Center *for* Rural Health

Behavioral Healthcare Workforce Solutions in North Dakota: Improving Access to Care

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Center *for* Rural Health

- Established in 1980, at The University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, ND
- One of the country's most experienced state rural health offices
- UND Center of Excellence in Research, Scholarship, and Creative Activity
- Home to seven national programs
- Recipient of the UND Award for Departmental Excellence in Research

Focus on

- Educating and Informing
- Policy
- Research and Evaluation
- Working with Communities
- American Indians
- Health Workforce
- Hospitals and Facilities

ruralhealth.und.edu

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Background

- "Behavioral healthcare is any service pertaining to prevention, treatment, or recovery of mental health and/or substance abuse disorders"
- Project initiated and funded by the Department of Human Services' Behavioral Health Division.

north dakota department of human services

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Behavioral Health Workforce Development

Two Goals for 2017-2018

1. Develop strategic plan for increasing North Dakota's behavioral health workforce.
2. Develop recommendations and training process to increase the utilization of peer support specialists in North Dakota.

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Identifying Behavioral Health Workforce Need in North Dakota

- Behavioral Health Assessment: Gaps and Recommendations
  - North Dakota DHS (2016)
- Behavioral Health Planning Final Report
  - Schulte Consulting (2014)
- North Dakota Behavioral Health System Study
  - Human Services Research Institute (2018)

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Survey Method

Survey period: November 27, 2017 – December 15, 2017

- Reminder sent December 6, 2017

Electronic survey disseminated to all North Dakota behavioral health stakeholders – snowball sample (no exclusion criteria)

- Center for Rural Health electronic newsflash
- North Dakota behavioral health stakeholder email listserv
- Behavioral health licensing boards
- North Dakota Department of Human Services

Survey conducted by the Center for Rural Health under funding from the North Dakota Department of Human Services

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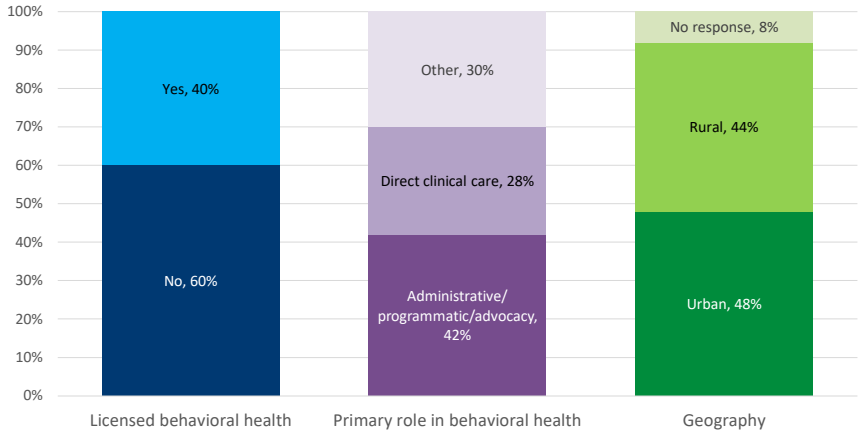
Response

506 responses; cut all respondents who only answered demographic questions

- Final response (*n)* = 284

Figure 1. Respondent Demographics: Percentages (n=284)



Behavioral Healthcare Workforce Interventions

- Develop a single electronic database of available statewide vacancies for all professional behavioral health provider types. The registry would not serve as a licensing authority, but as a separate tracking mechanism.
- Tuition assistance for behavioral health students, to include internship stipends and other financial assistance for those working in areas of need in North Dakota.
- Review the State Loan Repayment Program (SLRP) and identify opportunities to transition the program away from loan repayment, and into student scholarship with a required service component post-graduation.
- Educate behavioral health providers on the benefits of student internships and rotations, growing a statewide list of available student placements for all behavioral health provider types. This will include identifying financial incentives, or cost coverage, for facilities willing to host behavioral health student internship/rotations.
- Provide opportunities for, and require, behavioral health training for health providers, teachers and daycare providers, law enforcement, correction officers, and other employees within the criminal justice system.
- Integrate behavioral health prevention screenings, which are reimbursable, into primary health.
- Establish behavioral health licensure reciprocity with bordering states in an effort to recruit and grow the available behavioral health workforce. These efforts will include identifying places of employment in North Dakota for individuals with out-of-state licensure.
- Review North Dakota state licensure requirements for all behavioral health provider types and ensure there are training/education opportunities available within the state to meet the set requirements. Revise licensure requirements and/or available educational programs to ensure they match.

Behavioral Healthcare Workforce Interventions

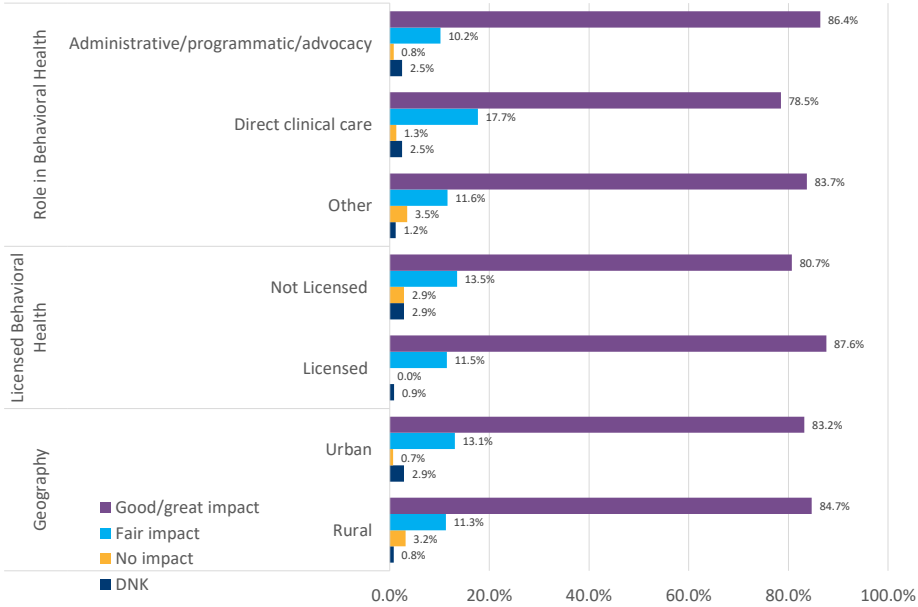
- Development and implementation of a behavioral health coordinator whose role it is to connect individuals in need of care to the appropriate services while also addressing issues of transportation and continuity of care across service providers. Ensure the behavioral health coordination services are reimbursable.
- Development, training, credentialing, and utilization of a peer support specialists in North Dakota; to include reimbursement for care. A peer support specialist is a person with lived experience of mental illness or addiction who is now in sustained recovery and trained to support others in non-clinical, person-centered and recovery-focused ways.
- Establish a central, coordinating body responsible for supporting behavioral health workforce implementation, including providing resources and conducting workforce-related research and evaluation.
- Provide financial assistance to facilities/providers to secure equipment and staff needed to offer telebehavioral health services.
- Increase practices/organizations providing telebehavioral health services. Providing telebehavioral health services refers to the practice/organization that offers the clinical intervention of telebehavioral health services.
- Increase practices/organizations receiving telebehavioral health services. Receiving telebehavioral health services refers to the practice/organization that hosts the client/patient that receives the clinical telebehavioral health intervention.
- Increase utilization of telebehavioral health services for emergency behavioral health.
- Need to develop clear, standardized regulatory guidelines for this workforce model.

Impact & Likelihood

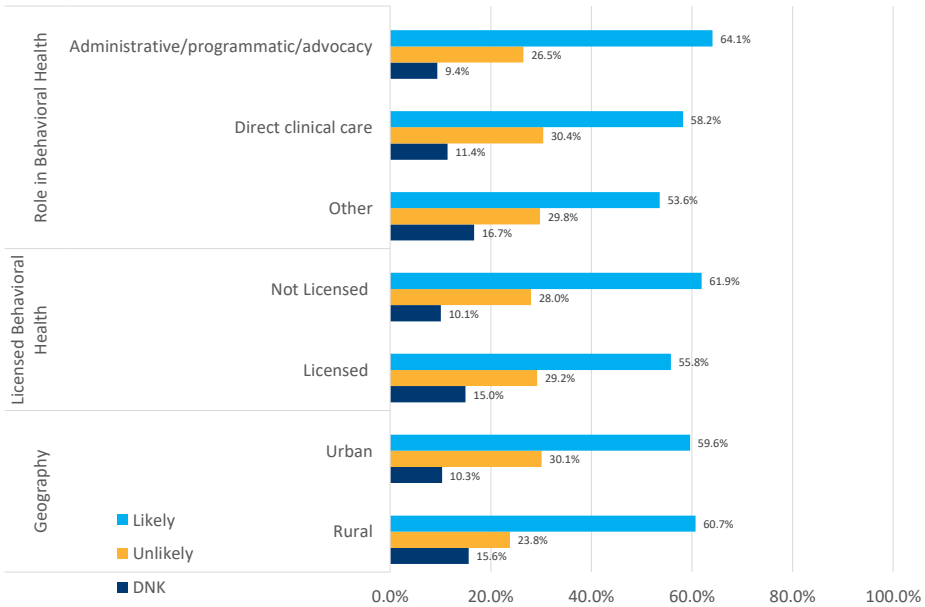
Impact
- 1 = No impact
- 2 = Fair impact
- 3 = Good impact
- 4 = Great impact

Likelihood
- 1 = Very unlikely
- 2 = Unlikely
- 3 = Somewhat unlikely
- 4 = Somewhat likely
- 5 = Likely
- 6 = Very likely

Tuition Assistance for Behavioral Health Students: Perceived Impact on Increasing available State Behavioral Health Workforce



Increase Practices/Organizations Providing Telebehavioral Health Services: Perceived Likelihood of Implementing the Intervention within Two Years



Key Findings

- On average, 11 of the 16 proposed interventions were perceived to have a good or great impact on increasing the behavioral health workforce in North Dakota.
- On average, no intervention was perceived as likely to be implemented in North Dakota within the next two years.
- Tuition assistance for behavioral health students was perceived as having the greatest impact on increasing the behavioral health workforce.
- There was no variable trend in perceived likelihood or impact between rural and urban stakeholders.

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Key Findings

- A larger percentage of those not licensed in behavioral health perceived the interventions as having good or great impact compared to those with licenses.
- For nearly all interventions, a greater percentage of those in administrative, programmatic, or advocacy roles perceived the interventions as likely compared to those providing direct clinical care.
- It may be that those who are licensed and providing direct care services are aware of the barriers and previous efforts to increase workforce, and therefore, they were less likely to identify each intervention as likely or having a significant impact.

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Figure 2. Impact and Likelihood of each Behavioral Health Workforce Intervention (n=284)

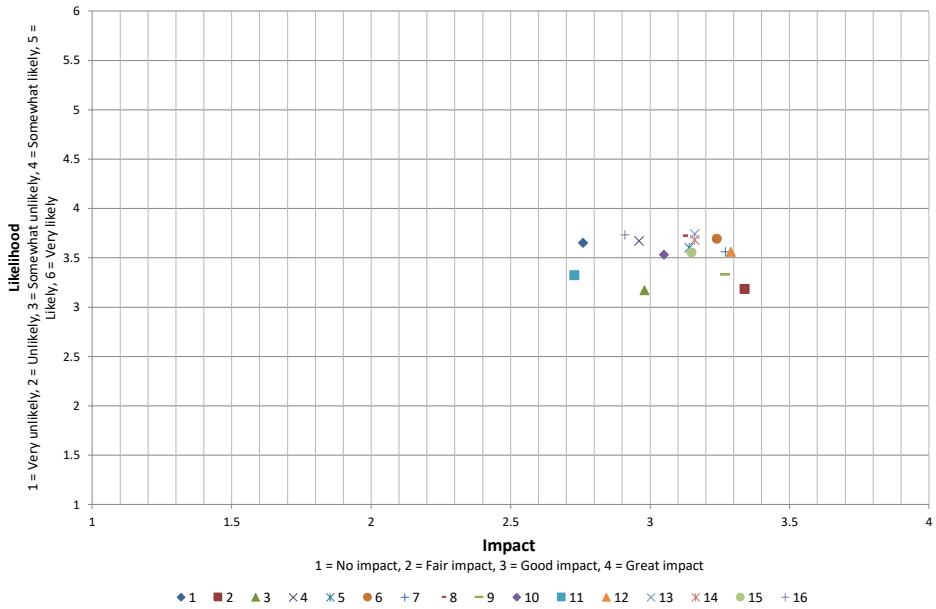

Figure 2b. Zoom-in Axis: Impact and Likelihood of each Behavioral Health Workforce Intervention (n=284)

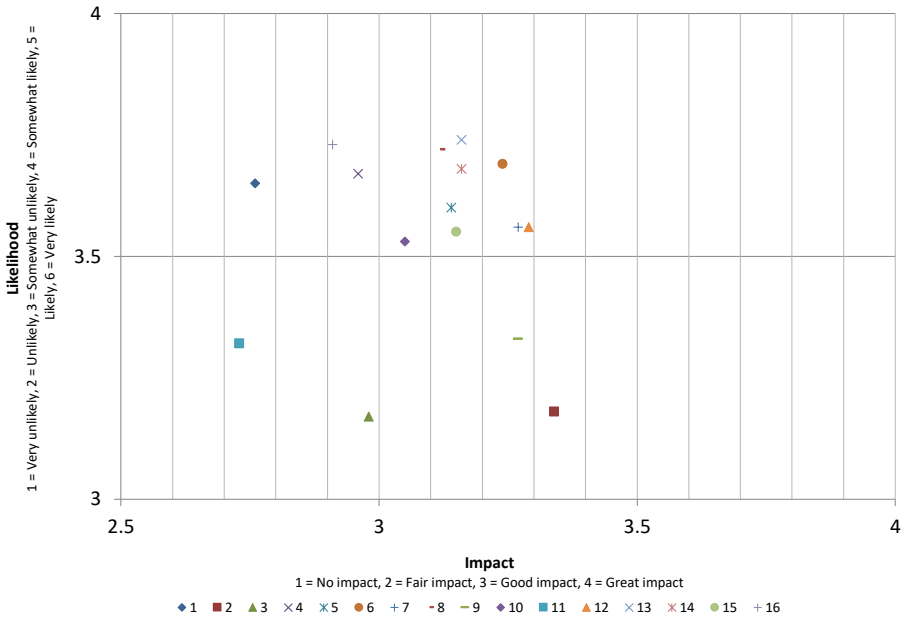

Figure 2 Legend

◆1 ■2 ▲3 ×4 ✳5 ●6 +7 -8 –9 ◆10 ■11 ▲12 ×13 ✳14 ●15 +16

1	Develop a single electronic database of available statewide vacancies for all professional behavioral health provider types. The registry would not serve as a licensing authority, but as a separate tracking mechanism.
2	Tuition assistance for behavioral health students, to include internship stipends and other financial assistance for those working in areas of need in North Dakota.
3	Review the State Loan Repayment Program (SLRP) and identify opportunities to transition the program away from loan repayment, and into student scholarship with a required service component post-graduation.
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5	Provide opportunities for, and require, behavioral health training for health providers, teachers and daycare providers, law enforcement, correction officers, and other employees within the criminal justice system.
6	Integrate behavioral health prevention screenings, which are reimbursable, into primary health.
7	Establish behavioral health licensure reciprocity with bordering states in an effort to recruit and grow the available behavioral health workforce. These efforts will include identifying places of employment in North Dakota for individuals with out-of-state licensure.
8	Review North Dakota state licensure requirements for all behavioral health provider types and ensure there are training/education opportunities available within the state to meet the set requirements. Revise licensure requirements and/or available educational programs to ensure they match.
9	Development and implementation of a behavioral health coordinator whose role it is to connect individuals in need of care to the appropriate services while also addressing issues of transportation and continuity of care across service providers. Ensure the behavioral health coordination services are reimbursable.
10	Development, training, credentialing, and utilization of a peer support specialists in North Dakota; to include reimbursement for care. A peer support specialist is a person with lived experience of mental illness or addiction who is now in sustained recovery and trained to support others in non-clinical, person-centered and recovery-focused ways.
11	Establish a central, coordinating body responsible for supporting behavioral health workforce implementation, including providing resources and conducting workforce-related research and evaluation.
12	Provide financial assistance to facilities/providers to secure equipment and staff needed to offer telebehavioral health services.
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14	Increase practices/organizations receiving telebehavioral health services. Receiving telebehavioral health services refers to the practice/organization that hosts the client/patient that receives the clinical telebehavioral health intervention.
15	Increase utilization of telebehavioral health services for emergency behavioral health.
16	Need to develop clear, standardized regulatory guidelines for this workforce model.

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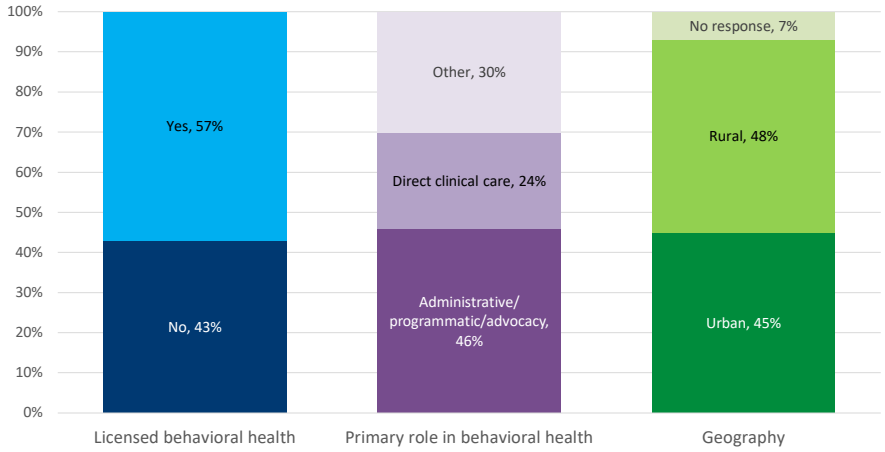
Focus Group Results

Roughly 43% (121) respondents indicated interest in serving in small groups on specific behavioral health workforce interventions with the intent to create a concrete implementation plan, with measurable and actionable goals. Only 116 provided contact information (41%).

Response

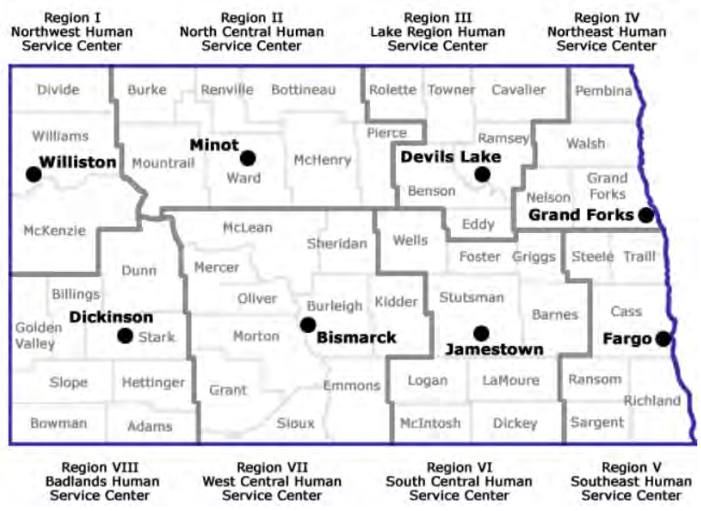
121 affirmative responses to participate in a focus group; 5 did not provide contact information (n=116)

Figure 1. Focus Group Respondents' Demographics: Percentages (n=116)



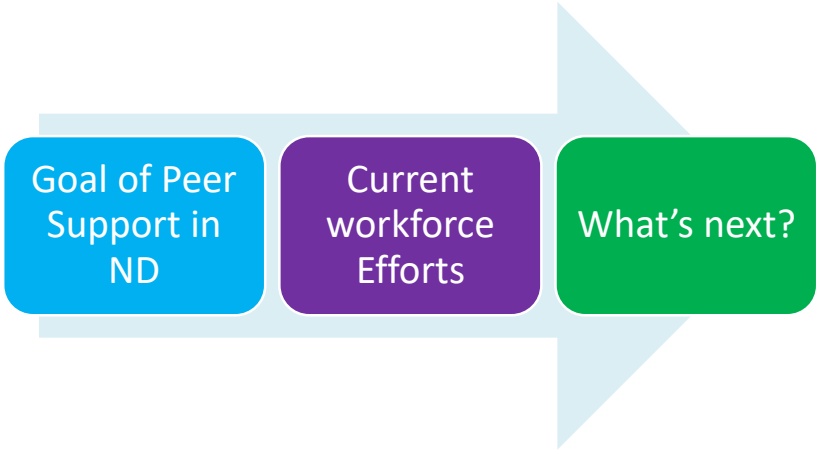
Region(s) of North Dakota that the Respondent Represents: Focus Group Interest (n=116)

Region I:	5%
Region II:	4%
Region III:	5%
Region IV:	20%
Region V:	28%
Region VI:	19%
Region VII:	22%
Region VIII:	5%
Statewide:	10%



Percentages will not add to 100% because participants marked all regions they represent, and may have marked more than one. Percentage reflects the percent of the 116 participants who represented that given region.

Overview



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Development of Peer Support Certification

Initiated by the Department of Human Services' Behavioral Health Division

Develop standards for peer support specialist:

- certification process
- training and curriculum
- supervision
- workforce expansion

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Who is a Peer Support Specialist?

- Lived experience with MH and/or SUD challenges
- In recovery
- Willing to share recovery story
- Impacts the BH services and recovery outcomes of peers through mentoring, advocacy, and support

https://behavioralhealth.dhs.nd.gov/addiction/free-through-recovery

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Benefits of Peer Support?

- Provides an evidence-based, cost-effective in collaboration with treatment o
- Instills authentic hope for recovery
- Can provide continuity of relationships for individuals
- Helps with navigation and advocacy in complex and unfamiliar systems

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Organizational Benefits?

- Can fill identified service-gaps
- Provides "expert" knowledge for organization
- Influences organization culture and overall recovery-orientation
- Establishes skills for possible career ladder development

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Current Peer Support Workforce Efforts

- Efforts funded though DHS Behavioral Health Division
- Free Through Recovery (FTR) Feb 2018 training
  - 32 Peer Support Specialists (PSS)
  - 11 PSS statewide Trainers
- State Targeted Response to the Opioid Crisis Grant (STR) April 2018 training
  - 18 Peer Recovery Coaches
- Summer 2018 training sessions for PSS in Bismarck, GF & Minot

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What's Next?

- Approval of recommendations by DHS Behavioral Health Division
- Continue building PSS workforce
- PSS and employer support mediums
- Develop reimbursement mechanisms
- Evaluation
- Further recommendations

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Resources

- North Dakota Department of Human Services: Behavioral Health Division. (2016). Behavioral Health Assessment: Gaps and Recommendations. Available at https://www.nd.gov/dhs/info/pubs/docs/mhsa/nd-behavioral-health-assessment.pdf.
- Schulte Consulting, LLC. (2014). Behavioral Health Planning Final Report. Available at http://storage.cloversites.com/behavioralhealthsteeringcommittee/documents/ND%20Final%20Report.pdf.
- Human Services Research Institute. [April, 2018] North Dakota Behavioral Health System Study. Available at www.nd.gov/dhs/info/pubs/docs/mhsa/2018-4-nd-behavioral-health-system-study-final-report-hsri.pdf

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