NORTH L ,A BEHAVIORAL HEALTH WORKFORCE
LOGIC MODEL

PROBLEM	INTERVENING VARIABLE	STRATEGY	INTERMEDIATE OUTCOMES	LONG TERM OUTCOMES
Behavioral health workforce shortage (data)	1. Largely un-resourced committees or collaboratives focused on behavioral health workforce (no single entity responsible)	• Identify a single entity responsible to organize, plan, implement and monitor behavioral health workforce efforts	Resourced committees and/or collaboratives focused on behavioral health workforce	Behavioral health workforce is not in a shortage. (change in data)
	2. It is unknown if enough people entering behavioral health field to meet the need (colleges)	• Identify number of students entering and graduating in behavioral health and healthcare related fields in ND Universities/Colleges • Increasing interest among high school students and those entering college/career days	Increased number of people entering behavioral health field	
	3. Unknown capacity of ND Universities/Colleges for behavioral health workforce	• Identify programs/colleges/university options and capacity/number of the programs. • Host summit with universities, hosted by the Governor.	Known capacity of ND Universities/Colleges for behavioral health workforce	
	4. Unknown behavioral health workforce demand	• Determine the workforce demand (how many job postings/availability by profession) – survey current programs	Known behavioral health workforce demand	
	5. Not clearly defined career pathways or pipelines designed for those with no experience	• Assess current tuition assistance/financial support available. • Develop visual, documented paths (easy steps identified) to behavioral health careers – those starting career	Clearly defined career pathways or pipelines designed for those with no experience	
	6. Not clearly defined career pathways or pipelines designed for those with some healthcare experience	• Develop crosswalks for health/behavioral health professionals to enhance training. • Switching careers (peer support, social work, nurses, care coordination, etc.); retirees	Clearly defined career pathways or pipelines designed for those with some healthcare experience	
	7. Limited options for addiction training consortium	• Identify consortium capacity. • Expand addiction training consortium opportunities. • Development of a warm hand-off (colleges/ universities)/better awareness of training site options.	Increased options for addiction training consortium	
	8. Limited number of supervision sites and supervisors for licensing	• Identify capacity of supervision sites. • Identify bottlenecks and opportunities to ensure adequate number of supervision sites and supervisors by profession. • Development of a warm hand-off (colleges/ universities)/better awareness of training site options.	Increased number of supervision sites and supervisors for licensing	
	9. Licensure and certification complexities	• Conduct comprehensive review of licensure and certification requirements identifying barriers. • Identify opportunities to streamline licensure requirements across relevant boards for those seeking dual licensure. • Provide recommendations to licensing boards.	Streamlined licensure and certification requirements/processes	
	10. Licensure and certification reciprocity issues	• Conduct comprehensive review of licensure reciprocity. • Provide recommendations to licensing boards.	Additional reciprocity options for licensure and certification	
	11. Recruitment resources limited	• Research best practices and develop recommendations (i.e., loan repayment). • Develop and provide training and technical assistance resources.	Increased recruitment resources	
	12. Retaining quality behavioral health workforce	• Research best practices and develop recommendations. • Develop and provide training and technical assistance resources.	Quality behavioral health workforce is retained	
	13. Limited providers and access to services in rural communities	• Research best practices and develop recommendations (i.e., options for tele-health). • Develop and provide training and technical assistance resources.	Increased providers and access to services in rural communities	
	14. Underrepresentation of cultural-specific workforce (racially and ethnically diverse)	• Research best practices and develop recommendations. • Develop and provide training and technical assistance resources. • *Integrate with IV #6 work.	Representation of cultural-specific workforce (racially and ethnically diverse)	
	15. Difficulty with billing processes (business expertise)	• Research best practices and develop recommendations. • Develop and provide training and technical assistance resources.	Behavioral health providers have increased business/billing acumen	
	16. No certification/professional credential for prevention workforce	• Research best practices and develop recommendations.	Prevention professionals are certified	
	17. No certification/professional credential for mid-level workforce (care coordinators, rehab, etc.)	• Research best practices and develop recommendations.	Mid-level workforce is certified	

Consideration:

# of people interested in behavioral workforce	=	# Capacity of behavioral health professional training programs (at colleges/universities)	=	# Capacity of training sites	=	# of job opportunities