



Health Workforce Policy Brief

August 2016

A Minimum Data Set for the Behavioral Health Workforce

Angela J. Beck, PhD, MPH, Phillip M. Singer, MHSA, Jessica Buche, MPH, MA, Ronald W. Manderscheid, PhD, Peter Buerhaus, PhD, Cynthia Moreno Tuohy, NCAC II, CDC III, SAP

BACKGROUND

In 2007, a report 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. Further, the field lacks comprehensive data describing the size and composition of the numerous disciplines comprising the behavioral health workforce, which is a barrier to workforce development and planning.

Several health professions have developed a discipline-specific Minimum Data Set (MDS) to facilitate the establishment of databases which collect common elements that can address questions related to worker supply, practice setting and care provision.² These elements were codified into an MDS by SAMHSA about 15 years ago. Building from all of these elements, including those developed for Licensed Professional Counselors, Psychologists, and Substance Use/Addiction Counselors, the Behavioral Health Workforce Research Center (BHWRC) developed an updated MDS to inform workforce planning efforts for the broader behavioral health workforce.

METHODS

The following steps were taken:

- The research team and Consortium partners developed a definition for the study population.
- A behavioral health workforce taxonomy of terms and occupational categories was developed by the research team.
- A subgroup of BHWRC staff and Consortium partners developed and modified a draft MDS using the taxonomy categories.
- Subject matter experts external to the research team and Consortium provided feedback on the draft MDS through key informant interviews.
- A focus group was conducted in July 2016 with 7 representatives from county mental health and substance use disorder agencies who provided feedback on the data elements and feasibility of collecting data from the workforce.

The taxonomy was used to develop the MDS data elements, while the key informant interviews and focus group findings permitted pilot testing and refinement of the MDS instrument.

CONCLUSIONS AND POLICY IMPLICATIONS

Development of the behavioral health Minimum Data Set is a foundational step in standardizing collection of workforce data. 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.

¹ Annapolis Coalition. An Action Plan for Behavioral Health Workforce Development. Cincinnati, OH: Annapolis Coalition, 2007.

² Health Resources and Services Administration. *Health Professions Minimum Data Set*. <http://bhwr.hrsa.gov/healthworkforce/data/minimumdataset/index.html>

KEY FINDINGS

The Consortium 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 MDS includes five categorical data themes composed of several 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.

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

MDS Theme	Data Elements
Demographics	<ul style="list-style-type: none"> • Name • Age • Race/ethnicity • Sex and gender • Sexual orientation • Place of birth and residence • Military/veteran status • Language skills
Licensure and Certification	<ul style="list-style-type: none"> • Type of job-related licenses held • Type of job-related certificates held • National Provider Identification number • State identification/registration number
Education and Training	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Primary occupation • Area of practice
Practice Characteristics and Settings	<ul style="list-style-type: none"> • 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

Feedback from key informants and focus group participants highlighted the following:

- The MDS should be modular: some data elements will not apply to some categories of workers. The MDS will be most useful if it can be tailored to represent workforce characteristics of each behavioral health discipline.
- Some important data elements about the workforce may be best collected at the organizational level from employers, rather than from individual workers (e.g., total number of workers, type of populations served, and payment arrangements for services).
- Offering technical support and getting buy-in from organizations and researchers to use the MDS will be critical to its success.

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.