

The Alaska Behavioral Health Aide Program

An Overview for the Wyoming Joint Labor, Health & Social Services

Committee

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The Basics

The Alaska Behavioral Health Aide Program is a training and certification program to ensure basic behavioral health capacity in remote/rural locations unserved by the traditional behavioral health workforce

Individual BHAs must complete a series of courses specific to the level of certification they are seeking to achieve. Additionally, for each level of certification, an individual must complete a specific number of on-the-job work experience hours

The BHA model is a work, learn, and certify model. Alaska has leveraged DOL apprenticeship funding to help support program development and operation

BHA's do not replace the traditional professional behavioral health workforce, they extend their capacity

Training is articulated into pathways to earn Associates and Bachelors Degrees, and many BHAs have continued into Master's/Doctoral degrees in social work, counseling, psychology and other fields

Local clinical supervisors support training, mentorship, and validation that a BHA has demonstrated a range of competencies for progressive certification (BHAI, BHAII, BHAIII, and BHA-Practitioner)

As with CPR and other competency-based training, there are periodically required "refreshers" and certification renewal

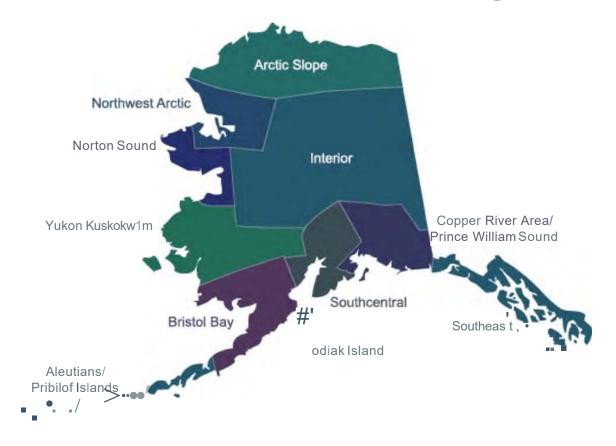




Rural and Remote



Alaska's Tribal Health System





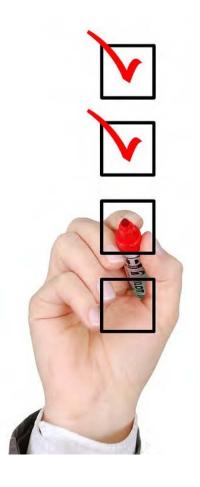
A Statewide System

- Village-based
- Sub-regional
- Regional
- Statewide
- Contract health



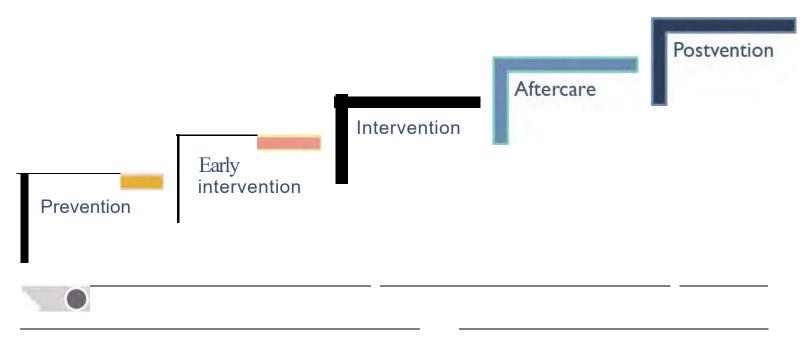


Standards & Procedures



- Certification requirements
- Program oversight
- Supervision requirements
- Scope of practice
- Competencies
- Training & related curriculum
- Practicum
- Continuing education
- Approved training sponsors

BHA Scope of Practice

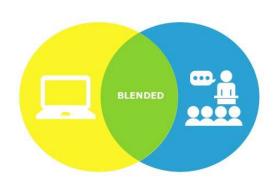


Continuum of Care



BHA-I Training

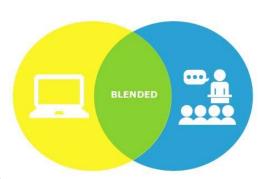
- General Orientation (28)
- Orientation to Village-based BH Services (8)
- Ethics & Consent (6)
- Confidentiality & Privacy (6)
- Intro to Behavioral Health (24)
- Intro to Counseling (12)
- Intro to Documentation (12)
- Survey of Community Resources & Case Management (8)
- Working with Diverse Populations (12)
- Intro to Group Counseling (8)
- Crisis Intervention (16)
- HIV/AIDS & Blood-Borne Pathogens (8)
- Community Approach to Promoting Behavioral Health (8)
- Family Systems I (16)
- Recovery, Health, Wellness, & Balance (8)





BHA-II Training

- Psycho-physiology & Behavioral Health (16)
- Intro to Co-Occurring Disorders (8)
- Tobacco Dependency Treatment (8)
- DSM Practice Application (12)
- Advance Interviewing Skills (16)
- ASAM Practice Application (12)
- Case Studies & Clinical Case Management (8)
- Traditional Health Based Practices (8)
- Intermediate Therapeutic Groups Counseling (16)
- Applied Crisis Management (8)
- Community Development Approach to Prevention (12)
- Family Systems II (16)



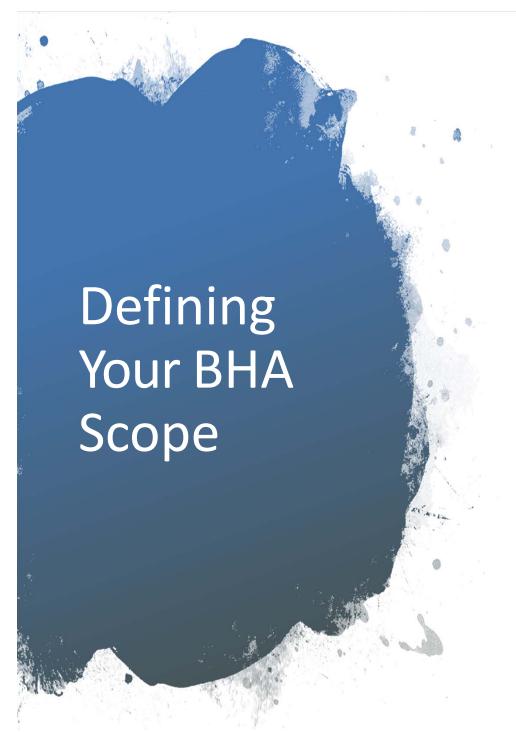


BHA-III

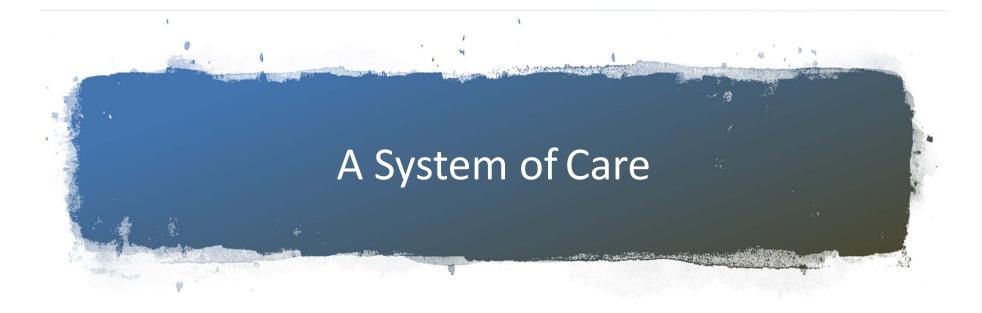
- Treatment of Co-Occurring Disorders (12)
- Advanced Behavioral Health Clinical Care (40)
- Documentation & QualityAssurance (16)
- Intro to Case Management Supervision (16)
- Applied Case Studies in Alaska
 Native Culture Based Issues (8)
- Behavioral Health Clinical Team Building (12)
- Intro to Supervision (8)

BHP

- Issues In Village-Based
 Behavioral Health Care (40)
- Special Issues in Behavioral Health Services (16)
- Competencies for Village-Based Supervision (16)
- Principals & Practice of Clinical Supervision (40)



- Prevalence of behavioral health problems
- Current providers and scope
 - Within behavioral health
 - Interdisciplinary team
- Clear distinction between certification levels
 - Supervision
 - Scope of practice
 - Competencies



- What systems need to be in place/ coordinated?
 - Levels of care and provider types
 - Reimbursement... sustainability (Medicaid)
 - Who are the community members or providers that are a good fit for the BHA role?
- Integration
 - Into healthcare system
 - Included in tx plan
 - Train other providers how to work with BHAs
 - Into community
 - BHAs as a resource (community, culture)

State Adaptations: Minnesota

Mental Health Behavioral Aide (MHBA) Youth Service Focused

MHBA, Level I and II, must complete 30 hours of pre-service training. This must include:

- 15 hours of face-to-face training in mental health services delivery
- 8 hours of parent teaming training
- The remaining 7 hours may include one-to-one time with a mental health professional or practitioner.

Topics covered during pre-service training include those specified in Minnesota Rules 9535.4068, subpart 1 and 2, and parent teaming training.

MHBAs must receive 20 hours of continuing education every two calendar years.

Topics covered include those specified in Minnesota Rules 9535.4068, subpart 2.

The continuing education must be related to serving the needs of children with severe emotional disturbance and the child's family in the child's home environment.

Provide verification of completed required continuing education units on an annual basis.



Adult Mental Health Rehabilitation Workers - Minnesota

Mental health rehabilitation workers must receive 30 hours of training during the two years prior to hiring in each of the following areas:

- Member rights
- Member-centered individual treatment planning
- Behavioral terminology
- Mental illness
- Co-occurring mental illness and substance abuse
- Psychotropic medications and side effects
- Functional assessment
- Local community resources
- Adult vulnerability
- Member confidentiality
- 2000 hours supervised paid work experience in the delivery of mental health services to adults with a serious mental illness or brain injury



How to Proceed

- Establish an inclusive planning process
- Build a consensus of action
- Define scope of practice
- Invite educational partnerships
- Ensure financial viability (reimbursement)
- Establish a certification board and process
- Practice Continuous Quality Improvement



Behavioral Health Program

Our home team



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