

WORKFORCE SOLUTIONS JAM

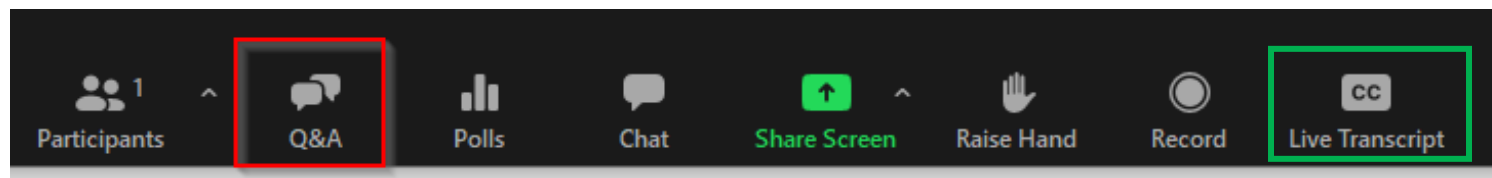
APRIL 21, 2026

**Extending the Behavioral Health Workforce:
Alaska's Behavioral Health Aide Model**



Housekeeping & Accessibility

- Please introduce yourself in chat: Name, location, organization
- A recording and slides will be emailed to you within the week
- **Live captioning** is available – click the "show captions" button to see the transcript
- If you have technical difficulty, please chat "Hosts and Panelists" to try to troubleshoot
- **Q&A** is available – click on the Q&A feature to ask a question or upvote



Chat Code of Conduct

Welcome! This is a respectful, inclusive space for shared learning.

Engagement is encouraged – please share resources and reflections in chat!

Please keep comments:

- **Relevant** to the topic
- **Respectful** of all identities and perspectives
- **Free of hate speech, spam or promotions**

Inappropriate comments will be removed.

Thanks for contributing to a thoughtful discussion!





NATIONAL COUNCIL
for Mental Wellbeing

HMA


 The College for Behavioral
Health Leadership

What is the Workforce Solutions Jam?

A monthly webinar to build national momentum and encourage collaboration through The Workforce Solutions Partnership

- Learn innovative new practices
- Stay informed about ongoing efforts
- Engage with subject matter experts
- Hear about new legislation
- Take action!





today:

**Alaska's Behavioral
Health Aide Model**



Agenda

Welcome and Topic Introduction

Innovative Insights

Presentation on Alaska BH Aide Model

Audience Q&A

Next Steps

Poll – Let's hear from you!

*How does having a
workforce that truly
reflects the community
impact care?*

Topic Introduction





INNOVATIVE INSIGHTS



Rebekah Falkner, LMSW

Senior Policy Associate at National
Academy for State Health Policy



Partnerships & State Models for Behavioral Health Workforce Centers

Rebekah Falkner, LMSW

Senior Policy Associate, NASHP



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What Are Behavioral Health Workforce Centers?

- State-commissioned, funded, or endorsed workforce entities
- Focus on research, training, and policy collaboration
- Aim to improve access to quality behavioral health services



Growth of BHWCs Nationwide

- 10+ states have established BHWCs as of 2025
- Created through legislation, funding strategies, or partnerships
- Often tied to broader behavioral health system transformation

Structure and Partnerships



BHWCs serve as cross-sector partnership hubs



Collaboration spans agencies, universities, health systems, and communities



Aligned funding models support scaling and sustainability



Higher education institutions often act as anchor organizations

Data, Training, and Policy Alignment

Workforce planning needs data on workforce supply, demand, and service use

Centers expand training and credentialing pathways

Governance, funding, and policy alignment are shared

Nebraska

1. Rural-focused training, such as the [Frontier Area Rural Mental-Health Camp and Mentorship Program \(FARM CAMP\)](#) and [Graduate Trainee Stipend Program](#).
2. The [BHECN Mentoring Program](#) and [BHECN Scholars](#), established as part of its [Behavioral Health Workforce Pipeline Model](#) to connect students directly to behavioral [career pathways](#), [mentors](#), and programs, and
3. Additional investment in fostering behavioral health workforce development through the [Behavioral Health Workforce Alliance](#).

Illinois

1. Implementing with advisory groups across five areas: Community Mental Health, Serious Mental Illness, CRSS/CPSS/Community Workers, Integrated Care, and Child, Adolescent, and Parent Services to provide insight into the center's implementation of programs, dissemination of best practices, and key stakeholder engagement;
2. Development of a [Certified Recovery Support Specialist \(CRSS\) training program](#) for employers; and
3. Development of varied no-cost trainings for behavioral health providers, such as supervising training initiative and provision of virtual supervision groups.

Florida

1. Conducting biennial workforce analyses,
2. Expanding education and career pathways,
3. Developing strategies to address workforce gaps,
4. Collaborating with Behavioral Health Teaching Hospitals to establish best practices [data informed recommendations and reporting](#), and
5. Convening stakeholders to guide statewide strategy.



Why Behavioral Health Workforce Centers Matter to States

- BHCs are critical state infrastructure for addressing workforce shortages
- Workforce challenges are systemic and require cross-sector coordination
- Centers provide long-term stability beyond political and funding cycles
- Data and shared governance align workforce supply with real-world demand



Thank you!



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Meet Our Presenters



Xiomara "Xio" Owens, Ph.D.

Director of BHA Training at Alaska Native
Tribal Health Consortium
xowens@anthc.org



Josie Poiyuna Garnie, A.A.S., HUMS, BHP

Village Based Counselor at Norton Sound Health
Corporation

Exploring Alaska's Behavioral Health Aide Model

Presented by:

Xiomara Owens, PhD
Director of Behavioral Health Aide Training
Alaska Native Tribal Health Consortium

Josie Poiyuna Garnie, AAS
Behavioral Health Practitioner
Norton Sound Health Corporation



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

Health Aide Program Overview

Infrastructure

The success of the workforce comes via long-term visioning, partnerships, and integration. Honor history and move to the future.

A Certification Program

BHAs are a valuable workforce, providing critical frontline services, supported by a detailed certification program.

Certification Board

Summarize the Board's key roles, responsibilities, and processes to manage the provision of certificates and maintain workforce standards.

Scope of Practice

BHAs are trained to develop knowledge and skills across a broad spectrum of services. Each organization will align the scope within their system.

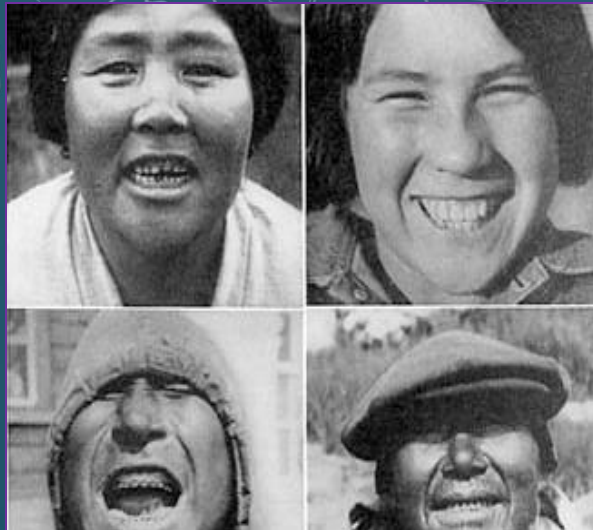
Training & Education

Training is a significant component of certification. It requires a coordinated effort to ensure what the trainee learns is applied in their work setting.

Supervision

Regular access to quality supervision is critical for the success of a BHA program. A 'good' supervisor is important and requires unique skills.

Health Aide Program History



1960s

Community
Health Aide

Assess and provide emergent, acute, and chronic care (well child visits, immunizations prenatal exams)

2000

Dental
Health Aide

Diagnosis and treatment planning, cleanings, sealants, fillings and extractions

2009

Behavioral
Health Aide

Prevention, early identification, screening, assessment, treatment, and recovery

Alaska's Behavioral Health Aides



Village-based counselors who provide culturally-informed, community-based, clinical services.

Part of a Whole System

- Communicate the BHA scope
 - Clearly defined roles and limits
 - Compliments existing providers
- Integration
 - Actively fold the workforce into your healthcare system (e.g., included in tx plans, train other providers how to work with BHAs)
 - Community (community members see BHAs as a resource)
 - Recognized as a billable provider
- Partnerships are key!
 - Tribal, non-Tribal, State, Medicaid, Insurance, Education
- Retention requires wellness
 - Conversations, activities, training



Board Operations

- Review, approve, maintain current ***Standards and Procedures***
- Review & respond to certification applications
- Database of applicants & applications

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Standards and Procedures

- Qualifications for Program/Clinical oversight
- BHA Eligibility
- Scope of practice
- Levels of supervision
- Certification requirements
 - Training & related curriculum
 - Approved training sponsors
- Practicum
- Work experience hours
- Competencies
- Continuing education



BHA-I

- Wellness Promotion
- Education
- Advocacy
- Screening
- Intake
- Referral
- Crisis Management
- Community Needs Assessment
- Case Management
- Orientation to Services
- Life Skills Development
- Psychoeducation
- Individual and Group Interventions

BHA-II

- Substance Use Disorder (SUD) Assessment
- SUD Diagnosis
- SUD Treatment Planning
- SUD Treatment Implementation
- Community Readiness Assessment
- Individual, Group, Family Counseling

BHA-III

- Treatment Planning & Implementation for Co-Occurring Disorders
- Child/ Youth Services
- Clinical Case Review
- Quality Assurance Case Review

BHA-P

- BHA Mentoring
- Child-Centered Interventions

All Levels

- Employed by IHS, a tribe, or tribal health organization
- Clinical Supervision provided by Master's level (or above) clinician
- Program oversight provided by licensed clinician, MD, or RN with MH specialty



- Adult learners
- Skills-based training
- Develop critical thinking skills
- Use manuals, job aids, & patient resources standardize practices
- Process for evaluation and remediation
- Industry certificate & career opportunities
- Integrate training/practice in community-based setting

Training & Education Considerations

- Specialized Training
 - *CHAPCB Standards & Procedures*
- Established programs vs designed in-house
 - Academic vs Non-Academic tracks
 - Training and practice settings should align
 - On the job training, targeting development of competencies
- Modality
 - Synchronous, asynchronous, blended
 - Distance, in-person
- Supervision
 - Apply knowledge/skills in unique setting/system
 - Practicum activities
 - Develop competencies

BHA I

- General Orientation (28)
- Orientation to Behavioral Health Services (8)
- Ethics, Consent, Confidentiality & Privacy (16)
- Introduction to Behavioral Health Concerns (24)
- Introduction to Counseling (12)
- Introduction to Documentation (12)
- Introduction to Case Management (8)
- Working with Diverse Populations (12)
- Introduction to Group Counseling (8)
- Crisis Intervention (16)
- HIV/AIDS & Infectious Diseases (8)
- Community Approach to Prevention (8)
- Family Systems I (16)
- Maintaining Health, Wellness, and Balance (8)
- Human Development (8)

15 Courses
192 Contact Hours

BHA II

- Psycho-physiology & Behavioral Health (16)
- Intro to Co-Occurring Disorders (12)
- Tobacco Use and Treatment (8)
- DSM Practice Application (12)
- Advanced Interviewing Skills (16)
- ASAM Criteria Practice Application (12)
- Case Studies & Applied Case Management (8)
- Traditional Health-Based Practices (8)
- Intermediate Therapeutic Group Counseling (16)
- Applied Crisis Management (8)
- Community Needs and Action (12)
- Family Systems II (16)
- Behavioral Health Documentation (8)

13 Courses
152 Contact Hours

BHA III

- Treatment of Co-Occurring Disorders (12)
- Advanced Behavioral Health Clinical Care (20)
- Documentation & Quality Assurance (16)
- Applied Case Studies in AKN Culture Based Issues (8)
- Behavioral Health Clinical Team Building (12)
- Introduction to Supervision (16)
- Child Development (20)

7 Courses
104 Contact Hours

BHP

- Village-Based Behavioral Health Services (20)
- Challenges in Behavioral Health Services (16)
- Competencies for Village-Based Supervision (6)
- Principles & Practice of Clinical Supervision (40)
- Child-Centered Interventions (20)

5 Courses
102 Contact Hours

BHA Coursework

An accessible resource for:

- Training
- Supervision
- Clinical Practice

eBHAM Sections:

- Introduction
- Professional Orientation
- Clinical Skills for Client Care
- Client Care Topics
- Overlapping Issues

electronic Behavioral Health Aide Manual

A screenshot of a login interface for the Behavioral Health Aide Manual. At the top center is a red logo of three stylized figures holding hands, surrounded by a blue circular pattern. Below the logo is the text 'BHA' in a large, bold, black font. Underneath are two input fields: 'username:' followed by a text box, and 'password:' followed by a text box. At the bottom center is a 'Login' button.



A “Good” Supervisor has...

- Passion for workforce development
- Subject matter expertise
 - *Credentials, S&Ps, BHA scope, eBHAM*
- Skills as a role model / mentor
- Evaluation and feedback skills
- Clear communication
- Public health mindset
- Rural / remote experience
- Humility / willingness to learn
- Ties to community
- Longevity

BHAs in Practice: Josie

- BHA model provides structure
 - Clarifies the scope of practice
 - Ensures the BHA has supervision over their work
 - Protects the BHA position
- BHAs are critical for continuity of care
 - BHAs expand access to care
 - Outreach and education
 - Case management
 - Intakes and SUD assessments
 - Provide a range of interventions, including SUD treatment
- BHAs often serve as a liaison between clinicians and the community
 - Maximize clinician's time and efficiency
 - Connect clinicians to the community
 - Help build trust between community and clinician





A red circular arrow graphic that starts at the top left, curves down and right, then goes down and left, and finally curves up and left to close the loop. It frames the central text.

TAKEAWAYS & REFLECTION

We want your feedback!



Scan the QR code, or type this link into your browser:

<https://www.surveymonkey.com/r/Apr21Jam>

Have a suggestion for a future presentation?



Scan the QR code, or type this link into your browser:

<https://www.surveymonkey.com/r/workforcesolutionsjam>

**JOIN US AT THE NEXT
WORKFORCE SOLUTIONS JAM!**

May 19, 2026

at 10:00am PT / 1:00pm ET