

The Next Step:

Behavioral Health Workforce Strategic Plan for North Dakota

North Dakota Behavioral Health Workforce
Working Draft Public Input Session

1 December 2022

Public Input Session Agenda

- Introductions
- Purpose of Public Input Session
- Review Behavioral Health Workforce Project and Working Draft
- Discussion and feedback
- Next steps

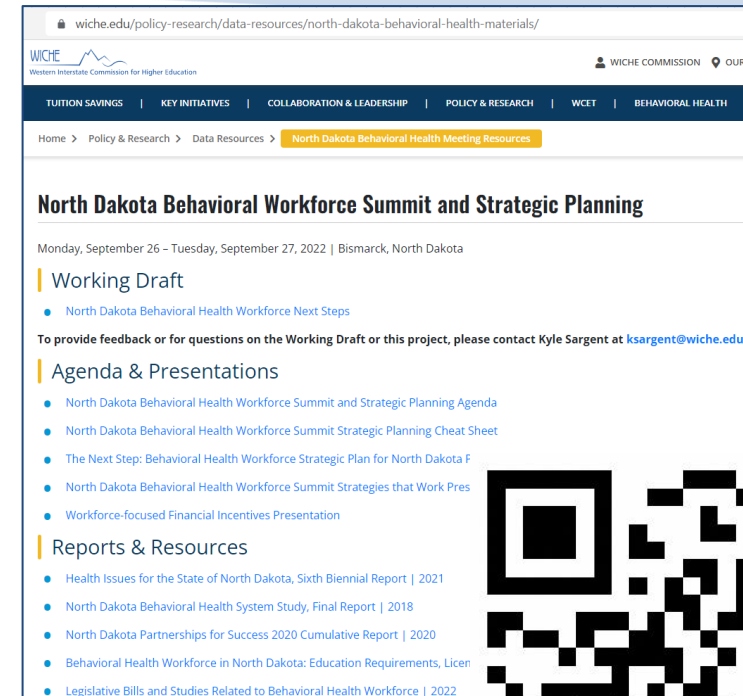
NORTH DAKOTA
BEHAVIORAL HEALTH
WORKFORCE:
Next Steps

October 2022

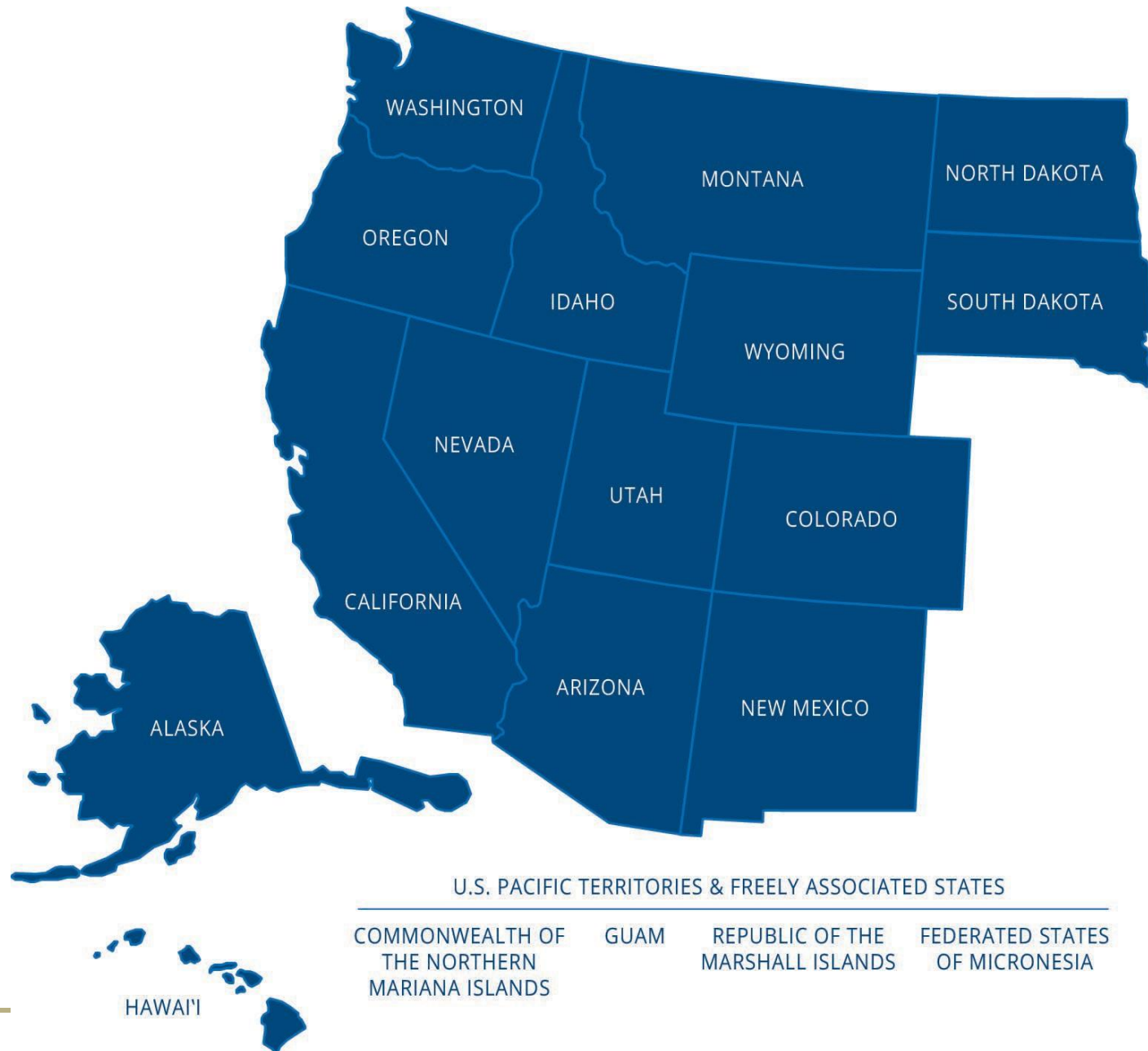
WICHE
www.wiche.edu/behavioralhealth

Introductions

- Aim 7 Committee
- Western Interstate Commission on Higher Education, Behavioral Health Program
- Project website:
“North Dakota Behavioral Workforce Summit and Strategic Planning”
<https://www.wiche.edu/policy-research/data-resources/north-dakota-behavioral-health-materials/>



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.

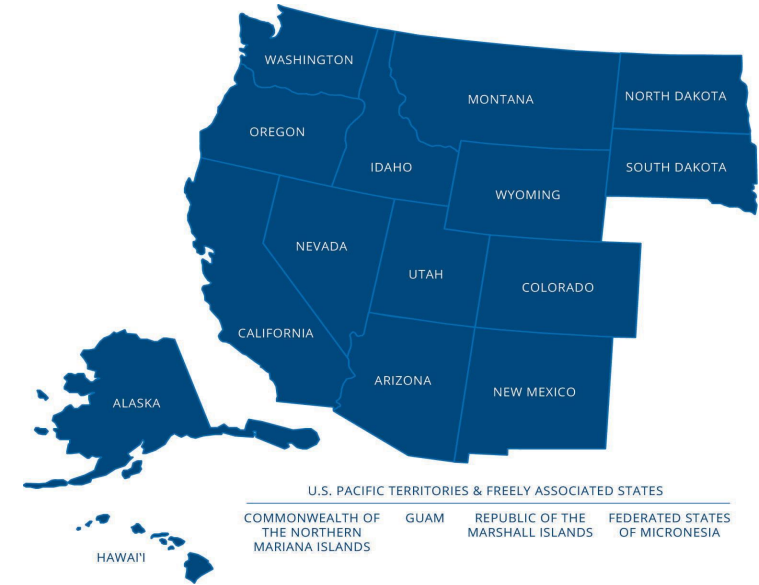
By promoting innovation, cooperation, resource sharing, and sound public policy, WICHE strengthens higher education's contributions to the region's social, economic, and civic life.

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.

Project Timeline

So far:

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

Next:

- Public Input Session
- Finalize report
- 'Quick Wins' Proposed Action Steps
- Finalize Strategic Plan

North Dakota Behavioral Health Workforce: Next Steps Proposed Action Steps Fact Sheet

North Dakota has been improving the behavioral health workforce situation for decades in the face of local and national workforce and behavioral health trends that have impacted the workforce environment: population changes, the pandemic, and economic conditions. But because of its history and the accompanying track record of success, North Dakota is well-positioned to take the next steps to address behavioral health care workforce issues in 2023 and beyond.

The report—*North Dakota Behavioral Health Workforce: Next Steps*—is the result of a collaborative project of the North Dakota Behavioral Health Strategic Plan workforce committee (Aim 7 Committee) and the Western Interstate Commission on Higher Education's Behavioral Health's Behavioral Health Program (WICHE BHP) with multiple objectives: research of past and current behavioral health workforce efforts; key stakeholder interviews; a Summit with community stakeholders; and, a draft strategic plan and recommendations.

This has resulted in identification of the following Issue Areas, Key Takeaways, and Recommendations:

Issue Areas


- | | |
|--|---|
| ✓ Primary/secondary student recruitment to workforce | ✓ Loan repayment |
| ✓ Funding for workforce initiatives | ✓ Data |
| ✓ Career pathway development | ✓ Occupational licensing boards capacity and coordination |
| ✓ Career satisfaction | ✓ Scope of practice and credentialing |
| ✓ Competition among organizations | ✓ Executive and legislative, statewide, state-to-local, local-to-local cooperation and coordination |
| ✓ Internship and supervisory costs | |


Key Takeaways

- Visible and tangible commitment** across the state and in local communities.
- Too few dedicated people**, organizations, and agencies working on planning and implementation, very often without any funding or resources.
- Attention must be paid to **needs of, and impacts on, local communities**, particularly in rural and tribal areas.
- Initiatives must have a **comprehensive, multi-level, systemic approach**.
- Consider similarities and differences** between mental health and substance use/substance abuse/addiction workforce, as well as public and private.
- Design impact for the entire 'pipeline'**, from primary school through retirees/career changers—and across the entire continuum of care.
- Leverage existing efforts, initiatives, and collaboratives** by adding or enhancing behavioral health workforce components.
- Sufficient resources will be critical** to achieving success in any efforts.
- Time is of the essence** to take advantage of—or mitigate against—workforce and employment trends.

Why Next Steps?


- 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)**


 Human Services Research Institute



Project Dashboard | July 2022


North Dakota Plan for Behavioral Health

 Human Services Research Institute




Partners & Purpose

The Human Services Research Institute (HSRI) is supporting the North Dakota Behavioral Health Planning Council (BHPC) and working with stakeholders—including service users and families, advocates, providers, administrators, and other North Dakotans—to set a course for ongoing system monitoring, planning, and improvements.




Vision

With full regard for the value of each person, appropriate behavioral health services, encompassing the full continuum of care, are readily available at the right time, in the right place and manner, and by the right people, offering every North Dakotan their best opportunity to live a full, productive, healthy, and happy life—free of stigma or shame—within caring and supportive communities.




ND Behavioral Health System Study

In 2017-2018, HSRI and the North Dakota Department of Human Services Behavioral Health Division conducted an analysis of North Dakota's behavioral health system, including use and expenses. The [final report](#) details the findings and provides 13 areas of recommendations for improvement.



Plan

Building on the recommendations from the study, we identified priority goals and established implementation strategies to enhance the comprehensiveness, integration, cost-effectiveness, and recovery orientation of the behavioral health system to effectively and equitably meet the needs of the community.



Dashboard Use

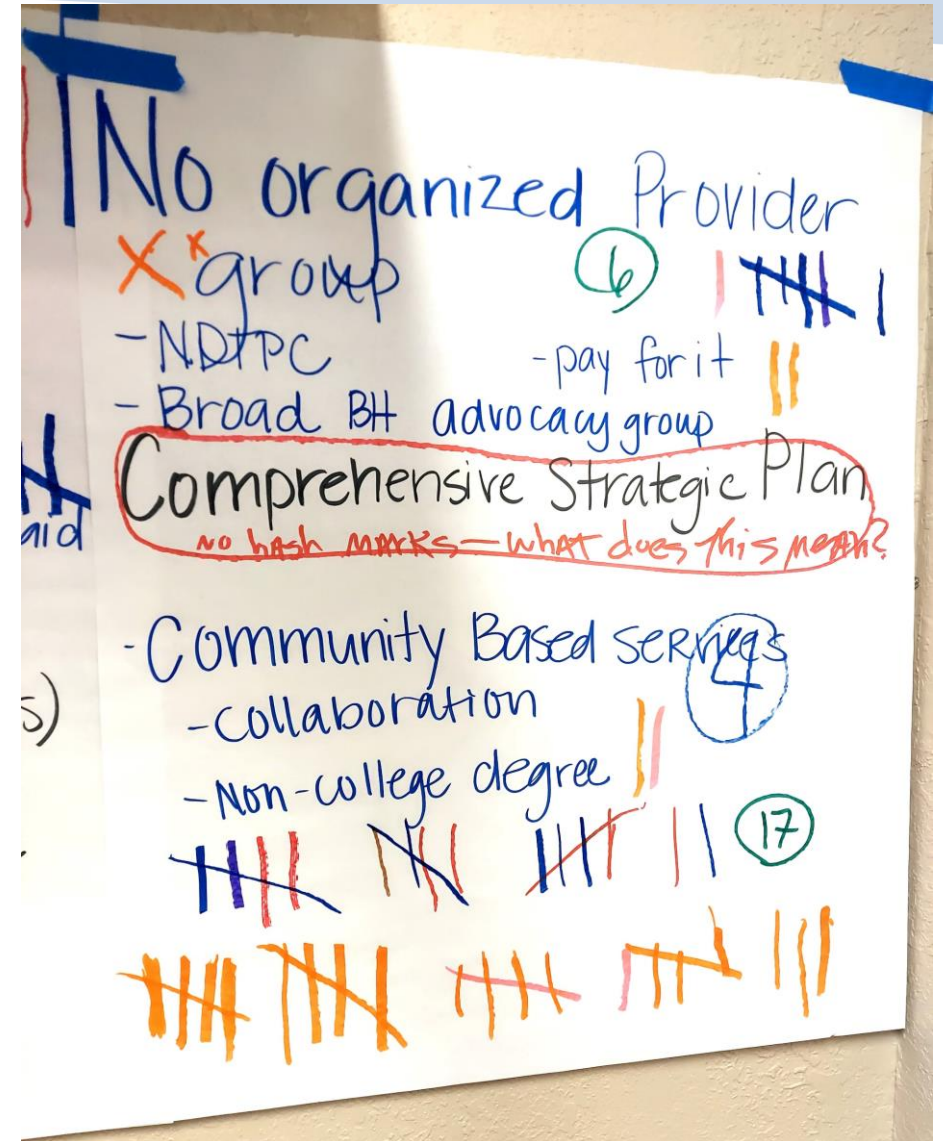
This dashboard summarizes the goals and objectives of the Plan and is updated every three months. The information can be used to inform and educate, track project status, and encourage participation with local and state entities to improve the behavioral health system.

North Dakota Plan for Behavioral Health – Project Dashboard | July 2022

hsri.org/nd-plan 2

Issue Areas

- Primary/secondary student recruitment to workforce
- Funding for workforce initiatives
- Career pathway development
- Career satisfaction
- Competition among organizations
- Internship and supervisory costs
- Loan repayment
- Data
- Occupational licensing boards capacity and coordination
- Scope of practice and credentialing
- Executive and legislative, statewide, state-to-local, local-to-local cooperation and coordination



Key Takeaways

- A. **Visible and tangible commitment** across the state and in local communities.
- B. **Too few dedicated people**, organizations, and agencies working on planning and implementation, very often without any funding or resources.
- C. Attention must be paid to **needs of, and impacts on, local communities**, particularly in rural and tribal areas.
- D. Initiatives must have a **comprehensive, multi-level, systemic approach**.
- E. **Consider similarities and differences** between mental health and substance use/substance abuse/addiction workforce, as well as public and private.
- F. **Design impact for the entire 'pipeline'**, from primary school through retirees/career changers—and across the entire continuum of care.
- G. **Leverage existing efforts, initiatives, and collaboratives** by adding or enhancing behavioral health workforce components.
- H. **Sufficient resources will be critical** to achieving success in any efforts.
- I. **Time is of the essence** to take advantage of—or mitigate against—workforce and employment trends.

Workforce Categories and Proposed Action Steps

Priority Category	Proposed Action Steps
1. Licensure	1.1 Standardize and make consistent behavioral health workforce policies and practices across licensing boards
	1.2 Identify opportunities to streamline licensure to advantage of emerging workforce trends, <u>e.g.</u> retirees.
2. Retention	2.1 Encourage, incentivize, and innovate collaborations, such as job sharing and shared supervision, across behavioral health agencies and providers
	2.2 Create a workforce culture that is supportive of behavioral health
	2.3 Improve organizational leadership, culture, and training capacities
	2.4 Assist community provider agencies in creating engaging work environments
3. Recruitment	3.1 Create a workforce pipeline that can be utilized in all areas of the state
	3.2 Identify, design, and market a behavioral health workforce-specific career pathway
	3.3 Create a behavioral health workforce scholarship program for North Dakota residents

Workforce Categories and Proposed Action Steps

4. Community-Based Services	4.1 Enhance, address length, and on-going funding of training for non-licensed services
	4.2 Provide funding for innovation and program flexibility for rural and tribal areas
	4.3 Review and consolidate qualifications and disqualifications for peer support and care coordination positions across programs
	4.4 Create and enhance apprenticeships and work-based learning opportunities
	4.5 Consider mirroring Home and Community Based Services cost supports for rural and tribal areas
	4.6 Utilize the 'designee model' of SSI/SSDI to increase pathways for entrance into behavioral health professions
	4.7 Identify and coordinate on local level costs regarding workforce competition
	4.8 Integrate services into existing behavioral health services and systems
	4.9 Designate a behavioral health organization to coordinate services

Workforce Categories and Proposed Action Steps

5. Reimbursement	5.1 Identify current reimbursement needs, including gaps in service and full provider costs
	5.2 Ensure full reimbursement for state-funded services
	5.3 Move licensed professions to 100% reimbursement rate
	5.4 Enhance or ensure adequate reimbursement for administrative, legal, and other behavioral health service costs to participate in programs
	5.5 Provide outreach and engagement to rural and tribal areas and organizations
	5.6 Clarify which services and professions can bill and for which programs
6. Marketing/Branding/Communication	6.1 Review the Aim 7 committee structure, needed resources, and potential future role(s)
	6.2 Create a community-based behavioral health workforce backbone organization
	6.3 Implement a systemic, data-driven approach to identifying workforce development needs, including fielding of needs and gaps and a workforce pipeline analysis
	6.4 Consider creation of a statewide organization representing providers
	6.5 Coordinate behavioral health workforce efforts with current allied health and overall workforce efforts
	6.6 Convene behavioral health stakeholders for a statewide workforce conference

WICHE BHP Recommendations

1. *Fully fund and resource a ‘backbone’ organization to lead behavioral health workforce initiatives in North Dakota (Proposed Action Steps: 6.1, 6.2, 6.3, 6.5, and 6.6)*

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;
- c. Evaluate, and be accountable for, strategic plan outcomes.

2. *Design and field ‘pipeline’ and workforce costs needs assessment/gaps analyses (Proposed Action Steps 2.1, 3.1, 4.7, 5.1, 5.2, 5.4, and 6.3)*

Analyses should consider factors such as impacts on rural and tribal areas, continuum of care, and across the spectrum of behavioral health professionals. A workforce costs analysis should assess costs faced by providers and organizations on the local level.

WICHE BHP Recommendations

3. Enhance existing recruitment programs and create new ones (Proposed Action Steps 2.1, 3.2, 3.3, and 4.2)

- a. Create a behavioral health workforce scholarship for North Dakota residents.
- b. Create a career pathway for individuals who lack degrees, those who are switching careers, or retirees.
- c. Create a 'Behavioral Health Workforce Innovation Fund' to identify and incentivize innovative approaches to community collaboration on workforce needs.

4. Collect, review, and report on behavioral health workforce-related licensure regulations, policies, and procedures (Proposed Action Steps 1.1, 1.2, and 4.3)

Identify any barriers to licensure, such as renewals and current licensees, any potential changes that would streamline licensure requirements across the relevant boards, and review and revise statutes and regulations that are unnecessarily burdening providers and individuals, such as background checks and disqualification criteria.

5. Finalize and implement a behavioral health workforce strategic plan

By June 2023, complete the behavioral health workforce strategic plan.

- a. Identify a strategic plan process with appropriate membership and needed resources.
- b. Adopt of specific and measurable action steps.
- c. Assign lead agencies and organizations.
- d. Set clearly defined deadlines and evaluation process.

Questions and Input

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