



**NORTH DAKOTA  
CENTER FOR NURSING**  
A unified voice for nursing excellence.

## **Increasing Behavioral Health Nursing Workforce Capacity and Removing Barriers Policy Brief**

**April, 2016**

The North Dakota Center for Nursing is a non-profit, 501c3 organization that was developed to represent over 18,000 nurses and over 40 nursing organizations across North Dakota. The mission of the North Dakota Center for Nursing is through collaboration to guide ongoing development of a well-prepared and diverse nursing workforce to meet healthcare needs in North Dakota through research, education, recruitment and retention, advocacy and public policy. This policy brief was developed by nurses across the state in many different settings in order to provide a comprehensive list of possible solutions. This policy brief has been approved by our Board of Directors and is an official policy of the North Dakota Center for Nursing.

***The Behavioral Health system in North Dakota has multiple challenges in delivering quality mental health and substance abuse services to all citizens. Nurses, the largest group of healthcare providers in the state, are in the unique position to help improve the delivery of behavioral healthcare.***

***In this policy brief we present several solutions and possible action steps designed to increase the capacity of nursing to work to solve these challenges.***

**Solution 1:** Increase the number of nurses interested in working in behavioral health settings across North Dakota through actions to increase awareness and exposure to mental health settings.

**Solution 2:** Several resources are needed for APRNS and other Primary Care Providers in order to help them more effectively bridge patients with more intensive behavioral health services.

**Solution 3:** Increase the capacity of the University of North Dakota Psychiatric Mental Health Nurse Practitioner program, increase retention of graduates and increase awareness of the role of the Psychiatric Mental Health Nurse Practitioner in North Dakota.

**Solution 4:** Increase availability of behavioral health training and screening tools for all nurses working in correctional facilities which will enhance the ability of these critical providers to work with prisoners with behavioral health issues.

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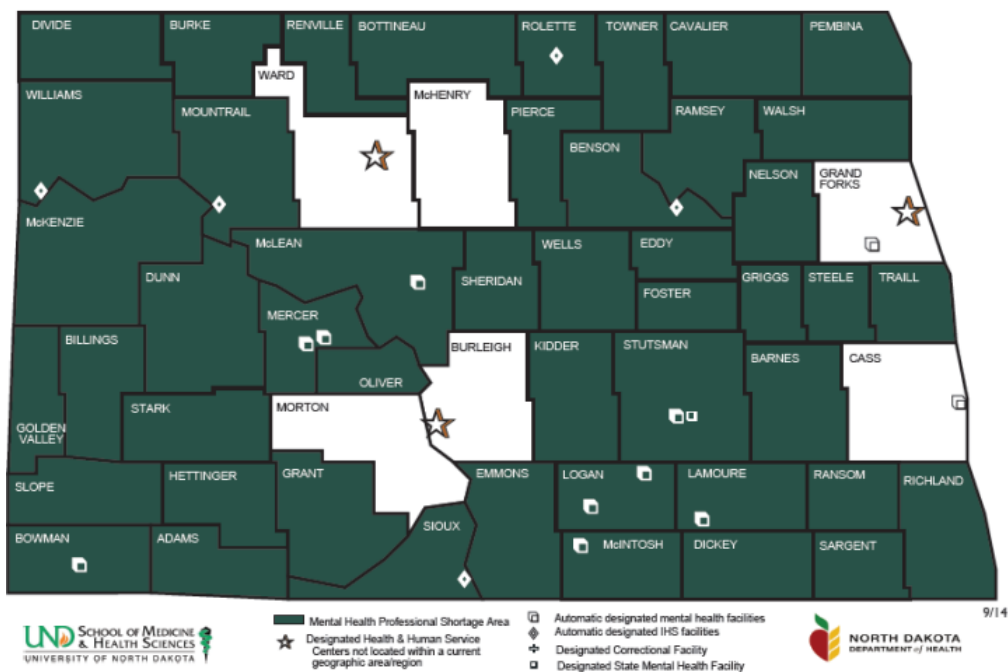
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“The North Dakota mental health and substance abuse system is in crisis”. This is the opening of a state study funded by the North Dakota State Legislature in 2014. The study found that many changes are needed to improve behavioral health treatment in North Dakota including addressing service shortages, expanding the workforce, addressing gaps in insurance coverage, changes in the structure of the Department of Human Services, improved communication and data collection to better identify gaps (Schulte Consulting, 2014). Correctional facilities should also be considered as behavioral treatment settings due to the many incarcerated individuals with behavioral health issues. According to a national study, 50% of males and 75% of female inmates in state prisons and 63% of males and 75% of females in jails will experience a mental health problem requiring mental health services in a given year (Aufderheide, 2014).

Most of North Dakota has been designated as Mental Health Professional Shortage areas. Eighty-nine percent of counties and the Human Service Centers located within the larger populated cities are all facing critical shortages of mental health providers (ND Primary Care Office, 2014).

### North Dakota Mental Health Professional Shortage Areas



At a recent legislative hearing of the North Dakota Human Services legislative committee, a private behavioral health facility indicated that they had to close patient care units due to the lack of adequate nursing staffing which has resulted in the turning away of approximately 750 patients in the last year. The facility has turned away children and adolescent patients in need which have ended up seeking care in the emergency room, out of state or not receiving any care (Herman, 2015).

Currently, only 3% of North Dakota’s RNs and 6% of APRNs indicate that their practice area is in behavioral health which includes mental health and substance abuse (Moulton & Martin, 2016). However, nurses serve in the front line of North Dakota’s healthcare system and provide a key safety net for the behavioral health system.

## SOLUTIONS and ACTIONS

**Problem:** Of North Dakota's over 13,000 RNs only 3% work in a behavioral health practice area. Behavioral health facilities have faced shortages in nurses and in some cases have reduced critically needed beds.

**Solution:** Increase the number of nurses interested in working in behavioral health settings across North Dakota through actions to increase awareness and exposure to mental health settings.

**Action 1:** With the small number of nurses working in behavioral health, it can be difficult for an interested student to find someone willing to serve as a mentor to answer questions and provide support. The North Dakota Center for Nursing will develop an online behavioral health nursing mentorship program which will include a list of nurses working in behavioral health by location in North Dakota along with their contact information that are interested in mentoring. The ND Center for Nursing will also work with the North Dakota Area Health Education Center and the ND State Chapter of the Healthcare Occupation Students Association to increase awareness about behavioral health and correctional nursing at the middle-school and high-school level.

**Action 2:** The Nursing Student Association of North Dakota includes student nurses from all RN programs in the state. The association has an annual conference. The North Dakota Center for Nursing will work with the Nursing Student Association to provide a regular session on behavioral health and correctional nursing at the annual conference. During the session, the mentorship program, the new state loan repayment program for nurses employed in behavioral health and other opportunities will be provided to student members.

**Action 3:** There are vast differences in the amount of clinical experiences available to students in behavioral health nursing across the state. The use of standardized patients provides an opportunity for students to work on behavioral health technical skills within their program. Legislative funding is needed to support payment for standardized patient fees and for the development of case studies for use by all programs. In addition, nursing education programs are exploring options for additional class or experiences in behavioral health nursing and the provision of culturally appropriate behavioral health care. Undergraduate students could also receive Mental Health First aid training which is designed for all members of the community and was suggested by the Behavioral Health Planning Final Report (Schulte Consulting, 2014). More information about Mental Health First aid can be found at <http://www.mentalhealthfirstaid.org/cs/>.

**Action 4:** Internships are an important component of the undergraduate curriculum as it allows students to practice their skills over an intensive period of time. Internships are also a key recruiting tool for healthcare facilities, especially rural healthcare facilities (Charleston & Goodwin, 2004). There are few internships in behavioral health nursing. Legislative funding is needed to support internships at behavioral health facilities throughout the state. During the 2015 Legislative Session, [HB 1049](#) provided a loan program for Addiction Counselor interns through the Bank of North Dakota. This program should be expanded to registered nurses who are serving as an intern in a behavioral health setting and with waived repayment of the loan upon working as a RN in a behavioral health or correctional setting in North Dakota.

**Action 5:** While there are a number of scholarship programs for other areas of nursing, there currently aren't any available specifically for undergraduate students interested in behavioral health. Offering scholarships to students for tuition, clinical training, books and other study materials will encourage more nurses to explore behavioral health. Legislative funding for behavioral health and correctional nursing scholarships will help increase the pool of interested nurses in the field. Examples of state scholarship programs include the teacher shortage loan forgiveness program, <http://www.ndus.edu/makers/procedures/ndus/default.asp?PID=306&SID=57> and STEM student program <http://ndus.edu/makers/procedures/ndus/default.asp?PID=312&SID=57>.

**Action 6:** Legislative funding to support RNs currently practicing in behavioral health or corrections or are interested in practicing to obtain additional training and certification.

- Online training is available through the American Psychiatric Nurses Association which provides a transition to practice program and 15 hours of continuing education for \$250. More details can be found at <https://onlinece.apna.org/products/apna-transitions-in-practice-program> This course could potentially lead to a credential in Psychiatric Mental Health Nursing through the American Nurses Credentialing Center which requires practice areas and 30 hours of continuing education <http://www.nursecredentialing.org/PsychMentalHealth-Eligibility.aspx>.
- Certified Tobacco Treatment Specialist training is available for a variety of healthcare professionals including registered nurses. More information about the Mayo program is located at: <http://www.mayo.edu/research/centers-programs/nicotine-dependence-center/education-program/tobacco-treatment-specialist-certification/tobacco-treatment-specialist-certification> This course can also help provide the background for Certification as an Addictions Registered Nurse which also requires a year of experience and 30 hours of continuing education. <http://www.cnetnurse.com/certified-addictions-registered-nurse/>
- House Bill 1396 was passed during the 2015 legislative session and provided for an expansion of the loan repayment program to behavioral health APRNs and RNs. The new loan repayment program is still in its early stages of implementation. However, the amount budgeted for the full program even with the expansion was not increased. Increased funding is needed to fully implement this program. The required community match is also a barrier especially to small and state-owned behavioral health facilities. During the March 2016 application cycle, one application was submitted by an RN, one by a Certified Nurse Specialist and one by a nurse practitioner.

**Problem:** Of North Dakota's over 1,000 Advanced Practice Registered Nurses (APRNs), many work in primary care. As APRN Primary Care Providers include behavioral health screening with every patient evaluation and provide treatment and follow-up for some behavioral health conditions. They provide an important safety net for many patients that live in rural parts of North Dakota.

**Solution:** Several resources are needed for APRNs and other Primary Care Providers in order to help them more effectively bridge patients with more intensive behavioral health services.

**Action 7:** North Dakota's over 1,200 APRNs and other primary care providers provide behavioral health screening, treatment and follow-up for depression and anxiety and other illnesses. Once a Primary Care Provider has established that the patient's illness is beyond their scope of practice they will refer the patient to more intensive services. However, the current behavioral health system is greatly overbooked making it difficult to find a behavioral health bed and delaying more intensive patient care. Minnesota has a statewide phone number and web portal to assist in finding available behavioral health beds and other services statewide. This is available at <https://www.mnmhaccess.com/default.aspx>. The website is funded by the Minnesota Department of Human Services and hosted by the Minnesota Hospital Association with an annual cost of approximately \$60,000. A statewide phone number/website in North Dakota would provide faster information regarding bed availability as currently providers have to go down a list of facilities to locate a bed. Ideally, the resource would include inpatient beds including chemical dependency and private treatment centers. The number/website could also provide access to protocols for Primary Care Providers to utilize with patients that are waiting to obtain more intensive behavioral health treatment and provide a connection to transportation to the bed which is also a barrier.



**Action 8:** Current Century Code allows a licensed physician of a local hospital or a licensed addiction counselor of a detoxification center to have the authority to hold a person for treatment up to seventy-two hours. In many rural areas, APRNs are the primary care provider on duty at the hospital and should be added to this list of those authorized for a public intoxication hold. (NDCC § 5-01-05.1. Public intoxication - Assistance - Medical care).

**Problem: Psychiatric Mental Health Nurse Practitioners (PMHNP) assess, diagnose and treat individuals and families with psychiatric disorders using their full scope of therapeutic skills including prescribing medications and engaging clients in psychotherapy. PMHNPs can help fill the current gaps in behavioral health services in North Dakota. There are currently 55 Psychiatric Mental Health Nurse Practitioners or Psychiatric Certified Nurse Specialists practicing in North Dakota (North Dakota Board of Nursing, 2016). There is only one nursing education program for this specialty in the state at the University of North Dakota. There are currently 2 students out of 8 students in the Spring graduate cohort that live in North Dakota. This program currently includes 2 full-time faculty from outside of state and 1 part-time faculty that lives in North Dakota. Recruitment of qualified faculty for this program has been very challenging and with the current hiring freeze and state budget deficit expansion of the program by adding additional faculty would be impossible without legislative assistance.**

**Solutions: Increase the capacity of the University of North Dakota Psychiatric Mental Health Nurse Practitioner program, increase retention of graduates and increase awareness of the role of the Psychiatric Mental Health Nurse Practitioner in North Dakota.**

There is a shortage of mental health professionals available to care of North Dakota's residents with mental illness. Psychiatric Nurse Practitioners are trained to assist people suffering from mental illness in many ways, including a variety of therapy modalities, prescribing medications, and assisting in securing community resources. The University of North Dakota has a psychiatric mental health nurse practitioner (PMHNP) program that graduates PMHNP's every spring. The program has attempted to respond to the increasing need for mental health professionals by expanding the program from cohorts of 12 students to cohorts of 18 students. It is difficult to continue to expand the program with the current limited resources, most specifically, the limited number of interested faculty. Psychiatric mental health faculty are challenging to recruit as they are so clinically sought after and increasingly well compensated in neighboring states for their clinical work. Another problem for North Dakota is that even when a student graduates, they most often move to other states where they are more readily compensated and the role of a PMHNP is better understood and appreciated.

**Action 9:** Legislative funding to hire more faculty for the PMHNP program. In addition, incentives for current and future PMHNP faculty such as competitive salaries and loan repayment programs would help recruit faculty to assist in increased class sizes. Examples of existing state loan programs include the teacher shortage loan forgiveness program, <http://www.ndus.edu/makers/procedures/ndus/default.asp?PID=306&SID=57> and STEM student program <http://ndus.edu/makers/procedures/ndus/default.asp?PID=312&SID=57>.

**Action 10:** Strategies to increase retention of graduates and attraction of other state graduates include expanded funding for the new behavioral health professional student loan repayment program that was funded through HB 1396 during the 2015 legislative session. <http://www.legis.nd.gov/assembly/64-2015/documents/15-0535-02004m.pdf?20160209161128> Additional funding is needed for this program and eligibility for the loan repayment program should be expanded to psychiatric nurse practitioners working anywhere in North Dakota and/or serving as a faculty member in the UND PMHNP program. The University of North Dakota PMHNP program will ensure all students of the program are aware of the availability of the currently available student loan repayment program. The community match requirement is also a barrier.

**Action 11:** Improved understanding and appreciation of the potential role of the Psychiatric Mental Health Nurse Practitioner in a variety of settings (inpatient, outpatient, medicine clinics, etc.) is essential to moving North Dakota forward in providing necessary and quality mental healthcare to its residents. Educational materials to improve understanding and appreciation of the role will be developed by the ND Center for Nursing and the University of North Dakota PMHNP program and distributed to all behavioral health settings. Information about Mental Health Nursing and the role of the Psychiatric Mental Health Nurse Practitioner will also be added to the ND Center for Nursing's Legendary Nurse Portal.

**Problem:** Nurses are the frontline healthcare provider in North Dakota's prisons and county jails and prisoners providing care for emergent health conditions while incarcerated.

**While the prison system has access to many health providers and training; nurses in county jails do not have as many resources available. For example, some county jails only have a contract nurse or a nurse on staff with occasional visits by other healthcare providers.**

**Solution:** Increase availability of behavioral health training and screening tools for all nurses working in correctional facilities which will enhance the ability of these critical providers to work with prisoners with behavioral health issues.

Correctional nurses collect comprehensive data pertinent to the patient's health and/or situation through their assessment and utilizes this data to determine diagnoses, health concerns or organizational issues and develops a plan for the patient. Correctional nurses are in a key position to ensure patients are in their optimal state of physical and mental health especially with the widespread prevalence of behavioral issues in prisons and jails (American Nurses Association, 2013).

**Action 12:** All county jail nurses should receive training that is comparable to the state prison staff training customized to the jail setting. This includes training on suicide prevention, responding to mental and behavioral health needs, cultural diversity, and managing stress. The training should also include a standardized screening tool and procedure for county jail nurses to utilize.

**Action 13:** Annual education meetings for all county jail and state prison nurses and other healthcare providers would help increase communication and refresh behavioral health skills. The Minnesota's Corrections Association (<http://www.mn-ca.org/>) holds annual meetings that provide required continuing education requirements for licensed nurses and other healthcare providers.

**Action 14:** The proposed University of North Dakota Behavioral Health and Addiction in North Dakota (BAND) program (Heitkamp, T., Halas, G. & Rand, K.,2015) will provide critical behavioral health connections for prisoners that have been released in the Bismarck area. This program should be expanded statewide and include students from all education programs.

**Action 15:** Availability of treatment medication for prisoners with behavioral health issues provides for better overall treatment. New rules allowing for Medicaid coverage of medications for inmates in county jails should be continued.

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