



The Next Step:

Behavioral Health Workforce Strategic Plan for North Dakota

North Dakota Behavioral Health Workforce Summit

Ramada, Bismarck

26-27 September 2022

Logistics and Introductions

- Agenda
- QR Code
- URL: <https://www.wiche.edu/policy-research/data-resources/north-dakota-behavioral-health-materials/>
- Your facilitators:
 - Richard Mettler
 - Patrick Lane
 - Todd Helvig
 - Kyle Sargent



North Dakota Behavioral Workforce Summit and Strategic Planning Webpage



Summit Goals

Desired Outcomes:

Desired Outcome #1: Prioritized list of workforce issues

Desired Outcome #2: Agreement on a consolidated list of prioritized work force issues

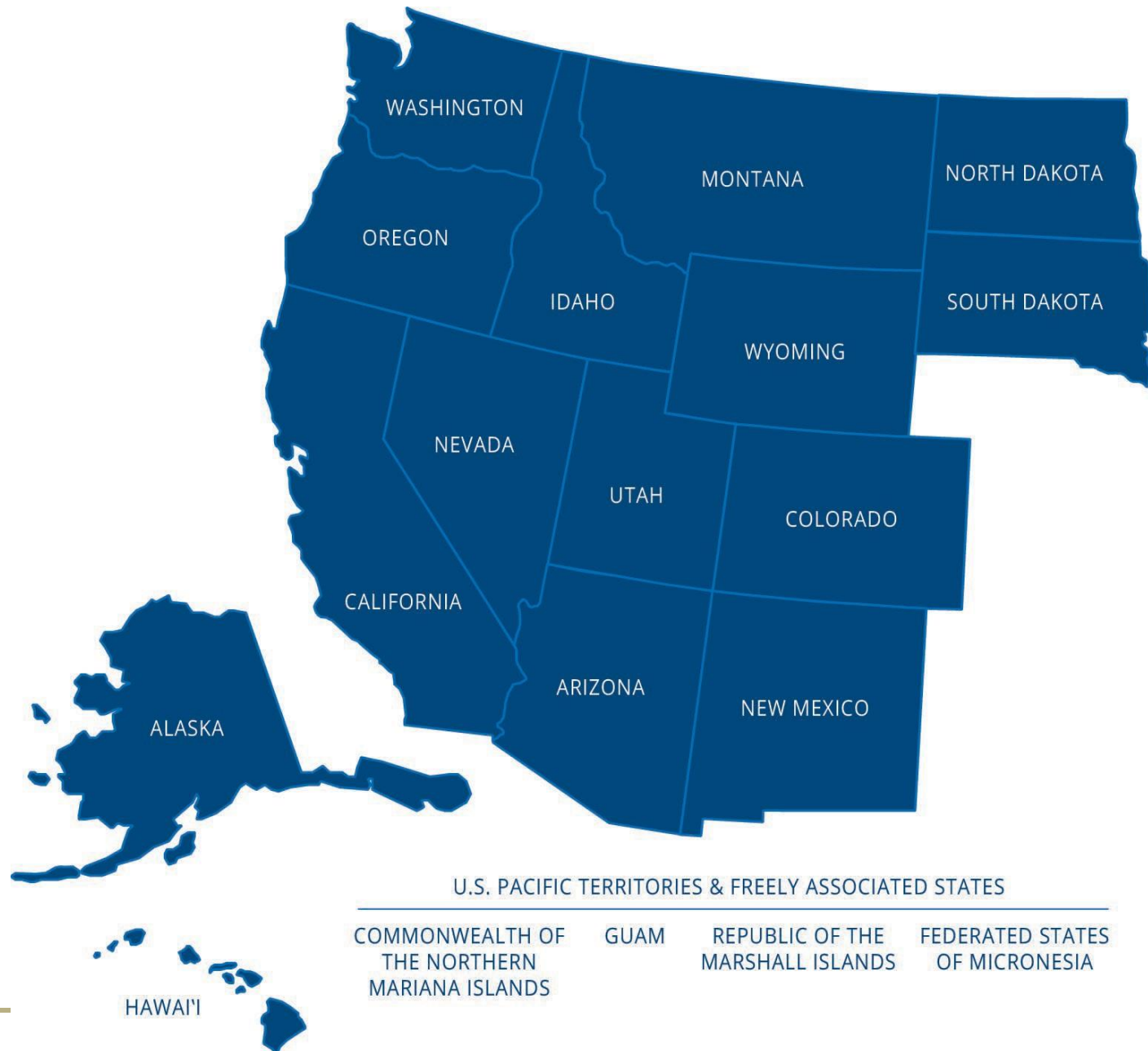
Desired Outcome #3: A list of workforce issues recommendations with respective recommendation action steps

Desired Outcome #4: Agreement on a consolidated list of work force issues recommendations with respective recommendation action steps

Desired Outcome #5—Agreement on Next Steps: A process for development of a draft strategic plan, drawing from this Workforce Summit's work products:

- Workforce issues
- Workforce issues recommendations with respective recommendation action steps

WICHE region



WICHE's mission

WICHE and its 16 member states, territories, and freely associated states work collaboratively to expand educational access and excellence for all citizens of the West.

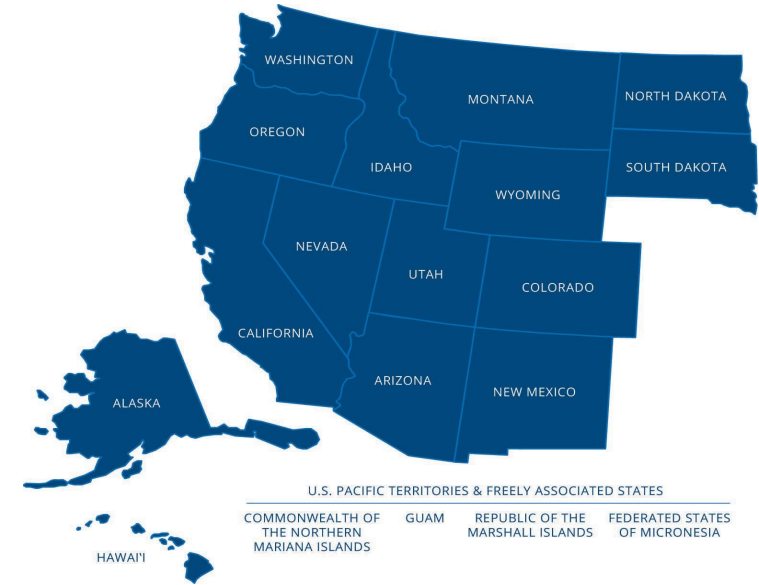
By promoting innovation, cooperation, resource sharing, and sound public policy, WICHE strengthens higher education's contributions to the region's social, economic, and civic life.

WICHE Behavioral Health Program

Systems Improvement

Contracts directly with states and stakeholders to optimize delivery of behavioral health care:

- Needs assessment and strategic planning
- Policy analysis and development
- Quality improvement and accreditation initiatives for hospitals and programs
- Systemic process reviews
- Operational plans for program facilities



Workforce Development

Initiatives and partnerships to support the capacity, competence, and compassion of behavioral health workforce,

Research, Data, and Evaluation

Conducts research on behavioral health needs and gaps and advises on methodology, survey design, and analysis. Develops tools and resources used by professionals across the health care spectrum. Help to promote accountability, inform decision-making and support sound public policy.

Process and Plan

So far:

- Discovery Report and Summit set as objectives
- Work with Aim 7 committee over the summer
- Research, stakeholder interviews

Now:

- Summit
- Create Behavioral Health Workforce Strategic Plan

Next:

- Finalize and disseminate Discovery Report and Strategic Plan
- Implementation of the Strategic Plan

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You Can Do It..Because You've Been Doing It

- Compelling work over the past decade-plus
- A number of workforce-related strategic documents and plans:
 - **North Dakota Plan for Behavioral Health (HSRI)**
 - **Behavioral Health Workforce Implementation Plan**
(Center for Rural Health, UND)
 - **Workforce Development Council Summary Report**
(Department of Commerce)
 - **Occupational Licensing Review and Reform**
(Department of Commerce)
 - **State Health Improvement Plan**
(Department of Health and Human Services)



The Behavioral Health Workforce in North Dakota: A Status Report

Prepared by the Western Interstate Commission for Higher Education
(WICHE) Mental Health Program
For: Division of Mental Health and Substance Abuse Services

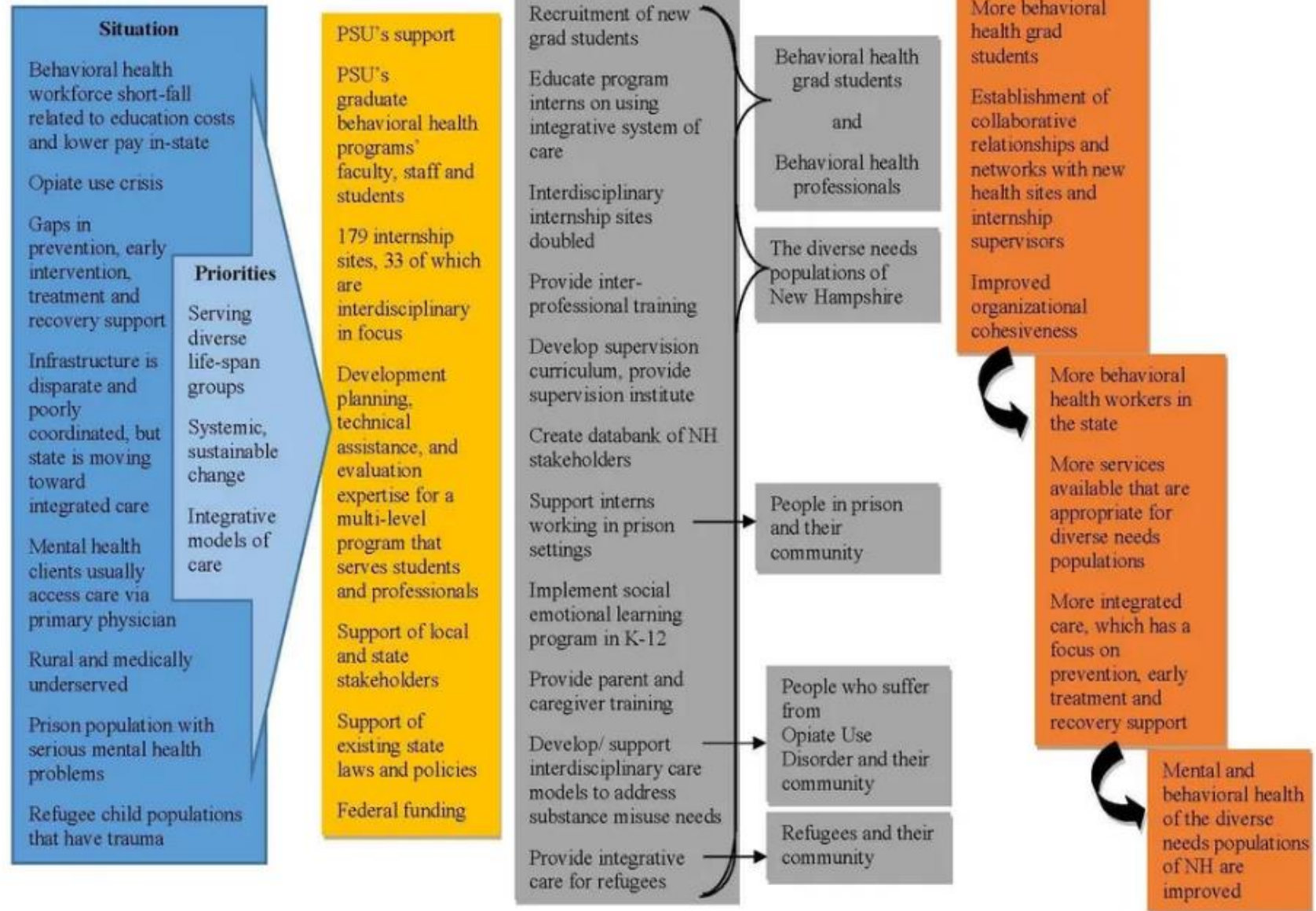
September 2007

- Recommendation/Outcome 1: Employers provide flexible work schedules.
- Recommendation/Outcome 2: Retiree expertise is maximized in the workforce.
- Recommendation/Outcome 3: Employees anywhere serve clients everywhere in N.D. through technology.
- Recommendation/Outcome 4: Public/private partnerships maximize workforce availability.
- Recommendation/Outcome 5: DHS has competitive recruitment and retention incentives
- Recommendation/Outcome 6: Minimum qualifications to provide behavioral health services are redefined.

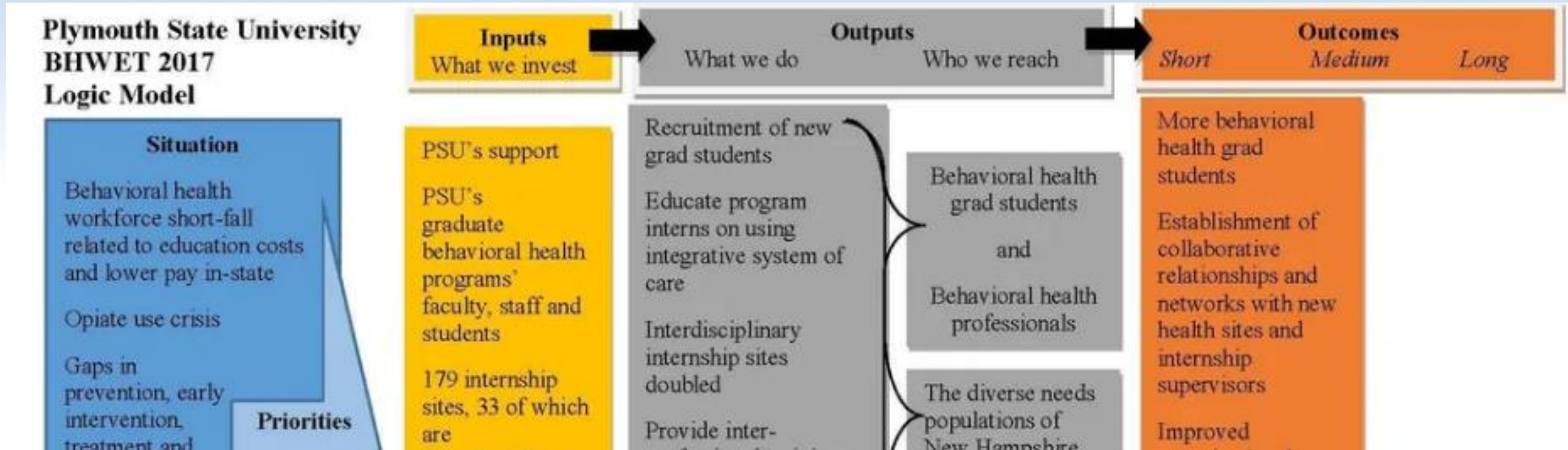
Strategic Planning Considerations

- “What, Why, Who, When, How”
- Behavioral health workforce logic model concept
- Who’s in the room, who’s not in the room
- Honest, focused, realistic conversation
- “Systems thinking”

**Plymouth State University
BHWET 2017
Logic Model**

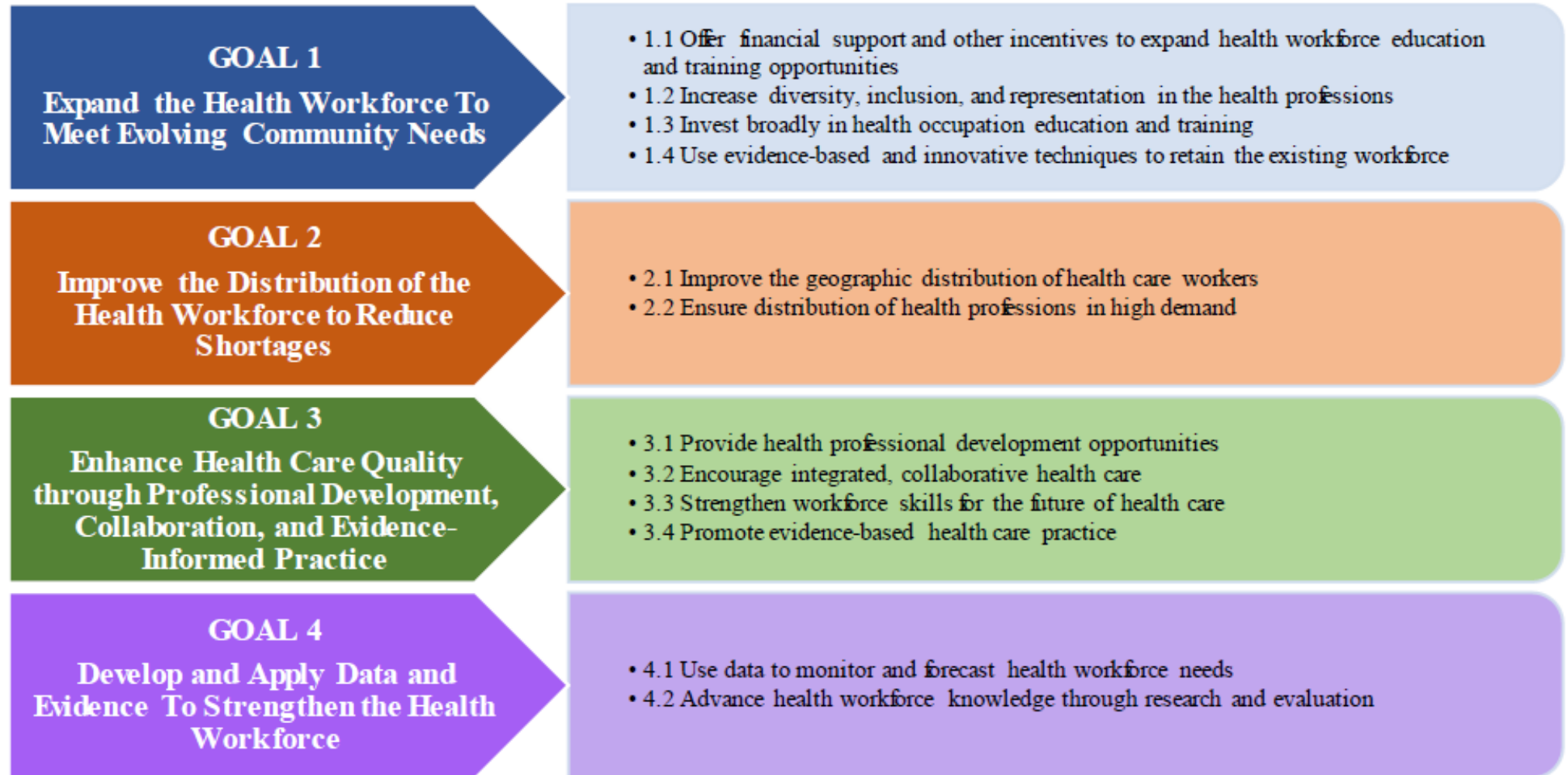


Plymouth State University Behavioral Health Workforce and Employment Training Logic Model



Strategic Plan Framework

Below is a high-level framework of the Strategic Plan's goals and objectives:



ONE-STOCK SYSTEMS

A Stock with Two Competing Balancing Loops

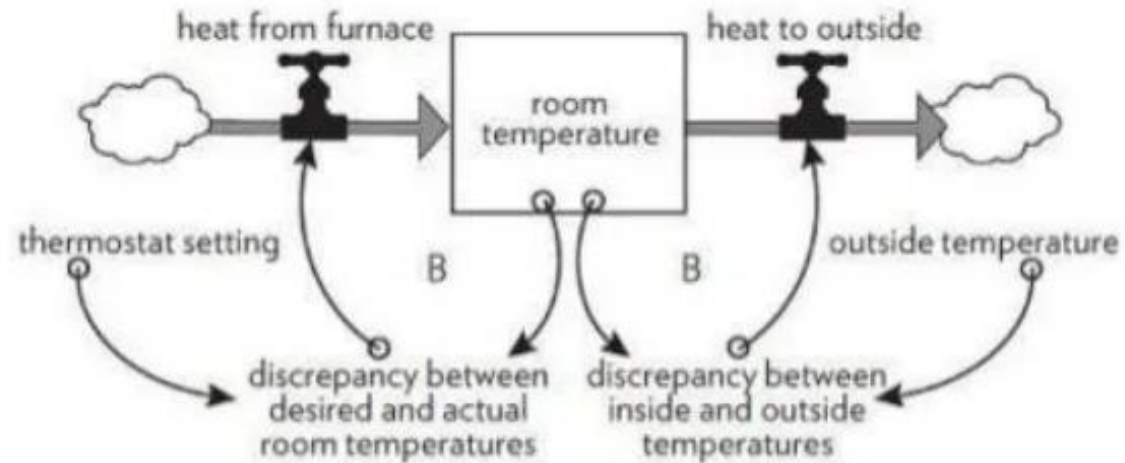
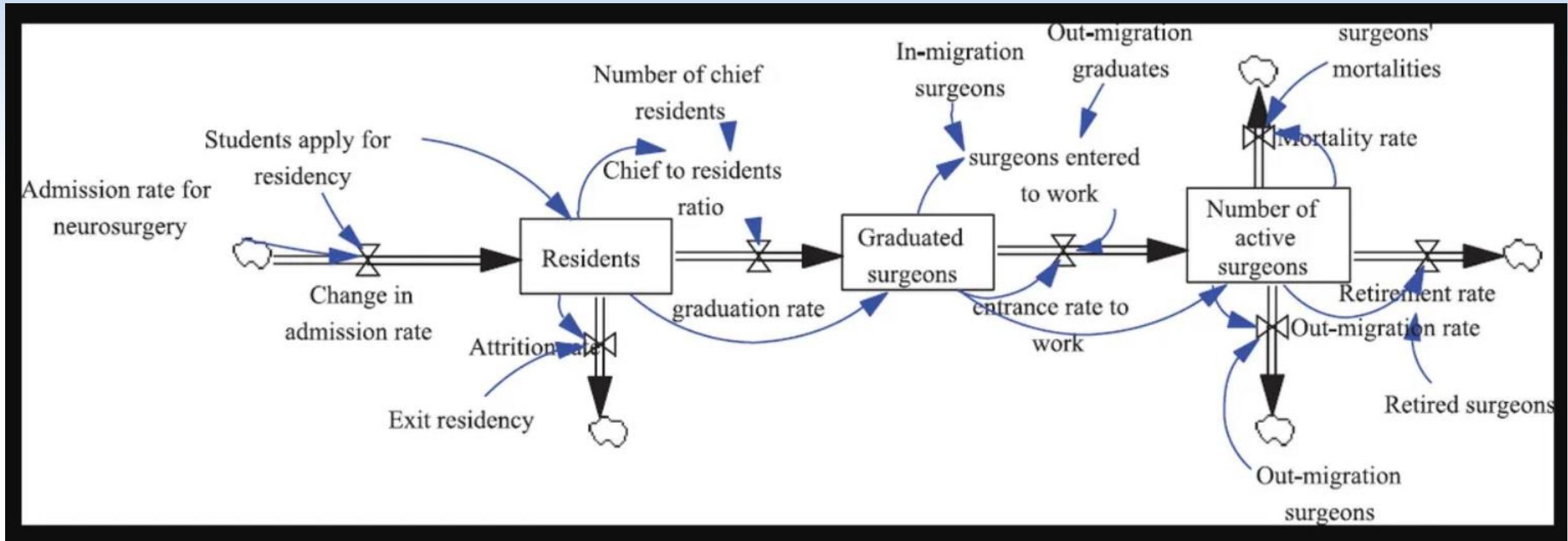
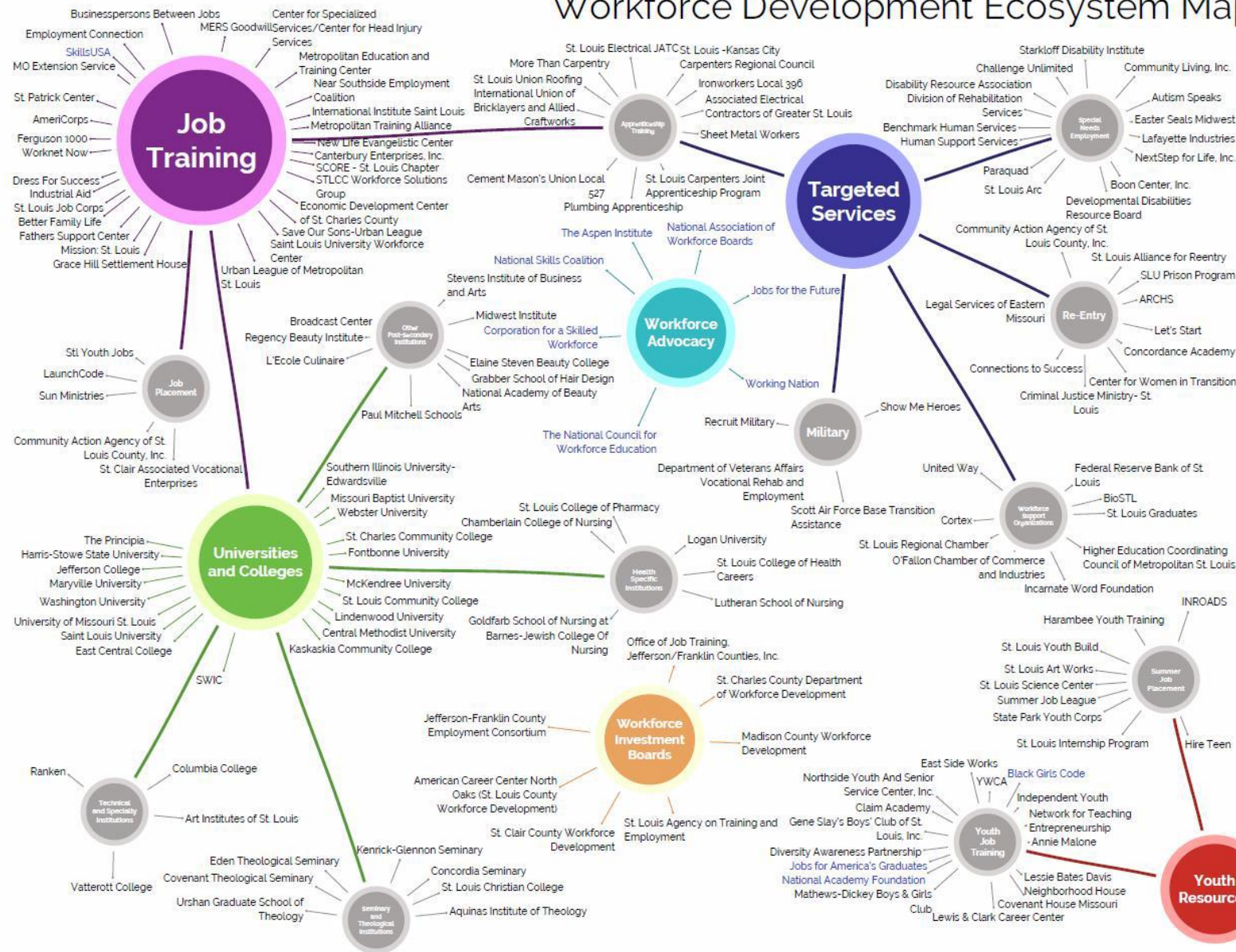


Figure 15. Room temperature regulated by a thermostat and furnace.

Stock and Flow



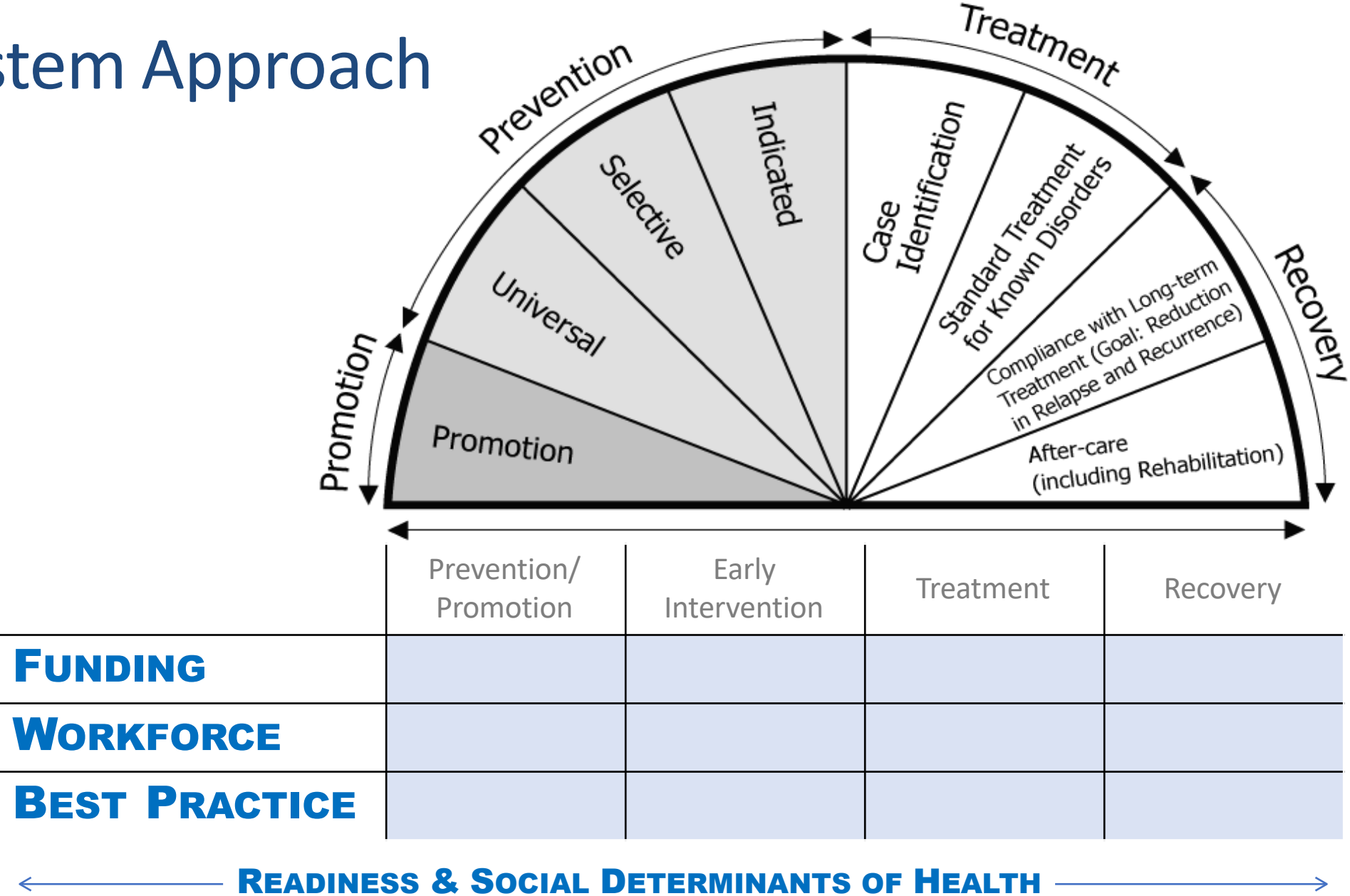
St. Louis Region Workforce Development Ecosystem Map

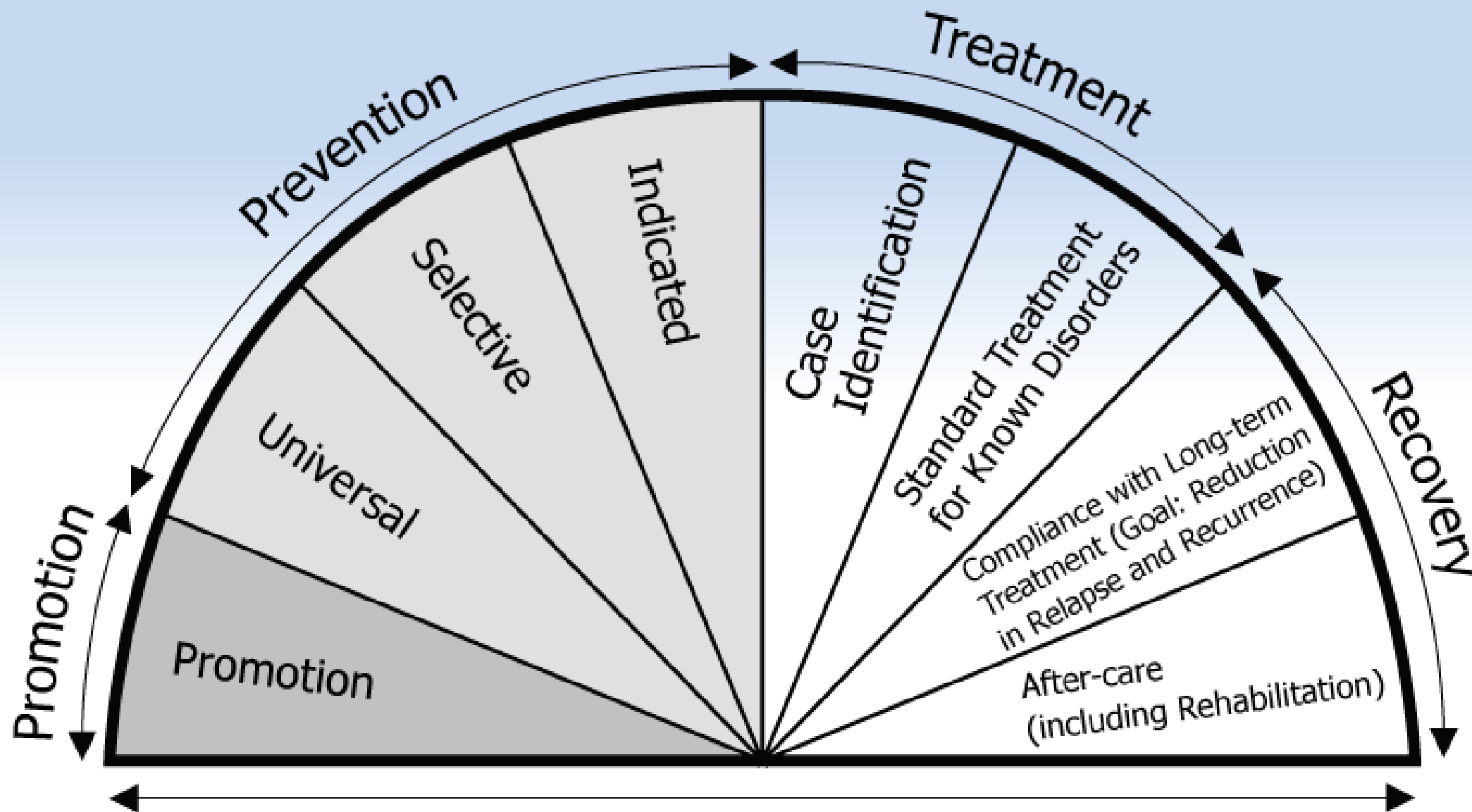


© 2016 The Clark-Fox Family Foundation

Blue Denotes National Programs

System Approach





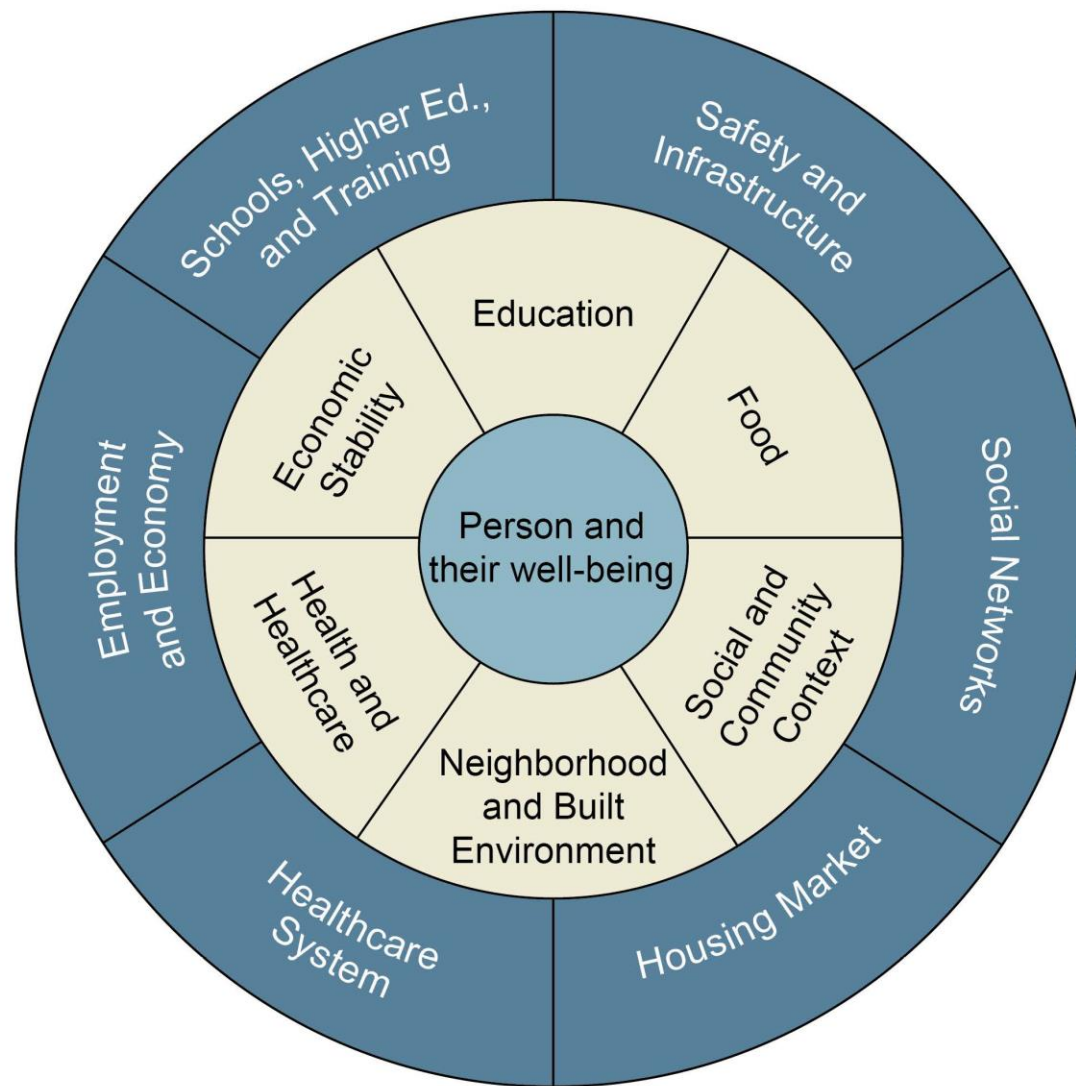


Figure 2.1. Social determinants of health.³ The inner circle represents the individual, the middle ring represents an individual's immediate environment, and the outer ring represents other outside influences on an individual's immediate environment.

Other Strategic Planning Considerations

- East and west
- Rural and urban and tribal
- Mental health and substance abuse/addiction
- Levels of care and continuum of care
- Age
- Credentialed/licensed and certified/trained
- Private and public employers
- Funding source(s): federal, state, local, private
- Short-/medium-/long-term

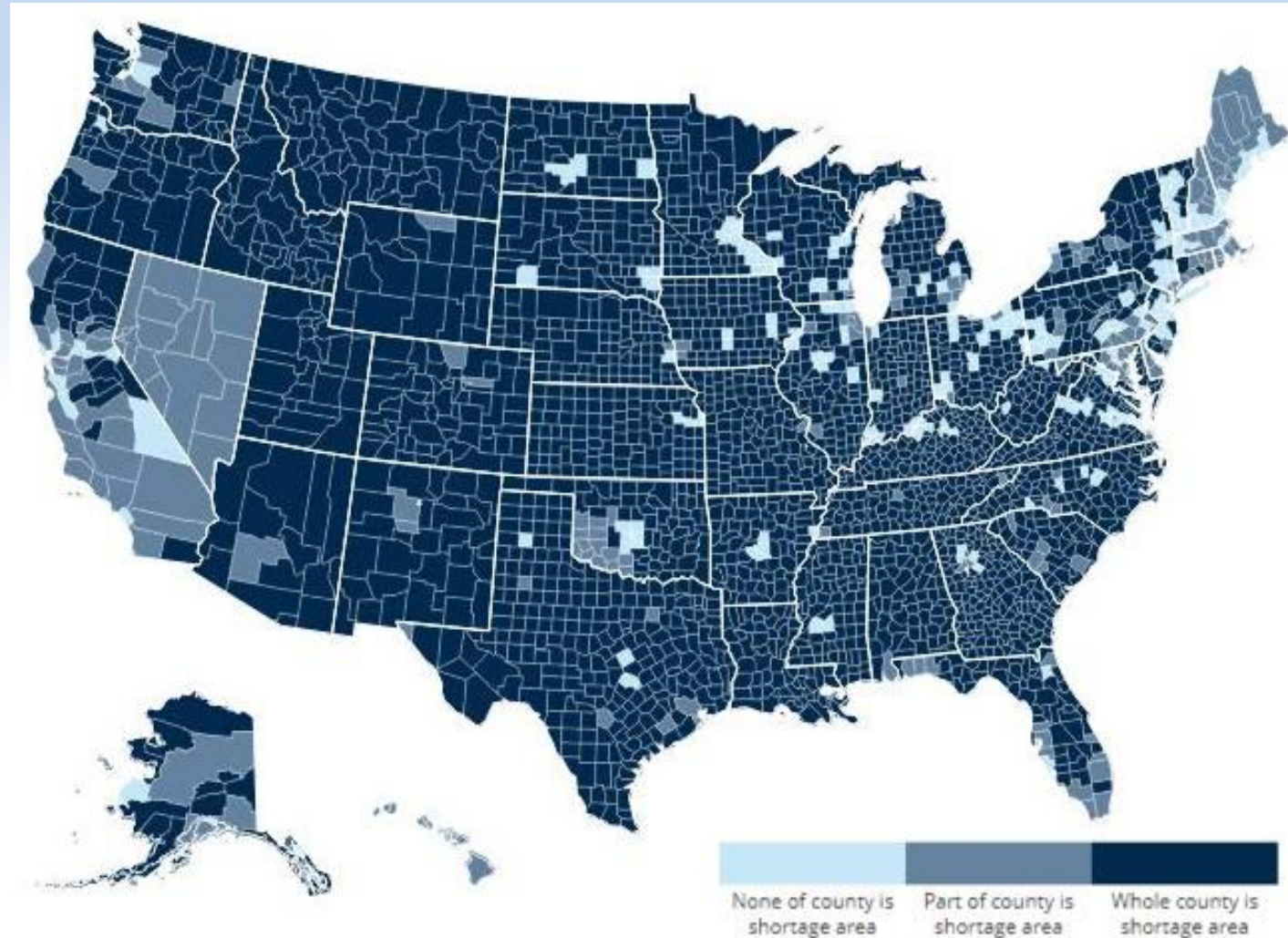
Mental Health Technical Training Center (MHTTC)

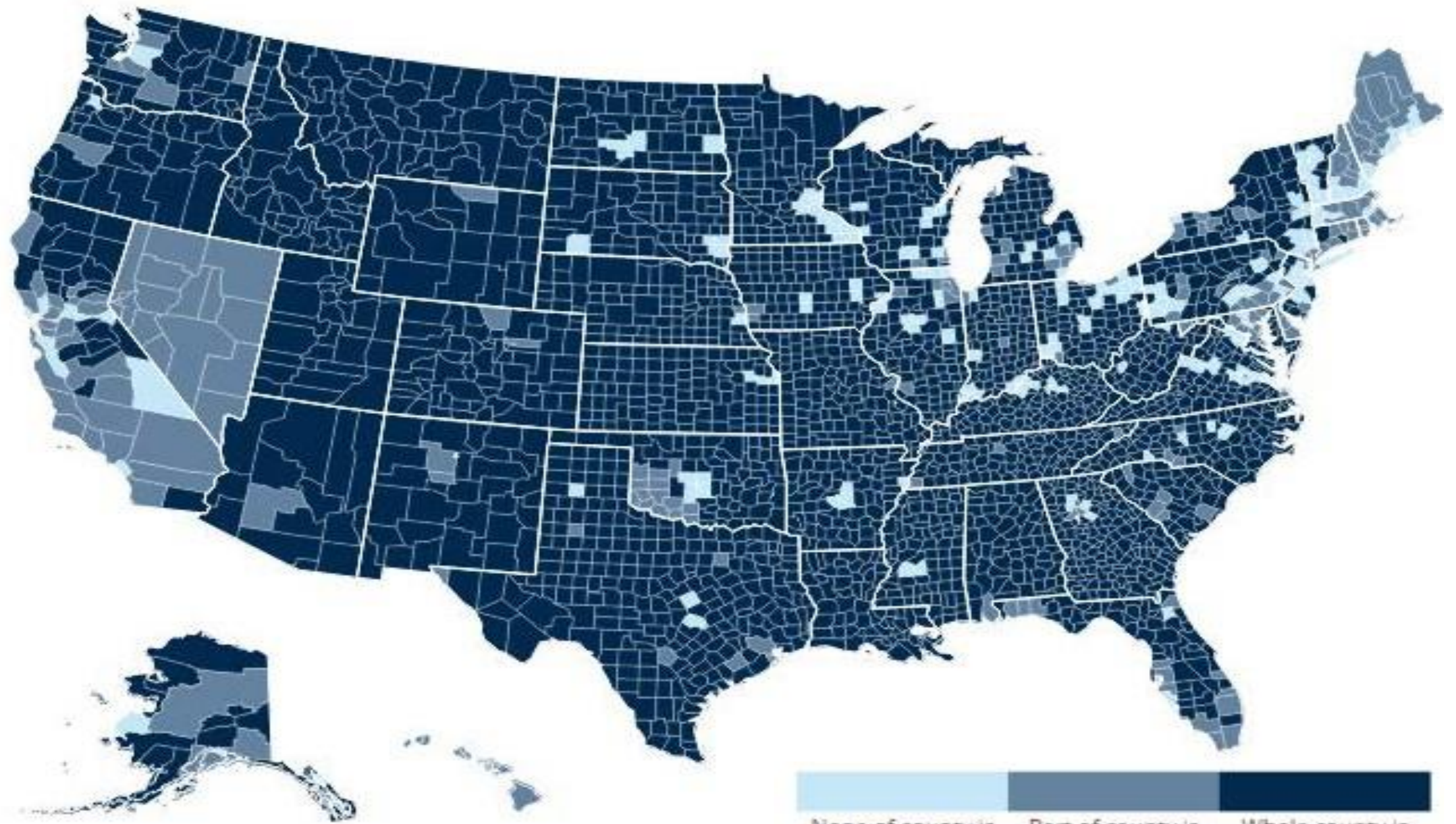
Workforce Development Group

Snapshot: The Need to Address Mental Health Workforce Development

As of September 30, 2019, an additional 6,166 practitioners were needed to remove mental health provider shortage designations in the U.S.²

Roughly half of all mental healthcare for common psychiatric disorders is provided in primary care; 75% of adults with depression see primary care providers, but only half are accurately diagnosed.³





None of county is
shortage area

Part of county is
shortage area

Whole county is
shortage area

North Dakota Health Professional Shortage Areas: Primary Care

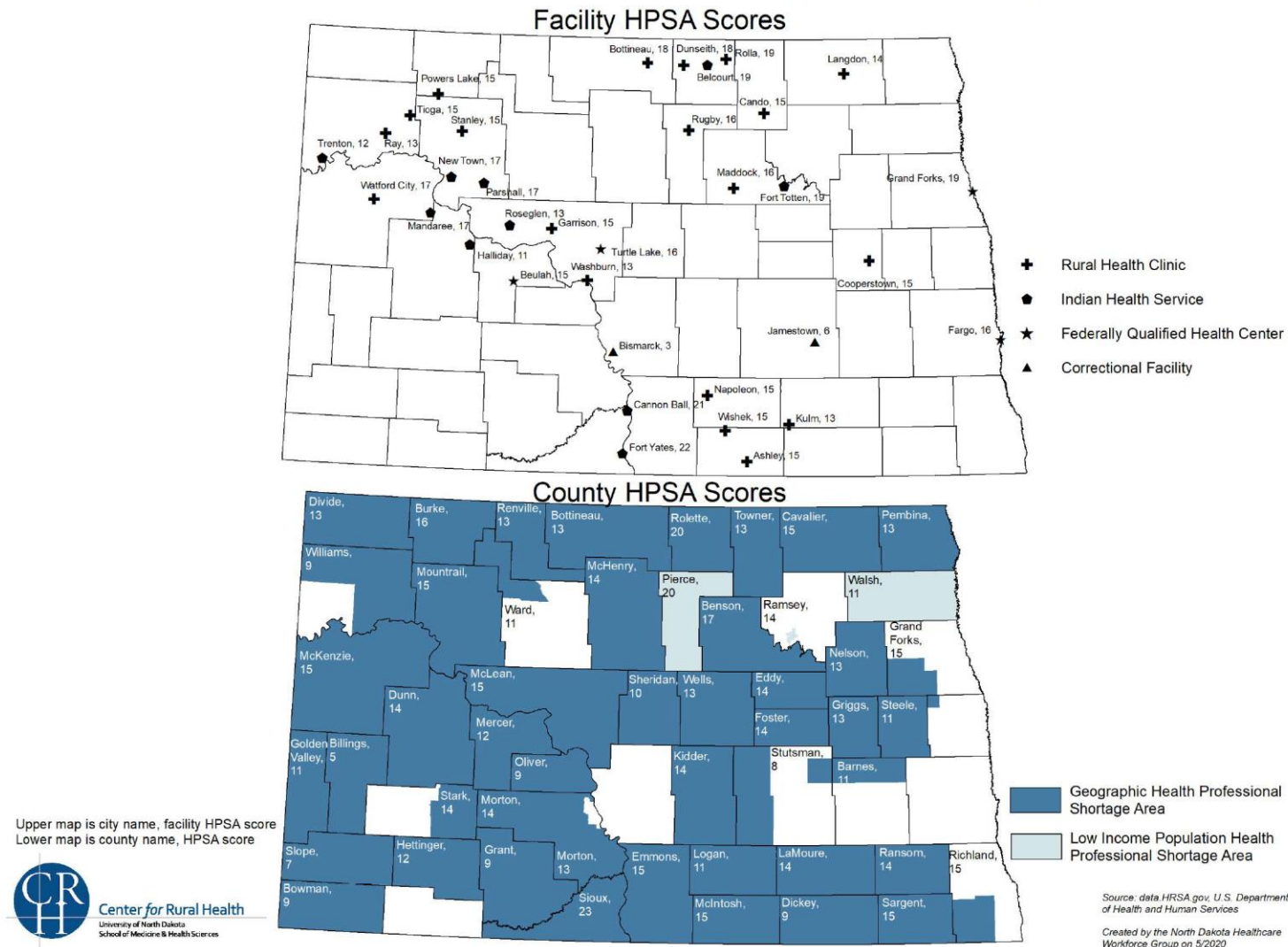


Figure 2.9. Primary care health professional shortage areas (HPSAs) and facilities in North Dakota, 2020.³⁹

North Dakota Health Professional Shortage Areas: Mental Health

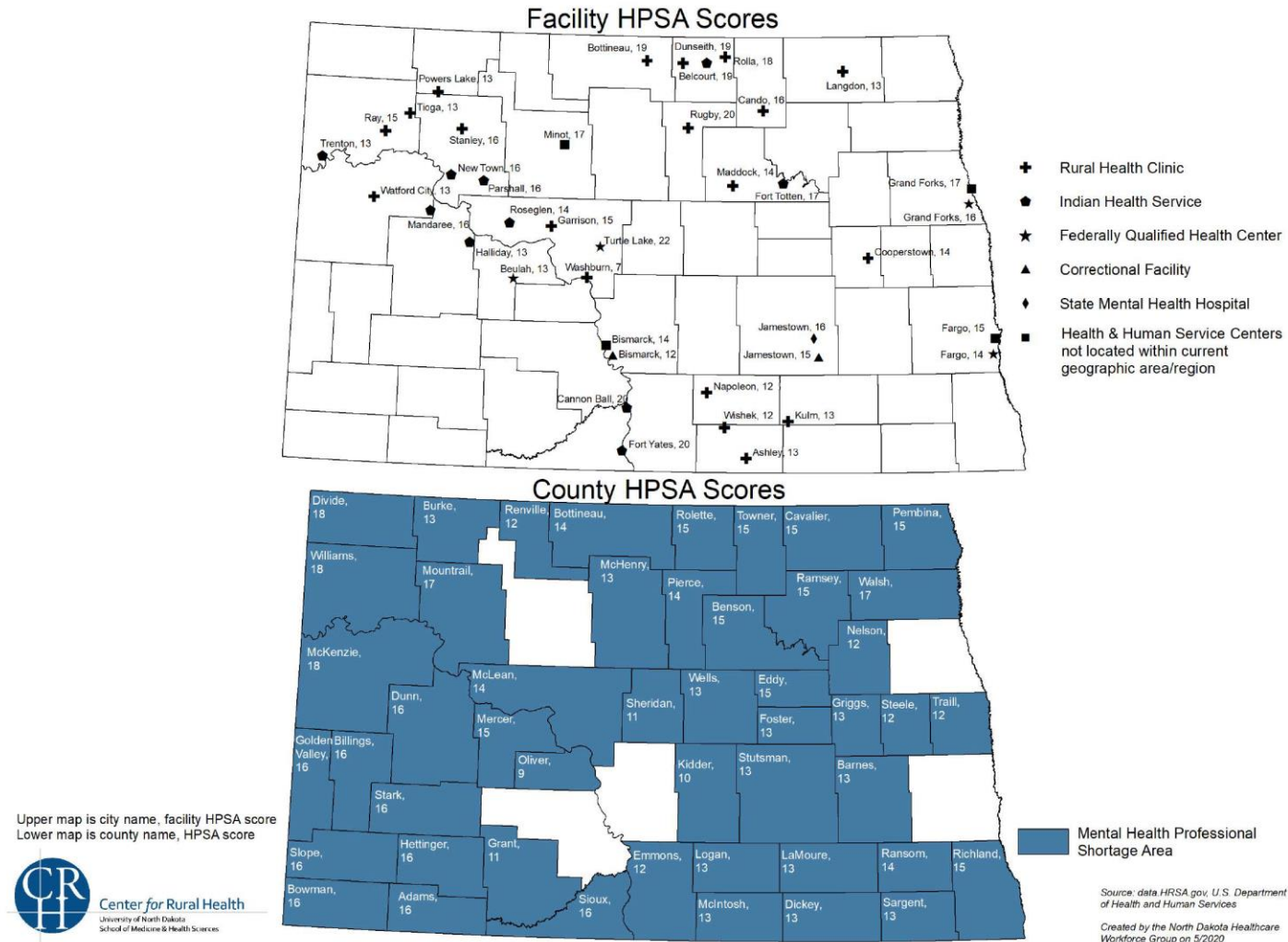


Figure 2.11. Mental health professional shortage areas (HPSAs) and facilities in North Dakota, 2020.³⁹ The majority of counties in North Dakota are designated as mental health professional shortage areas. The ones that are not designated contain or are adjacent to the cities of Grand Forks, Fargo, Bismarck, and Minot.

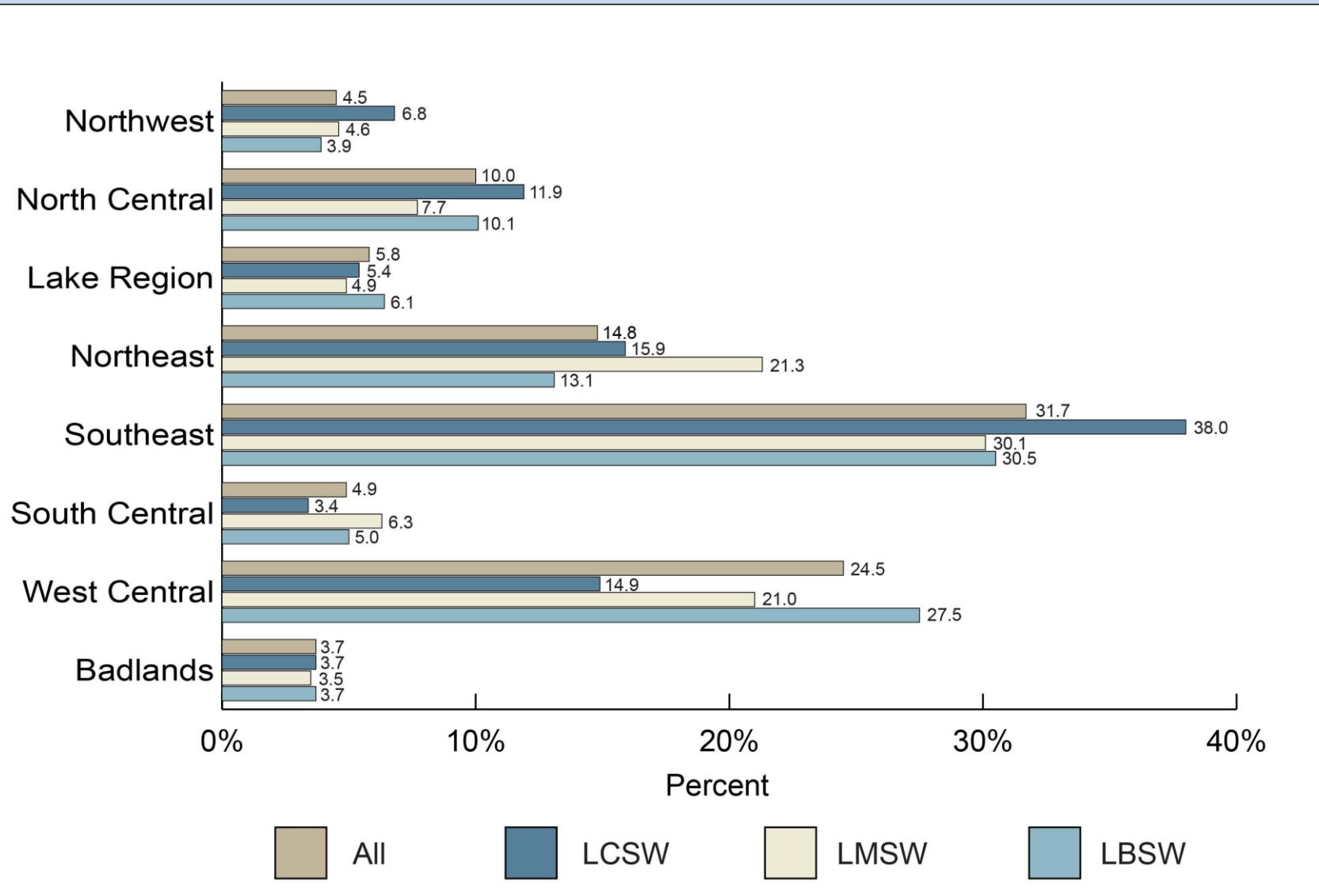


Figure 7.7. DHS region of primary workplace for social workers in North Dakota, 2019.⁷ The titles for the social work licenses changed in 2019. The license titles are now Licensed Clinical Social Worker, Licensed Master Social Worker, and Licensed Baccalaureate Social Worker.

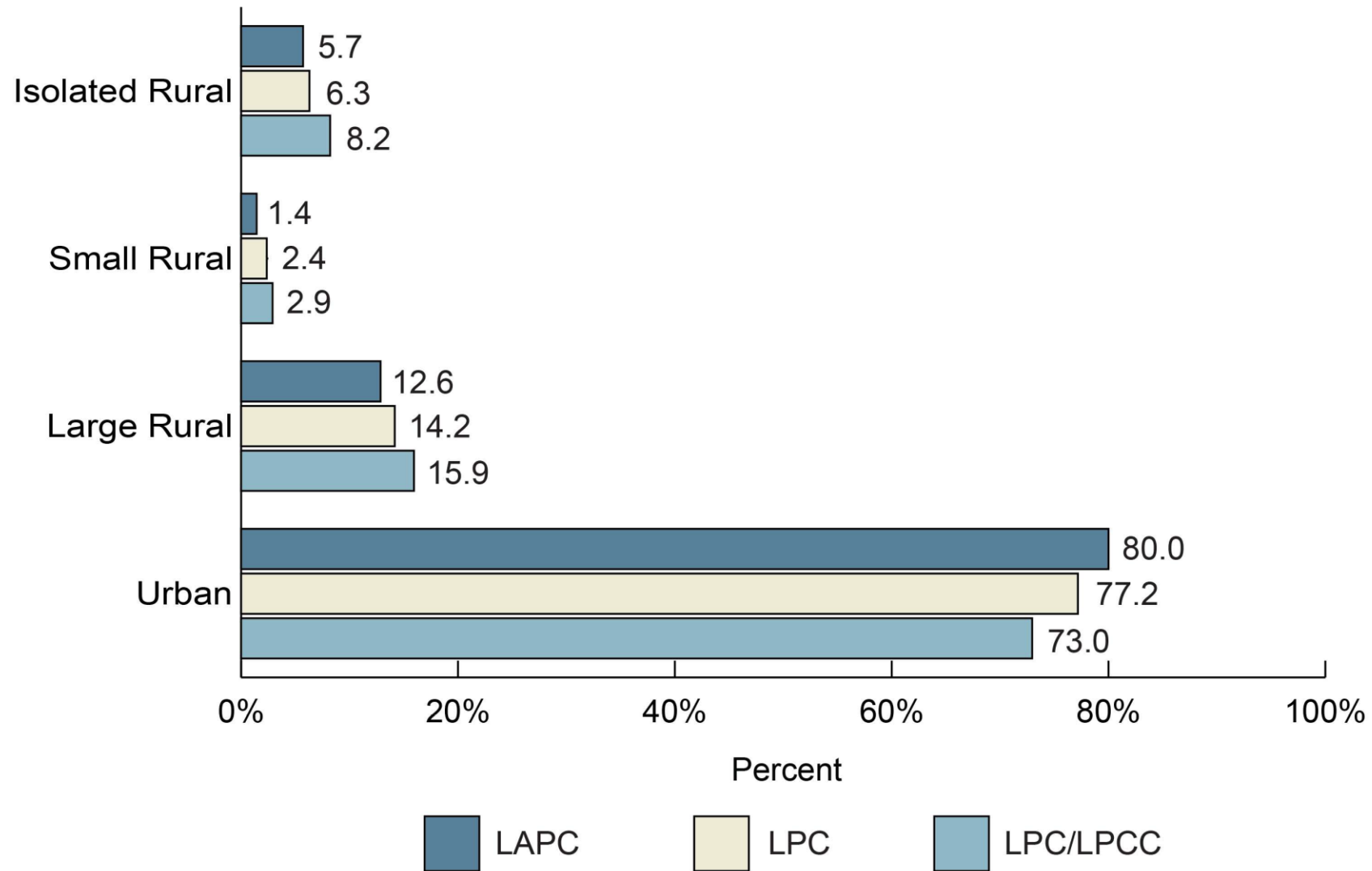
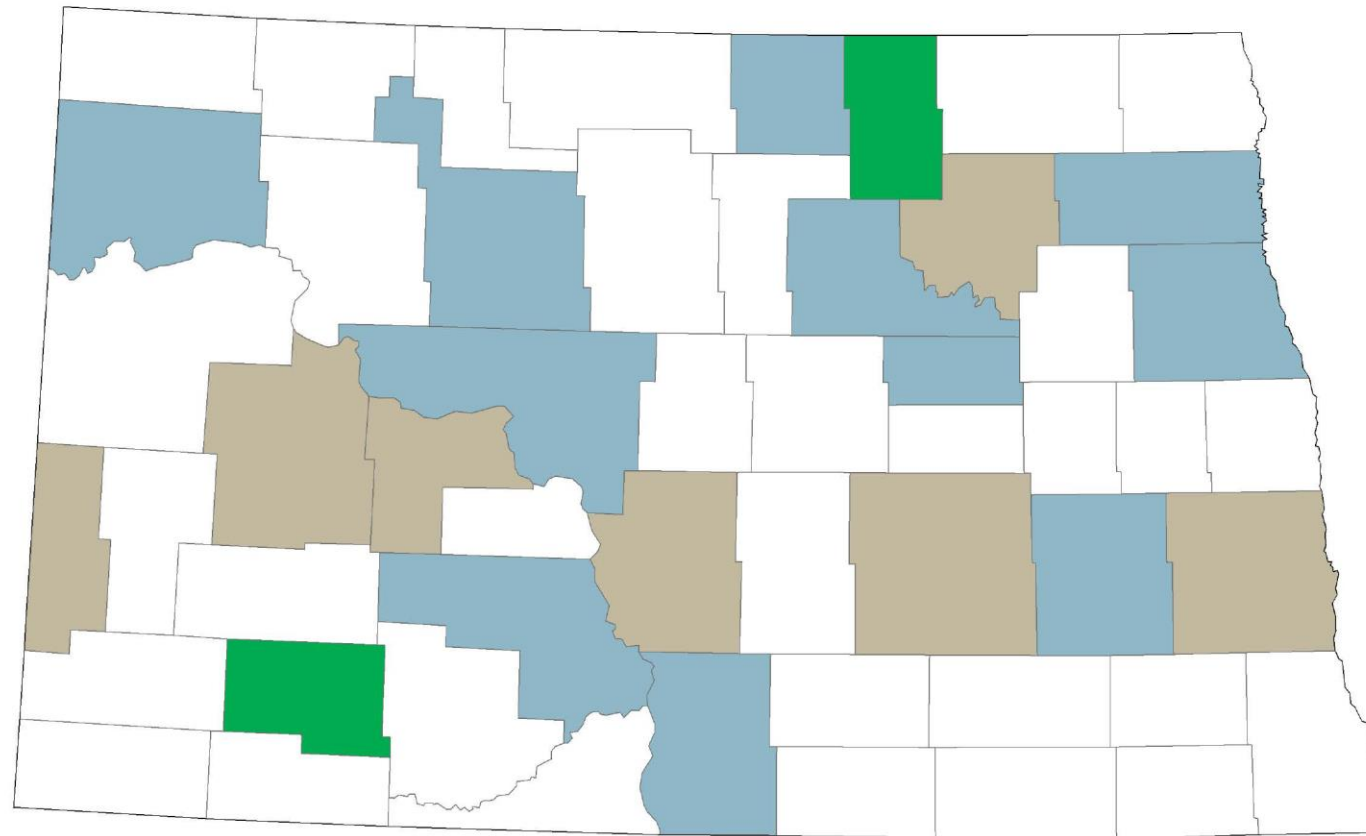


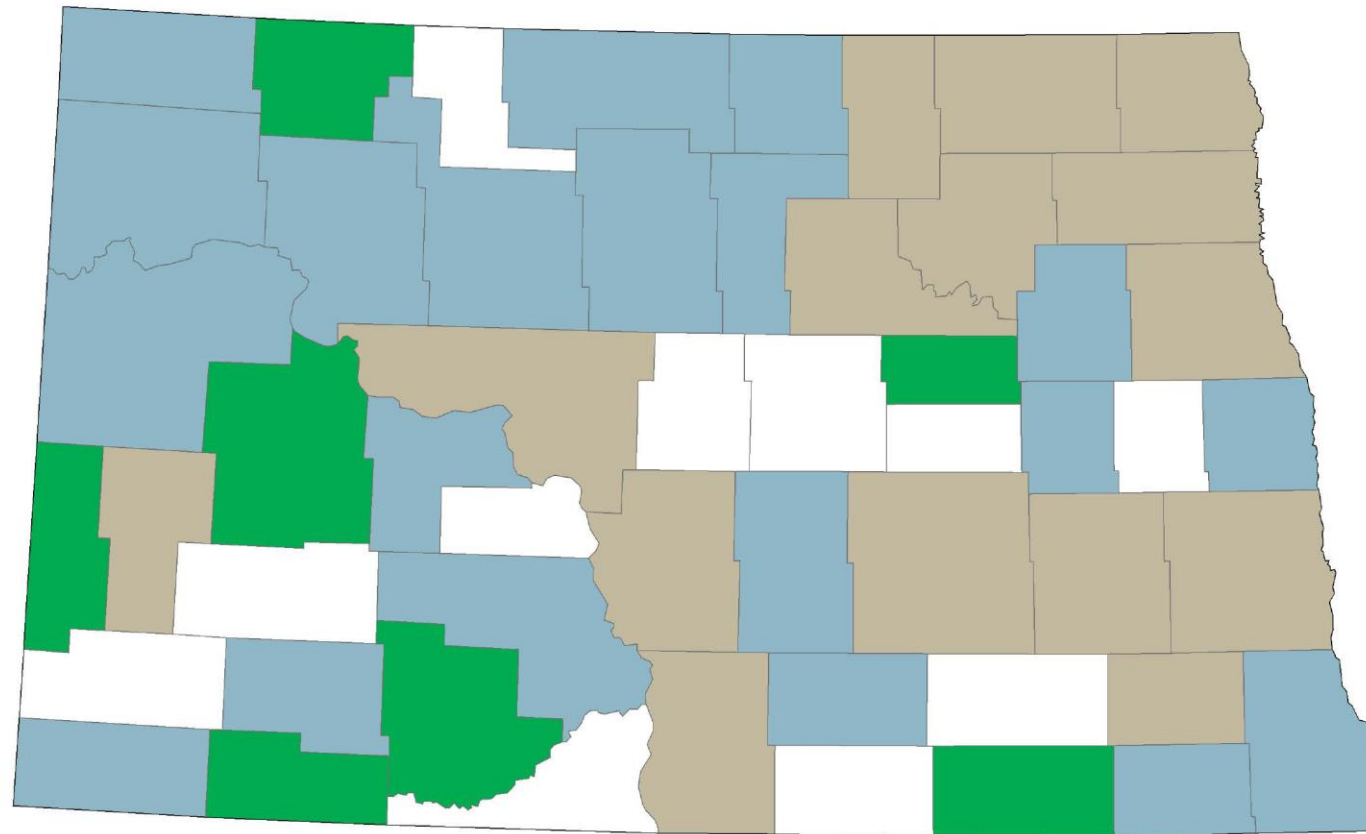
Figure 7.4. Rural-urban designation for counselors in North Dakota, 2019.⁴



Rate of licensed addiction counselors per 10,000 residents



Figure 7.6. Rate of licensed addiction counselors per 10,000 North Dakota residents, by county, 2019.⁵



Rate of pharmacy technicians per 10,000 residents

 0.0	 2.6 - 10.0	 10.1 - 20.0	 20.1 - 56.5
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Figure 7.19. Rate of pharmacy technicians per 10,000 North Dakota residents, by county, 2019.¹⁶

Issues, Initiatives, Ideas

- Lists are not (cannot) be all inclusive
- Complex and interrelated
- Selected initiatives
- Ideas
 - Existing recommendations
 - Proposed categorization

Issues

- Primary/secondary students
- Funding
- Career development
- Career satisfaction
- Competition
- Internship and supervisory costs
- Loan repayment
- Data
- Occupational licensing boards capacity and coordination
- Scope of practice
- Executive/legislative, statewide, state-to-local, local-to-local cooperation and coordination

Issues Categorized

1. Collaboration, coordination, integration

- Strategy development and implementation infrastructure
- Data
- Accountability

2. “Pipeline” and programs

3. Credentialing/certification

4. Funding and resources

Initiatives



North Dakota Legislative Council

Prepared for the Acute Psychiatric Treatment Committee

LC# 23.9173.01000

January 2022

LEGISLATIVE BILLS AND STUDIES RELATING TO BEHAVIORAL HEALTH WORKFORCE

This memorandum provides information regarding legislative bills relating to behavioral health workforce approved by the Legislative Assembly during the 2011 through 2021 legislative sessions and studies considered by interim legislative committees during the 2011-13 through 2021-23 bienniums.

SELECT LEGISLATION RELATED TO BEHAVIORAL HEALTH WORKFORCE

The following includes information regarding select bills related to behavioral health, mental health, and other health care workforce initiatives approved by the Legislative Assembly in 2011, 2013, 2015, 2017, 2019, and 2021.

2021 Session

[House Bill No. 1012 \(2021\)](#) - Department of Human Services (DHS) appropriation bill, including appropriations for the Behavioral Health Division, human service centers, and State Hospital.

[Senate Bill No. 2018 \(2021\)](#) - Appropriation of \$250,000 from the general fund to the Department of Commerce in the grants line item for the rural health care grant program to provide matching funds to an organization assisting in the recruitment, distribution, and supply, and enhancing the quality and efficiency of personnel providing health services in rural areas of the state.

[Senate Bill No. 2125 \(2021\)](#) - Relating to the health care professional student loan repayment program.

2019 Session

[House Bill No. 1018 \(2019\)](#) - Appropriation of \$200,000 from the general fund, designated from the discretionary funds line item, to the Department of Commerce for the rural health care grant program to provide matching funds to an organization assisting in the recruitment, distribution, and supply, and enhancing the quality and efficiency of personnel providing health services in rural areas of the state.

[Senate Bill No. 2012 \(2019\)](#) - DHS appropriation bill, including appropriations for the Behavioral Health Division, human service centers, and State Hospital.

[Senate Bill No. 2094 \(2019\)](#) - Relating to the practice of medicine and telemedicine.

[Senate Bill No. 2143 \(2019\)](#) - Relating to the health care professional student loan repayment program.

[Senate Bill No. 2236 \(2019\)](#) - Relating to licensure and regulation of behavior analyst professionals and the regulation of applied behavioral analysts of psychologist examiners and to the Board of Integrative Health Care.

[Senate Bill No. 2339 \(2019\)](#) - Relating to qualification for addiction counseling licensure for an applicant licensed in another jurisdiction.

[Senate Bill No. 2361 \(2019\)](#) - Relating to the licensing of social workers.

2017 Session

[House Bill No. 1012 \(2017\)](#) - DHS appropriation bill, including appropriations for the Behavioral Health Division, human service centers, and State Hospital.

[Senate Bill No. 2018 \(2017\)](#) - Appropriation of \$200,000 from the general fund, designated from the discretionary funds line item, to the Department of Commerce for the rural health care grant program to provide matching funds



Behavioral Health Services: Key Initiatives

- 1915i State Plan Amendment
 - Grants for providers to bill for Medicaid
- Peer Support Services:
 - Certified Peer Support Specialist I and II (136)
- Partnerships for Success
 - Ensuring trained workforce in prevention
- Free Through Recovery
- Community Connect

FREE THROUGH Recovery

Since February 2017 has served 4,274 individuals
Currently serving 1233 individuals across North Dakota

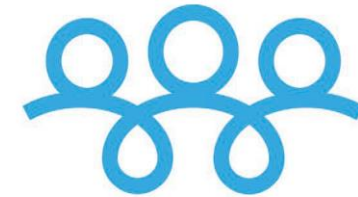
Individual Eligibility

- 18 years of age or older
- Involved in criminal justice system
- At risk for future criminal justice involvement
- Identified behavioral health condition

Since February 2021 has served 2,475 individuals
Currently serving 1,494 individuals across North Dakota

Individual Eligibility

- 18 years of age or older
- Have a MH or SUD impacting functionality in domains including housing, employment, parenting, physical health, and community connections
- Priority for parents/caregivers or at risk of homelessness, CPS involvement, utilization of ER/Detox



CommunityConnect

My Recovery. My Story.

1915(i) Enrollment update



1915(I) MONTHLY PROVIDER & INDIVIDUAL ENROLLMENT REPORT										
Provider Enrollment	11/1/21	12/1/21	1/1/2022	2/1/2022	3/1/2022	4/1/2022	5/1/2022	6/1/2022	7/1/2022	
Enrolled Group Providers	24	25	25	25	28	28	28	30	31	
Enrolled Individual Providers	80	83	76	80	82	85	97	100	106	
In-Process Group Provider Applications	1	0	0	0	2	4	2	3	2	
In-Process Individual Provider Applications	4	13	9	4	8	9	10	20	15	
Pending Group Provider Applications	4	8	8	6	4	5	7	6	8	
Pending Individual Provider Applications	6	11	6	8	10	15	17	16	24	
Incomplete Group Provider Applications	3	5	4	4	3	4	4	4	5	
Incomplete Individual Provider Applications	4	4	2	1	1	0	3	4	4	
Individual Enrollment										
Total Individuals Enrolled	37	40	44	47	70	110	163	192	199	
Under 18							17	16	18	
Age 18+							146	176	181	
Approved Prior Month- WHODAS Under 50				6	12	30	30	14	11	
Approved Prior Month- WHODAS 50+				9	17	34	17	15	6	
Total Individuals Ineligible	21	22	36	48	51	56	60	65	68	
Ineligible- No Medicaid	1	1	2	2	3	3	3	4	4	
Ineligible- No Qualifying Diagnosis	8	8	8	8	8	8	9	9	9	
Ineligible- No Qualifying WHODAS*	9	10	22	33	35	35	36	37	43	
Ineligible- Setting Does Not Meet HCBS Rule							1	1	2	
Ineligible- Over 150% of Federal Poverty Level	3	3	4	5	5	10	10	10	10	
Enrolled, Then Closed**	6	6	7	5	6	10	17	24	32	
Pending Applicants	10	1	4	4	4	3	4	4	3	
Ineligible Individuals Assisted to Become Eligible	3	3	3	6	10	10	10	10	10	

* Due to improper administration or disqualifying score; follow up/navigation efforts not successful

** Due to individual choice or no longer meeting eligibility criteria

Scrubs Camp

Rural Collaborative Opportunities for Occupational Learning in Health (R-COOL-Health)



Scrubs Camp



R-COOL-Health Scrubs Camp Grant - Year 14

Funding Period (November 4, 2022 – April 30, 2023)

PROJECT DESCRIPTION:

The Rural Collaborative Opportunities for Occupational Learning in Health (R-COOL-Health) Scrubs Camp is an exciting program, supported by the Center for Rural Health (CRH) at the University of North Dakota School of Medicine & Health Sciences, focused on rural students in grades 5-12. The overall purpose of the program is to increase awareness, interest, and understanding of health careers available in rural North Dakota through creative and interactive activities.

PROJECT DETAIL:

Eligible Applicants: Rural North Dakota (for the purposes of this program, rural is defined as any geographic area beyond the cities of Minot, Bismarck/Mandan, Grand Forks, and Fargo/West Fargo) K-12 schools and healthcare facilities such as hospitals, clinics, community health centers, long-term care facilities, and public health units.

Required Partners: Applicants ARE REQUIRED to actively involve each of the following: 1) local/regional K-12 school system(s); 2) healthcare entity/facilities (i.e. hospital, clinic, long-term care facility, Emergency Medical Services/ambulance squadron, local public health unit, etc.); 3) local economic development and/or local job development authority or similar entity.

Suggested Partners: Local colleges, technical schools, and extension agencies/centers.

Target Audience: Rural students in grades 5-12. Applicant may select which grade(s) they will focus on.



Dept. of Commerce



Technical Skills Training Grant

The Technical Skills Training grant is designed to support eligible training providers in their efforts to design rapid, non-degree re-skilling programs, expand capacity in existing programs, and/or move training to virtual platforms.



Regional Workforce Impact Program (RWIP)

The North Dakota Regional Workforce Impact Program (RWIP) provides grants to regional workforce entities in North Dakota to design and implement innovative plans to address their region's most demanding workforce challenges.



Recruiter Network

The goal of the Recruiter Network is to target out-of-state job seekers in an attempt to invite them to North Dakota to fill needed positions available within every sector of business while improving North Dakota's image.



Operation Intern

Operation Intern is designed to expand the number of internships, work experience and apprenticeship positions with North Dakota employers.



Tribal Colleges Grants

The Tribal College Grant program was established during the 2013 Legislative Session to provide funding to the five tribally controlled community colleges for workforce training and entrepreneurial assistance.



Non-Resident Nursing Employment Recruitment Program

The Nonresident Nurse Employment Recruitment Program is a grant program, designed to attract and retain highly-qualified nurses to North Dakota.



Employer Information for Military Service

Transitioning military personnel and veterans will find endless opportunities in North Dakota.



Apprenticeship

Apprentices work and train from day one, which helps employers address two problems at once: shortage of skilled workers and the ongoing need for a highly skilled workforce.

North Dakota Regional Workforce Impact Program (RWIP)

Grants to regional workforce entities to:

- Design and implement innovative plans to address their region's most demanding workforce challenges.
- Offset the cost of local solutions that will have a regional impact.
- Funds may be provided as a resource to implement a long-term solution to permanently mitigate workforce participation issues.
- Up to two bordering regions may work together to combine projects and funding resources.

North Dakota Regional Workforce Impact Program (RWIP)

REGIONAL BREAKDOWNS & ALLOCATIONS

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
\$1,060,000	\$1,830,000	\$1,000,000	\$1,710,000	\$4,040,000	\$1,020,000	\$3,020,000	\$1,000,000
<ul style="list-style-type: none"> • Divide • McKenzie • Williams 	<ul style="list-style-type: none"> • Bottineau • Burke • McHenry • Mountrail • Pierce • Renville • Ward 	<ul style="list-style-type: none"> • Benson • Eddy • Cavalier • Ramsey • Rolette • Towner 	<ul style="list-style-type: none"> • Grand Forks • Nelson • Pembina • Walsh 	<ul style="list-style-type: none"> • Cass • Ransom • Richland • Sargent • Steele • Trail 	<ul style="list-style-type: none"> • Barnes • Dickey • Foster • Griggs • LaMoure • Logan • McIntosh • Stutsman • Wells 	<ul style="list-style-type: none"> • Burleigh • Emmons • Grant • Kidder • McLean • Mercer • Morton • Oliver • Sheridan • Sioux 	<ul style="list-style-type: none"> • Adams • Billings • Bowman • Dunn • Golden Valley • Hettinger • Slope • Stark

Ideas














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

- **Develop a single electronic database** of available statewide vacancies
- **Tuition assistance** for behavioral health students, to include internship stipends and other financial assistance
- **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.
- 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** into primary health.
- Establish **behavioral health licensure reciprocity** with bordering states to recruit and grow the available behavioral health workforce.
- Review North Dakota state licensure requirements for all behavioral health provider types and **ensure training/education opportunities available within the state** to meet requirements.

Summary



After learning from the community about their priorities for systems change, the Behavioral Health Planning Council selected 13 aims with 28 goals. Many of these goals will take several years to achieve. To track progress, we've created objectives, action steps, benchmarks, completion dates, and indicators of success for each goal.

Objectives		Complete
1.	Develop and implement a comprehensive strategic plan	78% 
2.	Invest in prevention and early intervention	86% 
3.	Ensure all North Dakotans have timely access to behavioral health services	64% 
4.	Expand outpatient and community-based service array	80% 
5.	Enhance and streamline system of care for children and youth	39% 
6.	Continue to implement and refine the current criminal justice strategy	84% 
7.	Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce	75% 
8.	Continue to expand the use of telebehavioral health interventions	83% 
9.	Ensure the system reflects its values of person-centeredness, health equity, and trauma-informed approaches	86% 
10.	Encourage and support communities to share responsibility with the state for promoting high-quality behavioral health services	100% 
11.	Partner with tribal nations to increase health equity for American Indian populations	18% 
12.	Diversify and enhance funding for behavioral health	94% 
13.	Conduct ongoing, system-wide, data-driven monitoring of need and access	80% 

North Dakota Behavioral Health System Study

- 7.1 Establish a single entity responsible for supporting behavioral health workforce implementation
- 7.2 Develop a single electronic database of available statewide vacancies for behavioral health professionals
- 7.3 Provide assistance for behavioral health students working in areas of need in the state
- 7.4 Ensure providers and students are aware of student internships and rotations
- 7.5 Conduct a comprehensive review of state licensure requirements and establish licensure reciprocity with bordering states
- 7.6 Continue to establish a training and credentialing program for peer services
- 7.7 Expand credentialing programs to prevention and rehabilitation practices
- 7.8 Support a robust peer workforce through training, professional development, and competitive wages





How we're
achieving this aim

12 Action
Steps

3 Goals
+


6 Objectives

AIM 7

Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce




7.1 Designate a single entity responsible for supporting behavioral health workforce* implementation


Objectives		Complete
1.	Select a contractor with expertise in Behavioral Health Workforce to facilitate a Behavioral Health Summit	
2.	Convene a Behavioral Health Workforce Collaborative, with representatives from relevant groups and initiatives invited, to review and collaborate on workforce-related goals and establish a mechanism for sharing activities and aligning efforts	

** The “behavioral health workforce” encompasses all licensed and unlicensed staff providing prevention, early intervention, treatment, services, or supports to people with mental health conditions, substance use disorders, or brain injury*

7.2 Develop a program for providing recruitment and retention support to assist with attracting providers to fill needed positions and retain skilled workforce

Objectives		Complete
1.	Conduct a scan of local and national programs to identify preexisting untapped resources, barriers to effectiveness of existing resources, and best practice	
2.	Draft parameters for a program for providing recruitment and retention support based on the scan	67%

7.3 Expand loan repayment programs for behavioral health students working in areas of need

Objectives		Complete
1.	Review current loan repayment programs to identify best practice and barriers to effectiveness	
2.	Revise and/or expand loan repayment programs for behavioral health students working in areas of need	

Behavioral Health Workforce in North Dakota

Recommendation 1: Establish the infrastructure available to support and coordinate workforce development efforts.

1.1 Create an entity to provide support and oversee the implementation of behavioral health workforce related efforts in the state.

1.2 Improve and expand the collection, analysis, and dissemination of data about the behavioral health workforce.

Recommendation 2: Develop and provide ongoing support for the paraprofessional behavioral health workforce.

2.1 Elevate the value of paraprofessionals through standardized training, support, and recognition.

2.2 Develop and provide ongoing support of peer support services.

Recommendation 3: Support the development and adoption of mechanisms to enhance the capacity of the existing workforce.

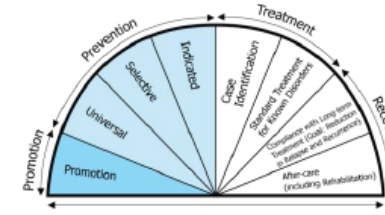
3.1 Expand and support the adoption and use of tele-behavioral health services.

3.2 Expand and support the integration of primary care with behavioral health care.

NORTH DAKOTA

Behavioral Health Assessment: Gaps and Recommendations

September 2016



IDENTIFIED GAPS

	PROMOTION/PREVENTION	EARLY INTERVENTION	TREATMENT	RECOVERY
All	<ul style="list-style-type: none"> Workforce credentialing Communicate value 	<ul style="list-style-type: none"> Workforce Funding/Reimbursement Services 	<ul style="list-style-type: none"> Stop criminalizing Jail funding/reimbursement Community-based services Transportation Integrated services Public awareness of services Crisis services (mobile crisis) Access Communicate chronic disease Outcome-based Care coordination Communicate role (public/private) 	<ul style="list-style-type: none"> Supported housing (sober living) Supported employment Transportation Peer-supports (recovery coaches) Best practices (chronic disease) Workforce Funding/reimbursement
Children's Behavioral Health	<ul style="list-style-type: none"> Mental Health best practice Mental Health workforce Mental Health funding 	<ul style="list-style-type: none"> Screening (at-risk or universal) School role First offender 		
Adult Mental Health	<ul style="list-style-type: none"> Best practice Workforce Funding 	<ul style="list-style-type: none"> Screening at-risk individuals 		
Substance Use Disorder		<ul style="list-style-type: none"> Screening Brief Intervention and Referral to Treatment (SBIRT) Jail First offender 	<ul style="list-style-type: none"> Medication Assisted Treatment (MAT) Best practices Women Substance exposed newborns 	



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ND Workforce Development Council Summary Report

- **ESTABLISH PARTNERSHIPS WITH EDUCATION AND INDUSTRY.** A structured connection between state workforce resources, education, and industry is crucial to ensuring crisp alignment in educational programming and industry needs.
- **PROMOTE EARLIER AND MORE DIVERSE CAREER EXPOSURE.** Connecting students, and their parents, to technical education and career options at an earlier age is imperative to raising awareness of, and interest in, the wide variety of technical career options available today and in the future.
- **INCENTIVIZE ENGAGEMENT AND AUTOMATION.** Many other states, including South Dakota, have implemented tuition incentives with retention requirements to encourage students to enroll in technical career paths.

Actions-Develop and fund a systemic approach to align workforce efforts region wide.

Adopt a Collective Impact Model with Fueling Our Future designated as the backbone organization.

- Create a dashboard of regional workforce indicators and plan metrics including target goals for success.
- Assign lead responsibilities for each of the recommendations.
- Communicate progress through regular partner meetings, emails and an annual summit.
- The designated backbone organization would be responsible for engaging new members, securing needed financial commitments, and maintaining focus and momentum.



State Health Improvement Plan (2019-2021)

■ **Priority 3: Improve our population's overall behavioral health**

By 2020, mental and substance use disorders will surpass all physical diseases and major causes of disability worldwide. In total, North Dakota ranks much higher than the national average in excessive drinking.

Substance use and mental disorders can make daily activities difficult and impair a person's ability to work, interact with family, and fulfill other major life functions. Underage drinking and adult binge drinking are a serious public health issue and challenge for North Dakota communities.

Draft Strategic System-Level Recommendations

- 1. Create a collaborative task force—or identify and enhance an existing collaborative—to:**
 - a. Oversee and implement a state-level behavioral health workforce strategic plan;
 - b. Coordinate, integrate, and communicate behavioral health workforce-related initiatives and efforts, including strategic planning at the regional and local levels; and,
 - c. Evaluate, and be accountable for, strategic plan outcomes.

Draft Strategic System-Level Recommendations, cont'd

1. Create a collaborative task force:

1.1 Establish as time-limited.

1.2 Conduct a network mapping exercise to identify existing resources (human, financial, infrastructure) and any gaps.

1.3 Sufficiently support the collaborative effort, especially with appropriate staffing levels.

2. Identify and coordinate and/or integrate workforce relevant data collection, reporting, and analysis.

3. Review and assess the full costs to agencies and providers to implement strategic workforce initiatives.

