Center *for* Rural Health

Impact and Likelihood of Behavioral Health Workforce Interventions

Results of the North Dakota Survey of Behavioral Health Stakeholders

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Introduction

In December 2017, the Center for Rural Health (CRH) at the University of North Dakota School of Medicine & Health Sciences conducted a survey assessing the impact and likelihood of 16 behavioral health workforce interventions. All North Dakota behavioral health stakeholders were invited to participate in the electronic survey; 284 completed the assessment. Respondents represented advocates, licensed providers, and urban and rural stakeholders. This survey was funded by the North Dakota Department of Human Services (DHS) and is part of a larger effort to identify key recommendations for the state, along with a detailed implementation plan to improve access to behavioral health services through workforce development.

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.
- 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.

Research staff identified the behavioral health workforce interventions with overlapping priorities and those with both a higher average impact and likelihood score. North Dakota stakeholders will continue discussion around, and develop implementation plans for:

Three North Dakota Behavioral Health Workforce Priorities

1. Pipeline interventions for behavioral health students
2. Telebehavioral health interventions
3. Interventions related to licensure requirements and regulatory guidelines

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Background

In September 2016, the North Dakota DHS issued the report *Behavioral Health Assessment: Gaps and Recommendations.*[1] Tasked with identifying the priority recommendations to enhance the state's behavioral health system, this report addressed the system of behavioral health services, including workforce. Although the report discussed the broader issues surrounding access and utilization of services, the gaps regarding workforce centered around credentialing, certification, and licensure; no single tracking or reporting registry for behavioral health professionals; a limited workforce trained in evidence-based services; and, inadequate funding and reimbursement to sustain the existing workforce. This report was compiled using the 2014 resource by Schulte Consulting titled *Behavioral Health Planning Final Report.*[2] The Schulte report discussed the larger behavioral health system in North Dakota. However regarding workforce, the report indicated that the state must: expand the workforce; address licensing concerns and create a standard registry for all behavioral health providers; increase the use of lay persons (to include peers and family members) in expanding treatment options; address reciprocity language to encourage out-of-state providers to open practice in North Dakota; increase behavioral health training among law enforcement, primary care providers, and educators; and ensure that the licensing/certification requirements for each provider type is addressed in the educational requirements for the respective professions. The survey employed by the CRH included all workforce recommendations from previous reports and was developed in concert with Human Services Research Institute, which is preparing the report, *North Dakota Behavioral Health System Study*.[3] This report addresses systemic changes that must occur for the state to adequately address the behavioral health needs originally identified in the 2016 DHS report.

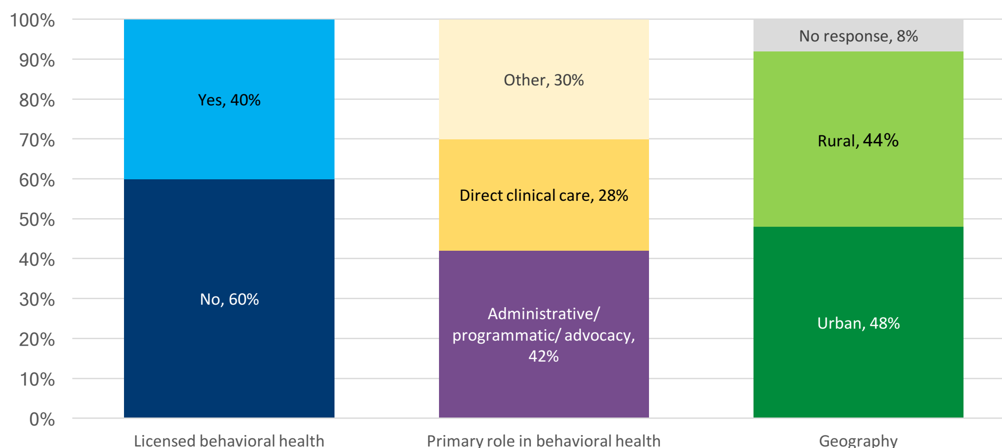
Methods

Utilizing previous reports and behavioral health workforce stakeholder recommendations, the CRH research team developed a survey to identify stakeholders' perceived impact and likelihood of 16 behavioral health workforce interventions. The research team sent the electronic survey and the invitation to participate to all behavioral health stakeholders on an existing listserv and to each behavioral health licensing board. The invitation encouraged recipients to share the survey with other interested parties, employing a snowball sampling technique. North Dakota DHS also disseminated the survey to each regional director and encouraged them to share the invitation with all providers. The survey was open from November 27, 2017, through December 15, 2017, and was approved by the University of North Dakota's Institutional Research Board.

Results

In total, 284 individuals completed the survey. Among those who responded, 40% were licensed behavioral health providers (60% were not). There was representation for both rural and urban communities as well as individuals who provided direct clinical care, those who worked in behavioral health as advocates, program leads, or administrators, and other stakeholders. See Figure 1.

Figure 1. North Dakota Behavioral Health Stakeholder Demographics, December 2017



Participants were asked to identify the impact each intervention would have on increasing the available behavioral health workforce in North Dakota. Response options included: no impact (1); fair impact (2); good impact (3); and, great impact (4). Additionally, they identified how likely it was that each workforce intervention could be implemented within two years. Response options included: very unlikely (1); unlikely (2); somewhat unlikely (3); somewhat likely (4); likely (5); and, very

likely (6). On average, a majority (11/16) of the interventions were perceived to have a good or great impact (score of three or higher). However, on average no intervention was rated likely (five or higher). See Table 1. A full description of each intervention as it appeared in the survey may be found in Appendix A.

Table 1. Average Likelihood and Impact of Each Behavioral Health Workforce Intervention

Intervention	Mean Impact[a] (1-4)	Impact Rank	Mean Likeli-hood[b] (1-6)	Likeli-hood Rank
Tuition assistance for behavioral health students	3.34	1	3.18	15
Provide financial assistance to facilities/providers to secure equipment and staff	3.29	2	3.56	10
Establish behavioral health licensure reciprocity with bordering states	3.27	3	3.56	9
Development and implementation of a behavioral health coordinator	3.27	4	3.33	13
Integrate behavioral health prevention screenings	3.24	5	3.69	4
Increase practices/organizations receiving telebehavioral health services	3.16	6	3.68	5
Increase practices/organizations providing telebehavioral health services	3.16	7	3.74	1
Increase utilization of telebehavioral health services for emergency behavioral health	3.15	8	3.55	11
Provide opportunities for, and require, behavioral health training	3.14	9	3.60	8
Review ND state licensure requirements for all behavioral health provider types	3.12	10	3.72	3
Development, training, credentialing, and utilization of peer support specialists in ND	3.05	11	3.53	12
Review the State Loan Repayment Program (SLRP)	2.98	12	3.17	16
Educate behavioral health providers on benefits of student internships and rotations	2.96	13	3.67	6
Need to develop clear, standardized regulatory guidelines	2.91	14	3.73	2
Develop a single electronic database of available statewide vacancies for all professional behavioral health provider types	2.76	15	3.65	7
Establish a central, coordinating body responsible for supporting behavioral health workforce implementation	2.73	16	3.32	14

a. 1 = No impact, 2 = Fair impact, 3 = Good impact, 4 = Great impact
b. 1 = Very unlikely, 2 = Unlikely, 3 = Somewhat unlikely, 4 = Somewhat likely, 5 = Likely, 6 = Very likely

Licensed and Direct Care Providers Perceived Impact and Likelihood

While a majority of the proposed interventions (11/16) were identified on average to have a good or great impact on improving the access to behavioral health services, there was variation between those licensed and providing direct care and those who were not licensed and working in programs, administration, or advocacy. A smaller percentage of respondents who were licensed in behavioral health services rated the interventions as having a good/great impact when compared to those who did not hold a license in behavioral health services. See Figures 2-17. Similarly, a larger percentage of those who worked in advocacy, administration, or programs perceived the interventions as likely when compared to those providing direct care. See Figures 18-33.

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.

Perceived Impact by Stakeholders' Role in Behavioral Health and Licensure

Figure 2. Perceived Impact by Stakeholders' Role in Behavioral Health and Licensure: Tuition Assistance for Behavioral Health Students

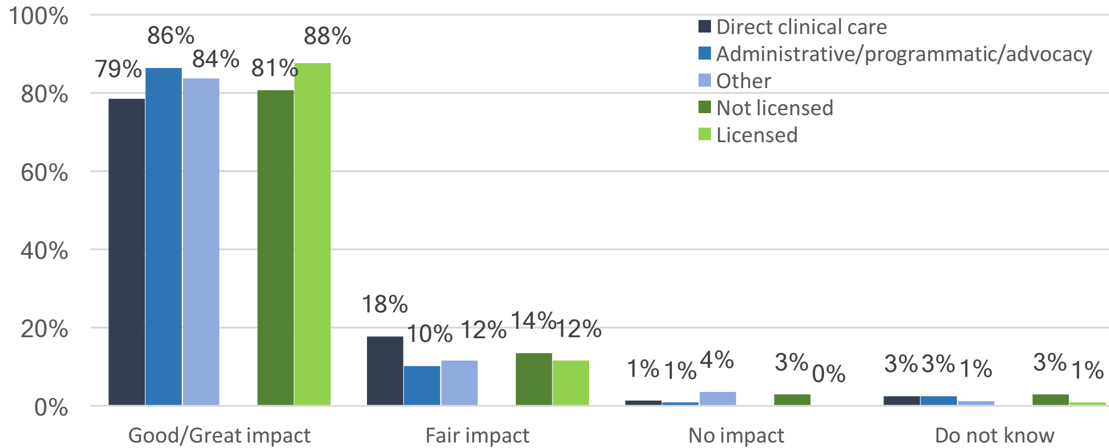


Figure 3. Perceived Impact by Stakeholders' Role in Behavioral Health and Licensure: Provide Financial Assistance to Facilities/Providers to Secure Equipment and Staff

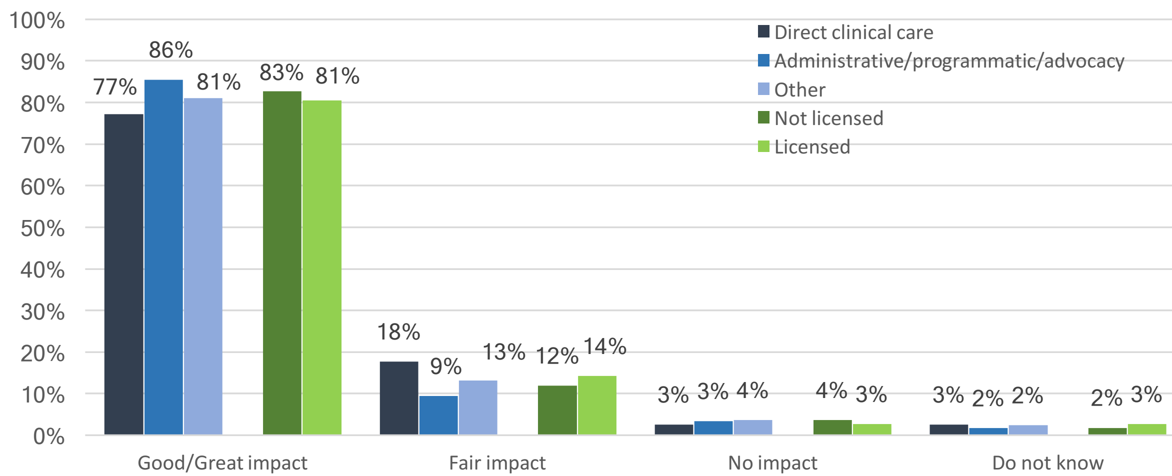


Figure 4. Perceived Impact by Stakeholders' Role in Behavioral Health and Licensure: Establish Behavioral Health Licensure Reciprocity with Bordering States

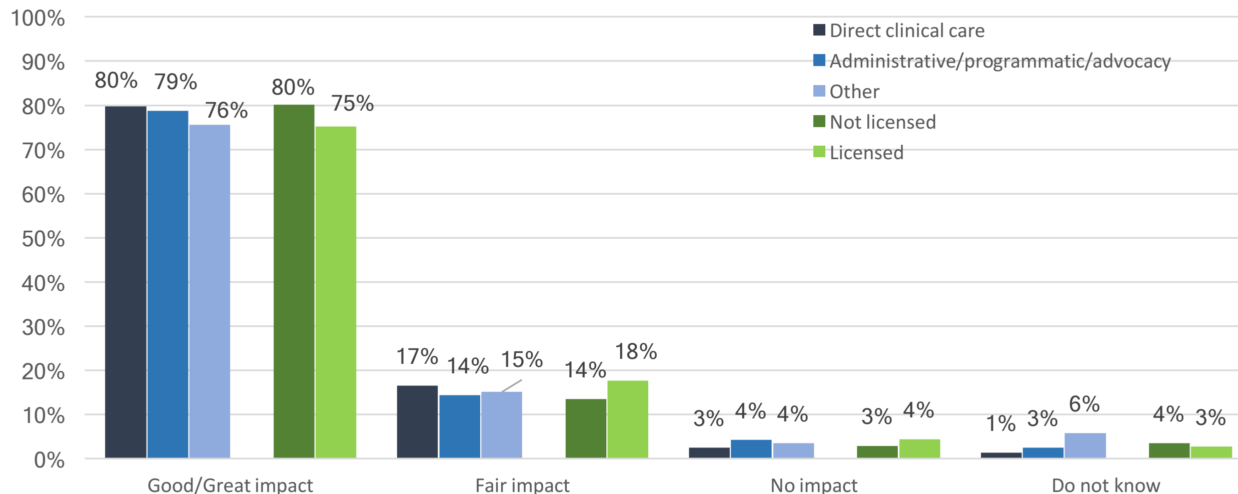


Figure 5. Perceived Impact by Stakeholders' Role in Behavioral Health and Licensure: Development and Implementation of a Behavioral Health Coordinator

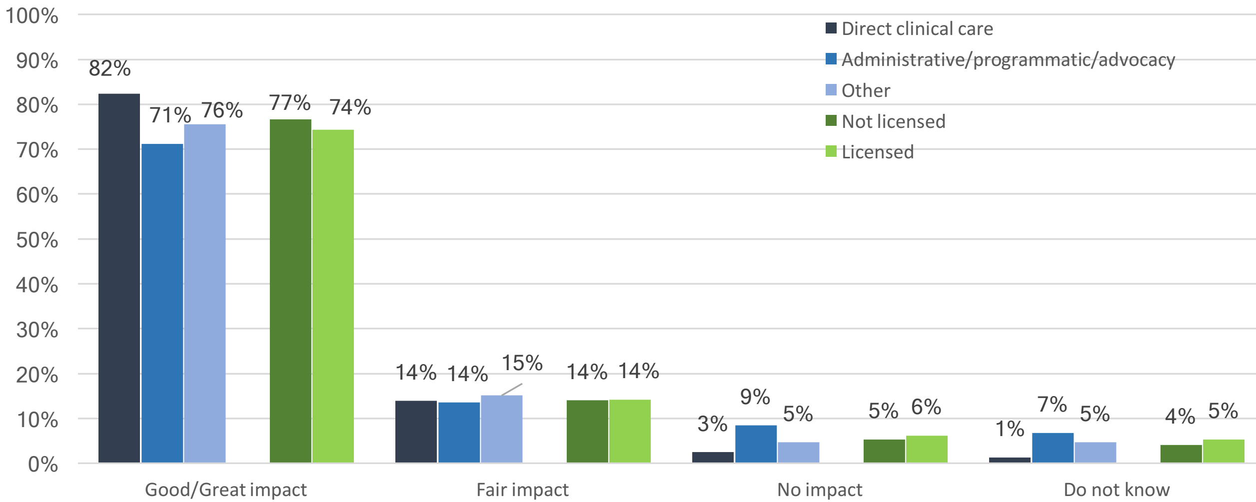


Figure 6. Perceived Impact by Stakeholders' Role in Behavioral Health and Licensure: Integrate Behavioral Health Prevention Screenings

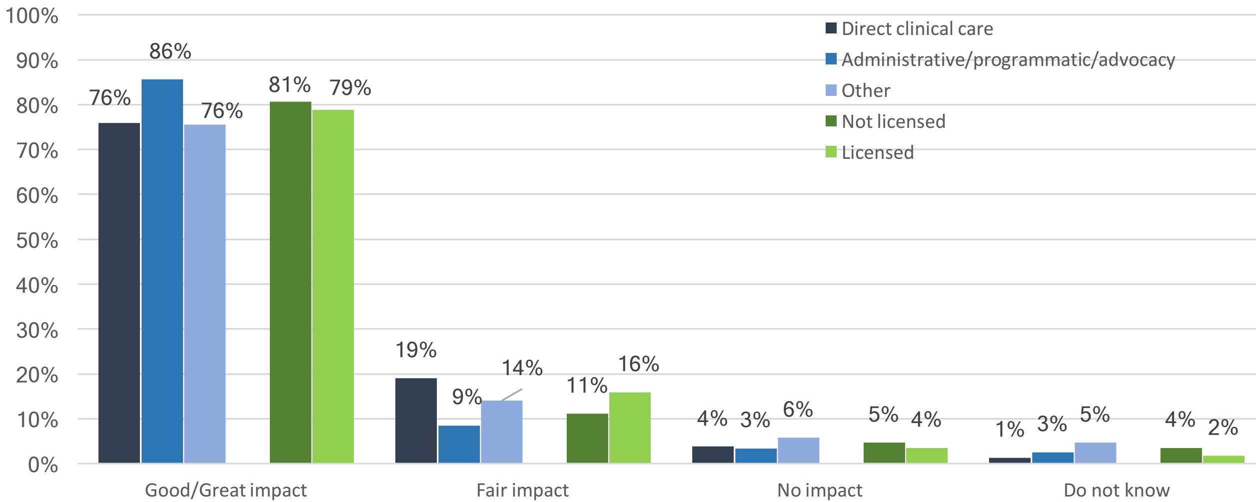


Figure 7. Perceived Impact by Stakeholders' Role in Behavioral Health and Licensure: Increase Practices/Organizations Receiving Telebehavioral Health Services

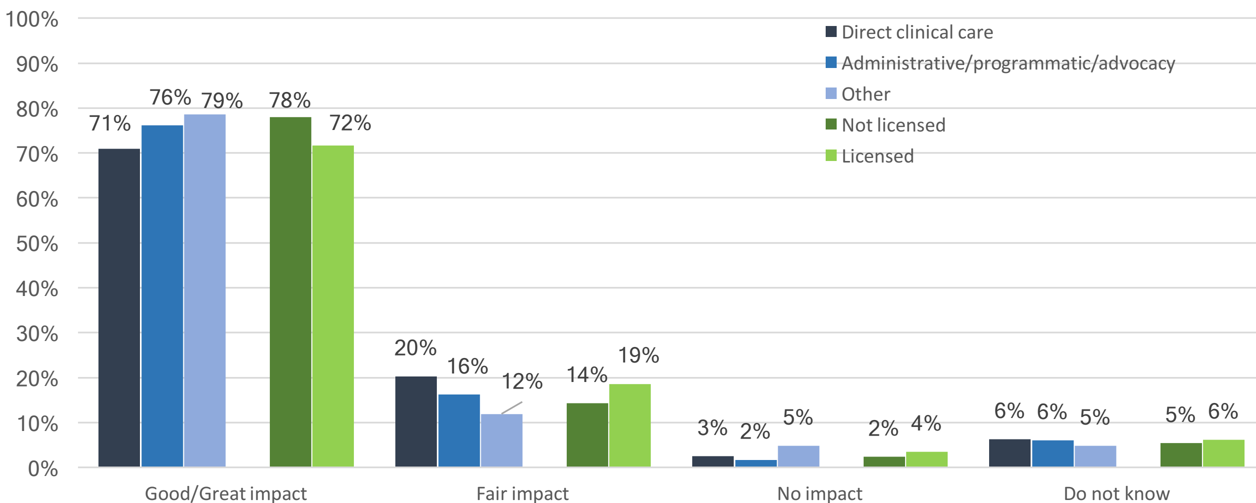


Figure 8. Perceived Impact by Stakeholders' Role in Behavioral Health and Licensure: Increase Practices/Organizations Providing Telebehavioral Health Services

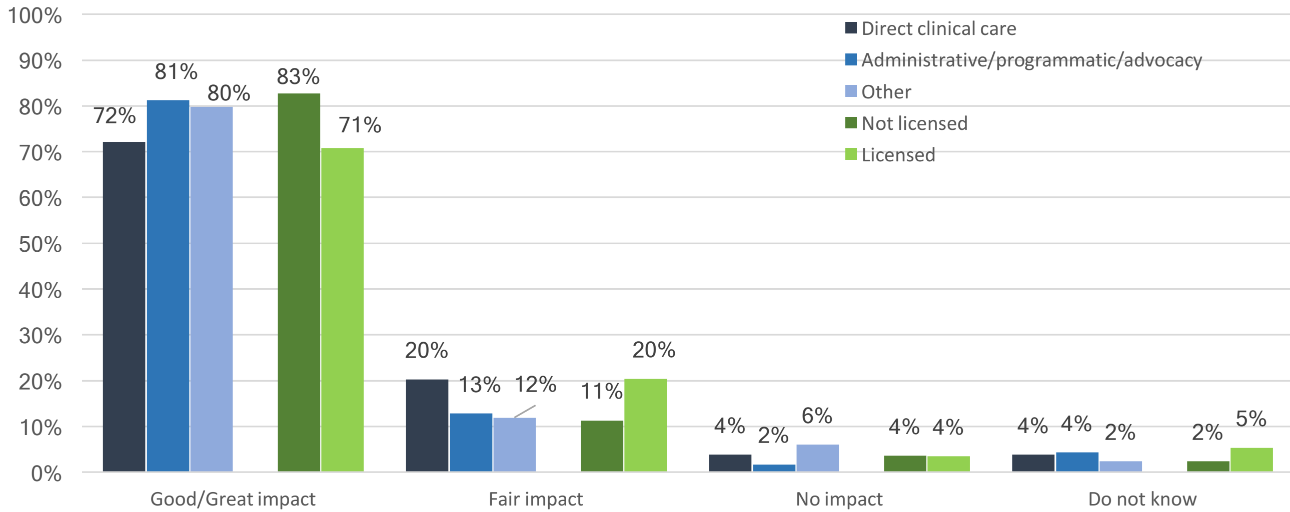


Figure 9. Perceived Impact by Stakeholders' Role in Behavioral Health and Licensure: Increase Utilization of Telebehavioral Health Services for Emergency Behavioral Health

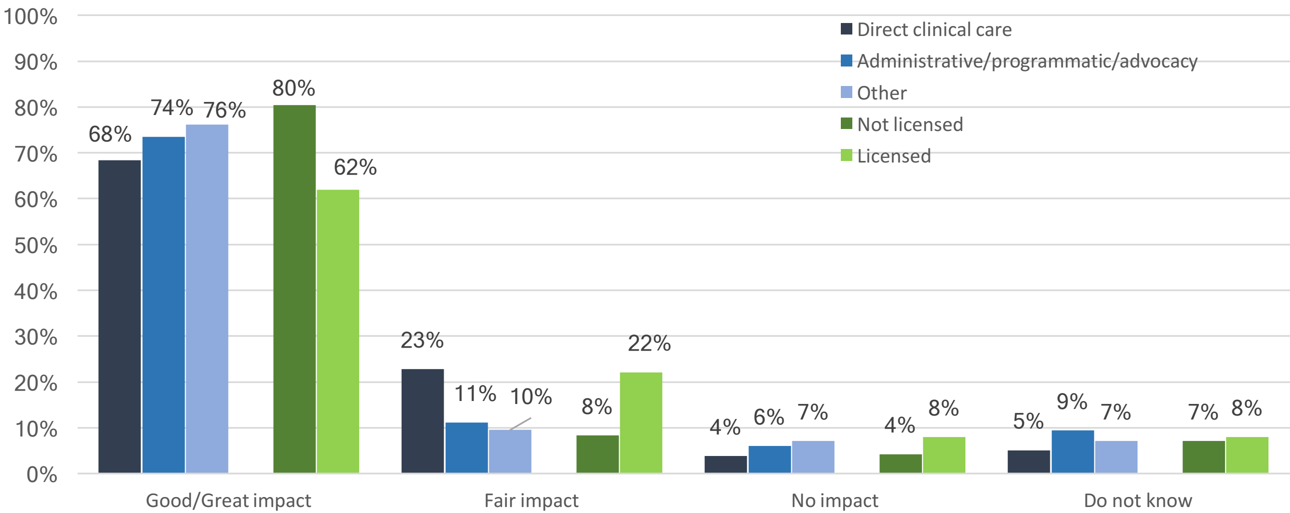


Figure 10. Perceived Impact by Stakeholders' Role in Behavioral Health and Licensure: Provide Opportunities for, and Require, Behavioral Health Training

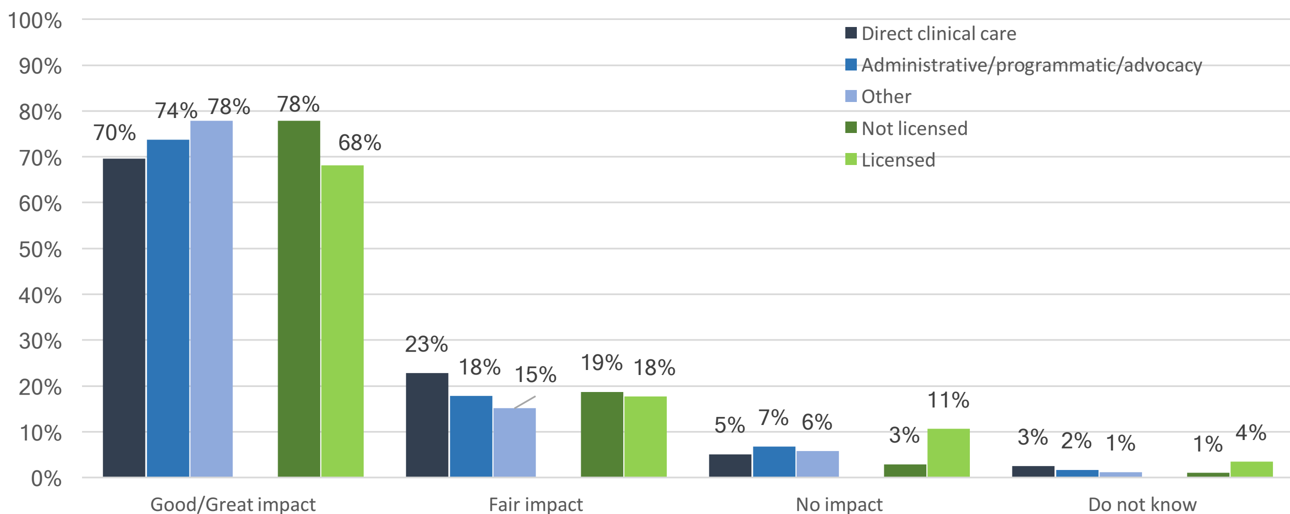


Figure 11. Perceived Impact by Stakeholders' Role in Behavioral Health and Licensure: Review ND State Licensure Requirements for all Behavioral Health Provider Types

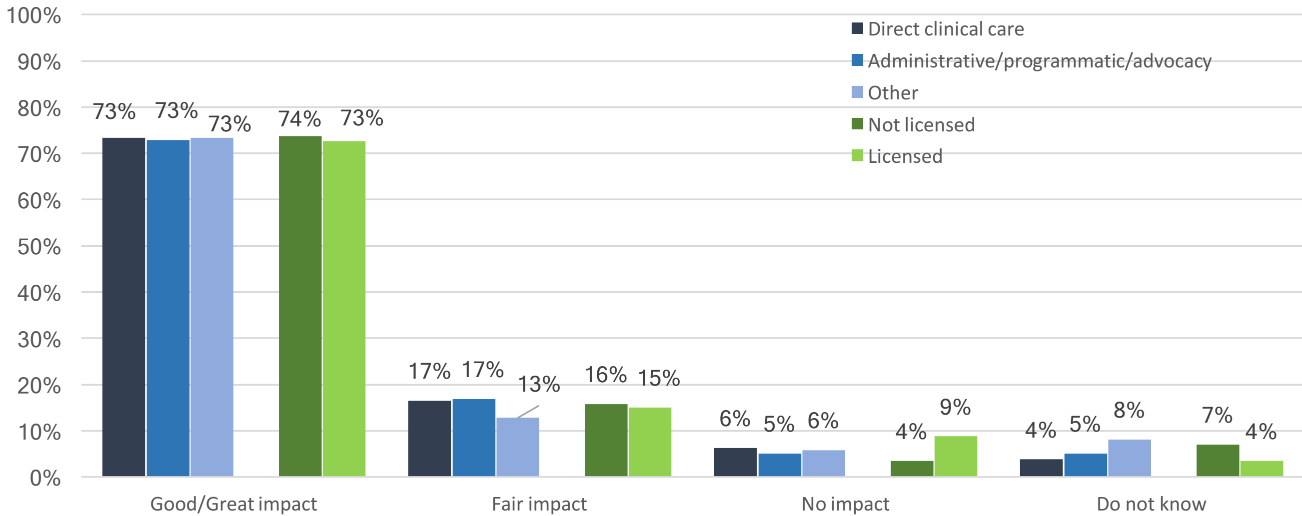


Figure 12. Perceived Impact by Stakeholders' Role in Behavioral Health and Licensure: Development, Training, Credentialing, and Utilization of Peer Support Specialists in ND

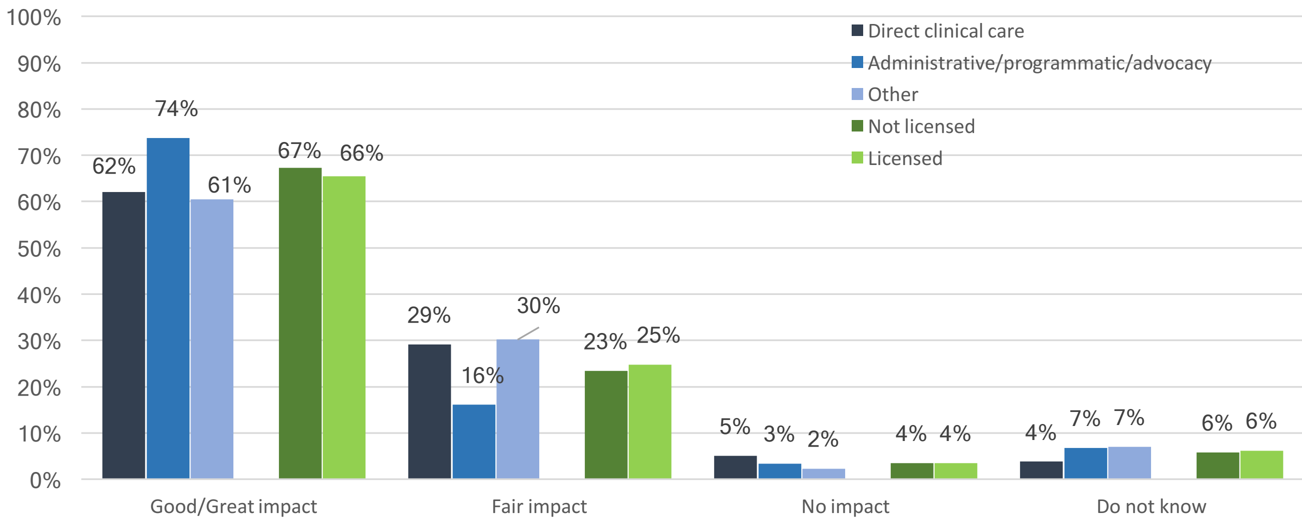


Figure 13. Perceived Impact by Stakeholders' Role in Behavioral Health and Licensure: Review the State Loan Repayment Program

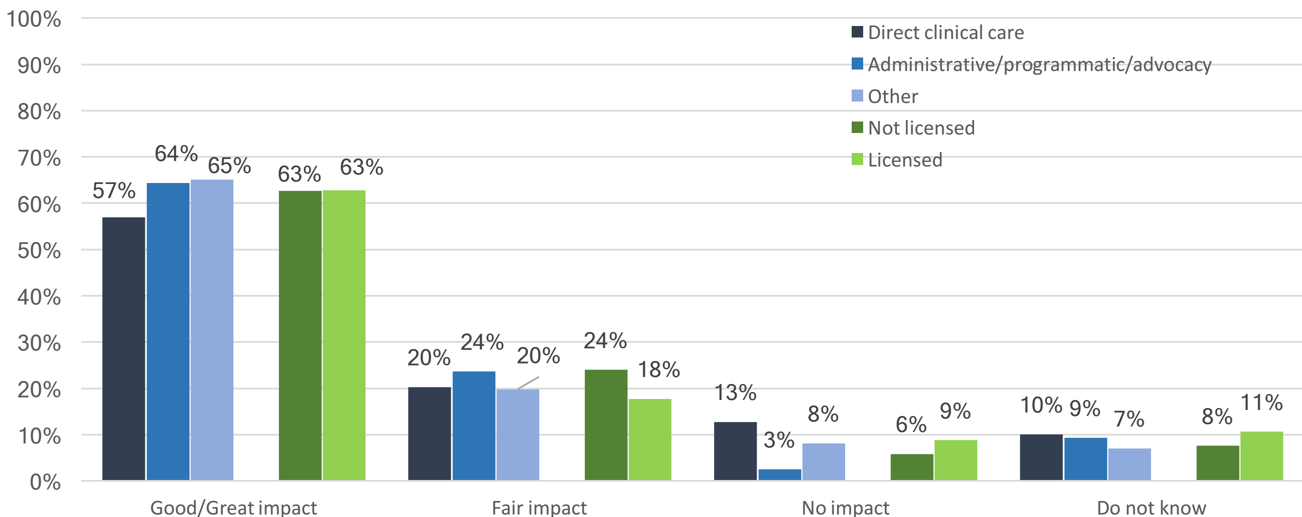


Figure 14. Perceived Impact by Stakeholders' Role in Behavioral Health and Licensure: Educate Behavioral Health Providers on Benefits of Student Internships and Rotations

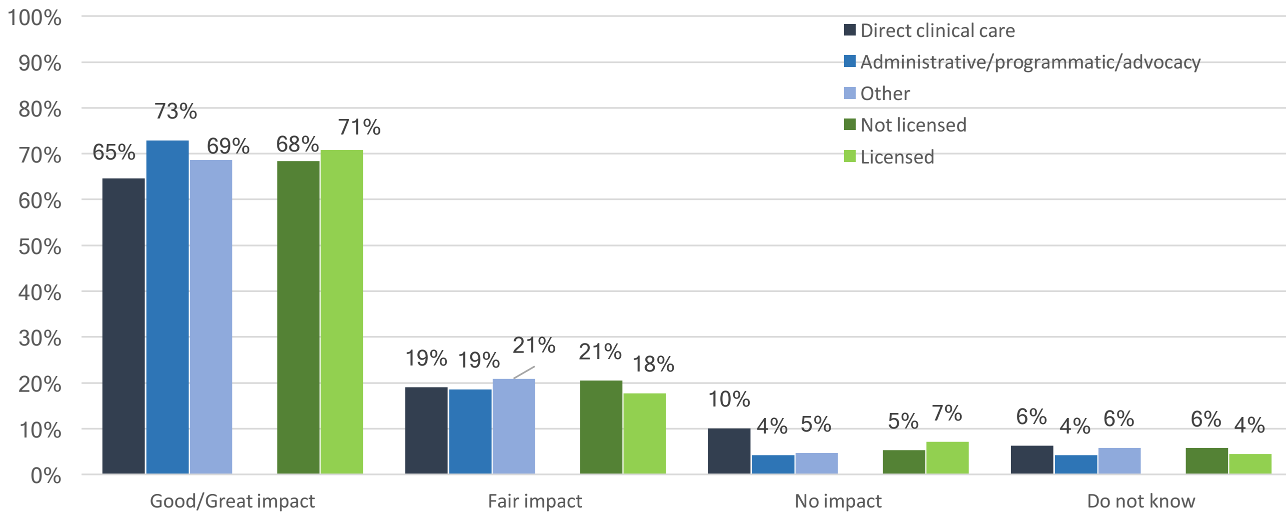


Figure 15. Perceived Impact by Stakeholders' Role in Behavioral Health and Licensure: Need to Develop Clear, Standardized Regulatory Guidelines

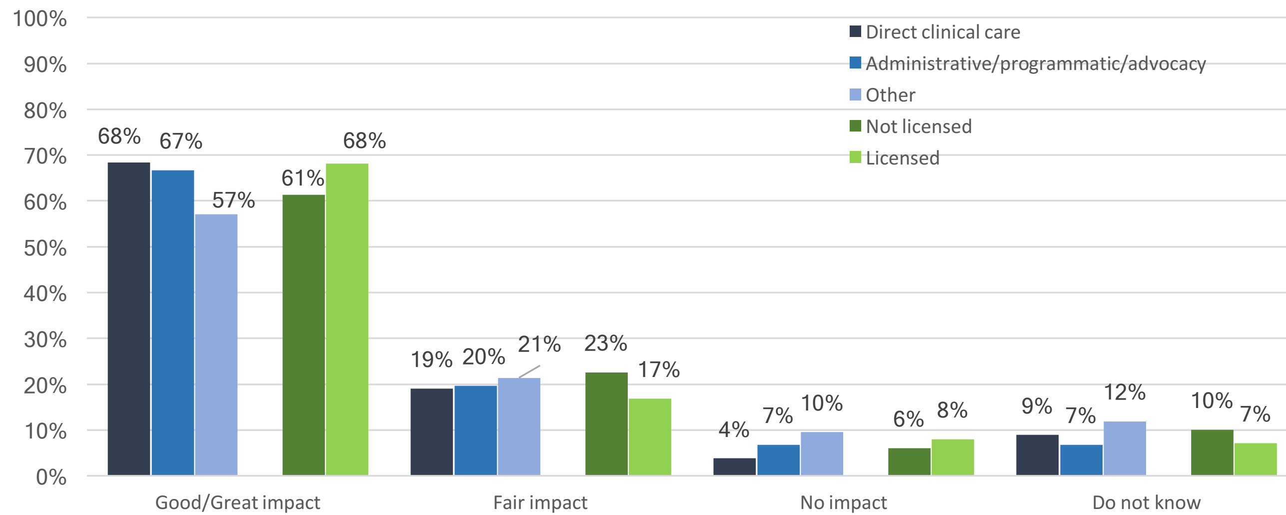


Figure 16. Perceived Impact by Stakeholders' Role in Behavioral Health and Licensure: Develop a Single Electronic Database of Available Statewide Vacancies for all Professional Behavioral Health Provider Types

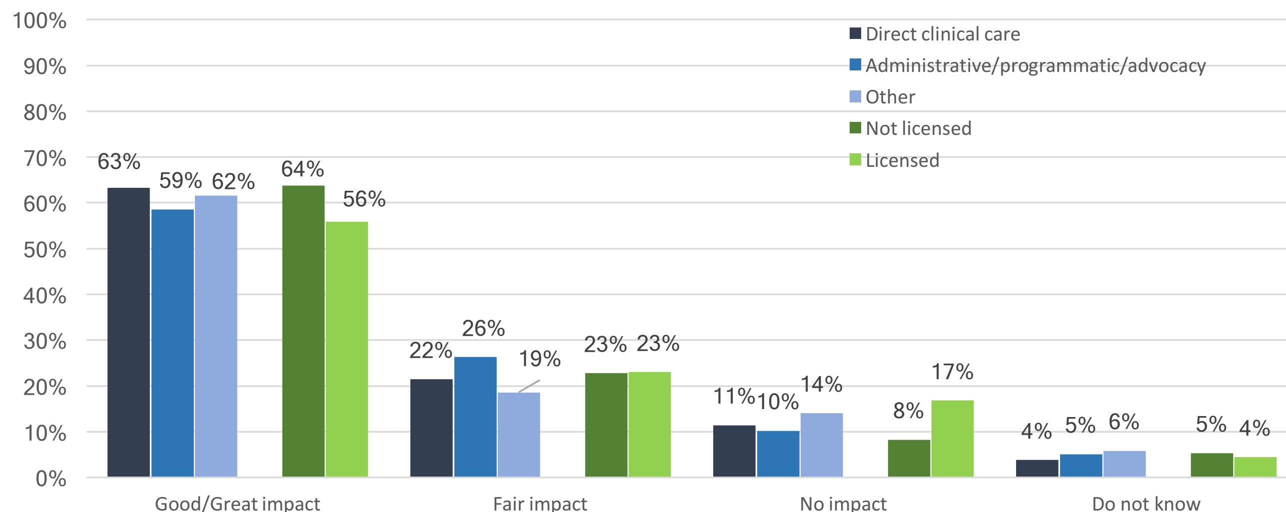
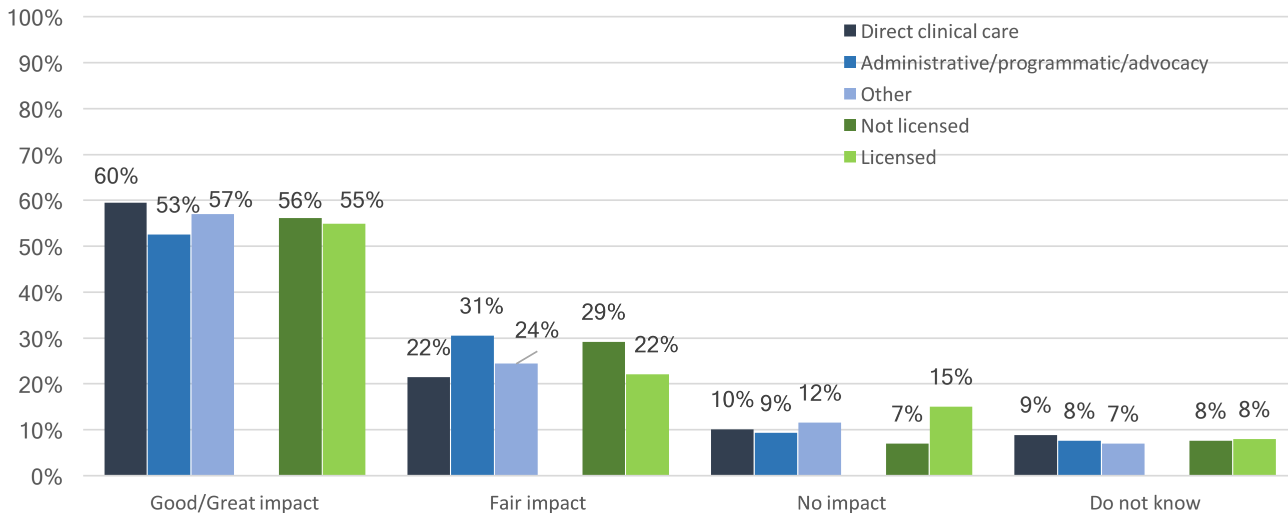


Figure 17. Perceived Impact by Stakeholders' Role in Behavioral Health and Licensure: Establish a Central Coordinating Body Responsible for Supporting Behavioral Health Workforce Implementation



Perceived Likelihood by Stakeholders' Role in Behavioral Health and Licensure

On average, none of the proposed workforce interventions were identified as likely to be implemented within the next two years. However, perspectives varied between those licensed and those not licensed and those who worked in direct behavioral healthcare and those who did not. Following is a Figure for each proposed intervention, in average likelihood rank order (Table 2). The Figures present the percentage of respondents who perceived each intervention as likely (combines very likely, likely, and somewhat likely into one category), unlikely (combines very unlikely, unlikely, and somewhat unlikely into one category), or do not know.

Figure 18. Perceived Likelihood by Stakeholders' Role in Behavioral Health and Licensure: Increase Practices/Organizations Providing Telebehavioral Health Services

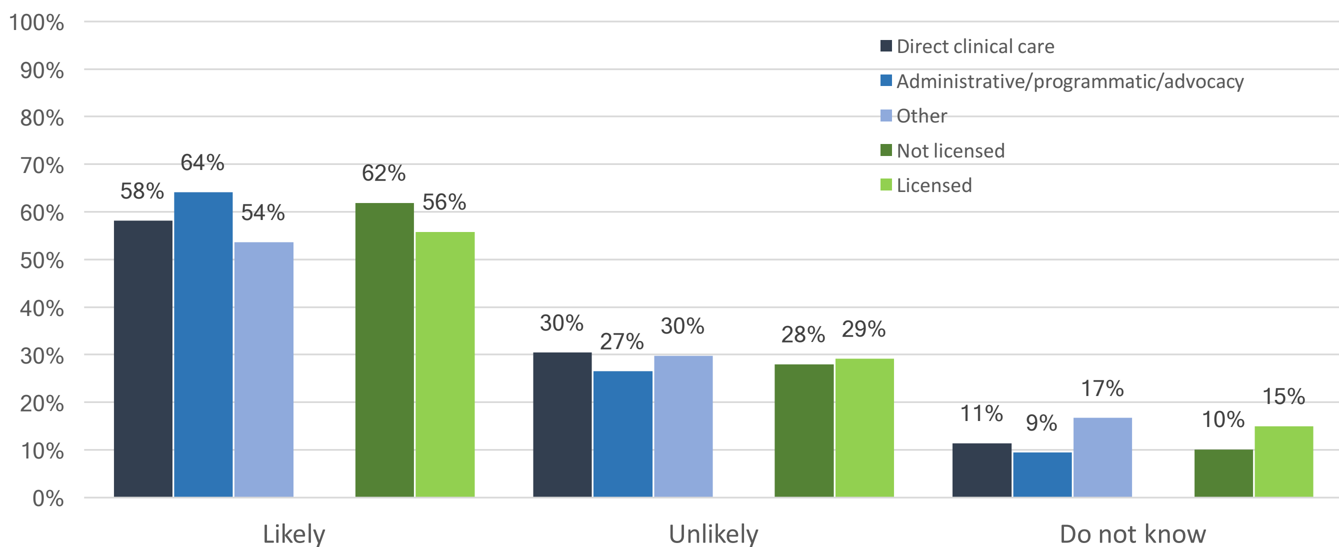


Figure 19. Perceived Likelihood by Stakeholders' Role in Behavioral Health and Licensure: Need to Develop Clear, Standardized Regulatory Guidelines

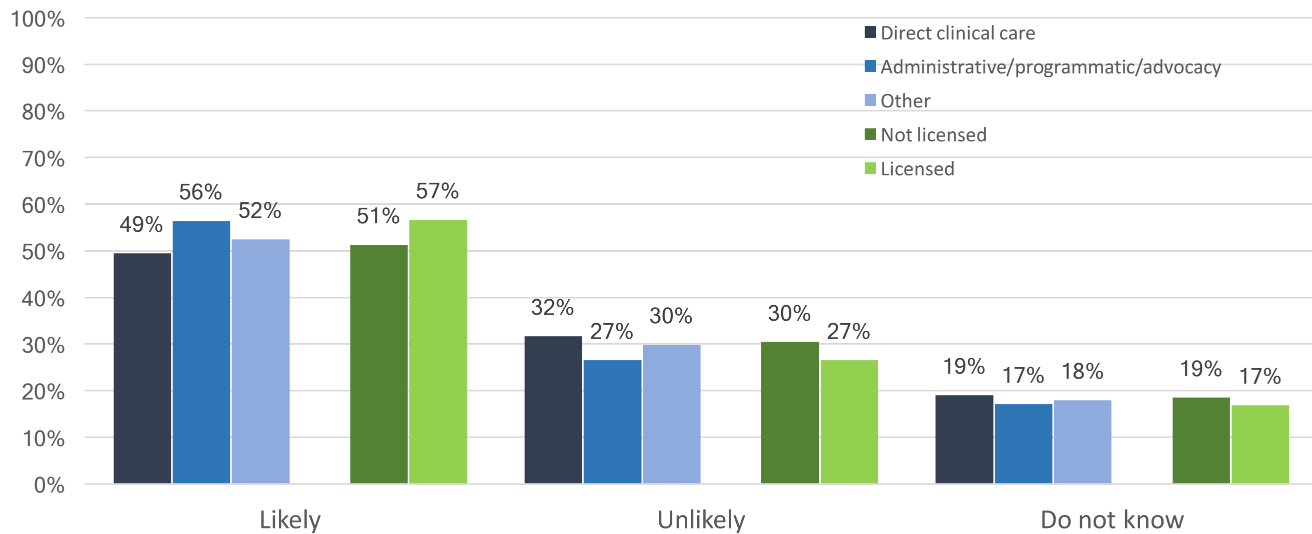


Figure 20. Perceived Likelihood by Stakeholders' Role in Behavioral Health and Licensure: Review ND State Licensure Requirements for all Behavioral Health Provider Types

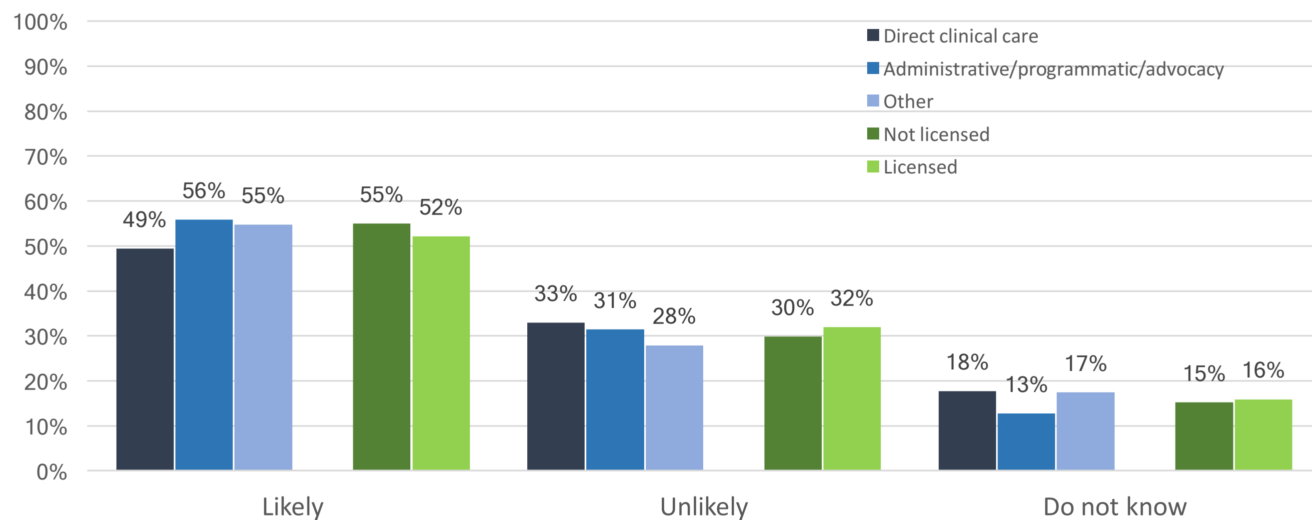


Figure 21. Perceived Likelihood by Stakeholders' Role in Behavioral Health and Licensure: Integrate Behavioral Health Prevention Screenings

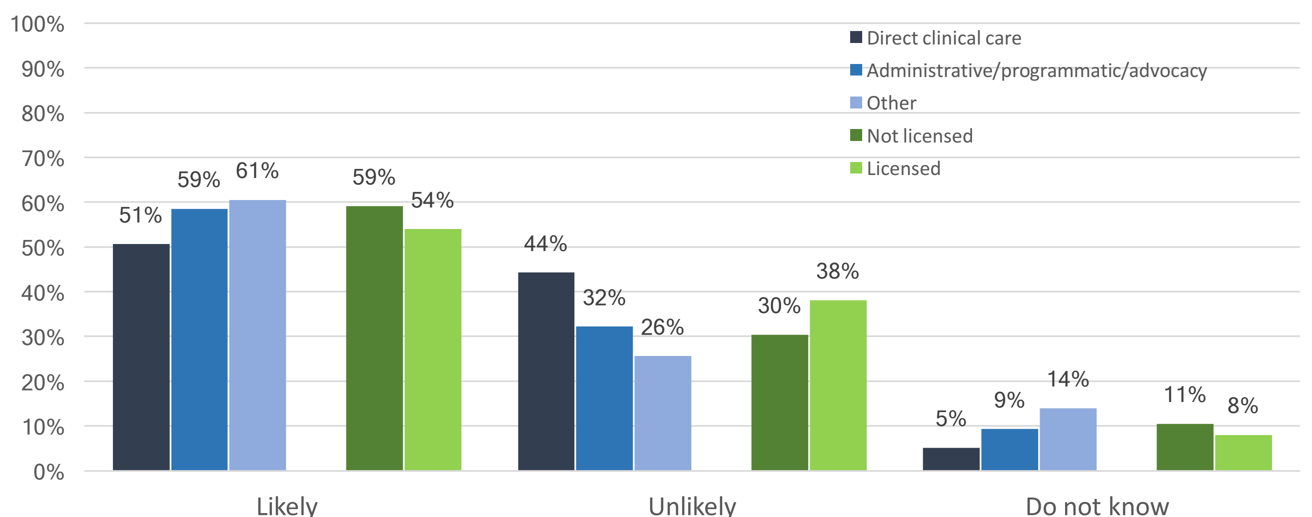


Figure 22. Perceived Likelihood by Stakeholders' Role in Behavioral Health and Licensure: Increase Practices/Organizations Receiving Telebehavioral Health Services

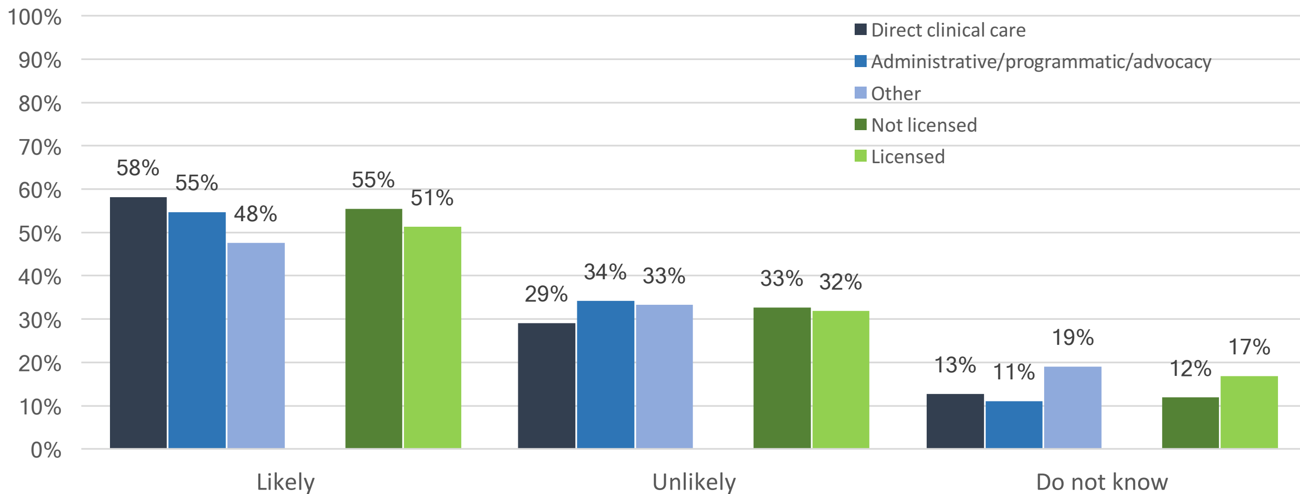


Figure 23. Perceived Likelihood by Stakeholders' Role in Behavioral Health and Licensure: Educate Behavioral Health Providers on Benefits of Student Internships and Rotations

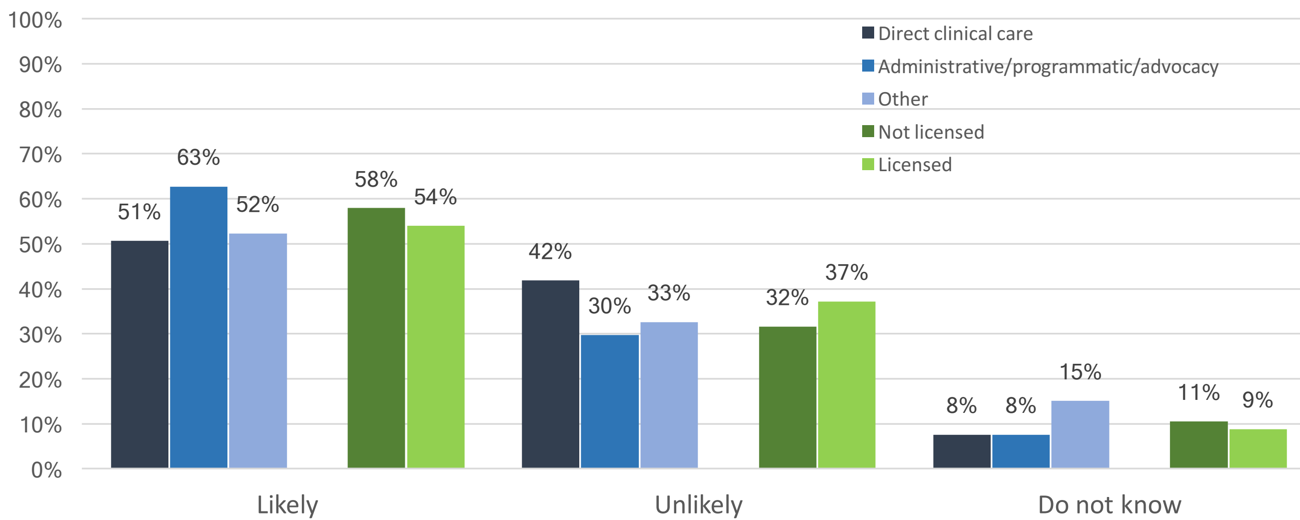


Figure 24. Perceived Likelihood by Stakeholders' Role in Behavioral Health and Licensure: Develop a Single Electronic Database of Available Statewide Vacancies for all Professional Behavioral Health Provider Types

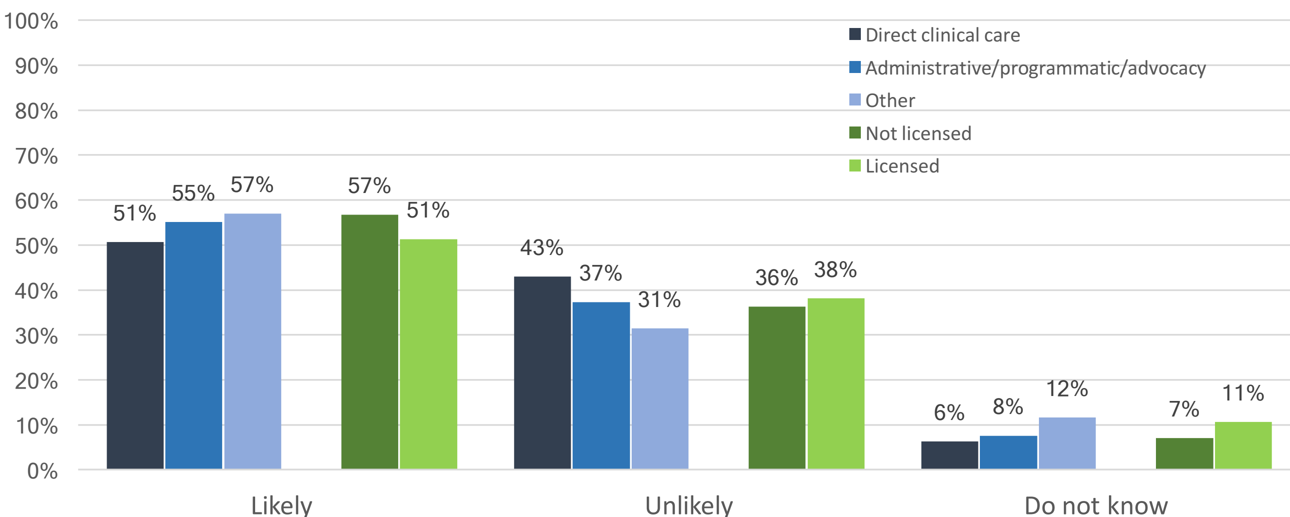


Figure 25. Perceived Likelihood by Stakeholders' Role in Behavioral Health and Licensure: Provide Opportunities for, and Require, Behavioral Health Training

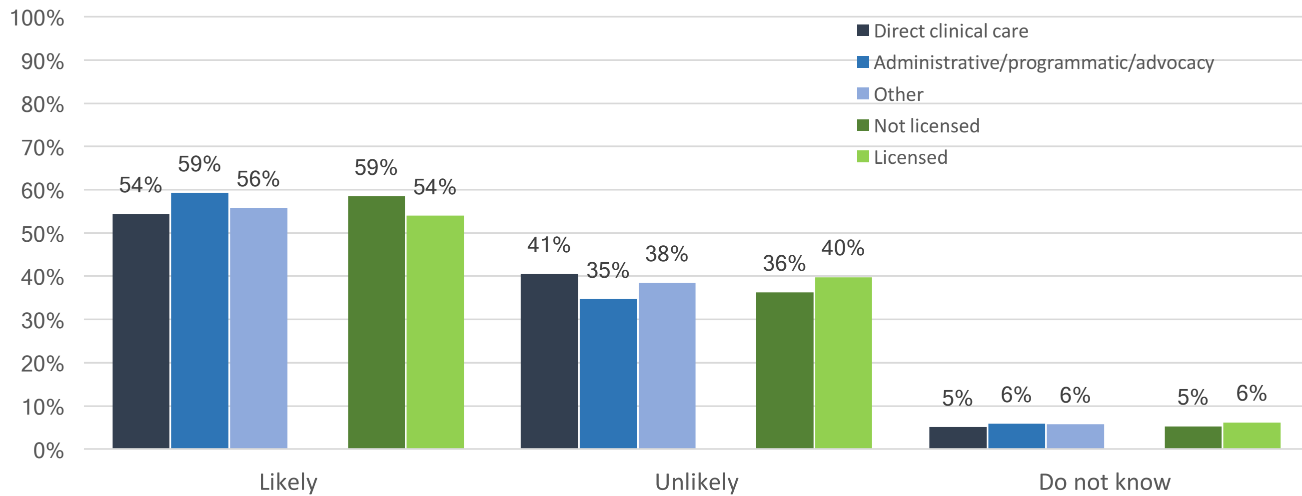


Figure 26. Perceived Likelihood by Stakeholders' Role in Behavioral Health and Licensure: Establish Behavioral Health Licensure Reciprocity with Bordering States

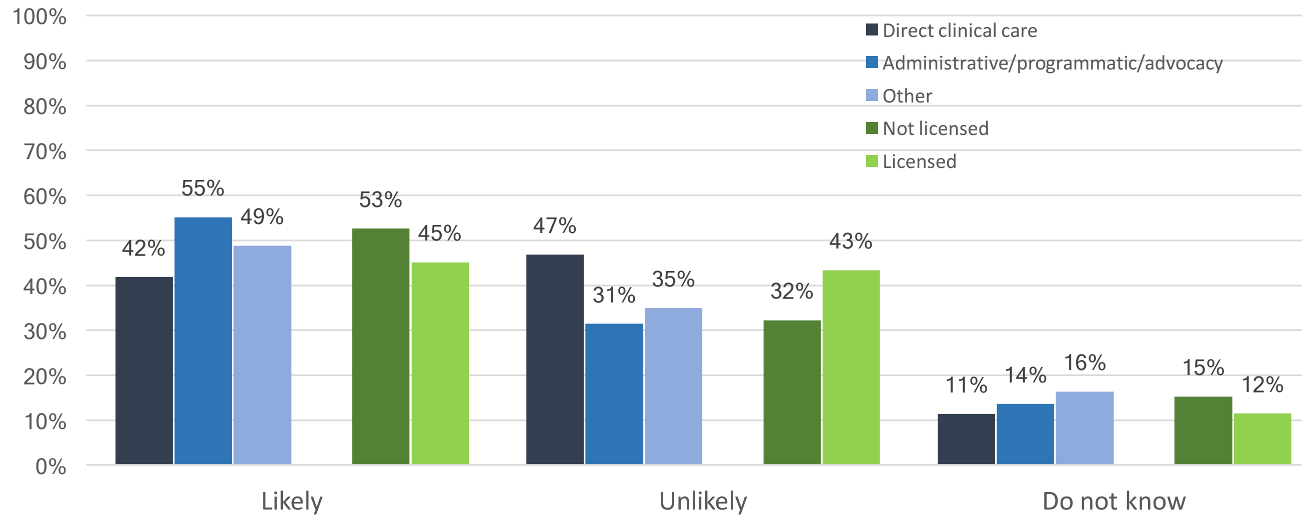


Figure 27. Perceived Likelihood by Stakeholders' Role in Behavioral Health and Licensure: Provide Financial Assistance to Facilities/Providers to Secure Equipment and Staff

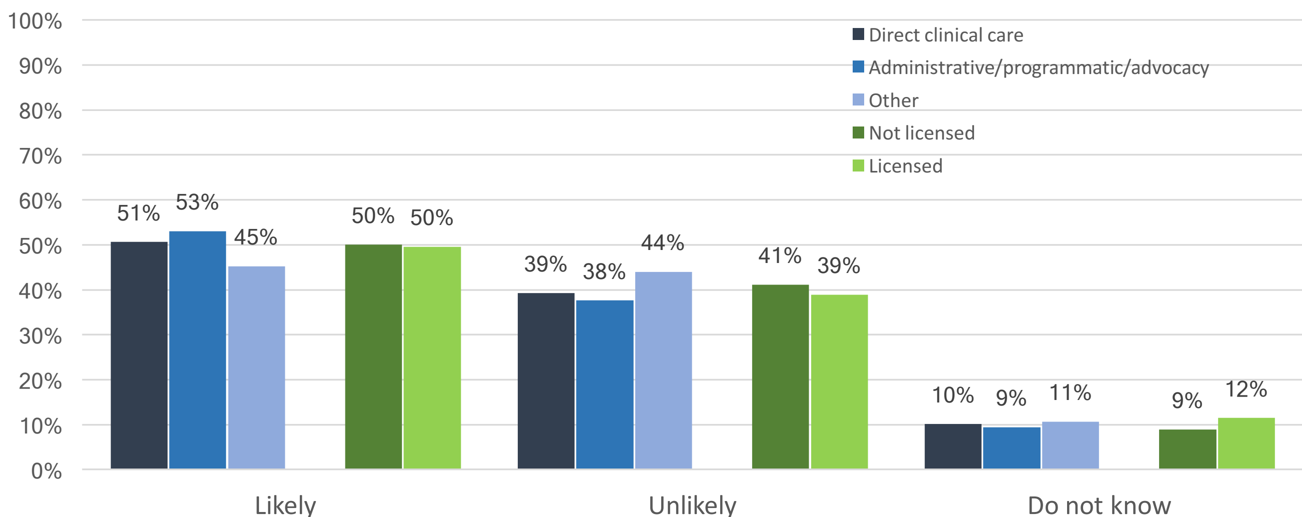


Figure 28. Perceived Likelihood by Stakeholders' Role in Behavioral Health and Licensure: Increase Utilization of Telebehavioral Health Services for Emergency Behavioral Health

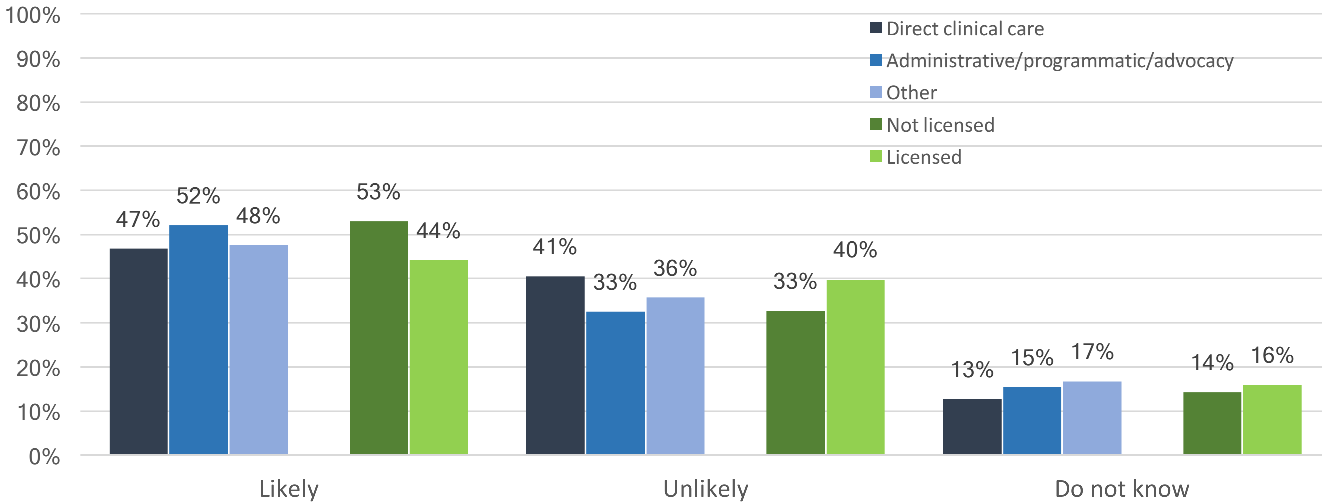


Figure 29. Perceived Likelihood by Stakeholders' Role in Behavioral Health and Licensure: Development, Training, Credentialing, and Utilization of Peer Support Specialists in ND

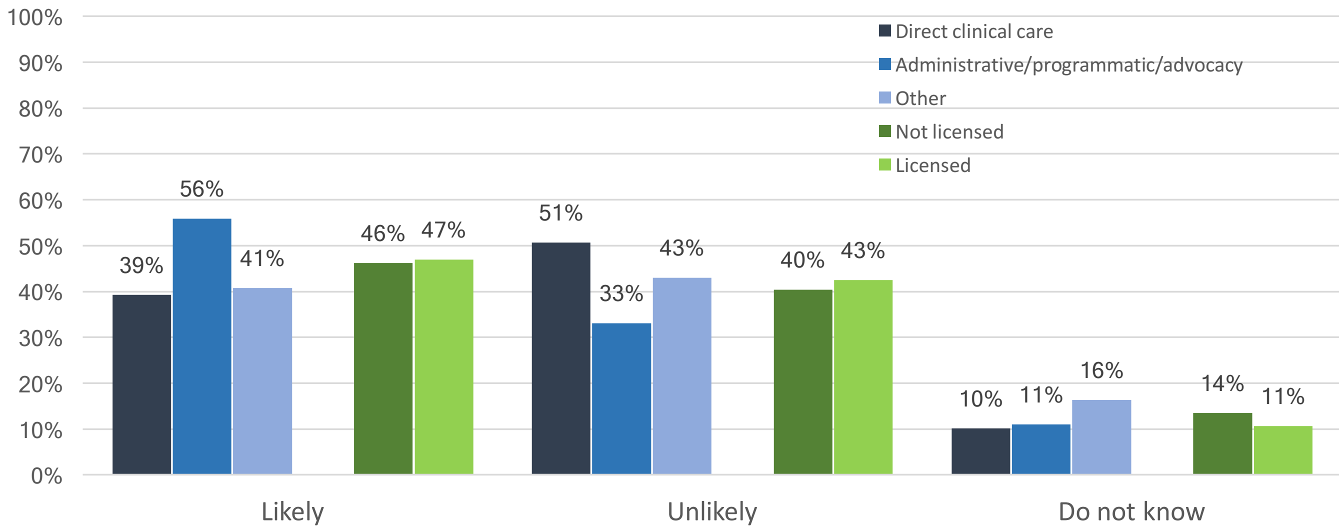


Figure 30. Perceived Likelihood by Stakeholders' Role in Behavioral Health and Licensure: Development and Implementation of a Behavioral Health Coordinator

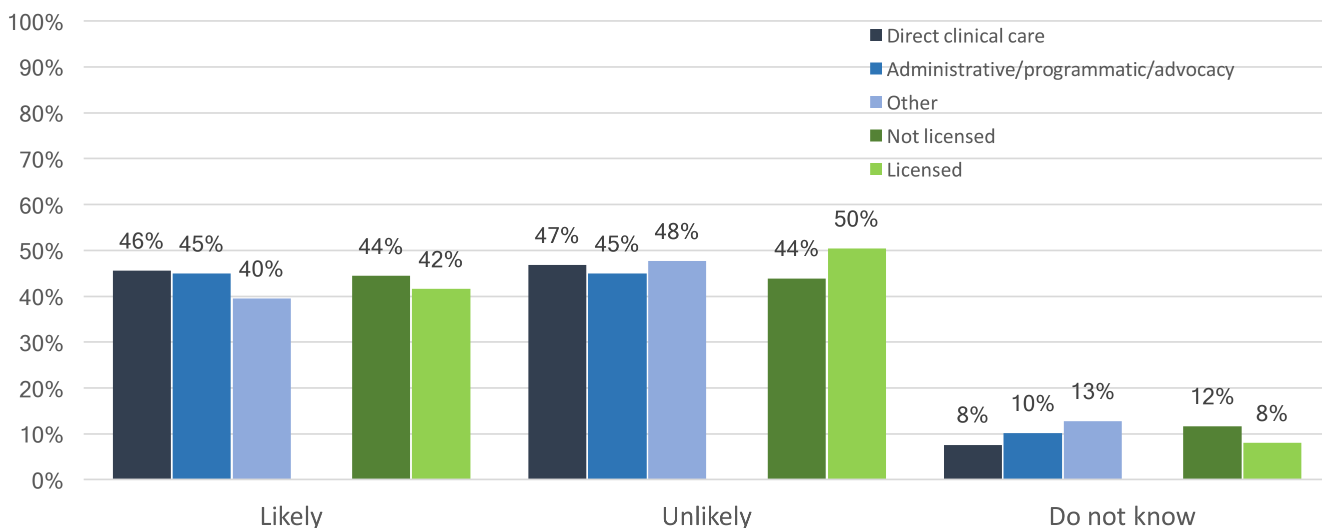


Figure 31. Perceived Likelihood by Stakeholders' Role in Behavioral Health and Licensure: Establish a Central, Coordinating Body Responsible for Supporting Behavioral Health Workforce Implementation

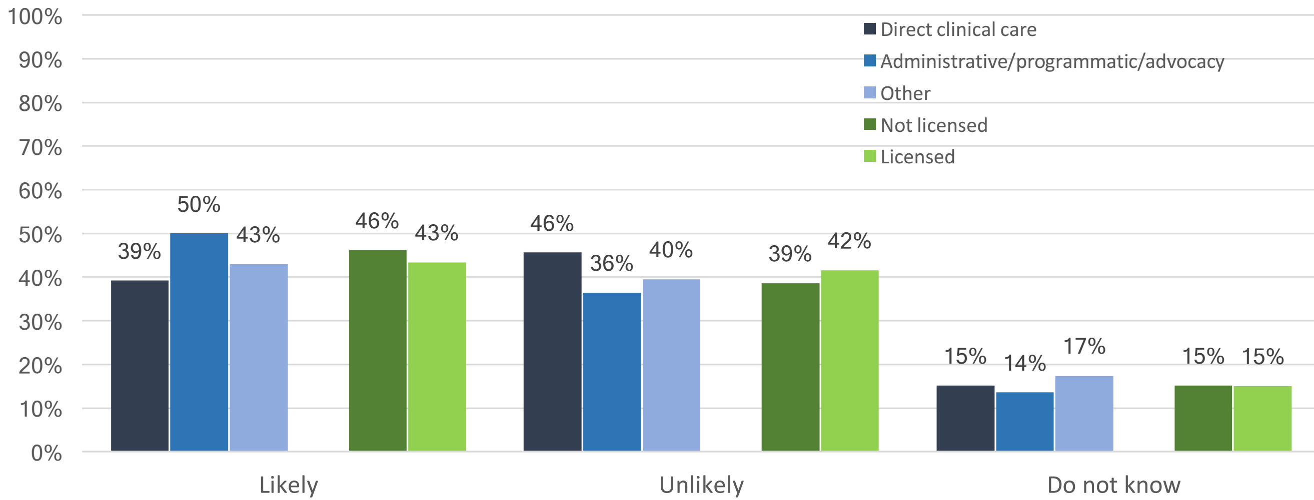


Figure 32. Perceived Likelihood by Stakeholders' Role in Behavioral Health and Licensure: Tuition Assistance for Behavioral Health Students

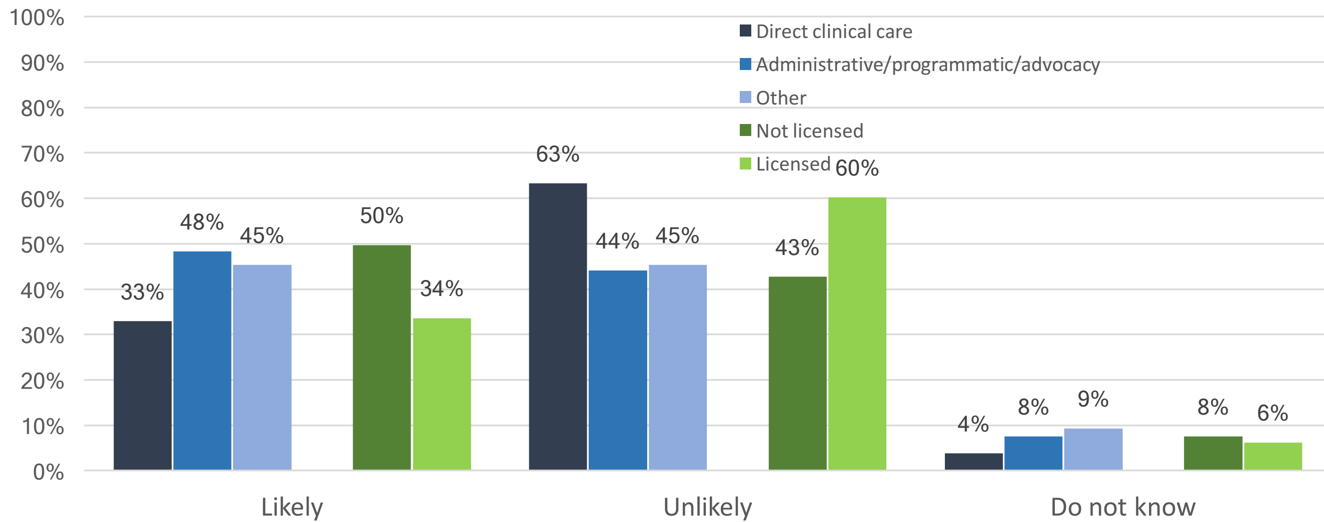
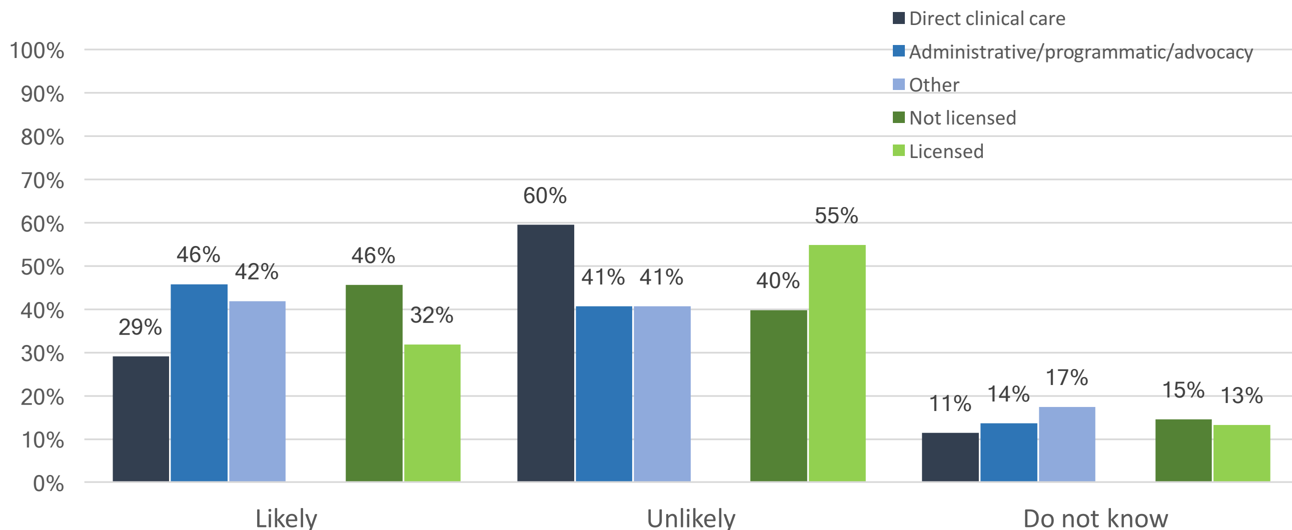


Figure 33. Perceived Likelihood by Stakeholders' Role in Behavioral Health and Licensure: Review the State Loan Repayment Program



Perceived Impact and Likelihood by Rural and Urban Communities

There was no consistent trend nor variability in perceived likelihood or impact of the proposed behavioral health workforce interventions between rural and urban stakeholders. However, that information is available in Figures formatted like those previously presented in this report. If you would like Figures comparing the rural and urban perceived likelihood and impact, please contact the CRH at 701-777-3848.

Summary

Behavioral health stakeholders were invited to rate the impact and likelihood of 16 behavioral health workforce interventions that had previously been identified by both DHS and outside consultants as areas of need for North Dakota. The intent of the survey was to identify the top three priority areas for the state – those interventions that rated high for both impact and likelihood. Staff at the CRH would then work with stakeholders and identified partners to develop concrete implementation plans for each of the three priorities. However, the survey results indicted similar and high impact for nearly all proposed interventions (11/16), and no intervention, on average, was identified as likely to be implemented within a two-year period. The CRH behavioral health stakeholders, and DHS will continue the conversation around three priority areas identified through review of existing reports and identified as high impact in the current survey. See Appendix B for the matrix intended to identify priority interventions. The three specific interventions rated with highest impact (on average) and as somewhat likely included:

1. 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.
2. 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.
3. Increase utilization of telebehavioral health services for emergency behavioral health.

However, given the limited variability in impact and the numerous interventions identified as high impact, the three themes recommended for further review include:

1. Pipeline interventions for behavioral health students
2. Telebehavioral health interventions
3. Interventions related to licensure requirements and regulatory guidelines

References

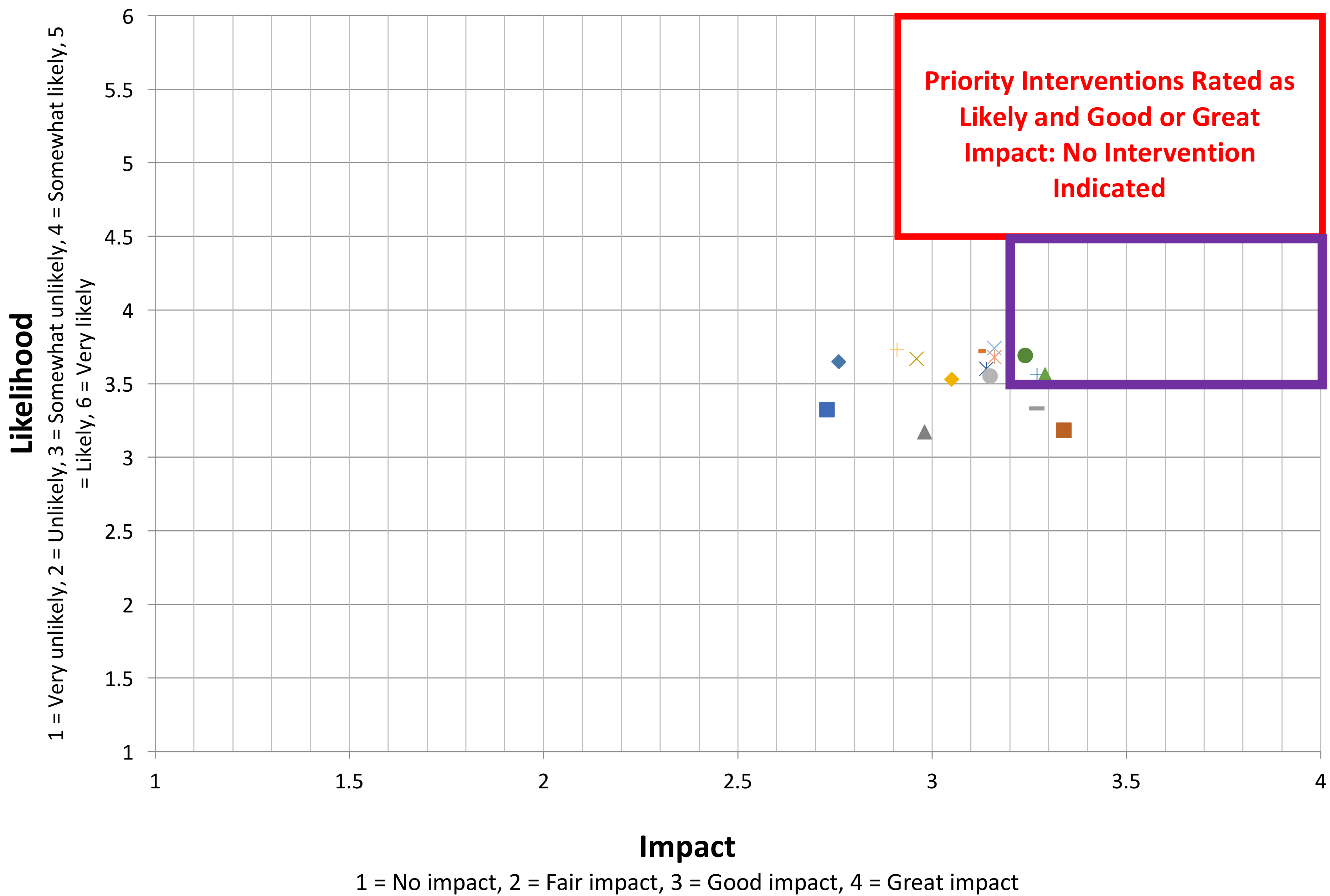
1. North Dakota Department of Human Services: Behavioral Health Division. (2016). Behavioral Health Assessment: Gaps and Recommendations. Available at https://www.nd.gov/dhs/info/pubs/docs/mhsa/nd-behavioral-health-assessment.pdf.
2. Schulte Consulting, LLC. (2014). Behavioral Health Planning Final Report. Available at http://storage.cloversites.com/behavioralhealthsteeringcommittee/ documents/ND%20Final%20Report.pdf.
3. Human Services Research Institute. [To be Released, 2018] North Dakota Behavioral Health System Study. Will be available at https://www.hsri.org/projects/focus/behavioral-health.

APPENDIX A

Behavioral Health Intervention as Appeared in Survey	Code for Data Presentation
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.	Develop a single electronic database of available statewide vacancies for all professional behavioral health provider types
Tuition assistance for behavioral health students, to include internship stipends and other financial assistance for those working in areas of need in North Dakota.	Tuition assistance for behavioral health students
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.	Review the State Loan Repayment Program
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.	Educate behavioral health providers on benefits of student internships and 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.	Provide opportunities for, and require, behavioral health training
Integrate behavioral health prevention screenings, which are reimbursable, into primary health.	Integrate behavioral health prevention screenings
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.	Establish behavioral health licensure reciprocity with bordering states
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.	Review ND state licensure requirements for all behavioral health provider types
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	Development and implementation of a behavioral health coordinator

Behavioral Health Intervention as Appeared in Survey	Code for Data Presentation
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	Development, training, credentialing, and utilization of peer support specialists in ND
Establish a central, coordinating body responsible for supporting behavioral health workforce implementation, including providing resources and conducting workforce-related research and evaluation.	Establish a central, coordinating body responsible for supporting behavioral health workforce implementation
Provide financial assistance to facilities/providers to secure equipment and staff needed to offer telebehavioral health services.	Provide financial assistance to facilities/providers to secure equipment and staff
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 providing 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 practices/organizations receiving telebehavioral health services
Increase utilization of telebehavioral health services for emergency behavioral health.	Increase utilization of telebehavioral health services for emergency behavioral health
Need to develop clear, standardized regulatory guidelines for this workforce model.	Need to develop clear, standardized regulatory guidelines

APPENDIX B: Matrix of Priority Interventions, December 2017



◆ 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.**
4	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.
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.
13	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.
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.