

North Carolina Health Workforce Sentinel Network *Findings Brief: Behavioral Health*

During June of 2022, healthcare employers in North Carolina reported on their current workforce needs by answering 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 January-June, 2022). 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/.

47 Behavioral Health Responses

- 29 Behavioral-mental health offices, practices, or clinics
- 3 Freestanding evaluation & treatment facilities
- 8 Other residential treatment facilities
- 4 Other out-of-facility BH services
- 3 Psychiatric hospitals

Top occupations with exceptionally long vacancies

(% of 47 responding behavioral health organizations reporting long vacancies for these occupations):

1. Registered Nurse (8 – 17%)
1. Physician/Surgeon (8 – 17%)
1. Chemical Dependency Professional/Substance Abuse and Behavioral Disorder Counselor (8 – 17%)
2. Mental Health Counselor (7 – 15%)
2. Mental Health or Substance Abuse Social Worker (7 – 15%)
3. Direct Support Professional (5 – 11%)
3. Peer Counselor (5 – 11%)

- Within the physician/surgeon category, psychiatrists and child psychiatrists were both reported as having unusually long vacancies.
- Other long vacancies were again spread among many occupations, with more than 30 different occupations mentioned by at least one respondent as having unusually long vacancies, as was also the case in Fall 2021.

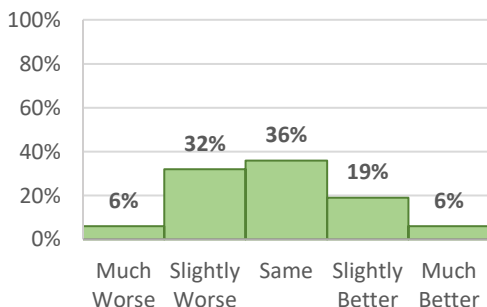
Reasons for long vacancies and high turnover reported by behavioral health organizations:

[Registered Nurse] *“[Behavioral health is] not a desired specialty by many due to increased acuity issues and safety concerns”*

[Mental Health Counselor] *“There are so many job openings that applicants are applying for multiple positions at once and have the ability to choose the best of many options re: salary, etc”*

[Mental Health or Substance Abuse Social Worker] *“Because this area is so rural, newly licensed social workers tend to be drawn to areas where the pay scales are more competitive”*

In the past 6 months, has COVID-19’s impact on your workforce gotten better, stayed the same, or gotten worse?
(% of 47 responses to this question)



Comments on COVID-19 workforce impact over January-June 2022:

[Slightly Worse]: *“Our waiting list has gotten very long because of the long term effects of COVID on mental [health] in general in our area”*

[Same]: *“I switched to telephone only appointments and COVID has not let up enough for me to consider going back at this time”*

[Slightly Better]: *“With COVID on the decline and less severe, we are more easily able to safely provide direct supports to people with IDD. Staff can work in offices again as needed, with continuing safety measures. Home visits have returned”*

[Much Better]: *“Because of the accepted use of virtual and tele-communications with clients, they have requested and received more services from my office”*

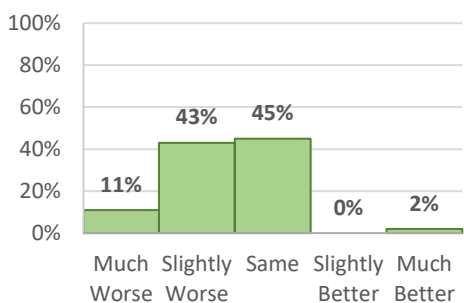
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What are your top workforce needs that could be alleviated by policy, regulatory, and/or payment changes?

Need	Suggested Changes
<p>Ability to better compensate staff</p>	<p>Many suggested increasing reimbursement to allow for payment of higher wages. <i>“The reimbursement rate for community health, [especially] behavioral health has not been changed in many years. Paperwork has increased but reimbursement rates have not, so many skilled workers leave for another setting”</i> <i>“I would love for all the insurance companies to agree to pay as much as Medicare, which is still low but [others are even lower, including Medicaid]”</i> <i>“Better pay from insurance would allow us to compensate better [to attract needed psychologists]”</i></p> <p>One suggested establishing emergency payments for compensation when services are provided to uninsured patients. <i>“Emergency therapy payments [to address] inability to pay for therapy coupled with no insurance when clients are depressed or anxious or court ordered”</i></p>
<p>Maintain and expand telehealth services</p>	<p>Several suggested making pandemic-related telehealth flexibilities permanent. <i>“Need all insurances to continue to cover telehealth for mental health services beyond the pandemic”</i> <i>“Permanent expansion of telehealth at parity for behavioral health”</i></p> <p>Several suggested establishing a pathway to allow for easier provision of telehealth across state lines. <i>“Increased access to mental health services via telehealth and across state lines”</i> <i>“Multi state license for [psychiatrists to provide] virtual care”</i></p>

In the past 6 months, has the impact of staff shortages on your facility’s capacity to provide care gotten better, stayed the same, or gotten worse?

(% of 47 responses to this question)



[Much Worse] *“We have a waiting list of over 200 and I am constantly trying to hire staff to cover the shortage of help”*

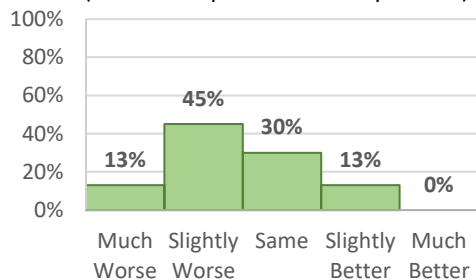
[Slightly Worse] *“We continue to get many referrals, but caseloads are full and clients are not turning over as quickly because of their high acuity”*

[Same] *“Existing clients are understanding. Clients seeking to establish a therapeutic relationship are frustrated; in that, they struggle with trying to find someone to provide care”*

[Much Better] *At one point in November 2021 we were down to 82 full time employees. As of today we have 112, with a 3% vacancy rate”*

In the past 6 months, has burnout as a workforce issue at your facility gotten better, stayed the same, or gotten worse?

(% of 47 responses to this question)



[Slightly Worse] *“With regular attrition, and continuance of care during sourcing and onboarding of new staff, current staff feel the strain of increased workload”*

[Slightly Worse] *“More stress is apparent in everyone now due to COVID risks, isolation, inflation, war in Ukraine, family stresses, and large pending Medicaid/system changes”*

[Same] *“We encourage self-care despite demand. We respect our own boundaries so we do not burn out”*

[Slightly Better] *“I think morale has improved, but our staff are still fatigued”*

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

Not many redeployments or new roles were reported. Some staff, like administrators and case managers, helped with direct patient care when needed, and a few new types of staff were hired to meet COVID-related needs and to take the place of other types of staff that were more difficult to find or retain.

Redeployment: *“Administrators were also pulled into direct care [to address staffing shortages]”*

New Occupation: *“[Added a] mental health counselor [because we] needed more therapeutic support due to COVID-19”*

New Occupation: *“We recruited for a [part-time weekend Licensed Practical Nurse] position because we had such difficulty recruiting/retaining direct support professionals”*

New Occupation: *“[Added a] Medical Assistant/RN to support overwhelmed prescribers due to COVID-19”*

Data Limitations

Findings presented in the brief represent the responses from a convenience sample of health system administrators who voluntarily participated in the Spring 2022 Sentinel Network questionnaire (June 2022). 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