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Standardizing Organizational-level Behavioral Health Workforce Data Collection through a Minimum Data Set

Phillip M. Singer, MHSA; Angela J. Beck, PhD, MPH; Jessica Buche, MPH, MA

BACKGROUND

The behavioral health workforce faces several pressing challenges. One such challenge is the lack of valid, accessible data to adequately inform workforce projections and address supply concerns.[1] Workforce data is often collected through two mechanisms: at the individual level (i.e., directly from the workforce), or at the organizational level from the organizations that employ the workforce.[2] There are benefits and drawbacks to either approach.

In 2016, the Behavioral Health Workforce Research Center (BHWRC) developed a behavioral health workforce Minimum Data Set (MDS) that facilitates standardized data collection at the individual level. In 2017-18, the BHWRC developed an organizational MDS as a complementary workforce data collection tool. The focus and type of organizations that participate in the provision of behavioral health services vary considerably. An organization may focus on mental health, substance use disorders, preventative programs, drug courts, or a combination of the former. Further, the type of organizations can include large health systems and academic medical centers, community-based health centers, and treatment centers. Data collected at the organizational level provide an improved perspective on aggregate workforce size and composition trends, which complements the granularity of data inherent at the individual level.

METHODS

BHWRC staff conducted a review of empirical and grey literature to inform the development of the Organization MDS. Literature related to general health care human resources and behavioral health organizations were used to understand what data has been previously collected from an organizational perspective.[3,4,5,6,7,8] For

CONCLUSIONS AND POLICY IMPLICATIONS

The Organizational MDS is an important complement to the individual-level MDS. Taken together, the individual and Organizational MDS contain the data elements needed to generate a full profile of the behavioral health workforce. The Organizational MDS can be used to identify areas of maldistribution of behavioral health professions, make profession-specific projections for future need or professional shortages, and highlight professions that require additional recruitment and retention efforts.

Findings from this project highlight the value of standardized data collection; future work will focus on an implementation strategy for utilizing MDS data elements in organizational human resources data collection to yield better data that will help to inform behavioral health workforce planning efforts and meet the care needs of those seeking behavioral health services.

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[1] Hoge M, Morris J, Daniels A, Stuart G, Huey L, Adams N. An action plan for behavioral health workforce development. *Cincinnati, OH: Annapolis Coalition on the Behavioral Health Workforce. 2007.*
[2] U.S. Department of Health and Human Services. Health Resource and Services Administration Data Warehouse. 2017; https://datawarehouse.hrsa.gov/. Accessed July 24, 2017.
[3] Stanhope V, Choy-Brown M., Barrenger S, et al. A Comparison of how behavioral health organizations utilize training to prepare for health care reform. *Implementation Science.* 2017; 12(1):19.
[4] Nysenbaum JB, Bouchery E, Malsberger R. Availability and usability of behavioral health organizations encounter data in MAX 2009. *Medicare and Medicaid Research Review.* 2014;4(2).
[5] Nysenbaum J, Morris E. DeSantis R, et al. Assessing the usability of 2011 behavioral health organization Medicaid encounter data. 2016.
[6] Zayas LE, McMillen JC, Lee MY, Books SJ. Challenges to quality assurance and improvement efforts in behavioral health organizations: A qualitative assessment. *Administration and Policy in Mental Health and Mental Health Services Research.* 2013; 40(3): 190-198.
[7] Lauriks S, de Wit MA, Buster MC, Arah OA, Klazinga NS. Composing a core set of performance indicators for public mental health care: A modified Delphi procedure. *Administration and Policy in Mental Health and Mental Health Services Research.* 2014; 41(5):625-635
[8] Teich JL, Melek SP. Characteristics of managed behavioral health care organizations in 1996. *Psychiatric Services.* 2000; 51(11): 1422-1427.

example, the Decision Support 2000+ information system, provided insight into the types of data elements to collect at the organizational level.[9] Once this prior literature was collected and reviewed, members of the of the BHWRC partner consortium provided feedback and helped refine the data elements and themes collected through the Organizational MDS.

Through the literature review and stakeholder input, an Organizational MDS was fully drafted. The Organizational MDS underwent further testing and refinement by conducting in-depth key informant interviews with representatives from two behavioral health organizations. The Organizational MDS was provided to the informants prior to their interview. During the interview the key informants provided feedback on data elements, data themes, logic, terminology, and ways to improve the workforce data collection process.

MINIMUM DATA SET ELEMENTS

The finalized Organizational MDS includes eleven data elements, grouped into three categorical themes: organizational characteristics, workforce characteristics, and payment mechanisms for services (Table 1).

Table 1. Summary of Organizational Minimum Data Set Themes and Elements for Behavioral Health Organizations

MDS Theme	Data Elements
Organizational Characteristics	Organizational Location Primary Focus of Services Organizational Setting Organizational Integration Patient Populations Served
Workforce Characteristics	Number of Employed and Contract Workers and FTEs Number of Behavioral Health Workers Who Separated from Organization Number of Retirements from Organization
Payment Mechanisms for Services	Managed Care Arrangements Present in Organization Type of Payment Sources for Behavioral Health Services Payment Arrangements to Compensate Behavioral Health Services

FINDINGS

Key Informant Feedback

Overall, practitioners and Consortium partners helped identify data themes and elements which would be important to standardize and categories amongst behavioral health organizations. Organizations that provide behavioral health services vary in a number of important ways, including their organizational size, scope of practice, types of patients which are served, and types of workforce occupations employed. Results from the project highlight several important concepts related to workforce research and the development of data collection tools. First, there is an important complementary role between the Individual and Organizational MDS, though future efforts should be made to ensure the integrations of the MDS' to ensure standard data collection across the behavioral health occupations and organizations. Second, key informants stressed the role of an Organizational MDS at improving data collection for the non-licensed behavioral health workforce. While there is a variety of government and industry data sources that capture the size of the behavioral health workforce, including psychiatrists, counselors, and social workers, there is much less data on aides, technicians, and peer specialists. Lastly, an Organizational MDS could be helpful in understanding the differential factors that impact staffing patterns and projections for the breadth of behavioral

[9] Henderson MJ, Minden SL, Manderscheid RW. *Decision Support 2000+*. Rockville, Maryland: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration; n.d.

health occupations. Workforce mobility, particularly amongst non-licensed behavioral health workers, makes it challenging for organizations to create internal workforce projections.

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