

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

In Nov through Dec. 2022, healthcare employers in North Carolina reported on their current workforce needs related to staff vacancies, turnover, training/onboarding priorities, and the effect of the COVID-19 pandemic over the past 6 months (roughly June - Dec. 2022). This brief summarizes the responses from **behavioral health organizations**.

More findings and responses from other health care settings may be viewed at [nc.sentinelnetwork.org/findings/](https://nc.sentinelnetwork.org/findings/).

<b>29 Behavioral Health Organization Responses</b>	11	Behavioral-mental health offices, practices, or clinics
	10	Other out-of-facility BH services
	5	Other residential treatment facilities
	3	Substance use disorder residential treatment facilities

### Exceptionally long vacancies

#### by BH Facility Type

Behavioral-mental health offices, practices, or clinics:

- Mental Health Counselors (27% of respondents)

Other out-of-facility BH services:

- Registered Nurses (40% of respondents)

Other residential treatment facilities:

- Registered Nurses (40% of respondents)

Substance use disorder residential treatment facilities:

- Peer Counselors (67% of respondents)

#### Reasons for Long Vacancies

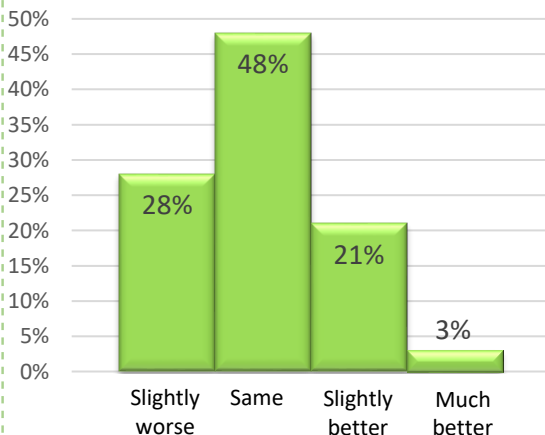
Respondents noted salary, recruitment, and retention issues along with childcare challenges related to vacancies:

*“Covid has significantly increased the wages that nurses are being offered, perhaps due to nursing shortages. It has been extremely difficult to fully staff this facility with LPNs and RNs.”*

*“We cannot afford to pay [peer counselors] more than \$10 per hour, and we prefer to have male staff.”*

### Impact of COVID-19

**In the past 6 months, has COVID-19’s impact on your workforce gotten better, stayed the same, or gotten worse?**



**Comments on COVID-19 workforce impact over June - December 2022:**

**[Slightly Worse]:** *“Vacancy rates continue to slowly climb as departures outpace arrivals and leaves of absence diminish workforce availability.”*

**[Same]:** *“Nobody wants to work in mental health due to possible exposure.”*

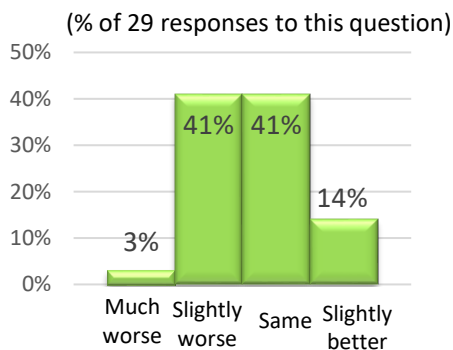
**[Slightly Better]:** *“The adjustments made at the height of the COVID pandemic have been moderately beneficial to clients. And the routine use of prevention measures have gotten, well, routine! Not having staff out sick helped the past 6 months.”*

**[Much Better]:** *“Have not had to close a unit due to COVID.”*

Top workforce needs that changes to policy, regulations, or payment could alleviate

Need	Suggested Changes
Pay staff more money*	<ul style="list-style-type: none"> <li>Increasing Medicaid reimbursement rates to allow for payment of higher wages</li> <li>Increasing minimum wage or establishing a baseline wage of \$15</li> <li>Increasing rates for state-funded services that match the rates for intermediate care facilities</li> <li>Reduce staff ratios</li> </ul> <p style="text-align: center;"><i>"Clinicians want more money."</i> <i>"We need to increase wages for therapists with significantly more experience."</i></p>
<p>*Ability to pay staff more was a top priority for respondents in the Spring 2022 survey as well, indicating pay is a persistent behavioral health workforce issue for respondents to this survey in NC.</p>	
Reduce patient waitlists	<ul style="list-style-type: none"> <li>Allow telehealth reimbursement at parity across insurance companies</li> <li>Pass the Social Work Interstate Compact</li> </ul>

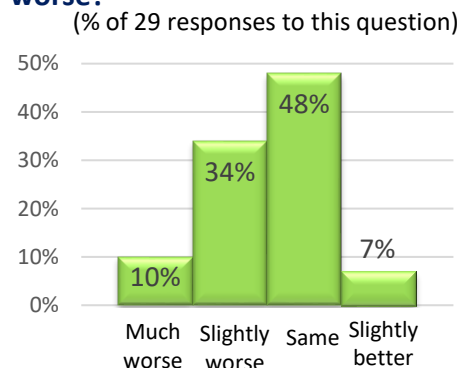
In the past 6 months, has the impact of staff shortages on your facility's capacity to provide care gotten better, stayed the same, or gotten worse?



**[Much Worse]** *"We have patients who are not being seen twice per month, per requirements, and patient care appears to have lowered itself."*

**[Slightly Worse]** *"Decline is steady. Leadership is timid about re-calibrating with no decisive staffing remedy on the horizon."*

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



**[Much Worse]** *"Violence and too much oversight has not allowed the therapists to provide adequate therapy."*

*"Burnout is a concern primarily articulated by social workers."*

**[Slightly Worse]** *"Continued lack of reduction in oversight and paperwork, including the amount of violence, has made staff burnout."*

**[Same]** *"No detectable burnout [now], but there is a concern that the current staffing levels and projected staffing levels would result in burnout in current workers sometimes in 2023."*

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 (Nov. - Dec. 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; visit:

<https://nc.sentinelnetwork.org/> Questions? Contact: [nc@sentinelnetwork.org](mailto:nc@sentinelnetwork.org)