UNC | GILLINGS SCHOOL OF GLOBAL PUBLIC HEALTH
North Carolina Institute for Public Health

DRIVING THE FUTURE

ASSESSMENT OF THE NORTH CAROLINA LOCAL PUBLIC HEALTH WORKFORCE

JULY 2020

BEHAVIORAL HEALTH SUPPLEMENT

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WITH FUNDING FROM THE NORTH CAROLINA AHEC PROGRAM

NORTH CAROLINA AHEC

INTRODUCTION

Driving the Future was developed to identify current and future training needs of North Carolina local health department professionals [1]. The assessment was designed to meet the following goals:

- *To identify current and future critical training needs of North Carolina local health department professionals in traditional public health skill areas and those skills needed to help address larger and complex system-level issues that extend beyond the bounds of traditional public health disciplines;*
- *To collect granular and actionable data and information to help inform the development of learning opportunities;*
- *To aid North Carolina local health departments in identifying staff developmental needs, informing agency training plans and making strategic plans to respond to evolving public health needs; and*
- *To inform professional development organizations in program and education planning.*

This report is a supplement to the larger assessment report and examines the education, skills, employment, and training needs of behavioral health professionals (BHPs) through additional available data. To read the full report please see Driving the Future: Assessment of the NC Local Public Health Workforce.

BHPs represent a crucial element of the public health workforce at a time when rates of substance misuse disorders and mental health issues such as depression, anxiety and stress are increasing. In local health departments, BHPs fill a range of roles, including case management, behavioral health services, maternal and child health services, and health education. This supplemental report sought to capture a snapshot of this workforce and identify specific training needs as well as strategies for training delivery.

Staff from all 84 North Carolina local health departments (LHDs) were invited to respond to the survey. A total of 2,116 responses came from 82 North Carolina LHDs, with 31 of these from behavioral health professionals in 16 LHDs. To read the methods and limitations in detail, please see Appendix A: Methods and the full report Driving the Future: Assessment of the NC Local Public Health Workforce.

KEY FINDINGS

BEHAVIORAL HEALTH PROFESSIONALS WHO TOOK THE SURVEY

A total of 31 BHPs responded to the survey. Two did not complete enough questions to be considered an informative response, and so were excluded from analysis for a total sample size of 29. While BHPS, like other respondents, were asked to self-identify their specific tier by agency role (Tier 1-non-supervisors, Tier 2- supervisors or managerial team members and Tier 3 - senior agency leads) and provided questions tailored to those tiers, overall response rate for BHPs is small such that data analysis by tier isn't feasible and data is presented for all BHP respondents, regardless of tier.

All BHP respondents were female. Overall, the age of the respondents were evenly distributed between 25-70 years of age.

By race/ethnicity:

69% **WHITE**

25% **BLACK/AFRICAN AMERICAN**

6% **AMERICAN INDIAN/ ALASKA NATIVE**

EMPLOYMENT, EXPERIENCE, AND FUTURE PLANS

Eighty-eight percent of the BHPs respondents reported full-time employment at their agency, a finding consistent with the workforce overall. Although salary and wages may be influenced by county of employment, most BHPs (81%) earn between $35,000 - $65,000 per year, with 36% earning between $45,000 - $55,000.

The average number of years in current position was eight years, with a range of 0-24 years and a median of 3.5 years. In comparison, respondents to the general public health workforce was on average 6.95 years with a range of 0-36 and median of 4. Time reported with their current agency was slightly higher, with the average years of nine years, with a range of 0.5 – 29, and a median of 4.5 years. For the general workforce, the mean was 10.25, with a range of 0-42, and a median of 8 years. The average years within the field of public health practice was 15 years, with a range of 0.5-29, and a median of 15. In the general workforce the mean was 12.57, with a range of 0-52, and a median of 11.

When asked about their future plans for employment,

33% of BHPs could affirmatively say they were not leaving their agency within the next five years

41% were unsure

24% were considering leaving

In comparison,

48% of the general workforce affirmed they were not planning to leave within the next five years

25% were unsure

27% were considering leaving

Of BHPs considering leaving, 18% reported it would be for retirement and 6% to take another public health job.

EDUCATION, CERTIFICATIONS AND ROLES

Respondents were asked to report their degrees and certifications earned, and their roles and program areas within their organization. All but one of the respondents self-identified specifically as social workers. Among the 28 social workers, the majority had either a Bachelor of Social Work (46%) or a Master of Social Work (43%), and 25% had attained certification as a licensed clinical social worker (LCSW) and 4% as a certified case manager (CCMC). Eleven percent reported other certifications, including an MS in Child Development and an in-progress LCSW.

Respondents also reported their roles, primary and secondary, within their organization. Consistent with the number of roles reported by the overall workforce, more than two-thirds of the BHPs reported having at least 2 roles within the health department. Thirty-four percent reported 4 or more roles. The average number of roles by BHP respondents was 3.4, with a range from 1-16.

Overall, the most common roles cited as primary for BHPs were

CASE MANAGEMENT
72%

BEHAVIORAL HEALTH
38%

MATERNAL AND CHILD HEALTH
38%

The most common role cited as secondary for BHPs was

CLINICAL SERVICES
17%

TRAINING SUPPORTS AND RESOURCES

MOTIVATION

BHPs' motivation to attain additional training was similar to the workforce as a whole with the two highest motivators to get training being personal growth/interest (100%) and staying current with new developments in their field (both 82%). Another common reason was the availability of online training opportunities (71%) and time specified or covered by their agency for training (65%).

OPPORTUNITY

Similar to the workforce as a whole, most BHPs learned about training opportunities from their supervisor (76%). While only 57% of the general workforce knew about opportunities through NC DPH announcements, 76% of the BHPs did. Almost two-thirds hear about training opportunities from a colleague (65%), and just over half hear about opportunities through the North Carolina Public Health Association (NCPHA) emails (53%).

PROVIDERS

The providers of training that BHPs were most familiar with included local AHECs (94%), local hospital or healthcare system (81%), other (non-nursing) branches/sections of North Carolina Division of Public Health (81%), the NC Institute for Public Health (80%), and NCPHA (73%). For each provider, BHPs were more familiar with these providers than the general public health workforce.

Within the past two years, 63% of BHPs had taken a recent training from AHEC, 56% from NCDPH, and 31% both for local hospital or healthcare system and another local or regional training provider.

TRAINING SUPPORTS AND RESOURCES

DELIVERY

88%
of respondents prefer training delivered via conferences

59%
prefer webinars and webcasts

35%
prefer online courses

35%
prefer short online modules

BARRIERS TO ACCESS

The most commonly cited barriers to accessing needed training were cost of training programs (65%) and difficulties taking time away from work (59%). Travel restrictions and lack of appropriate training offerings were also cited by 29% of BHP respondents.

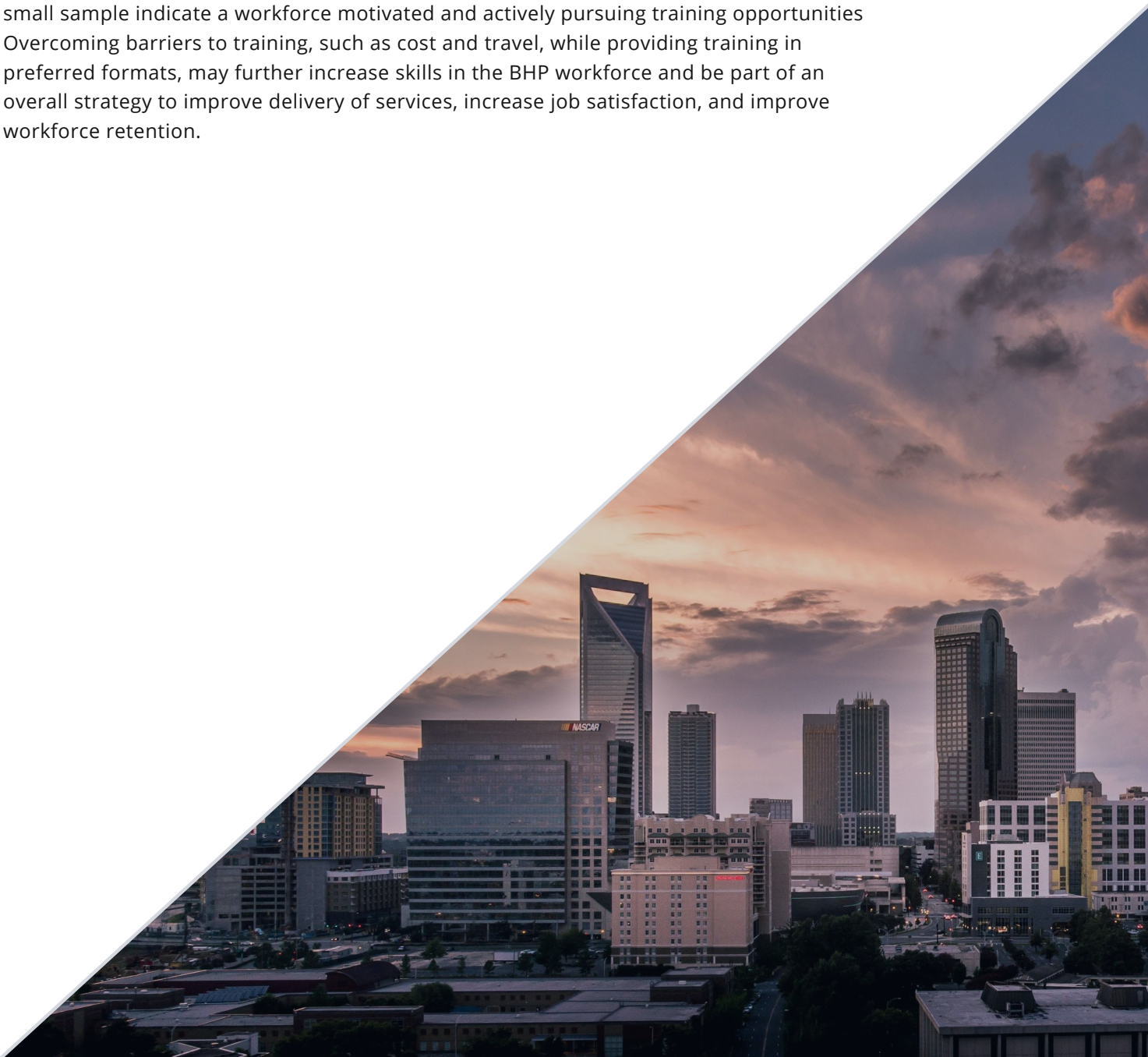
SUPPORTIVE FACTORS TO ACCESS

The most commonly cited supportive factor was non-monetary rewards/recognitions (50%), followed by coaching (19%). Forty-four percent of respondents indicated that none of the factors listed were supportive.

In an open-ended qualitative question, respondents were asked what would be helpful to them in their role during times of change. Responses included organizational factors (communication, capacity, and support for training) and content-specific factors (more applicable content). Others mentioned clear and consistent direction and guidance from the state, career advancement, and availability of continuing education credit for webinars.

CONCLUSION

Behavioral health providers contribute valuable services in case management, maternal and child health, and behavioral health areas in local health departments. Similar to other professions within the public health workforce, BHPs report multiple roles within their agencies. Training is essential in helping BHPs meet their own goals of staying abreast with their field while supporting the goals of their agency and data from this small sample indicate a workforce motivated and actively pursuing training opportunities Overcoming barriers to training, such as cost and travel, while providing training in preferred formats, may further increase skills in the BHP workforce and be part of an overall strategy to improve delivery of services, increase job satisfaction, and improve workforce retention.



APPENDICES

APPENDIX A: METHODS

This report represents a subset focused on the responses of those who reported currently working as a nurse and completed at least one question in the strategic skills section (n=594). The assessment was conducted over a four-week period between February-March 2019, and the online survey was distributed electronically to local health departments through a variety of statewide public health practitioner email listservs and on social media.

The survey was comprised of four sections:
1) Organizational role – to categorize respondent role, area of focus, and supervisory level;
2) Strategic skill sets – to assess important strategic skills and needs of the public health workforce;
3) Technical skill sets by professional area – to assess technical skills for specific professions or specialties; and,
4) Demographics – to characterize respondents and their training preferences.

The Driving the Future survey received responses from roughly 25% of the local health department workforce. While the survey had substantial participation, it is important to keep in mind the non-respondents from the workforce – potentially clinical, field or other agency staff who may have had limited access to the online survey. Despite these limitations, clinical staff had some of the highest participation in the Driving the Future needs assessment.

CITATIONS

[1] North Carolina Institute for Public Health. (2019). Driving the future: Assessment of the North Carolina local public health workforce. Retrieved from: https://sph.unc.edu/files/2019/07/LHD_Survey_FINAL.pdf

APPENDICES

APPENDIX A: METHODS (CONTINUED)

There were 31 Behavioral Health Professions who responded to the Driving the Future survey, and 30 of those respondents were Social Workers. Behavioral health professionals (BHPs) made up 1.4% of all responses to the Driving the Future survey. Of the BHPs, 55% completed the entire survey. This completion percentage is higher than the overall survey completion percentage of 55%. Among the responses considered informative, the % informative responses among BHPs was 94% vs 85% for the entire survey.

A limitation to this supplement is the small number of BHP respondents. As such, many of the analyses that were completed for the overall public health workforce and the nurse supplemental report, such as essential skills gaps, were not possible. Due to the small sample size and therefore opportunity for identification of respondents, reporting on some potentially identifiable responses, such as county of employment, have been omitted from this supplement.

While the BHPs make up a small proportion of the respondents, their information remains of interest to the North Carolina Public Health Social Work Continuing Education and Training Advisory Committee (CETAC). Due to the limited responses, Sections 2 and 3 have been excluded from this analysis.

For the complete discussion of methods and limitations, please see the full Driving the Future: Assessment of the North Carolina Local Public Health Workforce report.

APPENDICES

APPENDIX B: CONTRIBUTORS

With thanks to those organizations and agencies who helped formulate, pilot and distribute the Driving the Future assessment as well as to the full report authors. Please see the full report for a complete list of contributors.

In addition, special thanks and acknowledgement for those listed below who contributed to the writing and review of this Behavioral Health Professionals Supplement.

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