

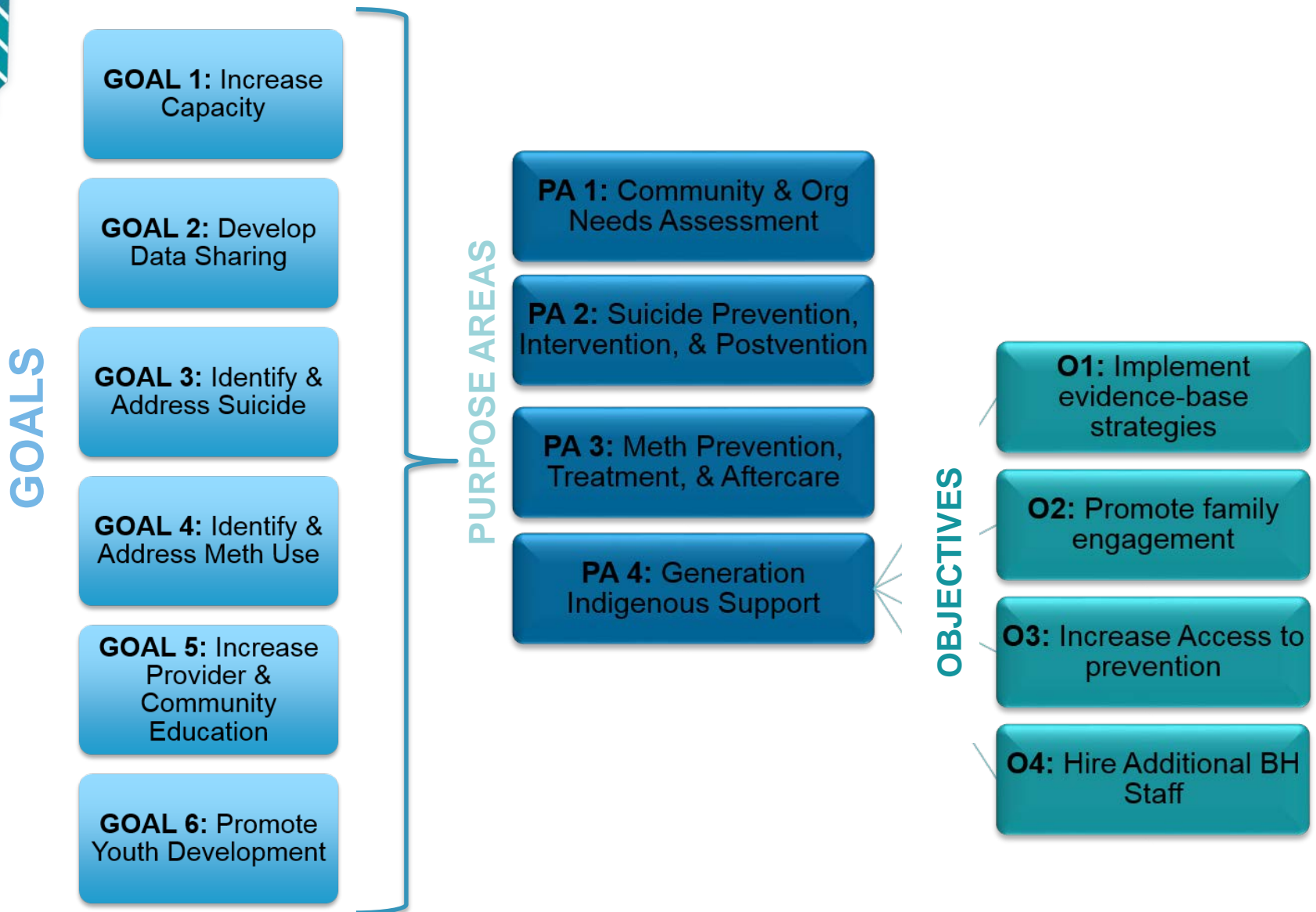


Generation Indigenous Youth Resiliency Panel Series

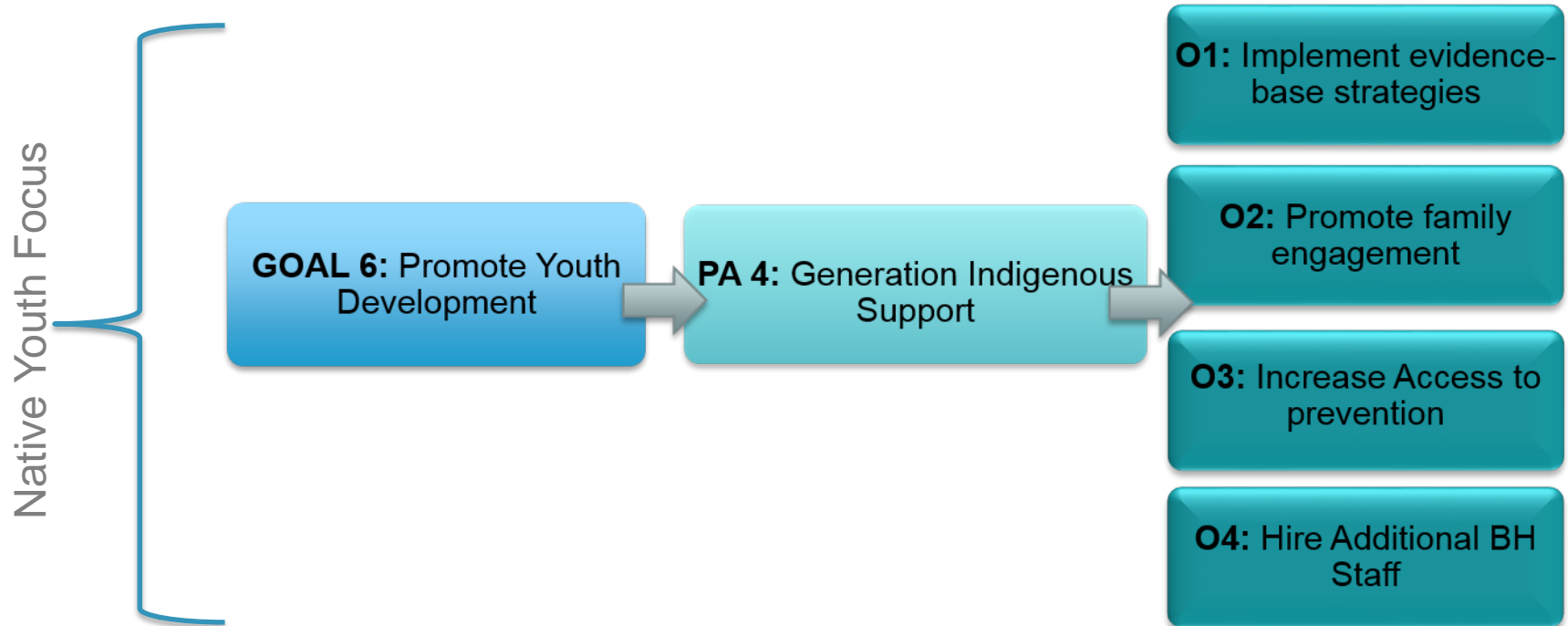
Part II: People

How grantees and partners across the Tribal Health System recruit and develop behavioral health staff.

What is MSPI?



MSPI Generation Indigenous



Gen-I Purpose Area 4 Objectives



Objective 1

- Implement evidence-based and practice-based approaches to build resiliency, promote positive development, and increase self-sufficiency behaviors among Native Youth;



Objective 2

- Promote family engagement;



Objective 3

- Increase access to prevention activities for youth to prevent methamphetamine use and other substance use disorders that contribute to suicidal behaviors, in culturally appropriate ways; and

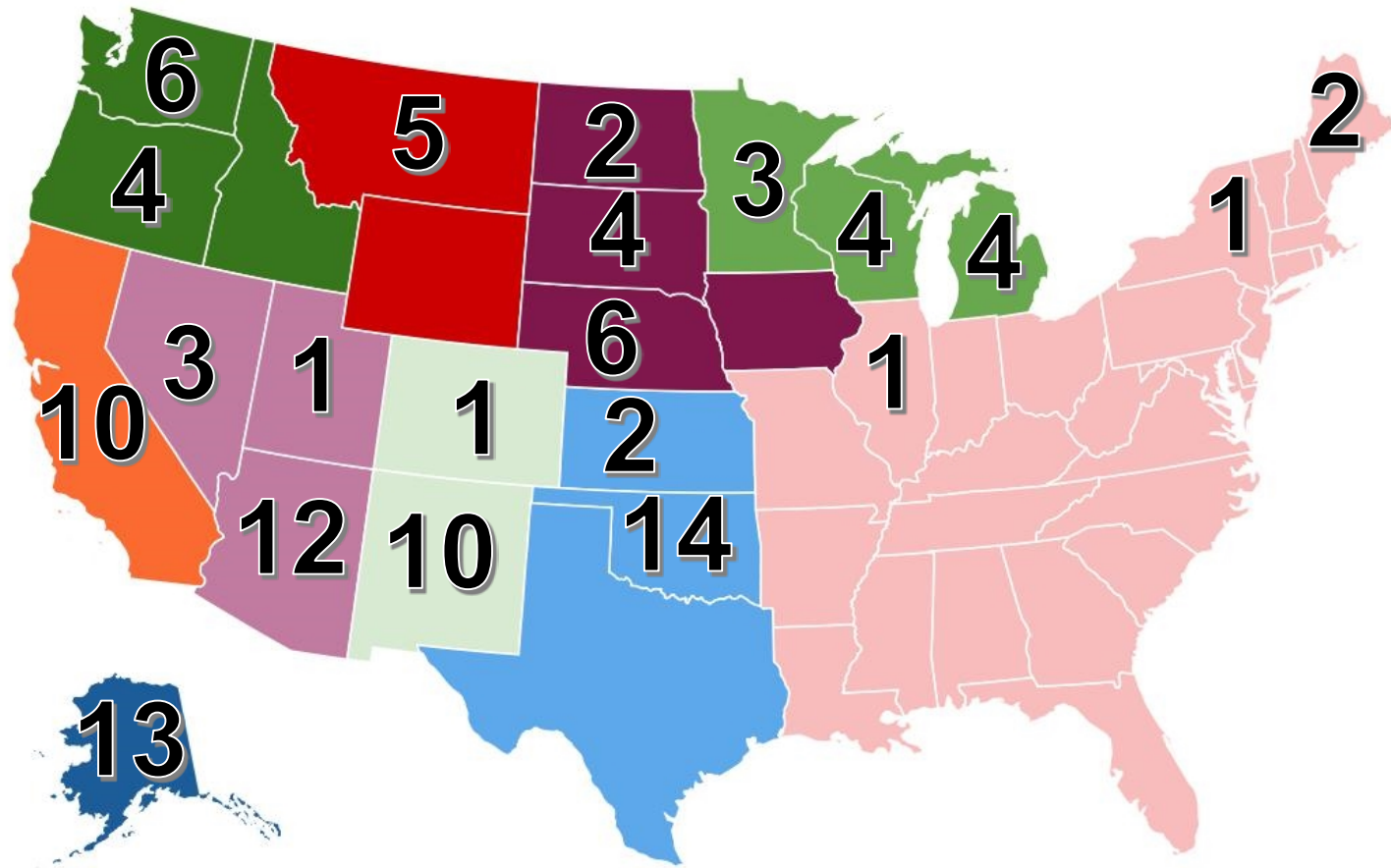


Objective 4

- Hire additional behavioral health staff specializing in child, adolescent, and family services who will be responsible for implementing the project's activities that address all the broad objectives.

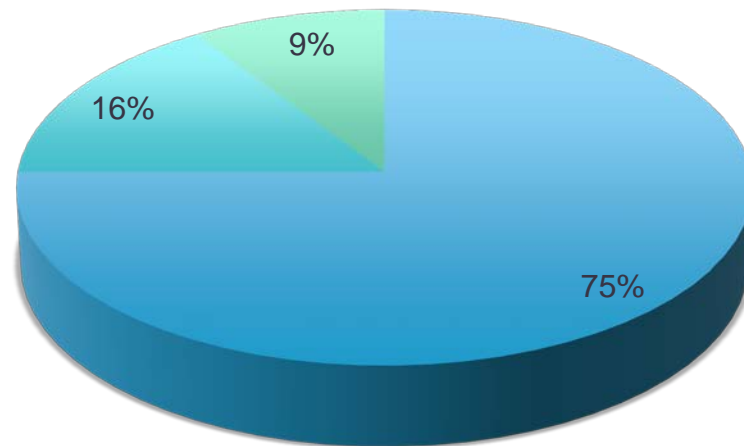
*Urban Projects spread across the country

MSPI Gen-I Projects by State



Gen-I Project Demographics

- **81 Tribes**
- **17 Urban Programs**
- **10 IHS Federal Facilities**



■ Tribal
■ Urban Programs
■ Federal

Norton Sound Region

- 23,000 square mile service region
- 74.5% Alaska Native
- Region = 9,400 people
Nome = 3,600 people
- 15 Remote Villages, 20 Tribes
- Health Professional Shortage Area (HPSA) and Medically Underserved Area (MUA)



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HEALTH CORPORATION**

Providing quality health services and promoting wellness within our people and environment.

Norton Sound Region

- **Primary Economies: Fishing, Medical Services, Native Arts, Tourism**
- **Norton Sound Health Corporation largest employer in Nome and surrounding villages**
- **Strong cultural and subsistence connections**
- **High rate of substance misuse**
- **High rate of suicide completion: 69.1:12.6**



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Norton Sound Health Corporation's MSPI GEN-I Project: *Rural Child and Family Early Intervention and Positive Engagement Collaborative*



- Increasing family awareness and strengthening through youth and intergenerational retreats focusing on trauma history and resiliency.
- Developing a dedicated Child and Youth Services outreach department at Behavioral Health Services.
- Increasing behavioral health and suicide recognition skills of school, youth agency staff, corrections employees, and community members through evidence-based *Youth Mental Health First Aid*.
- Increasing school student and community members' suicide recognition skills through practice-based *safeTALK* presentations.
- Enhancing behavioral health skills of Corrections personnel through *Mental Health First Aid* and *safeTALK* trainings.
- Implementing Assess/Plan/Identify/Coordinate (APIC) services for youth offenders.



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Norton Sound Health Corporation's Behavioral Health Services Staffing

- 54 total staff members
- 12 Master's Level Clinicians (7 Licensed), 2 Licensed Psychologists, 5 Psychology Student Interns, Two Post Doctoral Fellows, Itinerant Psychiatrists, 4 Clinical Associates
- One Gen-I Prevention Specialist
- 70 Years of Longevity at BHS among Clinicians
- 23 Years of Longevity among Psychologists
- 16 Years of Longevity among Psychiatrists
- 7 Years of Longevity at Director position



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NSHC Village-Based Counseling (VBC) Program

- Started in 1992 as a response to immediate need for supportive and stabilization services in regional villages
- At least one counselor in every village*
- Two VBC Field Supervisors
- 4 Behavioral Health Aides, 4 Behavioral Health Practitioners
- 113 Years of Longevity at BHS among VBCs
- One itinerant Clinician for every village
- Funded through Alaska Native Tribal Health Consortium and NSHC
- VBCs offer rehabilitative services and group services, crisis stabilization, wellness and prevention activities, telemed, and are often first responders

*Diomede excluded



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Incentives for Employment

Staff members employed by Norton Sound Health Corporation's Behavioral Health Services (BHS) receive a variety of incentives contributing to long-term employment:

- 1) Loan Repayment
- 2) Merit and Cost-of-Living Increases
- 3) License Repayment
- 4) Ongoing Training, Schooling, and Peer Supervision
- 5) Promotion
- 6) Supportive Workplace Environment
- 7) Growing positive reputation throughout region and state

Additionally, BHS administration will not “warm-body” a position. Doing as much research and connection prior to employment are keys to hiring the right person and personality to join the team.



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Quyanna!

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Generation indigenous youth resiliency panel series

Indian health service

Phoenix area office

Thomas Walter MS, LAC, LISAC

MSPI/DVPI Project Officer

Current trends

- Turnover
 - Burnout & compassion fatigue
 - High caseloads and limited resources
 - Few opportunities for training and advancement
- Difficulties finding qualified staff
- Clinical supervision
 - Very few opportunities currently available.

Unique challenges

- Finding staff willing to serve in remote areas.
- Making competitive offers for potential behavioral health staff.
- Dual relationships in smaller communities.

Strategies

- Developing relationship with ASU School of Social Work.
- Short term plans for long term needs.
 - Recruit staff in need of 2 years of clinical supervision.
 - Plan for vacancies, have honest meaningful conversations about the future.
 - Get specialized training for staff and maintain support throughout employment.
- Recruit using current resources.
 - Tribal newsletter alone has not been enough.

innovation

- Getting more opportunities for clinical supervision
 - ASU initial and refresher training for clinical supervision
 - Meets requirements of the AZBBHE
- Exhausting resources for loan repayment
 - MSPI?, DVPI?
- Offering specialized training and experience
 - (i.e. DBT, Trauma-informed care, ETC.).
- Developing opportunities for advancement



Generation Indigenous Youth Resiliency Panel Series: *People: Recruiting and Retaining Professionals to Serve Native*

- Jennifer N. Downs
- Recruitment and Retention Lead

- June 25, 2018



Objectives

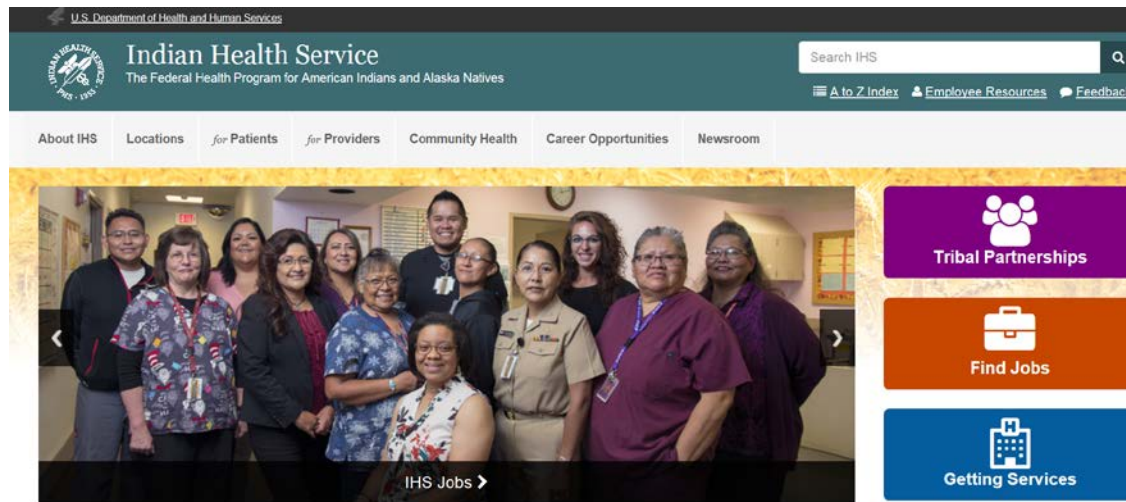
1. The IHS DBH will increase marketing strategies and materials for recruitment purposes.
2. The IHS DBH will create communications products and venues to share information with staff and stakeholders.
3. The IHS DBH will develop a workforce development “pipeline” to recruit healthcare professionals in various stages of their education.
4. The IHS DBH will create an internship/residency program for behavioral health post-graduates pursuing licensure.
5. The IHS DBH will outline best practices for recruitment efforts and share with the IHS Area recruitment representatives. The IHS DBH will utilize best practices at the headquarters level.
6. This IHS DBH will develop a system to better monitor and report out on Federal and tribal vacancies. Eventually, the system will also track employment inquiries to match appropriate applicants with vacant positions.
7. The IHS DBH will increase retention activities in the areas of employee recognition, communication, and training.



IHS National Behavioral Health Staffing

- 2.2 Million Service Population
- Nearly 40 Mental Health Programs
- 500+ Behavioral Health Providers
- 30% Vacancy Rate

IHS Website, Facebook, LinkedIn, Twitter



Recruitment Tagline



Incentive Programs



- IHS Scholarships
- Loan Repayment
- Student Placement Opportunities