



Center *for* Rural Health

Consortium's Workforce Plan to Address Opioid Use Disorder and Substance Use Disorder in Rural North Dakota

North Dakota Rural Community Opioid Response Program Planning Grant

September 2019

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GRANTEE INFORMATION

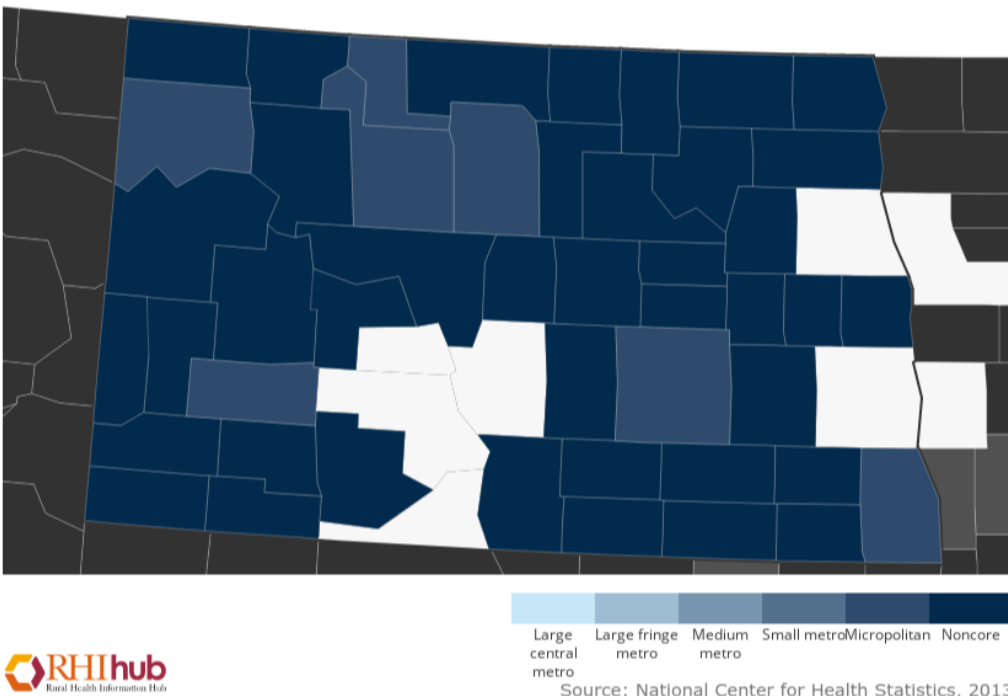
Grantee Organization	Center for Rural Health, University of North Dakota School of Medicine & Health Sciences	
Grant Number	G25RH32483	
Address	1301 N. Columbia Road, Stop 9037, Grand Forks, North Dakota 58202	
Service Area	All rural counties/areas in North Dakota: Statewide approach	
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Contributing Consortium Members	<ul style="list-style-type: none"> • Community Healthcare Association of the Dakotas • Department of Family and Community Medicine, University of North Dakota School of Medicine & Health Sciences • Heartview Foundation • Mountain Plains Addiction Technology Transfer Center (ATTC) • North Dakota Critical Access Hospital Quality Network • North Dakota Emergency Medical Services (EMS) Association • North Dakota Health Information Network • North Dakota HIV Ryan White Part B Program, North Dakota Department of Health • North Dakota State Association of City and County Health Officials • North Dakota State University, Extension Services • Primary Care Office, North Dakota Department of Health • Regional Public Health Network (eight counties) • Standing Rock Reservation • North Dakota Rural Health Association • Mountain Plains Mental Health Technology Transfer Center (MHTTC) • Quality Health Associates, Inc. • North Dakota Rural Development, USDA • City County Health District, North Dakota (Valley City/Jamestown) • Lutheran Social Services, North Dakota • North Dakota Department of Human Services' Behavioral Health Division • North Dakota Department of Health • North Dakota Association of Counties 	
Consortium Website	https://ruralhealth.und.edu/projects/community-opioid-response-program	

SERVICE AREA SUMMARY

The North Dakota Rural Community Opioid Response Program (RCORP) Planning grant identified all rural communities in North Dakota as the service area. In North Dakota, there are four larger urban centers in each corner of the state. This project focused on identifying opioid use disorder (OUD) and substance use disorder (SUD) needs and resources for all other counties/cities in North Dakota, including rural tribal communities. North Dakota is unique in its rural culture because the state has a significantly larger proportion of residents living in isolated rural communities than the national average. North Dakota also reports 40 (out of 53) counties that are designated by the Health Resources and Services Administration (HRSA) as rural counties or rural census tracts in urban counties. Additionally, there are five federally recognized tribes in North Dakota, all of which encompass rural communities.

There are 27 geographic/geographic high needs mental health HPSAs (Health Professional Shortage Areas) in North Dakota. The eastern and western halves of the state have their own unique cultures, economies, needs, and access issues. Culturally, the eastern and western halves of the state have their own unique cultures, economies, needs, and access issues. Eastern North Dakota houses the state's two largest public universities, while the western half of the state has experienced exponential growth in oil production in the last decade. Similarly, the five federally recognized tribes each carry their own culture, needs, and community assets. The tribes include the Sisseton-Wahpeton Oyate Tribe, Spirit Lake Nation, Standing Rock Nation, Three Affiliated Tribes (comprised of the Mandan, Hidatsa and Arikara nations), and Turtle Mountain Band of Chippewa.

Figure 1. County Metropolitan Classification: North Dakota Nonmetropolitan, 2013



CONSORTIUM MEMBERS

- Community Healthcare Association of the Dakotas
- Department of Family and Community Medicine, University of North Dakota School of Medicine & Health Sciences
- Heartview Foundation
- Mountain Plains Addiction Technology Transfer Center (ATTC)
- North Dakota Critical Access Hospital Quality Network
- North Dakota Emergency Medical Services (EMS) Association
- North Dakota Health Information Network
- North Dakota HIV Ryan White Part B Program, North Dakota Department of Health
- North Dakota State Association of City and County Health Officials
- North Dakota State University, Extension Services
- Primary Care Office, North Dakota Department of Health
- Regional Public Health Network (eight counties)
- Standing Rock Reservation
- North Dakota Rural Health Association
- Mountain Plains Mental Health Technology Transfer Center (MHTTC)
- Quality Health Associates, Inc.
- North Dakota Rural Development, United States Department of Agriculture (USDA)
- City County Health District, North Dakota (Valley City/Jamestown)
- Lutheran Social Services, North Dakota
- North Dakota Department of Human Services' Behavioral Health Division
- North Dakota Department of Health
- North Dakota Association of Counties

RURAL OUD/SUD PREVENTION, TREATMENT, AND RECOVERY WORKFORCE NEEDS

The comprehensive needs assessment developed under the RCORP Planning grant identified several rural issues. Topics addressed included rural OUD/SUD workforce; access to medication assisted treatment (MAT); OUD/SUD use and treatment among inmates; lack of defined rules and regulations around peer support services; lack of clarity on existing rural OUD/SUD programs funded and/or implemented in the last three years; and opportunities for telebehavioral health. A few key points identified in the needs assessment:

- Rural communities in North Dakota have identified drug use/abuse as a top five concern among both youth and adult populations as is evident when reviewing all community health needs assessments (CHNAs) conducted between September 2018 and June 2019. CHNAs for North Dakota are found at <https://ruralhealth.und.edu/projects/community-health-needs-assessment/reports>.
- Also identified in the CHNAs are health services the respective communities identify as in greatest need. Services commonly identified in the rural CHNAs included the need for behavioral/mental health services to offer substance abuse treatment programs.
- A majority (91%) of North Dakota counties (47 of 53) reported no psychiatrist in 2017.

- There are only four rural counties in North Dakota (8.5% of rural counties) that reported having at least one psychiatrist in 2017.
- Only 11 of the 53 counties indicated at least one buprenorphine provider in 2018.
 - Only 7 of the 47 rural counties in North Dakota indicate at least one buprenorphine provider in 2018.
 - It is unknown how many of the rural waived providers are actively prescribing.

The North Dakota RCORP consortium members reviewed a comprehensive slide deck (developed by the RCORP Planning grant awardee, Center for Rural Health) presenting issues around OUD/SUD referral, prevention, treatment, and recovery in rural and tribal North Dakota. The needs assessment included a comprehensive review of all provider workforce data collected by the North Dakota Healthcare Workforce Group. Relevant slides are included in Appendix A. The slide deck also includes a list of all existing reports completed by the state and other entities exploring North Dakota’s behavioral health needs as well as specific needs around OUD/SUD. Reports reviewed in-line with goal two of the North Dakota RCORP Planning grant included:

Substance Use in North Dakota: Data Book 2019

Release Date: 2019

Agency: North Dakota Department of Human Services, North Dakota State Epidemiological Outcomes Workgroup

Link: <https://prevention.nd.gov/files/pdf/DataBooklet2019.pdf>

Description: This booklet tells the story of substance use in North Dakota and is based off the 2018 North Dakota Epidemiological Profile. You may also visit the Substance Use North Dakota website (www.sund.nd.gov) to search substance use data based on substance type, region, grade level, age, and year.

North Dakota Behavioral Health System Study: Final Report

Release Date: April 2018

Agency: Human Services Research Institutes and North Dakota Department of Human Services

Link: https://www.hsri.org/files/uploads/publications/ND_FinalReport_042318.pdf

Description: The main aims of the project were: 1. Conduct an in-depth review of North Dakota’s behavioral health system. 2. Analyze current utilization and expenditure patterns by payer source. 3. Provide actionable recommendations for enhancing the comprehensiveness, integration, cost-effectiveness, and recovery orientation of the behavioral health system to effectively meet the needs of the community. 4. Establish strategies for implementing the recommendations produced in Aim 3.

Behavioral Health Assessment: Gaps and Recommendations

Release Date: September 2016

Agency: North Dakota Department of Human Services’ Behavioral Health Division

Link: <https://www.nd.gov/dhs/info/pubs/docs/mhsa/nd-behavioral-health-assessment.pdf>

Description: The purpose of the North Dakota Behavioral Health Assessment is to identify priority recommendations to enhance the foundation of the state’s behavioral health system, with the goal of supporting North Dakota’s children, adults, families, and communities in health and wellness to reach their full potential.

Behavioral Health Planning Final Report

Release Date: July 2014

Agency: Schulte Consulting

Link: <http://storage.cloversites.com/behavioralhealthsteeringcommittee/documents/ND%20Final%20Report.pdf>

Description: This report focuses on six main goals and strategies for improvement followed by recommendations for continued work. The goals chosen incorporate issues seen across geographic areas, age ranges, and demographics. Examples and strategies are used throughout to highlight the various regional discussions and groups.

WORKFORCE PROBLEM STATEMENT

Given the large service area of this RCORP Planning grant (all rural and tribal communities in North Dakota), the consortium focused workforce problem statements on issues facing a majority of rural and tribal communities (as opposed to specific issues evident in one county). The intent was to identify issues that the consortium members could address through the development of a statewide *rural* strategic plan. It is important to note that the state of North Dakota has already developed a statewide behavioral health needs report and strategic plan and is now in the process of implementing activities outlined in the strategic plan. As such, a majority of the specific workforce topics discussed by the consortium are being addressed by the state DHS, which has then influenced the priority topics for the RCORP consortium. Goals and implementation strategies as they relate to the statewide behavioral health workforce plan are at <https://www.hsri.org/NDvision-2020>.

North Dakota RCORP Consortium Workforce Problem Statement

Rural and tribal communities in North Dakota lack behavioral health providers, including (but not limited to) psychiatrists, buprenorphine prescribers, social workers, peer support specialists, and addiction counselors. Complicating behavioral health workforce shortages are issues around student residency placements, reimbursement and use to telebehavioral health, reimbursement for case management and peer support services, and lack of referral resources and protocols relevant to rural and tribal SUD/ODU prevention, referral, treatment, and recovery programs. Recognizing these concerns, the consortium focused the larger rural strategic plan around three problem statements, all of which relate to concerns for the rural and tribal behavioral health workforce. These include:

1. There are 189 trained peer support specialists in North Dakota as of March 2019 with 81% located in rural areas. However, there are no peer support specialists employed or working in rural communities (as of June 2019). North Dakota is also one of only nine states that cannot bill Medicaid for peer support services.
2. North Dakota reports 40 (out of 53) counties that are HRSA-designated rural counties or rural census tracts in urban counties. North Dakota also has a large frontier population. These communities cannot support comprehensive opioid treatment programs (OTPs) but still have OUD/SUD prevention, referral, treatment, and recovery needs. Although aware of services gaps, communities and state agencies cannot clearly identify rural service gaps

within the continuum of SUD/ODU prevention, referral, treatment, and recovery care, nor are there clear referral relationships in place.

3. Six rural communities received state targeted response (STR) dollars in 2017/18, seven public health units received STR funding in 2018/19, 16 communities hold state opioid response (SOR) dollars, and four tribal communities were awarded tribal opioid response (TOR) dollars in fiscal year 2018. The state has also expanded OUD/SUD services to include additional syringe exchange programs, take back locations, and pharmacies participating in the One Rx program. However, rural public health units, communities, health systems, and other entities do not know where to begin when looking to identify existing OUD/SUD prevention, referral, treatment, and recovery services in their rural areas nor do they have the resources to research this information. See the complete RCORP Consortium Strategic Plan for the goals, activities, and the associated timelines that relate to the three problem statements.

ACTIVITIES ADDRESSING RURAL BEHAVIORAL HEALTH WORKFORCE ISSUES

The RCORP Planning grant goals tasked the consortium with:

1. Outlining strategies for recruiting and integrating additional SUD/ODU providers.
2. Detailing plans to train and retain new and existing SUD/ODU providers.
3. Describing a plan for identifying and obtaining eligibility for sites to place National Health Service Corps (NHSC) clinicians in future years.

Early in the large statewide consortium meetings, it was clear that these activities were already occurring throughout the state with active engagement from various consortium members. These activities will progress throughout the state as consortium members and faculty and staff at the Center for Rural Health (CRH) continue to be involved.

1. Recruiting and Integrating Additional SUD/ODU Providers in Rural North Dakota

A. Peer Support Specialists

The state of North Dakota is in the process of developing administrative rules for the use of peer support specialists as members of the SUD/ODU treatment and/or recovery team, especially in rural communities. These services will be reimbursable, and the state Behavioral Health Division is hiring a peer support services coordinator. This person is responsible for tracking licensure and coordinating service locations. More information through the North Dakota Department of Human Services' Behavioral Health Division is found at <https://www.behavioralhealth.nd.gov/addiction/peer-support>.

B. The Behavioral Health Workforce Education and Training (BHWET) Program

This program aims to develop and expand the behavioral health workforce through improved training and by providing stipends to graduate level students in the University of North Dakota (UND) behavioral health programs. The goal is to support interdisciplinary training and integration of behavioral health with primary care and increase the number of field placements and internships with a focus on serving persons in rural, vulnerable, and/or

medically underserved communities. Trainees choosing placement sites that are located in North Dakota and that serve rural populations will have priority status. More information is available at <https://ruralhealth.und.edu/projects/behavioral-health-workforce-education>.

C. North Dakota Healthcare Professional Student Loan Repayment Program

This program is for healthcare professionals willing to provide services in the state. Providers must serve in areas with a defined need for the services. Behavioral health disciplines, such as clinical psychologists, licensed addiction counselors, licensed professional counselors, and others, are included in this program. These providers must offer services on a full-time basis for up to five years. The North Dakota Department of Health administers this loan repayment program (<http://ndhealth.gov/pco/hcps.asp>).

D. Federal State Loan Repayment Program (SLRP)

This program is a federal state partnership to assist sites in North Dakota in the recruitment of healthcare professionals. Behavioral health professionals are included in this program, and providers must serve in a Health Professional Shortage Area (HPSA). Providers must offer services to these areas for a minimum of two years on a full-time or part-time basis. The North Dakota Department of Health administers this loan repayment program (<https://www.ndhealth.gov/pco/slrp.asp>).

E. ONE Rx

ONE Rx (Opioid and Naloxone Education) is an innovative approach to screen and educate patients who receive prescribed opioid medications at participating community pharmacies in the state of North Dakota. Addressing opioid use prior to misuse is a cornerstone to help communities. In addition, through patient screening, pharmacists can complete a thorough assessment to determine if a patient is more likely to experience an accidental overdose, even if taking the medication as prescribed. Under this model, pharmacists are part of the larger prevention and referral network for individuals at risk of OUD/SUD. Additionally, pharmacists are able to prescribe and provide Naloxone and Naloxone education to individuals they deem at risk of an opioid overdose. More information is available at <https://www.nodakpharmacy.com/onerx/>.

2. Plans to Train and Retain New and Existing Rural SUD/ODU Providers

A. The Behavioral Health Workforce Education and Training (BHWET) Program

This program aims to develop and expand the behavioral health workforce through improved training and by providing stipends to graduate level students in the UND behavioral health programs. The goal is to support interdisciplinary training, integration of behavioral health with primary care, and increase the number of field placements and internships with a focus on serving persons in rural, vulnerable, and/or medically underserved communities. Trainees choosing placement sites that are located in North Dakota and that serve rural populations will have priority status. More information is available at <https://ruralhealth.und.edu/projects/behavioral-health-workforce-education>.

B. Project ECHO

The Center for Rural Health serves as a Hub site for Project ECHO, which connects multidisciplinary teams of experts located at the Hub with learners at a Spoke site(s), most often in rural and tribal communities. By providing evidenced-based treatment of opioid use disorders (OUD), in a case-based learning format the capacity, confidence, and comfort of rural primary care team members has improved. All members of the healthcare team to include, but not limited to: medication assisted treatment (MAT) prescribing providers, prescribing providers interested in becoming MAT providers, nurses, behavioral health providers, and pharmacists, are invited to participate. Thirty Project ECHO clinics were held Dec. 2017-April, 2019, funded by SAMHSA, State Targeted Response to the Opioid Crisis grant. ECHO sessions will continue in October 2019, supported by the SAMHSA, State Opioid Response grant, which will expand the skills, capacity and network of the rural workforce available to serve those with OUD/SUD. More information is available at <https://ruralhealth.und.edu/projects/project-echo>.

Results/Outcome:

“It’s been immensely helpful just to attend ECHO and have the resources. We know who we can call and ask questions, and we know we have that backup”

“We are just in the process of development of relationships with community physicians in providing MAT at our facility. This additional information regarding best practice and identifying challenges will be very beneficial in establishing effective coordination of care between providers and our residential and outpatient treatment services.”

C. Area Health Education Center (AHEC)

The Center for Rural Health, serves as the program office for the ND AHEC. The AHEC is focused on creating jobs in health care and providing education and training for the existing healthcare workforce. The AHEC is currently working with Heartview (a consortium member) to conduct educational workshops, in four rural communities, related to SUD/OUD which includes community education and awareness and training for health care professionals to include, but not limited to: physicians, nurses, home health, ambulance service, sheriff’s office, social workers, and teachers. We anticipate the AHEC will continue to work in collaboration with the ECHO project to support additional workshops in rural areas in order to build knowledge and skills of rural provider teams related to SOU/OUD.

D. State Opioid Response (SOR) Grant

The North Dakota Department of Human Services’ Behavioral Health Division awards communities with grant dollars to prevent opioid overdose-related deaths, increase evidence-based treatment and recovery services to support individuals with an OUD, and increase the capacity of recovery support services in the state for individuals with an OUD. Communities are able to use grant dollars to increase the availability of medication assisted treatment (MAT) in their communities. The Department of Corrections and Rehabilitation has also developed an MAT program for individuals with OUDs. More information is available at <https://www.behavioralhealth.nd.gov/addiction/opioids>.

E. ONE Rx

ONE Rx (Opioid and Naloxone Education) is an innovative approach to screen and educate patients who receive prescribed opioid medications at participating community pharmacies in the state of North Dakota. Addressing opioid use prior to misuse is a cornerstone to help communities. In addition, through patient screening, pharmacists can complete a thorough assessment to determine if a patient is more likely to experience an accidental overdose, even if taking the medication as prescribed. Under this model, pharmacists are part of the larger prevention and referral network for individuals at risk of OUD/SUD. Additionally, while these providers are not being trained to prescribe MAT services, pharmacists are able to prescribe and provide Naloxone and Naloxone education to individuals they deem at risk of an opioid overdose. More information is available at <https://www.nodakpharmacy.com/onerx/>.

3. Plan for Identifying and Obtaining Eligibility for Sites to Place National Health Service Corps (NHSC) Clinicians

The North Dakota Primary Care Office (PCO) has a mission

“to improve primary care service delivery and workforce availability. These activities are accomplished by facilitating the coordination of activities within the State that relate to the delivery of primary care services and the recruitment and retention of critical health care providers. The North Dakota Department of Health subcontracts with the University of North Dakota Center for Rural Health to provide services for workforce development and shortage designation activities” (<https://www.ndhealth.gov/pco/>).

Stacy Kusler, workforce specialist for the CRH, is part of the North Dakota PCO team. In this role, she manages the J-1 visa waiver program and serves as the point of contact for technical assistance for the NHSC program. Her work with the NHSC program includes informing and supporting potential NHSC sites with their applications, as well as informing them of the various ways in which the NHSC program can help them recruit and retain healthcare workforce in their communities. Additionally, the new funding opportunities through NHSC in the past year have been communicated to all potential sites around the state. Stacy works closely with Terri Lang and Sonja Bauman, who are part of the PCO team performing shortage designations. Together, they support communities that need assistance in understanding their HPSA scores or that request any changes to their scores based on provider data. The CRH also continues to host a website with valuable information about the North Dakota NHSC program. This information is available at <https://ruralhealth.und.edu/projects/primary-care-office/nhsc>.

APPENDIX A

Slide Deck Prepared for Consortium Members

Identifies:
Workforce Shortages
OUD/SUD Overdoes Rates
Existing Programs
Legislative Updates

Presented at Consortium Meetings
Last Updated March 2019

Workforce Summary

Rural (and Statewide) OUD Workforce Summary

As of 2018, North Dakota had:

- 88 licensed psychiatrists
- 204 licensed psychologists
- 2,349 licensed social workers
 - Cannot classify social workers to determine those specializing in mental healthcare
- 351 licensed addiction counselors
- 189 trained peer support specialists
- 11 trained trainers for peer support specialists

Rural (and Statewide) OUD Workforce Summary

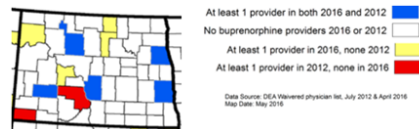
- 91% of counties (47 of 53 ND counties) reported no psychiatrist in 2017.
- There are four rural counties in North Dakota (8.5% of rural counties) that reported having at least one psychiatrist.
- Only 11 of the 53 counties in North Dakota indicated at least one buprenorphine provider in 2018.
- Only 7 of the 47 rural counties in North Dakota indicated at least one buprenorphine provider in 2018.

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Buprenorphine Providers in Rural North Dakota

- There are 55 buprenorphine providers in North Dakota.
- Only 17 providers are waived in a rural county.
- Rural counties with buprenorphine providers: Mercer, Pembina, Rolette, Stutsman, Towner, Ward, and Williams.
- There are 36 newly certified buprenorphine prescribers in ND in 2018, 28 with 30 patient waiver and 8 with 100 patient waiver.
- **We do not currently know if those with a waiver are prescribing.**
- Two of the 53 counties actually lost buprenorphine providers between 2012 and 2016, (Andrilla, Coulthard, & Larson, 2017).

Figure 5. North Dakota Counties with Buprenorphine Providers, 2012 and 2016



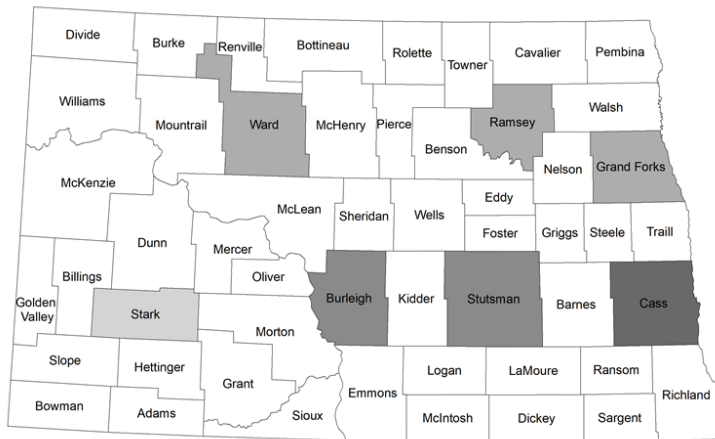
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State-Level Projections of Supply and Demand for Behavioral Health Occupations: 2016-2030

U.S Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, National Center for Health Workforce Analysis

	2016					2030 Predictions				
	Supply (2016)	Demand		Adequacy of Supply		Supply 2030	Demand		Adequacy of Supply	
		Scenario One	Scenario Two	Scenario One	Scenario Two		Scenario One	Scenario Two	Scenario One	Scenario Two
North Dakota										
Psychiatrists	90	100	120	-10	-30	50	100	110	-50	-60
Adult Psychiatrists	70	90	100	-20	-30	40	90	90	-50	-50
Pediatric Psychiatrists	20	10	20	10	0	10	10	20	0	-10
Psychiatric Nurse Practitioner	30	30	40	0	-10	60	30	40	30	20
Psychiatric Physician Assistant	10	<10	<10	10	10	<10	<10	<10	0	0
Psychologist	200	210	250	10	50	240	200	240	40	0
Addiction Counselor	280	300	350	-20	-70	250	340	410	-90	-160
Mental Health Counselor	70	390	470	-320	-400	180	430	520	-250	-340
School Counselor	360	240	290	120	70	420	240	290	180	130
Social Worker	150	560	670	-410	-520	1,130	590	700	540	430
Marriage & Family Therapist	70	140	160	-70	-90	100	140	170	-40	-70

Rate of Psychiatrists Per North Dakota County

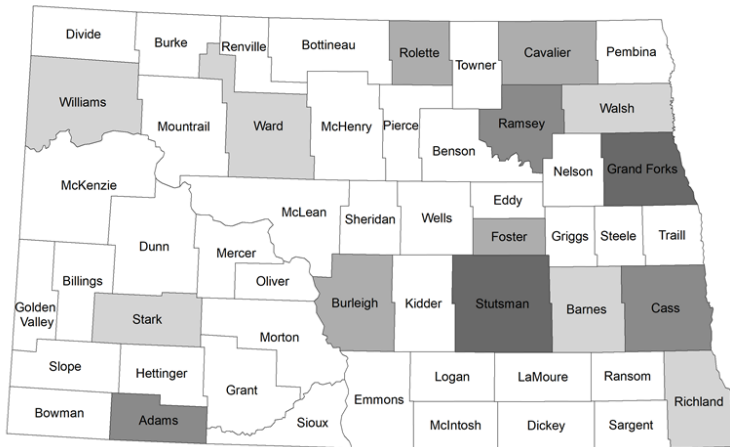


Psychiatrists have the skills and knowledge base to observe, describe, evaluate, interpret, or modify human behavior for the purpose of treating behavioral health conditions. Additionally, they also have the ability to prescribe medication as part of their treatment approach.

Nationally (2014): 1.24:10,000

Rate of Psychiatrists per 10,000 residents
 0.0 0.1 - 0.7 0.8 - 1.3 1.4 - 1.9 2.0 - 2.8

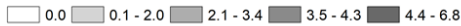
Rate of Psychologists Per North Dakota County



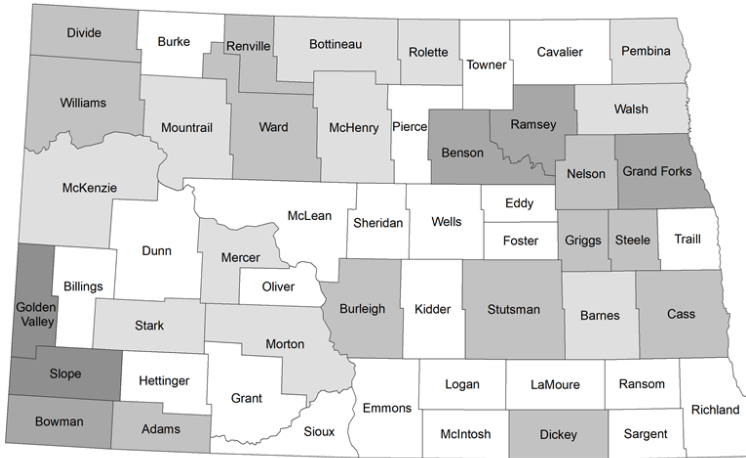
Licensed psychologists have the skills and knowledge base to observe, describe, evaluate, interpret, or modify human behavior for the purpose of treating behavioral health conditions.

Nationally (2011): 0.093: 10,000

Rate of Psychologists per 10,000 residents



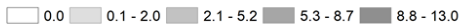
Rate of Licensed Independent Clinical Social Workers Per North Dakota County



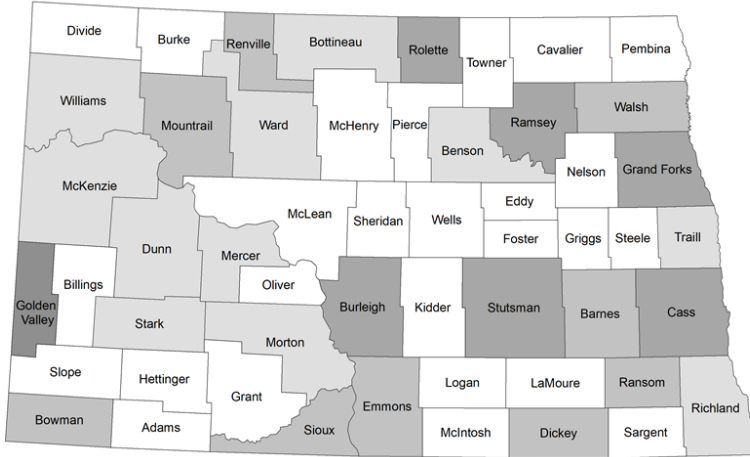
They can provide assessment, diagnosis, and treatment of mental, emotional, and behavioral disorders, conditions, and addictions. They are able to work in a private practice setting.

Masters Level with additional 3000 hours of supervision.

Rate of Licensed Independent Clinical Social Workers per 10,000 residents



Rate of Licensed Certified Social Workers Per North Dakota County

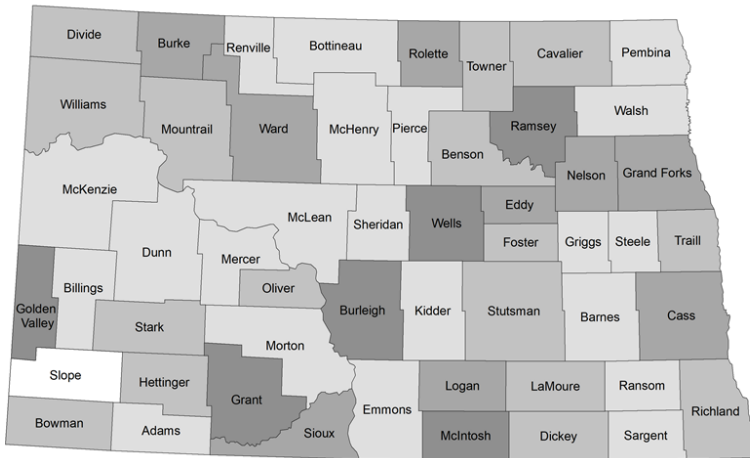


They provide assessment, diagnosis, and treatment of mental, physical, emotional, and behavioral disorders, conditions, and addictions.

Rate of Licensed Certified Social Workers per 10,000 residents

0.0 0.1 - 2.6 2.7 - 4.6 4.7 - 8.1 8.2 - 16.8

Rate of Licensed Social Workers Per North Dakota County



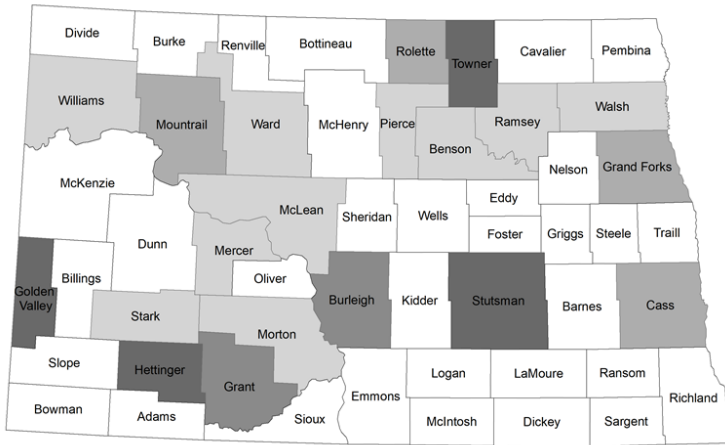
They provide brief interventions, screenings for various behavioral health problems, support services, and therapeutic behavioral health services.

The number of social workers range by state between 8 per 10,000 to 57.2 per 10,000 (2015) – this is NOT licensed, but all who identify as a social worker.

Rate of Licensed Social Workers per 10,000 residents

0.0 0.1 - 11.1 11.2 - 15.9 16.0 - 21.6 21.7 - 30.7

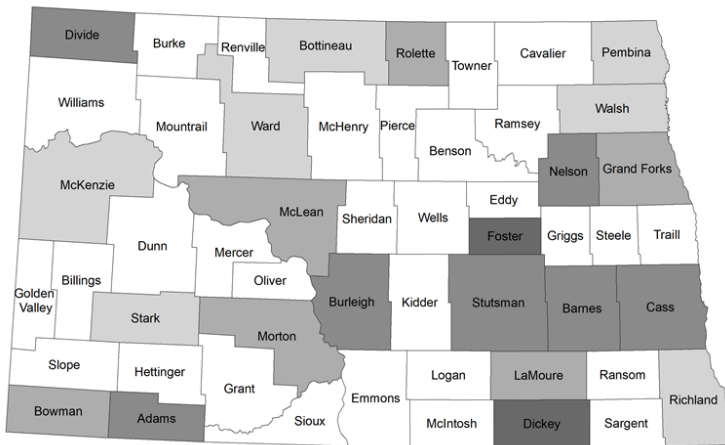
Rate of Licensed Addiction Counselors Per North Dakota County



They provide assessment and counseling to individuals regarding their abuse of drugs or alcohol.

Rate of Licensed Addiction Counselors per 10,000 residents
 0.0 0.1 - 3.8 3.9 - 5.8 5.9 - 8.4 8.5 - 13.3

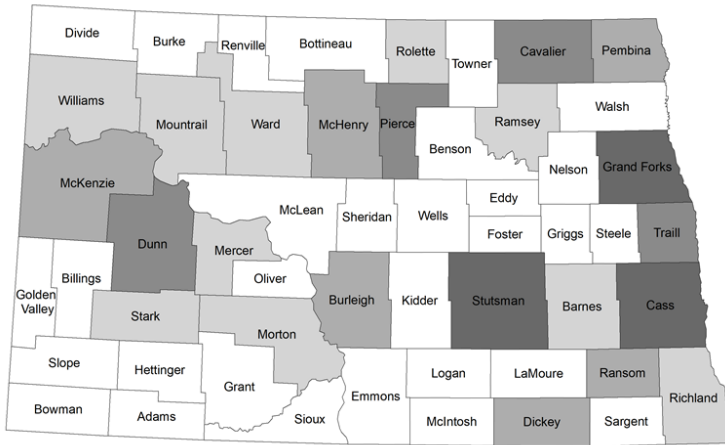
Rate of Licensed Professional Clinical Counselors Per North Dakota County



They provide assessments for establishing treatment plans and provide treatment to individuals or groups to alleviate the effects of emotional, mental, or behavioral problems that significantly impact behavioral health. They are able to work in a private practice setting.

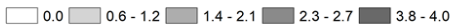
Rate of Licensed Professional Clinical Counselors per 10,000 residents
 0.0 0.9 - 1.8 2.1 - 3.2 3.3 - 4.7 6.1 - 6.2

Rate of Licensed Professional Counselors Per North Dakota County

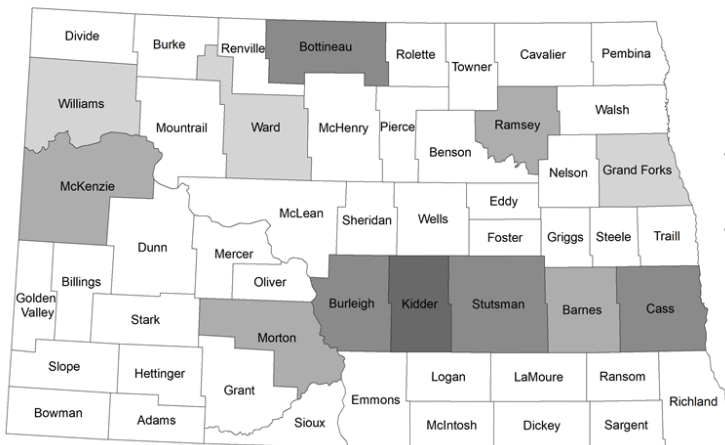


They provide assessment and therapeutic interventions to individuals, couples, families, and groups to achieve more effective emotional, mental, and social development and adjustment.

Rate of Licensed Professional Counselors per 10,000 residents



Rate of Licensed Associate Professional Counselors Per North Dakota County



LAPC is the preliminary licensure individuals receive before they receive full LPC licensure and therefore must practice under the supervision of an LPC or LPCC while they are in training.

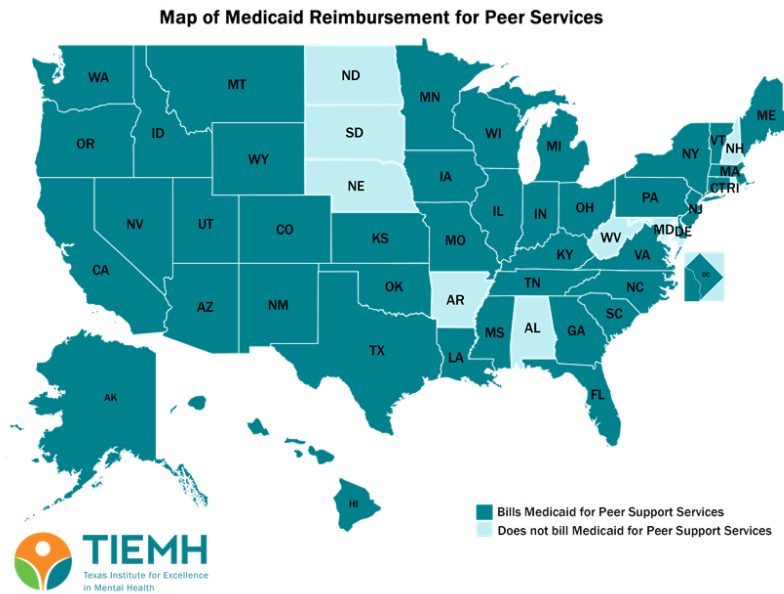
Rate of Licensed Associate Professional Counselors per 10,000 residents



Peer Support Specialist

Peer Support Specialist

- A peer support specialist is an individual with lived experience who has initiated their own recovery journey and assists others in the recovery process.
- Peer Specialist Certification is an official recognition by a certifying body that the individual has met qualifications, including training from an approved curriculum.
- Currently, 43 states have established Medicaid reimbursable programs to train and certify peer specialists.



Peer Support Development

- ND DHS has provided 8 training opportunities.
- Curriculum and training provided by Appalachian Consulting Group from Georgia. Developed the training for Georgia when they became the 1st state to have Medicaid billable peer services in 2001.
- Current funding for peer support services available via SUD voucher and Free Through Recovery.
- Funding in Governor's budget for developing certification system and Medicaid reimbursement.

North Dakota Trainings

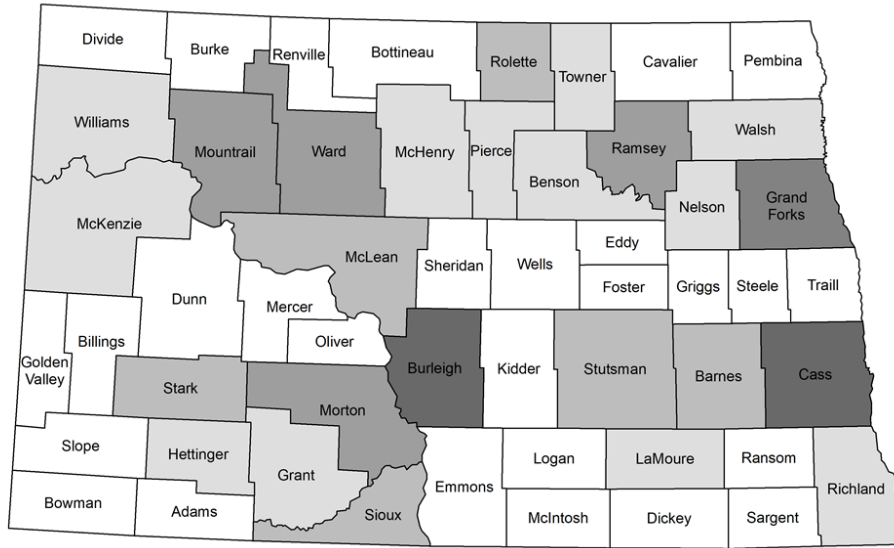
Dates	Title	Location	Number Trained
Jan 29-Feb 2	Peer Support	Bismarck	32
Feb 13-15	Train the Trainer	Bismarck	9
June 18-22	Peer Support	Bismarck	21
July 16-20	Peer Support	Grand Forks	21
August 13-17	Peer Support	Minot	31
Nov 26-30	Peer Support	Fargo	20
Dec 10-14	Peer Support	Bismarck	31
Dec 17-21	Peer Support	Fargo	30

Number of Trained Peers Specialists

- 11 trained trainers
- 189 total trained peer support specialists
- 81% located in a rural community
- 22% identified as Native American*

*Race information was not gathered for the full sample

Number of Peer Support Specialists Per County



Number of Peer Support Specialists Per County
 0 1 - 2 3 - 5 6 - 10 11 - 25 > 25