



Telebehavioral Health and Behavioral Health Workforce

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Initial Work (2017)

- Inventory of telebehavioral health services was conducted under ND Department of Human Services (DHS) funding.
- <https://ruralhealth.und.edu/assets/1659-6448/telebehavioral-health-in-nd-2017.pdf>

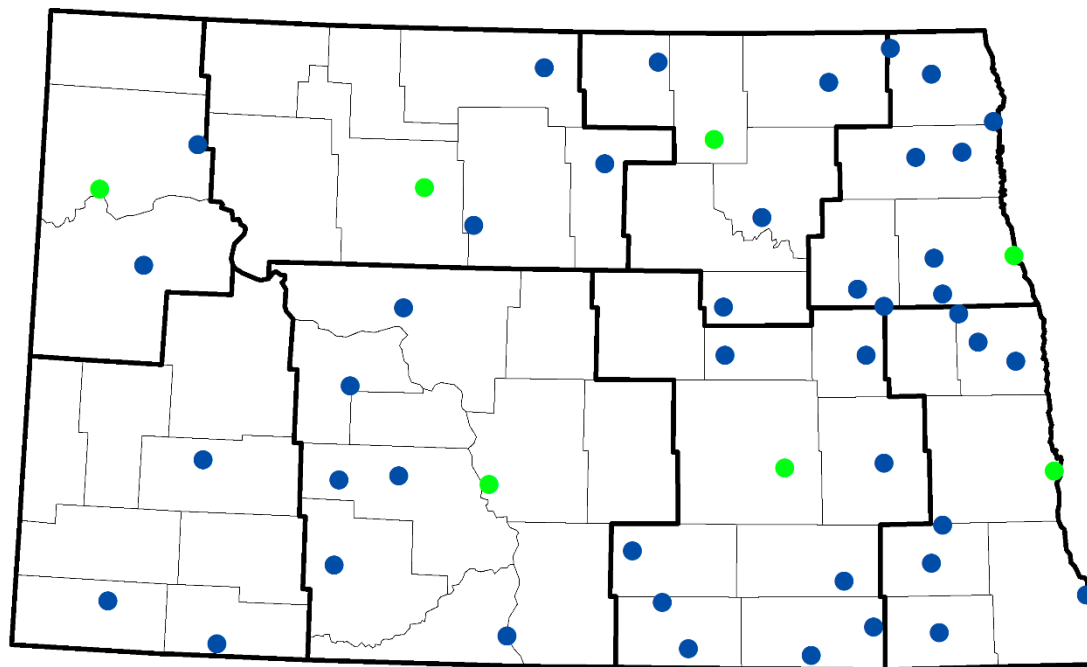
Findings (2017)

- 102 respondents
 - 38 Long-Term Care facilities
 - 29 Critical Access Hospitals
 - 15 Public Health Units
 - 20 Others (Federally Qualified Health Centers, Tertiary Hospitals, Inpatient Substance Use Disorder facilities, Outpatient Substance Use Disorder facilities)

Findings (2017) – Overall

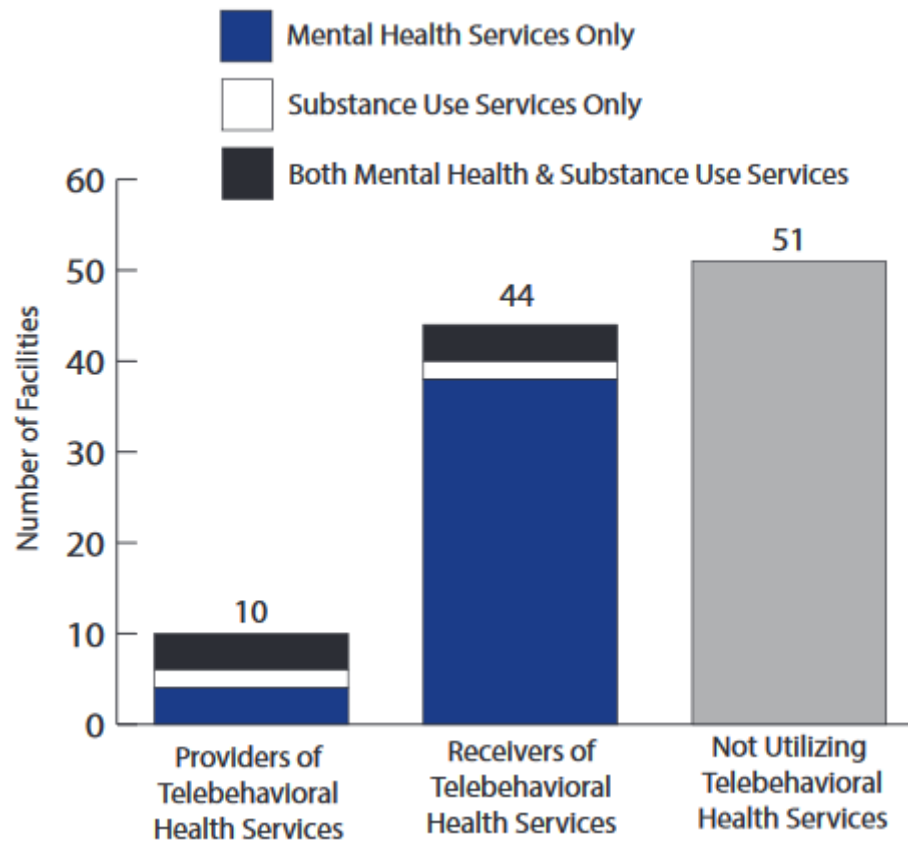
- 10 respondents indicated that their facility provided telebehavioral health services, 44 indicated they received telebehavioral health services
 - Providing indicates that facility was where the practitioner was located
 - Receiving indicates that the facility was where the client was located

Findings (2017) – Overall



● Provides and Receives ● Receives

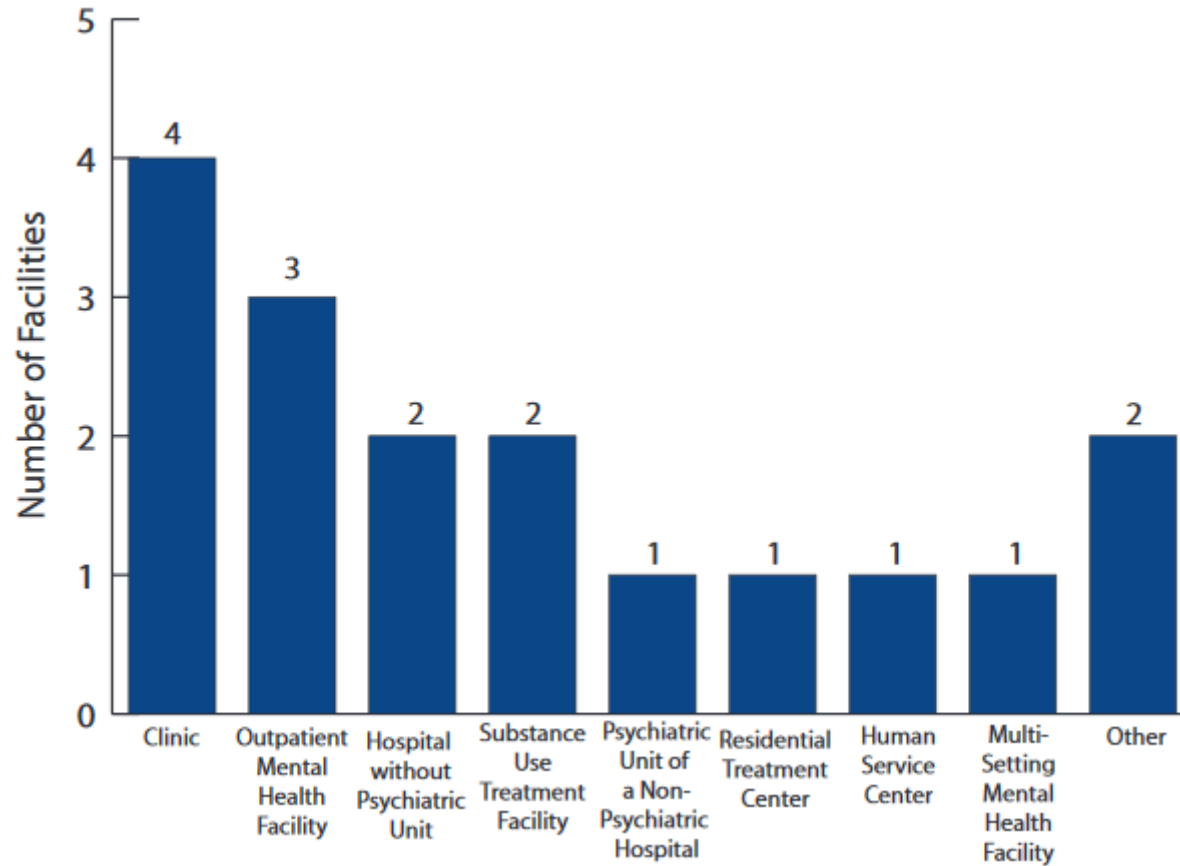
Findings (2017) – Overall



Findings (2017) – Providing

- A total of 10 respondents indicated providing telebehavioral health services
- Of those, an equal amount (4 each) were providing either mental health services, or mental health and substance use services
- 2 provided substance use only services

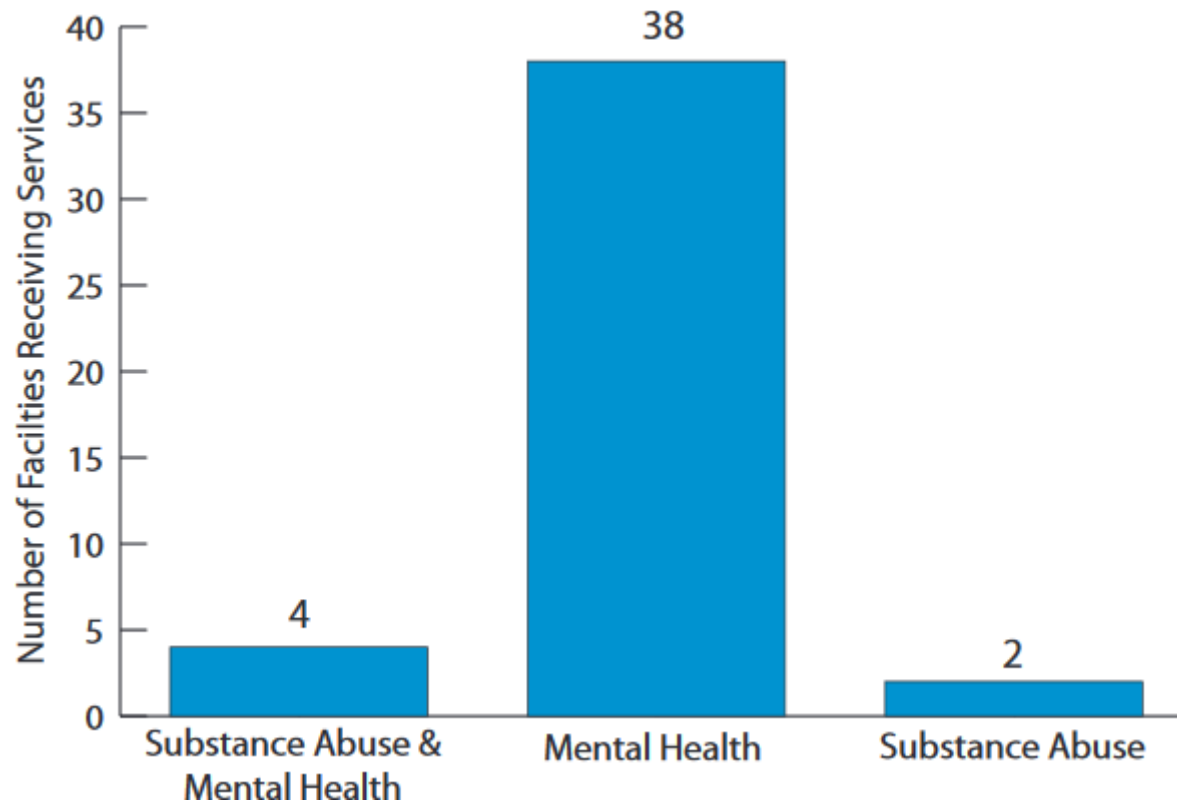
Findings (2017) – Providing



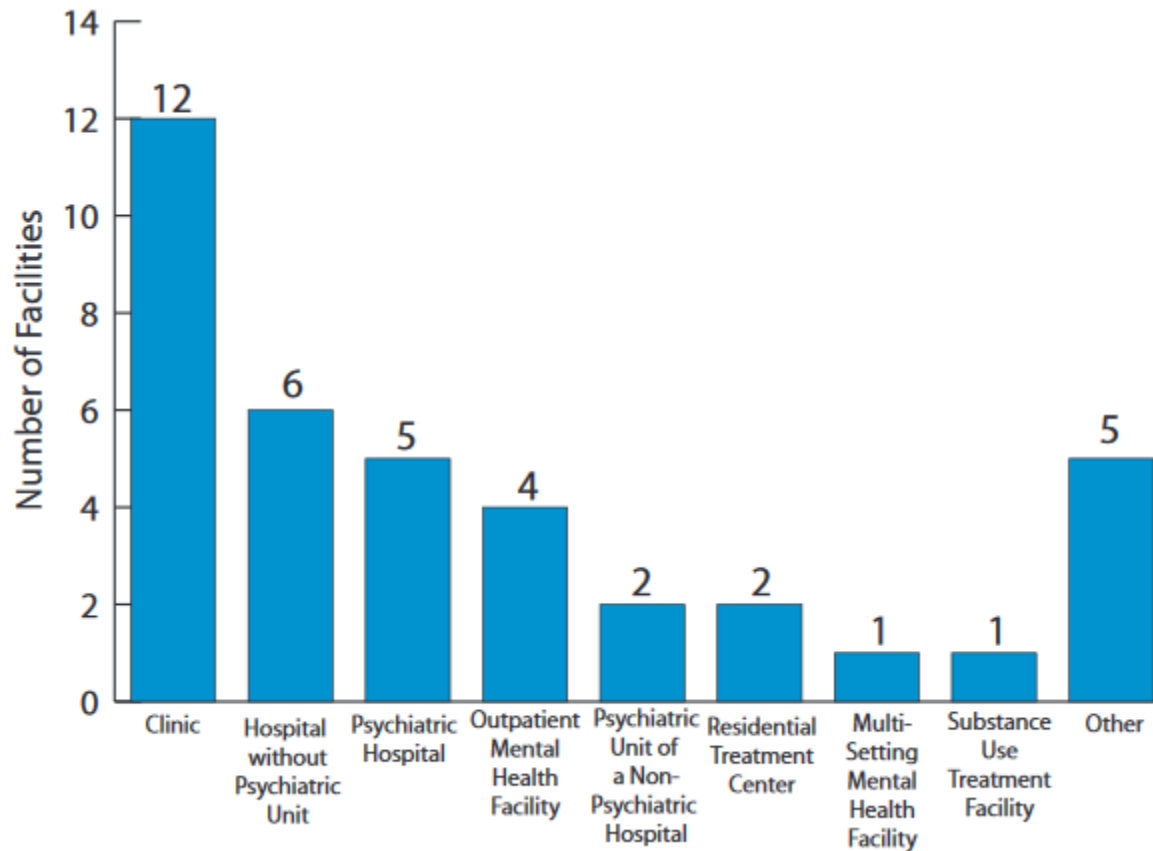
Findings (2017) – Receiving

- A majority of respondents (44) indicated receiving telebehavioral health services
- Of those, a vast majority (38) were receiving services for mental health diagnoses
- A smaller portion were either providing substance use disorder services (2) or a combination of substance use and mental health related services (2)

Findings (2017) – Receiving



Findings (2017) – Receiving



Other Key Findings (2017)

- A majority of respondents indicated providing or receiving services for young adults (18-25) and older
- Live video was the most common means of service delivery
- Of all respondents, a majority have been providing or receiving services for 3 years or less

Findings – 2018-2019

- Conducted a comprehensive assessment of behavioral health workforce in North Dakota*
- Added behavioral health providers to the School of Medicine and Health Sciences Fifth Biennial Report
- <https://med.und.edu/publications/biennial-report/index.html>

*link forthcoming

Findings – 2018-2019

- Completed a series of behavioral health workforce fact sheets
- <https://med.und.edu/healthcare-workforce/publications.html>

JULY 2018 FACT SHEET

Behavioral Health Provider Tiers System

Developing an agreed upon working definition for what constitutes the behavioral health workforce is vital for establishing a base of workforce research and informing future planning efforts. Determining what should be included in the behavioral health workforce can be challenging due to the various educational degrees, scopes of practice, and responsibility regarding roles in the behavioral health field. The broadest definition of behavioral health workforce includes not only providers of substance abuse and mental health services, but also providers who deliver behavioral health services in a supportive role in various settings. In North Dakota, a simple method for defining the behavioral health workforce is to utilize the tiered classification system established in 2017 by the North Dakota legislature. This classification system for mental health professionals was based on a thorough review of education and statutory guidelines to ensure that professionals are fully utilized within their scope of practice.

Figure 1. Tiered System of Behavioral Health Providers

Tier 1	<ul style="list-style-type: none"> 1a - Psychiatrist, psychologist 1b - Physician, physician assistant, advanced practice registered nurse
Tier 2	<ul style="list-style-type: none"> 2a - Licensed independent clinical social worker, licensed professional counselor, licensed marriage and family therapist 2b - Licensed addiction counselor, registered nurse
Tier 3	<ul style="list-style-type: none"> 3a - Licensed professional counselor, licensed marriage and family therapist, licensed certified social worker, licensed association marriage and family therapist, occupational therapist, some practical nurses, behavior analyst, residential rehabilitation counselor, school psychologist, human relations counselor
Tier 4	<ul style="list-style-type: none"> 4a - Direct care associates, technicians

Tier 1
Tier 1a providers who have the greatest level of responsibility and risk. The professionals included in this tier have the highest level of broad based, comprehensive training and the capacity to practice autonomously in those areas. Tier 1a is reserved for professionals with advanced responsibility and additional specific areas of expertise in behavioral health. This includes licensed psychiatrists and licensed psychologists. Tier 1b is made up of advanced responsibility providers who do not have additional behavioral health training. Tier 1b contains physicians,

physician assistants (PAs), and advanced practice registered nurses (APRNs). Physicians and APRNs can prescribe medication just like a psychiatrist. However, these three professionals (physicians, PAs, and APRNs) are not required to have specialized training in behavioral health so long as they meet the education and training requirements for their specific licensure. These professionals are based in the medical field but may work in different aspects of the behavioral health field or interact with patients who have behavioral health conditions.

Tier 2
Tier 2a behavioral health professionals who can work as independent clinicians. Tier 2a is reserved for professionals who have comprehensive training in the diagnosis and treatment of a broad range of behavioral health conditions, including licensed independent clinical social workers (LICSW), licensed professional clinical counselors (LPCCs), and licensed marriage and family therapists (LMFTs). Tier 2b includes independent clinicians whose area of expertise is limited to a specific population. This tier includes licensed addiction counselors (LACs) and registered nurses (RNs).

Tier 3
Tier 3 includes providers who provide clinical direction under the supervision of a more advanced provider or can enact a treatment plan with comprehensive training in specific areas. Tier 3 has the largest variety of behavioral health professionals including licensed associate professional counselors (LAPCs), licensed professional counselors (LPCs), licensed certified social workers (LCSWs), licensed associate marriage and family therapists (LAMFTs), occupational therapists (OTs), licensed practical nurses (LPNs), licensed independent level or registered independent level behavior analysts, school psychologists, vocational rehabilitation counselors, and human resource counselors.

Tier 4
Tier 4 is the narrowest scope of practice and includes direct care assistants and technicians that must work under other behavioral health professionals. Currently, there are no North Dakota Century Code requirements for tier 4. Instead, these are regulated by state or national certifications. Mental health technicians and case aides must be certified as mental health technicians by the North Dakota Department of Human

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NOVEMBER 2018 FACT SHEET

Licensed Addiction Counselors in North Dakota

Licensed addiction counselor (LAC) are licensed mental health professionals who specialize in treating people with substance abuse disorders.

LACs are a tier 2b behavioral health professional. The tiered system for behavioral health professionals in North Dakota is a basic ranking of behavioral health professionals based on their scope of practice, with tier 1 being the highest rank and tier 4 being the lowest rank. As a tier 2b behavioral health professional, LACs can work as independent clinicians. They are able to provide assessment and counseling services to individuals concerning substance abuse disorders.

Education
LACs must hold a bachelor's, master's, or doctoral degree in addiction studies or related field. At the bachelor's degree level, 600 clinical training hours are required, typically completed at two or more training sites. For the master's level training, 700 clinical training hours are required, which may be completed at one or more training sites.

Licensure Criteria
Licensure requirements for LACs include:
• Successful completion of coursework from an accredited college or university.
• Successful completion of an oral and/or written examination and agreement to adhere to the code of professional conduct adopted by the North Dakota State Board of Addiction Counseling Examiners.
• LACs may work in private practice if they have 10,000 hours of full-time clinical experience as a LAC, or hold a master's degree in a closely related field with 4,000 hours of post-master's clinical experience as a LAC.

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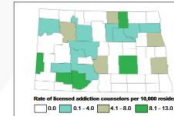
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- Students may choose to complete an additional 2,000 hours of supervised training to become a licensed master addiction counselor (LMAC). A North Dakota Board of Addiction Counseling Examiners registered clinical supervisor (EAC) or LMAC must provide at least 50% of the supervised training.

Practice Characteristics of Licensed Addiction Counselors and Primary Workplace

- As of 2016, North Dakota had 361 LACs. Figure 1 shows their distribution across the state.
- LACs in North Dakota had been licensed for an average of 12 years.
- Most LACs (64.8% or 235) worked in urban areas.

Figure 1. Rate of Licensed Addiction Counselors Per 10,000 Residents in North Dakota



- Conclusion**
- Addiction counselors help clients overcome reliance on drugs, alcohol, and other behaviors like gambling.
 - Along with clinical training hours, individuals can become a LAC with a bachelor's, master's, or doctoral degree.
 - North Dakota had 361 LACs in 2016, most of whom worked in urban areas (64.8%).

Data
• North Dakota Board of Addiction Counseling Examiners. (2016). Licensure list. Retrieved from www.ndcbaoe.org/get-licensed.html.

Current Work – 2019-2020

- Completed a behavioral health facility workforce inventory
- Conducting evaluations of other state's best practices in the areas of behavioral health workforce:
 - Recruitment
 - Retention
 - Licensure
 - Loan Repayment

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