

Madam Chair and members of the committee,

My name is Kurt Snyder and I am the Executive Director of the Heartview Foundation. On August 30 and 31 I attended a Substance Abuse and Mental Health Services Administration (SAMHSA) regional workforce summit in Denver, Colorado. North Dakota was represented by myself; Dr. Julianna Neveland, Assistant Professor & Chair, Graduate Counseling at the University of Mary; Marnie Walth, Strategic Planning & Public Policy Director at Sanford Health Bismarck and Interim Executive Director of Face it TOGETHER/ Bismarck; and Representative Peter Silbernagel.

The Summit focused on identifying core concepts and models of strategic planning; national and local initiatives to collect behavioral health workforce data and establishing a state and regional workforce action items.

The ND team produced the following possible action items:

- Integrate peer support specialists into the workforce
- Collecting and using data to inform local communities and policy makers around needs and gaps in behavioral health services
- Providing tools and resources to local communities for them to “grow their own” workforce
- Identifying all federal programs supporting workforce in order to maximize opportunities
- Leverage state, county and local funding to support behavioral health internships and loan forgiveness programs. Example: county impact dollars
- Connect Evidence Based Program care models to academic curriculum
- Request employers to use survey tools to evaluate workforce readiness information and connect this information to academia
- Prepare “Grand Rounds” education modules to engage healthcare into behavioral health issues
- Identify Gaps in behavioral health leadership and promote and support leadership training initiatives
- Work with regulatory boards, trade associations and other stake holders to promote flexibility and cooperation – license portability, reciprocity, dual licensure (Chancellor?)

At the summit, we were exposed to federal partners and resources. The workforce data from a national perspective indicated that other states were in a similar situation around workforce, but it was hard to compare and contrast due to variations in systems from state to state.

Finally, our workforce development needs and action steps in ND must be organized and comprehensive. An identified agency should be tasked with the leadership role. However, it cannot be the sole responsibility of that agency but should include stakeholders from pipeline to professional including colleges and universities; trade associations; regulatory boards; policy makers; Labor Department; and employers.

Resources

Annapolis Coalition <http://annapoliscoalition.org/>

Central Rockies Addiction Technology Transfer Center
<http://www.attcnetwork.org/regional-centers/?rc=centralrockies>

Western Interstate Council on Higher Education (WICHE) <http://www.wiche.edu/>

National Frontier and Rural Addiction Technology Transfer Center
<http://www.nfarattc.org/>

SAMHSA Workforce Initiative <http://www.samhsa.gov/workforce>

Behavioral Health Workforce Research Center <https://sph.umich.edu/bhwrc/>

Health Occupation Student Association (HOSA) <http://www.hosa.org/>

ND Area Health Education Center (AHEC) <https://www.ndahec.org/>