The State of the North Carolina Behavioral Health Workforce: Addressing the Acute Crisis

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Addiction Professionals of North Carolina

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INTRODUCTION

In March of 2022, Addiction Professionals of North Carolina (APNC) released the results of their membership survey on the frontline behavioral health (substance use and mental health disorder services) workforce in North Carolina. This survey aimed to gain a comprehensive understanding of the workforce's challenges and garner feedback on recommendations that would improve the quality of care and the sustainability of professionals working in the field. With the unprecedented events of COVID-19, more strain was put on frontline workers, exacerbating pre-existing workforce challenges and leading to compassion fatigue, secondary trauma, and burnout. Secondary *trauma* refers to the mental distress people take on by caring for others under duress. *Burnout* describes the condition resulting from significant workplace stress without much, or any, reprieve. Burnout and secondary trauma appear in various forms, and the language of the survey reflects that nuance. Behavioral health can be a particularly demanding field, and it is essential to recognize that people process hardship and strain individually. It should come as no surprise that it becomes hard to care for others when one's needs are unmet.

The survey highlights challenges in the field, such as low rates of pay, not enough workers to meet the demand for services, putting significant responsibilities on workers new to the field, secondary trauma, workers leaving the field, as well as limited services and support for both direct care workers and executives. The survey design was informed by a solid research foundation, mainly from 2019 to 2021, and published behavioral health surveys from across the country. This foundation was used to create a master list of workforce issues and themes which shaped the survey questions and recommendations discussed in this paper. Survey participants included Substance Use Disorder (SUD), integrated mental health and SUD, and mental health practitioners. Most respondents work at community mental health clinics (CMHCs), mental health clinics, methadone clinics, specialized substance abuse outpatient treatment centers, and private practice.

Representation of practitioners new to the field, peer support specialists, and workers from diverse backgrounds were limited. Anecdotes from community partners indicate a need for more young professionals in the field; however, the lack of diverse participants and peer support specialists is a limitation worth noting. The sample size of 252 respondents is generally representative of the field.

PRECEDENT PRE COVID

While multiple barriers prevent individuals from seeking or accessing SUD and related services, a lack of an adequate workforce to meet demand has been a top concern in the national dialogue for years. In 2020 the Substance Abuse and Mental Health Services Administration (SAMHSA) published its National Survey on Drug Use and Health (NSDUH), which included insight into data collected in 2018 and 2019 before the COVID-19 pandemic. The report stated that “80% of

individuals with a substance use disorder (SUD) do not get needed care; 57% of those with mental illness also do not get needed care, and fully one-third of those living with serious mental illness do not get the care they need." The report also provided insight into the demand for SUD services based on population data stating that "SUD was estimated to affect 7.8 percent of the population or approximately 19.3 million adults in the United States aged 18 or older in 2018."

Regarding the number of qualified professionals to meet the demand, the NSDUH report presents estimates illuminating a significant disparity. SAMHSA's Behavioral Health Workforce Report (2021) notes that to meet the estimated need for SUD services, additional professionals are needed: over 44,000 addiction psychiatrists and addiction medicine specialist physicians, over 640,000 counselors, 105,000 social workers, and nearly 350,000 peer support specialists. The report makes it clear that this data set is incomplete due to limited responses from many key behavioral health workforce members, such as peer support specialists and community health workers. Additionally, the data focus on opioid use disorder (OUD) and does not include other needs for services for conditions like alcohol use disorder (AUD), primary mental illness, or other non-opioid substance use disorders. It stands to reason that the number of counselors needed surpasses these estimates from SAMHSA. COVID-19 may have been a tipping point, but the crisis was real for healthcare professionals before the pandemic.

COVID IN NORTH CAROLINA

In 2020, the looming nature of an unprecedented illness took a toll on nearly every aspect of life in the United States. It showed the imperfections of the healthcare system in stark clarity. The need for isolation to limit disease transfer left many disconnected from their communities, routines, and loved ones. As physical health became a dire concern overnight, frontline health workers took the brunt of the burden as the reality of a massive upheaval of illness, loss, and lockdowns hit. As the ramifications of fear and uncertainty settled in nationally, behavioral health workers found themselves on the frontlines of a hidden epidemic within the pandemic.

In North Carolina, actions were taken to ensure the healthcare system was supported during this emergency. Those actions included addressing the stressors facing the behavioral healthcare system. Session Law 2020-3 included a provision for a report conducted in the fall of 2020 and reported on by North Carolina Area Health Education Centers (NC AHEC) in March of 2022 to the "Access to Healthcare and Medicaid Expansion" oversight committee.

The report included the following findings:

- The pandemic magnified existing workforce shortages.
- Workers were afraid and stressed during the pandemic.

- Service suspensions resulted in furloughs and other workforce reductions - employers cross-trained workers where they could fill gaps and meet needs.
- The challenges of caring for historically marginalized populations were magnified, and workers were not always prepared for this.
- Telehealth provided a valuable tool to ensure access to care while protecting the safety of patients and providers.
- The behavioral health needs of the workforce and the population are high

Many of these findings remain true three years into the pandemic, and actionable follow-up steps are necessary to mitigate their effects.

STATE ACTIONS TO ADDRESS THE WORKFORCE

In 2021, the North Carolina legislature invested $210 million in the direct care workforce, including mental health and addiction professionals. This significant investment aimed to aid the retention of current staff by raising rates in billable services and raising wages for workers. Additionally, the North Carolina Department of Health and Human Services (NCDHHS) recognized the need to build a strong workforce pipeline and released the following targeted programs on June 10, 2022:

Addiction Education Minority Fellowship Program

This program provides funding to provide tuition scholarship/stipend opportunities to students from ethnic/racial minority groups to pursue degrees that support work in the addiction prevention, treatment, and recovery field. A focus on growing the minority provider workforce aims to address disparities and increase equity in access to care for all individuals with an SUD.

Expansion of Practitioner Education

This initiative aims to expand the integration of SUD education into the standard curriculum of relevant healthcare and health services education programs, ultimately increasing access to and improving the quality of SUD treatment services.

These opportunities recognize the need for diversity and increased access to the field for professionals and those needing services. They represent an excellent start to NCDHHS's commitment to addressing the workforce crisis. However, we must continue making substantial investments to sustain a healthy and capable workforce. NCDHHS must engage stakeholders to evaluate the cost of providing services and establish a plan to increase wages and benefits to recruit and retain addiction support professionals.

At the February 15, 2022, meeting of the Joint Legislative Oversight Committee on Health and Human Services, the North Carolina Department of Health and Human Services presented the following statistics about the effect of the COVID-19 pandemic:

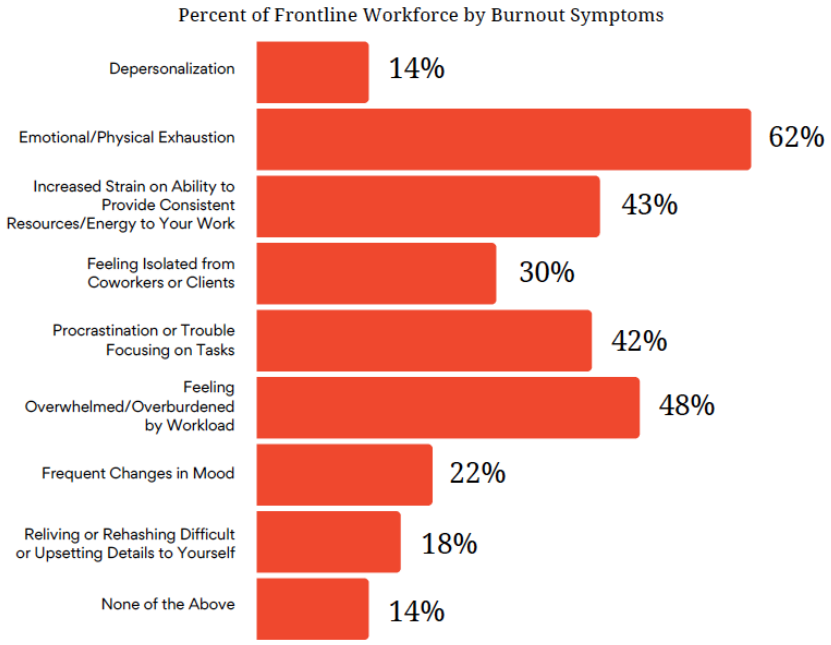
- 40% of adults reported symptoms of a mental health issue
- 39% increase in retail sales of alcohol
- 24% increase in pediatric ED emergency department visits for mental health (5-11); 31% increase for those 12-17
- More than half of individuals who lost employment or financial stability reported anxiety/depression
- 21% increase in Opioid Treatment Program (OTP) utilization
- 65% of behavioral health organizations reported turning away, canceling, or rescheduling patients

These numbers highlight the pandemic's toll on the mental health of individuals in North Carolina. The increases noted above exacerbated the pre-existing shortage into the current workforce crisis. A month after the oversight committee meeting, the Bureau of Health Workforce under the U.S. Department of Health and Human Services published its second-quarter report on health workforce shortages. The Bureau uses the Health Professional Shortage Area (HPSA) designation to identify an area or a population group within a state experiencing a health professional shortage. The national report examines primary medical care, dental, and mental health. States are then assessed as HPSA designations. Mental health population-to-provider ratios are at least 30,000 to 1 or 20,000 to 1 in high-needs communities. In the most recent HPSA report, the bureau found that North Carolina needed at least 199 additional practitioners to be removed from this designation. According to data from the U.S. Surgeon General's office, there is a projected shortage of more than 3 million essential low-wage health workers and 140,000 physicians by 2023. A workforce that strained to meet community needs before the COVID-19 pandemic will continue to shrink, leaving a significant gap in the system's ability to treat and care for individuals in mental health and substance use crises.

WORKFORCE SURVEY RESULTS

APNC's frontline behavioral health workforce survey explored the reasons behind the workforce shortage to gather recommendations on how to best support and retain the current workforce as they address the exacerbated mental health crisis brought on by the COVID-19 pandemic. Major themes that emerged from the APNC behavioral health workforce survey were consistent with the findings of NC AHEC.

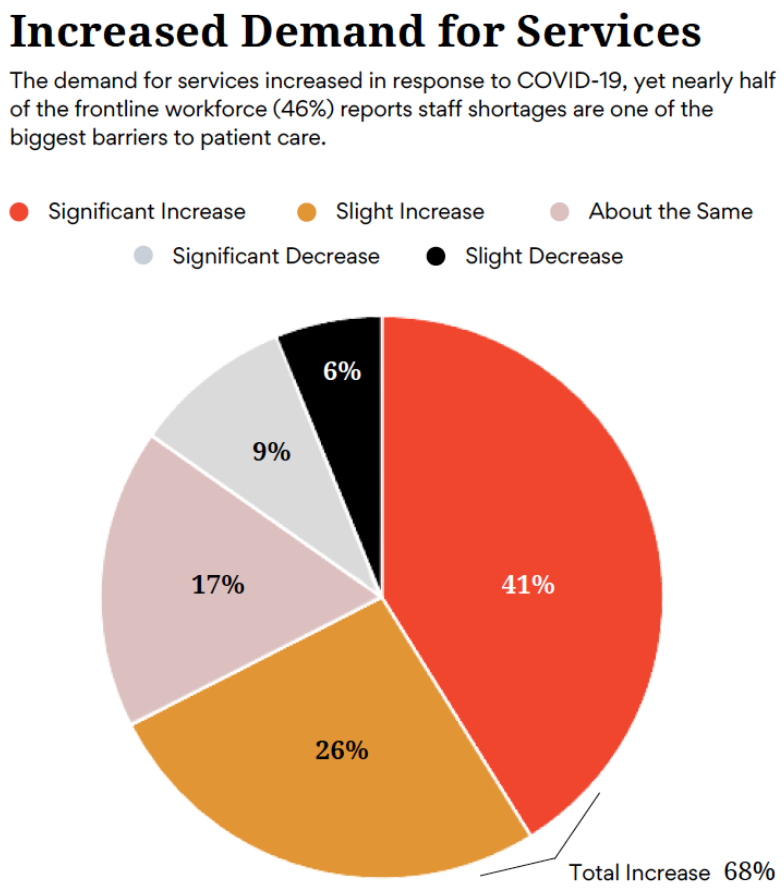
As suspected, high levels of burnout and secondary trauma continue to impact the frontline behavioral health workforce. The survey report illustrates the symptom-level details of how APNC members experience burnout, including the prevalence of the various symptoms in the workforce as a whole. Five out of six (85%) participants reported experiencing at least one symptom of burnout at the time of the survey. While 34% specifically identified their symptoms as burnout, another 42% reported increased stress and fatigue but indicated that they have not yet reached total burnout. The most common reported symptoms are emotional/physical exhaustion, feeling overburdened/overwhelmed with the workload, increased strain on the ability to provide consistent resources/energy to work, and procrastination/trouble focusing on tasks (see Figure 1).



(Figure 1)

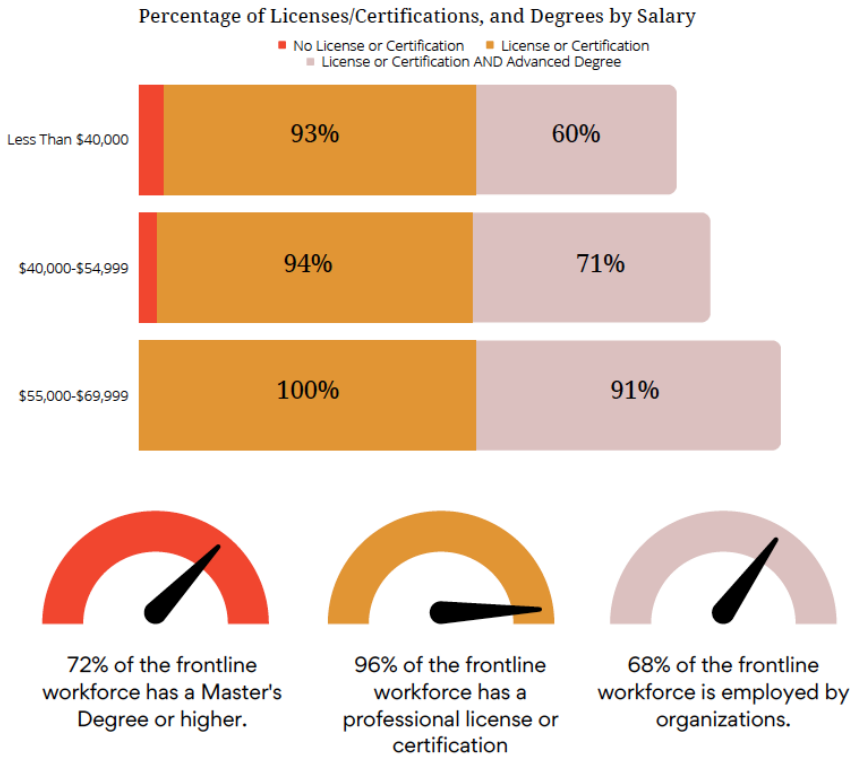
Burnout may be why workers are leaving the workforce in droves, but the circumstances that lead to burnout present opportunities to be addressed. Since COVID-19, there has been an increased demand for services coupled with increased barriers to accessing services. Over half (68%) of the surveyed participants reported increased demand for their services, with 41% noting the increase as significant; however, 57% did not see a corresponding increase in hours to accommodate their increased workload (see Figure 2). Workers were asked to take on more responsibility and higher caseloads within the same allotted hours as before the pandemic, creating workplace cultures where rest and self-care could not be prioritized. The increased service demand added to the pandemic's toll on individuals' mental health. Yet, the workforce could not respond effectively, leading to long wait times for services, delays in treatment and service delivery, and many

unattended mental health crises. Respondents also noted that these staff shortages were among the most significant barriers to treatment for people struggling with substance use disorders throughout the pandemic.



(Figure 2)

Pre-pandemic salaries already did not reflect workers' certification level and education. Wage stagnation during the pandemic and the subsequent economic downturn further exacerbated stress in the workforce, which was managing increasing demands for time and service delivery by patients. Almost half (44%) of the workforce earns less than $55,000 annually, even though 96% currently hold a professional license or certification and 72% have earned a Master's Degree. Despite the average social worker (BSW) salary in North Carolina landing at $58,162 as of May 2022, 58% of the frontline workforce members who hold a license AND Master's Degree (or higher) make less than $40,000 annually (see Figure 3). For any family of 3 or more, this salary puts them below the HHS-established poverty line, and research surrounding economic insecurity with decreased quality of life is abundant.



(Figure 3)

To say that the workforce is underpaid and overworked is an understatement. We cannot adequately address the gaps in care illuminated during the pandemic or the worsening opioid and overdose crisis without first investing in qualified professionals with the knowledge, skills, and abilities to do so. Investment in the workforce must be a top priority for the field to continue providing excellent services to those in need.

RECOMMENDATIONS

Participants in APNC's Behavioral Health Workforce Survey were asked to rank their recommendations for improving the workforce's quality of care and ability to meet clients' needs. Respondents ranked raising salaries as the most desired solution. Following that, in order of rankings, are:

- waive burdensome paperwork/regulations,
- issue loan reimbursements, and
- reimbursement of certification costs.

The response to the current workforce crisis must go beyond monetary compensation and include building a sustainable pipeline and valuing those who have dedicated their professional lives to meeting the behavioral health needs of their communities.

Establish Financing Systems for Equitable Wages

NCDHHS must evaluate rates with a methodology that brings employee compensation to a commensurate level with educational requirements and clinical responsibilities. Rate increases need to increase alongside the Department of Labor's employment cost index and consider national inflation rates. Consistent and reliable rate increases will allow for the stabilization of the workforce. APNC encourages the state to continue investing in the Certified Community Behavioral Health Center (CCBHC) model, which includes a payment system that creates a more steady flow of payments.

Pass Legislation and Fund Reimbursement of Student Loans

APNC members indicated that their top priorities were loan forgiveness and certification cost reimbursement. SAMHSA echoes this recommendation. The North Carolina General Assembly, alongside stakeholders–including community colleges and universities–must develop a loan forgiveness program as part of a comprehensive recruitment strategy for North Carolina. APNC supports the proposed legislation that will create a permanent funding stream, recently submitted by The Coalition in the 2023 long session.

Expand the Concept of "Workforce"

APNC recognizes the critical role that peer professionals have in recovery models. APNC supports the SAMSHA recommendation to increase the peer professional workforce and make these providers an integral component of behavioral health services. Certified Peer Support Specialists have a long history in the recovery milieu, both as part of a primary behavioral health team and as part of the SUD provider continuum. Peers not only provide a knowledgeable support system based on their personal experiences, but the position itself is a significant avenue of entrance into the professional addictions field. The North Carolina Department of Health and Human Services must provide opportunities to expand Peer Recovery Support positions in provider organizations. We strongly encourage the legislature to direct the UNC Center of Excellence to study and recommend options to allow Peer Support Professionals to enhance their career options in the SUD support area. A review of the scope of peers should be conducted, as their knowledge and skill sets are assets to various services and interventions. The scope should be expanded where appropriate, and payers – including Medicaid - should reimburse for peer recovery support services.

Establish a Career Ladder for the Field

To prevent another workforce crisis in the future, sustainability must be a central part of the approach to the current crisis. The behavioral health field must develop clear pathways for entrance

into the field as well as upward movement within the field. This will require significant coordination between multiple systems to be effective. NCDHHS should gather stakeholders and comprehensively overview the current behavioral health career pipeline, highlighting effective practices and identifying gaps. This information should be compiled to create a statewide strategy for effective recruitment and retention practices.

CONCLUSION

APNC recognizes the complexities of the current workforce crisis and acknowledges that solutions will require time and resources. Action must be taken now to mitigate the impact on frontline workers to preserve the dwindling workforce and create an environment where professionals want to build their careers. If North Carolina is to effectively address the dual substance use and mental health crises in our state, it must first invest in the people delivering the care.