



2024 Utah behavioral health workforce survey

Proposed profession-specific survey tool for behavioral health license renewals

Utah Health Workforce Advisory Council

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Utah Department of
Health & Human
Services

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Document background and overview

The Utah Cross-Profession Minimum Data Set (UCPMDS) is a set of core questions covering the highest-priority data elements that are considered the minimum necessary for the Utah Health Workforce Advisory Council (HWAC) health workforce planning. The UCPMDS was adapted from a Cross-Profession Minimum Data Set tool developed as a collaboration between 7 national healthcare regulatory organizations. The UCPMDS was reviewed and approved by the Utah Health Workforce Advisory Council on March 15, 2023.

The UCPMDS serves as a foundational data system upon which this behavioral health profession-specific tool is being developed. For UCPMDS questions that required profession-specific response adjustments, we customized and incorporated options relevant to those in behavioral health professions. These proposed response options were pulled from historic workforce surveys from the Utah Medical Education Council (UMEC), which were developed and approved by voluntary committees of stakeholders familiar with the professions.

Behavioral health minimum data set (MDS) survey recommendations

UCPMDS questions with profession-specific response customizations

Sex

1. What is your sex?
[Single select]
 - a. Male
 - b. Female
 - c. Prefer not to say

Race/ethnicity

2. What is your race? Mark one or more boxes.
[Multi-select]
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian/Pacific Islander
 - e. White
 - f. Other race
3. Are you of Hispanic, Latina/o, or Spanish origin?
[Single select]
 - a. No
 - b. Yes

Qualifying education

4. What type of degree/credential first qualified you for this license?
[Single select]
- a. High school diploma (or equivalency)
 - b. Some college, no degree
 - c. Technical/vocational certificate
 - d. Associate degree
 - e. Bachelor's degree
 - f. Master's degree
 - g. Post-graduate training
 - h. Professional/doctorate degree
 - i. Postdoctoral training

Year completed qualifying education

5. What year did you complete the education program/degree that first qualified you for this license?
[Drop-down list]

Where completed education

6. Where did you complete the education program/degree that first qualified you for this license? (Note: for online programs, please select the location where this program was housed)
[Single Select]
- a. [LIST OF U.S. STATES and territories]
 - b. Another country (not U.S.)

Highest level of education

7. What is your highest level of education?
[Single select]

- a. High school diploma (or equivalency)
- b. Some college, no degree
- c. Technical/vocational certificate
- d. Associate degree
- e. Bachelor's degree
- f. Master's in counseling
- g. Master's in marriage and family therapy
- h. Master's in social work
- i. Master's in psychology
- j. Master's degree—other
- k. Post-graduate training
- l. PhD in counseling
- m. PhD in marriage and family therapy
- n. PhD in social work
- o. PhD in psychology
- p. Doctor of psychology (PsyD)
- q. Professional/doctorate degree—other
- r. Postdoctoral training

Educational debt

Data element style: both question and response options are standardized across professions

8. Please mark the amount of educational debt you had AT THE TIME OF GRADUATION from your behavioral health program (exclude non-behavioral health and non-educational debt).

[Single Select]

- a. No debt
- b. \$1–\$20,000
- c. \$20,001–\$40,000
- d. \$40,001–\$60,000
- e. \$60,001–\$80,000
- f. \$80,001–\$100,000
- g. \$100,001–\$120,000
- h. \$120,001–\$140,000

- i. \$140,001–\$160,000
- j. \$160,001–\$180,000
- k. \$180,001–\$200,000
- l. \$200,001–\$220,000
- m. \$220,001–\$240,000
- n. \$240,001–\$280,000
- o. \$280,000 or above
- p. Prefer not to answer

Loan repayment and tuition assistance programs

9. Did/do you participate in a loan forgiveness/repayment program (LRP)?
[Single select]
- a. Yes
 - b. No
 - c. Not applicable
10. If yes, which loan forgiveness/repayment program(s) did you participate in?
[Multi select]
- a. Not applicable
 - b. Utah healthcare workforce financial assistance program (HCWFAP)
 - c. Utah rural physician loan repayment program (RPLRP)—psychiatrists
 - d. National Health Services Corps (NHSC) loan repayment program
 - e. AmeriCorps
 - f. AmeriCorps Volunteers in Service to America (VISTA)
 - g. Employer-based loan repayment program
 - h. Federal employee loan repayment program
 - i. Military loan repayment program
 - j. Pediatric specialty loan repayment program
 - k. Public service loan forgiveness program (PSLF)
 - l. Other
11. Some federal loan repayment programs require a full license in order to be eligible. If you participated in a federal loan repayment program, did you have to begin

repaying student loans post graduation while completing training to obtain full licensure?

- a. Yes
- b. No
- c. Not applicable

12. Does your employer offer a program that discounts or reimburses tuition?

[Single select]

- a. Yes
- b. No
- c. Not applicable

Employment status

13. What is your employment status?

[Single select]

- a. Actively working in a position that requires this license
- b. Actively working in a position in the field of behavioral health that does not require this license
- c. Actively working in a position in a field other than behavioral health
- d. Unemployed and seeking work that requires this license
- e. Unemployed and not seeking work that requires this license
- f. Volunteer work only
- g. Retired
- h. Other

Future employment plans

14. What best describes your employment plans for the next 2 years?

[Single select]

- a. Increase hours in a field related to this license
- b. Decrease hours in a field related to this license
- c. Seek employment in a field unrelated to this license
- d. Retire

- e. Continue as you are
 - f. Unknown
15. If you indicated you plan to **increase** or **decrease** hours in a field related to this license in the next 2 years, please estimate the change in the total number of hours per week you expect compared to your current hours per week. If this does not apply, please select “not applicable.”
- [Single select]
- a. 0 hours per week
 - b. 1–4 hours per week
 - c. 5–8 hours per week
 - d. 9–12 hours per week
 - e. 13–16 hours per week
 - f. 17–20 hours per week
 - g. 21–24 hours per week
 - h. 25–28 hours per week
 - i. 29–32 hours per week
 - j. 33–36 hours per week
 - k. 37–40 hours per week
 - l. 41 or more hours per week
 - m. Not applicable

Telehealth

16. Telehealth may be defined as the use of electronic information and telecommunications technologies to extend care to patients, and may include videoconferencing, audio only, stored-forward imaging, streaming media, and terrestrial and wireless communications.

Of the hours per week spent **in direct patient care**, estimate the average number of hours per week delivering patient care **via telehealth**.

[Single select]

- a. 0 hours per week/not applicable
- b. 1–4 hours per week

- c. 5–8 hours per week
- d. 9–12 hours per week
- e. 13–16 hours per week
- f. 17–20 hours per week
- g. 21–24 hours per week
- h. 25–28 hours per week
- i. 29–32 hours per week
- j. 33–36 hours per week
- k. 37–40 hours per week
- l. 41 or more hours per week

Patient characteristics

Data element style: question text is standardized, response options are fully customized for each profession

17. Please indicate the population groups to which you provide clinical services. Please check all that apply.

[Multi select]

- a. Newborns
- b. Children (ages 2–10)
- c. Adolescents (ages 11–19)
- d. Adults
- e. Geriatrics (ages 65+)
- f. Pregnant women
- g. Veterans
- h. Incarcerated individuals
- i. Individuals with disabilities
- j. Individuals experiencing homelessness
- k. Individuals who speak a language other than English
- l. Medicaid beneficiaries
- m. Medicare beneficiaries
- n. Sliding fee scale
- o. Uninsured individuals
- p. Privately insured individuals
- q. Full self pay individuals
- r. Refugees/immigrants

- s. Families
- t. Couples
- u. Working poor/unemployed
- v. Transgender or non-binary individuals
- w. Patients/clients outside of Utah, using telehealth
- x. None of the above

Practice location—primary practice

Note: When the survey is distributed using Qualtrics, practice location will be asked as a single question- "What is your primary practice location? If this does not apply, please select N/A." Questions will include fields for street address, city, state, postal code, and country/region.

- 18. In what state is your primary practice location? If this does not apply, please select "N/A."
[LIST OF U.S. STATES AND TERRITORIES AND OPTION FOR N/A]
- 19. In what city is your primary practice location? If this does not apply, please indicate "N/A."
[Open text field]
- 20. What is the street address of your primary practice location? If this does not apply, please indicate "N/A."
[Open text field]
- 21. What is the 5-digit ZIP code of your primary practice location? If this does not apply, please indicate "N/A"
[Open text field]

Employment type/arrangement—Primary practice

Data element style: question text is standardized; response options are semi-customized for each profession.

- 22. Which of the following best describes your current employment arrangement at your principal practice location?

[Multi Select]

- a. Self-employed/consultant
- b. Salaried
- c. Hourly
- d. Temporary employment/locum tenens
- e. Other
- f. Not applicable

Position type/role—primary practice

Data element style: question text is standardized; response options are semi-customized for each profession.

23. Please identify the role/title(s) that most closely corresponds to your primary employment/practice type.

[Multi Select]

- a. Administrator
- b. Clinical practice
- c. Faculty/educator
- d. Researcher
- e. Other
- f. Not applicable

Setting type—primary practice

Data element style: question text is standardized, response options are fully customized for each profession.

24. Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select “not applicable.”

[Single select]

- a. Not applicable
- b. Academic institution (teaching)
- c. Advocacy and/or political lobbying organization
- d. Child welfare facility
- e. College/university counseling/health center

- f. Community health center
- g. Correctional facility
- h. Criminal/juvenile justice facility
- i. Hospice setting
- j. Independent group practice
- k. Independent solo practice
- l. Long-term care facility
- m. Mental health clinic
- n. Methadone clinic
- o. Organization/business setting
- p. Other private for-profit organization
- q. Other private non-profit organization
- r. Peer run organization
- s. Primary or specialist medical facility
- t. Private hospital
- u. Psychiatric hospital
- v. Public hospital
- w. Rehabilitation facility
- x. Residential facility
- y. School-based facility (K-12)
- z. State mental health agency
- aa. Substance abuse treatment facility
- bb. Telehealth
- cc. Veterans facility
- dd. Other

Hours/week—primary practice

Data element style: both question and response options are fully standardized across all professions.

25. Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select “not applicable.” Does not include time on call.
[Single select]

- a. 0 hours per week/not applicable
- b. 1–4 hours per week
- c. 5–8 hours per week
- d. 9–12 hours per week
- e. 13–16 hours per week
- f. 17–20 hours per week
- g. 21–24 hours per week
- h. 25–28 hours per week
- i. 29–32 hours per week
- j. 33–36 hours per week
- k. 37–40 hours per week
- l. 41 or more hours per week

Hours/week in direct patient care—primary practice

Data element style: both question and response options are fully standardized across all professions.

26. Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select “not applicable.”
[Single select]
- a. 0 hours per week/Not applicable
 - b. 1–4 hours per week
 - c. 5–8 hours per week
 - d. 9–12 hours per week
 - e. 13–16 hours per week
 - f. 17–20 hours per week
 - g. 21–24 hours per week
 - h. 25–28 hours per week
 - i. 29–32 hours per week
 - j. 33–36 hours per week
 - k. 37–40 hours per week
 - l. 41 or more hours per week

***Note: Questions 18-26 will need to be repeated for 2 practice locations, primary practice and secondary practice (questions 27-35).**

Precepting

36. Have you mentored/precepted students within the last 2 years?
[Single select]
- a. Yes
 - b. No
 - c. Prefer not to say
 - d. Not applicable
37. If you have mentored/precepted students within the last 2 years, what type of training did you provide?
[Multi-select]
- a. Not applicable
 - b. Field experience or practicum experience for behavioral health students prior to graduation
 - c. Clinical experience supervision for graduates/associate licensees who are pursuing full clinical licensure
 - d. Other
38. If you have not mentored/precepted students within the last 2 years, what are your reasons for not choosing to do so?
[Multi-select]
- a. Not applicable
 - b. I do not meet the necessary requirements
 - c. I am not interested in providing supervision for associate-level professionals
 - d. I am not prepared to handle the additional responsibility

- e. I do not feel confident in my ability to supervise
 - f. My organization does not hire associate-level professionals
 - g. There are no financial incentives for supervision provided by my employer
 - h. I do not know of any associate-level professionals in need of supervision
 - i. Other
39. If you indicated that you mentor/precept students, how many advanced practice students have you precepted in the last 2 years?
[Single select]
- a. 0/not applicable
 - b. 1-2
 - c. 3-4
 - d. 5-6
 - e. 7-8
 - f. 9-10
 - g. 11-12
 - h. 13-14
 - i. 15-16
 - j. 17-18
 - k. 19-20
 - l. More than 20
40. If you indicated that you mentor/precept students, which student types have you provided this service for in the last 2 years?
[Multi select]
- a. Not applicable
 - b. Social work
 - c. Clinical mental health counseling
 - d. Marriage and family therapy
 - e. Substance use disorder counseling
 - f. Psychology/behavior analysis
 - g. Recreational therapy
 - h. Music therapy
 - i. Vocational rehabilitation counseling
 - j. Case management

- k. Crisis work
- l. Peer support
- m. Other

41. Would you like to precept in the future?

[Single select]

- a. Yes
- b. No
- c. Prefer not to say
- d. Not applicable

Care coordination

42. Do you coordinate your care with patients' other providers?

[Single select]

- a. Yes
- b. No
- c. Not applicable

43. If you answered "yes" to working with other professionals to coordinate care, what professionals do you work with?

[Multi select]

- a. Not applicable
- b. Primary care providers
- c. Psychiatrists
- d. Community health workers
- e. Nurse practitioners
- f. Other

44. Who is your main point of contact for prescribing medication?

[Single select]

- a. Not applicable
- b. Primary care physician
- c. Primary care physician assistant
- d. Primary care advanced practice nurse

- e. Psychiatrist
- f. Psychiatric physician assistant
- g. Psychiatric advanced practice nurse
- h. Other physician
- i. Other physician assistant
- j. Other advanced practice nurse