State of North Carolina's Behavioral Health Workforce

SURVEY RESULTS

PREPARED BY
Addiction Professionals of North Carolina

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KEY FINDINGS

1. **Salaries and wages do not reflect the value of licenses, certifications, degrees, and experience.**
   Over half (58%) of the frontline workforce members who hold a license AND Master’s Degree (or higher) currently make less than $40,000 annually. This is nearly $15,000 less than the average salary for a North Carolina teacher and less than the average starting salary for a teacher with a Bachelor’s Degree.

2. **Since COVID-19, there has been an increased demand for services and an increase in barriers to accessing services.**
   Increased demand for services was reported by 68% of the surveyed participants, with 41% noting the increase as *significant* and 26% noting it as *slight*. Major barriers noted were *cost of treatment, lack of access to care*, and *staff shortages*.

3. **The current workload and burden on the behavioral health frontline workforce is unsustainable.**
   Five out of six (85%) participants say they are experiencing at least one symptom of burnout. In the survey, 34% specifically mentioned burnout, while another 42% reported increased stress and fatigue but have not reached full burnout yet. The most common reported symptoms are *emotional/physical exhaustion, feeling overburdened/overwhelmed with workload, increased strain on the ability to provide consistent resources/energy to work*, and *procrastination/trouble focusing on tasks*.

4. **Requests from the frontline workforce to improve the quality of care and ability of the workforce to meet the needs of clients include:**
   Participants ranked *raising salaries* as the best solution. Following that, in order of participant rankings, are *waive burdensome paperwork/regulations, loan reimbursements*, and *certification cost reimbursement*.
Salaries and wages do not reflect the value of licenses, certifications, degrees, and experience.
While the majority of the behavioral health workforce has some sort of license, certification, advanced degree, or combination thereof, 44% of salaries are below $55,000 and 70% are under $70,000 annually.

44% of the surveyed behavioral health workforce makes less than the average North Carolina teacher’s salary ($54,392).

43% of those people have licenses/certificates. 29% have licenses/certificates and a Master's Degree or higher.
Salaries and Workforce Experience

Salaries based on experience (measured in time at a company) trend upward, but 38% of the frontline workforce who have been at the same organization for 10+ years make under $55,000. In Key Finding #4, it is noted that the number one request for improving workforce capabilities is raising salaries.

When asked about reasons for retention and recruitment challenges, half (49%) of the survey participants reported lack of competitive wages as the number one challenge. This is significantly higher than issues like high caseloads (25%), shortage of occupation(s) in the area (29%), and lack of support personnel (19%).
Key Finding #2

Since COVID-19, there has been an increased demand for services and an increase in barriers to accessing services.
Barriers to Treatment

Barriers to treatment existed before the COVID-19 pandemic, but these barriers persisted and increased during and after the initial lockdown in March 2020.

- **Cost of Treatment**: 55%
- **Lack of Access to Care**: 50%
- **Staff Shortages**: 46%

Impact of COVID-19 on Barriers to Treatment

The system is not meeting people’s basic needs. Barriers that affect access to treatment and ability to succeed in treatment include lack of transportation, lack of insurance coverage, and lack of stable housing.

Transportation, insurance, and housing were the most mentioned barriers under "other." Another common response was the increase in acuity and complexity of mental health problems due to the COVID-19 pandemic.
Increased Demand for Services

The demand for services increased in response to COVID-19, yet nearly half of the frontline workforce (46%) reports staff shortages are one of the biggest barriers to patient care.

Three out of five (57%) people who reported an increase in demand for services did not see a corresponding increase in hours to accommodate an increased workload. This contributes to long wait times, delaying necessary treatment for clients.
The current workload and burden on the behavioral health frontline workforce is unsustainable.

Key Finding #3
Burnout and Secondary Trauma

Survey participants selected the symptoms of burnout they have experienced throughout the past few months. Some participants (42%) report symptoms of secondary trauma but do not consider themselves burnt out yet. Of those experiencing symptoms, 67% reported more than one symptom.

Percent of Frontline Workforce by Burnout Symptoms

- Depersonalization: 14%
- Emotional/Physical Exhaustion: 62%
- Increased Strain on Ability to Provide Consistent Resources/Energy to Your Work: 43%
- Feeling Isolated from Coworkers or Clients: 30%
- Procrastination or Trouble Focusing on Tasks: 42%
- Feeling Overwhelmed/Overburdened by Workload: 48%
- Frequent Changes in Mood: 22%
- Reliving or Rehashing Difficult or Upsetting Details to Yourself: 18%
- None of the Above: 14%

Seventeen out of twenty professionals are experiencing at least one symptom of burnout.
Requests from the frontline workforce to improve the quality of care and ability of the workforce to meet the needs of clients
Frontline Workforce Requests

Survey participants ranked eight options to answer the question "Which of these options do you feel would improve the quality of care and ability of the workforce to meet the needs or clients?".

We are understaffed and overworked.
Frontline Workforce Requests

The main takeaway is the need for increased compensation across the board. This will not only aid in retention efforts but will be crucial in incentivizing the next generation of workers to join the field.

**46%**

**Rated Raising Salaries Number One**

With non-competitive wages being noted as the main reason for difficulties with recruitment and retention, raising salaries could have a substantial impact on retaining the existing workforce as they continue to face higher workloads.

**3x**

**More Important Than Any Other Option**

The second highest-rated option (16%) for improvement is waiving burdensome paperwork and regulations; however, this rated as significantly less important than raising salaries.

**3 out of 4**

**Top Requests Involve Compensation**

Outside of paperwork and regulations, the top requests are raising salaries (#1), loan reimbursement (#3), and certification cost reimbursement (#4).
Age, race, ethnicity, gender, practice setting, and clientele
### Age, Race, Ethnicity, and Gender

#### Age

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number of Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>25-34</td>
<td>24</td>
<td>9.5%</td>
</tr>
<tr>
<td>35-44</td>
<td>53</td>
<td>21.1%</td>
</tr>
<tr>
<td>45-54</td>
<td>63</td>
<td>25.1%</td>
</tr>
<tr>
<td>55-64</td>
<td>68</td>
<td>27.1%</td>
</tr>
<tr>
<td>65 and over</td>
<td>36</td>
<td>14.3%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>244</td>
<td></td>
</tr>
</tbody>
</table>

#### Race

- American Indian or Alaska Native: 1%
- Asian: 0.5%
- Black or African American: 17%
- Native Hawaiian/Pacific Islander: 2%
- White: 74%
- Other: 2%

The demographics of the workforce do not reflect the diversity of North Carolina. With the trauma associated with race, gender, sexual orientation, and ethnicity, we must continue to diversify our workforce.

#### Ethnicity

- 2% identify as Hispanic, Latinx, or Spanish

#### Gender

- Female: 71%
- Male: 22%
- Transgender Female: 22%
- Transgender Male: 0.4%
- Gender Variant/Non-conforming: 2%
**Practice Setting and Services**

### Practice Setting

<table>
<thead>
<tr>
<th>Setting</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare</td>
<td>0.4%</td>
</tr>
<tr>
<td>Community Health Center (RHC, FQHC, Look-alike)</td>
<td>2%</td>
</tr>
<tr>
<td>Community Mental Health Clinic (CMHC)</td>
<td>9%</td>
</tr>
<tr>
<td>Mental Health Clinic (Not a CMHC)</td>
<td>9%</td>
</tr>
<tr>
<td>Criminal Justice</td>
<td>5%</td>
</tr>
<tr>
<td>Detox</td>
<td>3%</td>
</tr>
<tr>
<td>Faith-Based Setting</td>
<td>2%</td>
</tr>
<tr>
<td>Federal Government Hospital</td>
<td>0.7%</td>
</tr>
<tr>
<td>In-Home Setting</td>
<td>3%</td>
</tr>
<tr>
<td>Methadone Clinic</td>
<td>11%</td>
</tr>
<tr>
<td>Non-Federal Hospital: General Medicine</td>
<td>2%</td>
</tr>
<tr>
<td>Non-Federal Hospital: Inpatient</td>
<td>4%</td>
</tr>
<tr>
<td>Non-Federal Hospital: Other (e.g. Nursing Home Unit)</td>
<td>0.8%</td>
</tr>
<tr>
<td>Non-Federal Hospital: Psychiatric</td>
<td>0.4%</td>
</tr>
<tr>
<td>Primary or Specialist Medical Care (Non-Behavioral Health)</td>
<td>0.4%</td>
</tr>
<tr>
<td>Private Practice</td>
<td>23%</td>
</tr>
<tr>
<td>Recovery Support Services</td>
<td>7%</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>2%</td>
</tr>
<tr>
<td>Residential Setting</td>
<td>8%</td>
</tr>
<tr>
<td>School Health Services</td>
<td>3%</td>
</tr>
<tr>
<td>Specialized Substance Abuse Outpatient Treatment Facility</td>
<td>13%</td>
</tr>
<tr>
<td>Telehealth</td>
<td>16%</td>
</tr>
<tr>
<td>None</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>10%</td>
</tr>
</tbody>
</table>

### Service Type

- Substance Use Disorder
- Primary Care
- Mental Health
- Other

- Integrated Mental Health & Substance Use Disorder (MH/SUD)
- Integrated Mental Health & Primary Care

**Percentages**

- Substance Use Disorder: 38%
- Primary Care: 32%
- Mental Health: 17%
- Other: 7%
- Integrated Mental Health & Substance Use Disorder (MH/SUD): 6%
Clientele

- 14% Children (ages 2-10)
- 35% Adolescents (ages 11-19)
- 88% Adults (ages 20-65)
- 46% Geriatrics (ages 65+)

Individuals...

- 65% in Recovery
- 22% with Developmental Disabilities
- 51% with Justice Involvement (current or former)
- 44% Experiencing Homelessness
- 22% for whom English is a Second Language
- 57% with Low Socio-Economic Status
- 57% who identify as LGBTQ+
- 37% who are Disabled
- 31% Pregnant/Postpartum Women
- 14% Inmates
- 16% Immigrants
- 32% Rural/Agricultural
- 27% Military Service Members and Dependents
- 45% Veterans
- 6% Other
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