A Minimum Data Set for the Behavioral Health Workforce

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KEY FINDINGS

A behavioral health workforce Minimum Data Set (MDS) was developed through a collaborative process with the Behavioral Health Workforce Research Center (BHWRC) research team and partner Consortium. An MDS instrument with five main themes was constructed to include numerous data elements to describe workforce size, composition, and characteristics of the behavioral health workforce, which was broadly defined to include any worker responsible for prevention and/or treatment of mental health or substance use disorders. MDS data themes include: demographics; licensure and certification; education and training background; occupation and area of practice; and practice characteristics and practice settings. The MDS instrument was refined based on feedback from subject matter experts and focus group participants.

Additionally, the research team gathered all national and state-based publicly available behavioral health workforce data sources to assess completeness of existing data. Variables from 27 national data sources were mapped to the MDS data themes and assessed for quality, while a total of 114 state-based data sources were identified.

The findings of this study support the need for a standardized method for collecting behavioral health workforce data, as no combination of national and state-based data sources has sufficient breadth and quality to fully inform workforce planning efforts. Future research will develop strategies for: integrating the MDS into data collection processes, testing and refining the MDS, and developing an MDS to collect data at the organizational level.

CONTENTS:

BACKGROUND

Effective workforce planning is a key challenge in the field of behavioral health. A 2007 report released by the Annapolis Coalition stated that "workforce problems have an impact on almost every aspect of prevention and treatment across all sectors of the diverse behavioral health field."[1] Workforce factors impeding the provision of mental health and substance use disorder services include insufficient supply, maldistribution, and inadequate training of workers.[1] Moreover, the field lacks comprehensive data accurately describing the size, composition, and characteristics of the numerous disciplines comprising the behavioral health workforce, which is a barrier to workforce development and planning.

Among the challenges in collecting behavioral health workforce data in a reliable and reproducible manner is the lack of a consensus definition that describes the types of occupations and volunteer positions which contribute to behavioral health service delivery. The Health Resources and Services Administration (HRSA) and Substance Abuse and Mental Health Services Administration (SAMHSA) feature different lists of occupations that comprise the behavioral health workforce, in part because the definitions are used for different purposes. For example, HRSA uses the "core behavioral health professions" of psychiatrists, clinical psychologists, marriage and family therapists, clinical social workers, and psychiatric nurse specialists to identify Health Professional Shortage Areas,[2] whereas SAMHSA considers a broader group of workers as part of their behavioral health workforce initiatives.[3] In general, behavioral health workers can be defined along several different dimensions: the specific profession or occupation (e.g. psychiatrist), the work setting (e.g. Community Mental Health Center), the worker's education or training background (e.g. Master of Social Work degree), or the worker's job tasks or function, which may be defined by Scope of Practice.[4,5] To generate an accurate estimate of supply, these characteristics should all be considered concurrently.

Several health professions have developed a discipline-specific Minimum Data Set (MDS) to facilitate the establishment of databases to collect common elements that can address questions related to worker supply, practice setting, and care provision.[6] Many of these elements were codified into an MDS by SAMHSA about 15 years ago.[7] Building off the previous SAMHSA work and data elements from existing health profession MDSs, the Behavioral Health Workforce Research Center (BHWRC) developed an MDS instrument to inform workforce planning efforts for the broader behavioral health workforce. The MDS, which is intended to collect the minimum amount of information needed about workforce composition and characteristics to inform supply and demand modeling, will benefit the behavioral health workforce by

improving the validity and quality of data, which can then be used to inform policy makers about staffing patterns.

Development of a Minimum Data Set

METHODS

The research team first gathered empirical and grey literature related to behavioral health human resources to inform the development of the MDS. Specifically, data elements from the following health profession MDS instruments were reviewed and incorporated into the behavioral health workforce MDS: Physicians, Nurses, Licensed Professional Counselors, Psychologists, and Substance Use/Addition Counselors.[6] Based on this information, the Consortium of partners were consulted in the development of a definition for the study population. BHWRC's Consortium was composed of individuals representing the National Council for Behavioral Health, NAADAC, Community Partnership of Southern Arizona, Southwest Michigan Behavioral Health, as well as two subject matter experts who serve as consultant to the Center. Next, a comprehensive behavioral health workforce taxonomy of terms and occupational categories and worker characteristics was developed by the research team and reviewed by an MDS Working Group, which included NAADAC and the BHWRC consultants. Finally, the BHWRC research team and Consortium MDS Working Group developed a draft MDS using the taxonomy categories, which went through several rounds of revision.

Once a full MDS draft was approved by the Consortium Working Group, subject matter experts external to the research team and Consortium provided feedback on the draft MDS through key informant interviews and requests for review, especially from professional organizations representing different behavioral health provider disciplines. The research team also conducted a focus group by teleconference in July 2016 with 7 representatives from county mental health agencies who provided feedback on the data elements, as well as the feasibility of collecting MDS data from the workforce. The key informant interviews and focus group findings permitted preliminary pilot testing and refinement of the MDS instrument.

MINIMUM DATA SET ELEMENTS

The Consortium partners defined the *behavioral health workforce* as all workers involved in treatment or prevention of mental health and/or substance use disorders. This definition includes licensed and non-licensed workers, peer support workers, and volunteers. It also captures primary care workers who may be

providing behavioral health services. The definition does not include workers in behavioral health provider organizations who are not directly contributing to the provision of mental health or substance use disorder treatment or prevention services, such as clerical staff, business and human resources personnel, maintenance staff. The MDS includes five categorical data themes with data elements to describe worker characteristics: demographics; licensure and certification; education and training; occupation and area of practice; and practice characteristics and settings (Table 1). It is intended to collect information directly from behavioral health workers.

The full MDS instrument is presented in the Appendix. The MDS is not intended to serve as a standalone survey instrument; rather, it provides a suggested question bank from which survey researchers, licensing boards, and others collecting behavioral health workforce data may extract data elements specific to their population of interest to ensure the field is using consistent, standardized metrics when addressing workforce size, composition, and characteristics.

Table 1. Summary of Minimum Data Set Data Elements for Behavioral Health Workers

MDS Theme	Data Elements
Demographics	• Name • Age • Race/ethnicity • Sex and gender • Sexual orientation • Place of birth and residence • Military/veteran status • Language skills
Licensure and Certification	• Type of job-related licenses held • Type of job-related certificates held • National Provider Identification number • State identification/registration number
Education and Training	• Degrees obtained and years of completion • Field of study/specialty • Completion of other educational programs (e.g. internships) • Current enrollment in degree program
Occupation and Area of Practice	• Primary occupation • Area of practice
Practice Characteristics and Settings	• Employment status • Number of current employment positions • Number of hours and weeks worked per year • Employment arrangement • Use of telehealth • Employer practice setting • Hours per week spent on activities (e.g. clinical supervision, diagnosis) • Clinical or patient care provision • Employment plans

The full MDS instrument underwent several revisions based on feedback from key informants and focus group participants. In addition to providing suggestions for specific data elements, which were incorporated into the MDS by the research team, the qualitative findings from interviews and focus groups highlighted several important concepts. First, the MDS should be a modular instrument; it is not intended to be used in its entirety for one discipline as some data elements will not apply to some categories of workers. The MDS will be most useful when tailored to represent workforce characteristics of each behavioral health discipline. Second, some important data elements about the workforce may be best collected at the organizational level from employers, rather than from individual workers. These include the total number of behavioral health workers, type of populations served, and payment arrangements for service provision. The research team will develop an organizational-level MDS for the behavioral health workforce as a next step in this research plan. Finally, offering technical support and getting buy-in from organizations and researchers to use the MDS will be critical to its success. It can be challenging and costly to modify existing data collection instruments. The research team will work through its partner Consortium to encourage adoption of MDS data elements and provide support as needed.

Mapping Existing Workforce Data Sources to the Minimum Data Set

Once the MDS data elements were developed, the second phase of the project involved identifying existing behavioral health workforce data resources and assessing their functionality in a national study of behavioral health workforce characteristics. Ideally, a data source, or combination of data sources, would include data that are valid, reliable, publicly accessible, and collected frequently enough to provide a continuous assessment of workforce size and composition. This project included four steps: 1) identifying national and state-level data sources that provide information on workforce size and/or characteristics; 2) coding the variables that the data sources currently collect and mapping them onto the behavioral health workforce MDS; 3) assessing the quality of the data currently collected along four dimensions; and 4) summarizing gaps in the behavioral health workforce data collection efforts.

METHODS

Identifying National and State-Level Data Sources

BHWRC staff conducted a systematic review of all accessible existing data sources on the behavioral health workforce. Because there is no central collection or repository for the behavioral health workforce, our review of existing data sources followed an iterative process. Our initial strategy employed a broad-based search criterion, leveraging databases and search engines to collect existing data sources. We also

searched peer-reviewed and grey literature to determine the types of data sources previously used in health workforce studies.

Existing data sources were divided into two categories depending on whether the data are national in scope or state-based. We found four different types of organizations that currently collect data on the behavioral health workforce at a national level:

- Federal government agencies, including the Office of Personnel Management Federal Employment Statistics, the Centers for Disease Control and Prevention, and the Bureau of Labor Statistics
- Discipline-specific accrediting bodies (e.g. American Nurses Credentialing Center)
- Professional, discipline-specific national organizations, (e.g. American Association for Marriage and Family Therapy)
- For-profit entities (e.g. National Center for Analysis of Healthcare Data)

Similar to the national data sources, state-based sources were collected from state government agencies, health systems, discipline-specific organizations, accrediting bodies, and non-profit organizations. Our search strategy at the state level followed a more targeted approach to collecting data sources. We conducted a Boolean search for specific government agencies in each state, research universities located in the state, large health systems, and specific behavioral health disciplines for each state, while including search criteria related to behavioral health, workforce, data, and surveys.

We included in the study any existing primary source that collected data related to the behavioral health workforce. The expansive definition used for describing behavioral health workers permitted us to draw upon a broader selection of existing data sources. We excluded reports, briefs, or reviews which employ secondary data analysis from the study. For example, the Congressional Research Service produced a 2015 report, "The Mental Health Workforce: A Primer", where they reviewed different types of data sources without any primary data collection. This report was not included in our analysis.

Mapping Current Data-Sources onto the MDS
To determine whether these existing data sources could provide data that aligns with the data elements of the behavioral health workforce MDS, we looked at the main variables included in the data sources and mapped them to the MDS data themes of demographics, licensure and certification, education and training background, occupational category, area of practice, and employment setting. We were also

interested in whether the data source provided an enumeration estimate of one or more behavioral health workforce disciplines.

Assessing Quality of Data Sources

We limited our assessment of data quality to national data sources, which were reviewed along four criteria: validity, reliability, frequency, and accessibility. For each dimension, we rated the national data source as Good (i.e. no major methodology concerns), Fair (i.e., a few methodology concerns), Poor (i.e., several major methodology concerns), or Unknown (i.e., could not determine from the information provided about the data source. *Validity* was defined as the extent to which the data source provides accurate behavioral health workforce data. Major challenges to validity in existing data sources include misclassified occupations, non-comprehensive occupation options, nonspecific occupation options, missing or incomplete data, and self-reported data. We defined *reliability* as the extent to which the data source provides consistent measures of the behavioral health workforce. Common reliability challenges include unclear weighting estimates, changes in occupational classifications or over the course of data collection, changes in data collection methodology over time, or undisclosed survey methodologies.

Frequency refers to how often the data source collects behavioral health workforce information. Data collected every 3 years or less were rated as Good; 4 years or more were rated as Fair. Data collection efforts which did not indicate when the next scheduled survey would occur were rated as Poor. Finally, the *accessibility* criterion considered the extent to which data are available for public use. Publicly available data sources were rated as Good; data which required special permission, log-in, or registration information that limits the public's ability to access the data were rated as Fair. Data unavailable to the public were rated as Poor.

State-based data sources were not mapped to the Minimum Data Set, nor were they rated for data quality. Rather, we determined the number of existing data sources in each state to understand variation in behavioral health workforce data collection efforts across the country.

RESULTS

Our review identified twenty-nine national data sources (Table 2). After mapping existing national data sources on to the MDS developed by the BHWRC, we found that substantial gaps exist in the validity and reliability of behavioral health workforce data, which suggests that existing data are inadequate to provide all of the information required by the MDS.

Table 2. National Behavioral Health Workforce Data Sources

Data Source	Organization Collecting Data
American Community Survey	United States Census Bureau
American Psychological Association Member Profiles	American Psychological Association
American Psychological Association Survey of Psychology Health Service Providers	American Psychological Association
Area Resource File	Health Resources and Services Administration
Association of State and Territorial Health Officials Profile Survey	Association of State and Territorial Health Officials
Behavioral Health Workforce Research Studies	National Association Social Workers
Centers for Disease Control and Prevention Personnel Data	Centers for Disease Control and Prevention
Current Employment Statistics Survey	Bureau of Labor Statistics
Current Population Survey	Bureau of Labor Statistics
Demographics of the U.S. Psychology Workforce	American Psychological Association
Employment Projections Program	Bureau of Labor Statistics
Federal Employment Statistics	Office of Personnel Management
Medicare Provider Utilization and Payment Data	Centers for Medicare & Medicaid Services
NASP Member Survey	National Association of School Psychologists
National Ambulatory Medical Care Survey	Centers for Disease Control and Prevention
National Center for Analysis of Healthcare Data	National Center for Analysis of Healthcare Data
National Provider Identifier	Centers for Medicare & Medicaid Services
National Sample Survey of Nurse Practitioners	Health Resources and Services Administration
National Sample Survey of Registered Nurses	Health Resources and Services Administration
National Study of Long-Term Care Providers	Centers for Disease Control and Prevention
AAMFT National Survey	American Association for Marriage and Family Therapy
National Workforce Study	Addiction Technology Transfer Center Network
National Survey of Substance Abuse Treatment Services	Substance Abuse and Mental Health Services Administration
Occupational Employment Statistics	Bureau of Labor Statistics
Practice Analysis	Association of Social Work Boards
Practice Researcher Network Survey	National Association of Social Workers
Salary Survey	NAADAC
TRAIN	Public Health Foundation
Workforce Research Studies	National Association Social Workers

Two national data sources, the Centers for Disease Control and Prevention Personnel Data and the National Center for Analysis of Healthcare Data, were unable to be obtained by the research team so could not be mapped to the MDS elements. The mapping of variables to the MDS for the other twenty-seven data sources showed that only three collected information on every major data element contained in the MDS, although there was wide variation. On average, the identified data sources collected five of the nine MDS data elements (range: 2-9). The number of data sources collecting information on each MDS data element ranged from a low of seven for Certification to a high of twenty-four in the Enumeration category. Removing the Enumeration data element which was collected by each survey, the average number of data

sources which collected data on an MDS data element was 15 (Table 3). No national data source collected information on the entire behavioral health workforce and many collected data on just a single occupation.

Table 3. Summary of National Behavioral Health Workforce Data Source Findings

| MDS Data Element	Data Element Examples	Number of National Data Sources (n=27)
Enumeration	Total count of provider type	25
Demographics	Gender, race, ethnicity	20
Education	Highest degree attained	18
Training	Residency program	9
Licensure	Type of nursing degree	11
Certification	Peer support certification	7
Occupational Category	Psychiatrist, Counselor, Therapist, Social Worker	17
Area of Practice	Social work specialty area	9
Employment Setting	Non-profit hospital, group practice	20

Data quality is also a concern. No data sources were rated as Good across all four categories, and no data sources received a Good rating for validity. Fair was the most common rating for validity and reliability, whereas Good was the most common rating for frequency and accessibility. For each measure of data quality, at least one data source was rated as Poor (Table 4). To facilitate comparisons across the four measures of quality we assigned a numerical value (1=poor; 2= fair, 3= good) to each rating. The average score across all 27 national data sources for Validity was 1.59, Reliability was 2.29, Frequency was 1.85, and Accessibility was 2.56.

Table 4. Assessment of Data Quality of National Behavioral Health Workforce Data Sources (n=27)

Data Quality Measure	Good	Fair	Poor	Average Score
Validity	0	16	11	1.59
Reliability	9	17	1	2.29
Frequency	8	8	11	1.85
Accessibility	18	6	3	2.56

We found 114 state-based behavioral health workforce data sources. The number of state-based data sources varied from zero in three states (Alabama, Rhode Island, and Tennessee) to four separate behavioral health workforce data sources in eight states (Washington, Oregon, California, Arkansas, Wisconsin, Indiana, New Jersey, and Connecticut). The majority of states had two or more state-based data sources. In general, we found a higher concentration of behavioral health workforce data sources in the Pacific Northwest and New England (Figure 1).

Figure 1. Number of State-based Behavioral Health Workforce Data Sources

Number of State-based Data Sources

- 0
- 1
- 2
- 3
- 4
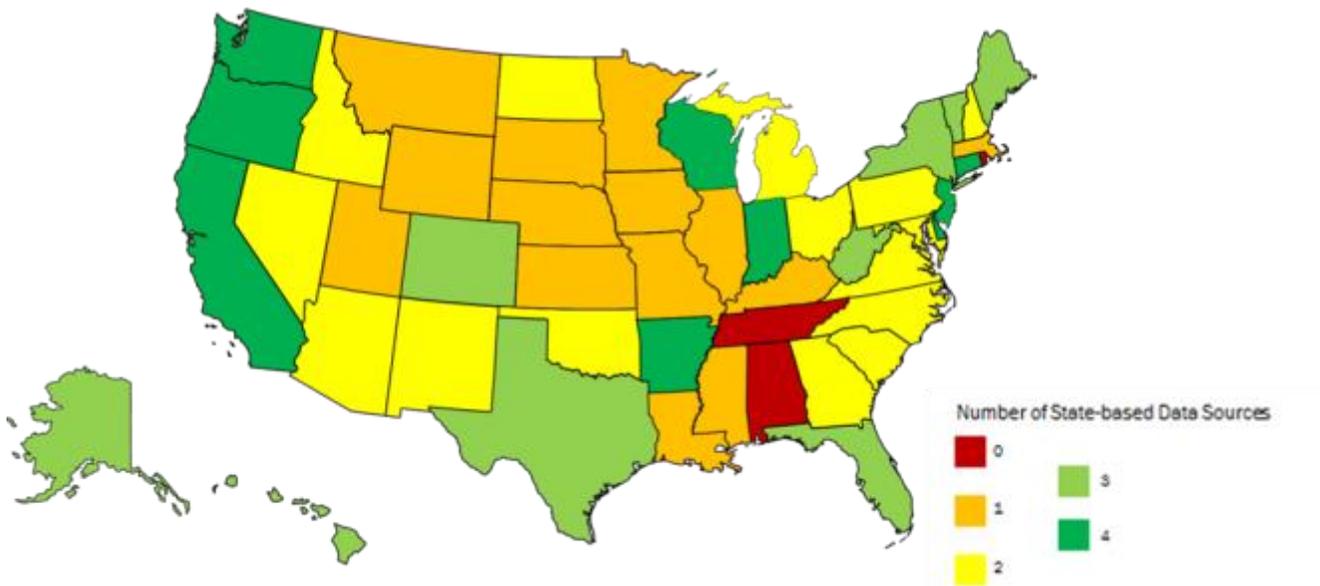
CONCLUSIONS AND POLICY CONSIDERATIONS

Development of the behavioral health Minimum Data Set is a foundational step in standardizing collection of workforce data. The BHWRC followed a multi-phase process to develop a behavioral health MDS instrument collaboratively with partners and refine it through a qualitative process with key informants and focus group participants. The resulting document represents a collection of data elements that may be used to model worker supply and demand to inform behavioral health workforce planning efforts on a national, regional, and state level. MDS data elements may also be useful in assessing the comprehensiveness of workforce data sets.

The exercise of mapping existing data source study variables to the MDS data elements provides further justification for adoption of a standardized data collection system, as no combination of data sources provide adequate data to inform an MDS. Both the breadth of workforce data across the field and the quality of data, primarily in terms of validity and reliability, present serious limitations. Much of the existing data are discipline-specific; few studies collect comparable measures and characteristics across multiple professions, making comparisons difficult. Investment in state-based workforce research efforts vary by state. This study found that the Pacific Northwest and New England regions have produced the most state-specific behavioral health workforce data in the U.S., while a few states lacked any accessible state-based behavioral health workforce data. Workforce planning efforts will continue to be challenged until valid,

reliable data are collected in a comparable and continuous manner across disciplines and geographic regions.

Adoption of the MDS instrument requires resources. The BHWRC research team is available to provide technical assistance to researchers, licensing boards, and other organizations. In general, the following should be considered when implementing the MDS:

▪ Some data elements may not apply to all types of behavioral health workers.

▪ The MDS is not a survey in itself, but an instrument researchers and data collectors can use to inform survey design.

▪ The MDS focuses on data collection at the individual worker level.

▪ A consensual process for widely integrating MDS data elements into existing data collection instruments, such as those facilitated by licensing boards and professional organizations, must still be determined.

▪ An additional MDS focused on data collection at the organizational level is under development. Example data elements include workforce enumeration, payment mechanisms for services, and populations served.

The findings of this project highlight the need for greater resources dedicated to behavioral health workforce data collection and analysis at both the state and national levels. National data sources may be useful in providing some information on workforce size and composition but a systematic mechanism for monitoring the workforce is still needed for evidence-based workforce planning decisions. The BHWRC will continue to work with partners to develop strategies for integrating the MDS into data collection processes, testing and refining the MDS, and identifying existing data sources capturing MDS data elements.

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Demographics

1. **What is your legal name?**

    First Name

    Middle Name

    Last Name(s)

    Maiden Name (if applicable)

2. **What is your birth date?**

    Month   Day   Year

3. **Please identify your race** (select all that apply.)
    o   American Indian or Alaska Native
    o   Asian
    o   Black or African American
    o   Native Hawaiian or Other Pacific Islander
    o   White or Caucasian
    o   Other (please specify) _____
    o   Prefer not to answer

4. **Are you Hispanic, Latino/a, or of Spanish origin?** (One or more categories may be selected.)
    o   No
    o   Yes, Mexican, Mexican American, Chicano/a
    o   Yes, Puerto Rican
    o   Yes, Cuban
    o   Yes, other (please specify)_____
    o   Prefer not to answer

5. **What sex were you assigned at birth (on your original birth certificate)?**
   - o Female
   - o Male
   - o Prefer not to answer

6. **Please identify your gender.**
   - o Female
   - o Male
   - o Transgender, male to female
   - o Transgender, female to male
   - o Other (please specify) _____
   - o Prefer not to answer

7. **What is your sexual orientation (select all that apply)?**
   - o Heterosexual or straight
   - o Gay or lesbian
   - o Bisexual
   - o Other (please specify) _____
   - o Prefer not to answer

8. **Were you born in the United States?**
   - o Yes, a U.S. state, please specify:

   City   State

   - o Yes, U.S. territory, please specify:

   - o No, please specify country of origin:

9. **Please enter the 5-digit zip code of your current primary residence.**

10. **What is your U.S. residency status related to your employment?**
    - o U.S. Citizen
    - o Visa
    - o Legal Permanent Resident/Green Card
    - o Not eligible to work in the US
    - o Prefer not to answer

11. **Are you currently serving in the United States military?**
    - ○ Yes
    - ○ No

12. **Are you a Veteran of the United States Armed Forces?**
    - ○ Yes
    - ○ No

13. **Do you have lived experience with a mental health or substance use disorder?**
    - ○ Yes, mental health disorder
    - ○ Yes, substance use disorder
    - ○ Yes, co-occurring mental health and substance use disorder
    - ○ No
    - ○ Prefer not to answer

14. **Are you able to communicate with patients/clients in a language other than English?**
    - ○ Yes
    - ○ No

    14A. If yes, what language(s)? (Select all that apply.)
    - ○ Arabic
    - ○ Chinese (Cantonese, Mandarin, other Chinese language)
    - ○ Filipino language (Tagalog, other Filipino dialect)
    - ○ French
    - ○ German
    - ○ Greek
    - ○ Hindi-Urdu
    - ○ Italian
    - ○ Japanese
    - ○ Korean
    - ○ Polish
    - ○ Portuguese
    - ○ Russian
    - ○ Sign language: American Sign Language
    - ○ Other sign language
    - ○ Somali or Cushitic
    - ○ Spanish
    - ○ Vietnamese
    - ○ Other (please specify) _____

Licensure and Certification

14. Have you ever held a license or certificate related to your job in behavioral health?

- o Yes
- o No

14A. If yes, what job-related licenses do you currently possess?

License Type	License Number	Status (Active/Inactive)	State, Region or Country of Issue	Date of Initial Issue	Expiration Date

14B. What job-related certificates do you currently possess? (Please include peer support/family support certifications.)

Credential Type	Name of credentialing body	Status (Active/Inactive)	Date of Initial Issue	Expiration Date

15. Do you have a National Provider Identification (NPI) number? [NPI is a unique 10-digit identification number issued to health care providers in the U.S. by the Centers for Medicare and Medicaid Services.]

- o Yes (please enter) ☐☐☐☐☐☐☐☐☐☐
- o No

16. Do you have a state identification/registration number?

- o Yes (please enter) _____
- o No

Education and Training

17. Which of the following describes your highest level of education?

- o Some high school coursework
- o High school or equivalent
- o Some college coursework
- o College or graduate degree (associate, bachelor's, master's, or doctoral degree)

18. If you completed a college degree, which degrees do you currently hold? (Select all that apply. Please do not include degrees you are currently working towards.)

- o Doctoral degree
- o Specialist degree (post-master's academic degree such as EdS, PsyS, or SSP)
- o Master's degree
- o Bachelor's degree
- o Associate degree
- o Other, please specify _____
- o I did not complete a college degree

18A. If you hold a *doctoral degree*, please select your field(s) of study/specialty. (Select all that apply.)

- o MD/DO: Psychiatry
- o MD/DO: Family Practice
- o MD/DO: Other
- o PhD: Psychology
- o PhD: Counseling
- o PhD: Marriage and Family Therapy
- o PhD: Social Work
- o PhD: Sociology
- o PhD/DrPH: Public Health
- o PhD: Nursing
- o Doctor of Psychology (PsyD)
- o Doctor of Social Work (DSW)
- o Doctor of Nursing Practice (DNP)
- o Doctor of Pharmacy (PharmD)
- o Doctor of Education (EdD)
- o Juris Doctor (JD)
- o Doctor of Theology in Pastoral Counseling
- o Other doctoral degree (please specify)_____

18B. If you hold a *master's degree,* please select your field(s) of study. (Select all that apply).

- o Psychology
- o Counseling
- o Marriage and Family Therapy
- o Sociology
- o Social Work (MSW or equivalent)

- Nursing (MSN)
- Public Health/Health Services Administration (MPH, MSPH, MHSA)
- Education (MEd)
- Business Administration (MBA)
- Public Administration (MPA)
- Criminal Justice
- Theology
- Other master's degree (please specify) _____

18C. If you hold a *bachelor's degree*, please select your field(s) of study. (Select all that apply.)

- Psychology
- Counseling
- Social Work (BSW or equivalent)
- Nursing (BSN)
- Sociology
- Criminal Justice
- Theology
- Public Health
- Other bachelor's/baccalaureate degree (please specify)_____

19. In what year did you complete your highest earned degree?

[ ] [ ] [ ] [ ]

20. Where did you complete your highest earned degree?

State/Province/area outside U.S. or Canada (please specify):   [   ]

Institution of Higher Education Attended: [   ]

Program Title or Area of Concentration: [   ]

21. Did you complete any of the following as part of your highest level educational program? (Select all that apply.)

- Internship/field placement/practicum
- Residency
- Fellowship
- Other postgraduate clinical training program/supervised training

21A. Please enter information about your training program(s).

Location (State)   [   ]

Number of Years of Training   [   ]

Date of Completion   [   ]

Program Type

☐

IF YOU ARE A PHYSICIAN, PLEASE COMPLETE Q22. OTHERWISE SKIP TO Q23.

22. Please provide information about your residency training/graduate medical education.

	Program Type	Location (State)	Years of Training	Completed?	Board Certified?
First Specialty Training			_ _ _ _ - _ _ _ _	o Yes o No	o Yes o No o Not applicable
Subspecialty Training			_ _ _ _ - _ _ _ _	o Yes o No	o Yes o No o Not applicable
Additional Training			_ _ _ _ - _ _ _ _	o Yes o No	o Yes o No o Not applicable

23. Are you currently enrolled in a formal education program leading to an academic degree?

- o Yes
- o No

23A. If yes, in what field is this formal education program? (Please mark the single best answer)

- o Addiction Counseling
- o Counseling
- o Criminal Justice
- o Education
- o Marriage and Family Therapy
- o Medicine – Psychiatry
- o Medicine – Other
- o Nursing
- o Pastoral Counseling
- o Pharmacy
- o Psychology
- o Public Administration
- o Public Health
- o Social Work
- o Sociology

o   Theology
o   Other (please specify) _____

23B. What type of degree have you been working toward in this program?

o   Doctoral degree
o   Master's degree
o   Bachelor's degree
o   Associate degree

Occupation and Area of Practice

24. Primary occupation and area(s) of practice

o   Counselor → **Area(s) of Practice:** (select all that apply)
  □ Addiction Disorder/Substance Use Disorder Counseling
  □ Behavioral Health Counseling
  □ Child/Adolescent Counseling
  □ Clinical Mental Health Counseling
  □ Clinical Supervisor
  □ Pastoral Counseling
  □ Rehabilitation Counseling
  □ School Counseling
  □ Social Services Counseling
  □ Other Counseling, please specify _____

o   Physician → **Area(s) of Practice:** (select all that apply)
  □ Addiction Psychiatry
  □ Adult Psychiatry
  □ Child/Adolescent Psychiatry
  □ Geriatric Psychiatry
  □ Other Psychiatry, please specify _____
  □ Family Practice/General Practice
  □ Geriatrics
  □ Pediatrics
  □ Primary Care
  □ Other (please specify) _____

o   Psychologist → **Area(s) of Practice:** (select all that apply)
  □ Clinical Child and Adolescent Psychology
  □ Clinical Health Psychology
  □ Clinical Neuropsychology
  □ Clinical Psychology

- □ Cognitive Behavioral Psychology
- □ Counseling Psychology
- □ Couple and Family Psychology
- □ Forensic Psychology
- □ Group Psychology
- □ Organizational and Business Consulting Psychology
- □ Police and Public Safety Psychology
- □ Professional Geropsychology
- □ Psychoanalytic Psychology
- □ Rehabilitation Psychology
- □ School Psychology
- □ Other Psychology (please specify) _____

- o Social Worker → **Area(s) of Practice:** (select all that apply)
    - □ Addictions
    - □ Adolescents
    - □ Child and Family Social Work
    - □ Clinical Social Work
    - □ Community Development
    - □ Criminal Justice
    - □ Developmental Disabilities/Rehabilitation
    - □ Displaced Persons/Homeless/Refugees
    - □ Gerontology
    - □ Healthcare Social Work
    - □ International Social Work
    - □ Mental Health Social Work
    - □ Military and Veterans Affairs Social Work
    - □ Occupation Social Work/EAP
    - □ Philanthropy
    - □ Psychiatric Social Work
    - □ Political Social Work
    - □ Public Health
    - □ School Social Work
    - □ Substance Use Disorder Social Work
    - □ Violence
    - □ Other, please specify _____

- o Nurse → Choose the option that best describes your occupation (select one):
    - □ Addiction Nurse Advanced Practice
    - □ Advanced Practice Registered Nurse
    - □ Licensed Practical Nurse
    - □ Psychiatric Mental Health Nurse
    - □ Psychiatric Registered Nurse/Psychiatric Nurse Specialists (APRN)

- □ Public Health/Community Health Nurse
- □ Other Nurse, please specify _____

- o Aide/Technician → Choose the option that best describes your occupation (select one):
    - □ Home Health Aide
    - □ Nursing Aide
    - □ Orderly
    - □ Psychiatric Aide/Technician
    - □ Other Aide/Technician, please specify _____

- o Peer Support → Choose the option that best describes your occupation (select one):
    - □ Peer Counselor
    - □ Peer Support Specialist
    - □ Peer Recovery Specialist/Coach
    - □ Peer Health and Wellness Coach
    - □ Employment/Job Coach
    - □ Peer Navigator
    - □ Other peer support occupation, please specify _____

- o Other Behavioral Health Worker → Choose the option that best describes your occupation (select one):
    - □ Behavioral Health Specialist
    - □ Case Manager
    - □ Community Health Worker
    - □ Forensic Mental Health/Forensic Services Worker
    - □ Health Navigator
    - □ Marriage and Family Therapist
    - □ Physician Assistant
    - □ Psychiatric Pharmacist
    - □ Psychiatric Rehabilitation Practitioner
    - □ Recovery Specialist
    - □ Sociologist
    - □ Other occupation, please specify _____

Practice Characteristics and Settings

25. **What is your employment status?** (Select all that apply.) (Behavioral health refers to the prevention and/or treatment of mental health or substance use disorders.)

- o Actively working in a behavioral health position that requires a professional license
- o Actively working in a behavioral health position that does not require a professional license
- o Actively working in more than one behavioral health position (under the same or different employer)
- o Actively working in a field other than behavioral health (i.e. providing behavioral health services in a non-behavioral health setting)
- o Not currently working

o   Retired

26. In how many positions are you currently employed as a behavioral health worker?

o   1
o   2
o   3
o   4 or more

27. Please provide the following information for up to 3 employment locations, beginning with the location in which you spend the most time. Please do not include locations that are outside of the U.S.

Principal Location (location in which you spend the most time)

27A. Name of facility _____

27B. Zip code ☐ ☐ ☐ ☐ ☐

27C. Average hours worked at this location per week ☐ ☐

27D. Number of weeks worked at this location in past year ☐ ☐

27E. Which of the following best describes your current employment arrangement at this location?
o   Self-employed (including group independent practice association, private practice, and consulting)
o   Permanent salaried staff employed directly by the organization
o   Permanent hourly staff employed directly by the organization
o   Temporary staff employed directly by the organization or Locum Tenens
o   Contractor employed by a third party rendering services to the organization
o   Consultant paid for services provided to the organization
o   Resident
o   Post-degree fellow employed directly by the organization
o   Student, intern, or trainee
o   Volunteer staff
o   Other, please specify _____

27F. Do you use telehealth/telemedicine at this location as part of your job responsibilities?

o   Yes
o   No

27G. Which of the following best describes your employer's practice setting?

Ambulatory Care Facility/Clinic
o Community health center
o Mental health clinic
o Primary or specialist medical care
o Substance use/addiction treatment center

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- Methadone clinic
- Detox facility
- Rural health clinic
- Tribal health clinic

Independent Practice
- Independent group practice
- Independent solo practice

Hospital/In-patient facility
- Federal Government hospital
- Non-federal hospital: inpatient
- Non-federal hospital: psychiatric
- Hospital emergency department
- Hospice
- Long-term care facility (e.g. nursing home, assisted living)
- Veterans Facility (Veteran's Administration Facility)

Social service/correctional facilities
- Child welfare agency
- Social service agency
- Public assistance agency
- Correctional/criminal justice facility (adult or juvenile)

Educational setting
- College/university counseling/health center
- School-based mental health service
- Residential school

Other setting
- Business/Industry
- Employee Assistance Program/Company
- Faith-based setting
- Foundation
- Managed care organization (domestic)
- Managed care organization (international)
- Professional/Trade Association
- Public health department
- Recovery support services
- Rehabilitation
- Residential facility- adults (Group Home, etc.)
- Residential facility- children (Group Home, etc.)
- Other (please specify)_____

27H. What are the average number of hours you spend per week (excluding call) on each major job activity at this employment location?

Activity	Number of Hours Per Week
Administration/business or program management	
Clinical supervision (receiving)	
Clinical supervision (providing)	
Direct Patient Care/Clinical Services	
Case management (including work with other human/social support services such as local housing, job support and social networks)	
Clinical or community consultation and prevention	
Disease prevention and health promotion	
Treatment planning and team consultation	
Treatment (including assessment/evaluation)	
Medication prescription and management	
Indirect (collateral) patient care (e.g. phone calls, reviewing labs, charting)	
Other	
Outreach and engagement	
Research-related activities	
Workforce development: teaching and training	
Other human services (e.g. forensics, consulting)	
Other (please specify)_____	

[REPEAT QUESTIONS FOR SECONDARY AND TERTIARY EMPLOYMENT LOCATIONS]

28. **If you did not report currently providing direct clinical or patient care at any of your employment locations, have you ever provided direct clinical or patient care?**
   o   Yes
   o   No

   28A. If yes, how many years has it been since you last provided clinical or patient care?

   o   Less than 2 years
   o   2 to 5 years

o   6 to 10 years
o   More than 10 years
o   I have never provided direct clinical or patient care

29. **Do you provide services to individuals with developmental disabilities?**
    o   Yes
    o   No

30. **How many years have you been working in behavioral health? (Please include employed, volunteer, and retirement work.)**

    _____ Years

    30a. If retired, how many years have you been working in behavioral health since your retirement?

    _____ Years

31. **What are your short and longer term employment plans?** (Select all that apply.)

	Employment plans for next 12 months	Employment plans for next 5 years	Employment plans for next 10 years
Maintain hours	o	o	o
Increase hours	o	o	o
Decrease hours	o	o	o
Seek a non-clinical job	o	o	o
Seek career advancement	o	o	o
Move to another practice location within the same state	o	o	o
Move to another practice location in a different state	o	o	o
Move to another country	o	o	o
Military service	o	o	o
Return to school or training program	o	o	o
Leave the field	o	o	o
Retire	o	o	o
Other	o	o	o
Unsure	o	o	o