

Summary Statement:

The AM and PM meetings together highlighted that while NPC's BHS program is well-structured and growing, students require stronger critical thinking, diagnostic, trauma-informed, and professional soft skills to meet workforce needs. Agencies offered robust collaboration opportunities—internships, training access, guest lectures, and specialized partnerships (peer support credit, resiliency training, CIT). Workforce shortages, burnout, funding instability, and a growing geriatric population frame urgent challenges. NPC's action plan focuses on curriculum refinements, targeted recruitment (tribal, male, and recovery populations), partnership building, and enhanced outcome tracking.

Action Items:

- Work towards reciprocal training with ChangePoint (via Darwin West)
 - Create materials for students gaining Peer Support Certification to understand next steps with credit transfer at NPC, Work towards a peer support pipeline
 - Create a student committee meeting with progressed students to for proposals of student recruitment
 - Organize guest lectures from local groups
 - Increasing training related to trauma informed care, boundaries, and professional transitions
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Northland Pioneer College Behavioral Health Sciences (BHS) Program – Joint Meeting Summary

Dates: September 22, 2025 (based on recording titles)

Sessions: AM Collaboration Meeting & PM Advisory Board Discussion

I. Participants and Representation

Both sessions included a mix of NPC faculty and leadership, community agency partners, healthcare organizations, and advisory board members. Key attendees included:

- **NPC Faculty:** Carlos (faculty, host), Rachel (chair), Dr. Jeremy Raisor (Dean), and adjunct faculty (Monica, Rebecca, Jose Gonzalez, Sarah Clark).
- **Community Partners:**
 - Julie Cota (NAMI White Mountains)
 - Deborah Jorgensen, Anthony Mancini, Allison Pausch (Arizona Complete Health)
 - Christine Rameses (Show Low School District)
 - Darwin West (Change Points Integrated Health)
 - Tarrin Tanner & Susy Salvo-Wendt (Summit Healthcare)
 - Destiny Hall (Nexus Coalition)
 - Cheryl Baird (MIKID)

- Pillars Recovery representative
 - Others engaged via advisory board
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II. Program Overview and Current Challenges

- **Academic Pathways:** Certificate of Proficiency (1–2 semesters), Certificate of Applied Science (2–3 semesters), Associate of Applied Science (4 semesters).
 - **Transferability:** Courses transfer to NAU, ASU, UFA, GCU via ACERS consortium.
 - **Dual Enrollment:** NAVIT dual enrollment serves multiple communities (Snowflake, White River, Show Low, Holbrook, Heber, Hopi, Kayenta). Rachel teaches ~15 hours of NAVIT courses.
 - **Enrollment:** 97 students; 38 Native Alaskan/Native students, 74 female.
 - **Completion Rates:** Overall 52.7%; BHS 160 (Ethical Awareness) especially low at 38.7%.
 - **Deficit Areas:** Critical thinking, applying frameworks, solution planning.
 - **Delivery Mode:** Remote/asynchronous now, transitioning to synchronous by Fall 2026.
 - **Workforce Ties:** Students already employed (e.g., Apache Behavioral Health) integrate classroom learning into fieldwork.
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III. Skill Gaps and Curriculum Needs

Common Themes Across Both Sessions:

1. **Diagnostic Understanding**
 - Strong recommendation to make Abnormal Psychology (Psych 270) a core course.
 - Essential for shared communication in fieldwork.
2. **Translation of Clinical Concepts**
 - Entry-level staff must convert clinical jargon into accessible, empathetic language.
3. **Critical Thinking & Intuition**
 - Students rely too heavily on rules; need precursor course focused on critical thinking.
4. **Soft Skills & Professionalism**
 - Attendance, punctuality, boundaries, confidentiality, etiquette.
5. **Trauma-Informed Care (TIC) & ACEs**
 - Deep, practical training needed; current offerings often superficial.
 - Assessment practices must avoid re-traumatization.

6. Crisis and Self-Care Training

- Psychological First Aid (PFA), Mental Health First Aid, and Non-Violent Crisis Intervention (NCI) emphasized.
- NPC already addresses self-care in BHS 155, but expansion suggested.

7. Specializations

- Care Coordination described as “its own science,” essential for future workforce.
- Geriatric behavioral health flagged as a growing need due to aging, vulnerable populations.

8. Technical Skills

- EHR/documentation basics, telehealth competency, CBT/DBT familiarity, reimbursement/coding knowledge.

IV. Workforce Trends and Challenges

- **Burnout & Turnover:** High rates linked to lack of boundaries, compassion fatigue, and moral injury.
- **Telehealth Shift:** Reliance on telehealth strains direct care providers.
- **Funding Instability:** Medicaid cuts and grant reliance pose threats; wage disparities noted.
- **Recruitment Needs:**
 - More male students, tribal/community recruitment, recovery-focused outreach (NAA/AA, residential facilities).
 - Peer support pipeline emphasized; 40-hour peer support training could equal 3 credits.

V. Collaboration and Partnership Opportunities

- **Internships/Shadowing:** Offered by Change Points, Summit Healthcare, Nexus Coalition, MIKID.
- **Agency Training Integration:** Students may join in-house BHT training sessions.
- **Guest Lectures:** Summit Healthcare, MIKID, others offered staff for guest speaking.
- **Crisis Services & CIT Training:** Arizona Complete Health open to co-developing training and spreading awareness.
- **Resiliency Five Skills Course:** Offered as potential partnership/microcredential.
- **Community Engagement:**
 - NAMI “Stomp Out Stigma” walk participation.

- Peer-to-peer high school outreach (e.g., “Mental Health Mondays”).
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VI. Action Items

NPC (Carlos & Rachel):

- Review suggestions for curriculum revisions (Abnormal Psych as core, critical thinking precursor, beefed-up trauma training, PFA/NCI expansion).
- Develop microcredentials/workshops (problem-solving, ethical frameworks, solution planning).
- Investigate offering CISD/CISM training.
- Strengthen post-graduation tracking via HR/professional development teams.
- Market BHT certification incentives and alumni success stories.
- Clarify and market peer support credit process (40-hour training = 3 credits).

Community Partners:

- Cheryl Baird (MIKID): Follow up with statewide clinical director on internships.
 - Darwin West (Change Points): Discuss NPC involvement in in-house training.
 - Arizona Complete Health: Explore crisis response collaboration, CIT, resiliency course, community giving grant support.
 - Pillars Recovery: Encourage new hires to pursue NPC program.
 - All participants: Complete feedback survey; continue stigma reduction collaboration.
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VII. Next Steps and Logistics

- **Survey:** Qualtrics link distributed; feedback requested.
 - **Meeting Cadence:** Advisory board will reconvene next semester.
 - **Technical Notes:** AM session began with screen-sharing issues resolved by Rachel. Recording was made available.
 - **Faculty Needs:** Recruit adjuncts with recent direct client-care experience.
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Important Questions and Participant Feedback

1. Given our current program structure (Certificate of Proficiency, Certificate of Applied Science, Associate of Applied Science), specialization tracks (Psychology, Social Work, Addiction & Substance Abuse, Family Support), and professional certifications (e.g., Mental Health First Aid) are there any foundational skills or certifications we are currently *not* covering that you perceive as critical for new

hires entering entry-level behavioral health roles or for students transferring to 4-year programs in your organizations?

Participants noted that the program is comprehensive and exciting. However, specific areas identified as needing greater integration include:

- **Abnormal Psychology:** While available as an elective (Psych 270), participants suggested it should be a required course. New hires need a deeper understanding of various diagnoses, such as depression, anxiety, addiction, or schizoaffective disorder, to facilitate "short-handed communication" among practitioners. Abnormal psychology helps cover topics like personalities, assessments, and diagnosis.
- **Psychological First Aid (PFA):** Arizona Complete Health is training its crisis response units in PFA, which is not as lengthy as Mental Health First Aid. PFA is currently available to students as an extra credit opportunity but could be encouraged more.

2. We've observed a 52.7% overall successful completion rate in our courses... what are the most crucial problem-solving and critical thinking skills you expect new hires to possess, and how can we better embed these into our curriculum to improve student outcomes and competence, particularly in areas where critical thinking assessments show challenges in applying frameworks and creating solution plans?

The most crucial skills involve coupling **empathy with critical thinking**. New hires must possess the ability to:

- **Translate Clinical Concepts:** They must take sociological or psychological methodology and jargon (e.g., Oppositional Defiance Disorder) and translate it into **everyday, age-appropriately understandable vocabulary**. This requires understanding the clinical jargon before explaining tools in real-world terms, meeting members where they are.
- **Respect Client Expertise:** Staff must acknowledge that clients are the expert in their own lives, communicating with them in a respectful, compassionate, and empathetic manner.
- **Utilize Intuition:** New hires often rely too heavily on the "black and white" (legal/ethical rules) instead of their intuition.
- **Emotional Intelligence:** Developing emotional intelligence is crucial for anticipating problems, especially in acute situations like crisis intervention.

To embed these skills, agencies utilize **shadowing**. NPC could adopt this model more intensively, allowing students to observe successful staff modeling behavior in various circumstances. Students should be involved in staffings *after* assessment to learn how to ask critical questions, such as what solutions clients have tried and what has worked for them. A specific precursor class focusing on critical thinking was also suggested.

3. As a relatively new program, we currently have no job placement data for completers. What are the most effective and feasible ways for NPC to track the post-graduation employment and success of our students in the behavioral health workforce, from your organizational standpoint?

Feasible ways to track post-graduation success include:

- **Organizational HR/PD:** NPC should reach out to the **Human Resources (HR) or Professional Development** departments of partner organizations, as they typically track this information and might be willing to share it.
- **Relationship Building:** Establishing a solid relationship with hiring agencies *beforehand* is essential. This relationship can be built through practicums, shadowing, or hosting a "work focus day" where agencies present job opportunities.

4. As we transition to greater use of adjunct faculty, what are the most critical areas of faculty expertise (beyond core competencies) that you believe are essential to recruit in adjunct roles to align with current industry practice?

It is critical that adjunct faculty possess **extensive, current, or recent experience working in the field**. This expertise is especially crucial for topics like care coordination and crisis intervention. The least effective instructors are those who have been out of the field for a significant period, rely on "black and white" protocol, and are not up-to-date on actual, "boots on the ground" practices.

5. What are the most significant day-to-day challenges and rewards your entry-level behavioral health staff (e.g., Behavioral Health Technicians, Case Aides, Substance Abuse Technicians) are experiencing right now in our region?

The most significant challenges are related to high levels of **burnout, compassion fatigue, and moral injury**. Entry-level staff struggle with **setting boundaries**, often going "above and beyond" for clients and sometimes failing to provide the client "skin in the game," which rapidly leads to exhaustion. New staff may also be susceptible to being taken advantage of.

6. Are there emerging trends, specific client populations, or shifts in service delivery models in our region that are placing new demands on the workforce, and how are your organizations adapting?

- **Vulnerable Populations:** There is a significant increase in **elderly individuals who are homeless** and lack access to family or resources, demanding greater support. Generally, behavioral health issues are increasing in patient populations, even exceeding actual trauma cases in places like the emergency department.
- **Funding Shifts:** Insecurity around grant funding and potential **Medicaid cuts** could impact the stability of positions in the county.
- **Service Delivery:** Due to a lack of on-site therapists, agencies are relying more on **telehealth therapists**. This shift places an increased burden and clinical responsibility on **on-site BHT staff** (direct care professionals) to handle milieu management and groups.

7. Beyond general growth in demand, what are the specific skill gaps or training deficiencies you consistently observe in new hires or entry-level staff within the local behavioral health workforce today?

Observed skill gaps and deficiencies include:

- **Ethical Practice:** Lack of understanding and implementation of **ethical practices and boundaries** within peer support roles.

- **Telehealth and EHRs:** Deficiencies in **telehealth competencies** and general knowledge of **electronic health records (EHRs)**, where many documentation mistakes occur.
- **Finance Basics:** A need for training in the **basics of health coding and reimbursement**.
- **Emotional Intelligence:** A general lack of emotional intelligence.

8. Looking ahead 3-5 years, what are the most promising opportunities for our graduates in terms of job roles and areas of specialization (e.g., in mental health, substance abuse, developmental disabilities, family support) within Navajo and Apache Counties?

Promising opportunities include:

- **Care Coordination:** This specialized role is considered its own "science" and skill set, acting as the conduit between clients and necessary services.
- **Geriatric Psychiatry/Psych** specialization.
- **Peer Supports:** There is a constant demand for peer support specialists at local organizations (such as hospitals and Change Point), which serves as an excellent entry point for graduates to advance their careers and education.

9. How can NPC best support your organizations in addressing common workforce challenges such as staff turnover or burnout, especially for entry-level positions?

NPC can provide support by:

- **Self-Care Training:** Continuing to offer the **self-care/professional resiliency course** (BHS 155), which is reported to be very helpful, and opening it up to agency staff and community members every semester.
- **Advocacy Involvement:** Encouraging students to join local **advocacy groups**, such as Mental Health Mondays or peer support meetings, to foster community focus and provide mutual support.
- **Seminars:** Providing occasional seminars focused specifically on managing burnout.

10. Given our transition to fully asynchronous course delivery by Fall 2026 and exploration of shorter course structures, what other innovative delivery models or program schedules would best serve the needs of working adults, non-traditional students, or high school students (through our NAVIT program) entering the behavioral health field in our service area?

NPC currently accommodates working students by offering live classes in the evenings (6:00 PM to 9:00 PM). The college should remain flexible and be willing to identify new course schedules, such as **Friday-only classes, morning options, or specialized block schedules**, depending on the organizational needs of partners. While most students enjoy live lectures, the asynchronous availability ensures accessibility.

11. Are there specific communities or demographics within our region where we could improve outreach or adapt our program offerings to increase access to behavioral health education?

- **Tribal Communities:** Outreach should continue to focus on **tribal communities** to ensure the workforce accurately reflects the patient population being served.
- **Gender:** Efforts should be made to attract more **males**, as the program is predominantly female.
- **Recovery Community:** Increased behavioral health presence and outreach are needed in **residential recovery facilities** and programs like NA/AA, as people in recovery often seek purpose, focus, and security by pursuing education in this field.

12. Based on industry trends and your organizational needs, are there specific emerging areas that warrant the development of new, targeted certificates or focused training pathways at NPC (e.g., telehealth competencies, specific therapeutic modalities, advanced crisis intervention, specific electronic health record systems)?

Specific emerging areas include:

- **Therapeutic Modalities:** Training in specific evidence-based models like **CBT and DBT**.
- **Telehealth/EHRs:** Focused training on **telehealth competencies** and general knowledge of **electronic health records (EHRs)**.
- **Finance Basics:** Training in the **basics of health coding and reimbursement**.
- **Geriatric Care:** Focusing on **Geriatric competencies** may be warranted, possibly as an elective option, given the growing vulnerability of the elderly population.

13. Does your organization currently provide high-level, internal training that you believe is equivalent to any of our BHS course content, and if so, how might we audit those programs to potentially recognize them for credit or advanced standing?

Several organizations offer relevant training:

- **Change Points Integrated Health:** Offers an **in-house BHT certification program**.
- **MiKid:** Provides numerous **internal trainings** specific to their services and methodologies.
- **Arizona Complete Health:** Offers a **Resiliency Five Skills course** through a partnership with One Tree Learning Institute; this evidence-based course focuses on self-care and mental health and may be equivalent to content in BHS 155.

14. Considering the critical thinking assessment findings, would short-term, focused workshops or micro-credentials in practical problem-solving, applying ethical frameworks, or creating solution plans be valuable to your entry-level staff or our students?

Yes, participants affirmed that such short-term workshops or micro-credentials would be **valuable** for both entry-level staff and students. Organizations use specific skills training, such as the Resiliency Five Skills course, to improve self-care. Workshops focusing on **ethical practices in peer support** are highly popular and necessary.

15. Beyond increasing flexibility, what specific marketing messages, program features, or career guarantees can NPC leverage to effectively attract prospective students (including high school students through NAVIT) to the Behavioral Health program?

- **Incentivize Employers:** Promoting the idea that graduates of the BHT program should receive **higher pay incentives** from employers, emphasizing that the certification improves care delivery.
- **Peer Sharing:** Utilizing **peer-to-peer sharing** is powerful, such as having high school students host "Mental Health Monday" tables.
- **Credit for Certification:** Highlighting that existing **40-hour peer support certification training** can be applied for three elective credits toward the degree is a strong feature, particularly for people in recovery.

16. Beyond student internships, what are innovative ways your organizations could collaborate with NPC, perhaps through guest lectures, co-developed training modules, mentorship programs, or joint research projects, to enrich our students' learning and your talent pipeline?

- **Guest Lecturers:** Agencies are open to providing **guest lecturers** (via Zoom) for 15-30 minutes, allowing students to hear directly from practitioners in the field. However, billable hours requirements for clinical staff present a challenge for regular participation.
- **Grant Team Involvement:** Students could be included as part of a **grant application team** to learn about outcome data, research, and program innovation.
- **Community Engagement:** Students could **volunteer at resource or health fair tables** (e.g., with NAMI) to gain experience discussing mental health resources and communicating knowledge to the community.
- **Crisis Collaboration:** Arizona Complete Health is interested in partnerships regarding **crisis response** and potentially helping to apply for **community giving grants**.

17. What incentives or partnership models (e.g., on-site training, tuition support agreements, tailored certificate blocks, or specialized training workshops) would encourage your current employees to enroll in NPC's BHS programs to pursue advanced certifications or degrees?

- **Financial Compensation:** Offering increased **compensation** is viewed as a highly effective motivational "dangling carrot" for employees.
- **Professional Development Credit:** NPC could seek to have its trainings identified as **professional development hours** for local school systems, which teachers need for credentialing requirements.

18. How can we formalize or strengthen our existing partnerships with local organizations and identify new local organizations that would benefit from partnering with NPC for student internships and workforce training initiatives?

Many agencies expressed a willingness to formalize or strengthen partnerships via internships. **Summit Healthcare** is absolutely willing to partner, especially in their geriatric behavioral health unit. **Change**

Points Integrated Health already utilizes interns regularly. My Kid is also open to discussion regarding collaboration.

19. What specific soft skills, professional behaviors, or workplace etiquette do you find most crucial but sometimes lacking in new behavioral health hires, and how can we emphasize these more effectively in our program curriculum and internship experiences?

The most frequently cited soft skill lacking is **attendance** (showing up on time, or simply showing up). Essential professional behaviors that must be constantly emphasized include **confidentiality, client rights, and professional boundaries**.

20. How can NPC better support students in understanding the diverse long-term career pathways available, beyond initial entry-level roles, to encourage professional growth and retention in the behavioral health field?

NPC should:

- **Share Peer Journeys:** Utilize **peer-to-peer stories and real-life examples** of local professionals who have advanced (e.g., starting in peer support, obtaining a bachelor's, and pursuing a master's) to inspire and motivate students to pursue graduate work.
- **University Exposure:** Organize **field trips to universities** that offer higher degrees, and arrange specific departmental meetings where current university students can share their testimonies.

21. Considering the rapid evolution of the behavioral health field, what specific knowledge areas, therapeutic approaches, or regulatory changes do you foresee becoming more critical in the next 2-3 years that should be integrated into our core curriculum or elective options?

A critical knowledge area that needs to be comprehensively addressed is **Trauma Informed Care (TIC)**. Participants noted that many agencies advertise TIC but do not truly know how to implement it, suggesting the need for focused, comprehensive training.

22. How can we ensure our students are not only technically proficient but also possess the resilience, self-care practices, and ethical fortitude necessary to thrive in demanding behavioral health roles and prevent burnout?

This is addressed through courses like Professional Resiliency (BHS 155). Emphasis should be placed on **professional boundaries**. NPC can audit or integrate content from external programs like the evidence-based **Resiliency Five Skills course**, which focuses on self-care and addressing compassion fatigue and moral injury.

23. Could micro-credentials or short, intensive workshops on specific, immediately applicable skills (e.g., motivational interviewing, basic coding for billing, documentation specific to certain EHRs, specific crisis de-escalation techniques) enhance our students' immediate employability and serve as valuable continuing education for your current staff?

Yes, short-term, focused workshops are considered valuable. Examples of valuable topics include **ethical practices in peer support** and the **Resiliency Five Skills course** training.

24. What strategies have your organizations found successful in engaging underserved or rural communities with behavioral health services, and how can NPC's programs contribute to these efforts, perhaps through new initiatives or by supporting community-based projects?

A critical strategy is the ongoing effort to combat **stigma** (referred to as "stomp out stigma"). NPC can contribute by helping to spread information about **crisis services** and providing crisis system overviews, thereby connecting community members to essential resources.