



Workforce Issues for the New Jersey Behavioral Health Community Based System of Care

New Jersey has many promising programs and system changes underway or on the horizon that are dedicated to moving the Behavioral Health community-based system of care toward being more integrated, community-based, and person-centered. Unfortunately, the workforce issues within this system of care are becoming more and more severe, undermining the ability of the system to meet the ever-increasing demand for services and the challenges of dramatic changes in care delivery.

The issues are many, but inadequate salaries and inadequate resources overall are at the core of most. Staff turnover and vacancies, inadequate reimbursement rates, and the disparity of wages between the community based system of care and state and educational organizations are all salary related issues that contribute to another factor in the mix - safety issues. Add to that, increasing demand and inadequate community resources such as housing, and the implications for the ability of the system as a whole to meet its sole objective - to serve individuals with mental health and substance use disorders with quality, effective, timely care - are many.

The Costs of Staff Turnover

Staff vacancies and turnover are largely a direct result of salary disparities between the community based system of care and state workers. Each year, the gap widens as state workers receive negotiated increases in addition to built-in anniversary increases within each salary range. Salaries for community workers, who last received a COLA in 2008, rarely grow much beyond what they were at hiring. Vacancies and turnover are not only costly to organizations due to increased training and recruitment costs and lost units of service, they are extremely detrimental to the recovery of those they serve whose treatment lacks continuity and requires renewed relationship building, with clients often facing several staff changes.

The Inability to Keep Pace with Demand

In New Jersey, the latest data from the state indicates that less than one-third of adults in need of mental health services are able to access care and that 31,145 adults seeking substance use treatment did not receive any services. These numbers precede Medicaid expansion and the last few years of Drug Court expansion - two areas of growth that have significantly increased demand for services. In the face of overwhelming demand and limited to no increase in capacity, it is critical that community based providers be able to maintain their workforce.

Safety Must be a Paramount Concern

As community based organizations struggle to meet the changing demands of state regulation and policy that is laudably moving toward being more integrated, community-based, and person-centered, ever-increasing numbers of staff are being sent into the community to provide services. Agencies find it difficult to use the 'buddy system' or security services when staff must enter potentially dangerous situations since current rates of reimbursement are inadequate or simply allow billing for only one unit of service, regardless of the number of staff required.

Conclusion

In order to effectively move forward with changes to the community based mental health and substance use treatment system, the state must recognize and act on the need for significant and consistent COLAs for the community based workforce as well as adequate rates in the fee-for-service system.