Fall 2021

North Carolina Health Workforce Sentinel Network
Findings Brief: Behavioral Health

During October and November 2021, healthcare employers in North Carolina reported on their current workforce needs. Employers answered a series of questions about staff vacancies, turnover, training/onboarding priorities, and the effect of the COVID-19 pandemic over the past 6 months (roughly May-October, 2021). This brief summarizes the responses from **behavioral health organizations** to some of these questions. More findings, including current pandemic-related concerns and responses from other health care settings, may be viewed at nc.sentinelnetwork.org/findings/.

26 Behavioral Health Responses

5	Behavioral-mental health clinics
4	Group home or family care homes
4	Intellectual or developmental disability (IDD) residential facilities
9	Other out-of-facility BH services
4	Psychiatric hospitals

Top occupations with exceptionally long vacancies
(% of 26 responding behavioral health organizations reporting long vacancies for these occupations):

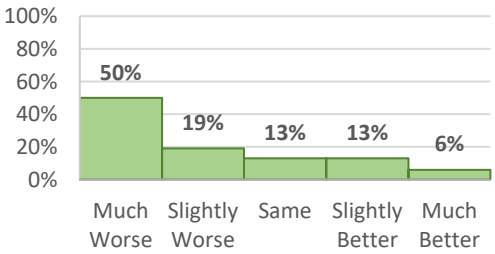
1. Direct Support Professionals (11 – 42%)
2. Registered Nurse (9 – 35%)
3. Licensed Practical Nurse (8 – 31%)
3. Certified Nursing Assistant (8 – 31%)
4. Mental Health Counselor (6 – 23%)
5. Administrator/Director (5 – 19%)
5. Office Staff/Front Desk Staff (5 – 19%)

- Among the multiple behavioral health organization/facility types, direct support professionals (DSPs), registered nurses (RNs), and licensed practical nurses (LPNs) were most consistently reported as having long vacancies. (Reported by at least one respondent in every category).
- Other long vacancies are spread among many occupations, with more than 30 different occupations mentioned by at least one respondent as having unusually long vacancies.

Reasons for long vacancies and high turnover reported by behavioral health organizations:

[Direct Support Professional] *"There has been a DSP crisis for decades; they need to be paid a living wage and be better trained so that they can serve members well, feel competent in their jobs, and be safe"*
[Mental Health Counselor] "*Pandemic burnout resulting in retirement/career changes, policy movement (both political and industrial) on minimum wages and proximity and access to [a fast-growing region of the state] have made filling all vacancies increasingly difficult"*
[Licensed Practical Nurse] *"During COVID, hospitals are having lots of job fairs and have increased their pay rate above what we can afford"*

In the past 6 months, has COVID-19's impact on your workforce gotten better, stayed the same, or gotten worse?
(% of 16 responses to this question)



Comments on COVID-19 workforce impact over May-October 2021:

[Much Worse]: *"Covid has taken a toll on many staff and they are burning out and going places where they can make more money"*

[Much Worse]: *"More turnover in recent months. Workforce was more stable at the onset of COVID but…employees are leaving jobs more now"*

[Slightly Worse]: *"[M]ore fatigue, some shortages"*

[Same]: *"Luckily well staffed and low conflict"*

[Slightly Better]: *"Clinicians whose work has been impacted by the pandemic have come [back]"*

What are your top workforce needs that could be alleviated by policy, regulatory, and/or payment changes?

Need	Suggested Changes
More staff, especially board certified behavior analysts (BCBAs) and direct support professionals (DSPs)	**Many suggested increasing reimbursement to allow for payment of higher wages.** *"Need to be able to pay a living wage!"* *"Medicaid and the LMEs need to increase the reimbursement rates"* *"[A]ppropriate wage – adequate reimbursement"* **One suggested introducing formal BCBA credentials to encourage increased supply for this specific role.** *"[L]icense and credential BCBAs"*
More flexibility and efficiency in allocating staff	**Several suggested regulatory changes to provide more flexibility in personnel allocation when short-staffed.** *"[More] flexibility in staffing ratios"* *"Allow CSACs [certified substance abuse counselors] to work with Medicaid/Medicare patients and not take away from billing or reduced compensation"* *"Feds should let medical providers do telemed[icine] methadone intakes with [physical examinations] and vitals done by RN/LPN reported or [physical examination] completed within 72 hours"*

How has your facility's staffing arrangements/configurations affected your ability to respond to patient demand in the past 6 months?

Some reported the need to reduce hours and services, and to delay expanding service lines due to staffing shortages.

"Difficult to expand services"

"We have fewer intake appointments"

To what extent have you observed burnout as a workforce issue in the past 6 months?

Additional hours are required for staff due to high turnover, which is increasing burnout for the remaining employees.

"Many of my staff are dedicated, but tired"

"Staff having to work extra hours due to lack of relief"

Have there been changes in your facility's priorities regarding orientation/onboarding for new employees, or training required for your existing workforce?

Some reported expanding training, while others reported expediting training and converting to online training.

"[I]ncreased training and monitoring training due to covid"

"Additional training for taking COVID precautions and operating a little differently to ensure resident/staff safety"

"Change to orientation schedule, longer training structure and schedule, more in person, hands on training, availability of leadership increased"

"We have moved organizational orientation online for one-on-one study as we no longer have the luxury of hiring enough people at one time to hold a traditional classroom orientation"

"Transitioned to online to reduce potential COVID exposure"

"[E]xpedited to get workers trained and on the job"

"[A]dditional training has been needed to promote quality care during the pandemic. Social and leisure activities for adults with IDD/autism have been a focus to improve quality of life and reduce problem behaviors that interfere with good health, learning, and safety. Also, assuring they have the COVID vaccine"

Has your facility deployed its existing workforce in significantly new roles, or employ any new healthcare occupations?

Only a few entirely new positions were reported, including a leader for COVID response activities. Many responses indicated changing roles for existing staff, especially adding COVID-related responsibilities and using some staff in place of others when necessary. One response indicated increasing virtual care roles for clinical psychologists.

"Hired [a Chief of Health Services] to coordinate the agency's COVID response"

"More job duties [for care managers] related to COVID precautions, training and monitoring"

"Added more medical monitoring [for direct support professionals]"

"[We are] [u]sing LPN when we can not hire an RN"

"[U]sing non-licensed counselors in roles that previously required a license"

"Transition to more virtual care [for clinical and counseling psychologists]"

Data Limitations

Findings presented in the brief represent the responses from a convenience sample of health system administrators who voluntarily participated in the Fall 2021 Sentinel Network questionnaire (Oct-Nov 2021). Generalizability of these findings to the broader North Carolina health care system may be limited.

About the North Carolina Health Workforce Sentinel Network

The Health Workforce Sentinel Network links the healthcare sector with policymakers, workforce planners, and educators to identify and respond to changing needs for healthcare workers.

To view an interactive version of all responses from all types of health care organizations and to join the network to provide information on your organization's workforce needs and challenges, visit: https://nc.sentinelnetwork.org/

Questions? Contact: nc@sentinelnetwork.org