

MONTANA HEALTHCARE WORKFORCE ADVISORY COMMITTEE
MONTANA OFFICE OF RURAL HEALTH | AREA HEALTH EDUCATION CENTER



MONTANA HEALTH AND BEHAVIORAL HEALTH PARAPROFESSIONALS WORKFORCE 2020 REPORT

PREPARED WITH FUNDING FROM THE MONTANA HEALTHCARE FOUNDATION

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Montana Health and Behavioral Health Paraprofessionals Workforce Report

May 1, 2020

EXECUTIVE SUMMARY

At the request of the Montana Healthcare Foundation, the Montana Office of Rural Health/Area Health Education Center (MORH/AHEC) conducted an assessment of paraprofessionals in the healthcare and behavioral health workforce in Montana. The assessment included a review of licensed and certified paraprofessional positions as well as positions and training programs for non-certified paraprofessional roles. Paraprofessionals play an important role in the delivery of healthcare and behavioral health services. Because some paraprofessional roles are not licensed, and others are new and evolving, quantifying the paraprofessional workforce can be challenging.

Methods

MORH/AHEC partnered with WIM Tracking, a health workforce research organization, to gather data on paraprofessionals in healthcare and behavioral health roles in Montana. Analysis included state licensure and credentials, employment data, surveys of employers, and contact with employers and educational programs.

Key Findings

Certified Nursing Assistants, Emergency Medical Technicians, Paramedics, Medical Assistants, Human Service Assistants, Psychiatric Technicians/Behavioral Health Technicians and Psychiatric Aides comprise the largest numbers of paraprofessional roles. Newly evolving roles of Peer Support Specialist, Community

Health Worker, and Community Integrated Health – EMS/ Community Paramedic are growing across the state as training programs are developed and delivered.

Credentialed paraprofessional are CNAs, Peer Support Specialist, EMTs, Advanced EMT, Paramedic and Community Integrated Health. Paramedics without a state license or certification are Community Health Worker, Medical Assistant, Psychiatric Technician/Behavioral Health Technician, Psychiatric Aide, and Human Service Assistant. Training, voluntary certifications, or national certifications are available through Montana University System campuses and Tribal Colleges, the Montana AHEC Program, and other online programs. Training programs are often developed in close consultation with the healthcare and behavioral health organizations that employ paraprofessionals

Paraprofessionals can also obtain stackable credentials that increase skills levels and improve employment opportunities. Training such as Mental Health First Aid, Management of Aggressive Behavior, and Motivational Interviewing, delivered in collaboration with community health centers and hospitals, can help develop the workforce needed for Integrated Behavioral Health.

There are paraprofessional roles that are unique to the Indian Health Service and Tribal Health. Community Health Representative is a long-established role as frontline public health worker who provides health promotion, disease prevention, and outreach to indigenous community members. The Community Health Aides program was approved by the Legislature in 2019 and has 4 years to develop credentials. Behavioral Health Aides training programs are offered or in development in several Tribal Colleges.

Paraprofessionals are employed in every county in Montana. In addition to the many training programs available, the Montana Department of Labor and Industry offers a robust apprenticeship program. MT DOLI works collaboratively with employers and training providers to offer credentialed apprenticeships in several healthcare roles, supporting on the job training that leads to long term employment.

As the healthcare landscape evolves, paraprofessional roles will continue to expand to meet employer demand and fulfill new healthcare and behavioral health needs. The growth in Integrated Behavioral Health, and health needs revealed through the COVID-19 emergency will very likely influence the utilization of paraprofessionals in clinics, hospitals and community-based settings.

Key findings from the study include:

1. Paraprofessionals are working in every county in Montana.
2. Paraprofessional training is provided in a variety of distributed training models including:
 - a. Courses offered in sites around the state (e.g. Peer Support, Emergency Medical Technician)
 - b. Courses offered through online courses (e.g. Community Health Worker and Certified Nursing Assistant)
 - c. On the job training (Medical Assistant, Psychiatric Aide)
 - d. Apprenticeships (Community Integrated Health, Community Health Worker)
3. Paraprofessional training opportunities must be available where people live and work. The distributive training models are an important method of meeting the needs of both learners and employers who may be distant from traditional educational programs
4. Professions that have recently become certified by the state (Peer Support, Community Integrated Health) were the result of years of grassroots work by collaborative groups of volunteers, education, employers, and state agencies.
5. The short length of training for many paraprofessional roles offers opportunities for career laddering by combining credentials (e.g. Peer Support and Community Health Worker); adding on certifications such as Management of Aggressive Behaviors; or structuring series of add-on trainings to build skills and employability. e.g.
 - a. CNA training in dementia and end of life
 - b. Community Health Worker training in chronic disease, transitions of care, oral health
 - c. Behavioral Health Peer Support training to work with children and families
 - d. Medical Assistants to work as care coordinators
6. The design and creation of training programs is best achieved through the collaboration of members of the workforce, employers, education, state associations, state agencies and community based partners.
7. Most paraprofessional roles are not credentialed. It would be helpful to have more research into how credentials impact the utilization, funding, and job satisfaction of paraprofessionals.
8. Tribal Colleges offer training opportunities for behavioral health aides, and the Tribal Health Improvement Programs have been training paraprofessionals to work in care coordination roles. The newly authorized Community Health Aide Program is expected to provide an exciting new opportunity for paraprofessional services on reservations in Montana.

Next Steps

The Montana Health and Behavioral Health Paraprofessional Workforce Report was reviewed by the Montana Healthcare Workforce Advisory Committee, the Montana Behavioral Health Workforce Advisory Committee, and distributed through the Montana Office of Rural Health/Area Health Education Center website and Rural Health Initiative newsletter. Comments on the report were solicited, and recommendations and comments were included in this report.

Paraprofessional roles can evolve quickly in response to health and community needs. Paraprofessionals provide nimbleness in developing new models of care and community-based services, link health professionals in interprofessional settings, and provide opportunities for entry into health and community-based services career paths. These roles will evolve, and new paraprofessions can be expected to be created. Going forward, it will be important to monitor how these roles change, how credentials are added or changed, and how developments like COVID-19 and the growth of telemedicine impact paraprofessionals and their employers in the future.

THE ROLE OF PARAPROFESSIONALS

WHAT ARE PARAPROFESSIONALS?

Paraprofessional is a job title given to persons in various occupational fields, such as education, healthcare, engineering, and law, 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 (who may also be called outreach workers, promotoras, Messengers, navigators, or other titles specific to an employment setting)
- Mental health, behavioral health or psychiatric aides
- Certified nursing assistants

These roles also exist in various healthcare and community-based settings in Montana. The current behavioral health paraprofessional training programs in Montana include Peer Support Specialist, Community Health Worker, Fundamentals of Behavioral Health Certificate, Behavioral Health Technical Certificate, and Behavioral Health Aide. Other paraprofessional healthcare programs include certified nursing assistant, medical assistant, Community Integrated Health (EMT/Paramedic), EMT, and paramedic. Additional paraprofessional roles exist with on the job or short-term training.

Many organizations in Montana, including Community Health Centers, Rural Health Clinics, Critical Access Hospitals, and health systems are providing certificate courses in specific behavioral health skills to their employees to “upskill” their workforce. These certificates include Management of Aggressive Behaviors, Mental Health First Aide, Motivational Interviewing, and ASIST Suicide Prevention training. These certifications can be combined with the paraprofessional courses, or as incumbent worker training for all types of employees at a facility.

Nationally, and in Montana, it is difficult to quantify the role that paraprofessionals play in providing behavioral health services. Few paraprofessional occupations are licensed or certified. The field of behavioral health is developing rapidly, with new roles and new settings.

An article in the American Journal of Preventive Medicine (2018) “Improving Data for Behavioral Health Workforce Planning: Development of a Minimum Data Set” was sponsored by the SAMHSA and HRSA, and co-authored by Dr. Peter Buerhaus. Dr. Buerhaus is a nationally recognized expert on the healthcare workforce, and he is a faculty member in the MSU in the College of Nursing.

Specific challenges cited in the article are:

- No consensus definition exists that describes the types of occupations and volunteer positions that contribute to behavioral health service delivery
- HRSA focuses on core professional positions (e.g. psychiatrists, therapists), while SAMHSA considers a broader group of workers, who may not have licensure

- Few non-licensed behavioral health occupations have Standard Occupational Classifications in the US DOL, thus they are largely unidentifiable in Bureau of Labor Statistics Occupational Employment Statistics
- There is significant disagreement about discipline specific shortage estimates that reflects the difficulty in collecting and projecting accurate supply data to address workforce capacity issues

To address this challenge, the authors propose a minimum data set to follow when collecting data on the behavioral health workforce. The article states that important data elements about the workforce may be best collected at the organizational level from employers, rather than from individual workers. Recommended data includes:

- Total count by provider type
- Demographics
- Education
- Training
- Licensure
- Certification
- Occupational category
- Area of practice
- Employment setting

HEALTH PARAPROFESSIONALS WITH CREDENTIALS

	Credentialed	Employment Estimate
Certified Nurse Aide (CNA)	10,000 (approx.)	6,170
Peer Support Specialist (Certified and Uncertified)	103	100
Emergency Medical Technician (EMT), Advanced EMT, & Paramedic	4,941	700
Community Integrated Health-Community Paramedic (CIH-CP)	10	10

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

HEALTH PARAPROFESSIONALS WITHOUT CREDENTIALS

	Employment Estimate
Community Health Worker	160
Medical Assistant	1,300
Psychiatric Technician / Behavioral Health Technician	550
Psychiatric Aide	960
Human Service Assistant	1,380

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

STACKABLE CERTIFICATIONS FOR BEHAVIORAL HEALTH

	Year 1 & 2 Completers	Current Year (2019-2020)	Total
Community Health Worker Supervisor Training	8	4	12
Fundamentals of Behavioral Health	6	4	10
Management of Aggressive Behaviors	474	335	809
Mental Health First Aid	39	77	116
Youth Mental Health First Aid	61	76	137
Applied Suicide Intervention Skills Training	25	41	66

Data sources: Montana Area Health Education Center (AHEC)

CERTIFIED NURSE AIDE (CNA)

Certified nurse aides (CNA) support patient care under the supervision of a registered nurse or other licensed healthcare practitioner. CNAs provide personal care, nutritional support, infection control, safety, rehabilitation, and special procedures in a variety of practice settings.

Credentials

Nurse aide certifications are administered by the Certification Bureau within the Quality Assurance Division of the Montana Department of Health and Human Services.

Training & Education

To become certified, one must complete a Certification Bureau approved CNA training program and have successfully completed a competency and skills assessment. Montana has 68 approved CNA training programs made available through Community Colleges and health care delivery sites such as hospitals and long-term care facilities. Of Montana's 56 counties, 37 are home to at least one CNA training program. Program lengths vary and can take as little as four weeks for trainees to complete.

Workforce Overview

In February 2020, the CNA Certification Bureau approximated Montana to have 10,000 certified nurse aides. The 2017 Occupational Employment Statistics (OES) published by the Montana Department of Labor and Industry estimated 6,170 CNAs to be employed across Montana.

CNAs work in settings such as hospitals, nursing homes, long-term care, chemical dependency treatment centers, home health, mental health facilities, federally qualified health centers (FQHC), and substance use disorder centers (SUD).

CNAs may have additional training or be upskilled to assist in mental health related activities. For example, the Montana Mental Health Nursing Care Center in Lewistown provides mental health training to the CNA staff, which are the only mental health paraprofessionals employed at the long-term care, mental health facility.

CERTIFIED BEHAVIORAL HEALTH PEER SUPPORT SPECIALIST (CBHPSS)

A certified behavioral health peer support specialist (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 peer support specialist 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.

Credentials

Certified behavioral health peer support specialists are certified by the Montana Board of Behavioral Health (BBH).

Training & Education

To become certified, one must have been diagnosed by a mental health professional as having a behavioral disorder and have received treatment for the diagnosis. The specialist must be in recovery, which the Board of Behavioral Health defines as, a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Certification for a peer support specialist also requires the individual to complete a Board of Behavioral Health approved 40-hour training program with examination. There are seven Montana-based CBHPSS courses approved by the BBH. An applicant may also apply for certification if the applicant has completed a training program not already approved but believes the program will meet the BBH's requirements.

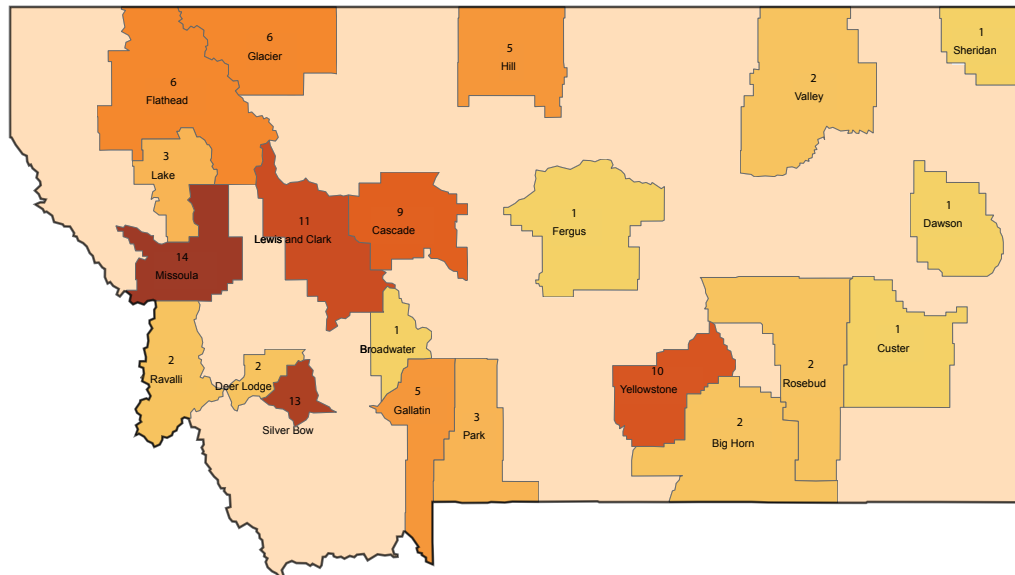
Workforce Overview

The Montana Board of Behavioral Health reported 83 certified peer support workers in January 2020. At the same time, the Montana Peer Support Network estimated 20 trainees were active in a peer support role, yet still in the process of becoming certified.

The Montana Peer Support Network has trained 316 support workers since 2015. The Peer Support Network's program data demonstrates that 41% of trainees who complete the training go on to become certified. Some program completers who do not go on to become certified, may work professionally in other behavioral health roles, such as a case manager.

The Montana Peer Support Network maintains a weekly estimate of peer support workers employed across the state. In January 2020, the data revealed 100 peer support workers employed throughout 21 counties in Montana. Combining the Department of Labor and Industry's certification data and the Peer Support Network's current training data, it is estimated that 103 peer support workers are certified or in the process of becoming certified. This demonstrates that 97% of the peer support workforce is actively practicing.

Number of Estimated Peer Support Specialists Employed by County



Data source: Montana Peer Support Network (February 2020)

Medicaid billing for CBHPSS services is currently only available to mental health centers, federally qualified community health centers, and Tribal health sites and Urban Indian Centers. CBHPSS may also be paid through grant funded projects. The Montana Peer Support Network's employment data demonstrates peer support workers are employed in the following practice settings:

- Peer Support Programs
- Mental Health Centers
- Federally Qualified Health Centers
- Chemical Dependency Programs
- Drop in Centers or Recovery Centers
- Substance Abuse Centers
- Montana State Hospital
- Hospitals
- Tribal Health Centers
- Crisis Stabilization Centers
- Mobile Crisis Teams
- Child Protective Services
- Medicaid Waiver
- PACT Teams
- ACT Classes
- Jail Diversion Programs
- Drug Courts
- Recovery Homes
- Warm Line
- Independent Living
- Veteran's Affairs

EMERGENCY MEDICAL TECHNICIAN (EMT), ADVANCED EMERGENCY MEDICAL TECHNICIAN (AEMT), & PARAMEDIC

Emergency medical technicians (EMT), advanced emergency medical technicians (AEMT), and paramedics operate as part of an emergency care system. These paraprofessionals, often referred to as emergency care providers (ECP), deliver emergency care at the scene of an emergency, during transportation from an emergency to a health care facility, from one health care facility to another, or in other health care settings. ECPs in Montana often work as volunteers. Paramedics are trained to offer the most advanced skillset as an emergency care paraprofessional and carry out the greatest scope of practice. The training, skillset, and scope of practice are the key distinctions between the EMT, AEMT, and paramedic.

Credentials

EMTs, AEMTs, and paramedics are licensed by the Montana Board of Medical Examiners.

Training & Education

To gain licensure in Montana, the EMT, AEMT, and paramedic must be 18 years or older, have a high school diploma or equivalent, complete a training program, and be certified by the National Registry of EMTs.

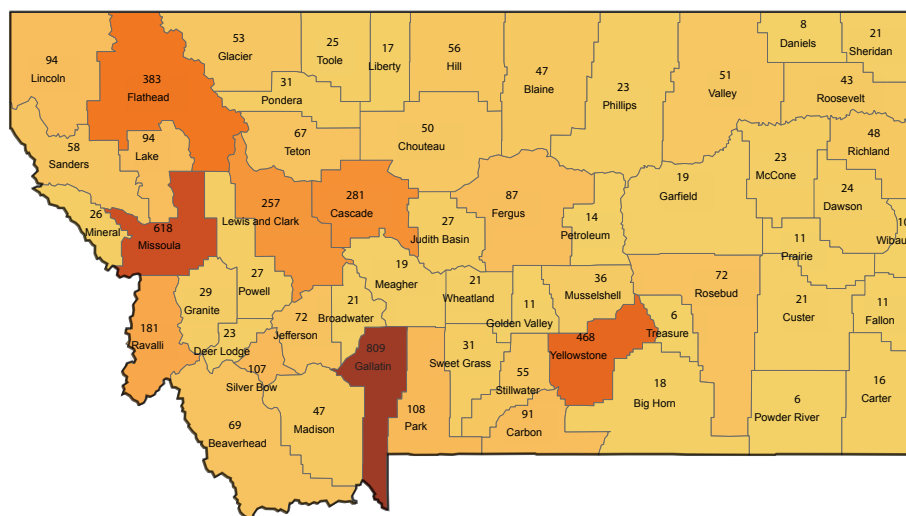
EMT training programs are available through Helena College, Great Falls College, Flathead College, Billings City College, Best Practice Medicine, Missoula Emergency Services, and Intermountain Medical Training. Emergency medical systems also host regional EMT courses across the state. The length of training for an EMT is one semester.

Paramedic training programs are available in Montana through Great Falls College, Flathead College, and Billings City College. Missoula College is beginning a new paramedic training program expected to launch in the fall of 2020. To be certified as a paramedic, one must first become certified as an EMT. Paramedic training programs may require pre-requisites beyond EMT certification and require at least two semesters of curriculum.

Workforce Overview

In April 2020, the Montana Board of Medical Examiners reported 3,453 licensed EMTs, 789 licensed AEMTs, and 699 licensed paramedics (4,941 ECPs). The 2017 Occupational Employment Statistics (OES) published by the Montana Department of Labor reported 700 EMTs and paramedics were employed in Montana. While licensing data projects all credentialed providers, volunteer or career, the OES employment estimates do not account for volunteer providers.

Number of Actively Licensed EMT, AEMT, & Paramedic by County



Data source: Montana Department of Labor and Industry Licensing Bureau (April 2020)

Emergency care providers may volunteer or be employed by emergency care service types such as air medical service, ground ambulance, fire department, fire and rescue services, ski patrol, border patrol, or other. The number of active ECP volunteers is unknown. However, Montana EMS and Trauma Systems has record of the number of EMS service units throughout the states and the number of those units that have volunteers on the roster. These numbers demonstrate that 75% of ground ambulance and non-transporting units have volunteers on their roster and 52% of these same unit types operate solely through volunteers.

Type of EMS	Total Units in MT	Units with Volunteers	Volunteer Only Units
Air Medical Fixed Wing	12	1	0
Air Medical Rotor Wing	6	0	0
Ground Ambulance Services	144	102	64
Non-transporting Units	104	84	67

Data sources: Montana EMS & Trauma Systems

COMMUNITY INTEGRATED HEALTH-COMMUNITY PARAMEDICINE (CIH-CP)

In the summer of 2019, six Montana communities began testing a new model of care known as community integrated health-community paramedicine (CIH-CP). These communities are participating in a two-year pilot program administered by the Montana EMS & Trauma Systems division of the Montana Department of Public Health and Human Services, supported in part by a grant from the Montana Healthcare Foundation

CIH-CP expands the scope of services of ECPs to assist patients in non-emergency situations. The expanded role will formally allow EMTs, AEMTs, and paramedics to provide post discharge follow-up, preventative care, chronic disease management, and referral to community health services.

In rural areas, patients with limited or lack of access to primary care services, utilize 911 to receive healthcare in non-emergent situations. The Montana EMS & Trauma Systems anticipates that by extending the scope of services of ECPs, the use of non-emergent 911 requests, the number of ambulance transports, emergency department visits, hospital admissions, and readmissions will be reduced.

Credentials

Upon final ruling, the EMT, AEMT, and paramedic will operate under a Community Integrated Health endorsement assigned to the provider's professional license which will be regulated by the Montana Board of Medical Examiners.

Training & Education

To receive the Community Integrated Health endorsement, licensed ECPs will complete additional technical and clinical training. The ECPs currently enrolled in the CIH pilot program attended training through Hennepin Technical College in Minnesota. The technical training was completed in December of 2019 and the ECPs are currently completing the clinical portion of their training. Upon conclusion of the training, the ECPs will receive a certificate that will translate to a CIH endorsement from the Board of Medical Examiners.

The CIH endorsement requires:

- Completion of a board-approved curriculum in Community Integrated Health Care provided by an accredited institution of higher learning, which must include 48 hours of clinical experience.
- A minimum of 1 year of experience at the applicant's current level of licensure.

Workforce Overview

The Montana CIH-CP pilot program includes five service sites. A sixth pilot site is currently under development. Each of the five sites have two ECPs active in the program.

- Red Lodge Fire – Carbon County
- Great Falls Emergency Services – Cascade County
- Marcus Daily Memorial Hospital EMS – Ravalli County
- Powder River County EMS, Jesse Ambulance – Powder River County
- Frances Mahon Deaconess Hospital EMS – Valley County
- Northern Cheyenne EMS (under development) – Rosebud County

Upon completion of the pilot programs, Montana EMS & Trauma Systems will work with Montana colleges to establish local CIH training programs, work with payers on reimbursement for CIH services, educate stakeholders, explore legal or statutory challenges, and continue to assist pilot sites and future CIH programs. The pilot program sites will conduct post-pilot community health needs assessments, identify CIH focus areas, begin offering CIH services in their communities, and participate in ongoing data collection.

COMMUNITY HEALTH WORKER (CHW)

What is a community health worker (CHW)? “The CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. The CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.” American Public Health Association Policy Statement 2009-1, November 2009. A January 2016 Issue Brief by DHHS, Office of the Assistant Secretary of Planning and Evaluation (1) described CHWs as “holding a unique position within an often rigid healthcare system in that they can be flexible and creative in responding to specific individual and community needs. Their focus is often on the social, rather than the medical, determinants of health – addressing the socioeconomic, cultural practices and organizational barriers affecting wellness and access to care.” (2)

Credentials

Currently, the community health worker profession is not credentialed in the state of Montana. Work is presently underway to achieve credentialing.

Training & Education

May 2018, the first Montana Community Health Worker curriculum was created with the support of a grant from the Montana Healthcare Foundation. The curriculum includes nationally recognized core competencies as well as a focus on issues of importance to Montana.

The Montana Community Health Worker (CHW) training provides the knowledge and skills necessary to become a community health worker. The instructor-guided curriculum takes approximately seven weeks (85 hours) to complete and consists of four online or in-person 15-hour Learning Modules and a 25-hour on-the-job Supervised Experience taken at the completion of the four Modules. Each Module contains written content, videos, application activities, case studies and reflective journaling. An individual will gain skills in the following areas: professional skills & conduct; communication; self-care; interpersonal relationships; outreach, navigation & coordination; organization; advocacy; capacity building & teaching. The CHW training is facilitated by an instructor and provides a certificate upon completion. The CHW curriculum includes nationally recognized core competencies as well as a focus on issues of importance to Montana. The curriculum is currently offered online or in-person through three of Montana's AHEC offices.

CHW Fundamentals of Learning Outcomes:

1. Upon completion of Modules 1-4 and Module 5 (the 25-hour supervised experience) it is expected that students will demonstrate the CHW Fundamentals Learning Outcomes. These include the following:
2. Display positive behaviors and attitudes needed to effectively succeed in the role and fulfill the responsibilities of a CHW, engage in self-care, and maintain personal and client safety.
3. Integrate a basic knowledge of anatomy and physiology, human development, aging, and acute and chronic illness and diseases to plan, monitor, and determine client needs and resources for care.
4. Incorporate legal requirements and ethical guidelines into all responsibilities particularly when observing, reporting, and documenting.
5. Exhibit effective communication and coaching skills, and the ability to collaborate with a multi-disciplinary healthcare team.
6. Recognize and respect the values and needs of the cultures and practices of the populations and communities served.
7. Describe how healthcare and public/community health systems are structured, function, the types of care they deliver, and the current technologies used.
8. Demonstrate the skills needed to effectively coordinate and manage services and provide safe quality care.
9. Use appropriate decision making, evaluation, organization, navigation, and coordination skills to ensure effective and timely delivery of resources, services, and care.
10. Engage in advocacy and social support actions to promote client and community health needs.

Implement community/individual education programs, based on needs and strengths, to build capacity, support health, and promote wellness.

The Montana Community Health Worker program is managed through the Montana Area Health Education Center at Montana State University, with training delivered through the AHEC Centers at the Montana Hospital Association, Montana Health Network and Riverstone Health. The program is online, and grants are available to cover the cost of the course.

At the time of this report, the Montana Community Health Worker Program is working with Messengers for Health, an Indigenous 501(c)(3) non-profit organization located on the Apsáalooke (Crow) Reservation in Montana, to create a collaborative CHW curriculum that incorporates cultural content created by the Messengers program. The intent is to provide in-person training for community health workers/Messengers to provide care coordination as part of the Tribal Health Improvement Program for the Crow Reservation.

Workforce Overview

The typical work of community health workers is being done by several different professions in many different organizations across the state. In early 2020, 160 organizations participated in a rapid response survey, of this 34 (21%) indicated they employed community health workers. 52 organizations indicated they had employees who did the work of CHWs with titles such as case manager, navigator, care coordinator and school counselor. Roles include creating connections between vulnerable populations and healthcare systems, 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 on topics related to chronic disease prevention/physical activity/nutrition, and advocating for underserved clients to receive appropriate services.

Ninety-nine Health Officers with Public Health Organizations were surveyed in November 2019, which included Public Health Offices, County Health Departments, IHS Public Health, and CHCs.

Of those surveyed, only one responded that they employed a Community Health Worker. Another did employ a Community Health Worker in the past as part of a grant they received, but were unable to continue to employ them after the grant.

Fifteen responded that they were interested in employing Community Health Workers, but they did not have the funds to do so at the time. Ten had not heard much about Community Health Workers and wanted to learn more about the position and how they could help their communities.

See appendix A for CHW rapid response survey questions and responses.

MEDICAL ASSISTANT

Medical Assistants (MA) support medical offices in administrative tasks as well as assist physicians, physician assistants, or podiatrists during clinical tasks. The administrative tasks performed by the medical assistant include, updating patient records, coding and insurance forms, scheduling appointments and arranging follow-up care. In the clinical setting, medical assistants take medical histories, provide treatment education, prep patients for exams, instruct patients about medication, collect specimens, draw blood and remove sutures. Medical Assistants may also function in a care coordination role.

Credentials

Medical assistants do not need to be certified to enter the workforce in Montana, however employers may still require a certification for employment in their office. The American Medical Association recognizes two forms of credentials, certified and registered. The American Association of Medical Assistants administers medical assistant certificates (CMA) and the American Medical Technologists administers medical assistant registrations (RMA).

Training & Education

To become certified, one must graduate from an MA program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Accrediting Bureau of Health Education Schools (ABHES) which includes on-site work experience and an exam. To become registered, one must graduate from an accredited MA program that includes 720 hours of clinical training.

Flathead Valley Community College in Kalispell offers a three semester Certified Medical Assisting program which includes 180 hours of clinical training. Highlands College in Butte offers a Registered Medical Assisting program. Missoula College and Charter College in Missoula offer MA training programs. Gallatin College in Bozeman provides students with a three-semester program inclusive of a local externship.

Medical Assistants who are employed without a certificate or registration are trained on the job.

Workforce Overview

Medical Assistants work in hospitals, outpatient clinics, community health centers and offices of physicians. OES statistics show offices of physicians to be the largest employer of MAs across the U.S. Physician offices employ 57% of the MA workforce. In 2017, the Montana OES estimated 1,300 medical assistants employed in Montana. The Montana Society of Medical Assistants has 138 Certified Medical Assistants as active members of the society.

Community health centers across Montana utilize medical assistants. Aggregated data from the Montana Primary Care Office shows Montana's community health centers employed 112.88 Medical Assistants in 2018.

PSYCHIATRIC/BEHAVIORAL HEALTH TECHNICIANS

Psychiatric technicians or behavioral health technicians (BHT) care for individuals with mental or emotional conditions under the supervision of a physician or other healthcare provider. A technician is trained to participate in treatment programs, administer medications, conduct therapeutic activities, and assist in patient's well-being and hygiene. The technician also works with patients during a time of crisis to transition the patient into the proper channel of care. Job titles for a psychiatric technician may include variations of the terms psychiatric, behavioral health, or mental health.

Credentials

Montana does not require psychiatric or behavioral health technicians to be licensed. Voluntary certifications may be earned through dedicated training programs.

Training & Education

Psychiatric Technician training programs are available through many out of state colleges and voluntary certifications are available through the American Association of Psychiatric Technicians. Certified technicians may also continue their education and enter the workforce in another career such as a social worker, counselor, or psychologist.

Highlands College of Montana Tech in Butte offers a behavioral health technician training and certificate program. The program is one semester and conducted online. To date, four students have obtained the certificate. The program did not run during the 2019/2020 academic year as enrollment numbers were too low.

Depending on the needs of the healthcare facility, psychiatric technicians may be trained on site. Some programs will upskill their current workforce by providing them with additional mental health training.

Workforce Overview

Psychiatric technicians work in chemical dependency treatment centers, psychiatric hospitals, residential mental health facilities, group homes, skilled nursing and related healthcare settings. The 2017 Montana OES estimated 550 psychiatric technicians and 960 psychiatric aides.

The Highlands College behavioral health technician program was adopted to meet the needs of Montana's Emergency Rooms (ER) and in-patient care facilities. However, since the program began, the creation of behavioral health technician jobs has not increased. In some instances, ERs have moved to utilizing ER techs with additional behavioral health training. ERs that are utilizing BHTs may not require certification and instead, may provide on the job training.

An example of BHT utilization in Montana is Shodair Children's Hospital, Montana State Hospital and Montana State Prison. Shodair employs 106 behavioral health technicians and trains these workers on-site. Montana State Prison has upskilled 5 correctional staff with mental health training in order to provide the services of a mental health technician. Montana State Hospital employs 216 psychiatric technicians and provides in-house training.

PSYCHIATRIC AIDE

A psychiatric aide works under the supervision of the nursing staff. A psychiatric aide assists patients with daily living activities, educational and recreational activities, and accompanies patients to medical treatment. Psychiatric aides may operate under job titles such as psychiatric orderly, mental health orderly, psychiatric nursing aide, or psychiatric technician assistant.

Credentials

Montana does not require psychiatric aides to become licensed.

Training & Education

Psychiatric aides are trained on-site in accordance with the needs of the facility.

Workforce Overview

Psychiatric aides work in similar settings to the psychiatric technician. These settings include substance abuse facilities, psychiatric hospitals, residential mental health facilities, group homes, skilled nursing and related healthcare settings. The 2017 Montana OES estimated 960 psychiatric aides.

The Montana Chemical Dependency Center employs 18 behavioral health paraprofessionals with the job title of treatment technician. The treatment technicians work closely with patients and their daily responsibilities closely align with that of a psychiatric aide.

The Center for Mental Health employs adult therapeutic aides who transport clients to appointments and assist clients with housing and grocery shopping.

SOCIAL AND HUMAN SERVICE ASSISTANT

Social and human service assistants support other workers by connecting clients with community resources and services within the fields of psychology, rehabilitation and social work. In addition to connecting clients with benefits and services, the assistants may follow up to ensure the client's needs are being met.

Social and human service assistants are known by many job titles such as case worker aid, clinical social work aid, family service assistant, support worker, community coordinator, outreach specialist, social work assistant, addictions counselor assistant and social or human service worker. They work in clinics, hospitals, group homes and shelters and are often employed by nonprofit organizations, social service agencies and governments.

Credentials

Social and human service assistants are not required to be certified in Montana.

Training & Education

Assistants are typically required to have at least a high school diploma. Although requirements vary, some employers only hire assistants with related work experience or may require a certificate or an associate degree in a subject such as human services, gerontology, or social or behavioral science. Training for this position is on the job.

Workforce Overview

The 2017 OES estimated 1,380 social and human service assistants employed across the state.

The Center for Mental Health employs workers under the title of group home worker and rehabilitation specialist whose job duties align with the social and human service assistant role.

Child and Family Services Division of the Montana Department of Public Health and Human Services employs human service technicians.

Montana's community health centers employ workers that are referred to as enabling services. Enabling services are defined as "non-clinical services that aim to increase access to healthcare and improve health outcomes". In 2018, community health centers across the state employed 48.26 workers within the category of enabling services.

MONTANA PARAPROFESSIONALS WORK SETTINGS REVIEW

Measuring the paraprofessional workforce is a challenge as each behavioral health facility generates a workforce in alignment with the center's individual needs. Here is a sample of paraprofessional employment across some of Montana's behavioral healthcare facilities.

MONTANA PEER SUPPORT NETWORK

The Montana Peer Support Network developed a scope of practice to provide guidance to organizations who hire peer support workers and assist them in developing a job description for this role. The Rimrock Foundation, a private non-profit treatment center, currently employs 9 peer support workers and modeled their job description using the Peer Support Network's scope of practice.

Peer Support Network Scope of Practice

Recovery Support: Knowledge, Skills and Abilities

- Be able to share their own recovery story in a meaningful and hopeful way
- Provide peer support that is mutual and respectful
- Be able to assist others in developing their own wellness or recovery plan
- Understand the key components of the recovery process
- Be able to facilitate a peer support group
- Be able to connect others to community resources
- Have a working knowledge of the mind body connection and its relation to recovery
- Provide education around wellness and recovery
- Be able to listen and be present in the moment

Mentoring: Knowledge, Skills and Abilities

- Act as a role model for wellness and recovery
- Assist others in recognizing and building natural supports
- Be able to support others in planning and achieving their own goals at their own pace
- Utilize a strength-based approach

Professional Responsibility: Knowledge, Skills and Abilities

- Fulfill necessary training and continuing education requirements
- Understand the role of peer support in the system
- Understand and abide by a code of ethics and standards
- Be able to work as part of a treatment team
- Understand the importance of confidentiality and HIPAA
- Understand mandatory reporting and why this is necessary
- Participate in clinical supervision
- Understand risk factors for suicide

Advocacy: Knowledge, Skills and Abilities

- Provide education around self- advocacy
- Assure those they work with know their rights and responsibilities
- Provide referrals to other community supports
- Advocate for those we work with when necessary

CENTER FOR MENTAL HEALTH

The Center for Mental Health is a community mental health center with ten locations spanning central Montana. The Center offers a variety of services to clients which include adult and youth case management, adult foster and group homes, homeless outreach, therapy, peer support, school-based services care, and many more mental health services. A variety of mental health paraprofessionals are employed through the various programs.

The Center for Mental Health employs 7 Peer Support Specialists. The job description for this role within the Center for Mental Health is as follows: Peer Specialist provides community based peer support services that are designed to promote the recovery, empowerment, and community integration of individuals who have severe and chronic behavioral health challenges. Will facilitate opportunities for individuals receiving service to direct their own recovery and advocacy process, by teaching and supporting individuals. Promoting the knowledge of available service options and choices of natural resources in the community and help facilitate the development of a sense of wellness and self-worth.

Specific responsibilities of the peer support role include:

- Works as part of a multi-disciplinary team to help clients to develop a personal recovery plan and identify opportunities to provide support as clients work to achieve their recovery goals
- Listens and encourages clients to talk about their lives, struggles and goals
- Promotes client self-determination and decision-making
- Coaches and supports clients who are developing the necessary skills for integration into the community
- Advocates for clients working in recovery that are developing life skills and building confidence to attain goals
- Links clients to resources identified within the wellness recovery plan
- Models competency in recovery and maintaining ongoing wellness
- Liaison with other members of the treatment team to develop an effective support system for the client
- Maintains records, reports and statistics necessary for program functioning and in accordance with Center policies

The Center for Mental Health also employs the following paraprofessionals:

Education Required: High School Graduate

- 2 adult therapeutic aides – transport clients to appointments, OPA, housing, grocery shopping
- 28 group home workers - monitor clients in the group homes and assist clients with daily living activities
- 2 rehabilitation specialists – assist clients with daily living activities, outdoor activities

Education Required: Bachelor's degree

- 5 adult case managers – works 50% of the time in the community
- 11 CSCT Behavioral Specialists –primarily in the schools
- 7 PACT Behavioral Specialists –primarily in the community
- 2 In-Home Behavioral Specialists –primarily in the community with children and parents
- 1 Youth Case Manager –primarily in the community with children and parents
- 3 Adult Foster Care Specialist –50% of the time in the Foster care homes
- 2 Employment Specialist –primarily in the community assisting client seek employment or volunteer opportunities

CHILD & FAMILY SERVICES DIVISION

The Child and Family Services Division (CFSD) is a division of the Montana Department of Public Health and Human Services. CSFD offers protected services to children who are abused, neglected, or abandoned. The division investigates reports of child abuse and neglect, works to prevent domestic violence, helps to place children in foster or adoptive homes and works to bring reunite families. The services may be provided directly by CFSD or private agencies who contract through the division.

CFSD employs human service technicians who assist in a variety of activities. Each tech has slightly different duties depending on the office. Their work involves assisting families with court ordered or voluntary service plans.

CFSD is also piloting a new program called the Addiction Recovery Teams (ART) program. One pilot site is administered by Western Montana Addiction Services who employs a licensed addiction counselor and a peer support worker for the program. The addiction counselor writes chemical dependency assessments for clients involved with CFSD and refers them to the appropriate level of care. At that time, the addiction counselor connects the client with the peer support worker. The peer support worker will help the client in activities such as advocacy in the legal process, completing a CFSD treatment plan, connecting to community agencies and housing. The peer support worker is often the first sober line of support the client receives.

SHODAIR CHILDREN'S HOSPITAL

Shodair Children's Hospital provides psychiatric treatment for children and adolescents from all across Montana. Shodair employs 106 behavioral health technicians, 48 of which are fulltime employees. These paraprofessionals must have a high-school diploma or GED and are trained in-house.

The behavioral health technician job description as provided by Shodair Children's Hospital:

Provides direct care to children concerning hygiene, safety, meal supervision, monitor in school, interaction with other children and activities on and off the unit, under the supervision of LPN/RN. Uses patient diagnosis/problems/needs and interdisciplinary team treatment plan to guide care for each child in an individualized manner. Serves as a role model to teach manners, safe ways to express feelings, appropriate behavior and living skills. Helps monitor and maintain a safe milieu and utilizes therapeutic communication skills.

MONTANA STATE HOSPITAL

Montana State Hospital provides acute care psychiatric inpatient treatment for adults with serious mental illness. The facility is the only publicly operated psychiatric hospital in Montana. The hospital employs 216 psychiatric technicians. In this position, one provides assistance and support to clients in maintaining a therapeutic environment. Other responsibilities include accounting for patient whereabouts; acting to implement nursing and medical instruction for patients; and charting patient information as directed. The following is the description of job duties provided by Montana State Hospital:

- Supervises and accounts for patient whereabouts at all times.
- Provides care with patients as directed by medical and nursing providers.
- Observes, reports, and documents information concerning patient's physical, emotional, and behavior status.
- Provides input related to patient treatment planning processes.
- Assists with admission, discharge, and patient transfer processes.
- Provides and assists with therapeutic activities and activities of daily living.
- Completes, reports, and documents routine nursing care procedures.
- Maintains and protects patient rights and assists in the grievance resolution process.
- Recognizes and appropriately responds using therapeutic communication and de-escalation techniques with patients.
- Maintains communication with all other staff members and relays pertinent patient related information.
- Escorts patients to various activities, groups, on and off campus activities, scheduled appointments, transfers and discharge.
- Performs housekeeping activities to assist in maintaining a safe and sanitary environment.
- Participates in infection control activities as directed.
- Trains and assists co-workers in patient emergent response activities.
- Searches hospital areas and patients, as assigned, to locate dangerous items.
- Reports and documents, on appropriate forms, all incidents, which may result in injury involving patients and staff.

MONTANA CHEMICAL DEPENDENCY CENTER

The Montana Chemical Dependency Center (MCDC) is the only in-patient chemical dependency treatment center administered by the state. The center serves individuals 18 and older who have been diagnosed as having an addiction to drugs or alcohol or who suffer from both addiction and mental disorders.

MCDC employs 18 treatment technicians. The responsibilities of the treatment technician include communicating with patients to understand their needs, assists with activities of daily living, records patient data such as behavioral observations, vital signs, symptoms, and gathers information for patient admissions and inputs the information into the system.

MCDC also employs 3 rotating peer support specialists. The program does not have a formal job description for peer support workers.

MONTANA STATE PRISON

The Montana State Prison employs 5 mental health technicians. The mental health technicians are correctional staff that have been upskilled with additional mental health training. Their duties include inmate escorts, wellness checks, attending inmate psychiatric appointments, responding to mental health requests, doing initial mental health evaluations, spending 1:1 and group time with mental health inmates.

MONTANA MENTAL HEALTH NURSING CARE CENTER

The Montana Mental Health Nursing Care Center is a residential facility for the long-term care and treatment of those living with mental disorders and require a level of care not available in the community. The facility, in Lewistown, employs CNAs who are upskilled with mental health training.

MONTANA COMMUNITY HEALTH CENTERS

The Montana Primary Care Association (MPCA) is a non-profit organization that works to improve access to high-quality, community based, affordable primary healthcare in Montana. It is the association of Montana's community health centers. Community health centers provide comprehensive high-quality healthcare to all, regardless of one's ability to pay.

According to the MPCA, Montana's community health centers employ workers that are referred to as enabling services. Enabling services are defined as "non-clinical services that aim to increase access to healthcare and improve health outcomes". In 2018, community health centers across the state employed the following workers within the category of enabling services: 11.46 patient/community education specialists, 21.22 outreach workers, 11.83 eligibility assistance workers, 2.87 interpretation staff, .18 community health workers and .7 other enabling services workers.

Peer support specialists have also been utilized by community health centers. Currently, Pureview Health Center in Helena, an FQHC, and the Helena Indian Alliance, an urban Indian health center, each employ one peer support specialist.

Community health centers across Montana employ medical assistants. Aggregated data from the Montana Primary Care Office shows Montana's community health centers employed 112.88 Medical Assistants in 2018. Medical assistant responsibilities for one Montana Community Health Center include:

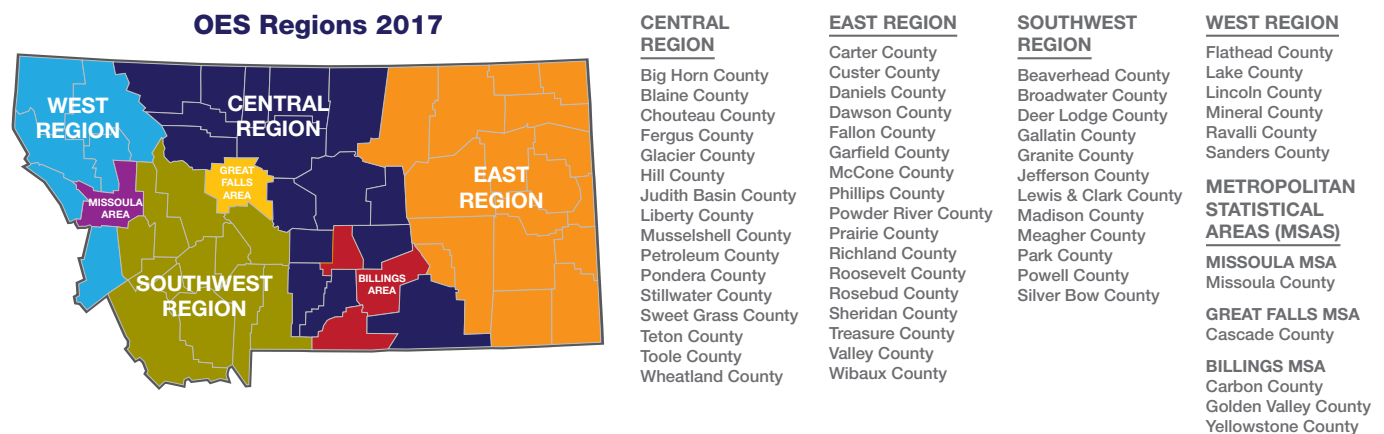
- Provides direct patient care
- Prepare patients for in-house laboratory procedures
- Performs CLIA waived laboratory tests
- Performs venipuncture lab draws
- Prepares and clean equipment, exam and treatment rooms, sterilize equipment
- Prepares patients for examination
- Provides information to patients and authorized family members regarding medications, treatment instructions, lab and/or x-ray reports
- Responds to patient inquiries
- Dispenses health education materials
- Maintains inventory of medical supplies, medications, vaccinations, and equipment
- Maintains patient medical records within electronic health record
- Schedules patient appointments

HEALTH PARAPROFESSIONALS GEOGRAPHICAL SUMMARY

Region	CNA	Peer Support	EMT & Paramedic	CIH-CP	Community Health Worker	Medical Assistant	Psychiatric Technician	Psychiatric Aide	Human Service Assistant
Montana Statewide	6,170	100	700	10	160	1,300	550	960	1,380
Billings MSA	1,160	10	--	2	40	290	160	--	270
Great Falls MSA	540	9	--	2	--	90	--	--	80
Missoula MSA	770	14	50	--	--	170	--	--	110
East Region	770	7	40	4	--	50	--	--	70
Central Region	780	14	100	--	--	50	--	--	70
Southwest Region	1,070	35	200	--	--	330	--	850	520
West Region	940	11	280	2	50	330	--	--	260

Data sources: CNA, EMT, and paramedic data was taken from the 2017 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 2017 OES Regions based on the provider's county of practice.

Geographical Regions as Defined by the 2017 Occupational Employment Statistics



The U.S. Bureau of Labor Statistics conducts a semiannual survey to measure occupational employment and wage rates of full-time, part-time, and salary workers. The data collected is known as the Occupational Employment Statistics (OES). In 2018, the Montana Department of Labor and Industry published the 2017 OES Montana employment and wage rate data in a publication titled, "Informational Wage Rates by Occupation".

TRIBAL AND INDIAN HEALTH SERVICES

COMMUNITY HEALTH AIDE PROGRAM (CHAP)

In 2019, the Montana Legislature passed a bill authorizing Indian Health Services to establish a Community Health Aide Program (CHAP). The bill was signed into law allowing IHS to train indigenous people to provide basic medical and behavioral health care services in paraprofessional roles called the community health aide and behavioral health aide. The program has been granted four years to adopt certification standards and develop training.

COMMUNITY HEALTH AIDE (CHA)

A community health aide (CHA) is a mid-level medical provider trained to provide basic medical attention and clinical care in a Tribal setting. Depending on their level of training, a community health aide can provide health screenings, family planning, in-home care, prescribe eyeglasses, and maternal and child health services.

BEHAVIORAL HEALTH AIDE (BHA)

A behavioral health aide (BHA) works as a counselor, health educator, and advocate within a Tribal healthcare setting. BHAs help address individual and community-based behavioral health needs. Depending on their level of education, these paraprofessionals may work with patients dealing with issues related to alcohol, drug and tobacco abuse or mental health problems while addressing cultural sensitivities.

Chief Dull Knife College in Lama, Montana offers a 30-credit Behavioral Health Aide certificate program and has had 3 graduates to date, all of which are currently employed as behavioral health aides. Two of the graduates of this Behavioral Health Aide certificate program are employed within a Federally Qualified Health Center in Hardin, Montana.

Blackfeet Community College in Browning offers a 1-year behavioral health aid certificate. This academic training program provides students with core courses and behavioral courses that address the students with basic skills and knowledge in behavioral health competencies. The program website states that students will be able to utilize their skills with clinical supervision for employment as a behavioral health aid or continue training in the human services field, such as psychology, social work, behavioral health, addiction studies, or criminal justice.

Aaniiih Nakoda College in Harlem is beginning a BHA certificate program in the fall of 2020.

COMMUNITY HEALTH REPRESENTATIVE (CHR)

Also administered by Indian Health Services, the Community Health Representative Program operates separately from the Community Health Aide Program. While the titles of the community health representative and community health aides are similar, their scope of practice is vastly unique.

A community health representative (CHR) is a frontline public health worker who provides health promotion, disease prevention, and outreach to indigenous community members. CHRs work to increase

health knowledge of patients and communities through a broad range of activities such as transportation to health visits, outreach, community education, informal counseling, social support, medication delivery, and advocacy. A CHR does not provide clinical care.

The services of a CHR create an essential link between the Tribal community and primary health care services and is often the first link for a patient to gain access to the health care system. This link helps to improve and maintain the health of their communities. The CHR is best suited to be an advocate to a community member because CHRs originate from the communities they serve and understand the cultural needs of Tribal members.

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 healthcare to develop specific healthcare apprenticeships. Three 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.

Community Health Worker: [O*Net-SOC Code: 21-1094.00, RAPIDS CODE: 2002HY] The apprenticeship on the job competencies included 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.

Behavioral Health Technician: [O*Net-SOC Code: 29-2053.00, RAPIDS CODE: 2002HY] The apprenticeship includes on the job competencies on developing client records, assessing clients' needs, coordinating support services, promoting client educational growth, promoting client development, performance of administrative tasks, participating in professional development activities, cultural competency, and counseling. Related instruction is the Fundamentals of Behavioral Health training.

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

STACKABLE CREDENTIAL TRAININGS FOR PARAPROFESSIONALS

Stackable credentials 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 (cte.ed.gov). 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 1,000 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.
- **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.
- **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.
- **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, 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 and Riverstone Health.

SUMMARY AND CONCLUSIONS

Paraprofessionals play a significant role in Montana's healthcare delivery system. Certified Nursing Assistants, Emergency Medical Technicians, Paramedics, Medical Assistants, Human Service Assistants, Psychiatric Technicians/Behavioral Health Technicians and Psychiatric Aides comprise the largest numbers of paraprofessional roles. Newly evolving roles of Peer Support Specialist, Community Health Worker, and Community Integrated Health – EMS/ Community Paramedic are growing across the state as training programs are developed and delivered.

Key findings from the study include:

1. Paraprofessionals are working in every county in Montana.
2. Paraprofessional training is provided in a variety of distributed training models including:
 - a. Courses offered in sites around the state (e.g. Peer Support, Emergency Medical Technician)
 - b. Courses offered through online courses (e.g. Community Health Worker and Certified Nursing Assistant)
 - c. On the job training (Medical Assistant, Psychiatric Aide)
 - d. Apprenticeships (Community Integrated Health, Community Health Worker)
3. Paraprofessional training opportunities must be available where people live and work. The distributive training models are an important method of meeting the needs of both learners and employers who may be distant from traditional educational programs
4. Professions that have recently become certified by the state (Peer Support, Community Integrated Health) were the result of years of grassroots work by collaborative groups of volunteers, education, employers, and state agencies.
5. The short length of training for many paraprofessional roles offers opportunities for career laddering by combining credentials (e.g. Peer Support and Community Health Worker); adding on certifications such as Management of Aggressive Behaviors; or structuring series of add-on trainings to build skills and employability. e.g.
 - a. CNA training in dementia and end of life
 - b. Community Health Worker training in chronic disease, transitions of care, oral health
 - c. Behavioral Health Peer Support training to work with children and families
 - d. Medical Assistants to work as care coordinators

6. The design and creation of training programs is best achieved through the collaboration of members of the workforce, employers, education, state associations, state agencies and community based partners.
7. Most paraprofessional roles are not credentialed. It would be helpful to have more research into how credentials impact the utilization, funding, and job satisfaction of paraprofessionals.
- 8 . Tribal Colleges offer training opportunities for behavioral health aides, and the Tribal Health Improvement Programs have been training paraprofessionals to work in care coordination roles. The newly authorized Community Health Aide Program is expected to provide an exciting new opportunity for paraprofessional services on reservations in Montana.

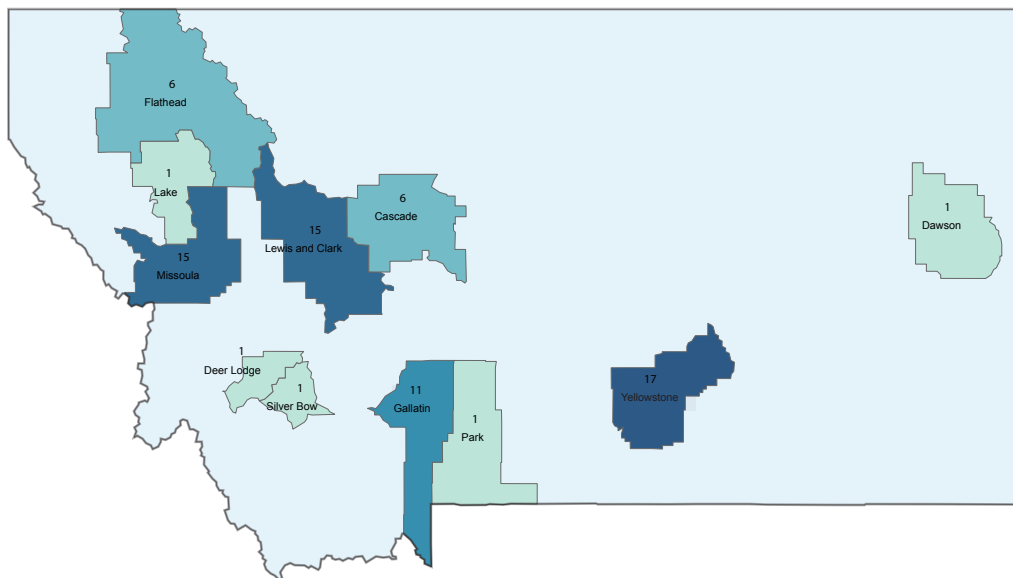
APPENDIX A

BEHAVIORAL HEALTH PROFESSIONALS WORKFORCE

	Licensed	Employment Estimate
Psychiatrist	--	100
Psychologist	219	60
Professional Counselor (LCPC) & Addiction Counselor (LAC)	1,992	1,350
Clinical Social Worker (LCSW)	971	550

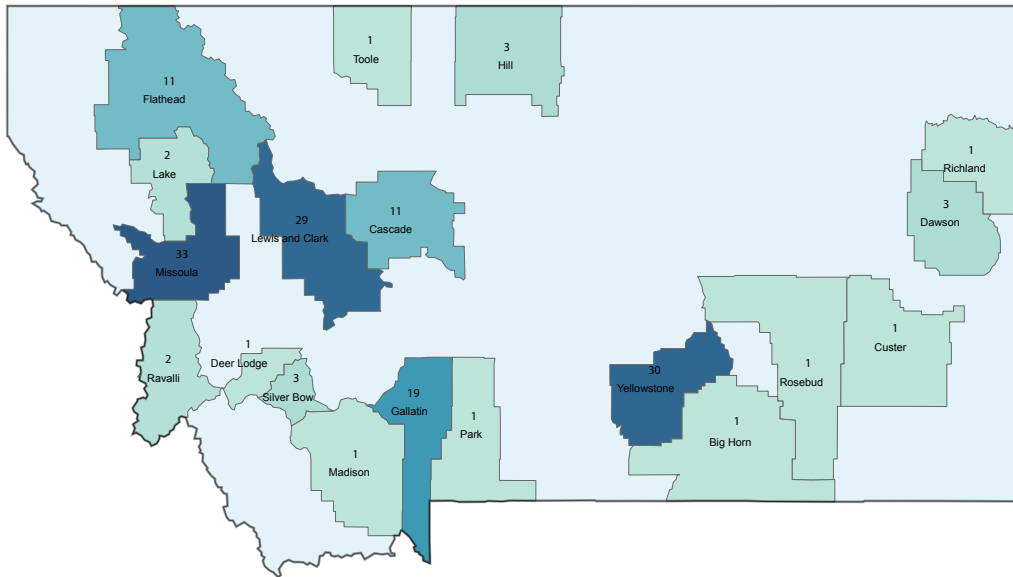
Data sources: Licensure data is from the Department of Labor and Industry Licensing Bureau (April 2020). Employment estimates are from the Bureau of Labor Statistics 2017 Occupational Employment Statistics.

Number of Actively Practicing Psychiatrists by County



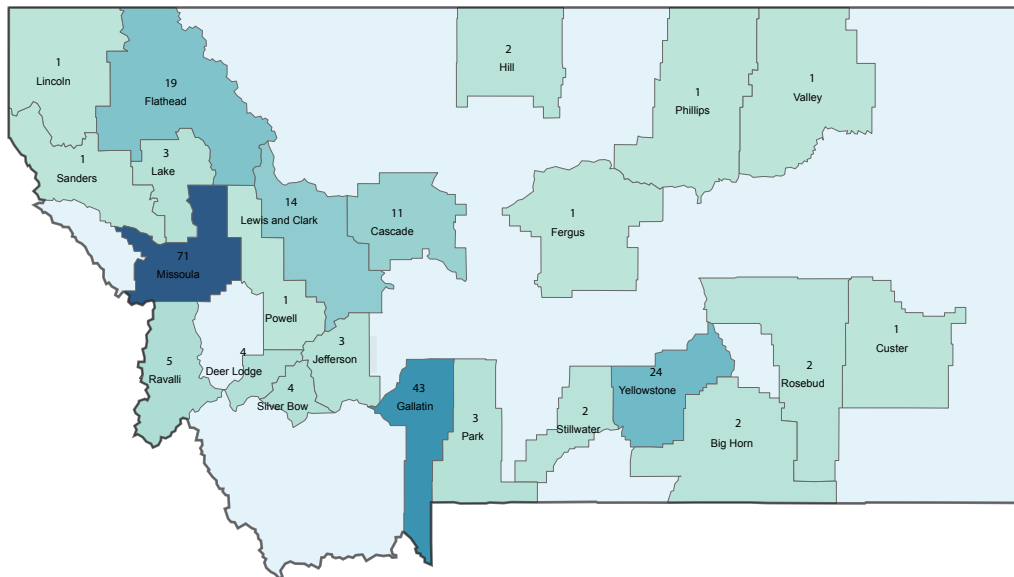
Data source: WIM Tracking LLC (2020) Data does not include providers within correctional settings, state facilities, Veterans Affairs, or Indian Health Services.

Number of Actively Practicing Psychiatrists and Psychiatric Nurse Practitioners by County



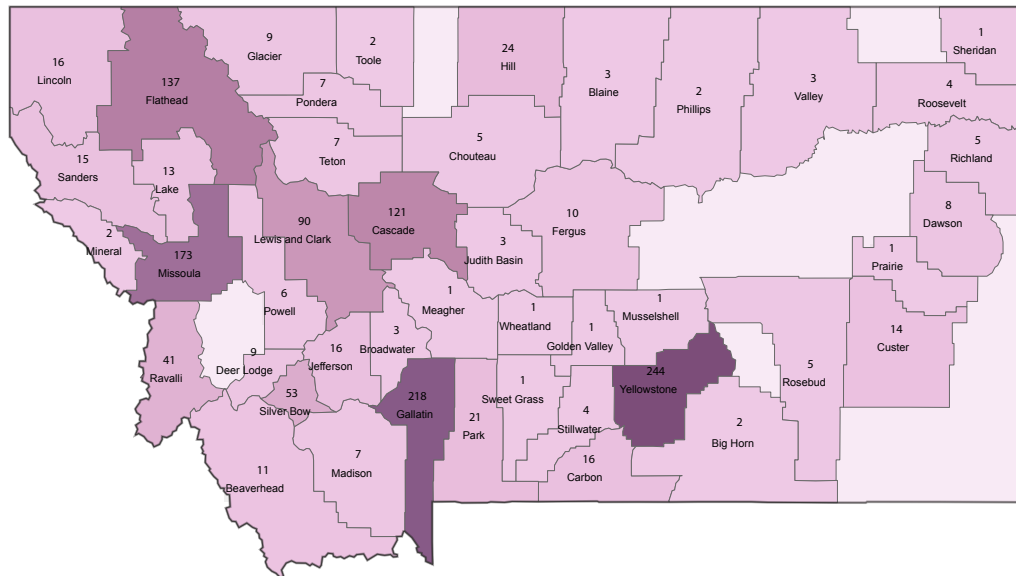
Data Source: WIM Tracking LLC (2020) Data does not include providers within correctional settings, state facilities, Veterans Affairs, or Indian Health Services.

Number of Actively Licensed Psychologists by County



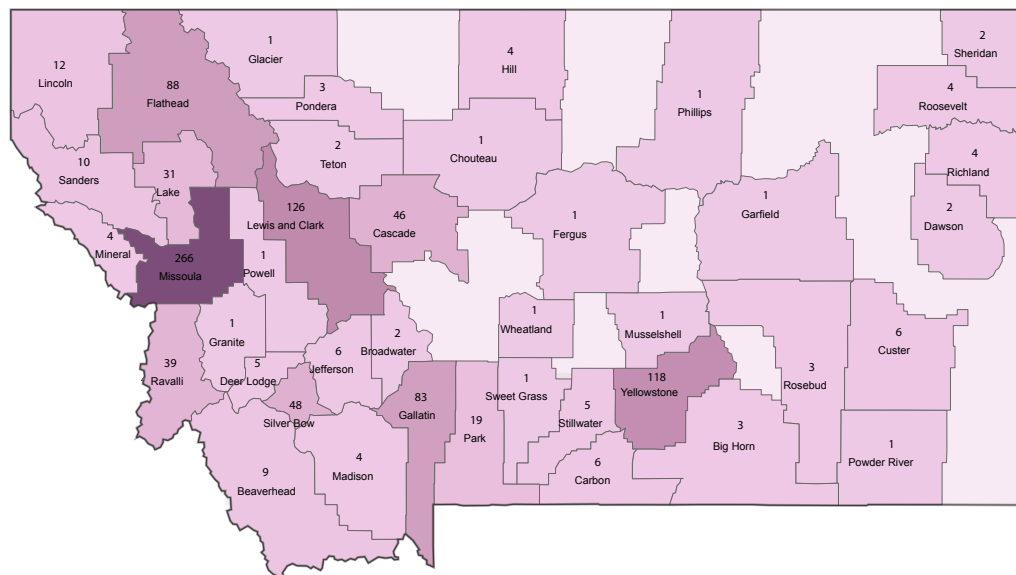
Data source: Montana Department of Labor and Industry Licensing Bureau (April 2020)

Number of Actively Licensed Clinical Professional Counselors (LCPC) by County



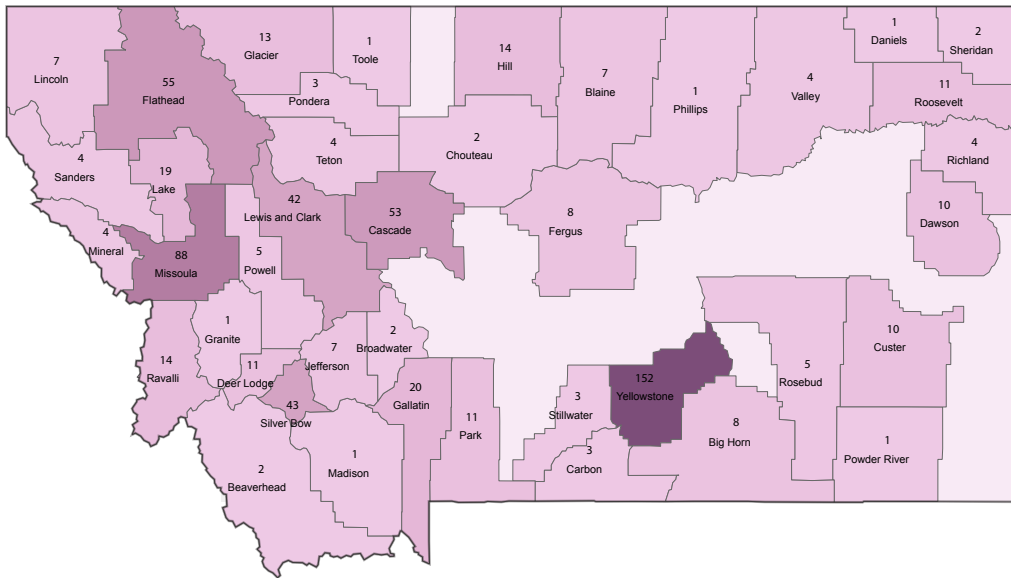
Data source: Montana Department of Labor and Industry Licensing Bureau (April 2020)

Number of Actively Licensed Clinical Social Workers (LCSW) by County



Data source: Montana Department of Labor and Industry Licensing Bureau (April 2020)

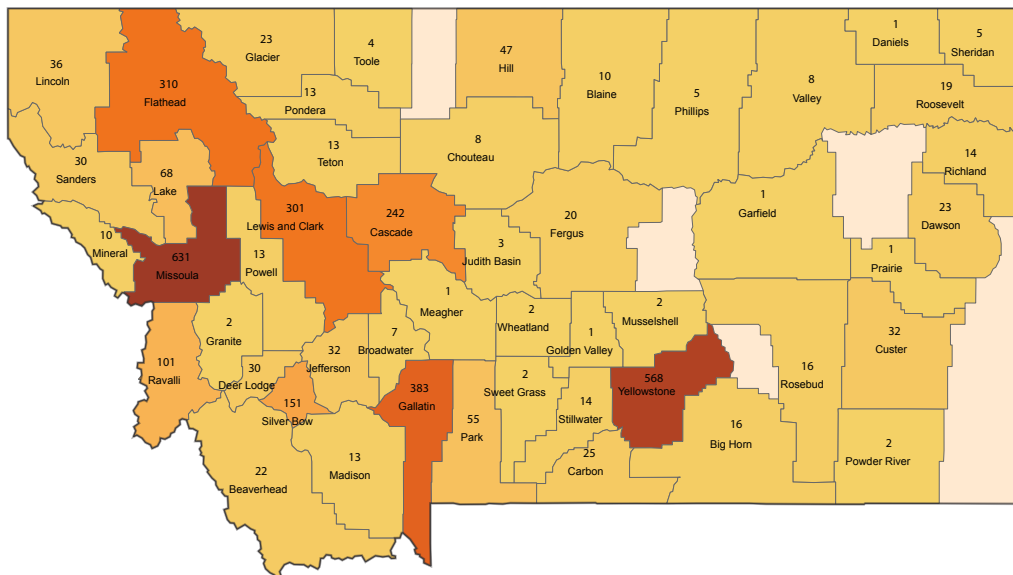
Number of Actively Licensed Addiction Counselors (LAC) by County



Data source: Montana Department of Labor and Industry Licensing Bureau (April 2020)

Number of Actively Licensed Behavioral Health Providers by County

Psychiatrists, Psychiatric Nurse Practitioners, Psychologists, LCPCs, LCSWs, & LACs



Data source: Montana Department of Labor and Industry Licensing Bureau (April 2020)

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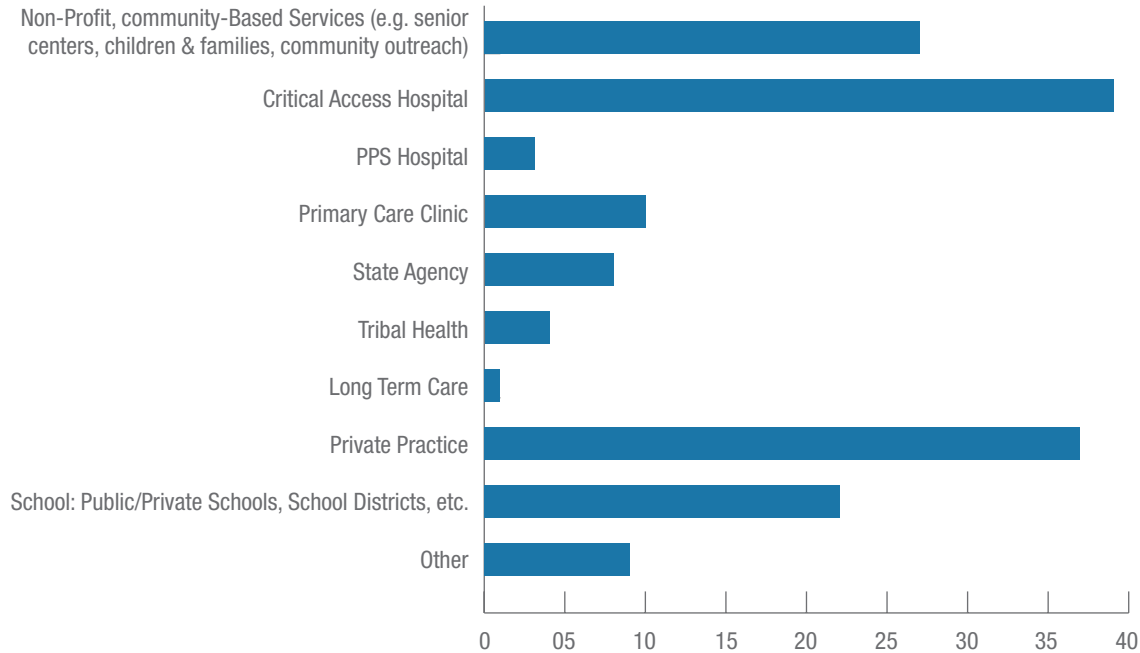
ACKNOWLEDGEMENTS

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. Kristin Juliar, Director, and Beth Ann Martin, Behavioral Health Workforce Coordinator, contributed to this report.

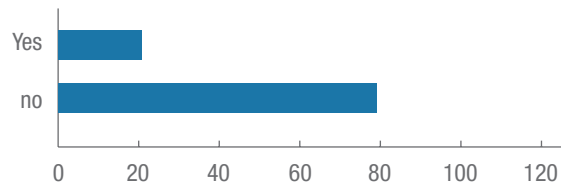
MORH/AHEC partnered with WIM Tracking, a health workforce research company that monitors the health workforce in Wyoming, Idaho, and Montana and makes use of the data by managing a health workforce data base. WIM Tracking assists non-profits in building workforce reports, maps and expanding data to meet specific research need, making health workforce data useful and accessible by powering practical tools with comprehensive data. Jena Smith led the workforce data analysis and mapping in this report.

APPENDIX B: CHW RAPID RESPONSE SURVEY QUESTIONS & RESPONSES

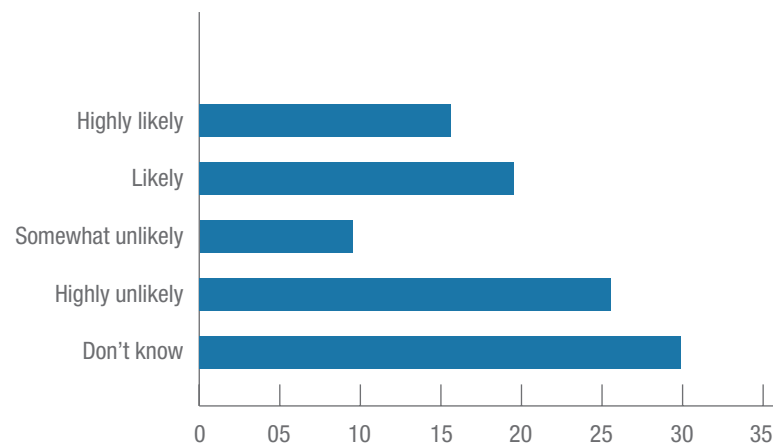
Q1 - How do you describe your organization?



#	Answer	%	Count
1	Non-Profit, Community-Based Services (e.g. senior centers, children & families, community outreach)	17%	27
2	Critical Access Hospital	24%	39
3	PPS Hospital	2%	3
4	Primary Care Clinic	6%	10
5	State Agency	5%	8
6	Tribal Health	3%	4
7	Long Term Care	1%	1
8	Private Practice	23%	37
9	School - Public/Private Schools, School Districts, etc.	14%	22
10	Other	6%	9
	Total	100%	160

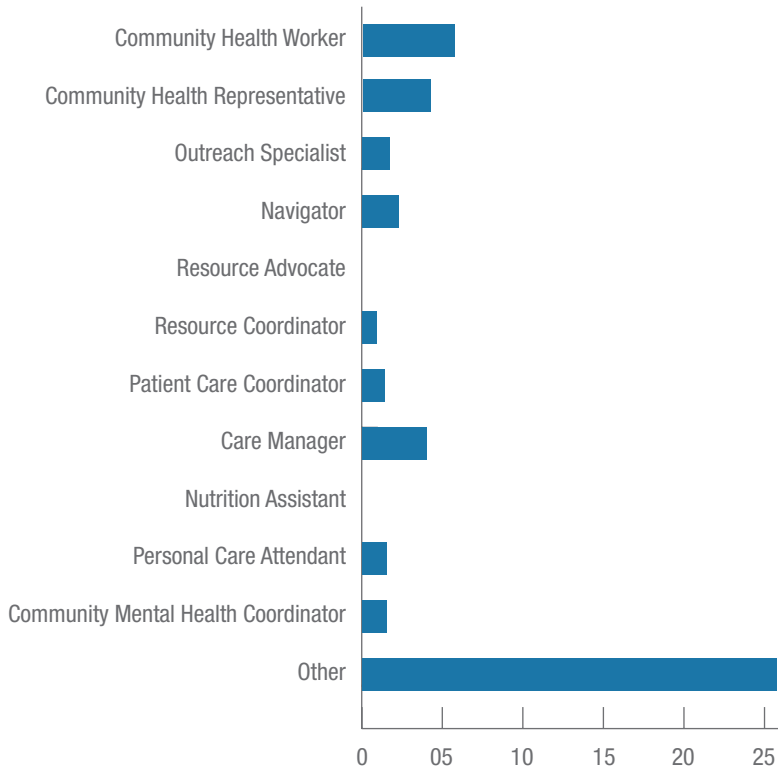
Q2 - Do you currently employ a Community Health Worker?

	Answer	%	Count
1	Yes	21%	34
2	No	79%	127
	Total	100%	161

Q3 - If you do not employ Community Health Workers, how likely are you to employ them in the future?

	Answer	%	Count
1	Highly likely	16%	18
2	Likely	19%	22
3	Somewhat unlikely	9%	10
4	Highly unlikely	26%	30
5	Don't know	30%	34
	Total	100%	114

Q4 - What title does your facility use for a person that performs the duties of a Community Health Worker?



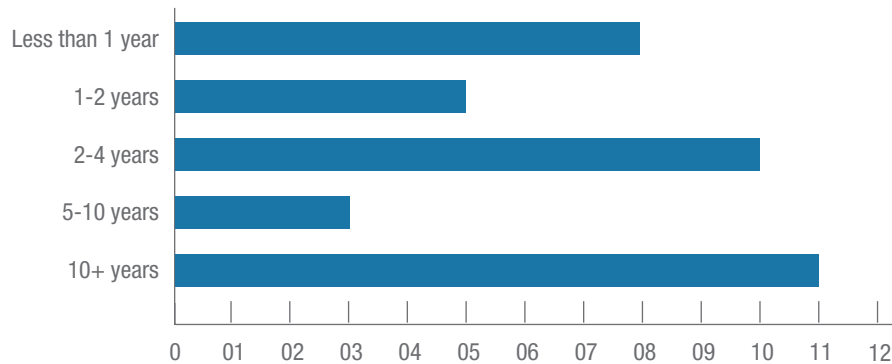
	Answer	%	Count
1	Community Health Worker	12%	6
2	Community Health Representative	8%	4
3	Outreach Specialist	4%	2
4	Navigator	6%	3
5	Resource Advocate	0%	0
6	Resource Coordinator	2%	1
7	Patient Care Coordinator	4%	2
8	Care Manager	8%	4
9	Nutrition Assistant	0%	0
10	Personal Care Attendant	4%	2
11	Community Mental Health Coordinator	4%	2
12	Other	50%	26
	Total	100%	52

"Other" Entries	#
Case Manager	4
Medical Assistant	2
Care Coordinator	2
Promotoras	1
Nurse	2

"Other" Entries (cont.)	#
School Counselor	3
School Nurse	5
Patient Advocate	1
Outreach Worker	1

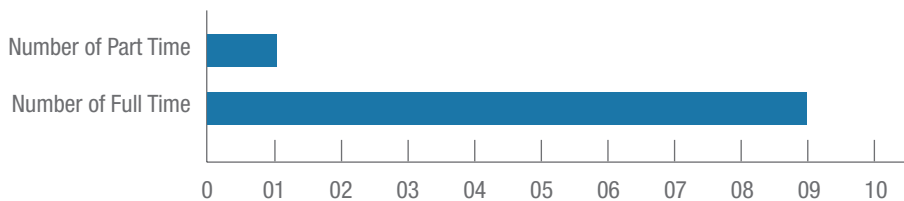
"Other" Entries (cont.)	#
Community Resource Partner	1
Integrated Care Manager	1
Community Health Educator	1
Messenger	2

Q5 - How long have you employed Community Health Workers?



#	Answer	%	Count
1	Less than 1 year	22%	8
2	1-2 years	14%	5
3	2-4 years	27%	10
4	5-10 years	8%	3
5	10+ years	30%	11
	Total	100%	37

Q6 - How many full time and part time Community Health Workers do you employ?



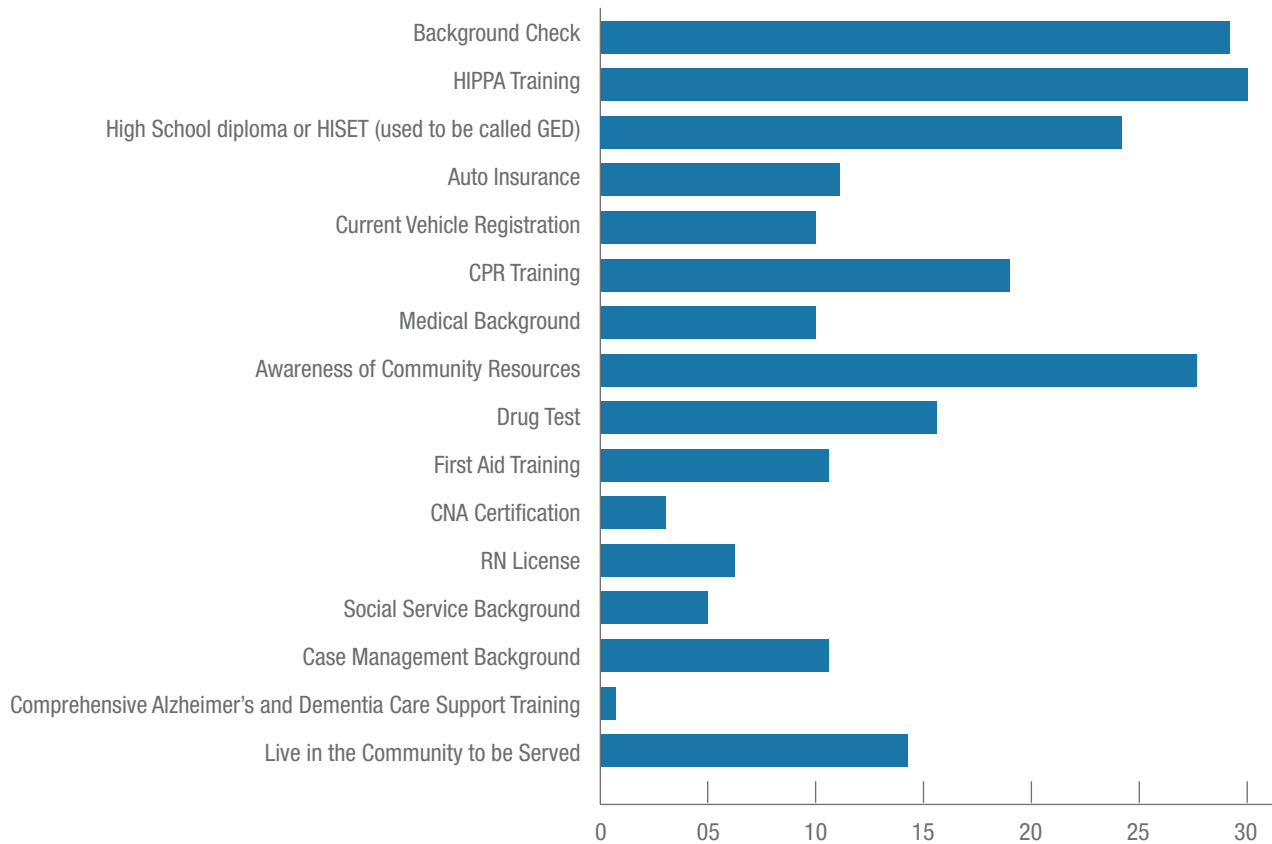
#	Answer	%	Count
1	Number of Part Time	10%	1
2	Number of Full Time	90%	9
	Total	100%	10

Number of Part Time – entry per organization

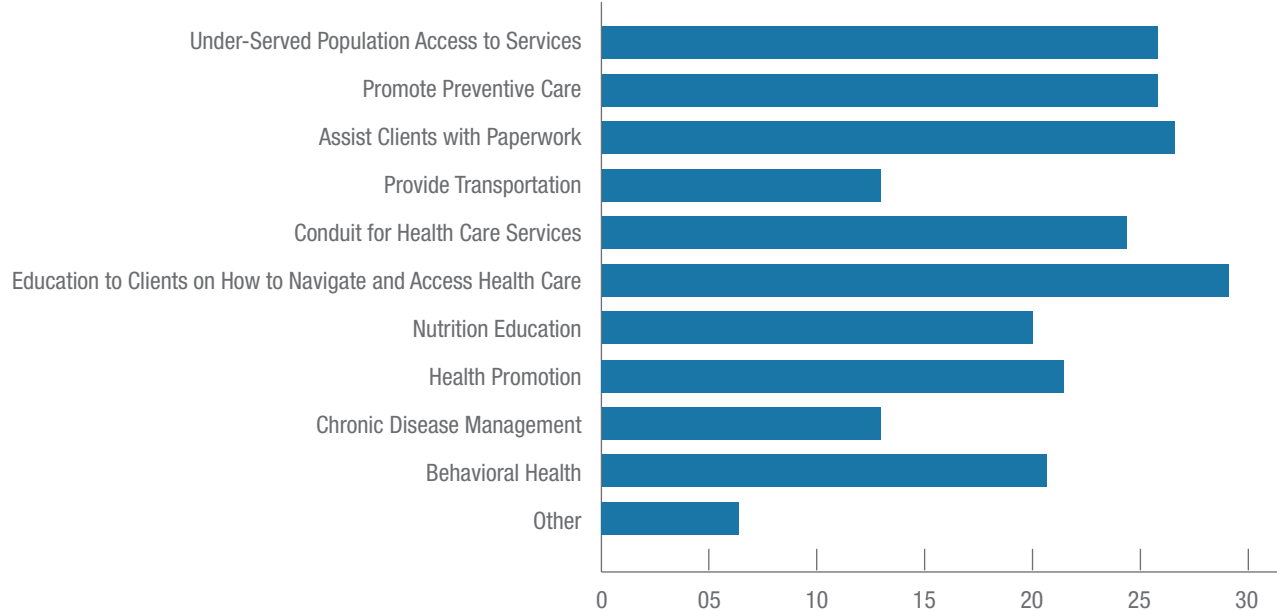
1

Number of Full Time – entry per organization

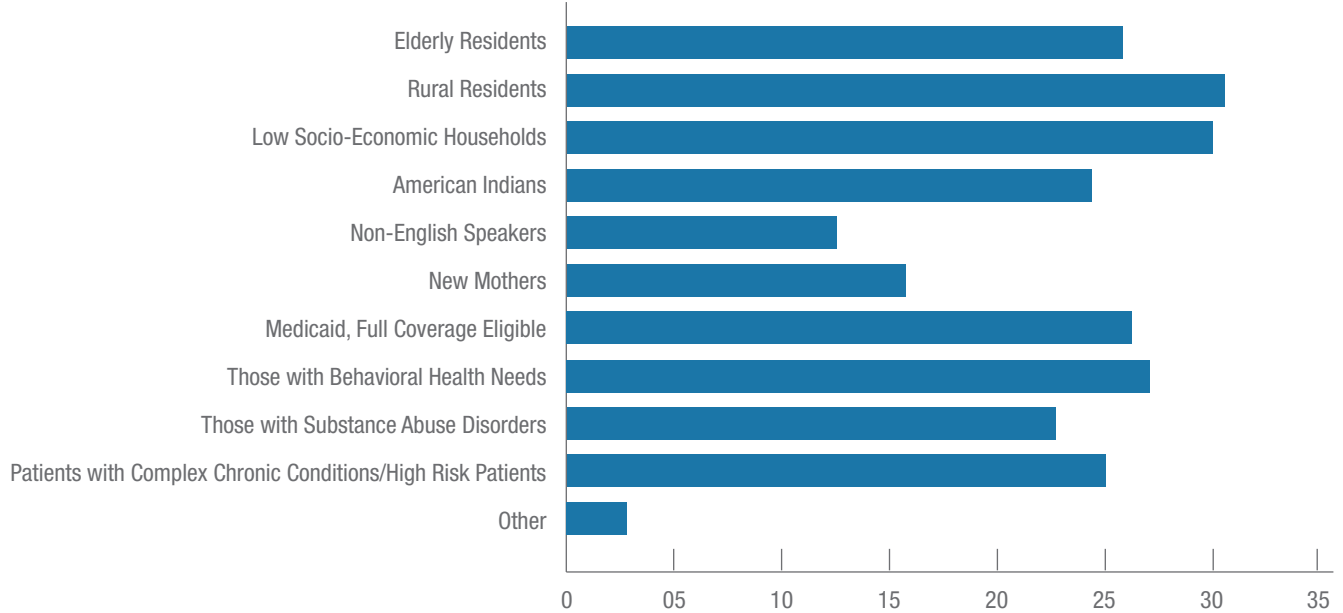
12	3	1
15	1	2
5	23	1

Q7 - What qualifications are required for NEW Community Health Workers employed at your facility?

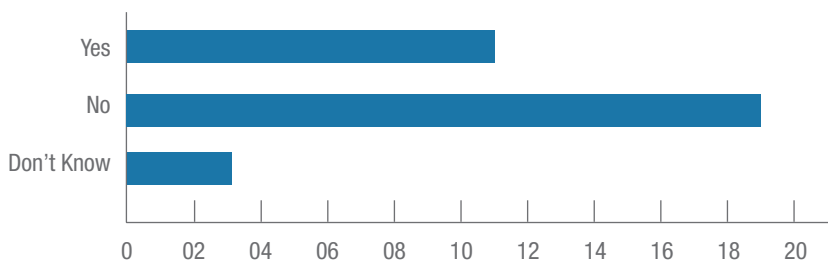
#	Answer	%	Count
1	Background Check	12%	28
2	HIPPA Training	13%	30
3	High School diploma or HISET (used to be called GED)	11%	24
4	Auto Insurance	5%	12
5	Current Vehicle Registration	4%	10
6	CPR Training	8%	18
7	Medical Background	4%	10
8	Awareness of Community Resources	12%	27
9	Drug Test	7%	16
10	First Aid Training	5%	11
11	CNA Certification	1%	3
12	RN License	3%	7
13	Social Service Background	2%	5
14	Case Management Background	5%	11
15	Comprehensive Alzheimer's and Dementia Care Support Training	0%	1
16	Live in the Community to be Served	6%	14
	Total	100%	227

Q8 - What services do your Community Health Workers provide?

#	Answer	%	Count
1	Under-Served Population Access to Services	11%	26
2	Promote Preventive Care	11%	26
3	Assist Clients with Paperwork	12%	27
4	Provide Transportation	6%	13
5	Conduit for Health Care Services	11%	24
6	Education to Clients on How to Navigate and Access Health Care	12%	28
7	Nutrition Education	9%	20
8	Health Promotion	10%	22
9	Chronic Disease Management	6%	13
10	Behavioral Health	9%	21
11	Other	3%	7
	Total	100%	227

Q9 - What populations do your Community Health Workers serve?

#	Answer	%	Count
1	Elderly Residents	11%	26
2	Rural Residents	13%	31
3	Low Socio-Economic Households	12%	30
4	American Indians	10%	24
5	Non-English Speakers	5%	13
6	New Mothers	7%	16
7	Medicaid, Full Coverage Eligible	11%	27
8	Those with Behavioral Health Needs	11%	28
9	Those with Substance Abuse Disorders	9%	23
10	Patients with Complex Chronic Conditions/High Risk Patients	10%	25
11	Other	1%	3
	Total	100%	246

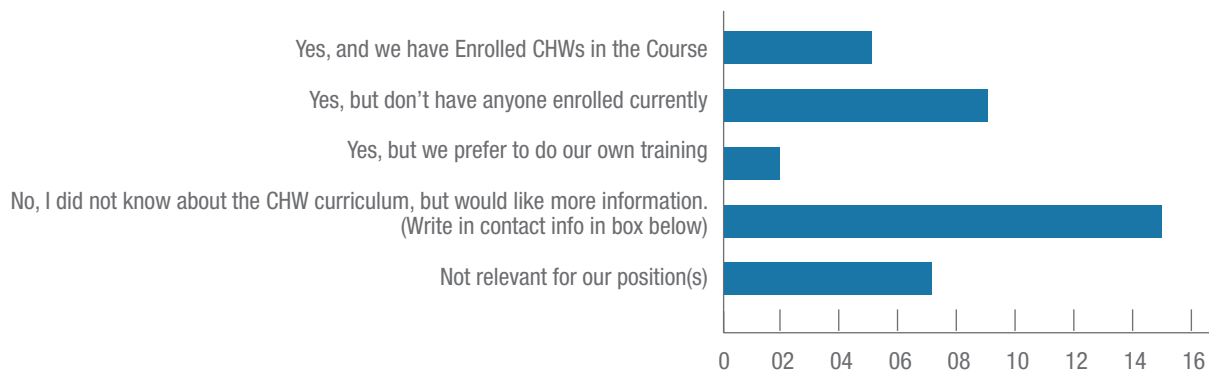
Q10 - Do you offer Community Health Worker training at your facility?

#	Answer	%	Count
1	Yes	33%	11
2	No	58%	19
3	Don't Know	9%	3
	Total	100%	33

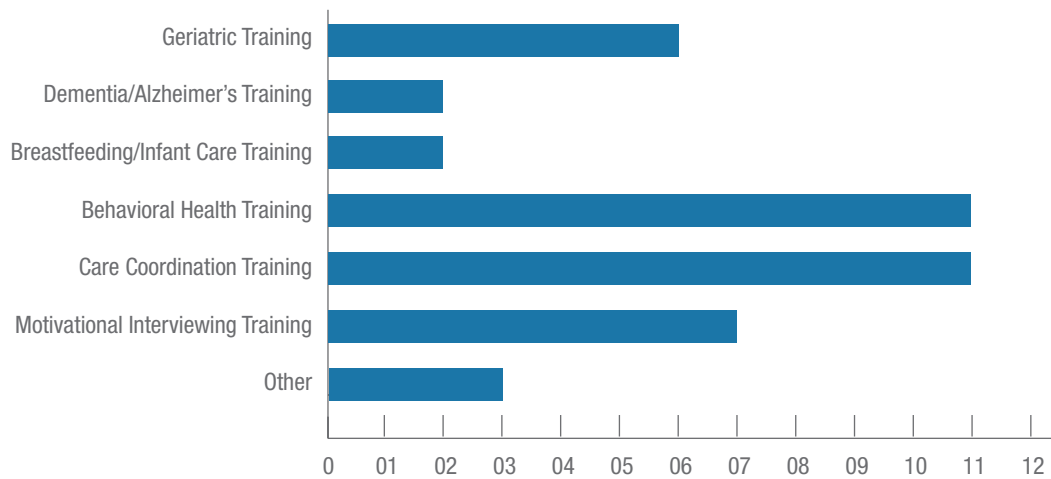
Additional Information for “Yes” responses:

- 2-day intensive training, monthly lunch trainings, weekly case conference review and shadowing seasoned staff on home visits
- Not a formal training
- We will, purchased a training outline developed from previous work
- Currently developing curriculum
- Our own Messenger orientation training

Q11 - Are you aware of the statewide Montana Community Health Worker curriculum available through regional AHEC offices, and are you enrolling your workers in this training?



#	Answer	%	Count
1	Yes, and we have Enrolled CHWs in the Course	13%	5
2	Yes, but don't have anyone enrolled currently	24%	9
3	Yes, but we prefer to do our own training	5%	2
4	No, I did not know about the CHW curriculum, but would like more information. (Write in contact info in box below)	39%	15
5	Not relevant for our position(s)	18%	7
	Total	100%	38

Q12 - What sort of Continuing Education might be valuable for your Community Health Workers?

#	Answer	%	Count
1	Geriatric Training	14%	6
2	Dementia/Alzheimer's Training	5%	2
3	Breastfeeding/Infant Care Training	5%	2
4	Behavioral Health Training	26%	11
5	Care Coordination Training	26%	11
6	Motivational Interviewing Training	17%	7
7	Other	7%	3
	Total	100%	42

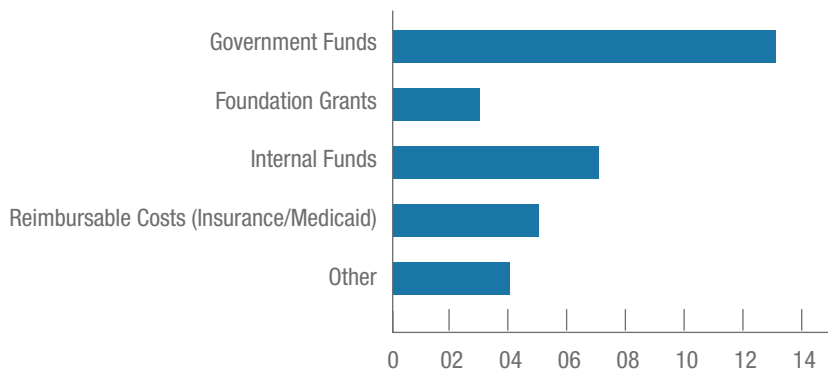
Additional Information for "Other" response:

Chronic Diseases- measles and other new issues - 1

Chronic Disease specialty areas - 2

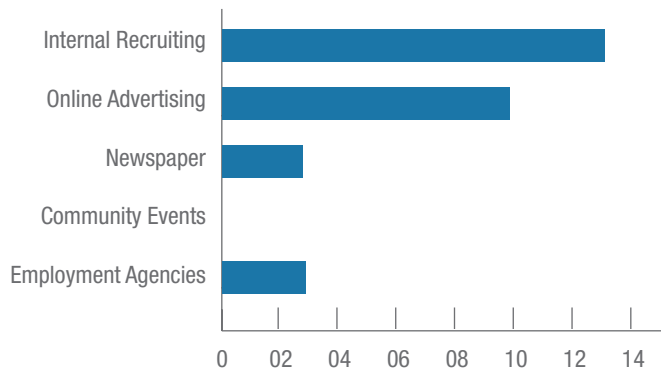
Q13 - Please provide minimum/maximum hourly salary range for Community Health Workers at your facility:

Hourly		Salary	
\$12 - 15	11	\$25,000-29,000	
\$15 - 18	8	\$30,000 – 35,000	1
\$19 - 22	3	\$36,000 – 40,000	2
\$23 - 26	1	\$40,000- 50,000	

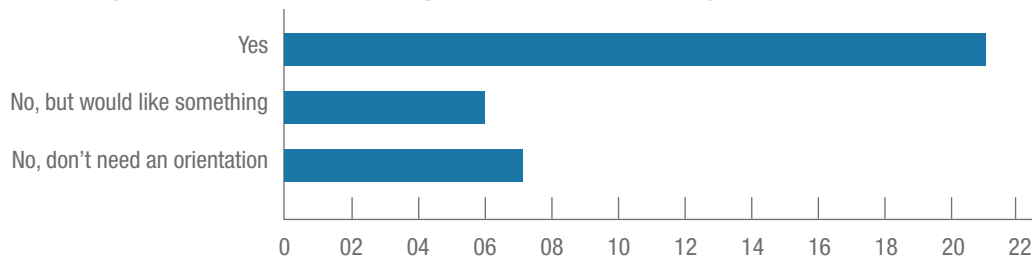
Q14 - How do you fund the Community Health Worker position(s) at your facility?

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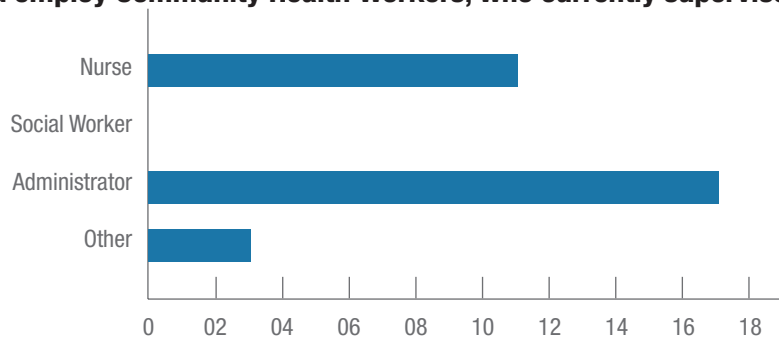
#	Answer	%	Count
1	Government Funds	41%	13
2	Foundation Grants	9%	3
3	Internal Funds	22%	7
4	Reimbursable Costs (Insurance/Medicaid)	16%	5
5	Other	13%	4
	Total	100%	32

Q15 - What methods does your facility use to recruit Community Health Workers?

#	Answer	%	Count
1	Internal Recruiting	45%	13
2	Online Advertising	34%	10
3	Newspaper	10%	3
4	Community Events	0%	0
5	Employment Agencies	10%	3
	Total	100%	29

Q16 - Do you have an Orientation process for Community Health Workers?

#	Answer	%	Count
1	Yes	62%	21
2	No, but would like something.	18%	6
3	No, don't need an orientation.	21%	7
	Total	100%	34

Q17 - If you employ Community Health Workers, who currently supervises?

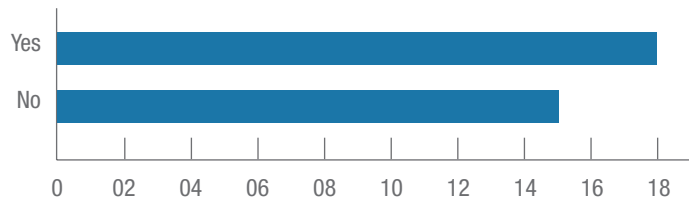
#	Answer	%	Count
1	Nurse	35%	11
2	Social Worker	0%	0
3	Administrator	55%	17
4	Other	10%	3
	Total	100%	31

Responses for "Other":

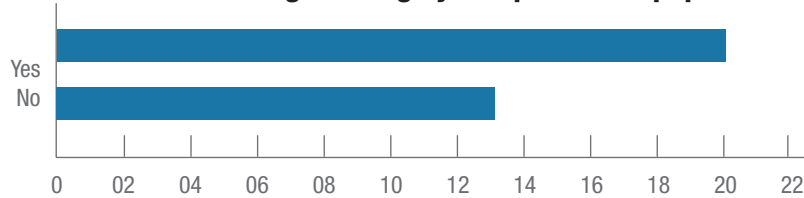
County Health Department - 1

Area Service Coordinator

(Experienced Outreach Worker) - 1

Q18 - If you employ Community Health Workers, would you be interested in Supervisor training?

#	Answer	%	Count
1	Yes	55%	18
2	No	45%	15
	Total	100%	33

Q19 - Would your organization be interested in Advanced or Level II Community Health Worker training for CHWs that are working with highly complex client populations?

#	Answer	%	Count
1	Yes	61%	20
2	No	39%	13
	Total	100%	33



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MONTANA HEALTH AND BEHAVIORAL HEALTH PARAPROFESSIONALS WORKFORCE

2020 REPORT

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