PROJECT CONSULTANTS

Sage

2023-24

SOUTH DAKOTA

BEHAVIORAL HEALTH WORKFORCE RECRUITMENT & RETENTION

LANDSCAPE ANALYSIS

SD BEHAVIORAL HEALTH

Department of Social Services

Division of Behavioral Health

https://dss.sd.gov/behavioralhealth/default.aspx

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This landscape analysis was done in partnership with Sage Project Consultants, LLC, a South Dakota-based consulting firm specializing in program evaluation and assessment, project management, and strategic planning.

The culmination of this work is best attributed to the time and efforts of those that participated in an interview, a focus group, or research regarding the aims of this study. The following entities are acknowledged for their contribution of time and insight into the challenges and opportunities around behavioral health workforce recruitment and retention from their perspective.

Publicly Funded Behavioral Health Providers
Brookings Behavioral Health & Wellness
Capital Area Counseling Services, Inc.
Community Counseling Services
Dakota Counseling Institute
Human Service Agency
Human Services Center
Lewis & Clark Behavioral Health Services
Northeastern Mental Health Center
Southeastern Behavioral Health
Southern Plains Behavioral Health Services
Three Rivers Mental Health and Chemical Dependency Center
West River Mental Health (formerly Behavior Management Systems)

Other Substance Use Disorder Treatment or Prevention Providers
Action for the Betterment of the Community
Addiction Recovery Centers of the Black Hills
Avera Behavioral Health Services
Avera St. Luke's Addiction Care Center in Aberdeen
Avera Addiction Care Center in Sioux Falls
Bartels Counseling Services, Inc.
Carroll Institute
Choices Recovery Services
Compass Point (Northern Hills Alcohol and Drug Services)
Finding Hope Counseling
First Step Counseling Services
Glory House of Sioux Falls
Lutheran Social Services
Our Home, Inc. Rediscovery
Pennington Co. Sheriff's Office Addiction Treatment Services
Project Recovery
Rosebud Sioux Tribe Meth Treatment Program
University of South Dakota Student Counseling Center
Volunteers of America-Dakotas
Wellfully (Wellspring Inc.)
Youth & Family Services, Inc.

Behavioral Health Voucher Program Providers
Belle Fourche Counseling, LLC
Encompass Mental Health, LLC
Family Service Inc.
Integrated Care and Consultation
Linking the Gap Counseling
MK Counseling, LLC
Rising Hope, LLC
Scovel Psychological and Counseling Services

Post-Secondary Training Programs
Black Hills State University
Human Services, Psychology, Sociology
Lake Area Technical College
Human Services, Mental Health Technician
Mount Marty University
Psychiatric Mental Health Nurse Practitioner
South Dakota State University
Psychiatric Nurse Practitioner, Counseling
University of South Dakota
School Psychology, Clinical Psychology, Social Work, Addiction Studies

Emerging Workforce Programs
South Dakota Area Health Education Centers
SD HOSA-Future Health Professionals

Other Stakeholders
South Dakota Council of Community Behavioral Health
South Dakota Counseling Association
Board of Examiners for Counseling & Marriage and Family Therapists
Board of Addiction and Prevention Professionals
Division of Behavioral Health, SD DSS

TABLE OF CONTENTS

Appendices

BACKGROUND

Workforce availability is an issue across nearly all industries, and behavioral health is no exception.

Workforce shortages experienced by the community behavioral health system in South Dakota have been an issue of concern for some time. These shortages have become even more dire since 2020 and post-pandemic. These workforce challenges impact centers and agencies' ability to provide services in their target communities and service areas. Behavioral health agencies are seriously challenged with recruiting and retaining employees across all levels of positions. Despite efforts made both internally and through recent administrative rule changes, most agencies and centers report shortages in key positions as an ever-present concern. This is an area that the Division of Behavioral Health (DBH, or the Division), South Dakota Department of Social Services (DSS) has prioritized as a key initiative, knowing that the ability for individuals in need of behavioral health services to access those services is directly related to having a competent, skilled, and available workforce to deliver those services.

In recognition of these challenges the Division developed and launched a comprehensive workforce development effort in 2023. Building on a base of targeted workforce development initiatives noted within this report, the Division selected a vendor to conduct a landscape analysis of existing state and federal resources available or adaptable to the publicly funded behavioral health system in South Dakota. Sage Project Consultants, LLC (Sage) was contracted for this purpose in early 2023. Their review encompassed the publicly funded system, the statewide behavioral health system, and private practice providers.

For the purposes of this study, the **behavioral health workforce** included psychiatrists, psychologists, licensed clinical social workers, counselors, advanced practice psychiatric nurses, addiction counselors, behavioral health technicians, prevention providers, and other mental health professionals working in positions across the **publicly funded behavioral health system**. Providers termed "publicly funded" in this context are those accredited by DSS and contracted by the Division of Behavioral Health to provide services to indigent South Dakotans who are seriously mentally ill, to youth with serious emotional disturbance, and to individuals with substance use related needs. This is not to discount the important role all behavioral health providers play in providing comprehensive, quality services to South Dakotans, but does serve as a focus population for the purposes of this study. Most agencies and centers provide 24/7 access to emergency services or on-call resources for individuals in their areas, and some offer 24/7 residential services for higher levels of inpatient care or treatment.

Community Mental Health Center Workforce

Psychiatrists / Licensed Physicians
Physicians Assistants / Certified Nurse Practitioners
Clinical Directors
Psychologists
Nurses (RN, LPN)
Therapists (Masters Level)
Case Managers
Intake Specialists
Other Support Staff

Substance Use Disorder Treatment Agency Workforce

Nurses (RN, LPN)
Clinical Supervisors
Addiction Counselors

- Licensed Addiction Counselors (LACs)
- Certified Addiction Counselors (CACs)
- Addiction Counselor Trainees (ACTs)

Residential Direct Care Staff

Based on interview data attained through this study, many of the interviewed providers either grew up in or were at least initially trained in South Dakota. There was little evidence supporting the effective recruitment of out-of-state practitioners to date.

Key questions were posed to frame this effort:

- What are the current resources available for behavioral health workforce development in South Dakota, and for mental health and substance use disorder agencies?
- What in-state training programs are available, and how do they tie to community behavioral health services?
- How are students finding out about careers in behavioral health?
- What other workforce development efforts are out there that might be complementary to these careers?
- What are other states doing, and do we know how effective these strategies have been?

The scope of work involved a multifaceted approach that centered around extensive individual interviews with behavioral health agency leaders and private practitioners working across South Dakota. Interviews were also conducted with training program leaders, including postsecondary programs in the state. Activities included but were not limited to researching existing recruitment and retention resources and programs in the state and within surrounding regional states, surveying educational institutions including student feedback, exploring collaboration opportunities with agencies, and identifying implemented or developing models from other states. Key stakeholder insights on recruitment, retention, geographic disparities, and incentives for employment were gathered through focus groups and individual conversations, the findings of which were aggregated into forming the short-term recommendations associated with this landscape analysis. The intended outcome of this strategy was to find solutions and understand obstacles to address workforce challenges and gaps by leveraging resources, exploring innovative solutions, and engaging key stakeholders in the development of effective recruitment and retention strategies tailored to the behavioral health sector in South Dakota.

The publicly funded behavioral health system had taken steps to support the workforce through increased use of telehealth and workforce competency development.

In fact, the Division of Behavioral Health has a long history of finding ways to leverage both state and federal funding to support workforce development. In its 2022 report, the National Conference of State Legislatures acknowledged that “a shortage of behavioral health professionals limits access to necessary services, particularly for residents of rural and underserved communities,” and that expanding the reach of the existing workforce through telebehavioral health can be a “cost-effective strategy to increase access, address workforce shortages and reach patients” (NCSL, 2022, State Strategies to Recruit and Retain the Behavioral Health Workforce). Telehealth service delivery has been available for over 12 years (since January 2011) beginning with Medication Management at South Dakota Community Mental Health Centers (CMHCs).

Effective with Administrative Rules implemented with the South Dakota Legislature in January 2011, CMHCs were able to be reimbursed for medication management (pharmacological management) through this means, thereby providing flexibility to both clients served and to prescribers in the methodology in which they provided care.

Access to and use of telebehavioral health services expanded again in State Fiscal Year 2017 (FY17) by identifying telemedicine capacity would provide a similar benefit to mental health outpatient services. Reimbursable services expanded to include psychiatric services (evaluation, intake, and screenings), individual therapy, and family therapy. This expanded again in FY19 when additional telemedicine-based services were approved for reimbursement, including but not limited to Substance Use Disorder assessments; crisis services; individual, group, and family counseling; and early intervention.

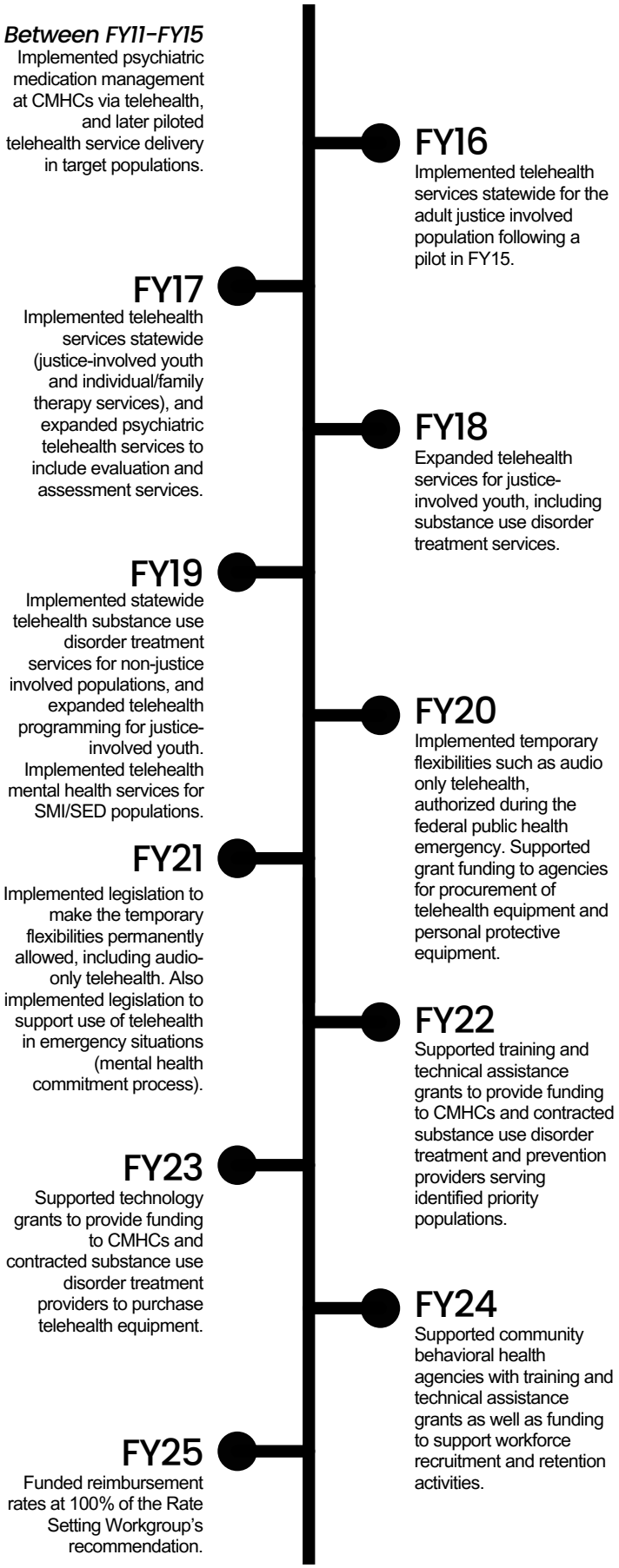
This flexibility in service delivery was acknowledged by several individuals interviewed as part of the landscape analysis. Having increased flexibility in service delivery through telebehavioral health has “been very big in retention” and a “great resource” in some agencies. A separate agency located in a more frontier community stated, “Telehealth is a benefit - yes - but services in the center are still preferred due to our rural nature and poor internet access.”

Administrative rules coupled with reimbursement for telebehavioral health services was only part of the approach taken to increase access to and use of telebehavioral health. The Division of Behavioral Health has identified and shared grant opportunities for the purchase of telehealth equipment over the years, such as but not limited to the USDA, which several community mental health centers successfully attained. In April 2020, the Division received SAMHSA Emergency Grants to Address Mental and Substance Use Disorders during COVID-19, which provided funding to state-accredited and contracted agencies for the procurement of personal protective equipment, telehealth equipment, and service delivery reimbursement for individuals impacted by COVID.

Efforts to support the recruitment and retention of staff through evidence-based training and partnership on key initiatives have demonstrated positive outcomes in recent years.

The Division of Behavioral Health offers training at no cost to state-accredited and contracted agencies, which traditionally has been around evidence-based practices (EBPs) for specific service modalities such as The Matrix Model or Cognitive Behavioral Interventions for Substance Abuse (CBISA). The Division has also offered training to support staff in EBPs applicable to any client or program, such as Motivational Interviewing and Cognitive Behavioral Therapy.

Figure 1. Summary of Workforce Development Initiatives led by the Division of Behavioral Health in the last decade



The benefits to employee retention in doing so were noted in conversations with agencies contributing to the findings of this study. Nearly every agency indicated appreciation for access to EBP training, and often cited that working in community behavioral health settings was arguably one of the most effective ways for a clinician to gain access to a variety of EBPs aimed at working with all population types including the most complex cases. "We actively seek training opportunities sponsored by the Division", stated one agency. Most agencies further indicated they direct operational budget to this same cause through the payment of professional licensure fees and through annual allowances for continuing education and professional development training. While some agencies use operational budgets for this purpose, a few indicated that they have foundation funds or similar non-operational resources they leverage for this purpose as a key staff retention strategy.

Support for professional development was acknowledged by stakeholders engaged in this study. In collaboration with the South Dakota Council of Community Behavioral Health (the Council), the Division has participated in discussions and adopted policy by consensus in several key areas related to professional development and retention of staff.

- A shared listing of recognized high-priority EBP training was developed, based on the recommended training priorities for individual professionals within community-based behavioral healthcare settings.
- Training needs are continually evaluated in partnership with the Council, and adjustments are made as needed.
- Through this collaboration, the Division reviewed funds available for expanded support and training opportunities in FY24 and continues to work with the Council and providers to identify ongoing needs.
- An annual training calendar was developed by the Division and is shared with contracted agencies to provide advance notice of when training is planned; this was acknowledged by several agencies in interview conversations as a positive, value-add for the organizations in helping to plan their staffs' continuing education schedules.

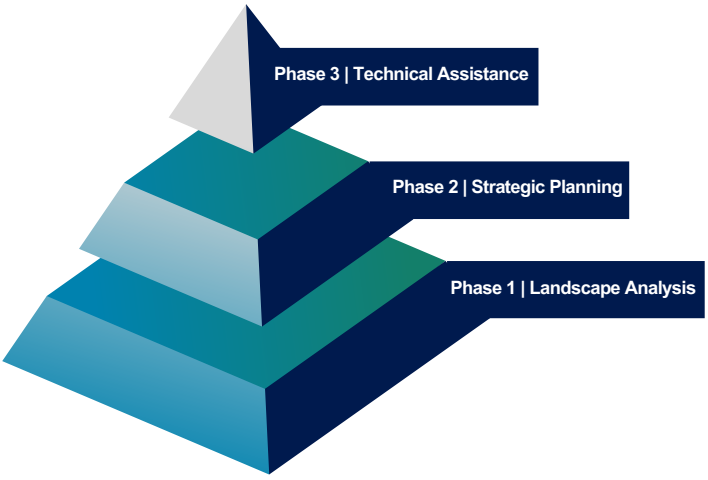
Lastly, the Division conducts a regular survey with its contracted provider group - the Access to Services Survey - which allows them to keep apprised of agency staffing needs, vacancy trends, and the impacts of those variables on wait times for clients' ability to access services. This data is shared with the Council and the providers directly. Many agency leaders interviewed through this study attested to the positive outcomes associated with this level and type of collaboration and data sharing, proving helpful in level-setting and advocacy for shared priorities in recruitment and retention efforts statewide. This information allowed the providers through the Council to effectively share issues and concerns with legislators during the FY23 session about rate setting, as one example, which in turn allowed agencies to compensate staff at a higher salary as recently as mid-2023.

LANDSCAPE ANALYSIS & FUTURE PLANNING

Despite the investments made and efforts put in place by the Division, its partners, and its providers, more understanding was needed. The presence of data around health care professional shortage areas, including those specialized in behavioral health care were well documented and known. The Division's own Access to Services Survey previously mentioned provided regular and timely updates on variables contributing to access to care for South Dakotans but lacked the "why" behind the issues agencies were facing related to recruitment and retention of qualified workforce. The process developed to understand the "why" centered not on secondary data, but rather on a qualitative study built upon one on one conversations with agency leaders, human resource professionals, clinical supervisors, practicing clinicians, and support staff.

The multi-year phased approach supporting this work was designed to ask and understand the root causes of "why" an individual works in community behavioral health first, which would ultimately lead to deeper, more informed strategic planning on the issues at hand. This would also provide understanding of the factors that contribute to their onboarding and retention in those positions.

Figure 2. Phased approach for understanding the qualitative elements contributing to workforce recruitment and retention, as a basis for planning



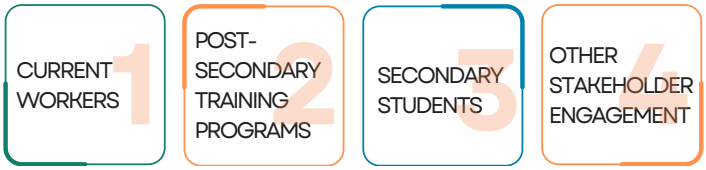
The planning process involved several key steps aimed at gathering information and engaging stakeholders to inform the development of strategies for behavioral health workforce development. Meetings were completed with key Division of Behavioral Health staff between January and March 2023 to finalize the approach and key activities for researching this project, during which time some key activities were already taking place.

The landscape analysis phase was structured to gain feedback from both contracted, accredited agencies currently working within the publicly funded community behavioral health system and from private practitioners working in community settings that may or may not have direct experience with working in the publicly funded sector as it has been defined for the purposes of this study.

In addition, it was equally important to get feedback and insight from those working to train and teach the next generation of behavioral healthcare workers across the full continuum of care. This included program department chairs, leaders, and other representatives from institutions of higher education across the state.

Lastly, the feedback of those working with the emerging workforce - those individuals perhaps still in high school or in a career development phase - was identified as valuable to the purposes of this study. While the forefront issue was related to current workers in community behavioral healthcare, the level of awareness among those considering healthcare or more specifically behavioral health care careers about community-based settings was also of interest. In response, four target audiences were identified as key stakeholders to contribute to the conversations around recruitment and retention of the behavioral health workforce in South Dakota.

Target Audiences for the Landscape Analysis



1 CURRENT WORKERS

Consultants conducted interviews with individuals in recruitment or retention roles in their organization. Small group discussions or one-on-one interviews represented independent practitioners, small group practices, community-based groups and large group practices including hospital settings. Interview areas included motivations for providers to join the field, profession benefits, professional obstacles, training processes, and wish list items to help improve workforce entry into the field. In addition, focus groups were held with those working in community-based settings. Two groups were held - one with individuals acting as a supervisor to other staff and/or providing clinical supervision to individuals attaining licensure, and one to support staff. The focus groups were held secondary to the interviews and used as a means to validate or dispute information gathered in the initial interview process. No significant differences in feedback were identified between the groups, therefore their results are aggregated in this summary.

2 POST-SECONDARY TRAINING PROGRAMS

One-on-one interviews and small group discussions were facilitated with training program chairs and program coordinators representing accredited programs across South Dakota in relevant areas of study, ranging from behavioral health technician to advanced psychiatric nurse practitioner programs. While some agencies and clinicians indicated they attained their training out of state and/or through an online program, the scope of these discussions was limited to South Dakota-based programs. Conversations with programs focused on program content and design, awareness, recruitment and retention efforts, incentives, and professional development.

3 SECONDARY STUDENTS

Conducted large groups of students in training programs. Questions for student groups focused on reasons for joining the field, factors that influenced their choice of educational path, financial factors that have positively and negatively impacted their program choice and professional planning, their understanding of community behavioral health, and any additional advice they would have.

4 OTHER STAKEHOLDER ENGAGEMENT

Other stakeholders included administrators of professional associations, licensing boards, state staff, representatives from Area Health Education Centers (AHEC) and leaders from South Dakota's HOSA-Future Health Professionals chapters. The original scope planned for the landscape analysis included targeted interviews with partnering HOSA chapter leaders, typically high school educators, as well as focus groups with HOSA students participating in the program at their local schools. It was identified early on during the landscape analysis that lack of awareness of what it means to work in community behavioral health was significant, so it was recommended by the consultants that this group best be engaged in aiding the Division in determining feasibility of the solutions or strategies that emerged from Phase 1.

The questions used to guide discussion among these stakeholders are included in the appendices.

SUPPORTING RESEARCH

The initial steps of the landscape analysis included planning for the interview process as its primary means of data collection, but were augmented by considerable research taken to establish a foundation in preparation for those discussions. The online-based research included an inventory of:

- current resources supporting behavioral health workforce development;
- current South Dakota agencies with workforce development plans and opportunities to collaborate with those initiatives;
- South Dakota-based universities, technical colleges, and community college programs producing graduates in one of the targeted degree pathways;
- other workforce development approaches being taken in neighboring or similar states.

A summary of these findings is included in this report, supported by a detailed listing of resources identified by state in the appendices.

EXECUTIVE SUMMARY
& AREAS OF FOCUS

SUMMARY OF FINDINGS

The following statements can be made regarding the findings of the landscape analysis, driven primarily by feedback received from partnering stakeholders agreeing to an interview across the continuum of career development.

General awareness of what it means to work in publicly funded community behavioral health agencies is low.

- Students in training report not having had a solid understanding of what career options they aimed to achieve or pursue when they started their post-secondary training program.
- Students in training also noted they were not fully aware of what it means to work in community behavioral health compared to other sectors of behavioral health, and do not typically gain direct exposure or experience until their internship. An opportunity exists to integrate community behavioral healthcare scope and complexity at earlier stages to build awareness and interest.
- While some agencies and training programs have connected in a meaningful way, there remains ample opportunity for increased communication, coordination, and partnership to better suit all parties involved - agency, training program, and the student.
- Despite these facts, the stories shared among current behavioral health workers in community behavioral health would be useful in shaping a message around why working in the publicly funded behavioral health sector, in particular, is worth pursuing. The current workforce has an incredible passion for their work and is willing to talk about why they do what they do, and work where they work.

There is minimal information available or accessible about community behavioral health careers or training to get there.

- There is no one-stop shop for information in South Dakota related to behavioral health career development as is available in some neighboring states.
- Information about licensing requirements, job openings, and the like exist but the information can be vague and hard to digest.
- A resource that highlights the available career paths within community behavioral health, the benefits working for community behavioral health provides (exposure to EBPs, first-class benefits, flexibility in scheduling, etc.), the pathway to get there including training and licensure requirements, and inter-state reciprocity as applicable, would aid in reducing the unknowns around these jobs and fields.

Training experiences through internship and clinical supervision are a key point of influence but take significant time and come at an expense to all involved.

- The quality of the internships and clinical supervision experiences for both parties - student / trainee or supervisor - are highly correlated to post-training retention.
- Per feedback from agencies and training programs, the framework or guidelines for clinical supervision are vague and not well-defined. It is clear how many hours are required, but supervisors are not trained in how to "supervise" most effectively. A comprehensive review of national programs in clinical supervision may provide insight onto any established best practices, models, or curriculum that could be considered for agencies. In conversation with training programs, particularly University of South Dakota's Social Work program, there is work happening in the area of defining best practice and developing curriculum around clinical supervision working specifically with Community Mental Health Centers and the Human Services Center. Collaboration with this program and similar efforts may benefit both entities and aid in piloting a model for potential replication or use longer-term.
- Clinical supervision has become a necessary role of community behavioral health agencies, and it is done at a loss for the agency. Those they train often do not stay once they achieve licensure due to observed workload demands and fear of burnout.
- The cost to the trainee is also significant - particularly while still in school. Access to health insurance, book and tuition expenses, and other supports while in school are a barrier to individuals continuing on the pathway to full licensure.

While the workforce development efforts of the state and of other stakeholder groups have been ongoing, there is opportunity to consider a more coordinated approach similar to other states' best practices.

- Many neighboring states have pursued behavioral health workforce development planning and data gathering as a key initiative in recent years, so there is much to be learned from their lessons, trials, and successes.
- Little is known about the effectiveness of any one intervention or strategy (e.g., stipends, scholarships).
- The use of a centralized workforce hub or center has been successfully pursued in neighboring states; Nebraska's model has been adopted by several other states looking to accomplish similar aims. Refer to the appendices for more information on established centers operating in other states.

ACTION STEPS REMAINING

In addition, several areas were identified by the consultants as meriting additional research and investigation in order to provide sufficient baseline knowledge for subsequent planning activities. The findings of these efforts will be made available in summary white papers or briefs at a future date as Phase 2 (Strategic Planning) of the workforce development efforts matures.

REVIEW & MAP OUT THE PATHWAY TO LICENSURE IN SOUTH DAKOTA

- A need exists to review and ensure clear and flexible supports are in place for the licensing processes including clear supervision standards and simple reciprocity practices. Preliminary information around licensing requirements was compiled based on available data sources online and is included in the appendices to this report as context for future planning discussions. Follow-up discussions with the licensing boards would be suggested to add context and discuss any pending or proposed changes to reciprocity or licensing overall before strategic planning efforts in this area.

DEVELOP WEB-BASED CONTENT FOR RESOURCES TO SHARE TODAY

- Recreate similar work products from Nebraska, North Dakota, and Colorado to house on the DSS web page in the short term; develop web copy, create supporting materials, and publish online.
- Market awareness of the initial resource to post-secondary programs.
- Consider using Nebraska as a model to aspire to for online reporting and resources.
- Throughout planning discussions, determine best way to support these efforts into the future. Potential ideas observed in other states include creating or funding a Center at a non-state entity, leading these initiatives within a state agency, or other approaches.

CONNECT WITH BEHAVIORAL HEALTH AWARENESS CAMPAIGN TEAM TO COMPARE NOTES AND COLLABORATE ON POTENTIAL MESSAGING OPPORTUNITIES

- Meet to discuss focus group information obtained to inform the campaign, share notes from the landscape analysis, etc.
- Determine if the campaign is inclusive of (or if not, should it be) career promotion, and collaborate on strategies to increase awareness moving forward.
- Ultimately, a short term awareness plan could be achieved to at minimum begin creating awareness of the careers in a systemic, standardized approach among current stakeholders to enforce the idea this is a key initiative of the state.

FURTHER EXPLORE PARTNERSHIP OPPORTUNITIES WITH AHEC TO SUPPORT MUTUAL GOALS

- Consider and further develop idea behind a "Scrubs Camp" just for behavioral health and mental health professions.
- Continue dialogue to better understand the community-based and school-based activities planned to determine partnership opportunities where best fit.

DEVELOP PLANNING APPROACH FOR AND SCHEDULE A CONVENING TO ENGAGE STAKEHOLDERS

- In discussion with DBH leadership, determine timing for and stakeholders to invite to a planning discussion to capstone this work.
- Use this as a tool to further develop ideas that have potential for realistic execution, and customize the target audience accordingly.

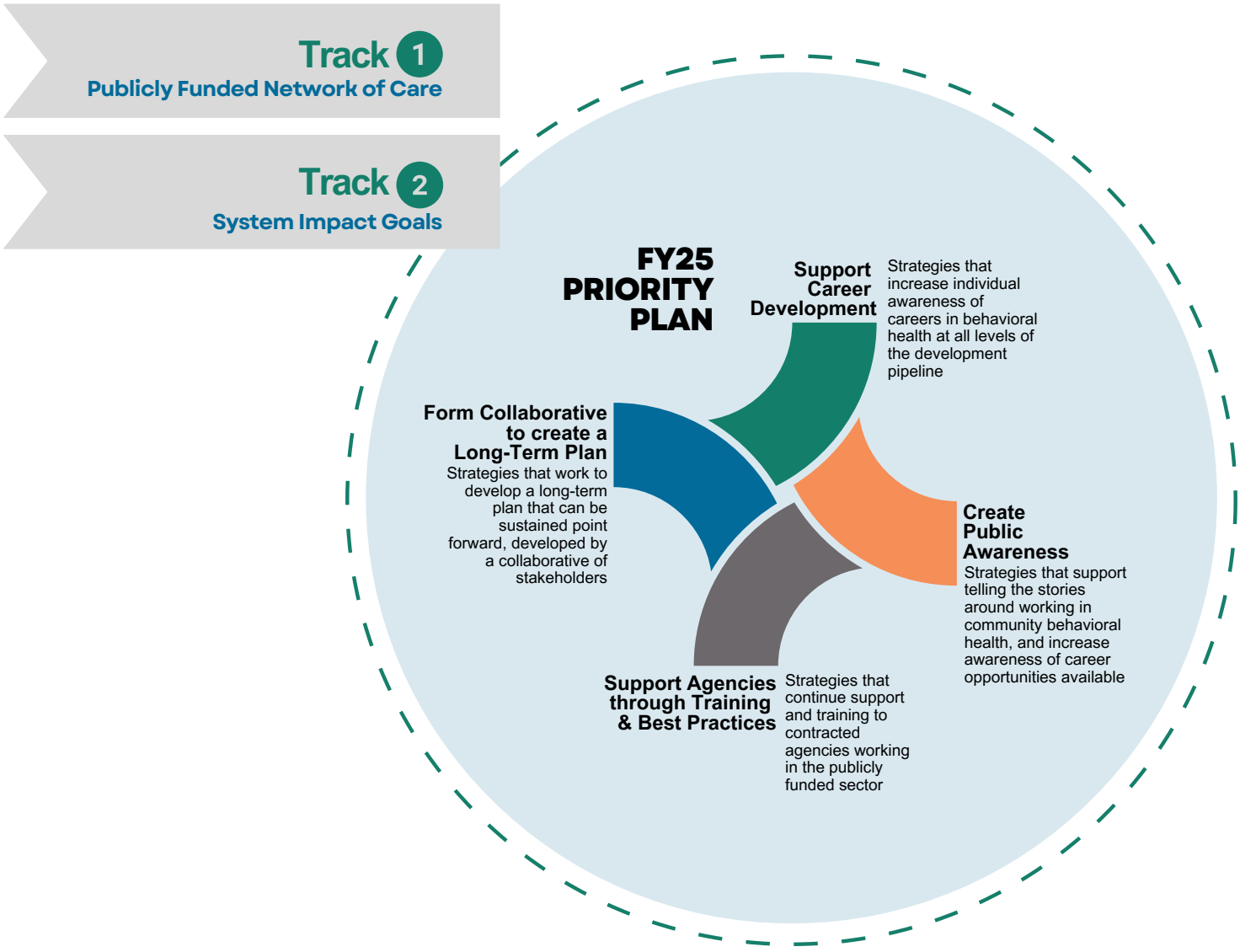
SHORT-TERM RECOMMENDATIONS

More than 40 individual interviews and feedback from over 100 stakeholders combined across all modes have resulted in a short-term action plan, aimed at providing reasonable goals that the Division of Behavioral Health and the Department of Social Services intend to implement or initiate during the current fiscal year (FY25). The following pages serve as a summary of this plan.

Efforts taken in April-May 2024 in response to the findings of this analysis yielded a comprehensive, one-year tactical work plan to accomplish these goals. The work plan is structured in two tracks:

- **Track 1: Publicly Funded Network of Care**, focusing primarily on the current workforce with strategies aimed at retention.
- **Track 2: System Impact Goals**, focusing on building the pipeline of individuals interested in community behavioral health, and supporting their path to getting there.

The short-term strategies each fall into one of four key priority areas. These areas are not meant to be an exhaustive list but rather a first step towards attaining some short-term success in the development of behavioral health careers and retained workforce.

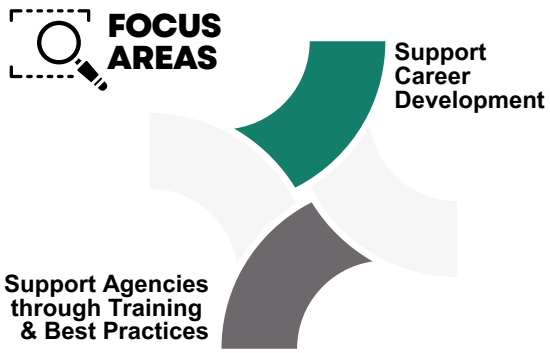


Track 1 efforts are recommended to focus on the publicly funded community behavioral health system. As previously described, the Division of Behavioral Health bears responsibility for supporting access to behavioral health care, ensuring that individuals with serious mental illness, youth with serious emotional disturbance, and individuals with substance abuse related needs have access to quality care with public funding assistance available.

While there are a number of initiatives that stand to positively benefit the behavioral health care system as a whole (Track 2), there are several targeted initiatives that are recommended for short-term action that could aid the publicly funded community behavioral health agencies in a meaningful way, thereby supporting continued access to quality behavioral health care within the agencies required to provide services through contract with the Division of Behavioral Health.

Track 1
Publicly Funded Network of Care

Target Population: *Current licensed workforce and Emerging workforce*



FY25 PRIORITY PLAN

#1 IDENTIFY, ADOPT OR ADAPT CLINICAL SUPERVISION BEST PRACTICES THAT BETTER SUPPORT PUBLICLY FUNDED AGENCIES AND TRAINEES

- Conduct a comprehensive review of national programs in clinical supervision that may provide insight onto any established best practices, models, or curriculum that could be considered for SD agencies.
- Collaborate with the University of South Dakota Social Work Program through its current HRSA grant-funded initiatives aimed at improving workforce development of masters-level social work students who are working within the community mental health system. Work with the CMHCs and Human Services Center to quantify the impacts, costs to sustain, and potential value-add to their agencies of pilot approaches.
- Develop a technical assistance plan rooted in best practice to aid in clinical supervision training for supervisors as applicable.

#2 IDENTIFY RESOURCES TO SUPPORT AGENCIES AND TRAINEES DURING SUPERVISION AT PUBLICLY FUNDED COMMUNITY BEHAVIORAL HEALTH AGENCIES

- Evaluate the cost (time, money, other resources) to an agency for providing high-quality clinical supervision experiences, and review against established FY25 rate benchmarks.
- Research and review other examples of clinical supervision supports to supervisors or agencies to identify models or best practices in use.
- Evaluate the cost (time, money, other resources) to a trainee, and identify any financial barriers to a trainee considering clinical supervision at a publicly funded behavioral health agency. Assess the degree to which known assistance or scholarship avenues are being pursued to quantify potential opportunities for support in the future.

#3 CONTINUE TRAINING & EDUCATION EFFORTS TO BUILD AND SUSTAIN WORKFORCE COMPETENCY

- Continue to collaborate with agencies and the SD Council of Community Behavioral Health to identify training programs most applicable to agency and staff needs.
- Determine budget for state sponsored trainings and mini-grants, as applicable.
- Incorporate training recommendations from the SD Council of Community Behavioral Health into the FY25 plan.
- Offer and/or facilitate training in selected evidence based practices to practicing therapists and agency staff.

FY25 PRIORITY PLAN

#4 OUTREACH AND ENGAGE WITH STAKEHOLDERS TO IDENTIFY RESOURCES TO SUPPORT STUDENTS SEEKING INFORMATION OR WITH CAREER INTEREST IN BEHAVIORAL HEALTH

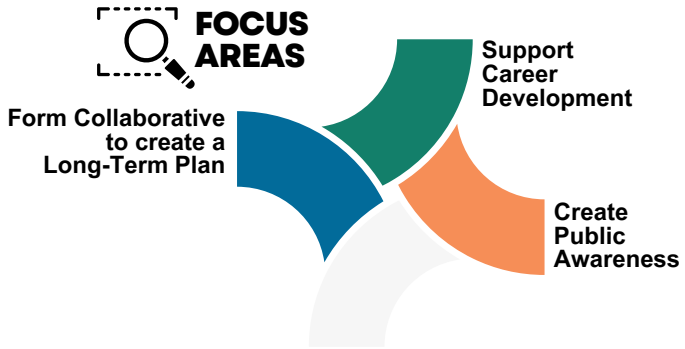
- Partner with HOSA and the Department of Health (DOH) through programs that outreach to high school students and distribute materials and content that increase awareness of behavioral health careers.
- Conduct listening sessions with high school-aged youth to become more informed about their career awareness and what questions they ask most when considering their post-secondary plan.
- Outreach and work with Area Health Education Centers (AHECs) to identify opportunities for collaboration and student-focused education that aids in individuals identifying behavioral health as a potential career option.
- Present at conferences and summits that advocate for workforce development to increase awareness of the Division's activities in this area and to coordinate rather than duplicate efforts.
- Prepare materials that can be deployed in Fall 2024 that map out career pathways in behavioral health that can be explored; leverage at tabling and school-based outreach events. Follow up with partnering Training Programs that participated in the Landscape Analysis to identify any emerging or evolving programs that they would like to highlight for their schools.
- Work with the Department of Education (DOE) to identify current school counselor awareness of behavioral health workforce career aptitude approaches and in-state training programs to meet the needs of students seeking information in this area.
- Work with DOE to identify any potential partnership through the South Dakota: Jobs for America's Graduates (JAG) program in the area of behavioral health workforce development.

#5 DEVELOP A TOOLKIT OR RESOURCE LIBRARY FOR CMHCS ON RECRUITMENT AND RETENTION RESOURCES AVAILABLE TODAY

- Compile content from the Landscape Analysis with additional resources identified by the Division that can be curated into a resource library for quick reference and access to by CMHCs.
- Publish initial resource library in Fall 2025 and identify gaps remaining that may require additional planning or partnership; partner with Track 2 to identify best place to house this information online.

Track 2 efforts are recommended to focus on broad-reaching strategies with the potential for long-term impact across the entire behavioral health continuum of care. Short-term efforts could focus on creating baseline public awareness, streamlining existing initiatives to include messaging on career development as appropriate, and working to engage a collaboration of stakeholders to formulate a plan by which this work can be sustained moving forward. These efforts will impact both the publicly funded behavioral health system but also stand to impact the entire behavioral health workforce to expand career awareness, support education and training at all levels, and retain workers.

Track 2
System Impact Goals



FY25 PRIORITY PLAN

#1 CREATE AWARENESS AROUND WHAT IT MEANS TO WORK IN COMMUNITY BEHAVIORAL HEALTH

- Finalize content and publish current resources in workforce recruitment, retention, and career pipeline development on a current DSS-hosted website in Fall 2025. Disseminate information about these resources to build awareness around what is currently available and what next steps may be.
- Work to create a one-stop shop website for all levels of the career pipeline to identify and access training and licensure development opportunities in South Dakota. Identify desired content and functional requirements that highlights the available career paths within community behavioral health, the benefits working for community behavioral health provides (exposure to and training in EBPs, first-class benefits, flexibility in scheduling, etc), the pathway to get there including training and licensure requirements, and inter-state reciprocity as applicable.
- Capture and collect stories among current practitioners, leveraging input already received through the Landscape Analysis, that better tell the stories of why those in the field STAY in the field, and of the benefits to practicing in community behavioral health. Leverage this information and insight in future, targeted campaigns for workforce development.

#2 ESTABLISH A COLLABORATIVE TO AID IN LONG-TERM PLANNING AROUND BEHAVIORAL WORKFORCE DEVELOPMENT

- Outreach partners active in behavioral health workforce development and invite them to join in collaborative planning on shared aims.
- Set priority topic areas for collaborative discussion, including but not limited to the key recommendations outlined in the Landscape Analysis and other shared behavioral health workforce development interests among stakeholders. Identify information and resources that collaborative partners and other stakeholders may have to contribute to the discussion.
- Using the data gathered in support of this Landscape Analysis and continued technical assistance, develop white papers or informative briefs that discuss key topics identified in prep for long-term planning discussions:
  - Professional licensing pathways available in South Dakota
  - Barriers (financial or other) of trainees during college or internship
  - Barriers (financial or other) of workers post-graduation, pre-licensure
  - Availability and utilization of existing loan repayment programs
  - Availability and utilization of apprenticeships and internships
  - Behavioral health career lattice development
  - Structure, scope, and funding supporting centralized workforce development organizations or similar efforts in other states
- Draft a long-term (5-7 year) strategic plan by May 2025 that outlines realistic aims for continued, collaborative efforts among partnering stakeholders in the area of behavioral health workforce development.

FY25 PRIORITY PLAN

#3 IDENTIFY AND INTEGRATE COMMUNITY BEHAVIORAL HEALTH COMPONENTS INTO POST-SECONDARY CURRICULUM AND INTERNSHIP EXPERIENCES

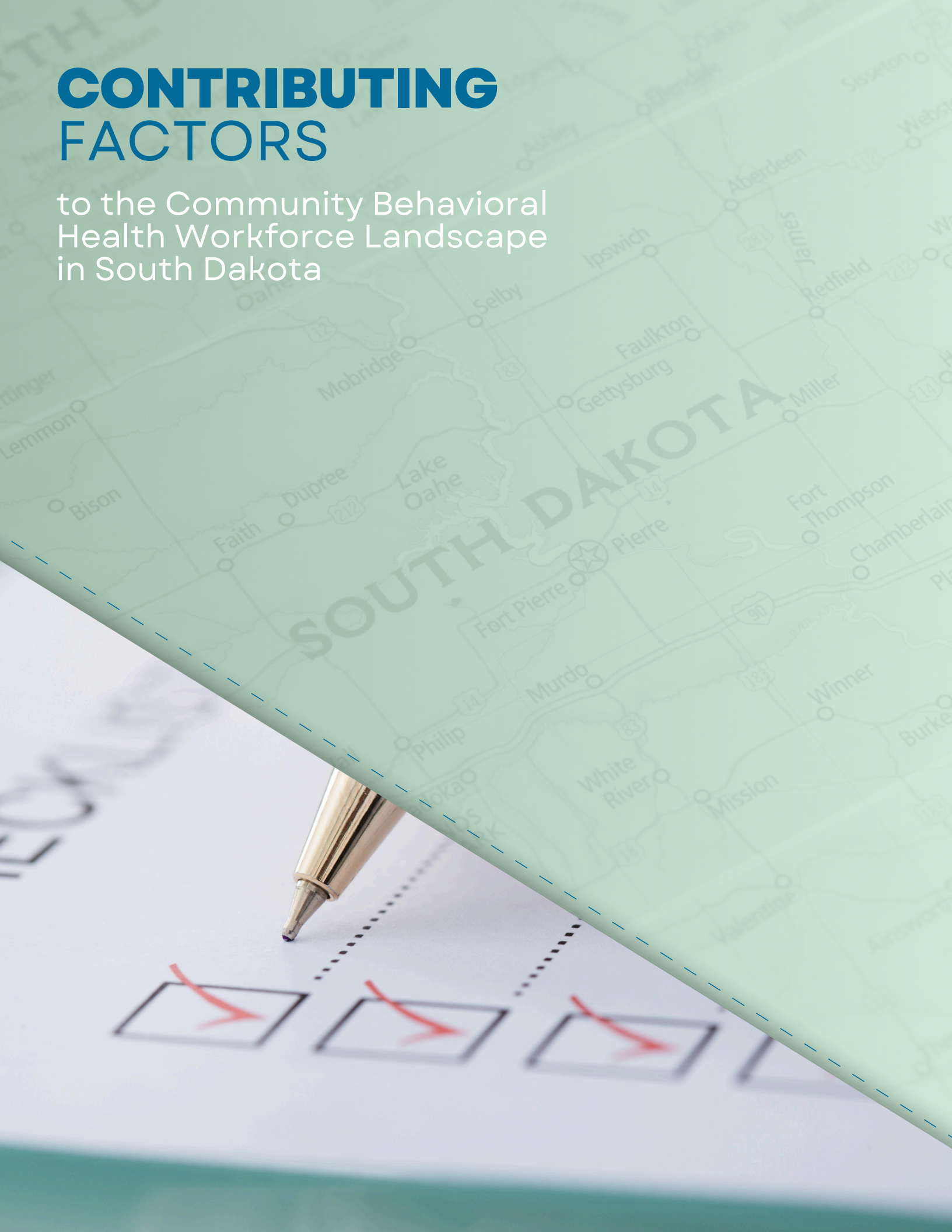
- Follow up with partnering Training Programs that participated in the Landscape Analysis to identify barriers to connecting students or trainees with internship sites. Engage this group in Collaborative planning efforts outlined previously.
- Gather more information from training programs to define the degree to which community behavioral health is included in curriculum or programming. Use this information to inform long-term planning discussions around ways to better equip students with both the awareness of and preparedness for careers in the community behavioral health sector.
- Work to identify opportunities among collaborators to integrate applied experiences and first-hand exposure to community behavioral health wherever possible, including job shadowing, paid internships, other paid roles, or train the trainer models.
- Present at conferences and summits that advocate for workforce development to increase awareness of the Division's activities in this area and to coordinate rather than duplicate efforts.

#4 IDENTIFY NEW OR ENHANCE EXISTING RESOURCES TO SUPPORT STUDENTS AS THEY ATTAIN THEIR DEGREE AND LICENSURE IN SOUTH DAKOTA

- Consider funding supports for costs incurred while in school to incentive enrollment, such as health insurance access, books, sponsorship of graduate assistantships, etc.
- Create supports that mutually benefit the student and the agencies - ensure students are working in areas that focus on rural mental health.
- Create avenues or support existing resources (e.g., DOH Student Loan Repayment Program) with enhanced focus on behavioral health fields beyond nursing and psychiatry.

CONTRIBUTING FACTORS

to the Community Behavioral Health Workforce Landscape in South Dakota



CONTRIBUTING FACTORS

The **Summary Graphic** provides a visual demonstration of all the findings across all the interviews completed. The findings are divided into six (6) common themes. Each theme is further categorized into specific focuses within the theme. All inputs from the interviews are documented under each focus.

#1 WHAT'S YOUR **WHY**

As part of each interview, all participants were asked to provide a personal narrative regarding what initially drew them into the field of behavioral health. All respondents provided examples that fell into one of the three common focuses listed in this section. Predominantly all respondents cited the desire to help and personal experience as their primary reasons "why".

#2 GENERAL **AWARENESS**

Awareness of the field is a very common subject of concern. Respondents generally believed there is a limited amount of understanding of what the community behavioral health field is and what professional opportunities exist in the field. There were several respondents who were able to identify many awareness programs that exist at the high school and university levels, however most respondents tended to agree that there is very limited general awareness of the system and field as a whole. A very interesting additional note is that there does seem to be the start of a significant change in public stigma and understanding around behavioral and mental health specifically among youth and young adults.

#3 TRAINING

These interviews generated a great deal of discussion regarding training, training programs, and student experiences. Based on respondent feedback, training is a significant piece to this puzzle. Training was discussed broadly and included interviews with university or higher-level training programs as well as the student experience while in these programs. Respondents included providers, leaders of training programs, students, and state staff. From the perspective of the CMHCs there was too much emphasis on private practice and not enough explanation or exposure to the concepts of community behavioral health. On the flipside training programs, students, accredited and private providers discussed their familiarity with community behavioral health, many citing concerns about the student experience including students being overwhelmed by caseloads and work demands in community-based settings. Training will need to be considered and reviewed more intensively as this review continues.

"**Delivering on the promise** to people that there will be a place for them to go and be able to care for them effectively, and swing the tide, is my biggest concern."
- Stakeholder Interview

"There are providers, and then there are providers.....I draw a distinction between our community-based providers that agree to provide care to those with the greatest mental health care needs. **I identify ourselves as the virtual safety net to prevent them hitting the ground** – we don't have the option to choose what we don't provide."
- Stakeholder Interview

#4 CLINICAL SUPERVISION

Many respondents identified clinical supervision as a very common theme for a variety of reasons. Generally, CMHCs and accredited providers agreed that providing clinical supervision was a requirement for them to be able to connect with and potentially recruit new staff. However, these same groups identified that supervision can be daunting and a "real struggle" to provide due to several factors including supervisors already having fully loaded caseloads, supervision not being reimbursable, and nuances of which level of licensure can act as a supervisor. It was also identified that those practitioners able to provide supervision in the community behavioral health setting are either leaving for private practice or are nearing retirement age. This has the potential to be a significant threat to the community-based system. Private providers generally indicated that they provide supervision to "grow their own", but typically only hire practitioners licensed at a level "able to bill", this typically excludes most students/trainees. Training programs and students cited concerns about the ability to find clinical supervisors and/or concerns with the quality of available supervision. Concerns about the quality of supervision were very much rooted in the degree of "overworked" and the degree of "case complexity" being observed by students in the CMHC setting.

"I enjoy the variety. **I stumbled across community mental health and what hooked me was the variety.** We get referrals from 2-year-olds to 98-year-olds. That's a huge variety. In this day and age, I'm not sure where else you can work with an untreated psychotic person and then help transform them to a functional life – what a blessing medication and treatment can provide to that person. You will only see these in community mental health. You also get to implement different therapies – you get a little bit of everything."

- Agency Leader from a CMHC, responding to what caused them to enter the field of community behavioral health

#5 LICENSURE

Provider and training program respondents indicated an understanding of the processes required for obtaining licensure, however students indicated and training programs supported that the process to obtain licensure was sometimes unclear or confusing. Some prevailing concerns about the licensure process included the strictly linear nature of who was able to provide supervision for each license and level of licensure, when and how the process had to be repeated due to a lower-licensed provider supervising for initial licensure, and the lack of or limited reciprocity with other states exposing a degree of inflexibility in the licensure.

"We pay for training. We respond to employee needs. We pay for conferences. However, every time they're gone they're not able to meet with clients which impacts productivity."

- Agency Leader from a CMHC

"We are ill-prepared for school or community crisis due entirely to staffing."

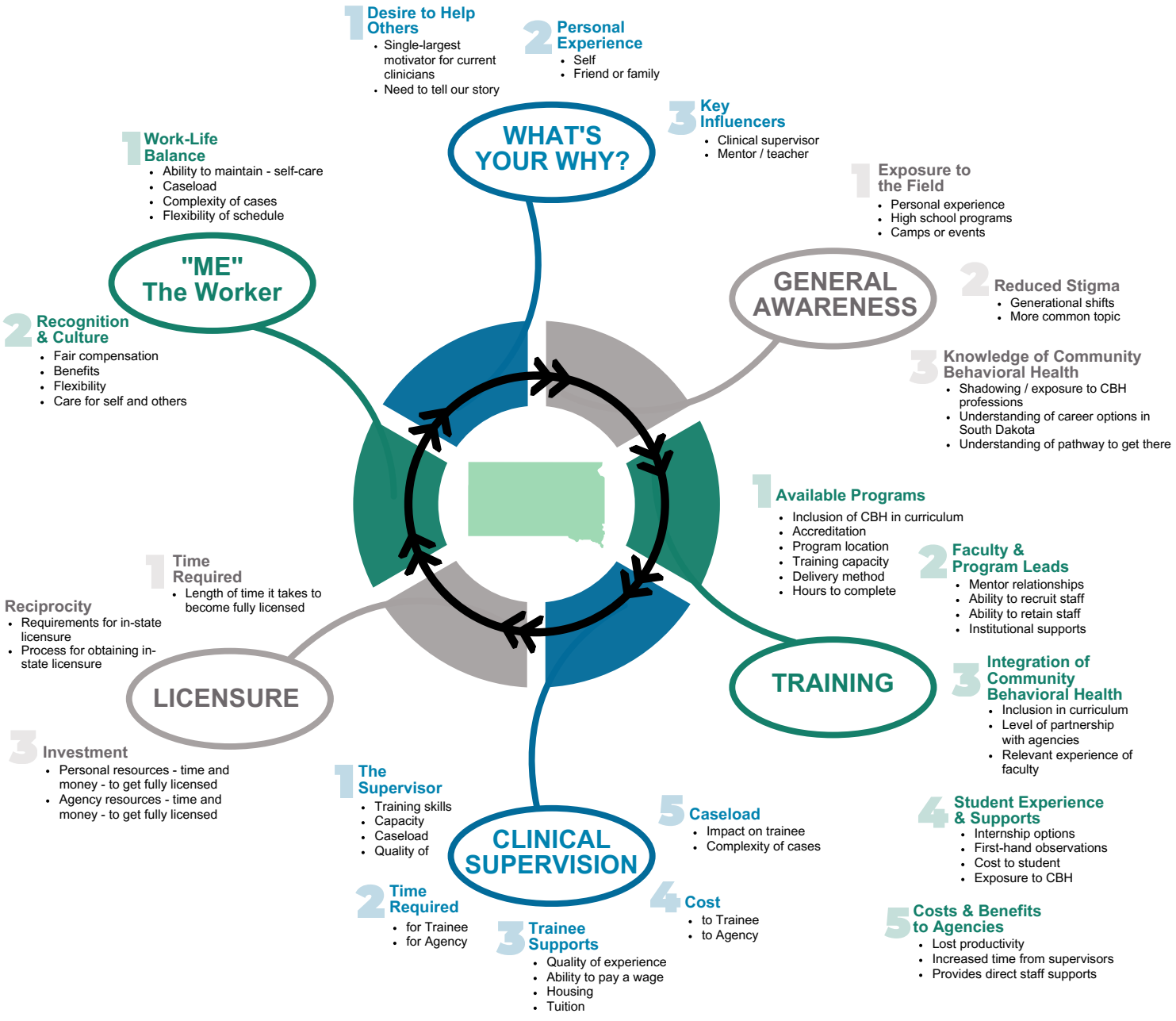
- Agency Leader from a CMHC

#6 "ME" THE WORKER

Based on frequency mentioned, work-life balance and flexibility appear to be the biggest drivers in the workforce development conversation. Often respondents from CMHCs and accredited providers identified that staff were frequently leaving community-based practices in order to seek better work-life balance. Often, the practitioner leaving community-based practice were more driven by income, flexibility, and freedom of schedule than work benefits like health insurance, retirement, etc. CMHCs and accredited providers generally agreed that they had competitive and attractive benefits and time-off packages that they believed positively influenced their ability, if limited, to retain staff. However, those same groups acknowledged that benefits were no longer a primary concern of "new" practitioners entering the field. Private practice providers, training programs, and students all generally agreed that compensation and flexibility to maintain a healthy work-life balance were more important than benefit packages today. For the community-based providers who tended to believe their staffing levels were acceptable, or at least not in a "bad" status, attributed most of their successes with hiring and retaining staff to "culture". Those same entities mostly described their successful culture as more of a "family" and/or "personally engaged" work environment. Often, private providers also indicated their selection criteria for hiring new clinicians including that they were the "right fit" for the team.

CONTRIBUTING FACTORS
SUMMARY GRAPHIC

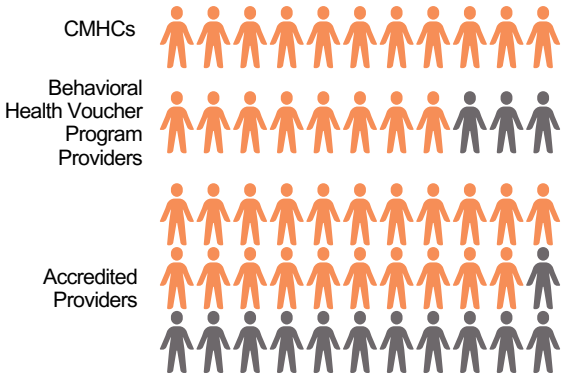
- Findings are summarized under six categories, representing the most-often mentioned variables in discussion with agency leaders contributing negatively or positively to recruitment and retention of workforce.
- Factors represent aggregate themes resulting from interviews with agency leaders from both community behavioral health agencies and private practices.
- Chart will be updated with additional information learned in Phase 2 (Strategic Planning) and Phase 3 (Technical Assistance).



SUMMARY OF FEEDBACK FROM AGENCY INTERVIEWS

Current Professionals

Agencies were very responsive and interested in contributing to this work. Participating agencies included those providing services to individuals through the publicly funded system, including CMHCs and contracted, accredited providers. Several stakeholders from the Behavioral Health Voucher Program also contributed, bringing valuable perspectives from the private practice sector. Discussions were held with agency leaders, including CEOs, Clinical Supervisors, Human Resources, and office staff.



- 100% participation
- 1 declined
- All responded but could not coordinate with 2 due to scheduling on their part
- Includes Avera Behavioral Health and Human Services Center
- 12 did not respond despite multiple attempts

Summary of Emerging Themes

The following tables reflect a summary of themes brought out in discussion, organized by agency type.

	Community Mental Health Centers	Private Agencies Not Accredited	Accredited Substance Use Disorder Treatment Agencies
Schedule Flexibility & Service Delivery	• Flexibility is focused on schedule accommodations - noted that this is a key benefit for retention	• Highest level of scheduling flexibility • Schedule and caseload is primarily up to the clinician	• Flexible to the degree their services allow • Front line & residential staff have the least flexibility
Supervision Process & Roles	• Necessary activity to ensure some level of workforce • Very few trainees stay post-achieving licensure • Start of exposure to burnout for trainees	• Happens, but is rare • Typically at the expense of the trainee unless its a larger agency • Less of a priority focus compared to other entities	• Necessary activity to ensure some level of workforce, similar to CMHCs • More trainees seem to stay as employees in comparison to the CMHCs
Recruitment	• Extremely difficult with minimal to zero applicants, particularly for fully licensed staff • Function as training agencies • Most success has been word of mouth, but most do invest in HireClick or similar • Some moving assistance provided case by case	• Focused more on those with full licensure • Recruitment is word-of-mouth with minimal advertising • Referral bonuses have been used to recruit colleagues	• More like CMHCs - very few applicants • Difficult to compete with wages at entry level positions with other employers (Walmart, McDonalds as examples) • Some assistance provided case by case
Awareness of Community Behavioral Health	• Graduates are generally not informed on community behavioral health • Providers confirm clinical preparedness is not where it should be, but also recognize that therapy takes practice	• Variable depending on previous experience (e.g., prior work at a CMHC)	• Graduates generally are not informed on community behavioral health • While trainee status for ACTs is helpful to fill positions, it is putting inexperienced individuals at the front line

	Community Mental Health Centers	Private Agencies Not Accredited	Accredited Substance Use Disorder Treatment Agencies
Compensation & Benefits	• Strong benefit packages • Not competitive in salary/wage in most cases (measured against private practice and neighboring states)	• Income based on production; some entities have a base pay with a productivity add-on • No formal benefit packages, with a few providing a stipend to offset health insurance	• More competitive in salary/wage than the CMHCs but not by a huge margin
Investments They are Making	• Benefits - trying to hold those at a high level • Organizational culture consultation (not all cases) • Retention bonuses	• Minimal investments beyond compensation and flexibility • Some training is offered by several agencies	• Training in specific / popular EBPs • Organizational culture consultation (not all cases) • Retention bonuses
Engagement with Training Programs	• Varies depending on location - those nearer in proximity to training programs tend to have more placements, with the exception of one agency who focused on this strategy specifically (has 20+ MOUs)	• Varies widely • Some connections due to colleague/professional history • Some have been invited to speak to training program classes to talk about self-care to avoid burnout	• Varies depending on location - those nearer in proximity to the applicable campuses tend to have more placements
On Call & Crisis Response	• Essential services • Providers have been creative with shift balancing in some cases to reduce the burden	• Not an essential service and not typically offered • Leverage CMHCs or 911 for crisis care services (several exceptions)	• Typically provide on call supports or integrated with residential services
Motivators to Stay *[in order mentioned]*	1. Free supervision for staff 2. Passion / heart for the work 3. Benefits	1. Flexibility 2. Scheduling control	1. Organizational culture 2. Passion / heart for the work 3. Benefits

SUMMARY OF FEEDBACK FROM TRAINING PROGRAM INTERVIEWS

Training Program Leads

Training program leads were equally willing to contribute to this work and welcomed additional conversation. Most of those not reached for an initial interview as part of Phase 1 were due to scheduling conflicts due to the timing of outreach (late April to early May, near the end of the academic year).

Programs **noted in bold** contributed feedback during Phase 1. Follow-up communication is planned as part of Phase 2 (Strategic Planning) to gather additional information from all programs that may have evolved since the initial conversations, and to engage with programs that have developed since the initial outreach.

- Technician Programs
  - Lake Area Tech
- Undergraduate Level Programs
  - Augustana - Psychology - Counseling/Clinical emphasis
  - **BHSU - Human Services**
  - **BHSU - Psychology**
  - **SDSU - Mental Health Services**
  - **SDSU - Psychology**
  - **USD - Addiction Counseling & Prevention**
  - **USD - Social Work**
  - **USD - Psychology**
- Graduate Level Programs
  - **Mount Marty - Psychiatric Mental Health Nurse Practitioner**
  - NSU - Counseling
  - **SDSU - Counseling (multiple specializations)**
  - **SDSU - Psychiatric Mental Health Nurse Practitioner**
  - USD - Clinical Mental Health
  - **USD - School Psychology**
  - **USD - Clinical Psychology**
- Emerging Programs
  - University of Sioux Falls
  - Southeast Technical College

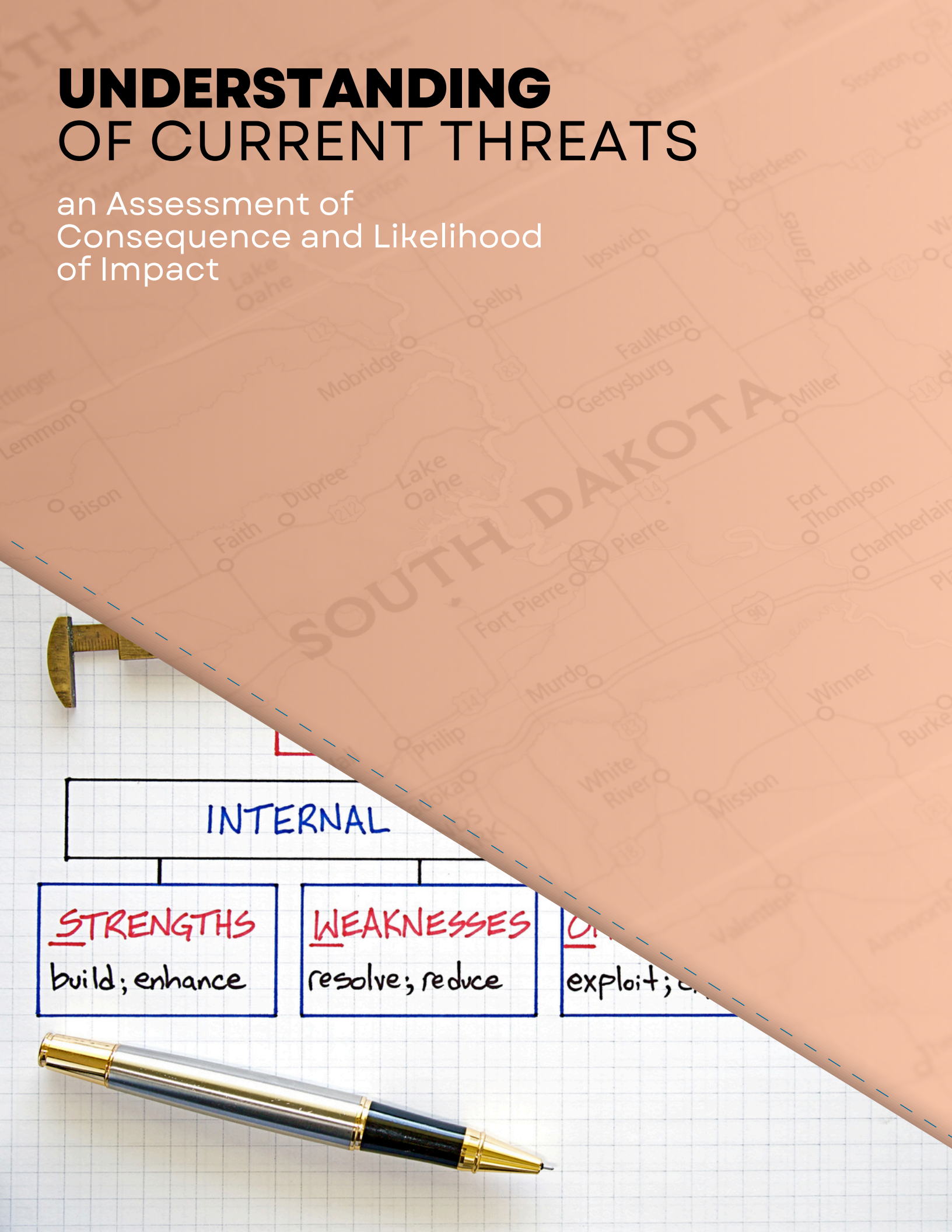
Summary of Emerging Themes

The following tables reflect a summary of themes brought out in discussion.

	Program Leads & Faculty	Students
Supervision Process	• Lack of supervision placements for highest level of training programs (graduate nursing and clinical psychology) • Number of faculty or university infrastructure is not a barrier to expand programs • Placements for social work and addiction counseling are not an issue	• Students typically have their choice for internship placement, with few exceptions • Social work is generating so many students (100 per cohort) that students may get their 2nd or 3rd choice • Compensation is a huge draw
Supervision Quality	• Agency supervision is perceived to be of good to high quality • Universities are actively managing these relationships by assigning faculty members to oversee practicum and internships	• Primary opportunity to positively influence potential hires • Student experience directly correlates to interest in employment, particularly at CMHCs - if students observe high case load for themselves or others at an agency, and low pay, they don't even consider applying
Recruitment into Training Programs	• Minimal to zero applicants, particularly for fully licensed staff • Function as training agencies • Most success has been word of mouth, but do use HireClick and similar resources • Some recruitment assistance provided on a case by case basis	• Path to the program depends on accessibility, proximity to and flexibility with any current employment • Barriers to enrollment include ability to access health insurance if a full time student (graduate level) and graduate assistantship/tuition remission opportunities
Awareness of Community Behavioral Health	• Varies by program • Social work - strong alignment as key faculty teaching those courses are current practitioners or worked in community settings • Undergraduate programs - less familiarity	• Minimal to no awareness until they get in the field (did not validate with social work students) • Some students had zero awareness of the phrase “community behavioral health”
Impact at the High School Level	• Active work with HOSA/AHECs among some programs, less so for others - use as a recruitment tool to their degree program • Commitment to the field is typically sparked in college, not in high school, once they are enrolled in the program	• Very few students commented on high school programming available to them • Driver to pursue degree was personal experience more than anything
What Drives Students to These Fields	• Lived experience in nearly all cases - personal or one degree removed • Some perception (undergraduate level) that these programs may be “easier”	• Personal experience
Incentives	• Minimal to no scholarship support dedicated to these fields - some mentioned stipends they could offer (budget of $2,500 per year was the example) but minimal otherwise	• Free supervision during graduate training • Self-improvement at the graduate level or path towards licensure • Private practice is a goal for some students • Some seek to better serve existing clients
Tuition Reimbursement or Loan Assistance	• Minimal awareness about who seeks or receives these benefits / not as heavily discussed • Relayed students are actively seeking positions that they view won't burn them out and that either pay them enough to pay their loans back, or offer loan repayment options	• Federal loan forgiveness program is not a huge motivator - takes too long, and is a cumbersome process with only recent success among peers • National Health Service Core (NHSC) program is attractive for those that work in CMHC system post-internship/trainee experience • Biggest barrier is support during graduate school and loan repayment burden particularly if they are working at an agency

UNDERSTANDING OF CURRENT THREATS

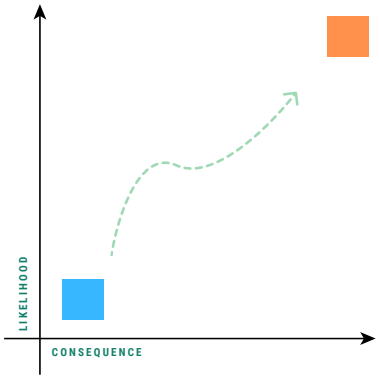
an Assessment of
Consequence and Likelihood
of Impact



Identifying and ranking threats to workforce development in the South Dakota Behavioral Health system would benefit from a deeper, systemwide review expanding on the current sampling illustrated in this report. An assessment of current threats identified by key stakeholders and through research by the consultants is featured on the next page. Though it is an extensive list it is not expected to be seen as an exhaustive list.

All threats were ranked and plotted on a chart with the primary considerations being the level of likelihood of it happening and the severity of the consequences of the event happening. An example is the threat of Community Mental Health Centers no longer acting like training sites. This threat has a very low likelihood of happening however the consequences of this happening would be very severe. An example of a threat that was a recurring theme in most interviews and research is behavioral health staff burnout. The unfortunate truth is that this is already being reported by the CMHCs in South Dakota. This threat has also led to and will likely continue to be a leading factor in staff turnover at CMHCs. This issue also then has a high severity of consequence and is plotted appropriately.

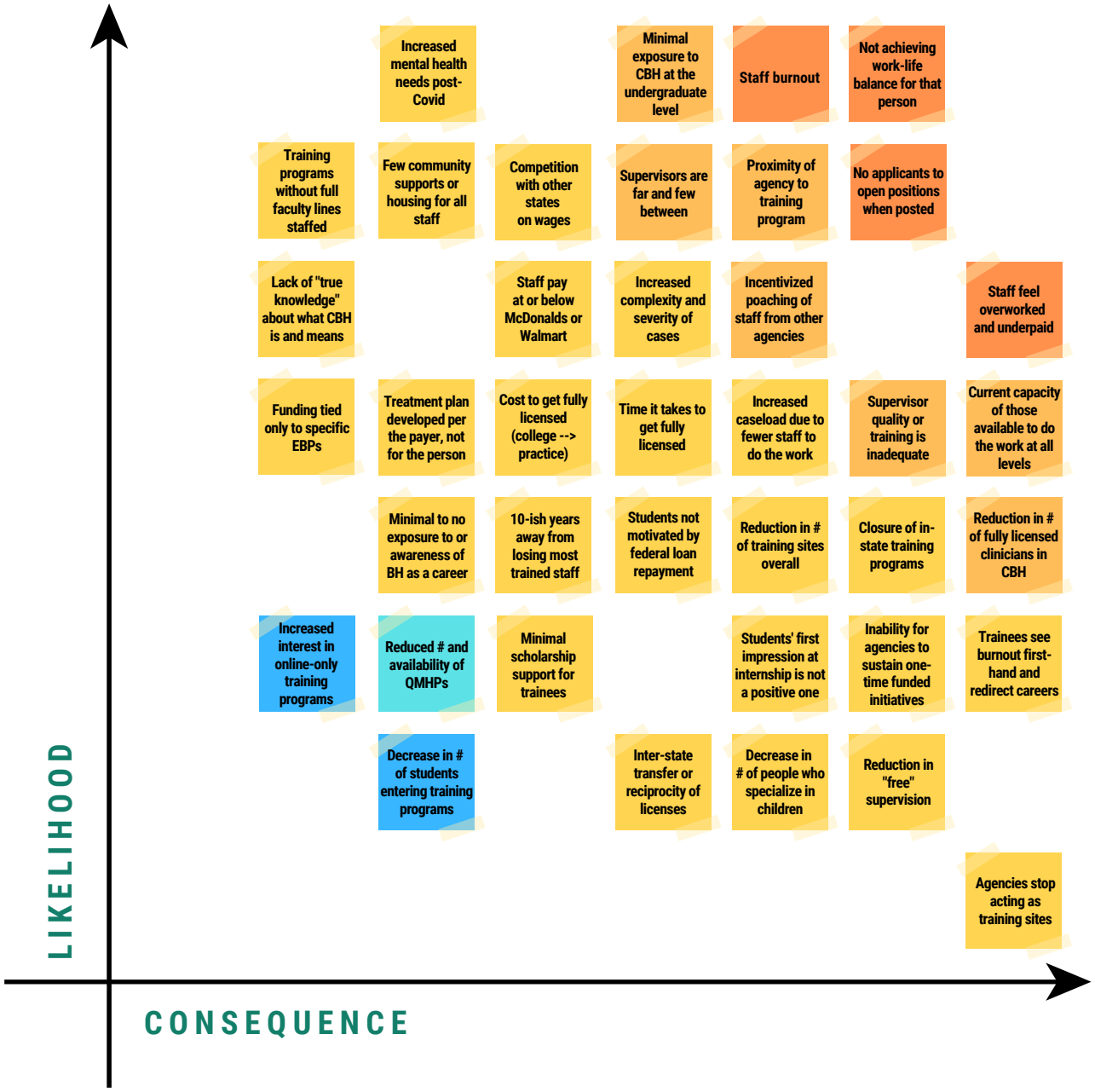
Though plotted in varying spots on the chart, a color-coding system was also utilized to range threats of similar potential impact though they may have significantly different levels of likelihood and consequence but would likely have a similar impact on the system as a whole. The range is blue for the lowest impact of threat with orange being the highest level of impact. Though items are attempted to be grouped and ranked, all of the listed threats can and will likely have a negative impact on the workforce development of the behavioral health system if they are not addressed effectively. This visual is only an attempt to offer guidance when determining the resources and solutions available to help best support the behavioral health system in South Dakota.



THREAT ASSESSMENT

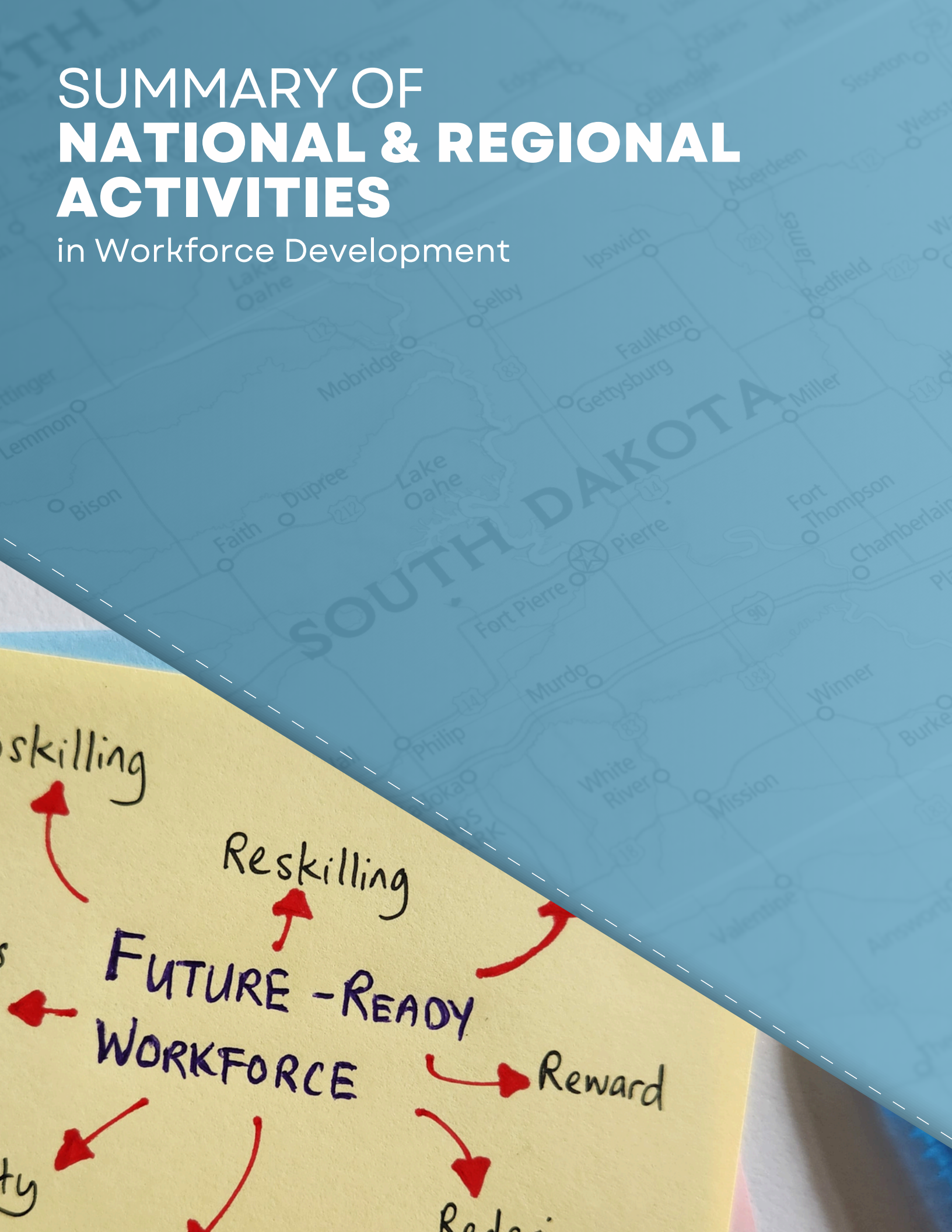
Understanding of Current Threats facing the Behavioral Health **Workforce Landscape** in South Dakota

- Threats were determined through conversation with agency leaders, coupled with the consultants' initial assessment of likelihood and consequence.
- Threat assessments are used in both corporate and nonprofit structures to identify, assess, and ultimately manage current or potential threats to a system.



SUMMARY OF **NATIONAL & REGIONAL ACTIVITIES**

in Workforce Development



NATIONAL AND REGIONAL ACTIVITIES

Loans and Research

National efforts to address workforce shortages in behavioral and mental health fields have seen concerted initiatives led by organizations such as the Health Resources and Services Administration (HRSA) and the National Institutes of Health (NIH). HRSA has implemented various programs aimed at increasing the number of mental health professionals, particularly in underserved areas. One key initiative is the Behavioral Health Workforce Education and Training (BHWET) Program, which provides grants to support the training of students in behavioral health programs. Additionally, HRSA has supported the National Health Service Corps (NHSC), offering scholarships and loan repayment programs to incentivize mental health professionals to work in Health Professional Shortage Areas (HPSAs), including those in mental health.

NIH has been instrumental in funding research and training programs to enhance the behavioral and mental health workforce as well. NIH collaborates with academic institutions and professional organizations to develop and support training for Behavioral and Mental Health providers. Per the NIH, “By investing in research and training, the NIH aims to cultivate a diverse and skilled workforce capable of meeting the evolving needs of individuals with behavioral and mental health conditions.”

Overall, the collaborative efforts of organizations like HRSA and NIH signify a multifaceted approach to tackling workforce shortages in behavioral and mental health fields. Through targeted grant activities, loan forgiveness efforts, and training programs, these agencies aim to increase the number of mental health professionals and improve the quality and accessibility of mental health services nationwide. However, continued efforts are needed to address persistent disparities in access to care, particularly in underserved communities, and to adapt to the evolving landscape of mental health needs and treatments.

Program Innovations

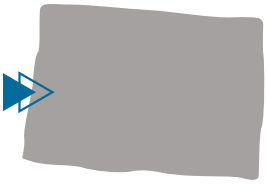
A new SAMHSA report: Addressing Workforce Needs of Retention and Recruitment (CMHS Learning Collaborative Summary), was released in December of 2023. This report outlined approaches to building and retaining the workforce. It also supplied some state specific innovative examples, our neighbors from Nebraska were highlighted as having an innovative recruitment strategy in place across their state.

Below are some highlights from various states outlining innovative approaches to address behavioral health workforce challenges. (Refer to the Appendices for more details and links to reports mentioned below.)

Nebraska

Nebraska’s efforts in the area of innovative strategies to promote and sustain the workforce are notable and worthy examples for South Dakota to consider.

- The Behavioral Workforce Development Model: Behavioral Health Education Center of Nebraska. Is growing the workforce by developing partnerships with stakeholders and funding for several programs.
- In 2023, Nebraska utilized ARPA funds to provide free training for Behavioral Health professionals.
- A Career Pathway Report was released to encourage students to choose the behavioral health field and grow in their licensure. A licensure workflow was developed to help students plan for their future and the steps to progress to the career level of their choosing.
- A Behavioral Health Career App was developed for professionals and students which links to a Nebraska jobs posting site (https://nebhjobs.com). You can also get information on mentorship, supervision, free CEU’s and connect to other students.



Colorado

Colorado has a statewide Behavioral Health Council that Advocates for:

- Valuing Essential Workers
- Training Managers in Key Skill Sets
- Reducing Administrative Burden
- Advancement Opportunities
- Workforce Advocacy

An Executive Summary was released in September 2022, Strengthening the Behavioral Health Workforce in Colorado. It outlines the situational analysis, aligned initiatives, prioritized projects, and a sustainable vision for the future.

Montana

Montana has an integrated behavioral health care model that connects primary care providers with behavioral health professionals through an integrated approach.

The Montana Healthcare Foundation's (MTHCF) Integrative Behavioral Health initiative and grantee program has been a fundamental component in the development of IBH programs within Montana's Hospitals, critical access hospitals, Urban Indian Health Centers, and federally qualified health centers.

A report was released in January of 2022 outlining *Montana Paraprofessionals Workforce Report: a Spotlight on Integration*. Within the report, there are several innovative programs highlighted as well as peer-centered career development initiatives.

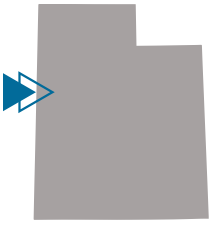
Montana has a certificate-level Behavioral Health Technician; this is an entry-level behavioral healthcare provider that integrates with other healthcare technician fields. Montana has "Stackable Certification". A stackable credential is a concept in career and technical education that focuses on building the critical skills needed to advance in growing sectors of the economy. A new learning network training platform and app was launched in 2024 for the peer network.

Montana also developed a workflow for Emerging Behavioral Health Workforce Positions in Montana to allow students to compare and contrast technician-level positions.

North Dakota

North Dakota has a current initiative funded by the American Rescue Plan Act of 2021 (ARPA) to *Increase Capacity of Service Delivery System: 2022-2025.* This strategy includes:

- Workforce Recruitment and Retention
- Development of Community Supports and Services Grants
- Workforce Training Strategy: Workforce Training Assessment Project



Utah

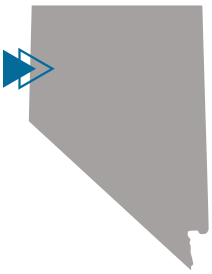
Utah just released a strategic plan in 2023 regarding Behavioral Health Initiatives and Strategy. They developed Utah's Continuum of Behavioral Health Services and Support.

Strategic Priorities #6 involves expanding and supporting Utah's Behavioral Health Workforce. They plan to build out workforce extenders that allow licensed providers to work to the top of their license while promoting certified-level professionals to develop a career ladder. This has helped with provider retention and burnout. The below certifications are a part of the Master Plan:

- Non-clinical Licensed Practitioners. (Social Workers, Behavior Analysts)
- DHHS Certification. (Peer Supports, Case Managers)
- Community Health Workers.

$800,000 was allocated to the Behavioral Health Workforce Initiative Grant. The goals of these workforce initiative grants are to create a Behavioral Health Technician certification program that includes the following:

- Learning objectives listed in the curriculum outline document.
- Will be offered at a length to be Pell eligible and can be completed in under a year.
- Will be in alignment with the Scope of Practice for voluntary state certification.
- Will have a simulated clinical component.
- Will have an educational map showing the path to bachelor's and master's degrees and state licenses.



Nevada

A Nevada Public Health Workforce Development Pipeline Report was release in 2023.

Nevada utilized workgroups and sub-committees to develop the below plans to:

1. Enhance education and awareness of workforce development initiatives in Nevada, connect non-traditional partners, identify opportunities for cross-sector collaboration, and maximize resources statewide;
2. Identify and map workforce pipeline development initiatives in K-12 education, higher education, and the current workforce; and
3. Create and implement workforce pipeline development plans for public health, behavioral health, and primary care.

A summary of efforts among states that created a Center to support sustainable workforce development initiatives is featured in the appendices.

APPENDICES


SOUTH DAKOTA
Aberdeen
Redfield
Ipswich
Selby
Mobridge
Faulkton
Gettysburg
Miller
Lemmon
Bison
Faith
Dupree
Lake Oahe
Pierre
Fort Pierre
Fort Thompson
Chamberlain
Murdo
Winner
Philip
White River
Mission

NATIONAL ENVIRONMENTAL SCAN & PROGRAM REVIEW

The initial steps of the landscape analysis were rooted in considerable research taken to identify and document the activities being taken in behavioral health workforce development across neighboring states. This research was done online, leveraging publicly accessible programmatic updates, strategic plans, action steps, and other relevant documentation posted by partners in other states doing similar work. In addition, the team attended and participated in several webinars hosted by federal partners in the area of behavioral health workforce development. Lastly, a series of conversations were held with in-state partners that sponsor or administer similar programs of interest (e.g., student loan repayment) to learn more about their applicability to individuals pursuing licensure in or working in behavioral health fields.

Of note, research was directed at the Region 8 States designated by SAMHSA, in addition to other neighboring states if information was available. These included South Dakota, Colorado, Montana, North Dakota, Utah, Wyoming, Iowa, Minnesota, and Nebraska. Other states may have arisen during the research and are noted as applicable. This work was initially complete in June 2023, and later revisited in December 2023-January 2024 to identify any new or emerging opportunities for the state's awareness as it begins its own planning efforts.

While all of the information herein may be informative to specific contexts, things identified with a star are models of interest based on the consultants understanding of the current landscape in SD.

Behavioral Health Foundations, Councils or Boards

- **South Dakota** efforts are primarily led by state agencies, particularly the Division of Behavioral Health within SD Department of Social Services, in collaboration with the South Dakota Council of Community Behavioral Health (https://sdccbh.org/). Per its website, "the South Dakota Council of Community Behavioral Health is an advocate for mental health and substance use treatment providers across the state."

- **Colorado** has a statewide Behavioral Health Council that advocates for valuing essential workers, training managers in key skill sets, reducing administrative burden, and advancement opportunities. Their executive summary of efforts was published in September 2022. Colorado's Behavioral Health Board Policy issued in 2018 discussed a number of strategies: comprehensive recruitment and retainment, inclusivity, financial strategies to support the behavioral health workforce, and aligned education, training, and professional policies.

- **Montana** has a foundation with extensive resources targeting behavioral health services and their integration into hospitals and clinics. The Montana Healthcare Foundation's priority on Integrated Behavioral Health includes a one-pager on the subject and other relevant materials that may be of interest in future planning should integrated roles become a priority topic area. Montana via the Foundation has published work in career pipeline development and emerging behavioral health careers specifically, focusing primarily on compare and contrast of technician level positions and upward mobility for those career paths.

- **Iowa** has a Rural Healthcare Workforce Connection that focuses on a variety of healthcare capacities, including behavioral health. Their website includes a number of publications on the subject. Iowa's Bureau of Substance Abuse has supported a Workforce Development Task Force since 2003. This task force has assisted with a variety of projects over that timeframe which help support Iowa's prevention workforce. In addition, the University of Iowa has done some targeted work in this area focusing on behavioral health education programs that support workforce development for practitioners serving Native American populations.

- **Minnesota** has a Center of Excellence created by the Minnesota Legislature in response to the need for a state mental health workforce development plan. The Center was tasked with identifying ways to increase the number of mental health workers at all levels, ensure appropriate education and training, and to create a more culturally diverse mental health workforce. HealthForce Minnesota was charged with leading the implementation of this legislation. A steering committee of mental health workforce stakeholders was formed and appears to still lead this work today. At the state level, the Minnesota Department of Human Services has a landing page for its own workforce development in related fields.

- **Nebraska** has a Behavioral Health Education Center, the goal of which is to grow the Nebraska workforce by forming partnerships with key stakeholders (academic institutions, healthcare providers, governmental agencies, and community organizations), and to increase the number of licensed behavioral health professionals in the state, thereby improving access to care in rural and/or underserved communities. The Nebraska Behavioral Health Education Partnership, funded by BHECN, partners with academic institutions providing graduate-level behavioral health education to track the number of students graduating and staying in Nebraska based on interventions made.

Recent Workforce Development Efforts in Recruitment and Retention

- **Nebraska** has published a number of innovative strategies to promote and sustain its behavioral health workforce. Several examples are featured here.
  - Nebraska worked with Mid-America MHTTC to develop a webinar for Innovative Recruitment Strategies for Behavioral Health Careers. This partnership led to a series of webinars targeting behavioral health professionals, primary care providers, and nurses. Topics include Recruitment, Retention, Using Data, State Policies, and unique considerations for rural settings.
  - In 2023, the Nebraska Legislature authorized BHECN to disseminate and administer $25.5M in American Rescue Plan (ARPA) funds aimed at improving behavioral health. An example of these initiatives funded by BHECN can be found at University of Omaha, where five individual contracts were awarded to impact behavioral health training and education, telebehavioral health, workforce projects related to the pandemic, and supervision processes.
  - The Behavioral Health Career App includes a link to a jobs posting site, information on mentorship, supervision, free CEU's and ways to connect to other students.
  - BHECN developed a Retention toolkit in 2017 as part of their workforce analysis.
  - A dashboard is available to help policy makers, employers, and other stakeholders understand the workforce environment.

- **Montana** released its Paraprofessionals Workforce Report in January 2022, which outlines an Integrated Behavioral Healthcare (IBH) Initiative as it relates to workforce development. Rather than recruit workforce members to build an IBH program, IBH leaders are building integration frameworks around their existing workforce and resources. The Montana Healthcare Foundation's (MTHCF) Integrative Behavioral Health initiative and grantee program has been a fundamental component in the development of IBH programs within Montana's hospitals, critical access hospitals, Urban Indian Health Centers, and federally qualified health centers. Ideally, when the MTHCF IBH Initiative funds a site, a therapist is hired within six months, and processes are in place after one year. Examples of an integrated workflow and core elements of the model are included in the report (pages 22-23).

- **Montana** also operates a state-run apprenticeship program in accordance with federal guidelines. Recent efforts have involved the University of Montana and the Montana Department of Labor & Industry in creating an intermediary apprenticeship program, targeting three healthcare based fields: community health workers, medical assisting, and integrated behavioral healthcare managers. "The goal of this program is to develop a behavioral health workforce for primary care settings that tackle the dire need for behavioral health services in the state," per a June 2024 news release announcing the initiative.

- **Montana** uses "stackable certification" in behavioral health development, a concept in career and technical education that focuses on building the critical skills needed to advance in growing sectors of the economy.

- **Montana** identifies several training initiatives offering access to free resources for providers seeking to grow their programs.
  - The Montana Peer Network is a statewide peer-run 501c3 non-profit recovery organization with a mission to lead the expansion and development of recovery-oriented behavioral health services in Montana. Offers free training for providers seeking to offer or grow their Peer Support program.
  - Montana State University hosts a Behavioral Health Training Program, per its website designed to "prepare Community Health Workers, Community Paramedics or Peer Support Specialists (PSS) to work in team-based models of care in order to address the social and behavioral needs of our rural and frontier communities". A list of available trainings, schedule, registration, and add-on modules is easily available online.

- **North Dakota** hosts a web-based resource for accessing healthcare related employment information for both job searchers and employers, with targeted information for rural communities. Loan repayment options are also featured on this site. While the site is not exclusive to behavioral health professions it does include many of them in its drop-down listing for resources including behavioral health technicians, substance abuse counselors, psychologist, social workers, among others.

- **North Dakota's** Department of Human Services provided funding to conduct the North Dakota Comprehensive Behavioral Health Systems Analysis. This was completed by HRSI in 2018. Efforts continued through the development of the North Dakota Behavioral Health Plan, released October 2023 with a dedicated aim focused on workforce (Aim 7). This work is evaluated by the Behavioral Health Planning Counsel, who advises the State regarding overall behavioral health system of care concerns.

- **North Dakota** Community Connect was created as a result of the afore-mentioned study, which identified the need to ensure access to recovery support services specifically. During the 2019 North Dakota legislative session, Senate Bill 2012 passed which created a new section in ND Century Code and provided funding to implement Community Connect. The mission of Community Connect is to provide quality, community-based behavioral health services to meet the needs of each person. Care coordination, peer support, and recovery service programs are featured along with access to training to support professional development in those same areas.

- **Wyoming** supports access to workforce development training funds, with healthcare and social assistance as a preferred industry for supports. Funds can support business training grants, pre-hire grants, internships, or apprenticeships.

- **South Dakota's** Department of Health has compiled several resources for recruitment and retention on its website. These resources include many of the loan repayment and scholarship programs featured here but also additional efforts in specific target populations including high school aged youth focused efforts. A newsletter is also published each season to include conferences, program announcements, and other relevant news. Recruitment resources for communities are also featured.

- **Colorado's** workforce development efforts focus on valuing workers, training managers, reducing administrative burden, and advancement opportunities. The Colorado Behavioral Health Administration recently released grant support for employee retention including one-time grants up to $250,000.

State-Wide Initiatives or Strategic Plans in Workforce Development

There are more than 500 results in LegiScan's current listing of behavioral health workforce initiatives nationwide.

- **Nevada** through its Public Health Workforce Development Pipeline efforts (2023) has utilized workgroups and sub-committees to develop plans around several key initiatives:
  a. Enhancing education and awareness of workforce development initiatives in the state by connecting non-traditional partners, identifying opportunities for cross-sector collaboration so as to maximize state resources.
  b. Identifying and mapping workforce pipeline development initiatives in K-12 education, higher education, and the current workforce.
  c. Creating and implementing workforce development pipeline plans for public health, behavioral health, and primary care.

- The **Colorado** Behavioral Health Administration (supported by passing of SB 22-181 in 2022) completed a system review on how to spend one-time federal funds to assist in workforce development efforts; released September 1, 2022. This later informed the Colorado Behavioral Health Administration Strategic Plan released in 2023, which included several key priorities:
  - expansion of peer support services and the piloting of a behavioral health aide model (now referred to as The ColoradoFWD Project led by the Colorado Workforce Development Council)
  - paid internships and pre-licensure stipends
  - career pipeline development grants
  - a Behavioral Health Learning Academy
  - behavioral health apprenticeships
  - retention grants and recruitment strategies for behavioral health employers
  - community engagement and promotion of workforce opportunities
  - state-level workforce development program efforts

- **Colorado** through legislative authority (2022) established grants for behavioral health services using state and local fiscal recovery funds, including focus on Substance Use Disorder Workforce Program supports. Several of the afore-mentioned strategic initiatives from the Colorado State Plan were funded through these bills, including work-based learning initiatives, behavioral health workforce peer support professionals, career pipeline development efforts, and behavioral health workforce recruitment and retention grants.

- The **Colorado** Trust - a private foundation - is seeking to increase and improve access to quality mental and behavioral health care for those who face barriers, particularly focused on supporting expansion of services to reach new, underserved or historically marginalized populations. https://www.coloradotrust.org/initiatives/expanding-access-to-behavioral-health/

- Kaiser Permanente and several collaborators launched a Mental Health Workforce Accelerator Collaborative to address the need for mental health workers in Colorado, dedicating $4.2 million in grants toward the effort, announced May 2024.

- **North Dakota** has a plan encompassing 140 individual objectives aimed at improving behavioral health service delivery statewide, a focus of which is dedicated to behavioral health workforce concerns. Its most recent dashboard available online indicates 89% completion on efforts in this regard. Specific aims include:
  - Efforts to establish a single entity responsible for supporting behavioral health workforce implementation
  - Development of a single database for job openings, student placements, available incentive programs, and competency requirements
  - Expansion of loan repayment programs
  - Recruitment and retention supports for providers
  - Increased awareness efforts around internships and rotations
  - A review of state licensure requirements, interstate cooperation, and shortages
  - Establish a formalized training and certification process for peer support specialists
  - Implement credentialing programs for early childhood mental health professionals, prevention specialists, and Certified Psychiatric Rehabilitation Professionals
  - Create a centralized organization to provide training, continuing education, and support for peer specialists, and supports for employers in adoption and integration of peer services

- **North Dakota**, as one example of its implementation of the afore-mentioned priorities, has created several funding opportunities to build capacity for specific behavioral health provider types focusing on care coordination and peer support specialists.

- **Utah** Hospital Association and Utah Department of Human Services, Division of Substance Abuse and Mental Health issued a report titled *A Roadmap for Improving Utah's Behavioral Health System 2021* in partnership with the University of Utah, building upon efforts initiated in 2020 by the Utah Hospital Association. A key need identified was to address Utah's behavioral health workforce challenges, interventions for which were summarized in Utah's Behavioral Health Assessment & Master Plan released July 2023. Several key initiatives were outlined, one of which specifically focused on workforce - expansion and support for Utah's behavioral health workforce through overall growth strategies and a specific focus on increasing the use of certified or credentialed non-licensed professionals to support licensed providers more effectively practice to the top of their license. This idea - the use of workforce extenders - would allow licensed providers to work at the top of their license, and help with provider retention and burnout. It also aims to promote a clear career advancement ladder. The full master plan is available online released January 2024.

- **South Dakota's** Department of Health recently published its State Health Improvement Plan 2024-2029 which includes focus on Health Priority 2: Behavioral and Mental Health, one goal of which is focused on increasing diversity of the workforce.

- **Iowa** Department of Health and Human Services funded a Mental Health + Wellness Initiative with University of Iowa to support the mental health and wellness of the public health workforce.

- **Iowa** completed a broadly focused report on Public Health Workforce Development in 2021. Specific topic based work has been done by the **Iowa** Bureau of Substance Abuse, who has supported a Workforce Development Task Force since 2003. This task force has assisted with a variety of projects over that timeframe which help support Iowa's prevention workforce.

- **Minnesota** completed a broad workforce review titled Minnesota's Health Care Workforce: Pandemic-Provoked Workforce Exits, Burnout, and Shortages. Have also recently completed several targeted workforce reports including deep-dives into licensed addiction counselors, licensed marriage and family therapists, licensed professional counselors, psychologist, psychiatrists, and social workers.

- **Montana** developed a plan via policy paper in 2020 to aimed at addressing behavioral health workforce challenges. The recommendations center around integrated behavioral health supports and included updated reimbursement mechanisms for licensed addiction counselors in specific settings, expansion of peer support services within primary care, creating reimbursement pathways for in-training practitioners in specific settings, among others.

- **Montana** Healthcare Foundation supports multiple initiatives, two of which are central to behavioral health: Integrated behavioral health, and the behavioral health continuum of care. Numerous grants have been awarded in recent years to Montana-based groups in both focus areas. While funded initiatives range from direct services to new program development and everywhere in between, many programs have included unique funding approaches to support workforce training, development, or related activities.

Financial Resources for the Emerging Workforce

- **South Dakota** supports several initiatives targeting emerging workforce audiences. A number of scholarship opportunities aimed at high school students, primarily, are available on the Dakota Dreams website. Several of note are featured below as it pertains to behavioral health fields.
  a. Build Dakota Scholarships are designed for "skilled scholars entering high-demand programs at South Dakota technical colleges" in targeted industries. Healthcare and public service are included. As of the time of this report, relevant fields to behavioral health are focused on nursing programs (LPN to RN). Human Services Technician is also an eligible program.
  b. Dakota Corp Scholarships are available, currently relevant crossover need being for Registered Nurses. This programs encourages students to obtain their degree in-state and remain in-state upon completion while filling a critical workforce need.
  c. The South Dakota Opportunity Scholarship is available to SD residents attending university, college or technical school in state, and does not limit program of study. A total of 14 in-state institutions currently participate. The Freedom Scholarship similarly does not limit program of study and is available based on need, aimed at closing the gap for students pursuing higher education in a variety of fields. It is currently available at 10 partnering institutions.

- **North Dakota's** Behavioral Health Workforce Education and Training Program offers stipends to students placed at approved sites targeting rural and underserved populations. Masters-level recipients may receive $10,000 and doctoral-level recipients may receive $25,000. Eligible University of North Dakota programs include Clinical Psychology, Counseling Psychology, Counselling, Mental Health Nurse Practitioner, Social Work, and Psychiatric Residency.

- **North Dakota** also offers a student loan program aimed at qualified individuals seeking to intern at a licensed substance abuse treatment facility in their pursuit of becoming a licensed addiction counselor. Funding is managed by the Bank of North Dakota.

- **North Dakota** recently launched the ND TAAP Undergrad Substance Use Disorder Scholarship program, hosted by the North Dakota Training Academy for Addiction Professionals (TAAP). The program provides funding for training stipends to selected eligible students paid directly to students on a monthly basis to assist with living expenses while in school. Up to $10,000 per year for college juniors and seniors, as well as a paid internship.

- **Utah's** Behavioral Health Workforce Reinvestment Initiative and Health Care Workforce Loan Repayment Programs are now a combined three-year program - the Health Care Workforce Financial Assistance Program - serving multiple types of health providers. Requires a 20% match from practicing sites. Awards amounts listed are the maximum allowed. Some of the relevant behavioral health focused positions include:
  - Psychiatrists - $75,000
  - Psychologists - $45,000
  - Psychiatric / Mental Health Nurse Practitioners - $45,000
  - Clinical Social Workers - $37,500
  - Counselors, Clinicians, Therapists - $30,000 to $37,500
  - Substance Use Disorder Counselors - $15,000
- **Iowa** is working to expand the number of behavior analysts in state through a grant program that reimburses tuition and fees of students matriculating through an accredited program and who have agreed to practice as such in Iowa for two years full-time upon graduation. provides for up to 50% reimbursement for tuition for Board Certified Behavior Analyst and Board Certified Assistant Behavior Analyst Programs with a requirement of 2 years full time up to 4 years for part time. Applications are not currently accepted and funding is dependent upon additional appropriations.

Initiatives targeting High School Students

- **Nebraska** issued a Career Pathways Report, which helps prospective students/applicants learn more about the healthcare field. This includes career paths for various positions, training and skill-building workshops, and mentoring opportunities.

- **Nebraska's** BHECN has developed video segments - Behavioral Health Career Pathways - featuring various professional tracts for consideration, ranging from behavioral analyst to counselor to psychiatric nurse practitioners. The videos are an example model for increasing awareness about what each role in the behavioral health continuum provides.

Loan Forgiveness, Repayment, and other Post Graduation Financial Supports

- The **National Health Service Corp** program is available in South Dakota and surrounding states. This federal program is administered by the U.S. Department of Health and Human Services (HHS) and provides scholarships and student loan repayment to health care professionals in exchange for a service commitment to practice in designated areas across the country. NHSC participants work at NHSC-approved sites located in and serving Health Professional Shortage areas. There are five programs of note:
  - NHSC Scholarship Program
  - NHSC Students to Service Loan Repayment Program
  - NHSC Loan Repayment Program
  - NHSC Substance Use Disorder Workforce Loan Repayment Program
  - Nurse Corps Scholarship Program and Nurse Corps Loan Repayment Program

- **Colorado** Health Service Corps offers loan forgiveness for health professionals including several mental health positions. This is funded by the Colorado Department of Public Health & Environment and targets shortage areas specifically. Requires three (3) years of service to the eligible site and applicable level of efforts drive reimbursement levels.
  - Full Time - $90,000
  - 3/4 Time - $67,500
  - Part Time - $45,000

- **North Dakota** promotes a loan repayment program including state and federal resources for health professionals.
  - The ND Healthcare Professional Loan Repayment Program is inclusive of behavioral health professions - licensed addiction counselors, licensed professional counselors, licensed social workers, registered nurses, specialty practice registered nurses, and behavioral analysts. Must work for each year of repayment with a maximum commitment of up to five (5) years. This program involves a state and community match.
  - The ND Federal Loan Repayment Program includes registered nurses, advanced practice nurses, clinical psychologists, licensed professional counselors, licensed clinical social workers, marriage and family therapists, and licensed addiction counselors in its eligibility criteria. The incentive provides up to $50,000 for a two-year service obligation, funding variable per discipline.

- **Iowa** has a Primary Care Provider Loan Repayment Program provides assistance with repayment of educational loans inclusive of mental health practitioners and requires two (2) years of service obligation at an eligible practice site in a federally designated health professional shortage area (HPSA). Its Rural Iowa Primary Care Loan Repayment Program is also inclusive of psychiatrists.

- **South Dakota** trainees have access to several loan forgiveness opportunities, the best repository for which is on the South Dakota Department of Health website. Recruitment Assistance for Healthcare Professionals efforts includes a variety of programs aimed at assisting with recruiting healthcare professionals across several disciplines, inclusive of behavioral health. State-level programs are featured below, in addition to National Health Service Corp Loan Forgiveness efforts also managed by the Department.
  a. The South Dakota State Loan Repayment Program (SLRP) provides the most opportunity for individual providers in reducing or eliminating debt associated with pursuit of higher education following completion of those programs. Participants must meet the program's eligibility criteria. A range of behavioral health related positions are eligible including but not limited to nurse practitioners, licensed clinical social workers, licensed professional counselors, psychiatric nurse specialists, marriage and family therapists, registered nurses, and alcohol and substance abuse counselors. Eligible practice sites are also broad - private practice, community outpatient, CMHCs, and many other facilities are included. While the program is competitive and limited funds are available, program leadership advised that many of the previous years' participants have been from behavioral health practice sites and provider types. The program requires a minimum of two years of service obligation, and ultimately provides repayment of up to $25,000 for qualifying educational loans annually. Payback penalties do exist for breach of contract.
  b. Rural Healthcare Facility Recruitment Assistance Program provides up to $10,000 for eligible health professionals who complete a three-year, full-time service commitment at an eligible facility in a community with 10,000 or less residents. Eligible occupations do include several crossover fields such as nursing and social work, and eligible facilities are inclusive of chemical dependency treatment facilities and CMHCs.
  c. The Recruitment Assistance Program would have some applicability with Certified Nurse Practitioners working in eligible, rural communities in state, providing approximately $70,000 in incentive payment if the individual and sponsoring community meet the program qualifications. Partnering recipients agree to practice full-time in an eligible community for at least three consecutive years, among other stipulations. Participants cannot have previously participated in a similar program.

- One SD-based provider disclosed use of a limited self-funded loan repayment program during an interview for the landscape analysis, but evidence of similar programs in other providers was not gathered as part of this study.

- **Wyoming's** resources are coordinated by the Wyoming Department of Health, including state loan repayment programs and scholarships.

- **Minnesota's** Health Care Loan Forgiveness Programs are administered by the Minnesota Office of Rural Health and Primary Care. Program guidelines exist for both rural and urban practitioners.
  - Rural mental health practitioners include Licensed Psychologist, Licensed Independent Clinic Social Workers (LICSW), Licensed Marriage & Family Therapists (LMFT), Licensed Professional Clinical Counselors (LPCC), and Licensed Alcohol and Drug Counselors (LADC). Annual repayment amount ranges from $11,000 to $29,000, and a minimum of 3 years of service is required in a rural area.
  - Urban practitioners are similar to rural in program stipulations other than working in a federally designed urban Health Professional Shortage Area is required.

- **Nebraska's** State Loan Repayment program offers support to various behavioral health specialties including clinical psychologists, licensed mental health practitioners, licensed addiction counselors, licensed clinical social workers, child and adolescent psychiatry and general psychiatry. Doctors can receive up to $60,000 per year and other professions up to $30,000 per year through this program. Nebraska's NHSC program offers similar reimbursement (up to $50,000 for doctors and up to $25,000 for other professions). Applicants are evaluated against both programs in partnership with DHHS and in partnership determine which program is best for that individual's needs.

Training Program Initiatives

- The **Montana** Behavioral Health Workforce Education and Training – Eastern and North Central Montana (BHWET East) is a partnership between Montana State University College of Nursing's Doctor of Nursing Practice–Psych/Mental Health Track, MSU Billings College of Health Professions and Science, and the Montana Track at Billings Clinic, a regional track of the University Washington Psychiatry Residency Training Program.

- **Montana** also has a Behavioral Health Training Program. The goal of this program is to prepare Community Health Workers, Community Paramedics or Peer Support Specialists to work in team-based models of care in order to address the social and behavioral needs of our rural and frontier communities.

- **Utah** has allocated $800,000 of its Targeted Workforce Development - Healthcare appropriation by the Legislature to a Behavioral Health Workforce Initiative Grant with the goal of creating a Behavioral Health Technician certification program that includes an educational pathway to bachelor's and master's degrees and state licenses.

- The **Iowa** Health Careers Registered Apprenticeship Program is a grant opportunity aimed at addressing the workforce needs of the health care sector. Program funding helps jumpstart a high school-based registered apprenticeship program (either new or existing) that accelerates the pathway into the health care field. The program expanded in 2023 to include behavioral health and substance abuse specialists.

- **Iowa** supports several psychiatry training programs aimed at expanding advanced mental health training available in state by awarding grants and funding opportunities to accredited programs.
  - The Medical Residency Training State Matching Grants Program increases the number of practicing physicians in Iowa by expanding residency positions.
  - The Psychiatry Training Program awards grants to expand current training for medical residents, physician assistants, and nurse practitioners working in underserved mental health areas of the state.
  - The Psychiatry Residency Training Program designates funding to support expansion of psychiatry residency spots specifically.
  - The Psychiatry Training Program for Physician Assistants and/or Nurse Practitioners supports advanced mental health training costs.

- **Minnesota's** Behavioral Health Learning Center was created by the Minnesota Department of Human Services as a robust online training platform for many disciplines.

- **Nebraska** through its Behavioral Health Workforce Education and Training grant managed by University of Nebraska Medical Center's Munroe-Meyer Institute to expand the workforce of behavioral health providers trained and skilled to work in integrated primary care sites in underserved areas.

National Reports & Programs of Interest

The following represents a listing of reports, studies, or initiatives being led at a national or federal level with regards to behavioral health workforce recruitment and retention. As the resources within each are extensive, the primary websites are provided here for further review based on specific interests of the reader. This is not an exhaustive list.

- The **National Council for Mental Wellbeing** provides a hub of resources in the area of mental health services including workforce capacity.
  - Addressing the nation's mental health workforce shortage remains an important component of their work. The National Council for Mental Wellbeing in partnership with several others, including Colorado as previously noted in this report, a National Mental Health Workforce Acceleration Collaborative through grant funding provided by Kaiser Permanente. Program goals are to increase the percentage of master's degree graduates who become licensed in target states, increase number of patients served by qualified workforce, increase diversity of workforce, and ultimately improve HRSA health professional shortage area scores in those target communities.
  - The Center for Workforce Solutions hosts a ECHO Learning Collaborative and Workforce Solutions Jam. Resources also include briefs on policy actions to expand capacity and build stability in workforce, and a recommendations report that summarizes more than 400 strategies that could address shortages.
  - In October of 2023, the Council published a full report on "A Vision For the Future of Community Behavioral Health Care".

- **SAMHSA** works with federal and other partners to increase the supply of trained and culturally aware professionals to address the nation's behavioral health needs. It provides a wealth of information in this area. Several recent examples include:
  - A new SAMHSA report: Addressing Workforce Needs of Retention and Recruitment (CMHS Learning Collaborative Summary), was released in December of 2023. This report outlined approaches to building and retaining the workforce. It also supplied some state specific innovative examples, including mention of Nebraska's innovative recruitment strategies.
  - SAMHSA in partnership with JBS International, Inc released a webinar on Addressing Workforce Issues on Retention and Recruitment, which represented a synopsis of learning collaborative meetings that took place between March - June 2023.
  - The Recruitment and Retention toolkit hosted by Advocates for Human Potential, Inc. includes a number of resources pertinent to the subject.

- The **Addiction Technology Transfer Center Network** funded by SAMHSA has a variety of workforce development resources and publications.

- The **National Council of State Legislatures** published a report in June 2023, Leveraging Career Pathway Programs: State Strategies to Combat Health Care Workforce Shortages. This report does not feature any programs in South Dakota, but does include several neighboring states included in this research. The Council also regularly provides update on the legislative actions taken nationally and across specific states in the area of workforce development, which can be accessed by searching their website. Several recent examples are included below:
  - Policy Snapshot: Behavioral Health Workforce Shortages and State Resource Systems published May 2024
  - Behavioral Health Workforce Shortages and State Resource Systems published April 2024

- **MHTTC Network** Workforce Recruitment and Retention

- **34NET.org** - a resource for health professionals and employers in rural and underserved communities.

- **Harvard Graduate School of Education's Project on Workforce** issued a July 2022 publication on workforce development for behavioral health, focusing on challenges and opportunities for peer support workers.

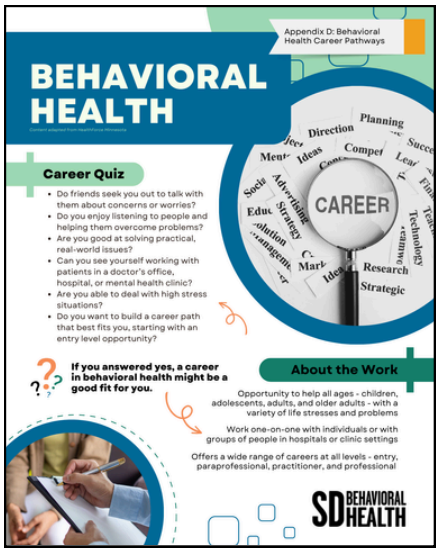
CAREER PATHWAYS IN BEHAVIORAL HEALTH

As identified in the short-term recommendations section of this report, it became clear that more information was needed to better inform those considering their careers following high school about the options available to them. Further, focus group discussions with post-secondary students confirmed a similar generalized lack of awareness in most cases. The Division of Behavioral Health within DSS has a history of supporting high-school career development initiatives including but not limited to SCRUBS Camp, Camp Med, and other healthcare-focused career programs aimed at high school students. This support has included both tabling and presentations. Information was compiled for dissemination at these events with the intent of increasing awareness of behavioral health careers and where to go to university or college for those careers, all in South Dakota.

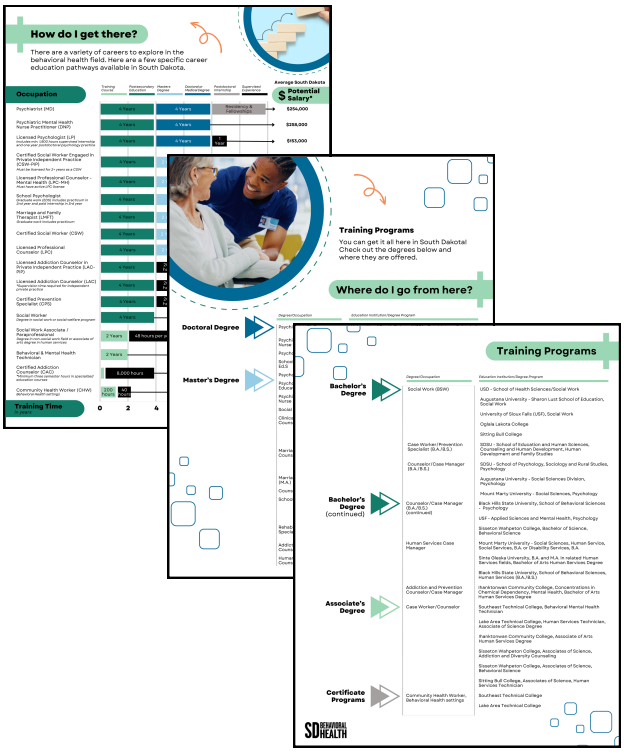
A total of 16 unique professions and licensures were included in this composite, ranging from entry-level positions such as Community Health Workers all the way to fully licensed positions such as Licensed Professional Counselors, School Psychologists, and Addiction Treatment Counselors. Leveraging examples from other states in the area of healthcare career development, the information is presented first with a simple career quiz, asking questions that call upon an individuals aptitudes and interests in assessing whether a career in behavioral health might be a good fit.

In addition, information was compiled through online research into the available programs across South Dakota at the collegiate or vocational levels. A total of 39 individual degree programs are featured in this summary. Information about each program was curated through online resources, and verified in some cases in which the program chair / lead participated in an individual interview as part of the landscape analysis.

Simple messaging such as this are encouraged to further tell the story about what it means to work in these fields.

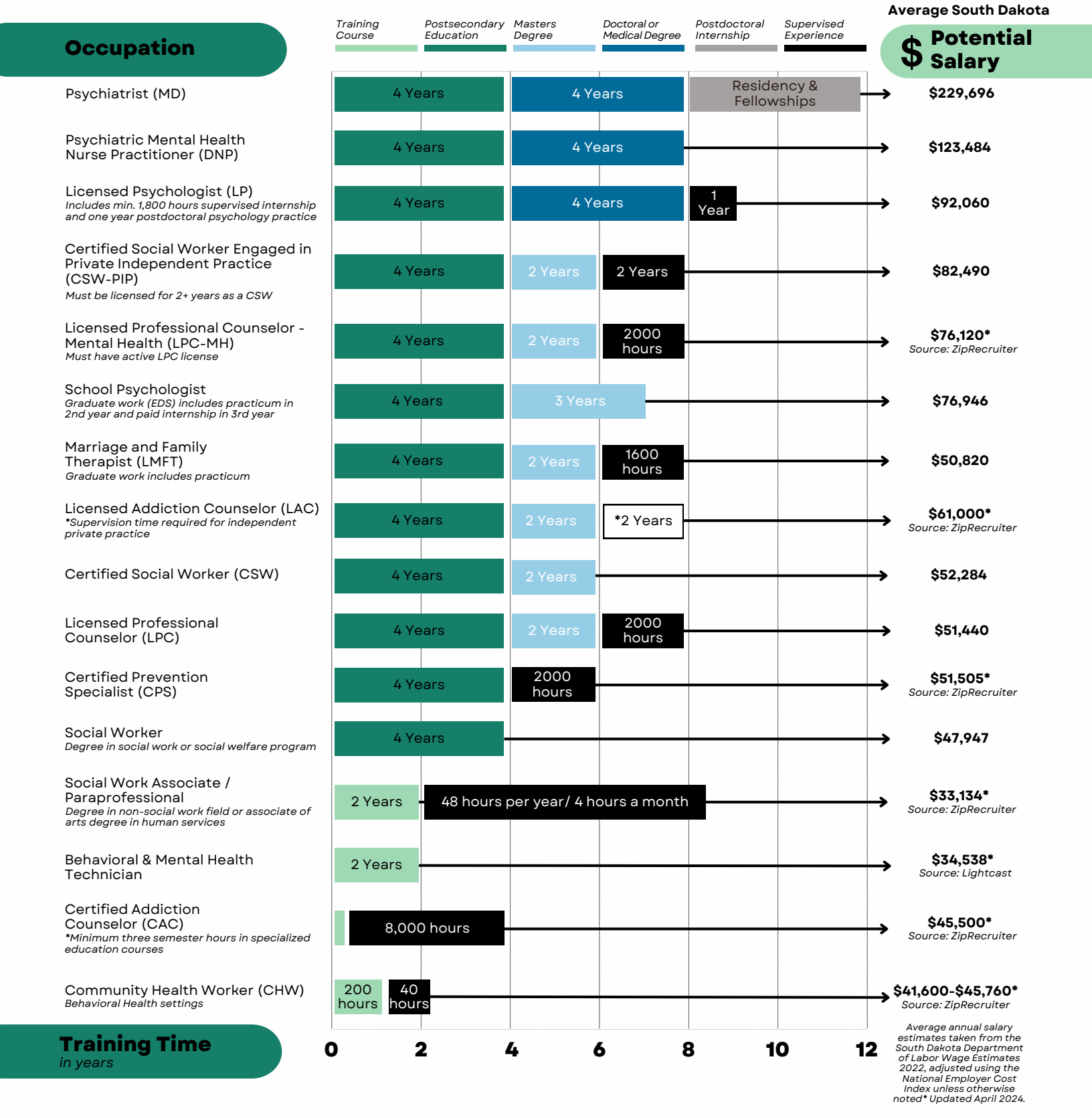


Cover page of High school student flyer, aimed at increasing awareness of behavioral health careers and the pathways avialable to pursue those careers in South Dakota



How do I get there?

There are a variety of careers to explore in the behavioral health field. Here are a few specific career education pathways available in South Dakota.



Average annual salary estimates taken from the South Dakota Department of Labor Wage Estimates 2022, adjusted using the National Employer Cost Index unless otherwise noted Updated April 2024.*

Training Programs

You can get it all here in South Dakota! Check out the degrees below and where they are offered.

Where do I go from here?

	Degree/Occupation	*Education Institution/Degree Program*
Doctoral Degree	Psychiatrist, Ph.D	University of South Dakota (USD) - Psychiatry - School of Medicine, Residency Program
	Psychiatric Mental Health Nurse Practitioner (DNP)	South Dakota State University (SDSU) - Psychiatric Mental Health Nurse Practitioner (DNP)
	Psychologist, Ph.D	USD - Psychology, College of Arts and Sciences
	School Psychologist, Ph.D, Ed.S	USD - School of Education, Counseling and Psychology in Education
Master's Degree	Psychologist (M.A.)	USD - College of Arts and Sciences/Psychology
	Psychologist & Counselor in Education (M.A., Ed.S.)	USD- School of Education, Counseling and Psychology in Education
	Psychiatric Mental Health Nurse Practitioner	Mount Marty University, School of Nursing
	Social Work (MSW)	USD - School of Health Sciences/ Social Work
	Clinical Mental Health Counselor (M.S./M.A.)	SDSU - School of Education and Human Sciences, Counseling and Human Development, Clinical Mental Health Specialization
		USD - School of Education, Counseling and Psychology in Education
	Marriage and Family Counselor (M.S.)	SDSU - School of Education and Human Sciences, Counseling and Human Development, Marriage and Family Counseling Specialization
	School Counselor (M.S./M.A.)	SDSU - School of Education and Human Sciences, School Counseling and Human Development Specialization
		USD - School of Education, Counseling and Psychology in Education, School Counseling K-12
	Rehabilitation Counselor Specialization (M.S.)	SDSU - School of Education and Human Sciences, Counseling and Human Development, Rehabilitation Counseling Specialization
	Addiction and Prevention Counselor (M.A.)	USD - Graduate Addiction Counseling & Prevention, School of Health Sciences
	Human Services Counselor/Worker	Sinte Gleska University, Master of Arts in Human Services

Training Programs, continued

	Degree/Occupation	Education Institution/Degree Program
Bachelor's Degree	Social Work (BSW)	USD - School of Health Sciences/Social Work
		Augustana University - Sharon Lust School of Education, Social Work
		University of Sioux Falls (USF), Social Work
		Oglala Lakota College
		Sitting Bull College
	Case Worker/Prevention Specialist (B.A./B.S.)	SDSU - School of Education and Human Sciences, Counseling and Human Development, Human Development and Family Studies
	Counselor/Case Manager (B.A./B.S.)	SDSU - School of Psychology, Sociology and Rural Studies, Psychology
		Augustana University - Social Sciences Division, Psychology
		Mount Marty University - Social Sciences, Psychology
Bachelor's Degree (continued)	Counselor/Case Manager (B.A./B.S.) (continued)	Black Hills State University, School of Behavioral Sciences - Psychology
		USF - Applied Sciences and Mental Health, Psychology
		Sisseton Wahpeton College, Bachelor of Science, Behavioral Science
	Human Services Case Manager	Mount Marty University - Social Sciences, Human Service, Social Services, B.A. or Disability Services, B.A.
		Sinte Gleska University, B.A. and M.A. in related Human Services fields, Bachelor of Arts Human Services Degree
		Black Hills State University, School of Behavioral Sciences, Human Services (B.A./B.S.)
	Addiction and Prevention Counselor/Case Manager	Ihanktonwan Community College, Concentrations in Chemical Dependency, Mental Health, Bachelor of Arts Human Services Degree
Associate's Degree	Case Worker/Counselor	Southeast Technical College, Behavioral Mental Health Technician
		Lake Area Technical College, Human Services Technician, Associate of Science Degree
		Ihanktonwan Community College, Associate of Arts Human Services Degree
		Sisseton Wahpeton College, Associates of Science, Addiction and Diversity Counseling
		Sisseton Wahpeton College, Associates of Science, Behavioral Science
		Sitting Bull College, Associates of Science, Human Services Technician
Certificate Programs	Community Health Worker, Behavioral Health settings	Southeast Technical College
		Lake Area Technical College

SUPERVISOR CLINICAL SUPERVISION REQUIREMENTS

Information compiled in this summary was sourced from South Dakota Codified Law regarding licensing requirements, Administrative Rules of South Dakota, the Board of Addiction and Prevention Professionals, the Board of Examiners for Counseling and Marriage and Family Services, the Board of Examiners of Psychologists, the Board of Social Work Examiners, and Qualified Mental Health Professional and Board of Mental Illness requirements.

Summary Chart | Supervisor Requirements for Mental Health Positions

The following chart depicts the requirements for supervisors overseeing trainees pursuing the titles / licenses noted.

	Licensed Marriage & Family Therapists (LMFTs)	Licensed Professional Counselors (LPCs)	Certified Social Worker (CSW)	Certified Social Worker in Private, Independent Practice (CSW-PIP)	Psychologist
Level of Education	Master's degree	Master's degree	Master's degree	Master's degree	PhD
License or Certification	LPC-MH or LMFT	LPC-MH, LMFT, CSW-PIP, Psychologist, or Psychiatrist	Agency with an approved social worker for supervision	CSW-PIP, Psychologist, or Psychiatrist	Psychologist actively licensed at the doctoral level
Approval Type	Board approval required	Board approval required	Training program accreditation	Board approval required	Training program accreditation
Continuing Education	At least 4 hours each two-year cycle	At least 4 hours each two-year cycle	None required beyond supervisor license	None required beyond supervisor license	None required beyond supervisor license
Time Commitment	Min. 100 hours	Min. 100 hours	Variable	Min. 4 hours per month *(96 hours total)*	Min. 2 hours per month

Refer to the detailed summary provided for more information about addiction and prevention professionals.

Summary Chart | Supervisor Requirements for Substance Use Disorder Treatment Positions

The following chart depicts the requirements for supervisors overseeing trainees pursuing the titles / licenses noted.

	Addiction Counselor Trainee (ACT)	Certified Addiction Counselor (CAC)	Licensed Addiction Counselor (LAC)	Prevention Specialist Trainee (PST)	Certified Prevention Specialist (CPS)
Level of Education	Associate / Certification	Associate / Certification	Master's degree	Associate / Certification	Associate / Certification
License or Certification	CAC or LAC	CAC or LAC	LAC	CPS, but CAC or LAC may if approved by the board	CPS, but CAC or LAC may if approved by the board
Approval Type	Board approval required	Board approval required	Board approval required	Board approval required	Board approval required
Continuing Education	None required beyond supervisor license	None required beyond supervisor license	None required beyond supervisor license	None required beyond supervisor license	None required beyond supervisor license
Time Commitment	1 hour for every 8 contact hours	Min. 800 hours	Min. 200 hours	1 hour for every 8 contact hours	Min. 200 hours

Refer to the detailed summary provided for more information about addiction and prevention professionals.

Marriage and Family Therapists

Education Level
- Master's Plus Supervision

Supervisor Requirements
- An approved supervisor must be licensed as a professional counselor-mental health or a marriage and family therapist, in good standing with the applicable South Dakota state licensing board, and be: (1) Actively licensed for at least two years prior to the beginning of supervision with at least four hours of qualified continuing education, pursuant to chapter 20:71:06, focused on supervision within two years prior to the date of application; (2) Actively licensed for at least one year prior to beginning supervision with at least 15 hours of qualified continuing education, pursuant to 20:71:06, focused on supervision within two years prior to the date of application; or (3) An American Association for Marriage and Family Therapy approved clinical supervisor.
- Complete required application documents, which include (1) completed application, (2) verification of qualifications as prescribed in administrative rule, (3) verification of licensure in good standing by the applicable licensing board, (4) a statement of any criminal record if applicable, (5) a statement of any previous discipline, and (6) a recent photograph.
- Obtain approval from the board as a supervisor. Approval as a supervisor is valid from the date of approval through November 30 of the next even-numbered year and is subject to renewal, and requires at least four hours of qualified continuing education.
- Failure to renew approval as a supervisor by November 30 of an even-numbered year automatically expires the approval and any post graduate plan of supervision authorized with the supervisor, however reinstatement is possible.
- Compliance with the American Association for Marriage and Family Therapy Code of Ethics (issued January 2015)

Supervisor Duties
- Responsible for the meaningful supervision of a supervisee.
- Ensure that: (1) client welfare is protected; (2) the supervisee functions within the limits of the supervisee's competence; (3) supervision occurs in activities relevant to the supervisee's position and academic background; (4) the supervision is designed to expand and improve skills in areas for which the supervisee has academic background but limited training; (5) the supervision covers theoretical approaches; and (6) the setting for supervisee practice is appropriate.
- Provide written notice to the board and to the supervisee of the completion or termination of an approved post graduate plan of supervision within 14 days.
- Ensure the supervisee complies with the American Association for Marriage and Family Therapy Code of Ethics (issued January 2015).
- Ensure supervision includes at least five hours of four unique methods: presentation and staffing of cases, direct overservations through in person or recorded sessions, co-counseling, and review of recordkeeping.

Supervisor Time Commitment
- 100 hours, one hour for every 20 hours of direct client contact
- Up to two years to complete

Quick Look
LMFT Supervisors

- *Master's degree*
- ***Licensed as a LPC-MH or LMFT***
- ***Board approval required*** *(renewed every even numbered year)*
- ***At least 4 hours of continuing education*** *(each two-year cycle)*
- ***Min. 100 hours of supervision*** *(at least 1 hour for every 20 hours of direct client contact)*

Weekly Breakdown

1-2 hours per week on average up to two years to complete 100 hours

Licensed Professional Counselor (LPC)
Licensed Professional Counselor - Mental Health (LPC-MH)

Education Level
- Master's Plus Supervision

Supervisor Requirements
- An approved supervisor must be licensed as a professional counselor, professional counselor-mental health, marriage and family therapist, certified social worker-private independent practice, psychologist, or psychiatrist, in good standing with the applicable South Dakota state licensing board and be:
  - Credentialed as an Approved Clinical Supervisor by the Center for Credentialing & Education, Inc. and recognized by the National Board for Certified Counselors, Inc. and Affiliates;
  - Actively licensed for at least two years prior to the beginning of supervision with at least four hours of qualified continuing education, pursuant to chapter 20:68:07, focused on supervision within two years prior to the date of application;
  - Actively licensed for at least one year prior to the beginning of supervision with at least 15 hours of qualified continuing education, pursuant to chapter 20:68:07, focused on supervision, within two years prior to the date of application; or
  - An American Association for Marriage and Family Therapy approved clinical supervisor.
- Similar to LMFTs, LPC and LPC-MH Supervisors must complete required application documents. Obtain approval from the board as a supervisor. Every even numbered year by November 30, renewal is required.

Supervisor Duties
- Responsible for the meaningful supervision of a supervisee.
- Ensure that: (1) client welfare is protected; (2) the supervisee functions within the limits of the supervisee's competence; (3) supervision occurs in activities relevant to the supervisee's position and academic background; (4) the supervision is designed to expand and improve skills in areas for which the supervisee has academic background but limited training; (5) the supervision covers theoretical approaches; and (6) the setting for supervisee practice is appropriate.
- Provide written notice to the board and to the supervisee of the completion or termination of an approved post graduate plan of supervision within 14 days.

Supervisor Time Commitment
- 100 hours, one hour for every 20 hours of direct client contact
- Up to two years to complete, but post graduate plan of supervisons can be renewed one time if submitted by the supervisor and supervisee at least 30 days before the expiration of the current approved plan

Other Notes
- A supervisee may have more than one approved supervisor, subject to additional stipulations outlined in administrative rule

Quick Look
LPC Supervisors

Master's degree

Licensed as a LPC-MH, LMFT, CSW-PIP, Psychologist or Pychiatrist

Board approval required
(renewed every even numbered year)

At least 4 hours of continuing education
(each two-year cycle)

Min. 100 hours of supervision
(at least 1 hour for every 20 hours of direct client contact)

Weekly Breakdown
1-2 hours per week on average up to two years to complete 100 hours

Social Work Associate

Education Level
- Master's Plus Supervision

Supervisor Requirements
- Licensed social worker or licensed certified social worker

Supervisor Duties
- A supervisor shall comply with the supervisor's ethical responsibilities as set forth in the "NASW Code of Ethics" as approved by the 1996 NASW Delegate Assembly and revised by the NASW Delegate Assembly in 2017.
- Each supervisor shall: (1) Have the necessary knowledge and skill to supervise appropriately and should only do so within the supervisor's area of knowledge and competence; (2) Set clear, appropriate, and culturally sensitive boundaries; (3) Not engage in any dual or multiple relationships with a candidate in which there is a risk of exploitation or potential harm to the candidate; (4) Evaluate a candidate's performance in a manner that is fair, considerate, and equitable based on clearly enunciated criteria and shared with the candidate; and (5) Ensure that each candidate is familiar with the Code of Ethics of the NASW as approved by the 1996 NASW Delegate Assembly and revised by the NASW Delegate Assembly in 2017.
- Submission of an annual report to the licensing board certifying a) length and frequency of supervision, b) professional competence of the applicant, and c) applicant's adherence to the code of ethics.

Supervisor Time Commitment
- At least four contact hours each month

Quick Look

Social Work Associate Supervisors

Bachelor's degree

Licensed as a Social Worker or CSW

Board approval not required

No continuing education required beyond what is needed for licensure

Min. 4 hours per month

Weekly Breakdown

4 hours each month for all of license, 48 hours per year

Administrative Rules

SD 20:59:05:01

Social Worker

Education Level
- Bachelor's degree

Supervisor Requirements
- Bachelor's level internship supervised by an agency with an approved Social Worker and monitored by the training program that is accredited by the Council on Social Work.

Supervisor Duties
- Report to training program that is accredited by the Council on Social Work per requirements and internship agreement.

Supervisor Time Commitment
- Supervision hours required per training program internship agreement.

Quick Look

Social Work Supervisors

- *Bachelor's degree*
- ***Agency with an approved Social Worker***
- ***Training program accredited by Council on Social Work***
- ***No continuing education required beyond what is needed for licensure***
- ***Time varies***

Weekly Breakdown

Supervision hours vary depending on length of the student internship, typically are 20 hours or more per week per semester for full-time students.

Administrative Rules

SD 20:59:05:01

Certified Social Worker

Education Level
- Master's degree

Supervisor Requirements
- Master's level internship supervised by an agency with an approved Social Worker and monitored by the training program that is accredited by the Council on Social Work.
- Completion of graduate thesis.

Supervisor Duties
- Report to training program that is accredited by the Council on Social Work per requirements and internship agreement.

Supervisor Time Commitment
- Supervision hours required per training program internship agreement.

Quick Look
CSW Supervisors

Mastor's degree

Agency with an approved Social Worker

Training program accredited by Council on Social Work

No continuing education required beyond what is needed for licensure

Time varies

Weekly Breakdown

Supervision hours vary depending on length of the student internship, typically are 20 hours or more per week per semester for full-time students.

Certified Social Worker engaged in Private Independent Practice (CSW-PIP)

Education Level
- Master's degree plus supervision

Supervisor Requirements
- The supervisor of a CSW-PIP candidate must be a certified social worker-private, independent practice, psychologist, or psychiatrist authorized to perform their profession in South Dakota and in good standing with the supervisor's respective licensing boards.
- A holder of a temporary permit or license may not supervise a CSW-PIP candidate.
- Supervisor shall primarily practice in the same practice area in which the CSW-PIP candidate will practice; exceptions are made for good cause.
- Complete required application documents.
- Obtain approval from the board as a supervisor.

Supervisor Duties
- Submit reports every 6 months during the period of supervision to the board.
- A supervisor shall comply with the supervisor's ethical responsibilities as set forth in the "NASW Code of Ethics" as approved by the 1996 NASW Delegate Assembly and revised by the NASW Delegate Assembly in 2017. Each supervisor shall: (1) Have the necessary knowledge and skill to supervise appropriately and should only do so within the supervisor's area of knowledge and competence; (2) Set clear, appropriate, and culturally sensitive boundaries; (3) Not engage in any dual or multiple relationships with a candidate in which there is a risk of exploitation or potential harm to the candidate; (4) Evaluate a candidate's performance in a manner that is fair, considerate, and equitable based on clearly enunciated criteria and shared with the candidate; and (5) Ensure that each candidate is familiar with the Code of Ethics of the NASW as approved by the 1996 NASW Delegate Assembly and revised by the NASW Delegate Assembly in 2017.

Supervisor Time Commitment
- Provide a minimum of four hours per month of individual supervision.
  - If applicant works 30+ hours per week, 2 years of supervision is needed, four hours per month = 96 hours of supervision.
  - If the applicant works 18-29 hours per week then 4 years of supervision is needed, two hours per month = 96 hours of supervision.

Other Notes
- A supervisor may supervise any number of CSW-PIP candidates upon board authorization, if the board finds that adequate supervision will exist under the proposed supervision agreement.
- Group supervision or consultation may be allowed instead of individual supervision if such supervision does not exceed one-half of the total supervision time in each six-month period.
- Supervisor may be out of state subject to stipulations in administrative rule.

Quick Look
CSW-PIP Supervisors

- *Mastor's degree*
- ***CSW-PIP, Psychologist, or Psychiatrist***
- ***Board approval required***
- ***No continuing education required beyond what is needed for licensure***
- ***Min. 4 hours per month***

Weekly Breakdown
4 hours per month up to two years, or 2 hours per month up to four years

Administrative Rules
SD 20:59:05

Addiction & Prevention Professionals

Roles
ACT, an addiction counselor trainee approved by the board
CAC, a certified addiction counselor
PST, a prevention specialist trainee approved by the board
CPS, a certified prevention specialist
LAC, a licensed addiction counselor

Education Level
- Associate / Certification

Supervisor Requirements
- **Hold an active CAC, LAC, or CPS credential with the board**
  - Qualified CAC or LAC may supervise trainees (ACTs)
  - Qualified CPS may supervise PST, but a CAC or LAC may supervise if approved by the agency who employs the PST
- Complete required application documents.
- Obtain approval from the board as a supervisor.

Supervisor Duties
- To qualify as a supervisor, the practitioner shall:
  - Hold an active CAC, LAC, or CPS credential with the board;
  - Have administrative, evaluative, and professional development skills and knowledge;
  - Adhere to all applicable ethical standards adopted by the board;
  - Uphold the federal, state, local, and agency rules and regulations regarding professional practice;
  - Evaluate a supervisee's skills, experience with, and knowledge of the alcohol and drug counselor domains or the prevention specialist domains as defined by IC&RC;
  - Assist the supervisee in the certification, licensure, or upgrade process. The supervisor shall be knowledgeable of the current standards and criteria to ensure proper supervision and guidance in the certification or licensure process; and
  - Ensure that each supervisee is familiar with all applicable ethical standards adopted by the board.

Supervisor Time Commitment
- One (1) hour of supervision for every ten (10) hours of client contact (depending on degree level, can be from 2,000 - 8,000 hours for supervisee to complete license)
- The supervision of an ACT by a CAC or LAC must include a minimum of eight (8) contact hours each month. A minimum of one (1) hour of supervision for every ten (10) hours of client contact is required.
- Supervision of a PST - The supervision of a PST by a CPS, CAC, or LAC must include a minimum of eight (8) contact hours each month.

Other Notes
- Not more than 50% of the required supervision hours may be provided through email, internet, video-conferencing, audio-conferencing, or teleconferencing. In person is required whenever possible.
- Trainees may not be supervised by a relative.

Quick Look
Addiction & Prevention Professionals

Associate's or certification

CAC, LAC or CPS

Active board credential required

No continuing education required beyond what is needed for licensure

One hour of supervision for every 10 hours of client contact

Weekly Breakdown
CAC OR CST,1 hour for every 10 contact hours (2,000 - 8,000 hours), or
ACT OR PST,1 hour for every 8 contact hours

Psychologist

Education Level
- Doctoral degree / PhD

Supervisor Requirements
- In addition to the requirements in SDCL 36-27A-12(3), a supervised psychology internship program must:
  - be an organized training program that is distinct from and unrelated to current or previous employment and designed to provide the intern with a planned programmed sequence of training experiences
  - have a staff psychologist actively licensed at the doctoral level by the state in which the psychologist practices and provides supervision who is responsible for the integrity and quality of the psychology training program;
  - provide staff directly or through an affiliate agency who is responsible for the cases being supervised (at least two-thirds of the internship supervision must be provided by one or more psychologists licensed at the doctoral level by the state in which they practice and provide supervision)
  - provide training in a variety of methods of assessment and diagnosis and of interventions and treatment across a variety of problems through activities conducted directly with clients;
  - facilitate at least 25 percent of the intern's time in direct client contact for the purpose of delivering clinical services
  - include a minimum of two hours a week of regularly scheduled, formal, face-to-face individual supervision with the specific intent of dealing with services rendered directly by the intern, with at least one additional hour a week of supervised learning activities
  - be at post-clerkship, post-practicum, and post-externship levels, and must follow all didactic course work relevant to the applied or specialty area of the academic curriculum required for the degree

Supervisor Duties
- The supervising psychologist is responsible for ensuring that the supervisee's knowledge base of psychology and clinical skills and abilities are appropriate for the work performed or the clinical services provided.
- Provide a minimum of two hours a month of regularly scheduled, formal, face-to-face supervision.

Supervisor Time Commitment
- The internship must include a minimum of two hours a week of regularly scheduled, formal, face-to-face individual supervision;
- At least one additional hour a week of supervised learning activities.

Other Notes
- Supervisors need not be actual employees of the organization or institution.

Quick Look
Addiction & Prevention Professionals

- *PhD*
- ***Psychologist actively licensed at the doctoral level***
- ***Specific program requirements must be met***
- ***No continuing education required beyond what is needed for licensure***
- ***Min. 2 hours per month, face to face***

QUESTIONS FOR **INTERVIEWS WITH STAKEHOLDERS**

A series of questions were used to guide discussion with partnering stakeholders - agency leaders, CEOs, Human Resource leaders, Clinical Supervisors, association leaders, training program leads, department chairs, and others - as part of this landscape analysis.

Discussion Guide | Behavioral Health Agencies

- Thinking about your current state, what has been most successful for you in finding staff to fill openings in your agency? How are staff finding you?
- What situations (e.g., crisis or disaster response) do you find your agency most unprepared for? In those moments, what are the things you wish you had? Or had more of?

RECRUITMENT

- What positions are the most difficult to recruit for? The easiest to recruit for?
- Are there local barriers or challenges to your region or community that impede your ability to recruit staff?

RETENTION

- What positions do you find most difficult to retain
- What strategies have you implemented/attempted for retention and what have been the most successful/least successful?

INCENTIVES and PROFESSIONAL SUPPORTS

- Do you feel you are able to offer a compensation package, including benefits, that is attractive?
- What are you seeing as industry trends to incentivize or support your staff, particularly in a rural area? And do you feel that you are able to consider offering those types of incentives, or are they unrealistic? Why?
- Are there less tangible benefits that you feel would be useful to your staff, or that your staff have articulated as wanted or welcomed? Example: work from home, employee recognition, daycare assistance, etc
- What professional development avenues do you offer? How are they communicated? Who are they offered to (e.g., is it based on years of service or experience?)

CLINICAL SUPERVISION OF TRAINEES

- Does your agency provide clinical supervision for individuals in training or completing degrees? How does that process work as far as your agency is concerned, and is it something that you readily integrate into your schedule? How do you identify and vet potential trainees for your program?
- What is your relationship like with in-state or regional training programs? Do you feel it is a mutually beneficial relationship – is it helping you identify and potentially hire those your clinicians are supervising?

CLOSING QUESTION

- When you entered this field, what factors drew you to it? What were the incentives, or factors, that motivated you to enter this field? Since then, what has changed in your eyes?

Discussion Guide | Independent Providers

Questions were adapted slightly for private providers and/or small agencies interviewed. These questions may have been asked in addition to generic questions posed to other agencies.

- What, if any, roles do you play in terms of workforce development.... are you a trainee supervisor? A mentor? Do you hire staff or plan to hire staff in the future?
- How do you navigate professional development and continuing education for yourself? What resources do you use now?
- What resources would be nice to have access to?
- What industry trends are you aware of to support your own professional development?

Discussion Guide | Clinicians & Professionals in the Field

- What factors encouraged you to enter the behavioral health field?
- What factors most influenced your educational path? At what point did you make that decision, and what influencers (e.g., people, places, life events) contributed to that?
- Before you started in this program, what was your goal?Were you seeking promotion or advancement? Were you seeking to work in a particular setting? Do you see this as a launching pad into a new job / different job, or one that furthers your career path at your current employer?
- What words come to mind when you hear the phrase “community behavioral health”? What was your level of familiarity before you joined [place of employment]?
- As you know, there is a shortage of behavioral health professionals in South Dakota. What is your advice to the profession to recruit students to the field?
- What is your advice to retain professionals in the field?

Discussion Guide | Training Institutions

PROGRAM CONTENT

- What is the student enrollment capacity for each degree you offer, and if at capacity, what barriers or factors are contributing to that?
- What are the career paths your program aims to prepare for?
- To what degree is community behavioral health (e.g., community mental health centers, crisis stabilization care) integrated into your program content?

AWARENESS

- What strategies do you use to increase awareness of your program among potential students?

RECRUITMENT & RETENTION

- What does recruitment look like for your program, and who / what type of student is ultimately enrolling?
- Have you had any experience working with secondary education teachers / staff on supporting student matriculation to your program (e.g., HOSA)? What has that experience been like?

INCENTIVES and PROFESSIONAL DEVELOPMENT

- Does your program support a student seeking a non-traditional schedule? How?
- What relationship does your institution have with agencies or employers? What role does your program play in connecting students to internship or clinical supervision opportunities?
- What field do you find your students most interested in pursuing? Are they seeking promotion at their current job, or do they have ambitions for private practice, or something different?
- What incentives are you seeing your students take advantage of in terms of tuition assistance, loan repayment, etc.?

CLOSING QUESTION

- What factors drew you to becoming involved in teaching and preparing behavioral health professionals? Since then, what has changed in your eyes?

Discussion Guide | Students in Training

Focus groups will engage students in graduate programs (a mix of early career and pre-graduate students) to discuss perceptions around entering the workforce.

QUESTIONS

- What factors encouraged you to enter the behavioral health field?
- When did you decide to take this educational path and what were your influences (e.g., people, places, life events)?
- What were your educational and professional goals when you started this program? (Were you seeking promotion or advancement? Were you seeking to work in a particular setting? Do you see this as a launching pad into a new job / different job, or one that furthers your career path at your current employer?)
- What are your professional opportunities after finishing your education?
- Are there any financial factors that have positively influenced your decision to enroll or stay in this program? Are there any financial factors you are planning on or seeking post-graduation (e.g., loan forgiveness)? How important are these factors to you?
- What is your understanding of community behavioral health?What are your perceptions around that field? The services provided? What is your level of familiarity?
- As you know, there is a shortage of behavioral health professionals in South Dakota. What is your advice to the profession to recruit students to the field?
- What are you looking for in an employer that would keep you there for at least 5 years? What is your advice to retain professionals in the field?

MODELS FOR **STATE OR ADVOCACY CENTERS**

The following outlines current understanding of established workforce centers across neighboring states. Research into these centers was done to identify potential models for consideration in South Dakota, and focused on centers or advocacy groups with dedicated efforts and a matching online presence in the area of behavioral health workforce development.

NEBRASKA

Nebraska's efforts in the area of innovative strategies to promote and sustain the workforce are notable and worthy examples for South Dakota to consider. The Behavioral Health Education Center aims to grow the Nebraska workforce by forming key partnerships with key stakeholders (academic institutions, healthcare providers, governmental agencies, and community organizations), and to increase the number of licensed behavioral health professionals in the state, thereby improving access to care in rural and/or underserved communities.

- The Center is managed through the University of Nebraska Medical Center, and structured across four current sites - Omaha, Kearney, Chadron, and Wayne, with two additional sites planned in 2024.
- The Nebraska Behavioral Health Education Partnership, funded by BHECN, partners with the 19 academic institutions providing graduate-level behavioral health education in Nebraska to track the number of students graduating and staying in Nebraska, aiming to gather data, inform trends along the workforce pipeline, and develop responsive training opportunities to the needs identified.
- The BHECN facilitates a number of initiatives including but not limited to training. As one example, presented at their 2023 Nebraska Behavioral Health Policy Forum, American Rescule Plan Act (ARPA) funds were utilized to provide free training for BH professionals in 2023. Numerous other initiatives are featured in that presentation.
- Their Career Pathway Report was developed to encourage students to choose the field and grow in their licensure, serving as an excellent work flow model for levels of licensure.
- Per the BHECN website, "The BHECN Behavioral Health Mentorship & Supervision App is a resource for students and professionals interested in behavioral health careers. It is especially helpful for those who currently live in rural or underserved areas of Nebraska." The app includes access to a jobs posting site and resources in mentorship, supervision, CEU, and more.

ILLINOIS

The Behavioral Health Workforce Center was created in similar approach to that of Nebraska. The aims of the group are to, "increase access to effective behavioral health services through coordinated initiatives to recruit, educate, and retain professionals in behavioral health" per its website.

- The evolution of BHWC is well outlined on their website, initially rooted in legislative action who sponsored a resolution declaring a workforce emergency and in that same session passing a bill creating the Illinois Behavioral Health Workforce Act and the Illinois Behavioral Health Education Center Task Force (2018). Since then, they've used the Nebraska model for inspiration in implemention.
- The BHWC is led by a CEO who duly works as the Chair and Professor of the Department of Psychiatry at Southern Illinois University School of Medicine. It is guided by an executive committee representing a variety of stakeholders including but not limited to other hospital and health systems, the Board of Higher Education, Student Assistance Commission, state agencies including Healthcare and Human Services, and community college representatives. The BHWC also has an advisory council including representatives from the Illinois Department of Mental Health, Illinois Health Practice Alliance, community counseling centers, speciality clinics including medication assisted treatment clinics, hospital and health associations, and other universities, among others.

NEVADA

The Behavioral Health Education, Retention, and Expansion Network of Nevada (BeHERE NV) is a new workforce development initiative to increase the number of providers of behavioral health care in Nevada. BeHERE NV will focus on growing a diverse mental health workforce to care for Nevada's diverse population. Initial efforts online have included publication of education pathways, highlighting available degree programs across Nevada for applicable careers.

- BeHERE NV was created by the Nevada Legislature in 2023 to help the state address its behavioral health workforce shortage.
- BeHERE NV – which is housed at the University of Nevada Las Vegas – is largely modeled after BHECN. Similar to Illinois, they are evaluating the Nebraska approach.

COLORADO

Colorado has a statewide Behavioral Health Council that advocates for valuing essential workers, training managers in key skill sets, reducing administrative burden, and advancement opportunities. Their executive summary of efforts was published in September 2022.

- The Council is staffed with multiple individuals and registered as a nonprofit entity consisting of 17 member organizations. It has a board of directors elected annually, representing a variety of behavioral health partners.
- The BHC appears similar in some capacities to that of South Dakota's Council of Community Behavioral Health. Per its website, "Since 1967, the Colorado Behavioral Healthcare Council (CBHC) has served as the statewide membership association for Colorado's network of community behavioral health providers. CBHC members are the backbone of Colorado's behavioral health safety net. They serve Coloradans in every county across the state with community-based services that promote well-being and good health across populations, and that are tailored to the unique needs of each community." Council membership includes community mental health centers and a speciality clinic.

MAINE, NEW HAMPSHIRE, NEW YORK & VERMONT

A multi-state collaborative was launched in this region in partnership with MCD Global Health, who had recived a three-year grant to expand behavioral health care services in rural Maine through education, training, and mentorship programs. This initiative become known as the Rural Behavioral Health Workforce Center, who aims to a) help bring new workers into the behavioral health workforce; b) support early career staff in developing new skills and becoming eligibile for certifications; and c) offer clinical health providers opportunities to enhance their skills in treatment and intervention for behavioral health disorders, focusing primarily on substance use disorder.

- Efforts are led by a team, organized by a Project Director.
- Numerous partners are engaged including mental health providers, addiction treatment providers, the Maine Department of Health and Human Services and Department of Labor, universities, consultants, and individuals with lived experience.
- Each partnering state has its own workforce center hub of information online, including resources, training opportunities, and specialty skill tracks.

Other Approaches

A number of other states were identified throughout this research in having incentive programs or other innovative initiatives under development or in the early stages of implementation.

Oregon Health Authority is working to increase the recruitment and retention of behavioral health providers who are people of color, tribal members, or rural residents, and who can provide culturally responsive care - their incentive program includes $80 million in funding to support these efforts.

Minnesota HealthForce Center of Excellence is charged with leading the implementation of legislation designed to increase the number of mental health workers at all levels, ensuring appropriate education and training as well as creating a more culturally diverse workforce.

Ohio Department of Mental Health & Addiction Services has published information online regarding a Wellness Workforce Roadmap, and appears to serve as a respository of information on programs, technical assistance, and professional development opportunities.

Kentucky has established the Workforce Innovation and Development Collaborative, an "open forum through which new and promising approaches to behavioral health, developmental and intellectual disabilities workforce challenges and opportunities can be designed, implemented and evaluated and existing strategies can be adapted and improved." Kentucky also, through its Council on Postsecondary Education, has created CLIMB-Health, an approach that focuses on creating postsecondary pathways for individuals in recovery or reentering communities seeking entry-level employment as peer specialists.