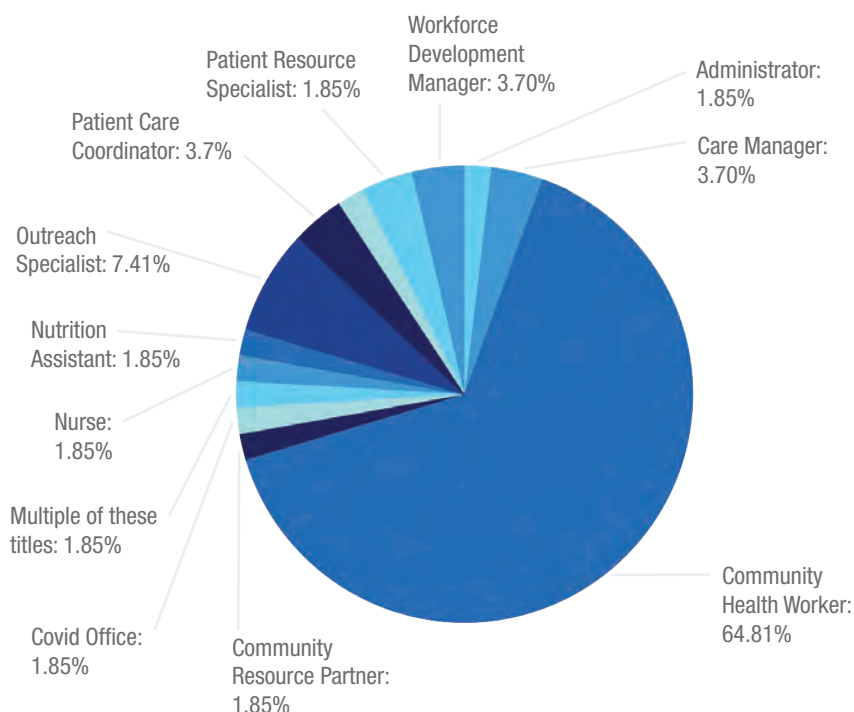


Figure 2 Source: Area Health Education Center

Figure 3 Source: 2022 AHEC Survey of CHW Employers

Figure 4 Source: 2022 AHEC Survey of CHW Employers

Figure 5 Source: 2022 AHEC Survey of CHW Employers

FIGURE 4: TITLES USED FOR PERSONS THAT PERFORM FUNCTIONS OF A CHW BY FACILITY TYPE

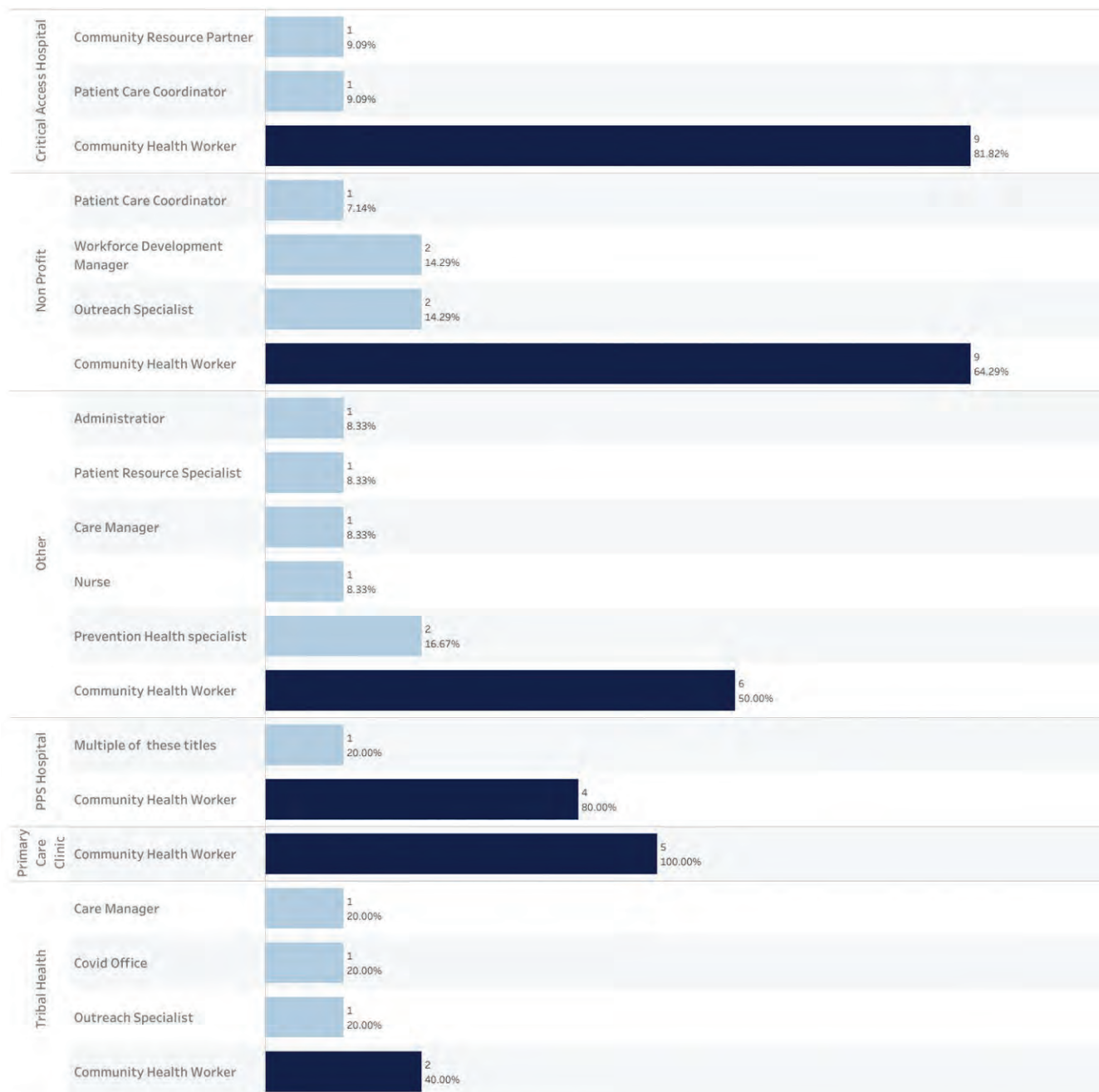


FIGURE 5: LONGEVITY OF CURRENT CHW PROGRAMS BASED ON FACILITY TYPE

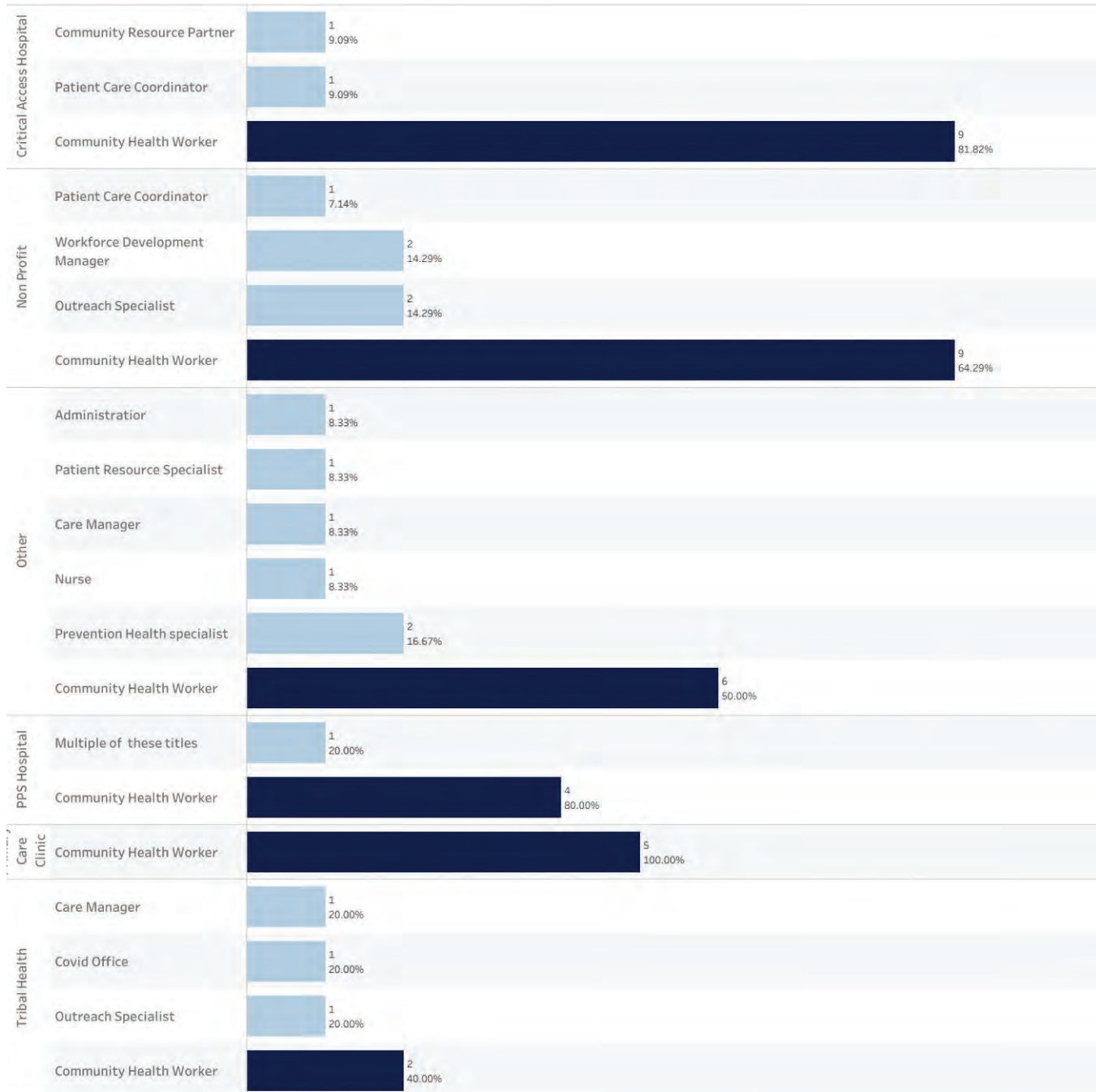
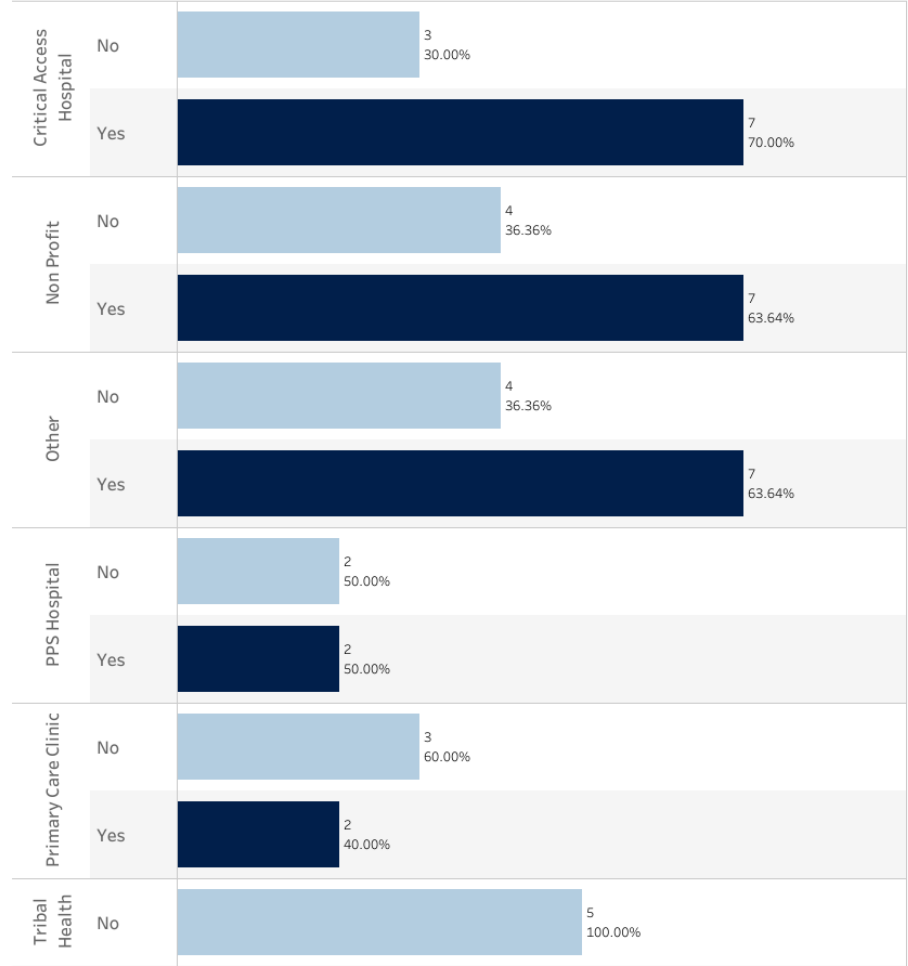


Figure 6 Source: 2022
AHEC Survey of CHW
Employers

**FIGURE 6: CHW PROGRAMS RESPONDING YES OR NO TO
HAVING A PROGRAM SUSTAINABILITY PLAN**



A significant finding reveals that nearly half (46%) of grant-funded programs lack a sustainability plan for the ongoing employment of CHWs. Notably, all five Tribal Health respondents reported a lack of such plans. In contrast, Critical Access Hospitals (70%) and Non-Profits (64%) demonstrated a higher incidence of sustainability planning, indicating a more strategic approach to ensuring the longevity of CHW roles.

Furthermore, it is noteworthy that a mere 20% of facilities reported actively calculating a ROI for their CHW programs, underscoring a potential gap in assessing the effectiveness and value of these initiatives.

FIGURE 7: CURRENT CHW PROGRAMS CURRENTLY CALCULATING RETURN ON INVESTMENT (ROI)

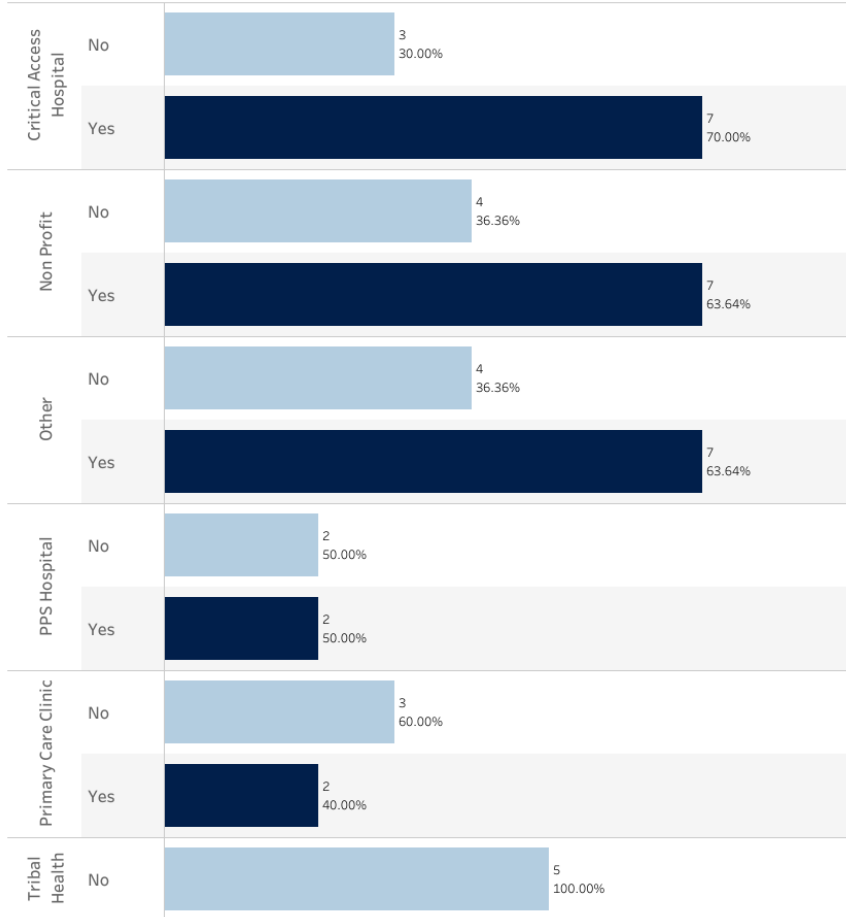
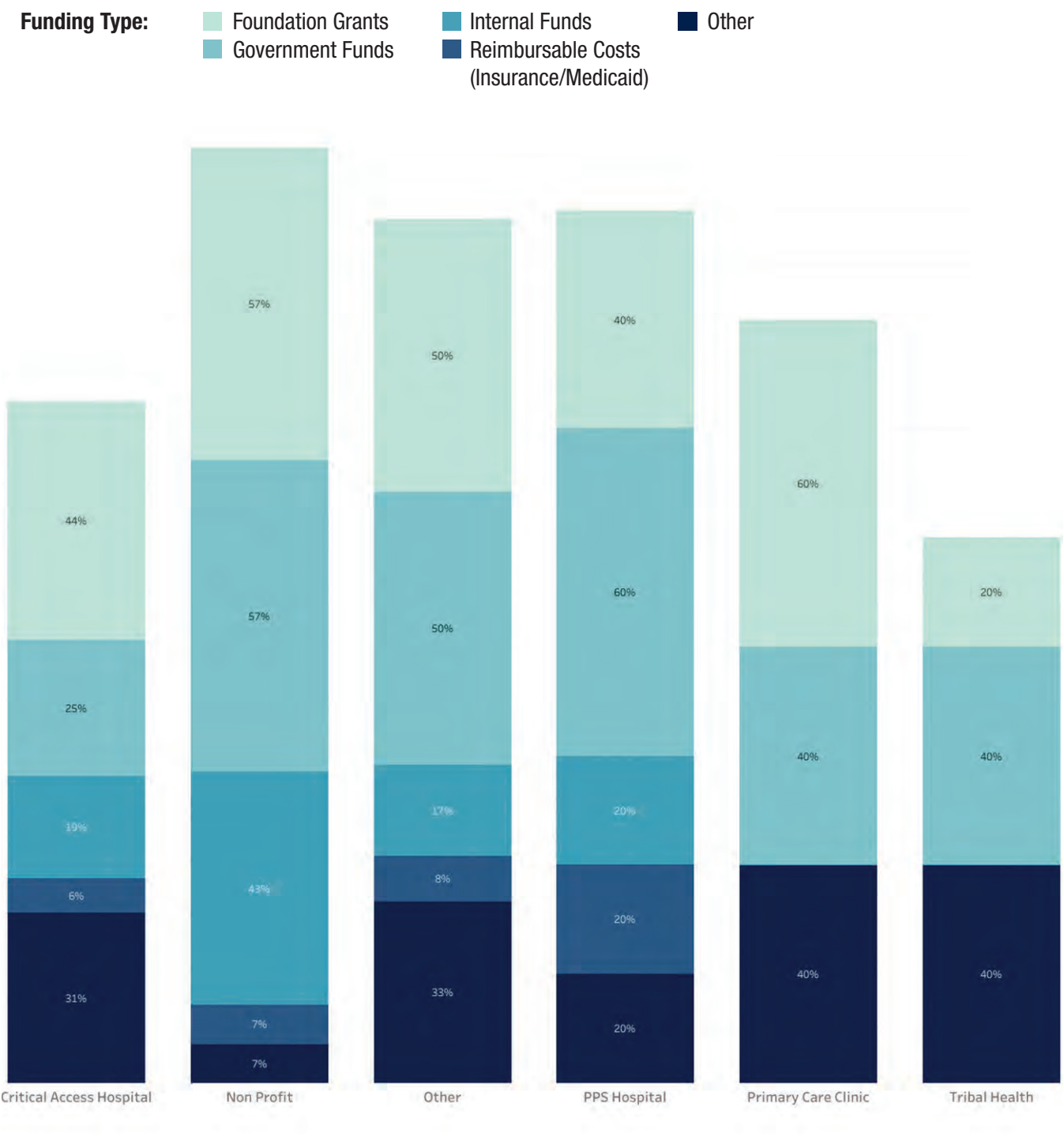


Figure 7 Source: 2022
AHEC Survey of CHW
Employers



MSU PHOTO BY COLTER PETERSON

FIGURE 8: CHW PROGRAM’S PERCENTAGE OF FUNDING TYPE USED,
BY FACILITY TYPE



Critical Access Hospitals predominantly rely on grants and other funding sources to support their Community Health Worker programs. Non-profit organizations, on the other hand, primarily secure funding through grants, government funds, and internal sources. Prospective Payment System (PPS) Hospitals tend to lean heavily on government funds, while primary care clinics favor foundation grants. In contrast, Tribal Health organizations commonly access other funding streams and government funds to sustain their community health worker initiatives.

Respondents who claimed using other funding methods utilize the following:

- County funds
- Local charities and programs
- Hospital's discharge planning department
- CDC grants
- Donations
- County tax dollars
- Tribal funds and donations

(Figure 8, p.14)

Figure 8 Source: 2022
AHEC Survey of CHW
Employers



FIGURE 9: PERCENTAGE OF CHW PROGRAMS THAT IDENTIFIED
CHW DUTIES BY FACILITY TYPE

- Advocacy

Assist Clients with Paperwork

Behavioral Health

Chronic Disease Management

Community Organizing
- Conduit for Health Care Services

Cultural Meditation

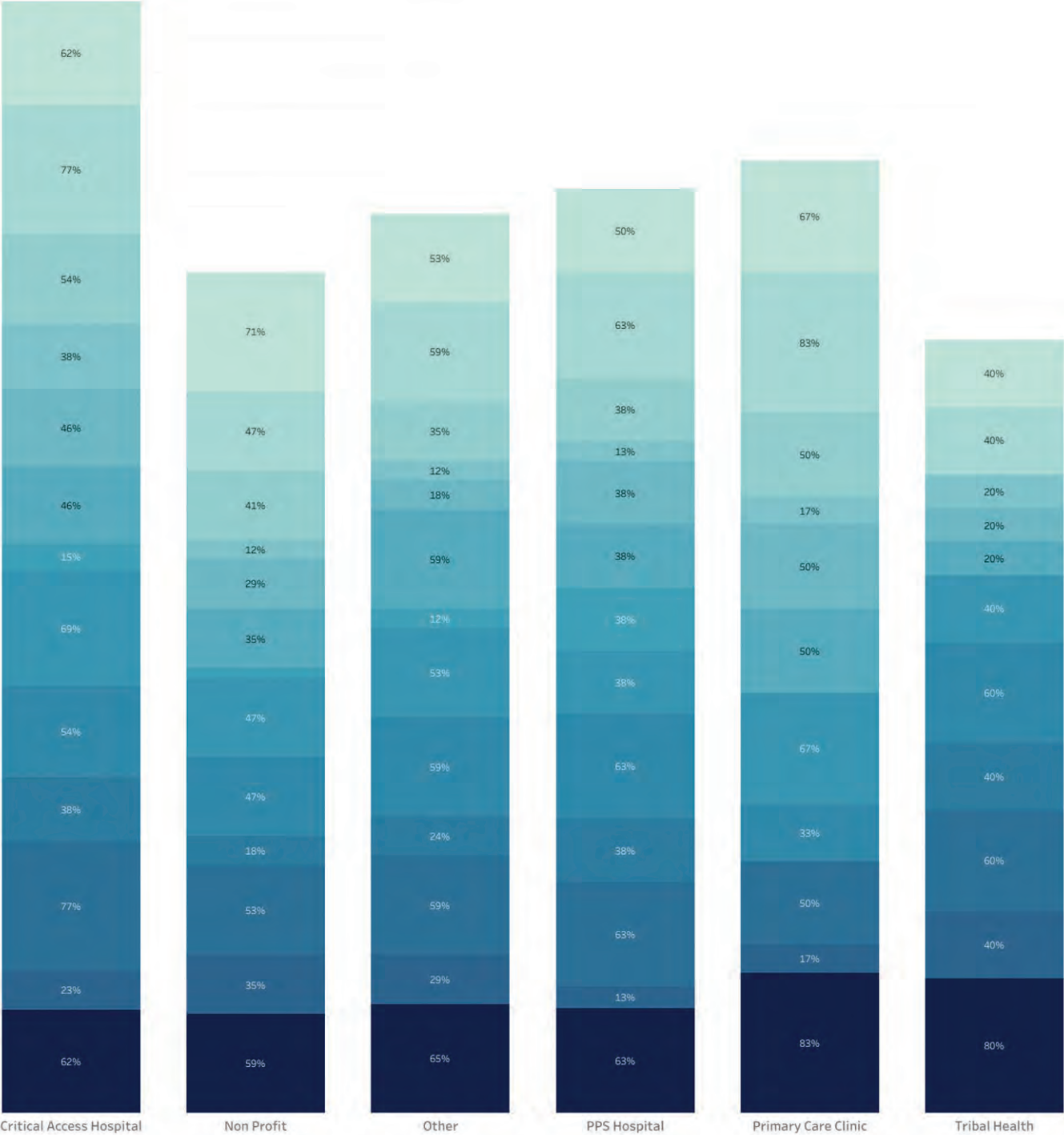
Education to Clients on How to Navigate and Access Health Care

Health Promotion
- Nutrition Education

Promote Preventive Care

Provide Transportation

Under-Served Population Access to Services



Across Critical Access Hospitals, PPS Hospitals, Primary Care Clinics, and Tribal Health organizations, the predominant duties of Community Health Workers (CHWs) include assisting clients with paperwork, promoting preventive care, educating clients on healthcare navigation, and enhancing access to services for under-served populations. Notably, in non-profit settings, the most frequently reported duty is advocacy, indicating a strong emphasis on championing the interests and needs of the community. CHWs programs in Montana address the following community needs through varied roles and responsibilities:

Food and Basic Needs

- Food Banks
- Human Resource Development Councils (HRDC)
- Senior Citizen Centers
- Schools
- Supplemental Security Income (SSI) and Social Security Disability (SSDI) referrals
- Assistance with living expenses, groceries, gas, housing, etc.
- Aging Services

Housing and Shelter

- Collaboration with local housing authorities
- Missoula Coordinated Entry System (MCES)
- Housing voucher referrals through mt.gov
- Advocacy for housing and personal needs funding from local charities and churches
- Coordination with organizations focused on housing support
- Organizing events like “Lunch & Learn” for the homeless

Transportation

- Assisting with transportation needs
- Coordinating with Transit services

Healthcare

- Building chronic disease monitoring and support programs
- Coordinating referrals to health clinics and mental health services
- Advocating for clients to receive services from external organizations
- Collaborating with local health departments
- Addressing mental health using telehealth

Figure 9 Source: 2022 AHEC Survey of CHW Employers

How to read this chart: 62% of Critical Access Hospitals identified “Advocacy” as a job duty of their CHW and 77% of CAHs said a duty of their CHW is to “Assist Clients with Paperwork”.

MCES was implemented in 2017 as part of Missoula’s 10-year plan to end homelessness. It aims to prevent and divert households from entering homelessness, reduce duplication of services, provide data for better outcomes, and prioritize limited housing resources.

Figure 10 Source: Montana Department of Labor and Industry Licensing Bureau (November 2021 and October 2023)

For visualization, in instances where the starting or ending value was zero and percent change cannot be evaluated, a value was entered as 100 (for increase) or -100 (for decrease). The counties affected include Pondera, Blaine, Fergus, Valley, Richmond, Powell, Beaverhead, Sweet Grass, and Musselshell.

Community Involvement and Advocacy

- Involvement in community organizations
- Advocacy for resources like vaccinations and Sexually Transmitted Infections (STI)
- Referrals to employment services, Women, Infants, & Children (WIC)
- Participation in local coalitions and councils

Education and Youth Services

- School mental health services
- Assistance with childhood services
- Referrals to educational resources
- Coordination with vocational rehabilitation services

General Assistance

- Advocacy for clients in accessing any kind of needed resource
- Referrals to various community organizations for diverse needs
- County needs assessment
- Facilitating access to open gym facilities

(Figure 9, p.16)

CERTIFIED BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST (CBHPSS)

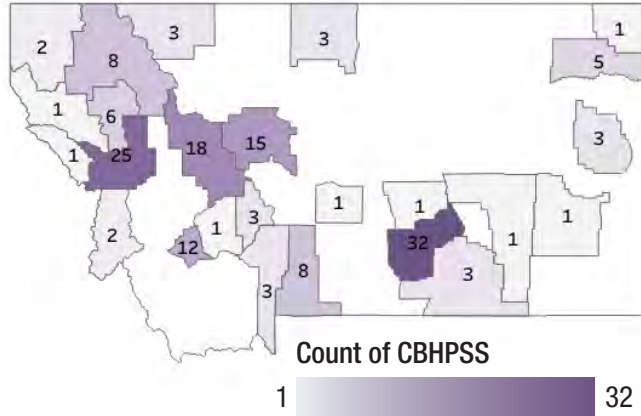
A CBHPSS, as defined by the Montana Board of Behavioral Health, is one who provides peer support services to promote empowerment, self-determination, and positive coping skills through mentoring and other activities that assist a person with severe disabling mental illness to achieve their goals for personal wellness and recovery.

A CBHPSS is supervised by a healthcare provider (Licensed Clinical Social Worker (LCSW), Licensed Clinical Professional Counselor (LCPC), Licensed Marriage and Family Therapist (LMFT), Licensed Addiction Counselor (LAC), Physician, Advanced Practice Registered Nurse (APRN), or Psychologist) with an active Montana license in good standing.

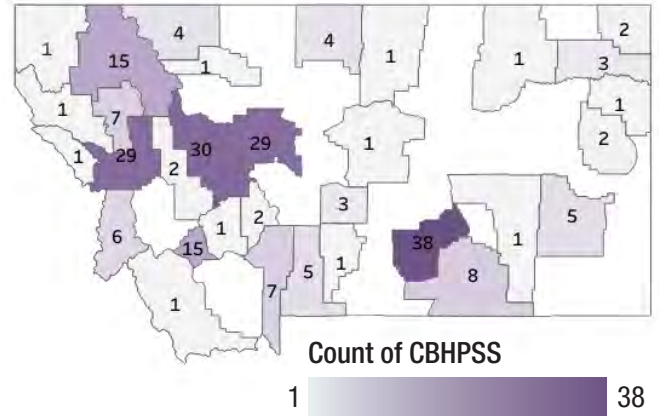
There are approximately 200 CBHPSSs working in Montana. That is a 100% increase since 2017. The peer support workforce can be found across Montana and in various practice settings including Federally Qualified Community Health Centers, drop-in centers, mental health centers and recovery programs. There is a certification holder in 32 of Montana's 56 counties.

FIGURE 10: CERTIFIED BEHAVIORAL HEALTH PEER SUPPORT SPECIALISTS BY COUNTY

CBHPSS Certification Holders 2021



CBHPSS Certification Holders 2023



CBHPSS % Change in Certification Holders from 2021 to 2023

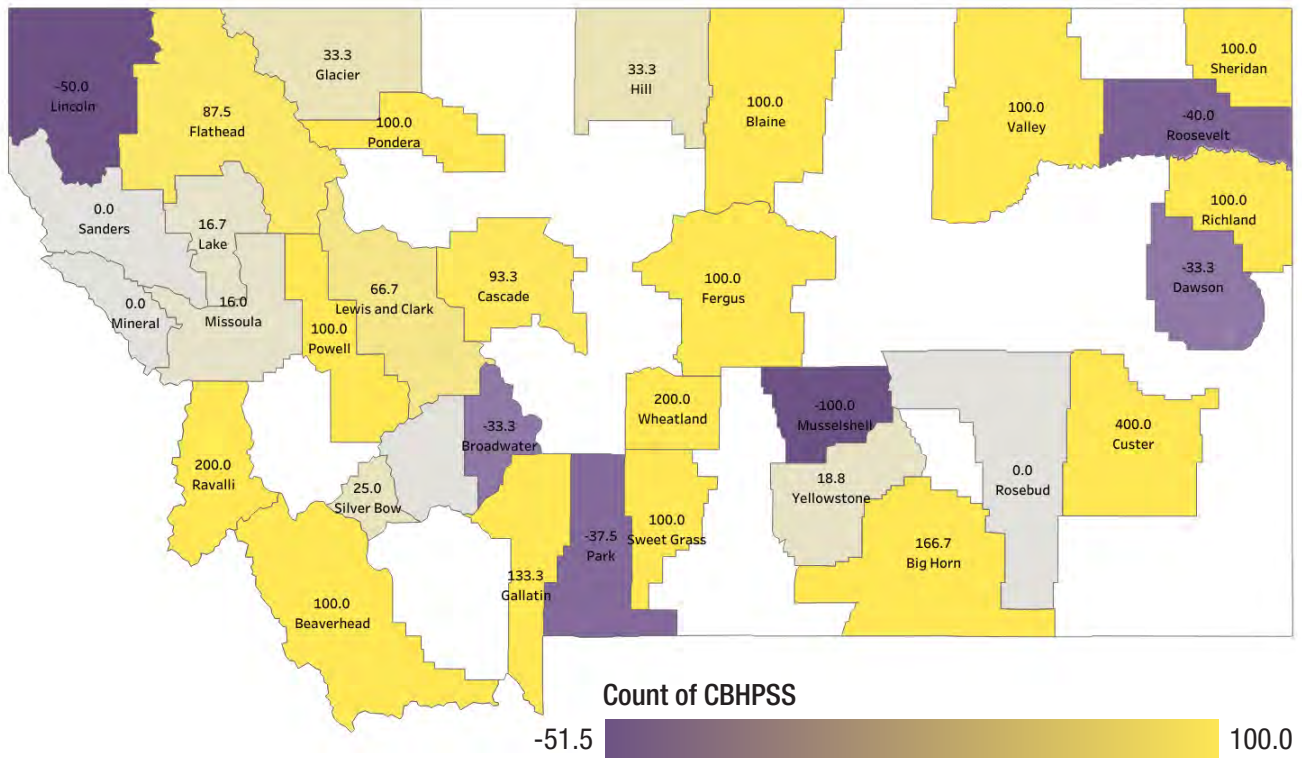


Figure 11 Source: Montana Department of Labor and Industry Licensing Bureau (November 2021 and October 2023)

For visualization, in instances where the starting or ending value was zero and percent change cannot be evaluated, a value was entered as 100 (for increase) or -100 (for decrease). The county affected is Powder River.

Figure 12 Source: Montana Department of Labor and Industry Licensing Bureau (November 2021 and October 2023)

Figure 13 Source: Montana Department of Labor and Industry Licensing Bureau (November 2021 and October 2023)

For visualization, in instances where the starting or ending value was zero and percent change cannot be evaluated, a value was entered as 100 (for increase) or -100 (for decrease). The counties affected include Toole, Granite, Deer Lodge, Beaverhead, Meagher, Valley, Richland, and Powder River.

COMMUNITY INTEGRATED HEALTH (CIH)

CIH expands the scope of services of Emergency Care Providers (ECPs) to assist patients in non-emergency situations. Montana implemented a CIH endorsement in 2020 to allow EMTs, AEMTs, and paramedics to provide post discharge follow-up, preventative care, chronic disease management, and referral to community health services. These paraprofessionals help connect patients with community resources for follow-up care with the intent of reducing hospital transports.

As of November 2023, 34 individuals currently hold CIH endorsements in Montana. These endorsement holders are from the following counties:

- Broadwater – 1
- Carbon – 1
- Cascade – 1
- Chouteau – 2
- Fergus – 1
- Flathead – 3
- Jefferson – 4
- Lewis and Clark – 3
- Madison – 2
- Missoula – 2
- Pondera – 1
- Prairie – 3
- Ravalli – 4
- Sanders – 1
- Valley – 5

While pilot programs are no longer receiving funds through the Chronic Disease Bureau of DPHHS, CIH positions continue to receive funding through the MORH/AHEC and EMS Trauma Systems partnership. The CDC 2103 Health Disparities Grant will fund these programs through May 2024 as DPHHS continues to explore sustainable funding for CIH Programs.

The University of Montana offers a CIH online training program. The program is available to paramedics, advanced emergency medical technicians, and emergency medical technicians who are affiliated with an agency developing or currently operating a CIH program.

In 2023, the emergency paraprofessionals workforce was 5,195 licensed professionals. Every county in Montana has an EMT, AEMT or paramedic license on file with a local address.

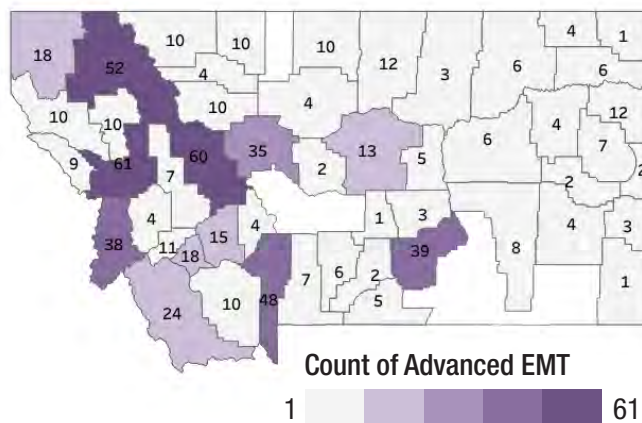
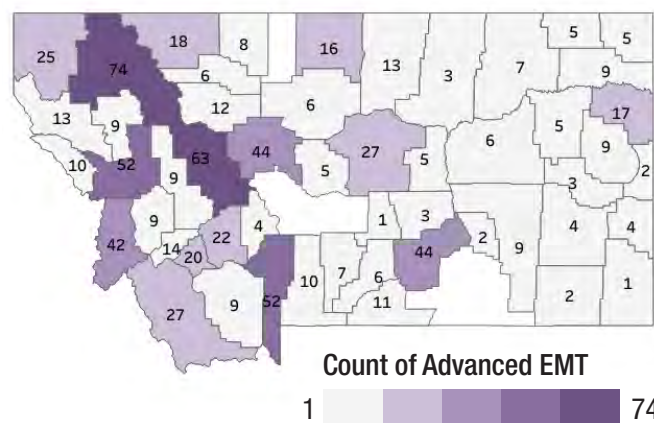
³ Map of Montana CIH Programs: <https://dphhs.mt.gov/publichealth/EMSTS/EMS/CommunityIntegratedHealth>

⁴ University of Montana CIH Training Program: <https://www.umt.edu/ccfwd/training/cih/default.php>



APPENDIX A: MAPS OF PARAPROFESSIONALS LICENSED IN MONTANA

FIGURE 11: ADVANCED EMT LICENSE HOLDERS BY COUNTY



Advanced EMT % Change in License Holders from 2021 to 2023

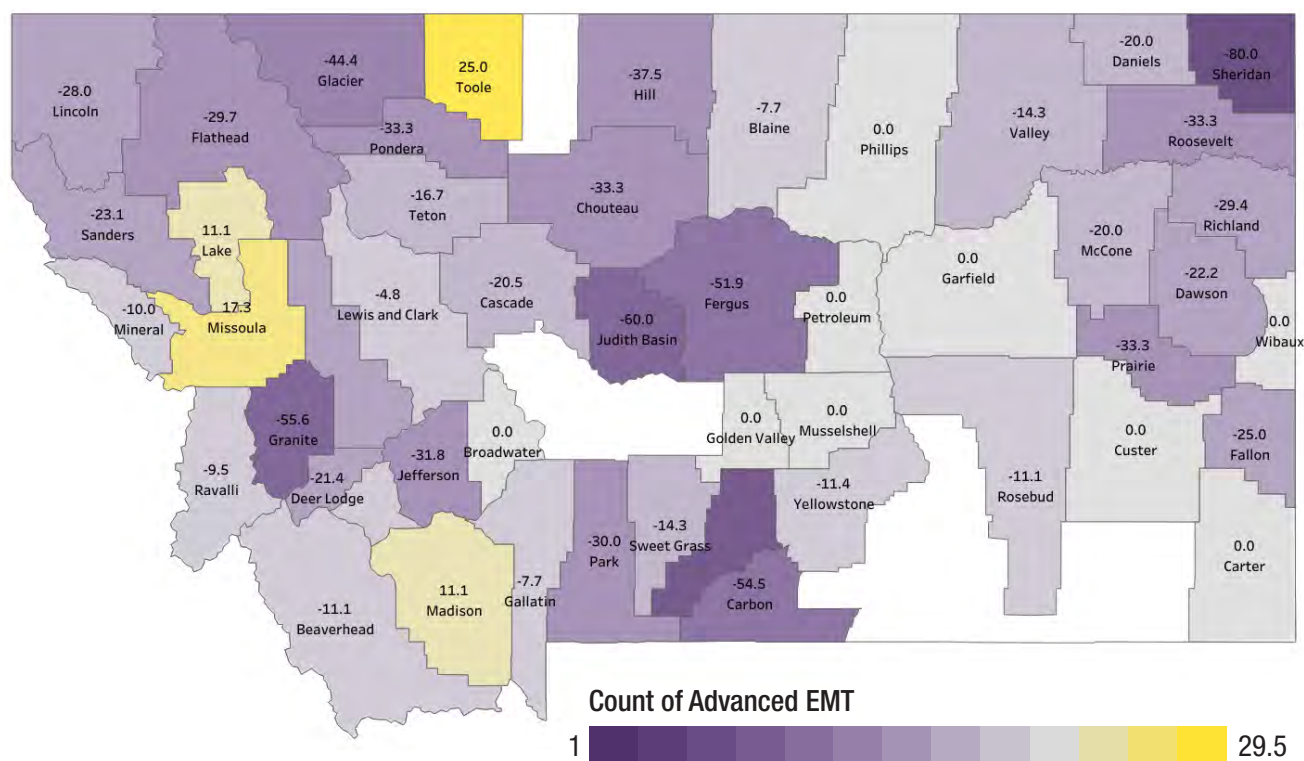
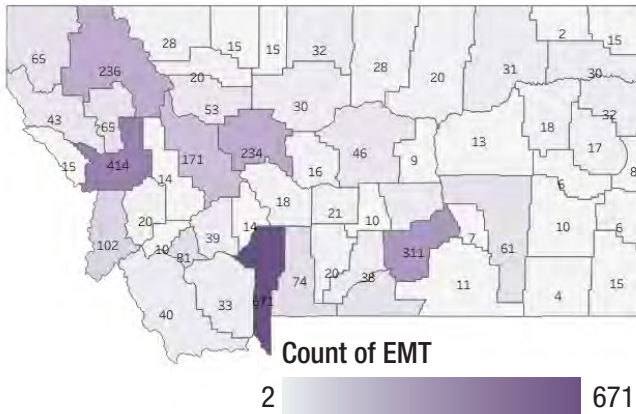
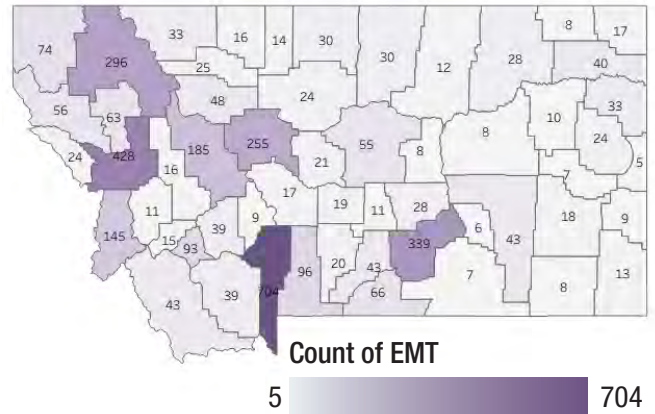


FIGURE 12: EMT LICENSE HOLDERS BY COUNTY

EMT License Holders 2021



EMT License Holders 2023



EMT % Change in License Holders from 2021 to 2023

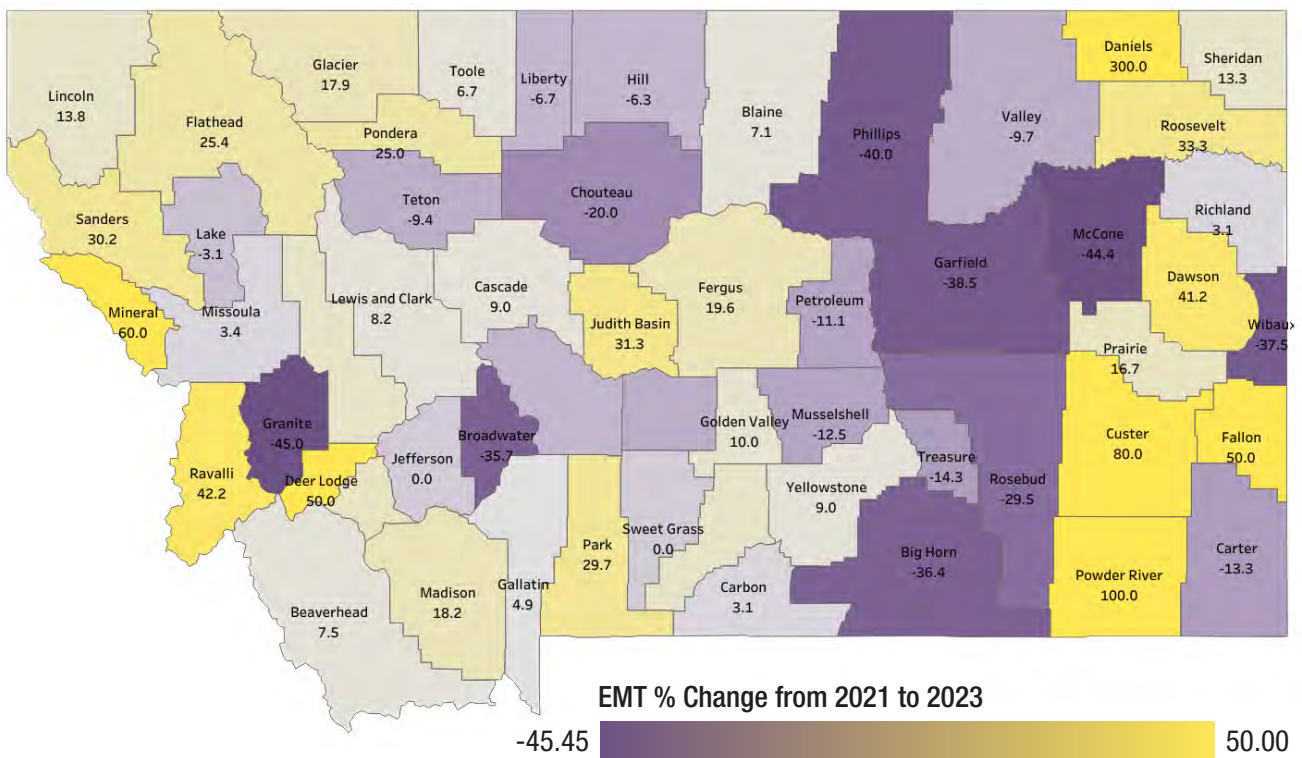
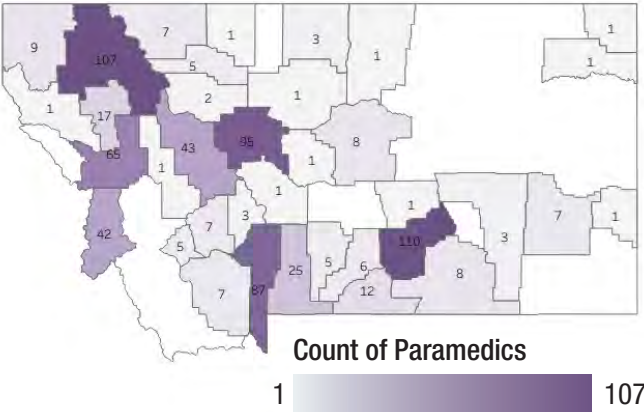
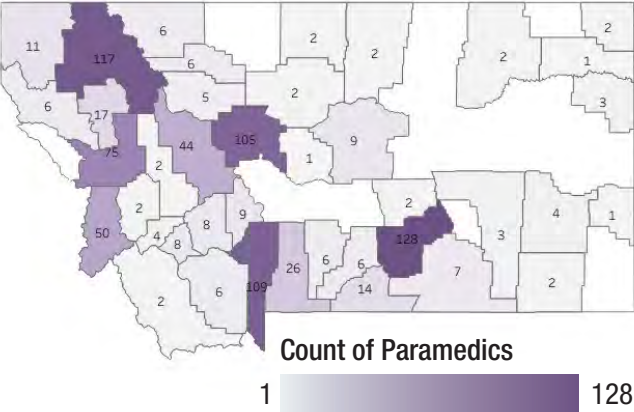


FIGURE 13: PARAMEDIC LICENSE HOLDERS BY COUNTY

Paramedic License Holders 2021



Paramedic License Holders 2023



Paramedic % Change in License Holders from 2021 to 2023

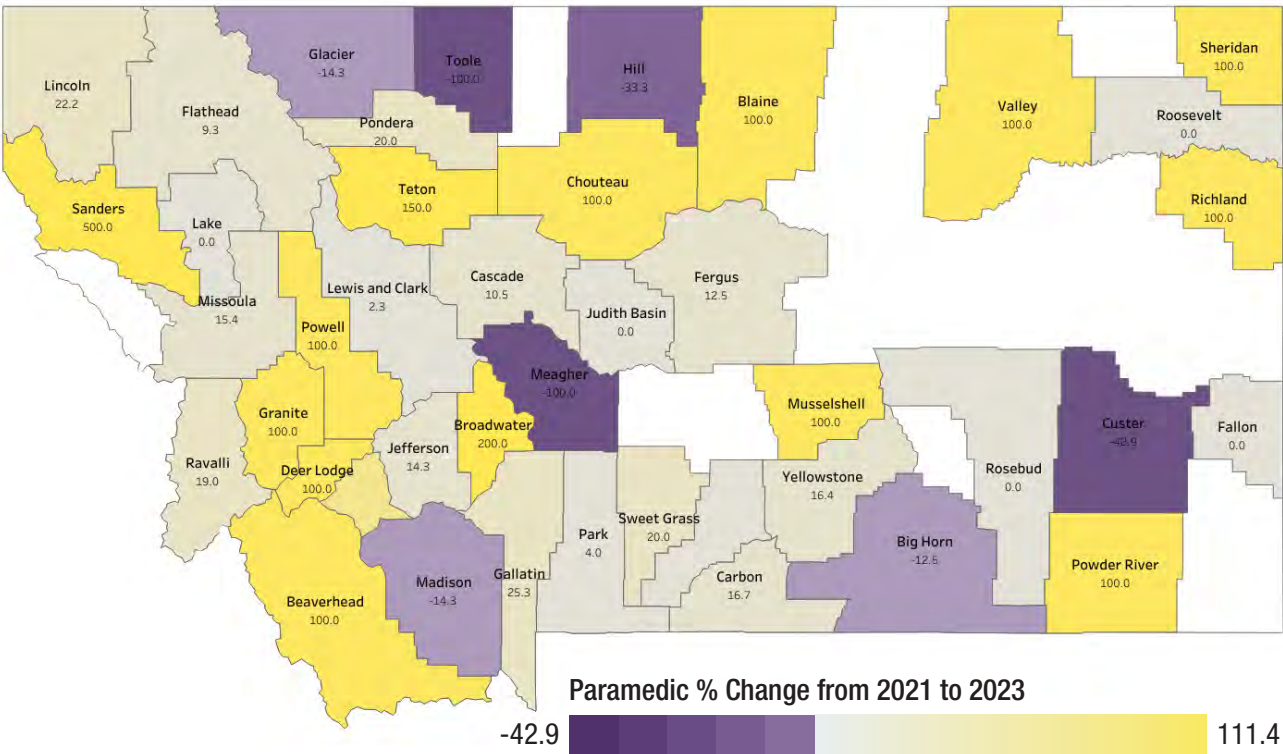


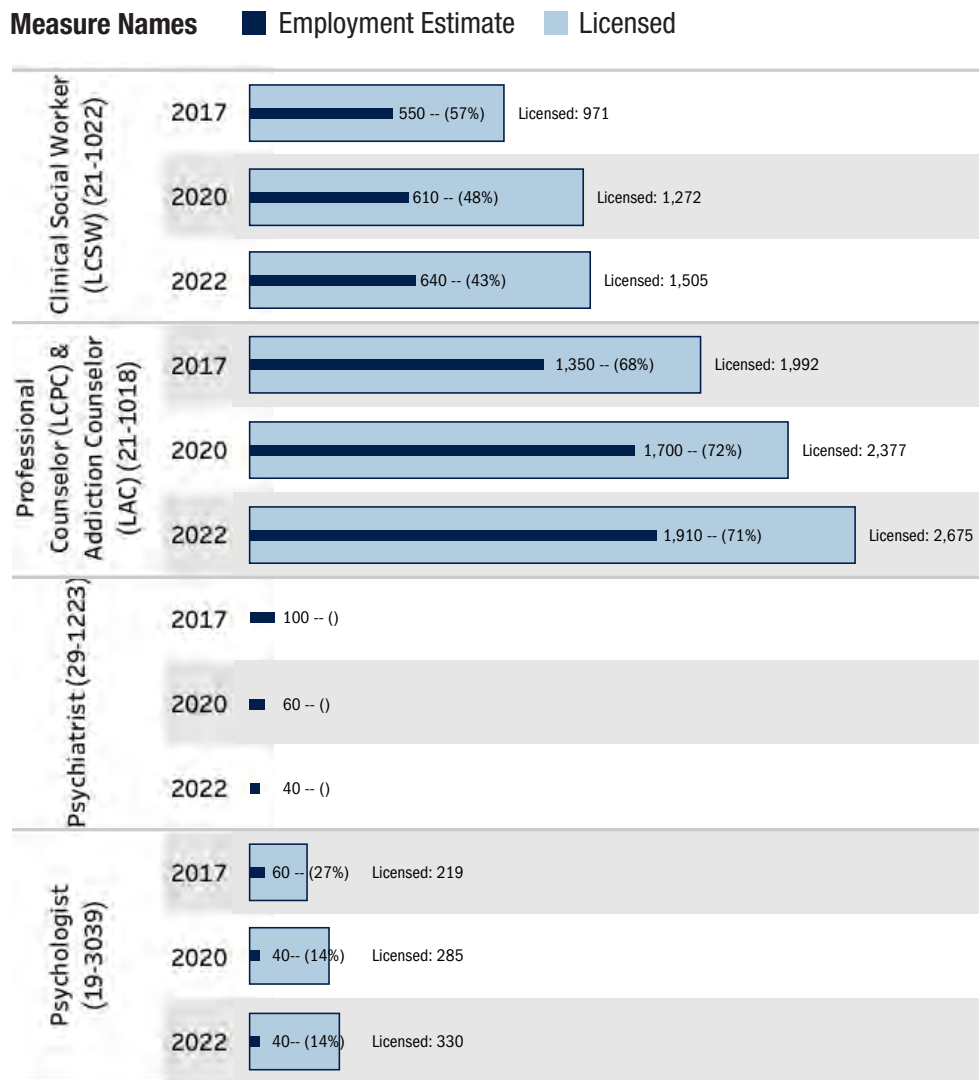


Figure 14 Sources:
Licensure data is from the Department of Labor and Industry Licensing Bureau (April 2020, November 2021, August 2023). Employment estimates are from the Bureau of Labor Statistics 2017, 2020, and 2022 Occupational Employment Statistics. The 2017 OES categories for psychologists included two categories, 19-3031 (Clinical, Counseling, & School Psychologists = 550) and 19-3039 (Psychologists, All Other). In 2022, 19-3031 was separated into two new classifications, 19-3033 (Clinical and Counseling Psychologists = 220) and 19-3034 (School Psychologists = 200).

Figure 15 Source: Montana Department of Labor and Industry Licensing Bureau (November 2021 and October 2023)
For visualization, in instances where the starting or ending value was zero and percent change cannot be evaluated, a value was entered as 100 (for increase) or -100 (for decrease). The counties affected include Pondera, Broadwater, Beaverhead, and Phillips.

APPENDIX B: NUMBER OF MENTAL HEALTH PROFESSIONALS EMPLOYED AND LICENSED

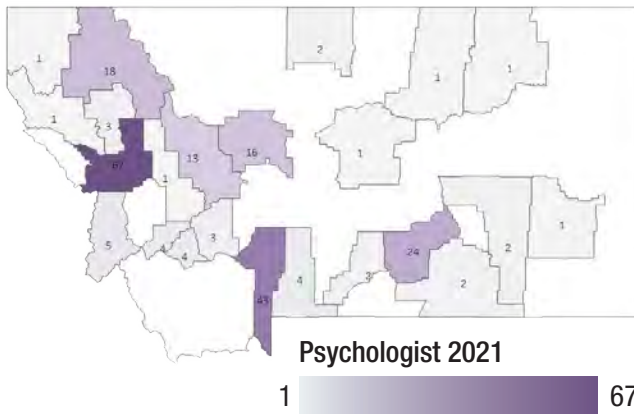
FIGURE 14: MENTAL HEALTH PROFESSIONALS EMPLOYED AND LICENSED IN MONTANA



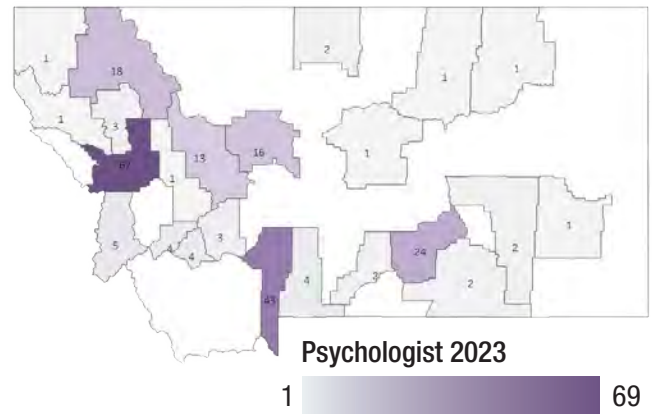
APPENDIX C: MAPS OF LICENSED PROFESSIONALS

FIGURE 15: PSYCHOLOGIST LICENSE HOLDERS BY COUNTY

Psychologist License Holders 2021



Psychologist License Holders 2023



Psychologist % Change in License Holders from 2021 to 2023

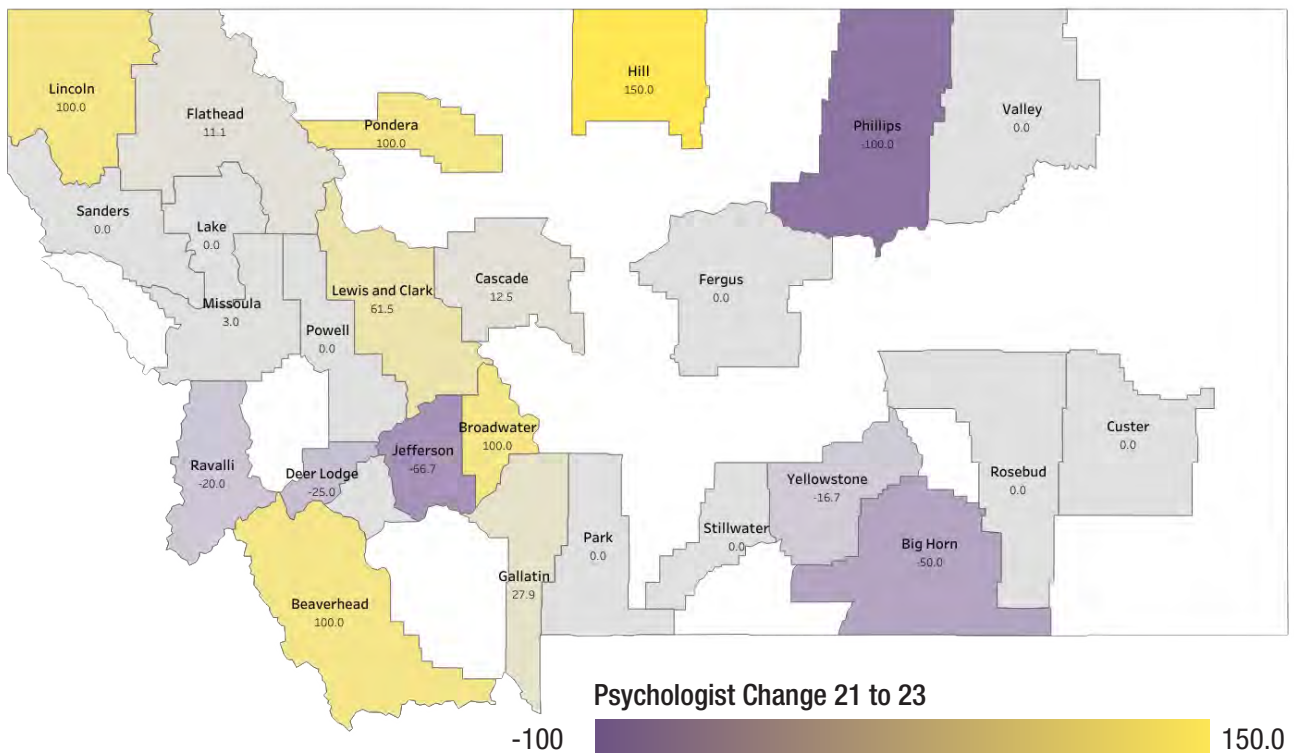
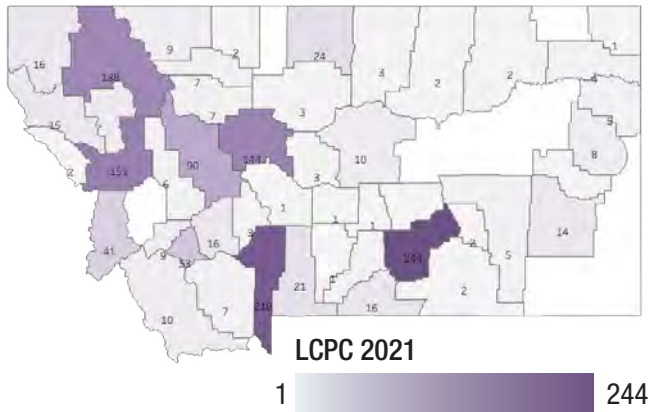
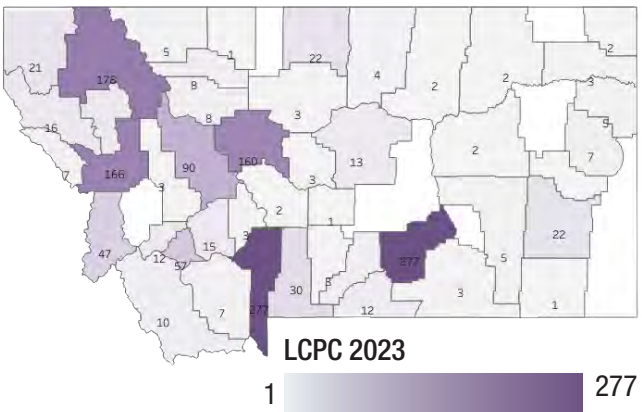


FIGURE 16: LCPC LICENSE HOLDERS BY COUNTY

LCPC License Holders 2021



LCPC License Holders 2023



LCPC % Change in License Holders from 2021 to 2023

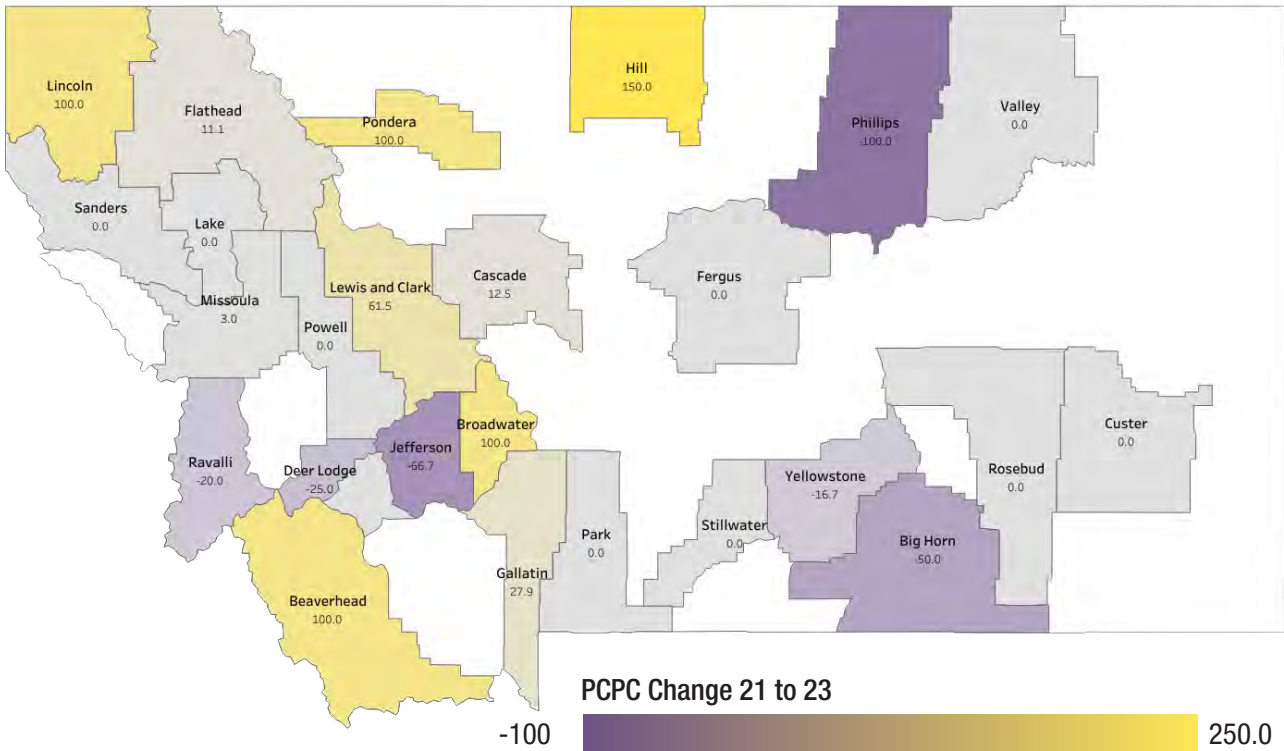
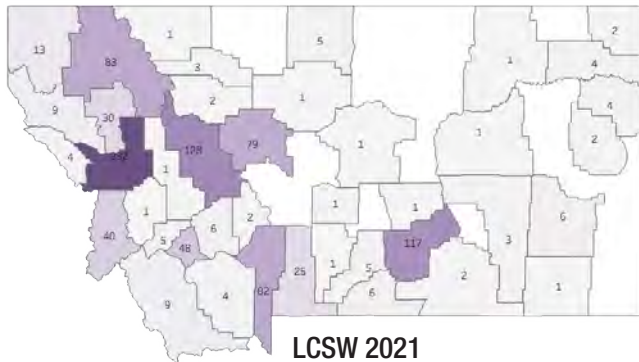
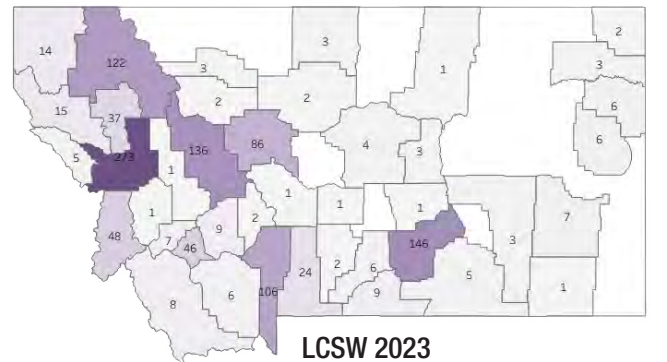


FIGURE 17: LCSW LICENSE HOLDERS BY COUNTY

LCSW License Holders 2021



LCSW License Holders 2023



LCSW % Change in License Holders from 2021 to 2023

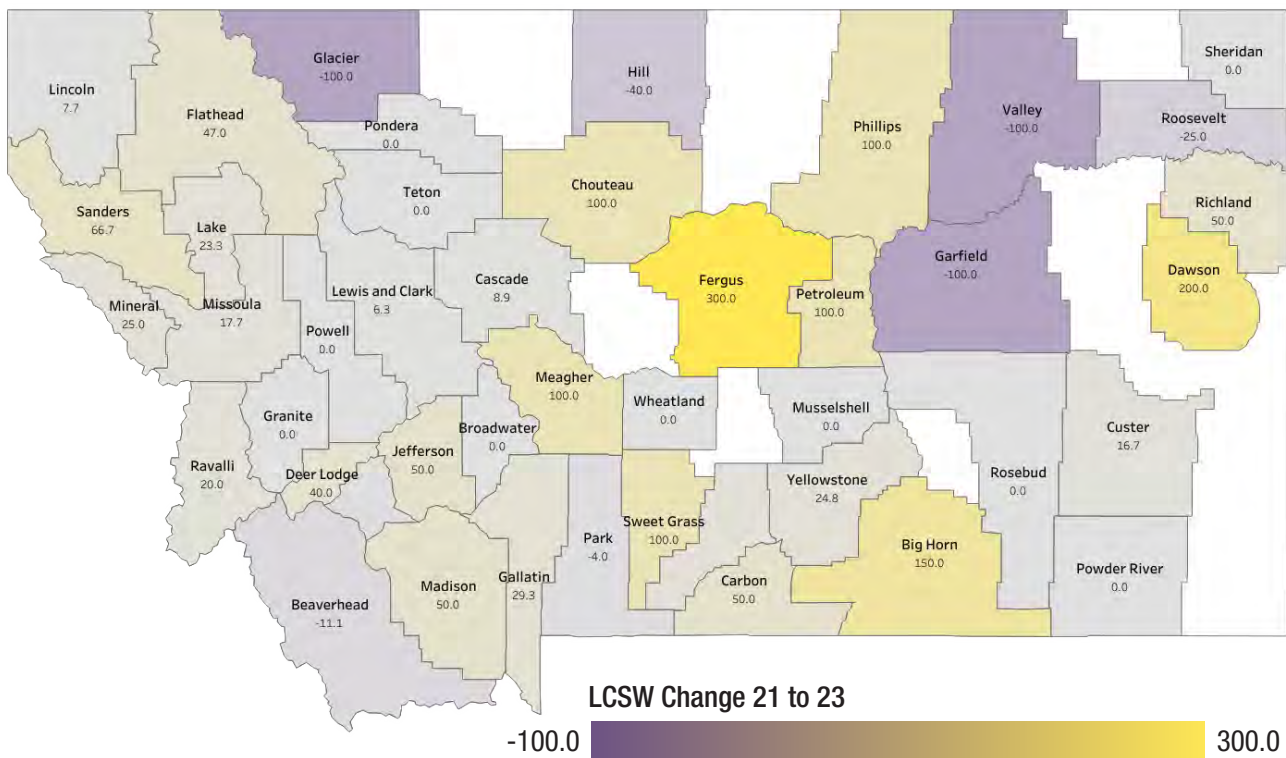


Figure 15 Source: Montana Department of Labor and Industry Licensing Bureau (November 2021 and October 2023)

For visualization, in instances where the starting or ending value was zero and percent change cannot be evaluated, a value was entered as 100 (for increase) or -100 (for decrease). The counties affected include Pondera, Broadwater, Beaverhead, and Phillips.

Figure 16 Source: Montana Department of Labor and Industry Licensing Bureau (November 2021 and October 2023)

For visualization, in instances where the starting or ending value was zero and percent change cannot be evaluated, a value was entered as 100 (for increase) or -100 (for decrease). The counties affected include Garfield and Powder River.

Figure 17 Source: Montana Department of Labor and Industry Licensing Bureau (November 2021 and October 2023)

For visualization, in instances where the starting or ending value was zero and percent change cannot be evaluated, a value was entered as 100 (for increase) or -100 (for decrease). The counties affected include Phillips, Valley, Garfield, Meagher, and Glacier.

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MONTANA COMMUNITY HEALTH WORKERS AND OTHER PARAPROFESSIONALS STATEWIDE WORKFORCE REPORT

MAY 2024

