Department of Health & Human Services

Health Workforce Information Center (HWIC)

Utah Mental/Behavioral Health Workforce Survey

Proposed profession-specific survey tool for mental/behavioral health license renewals

Utah Health Workforce Advisory Council

Adopted: March 20, 2024

Contents

Document background and overview

The Health Workforce Advisory Council (HWAC), with help from its Data Subcommittee and the Health Workforce Information Center (HWIC), developed the Utah Cross-Profession Minimum Data Set (UCPMDS). This list of survey questions is used to gather key information for health workforce planning throughout Utah**.** The UCPMDS was adapted from a Cross-Profession Minimum Data Set tool developed through a collaboration among seven national healthcare regulatory organizations. The UCPMDS was reviewed and approved by HWAC on March 15, 2023. The HWIC maintains and analyzes health workforce data and uses the UCPMDS as a foundational framework for collecting consistent, comparable information across time and health professions to support the HWAC in workforce monitoring and planning.

The UCPMDS serves as the foundational data system upon which this Mental/Behavioral Health profession-specific tool was developed. For UCPMDS questions requiring profession-specific response options, the questions were customized to include response categories relevant to the Mental/Behavioral Health profession. These proposed response options were informed by historic workforce surveys conducted by the Utah Medical Education Council (UMEC) and developed and approved through voluntary committees of stakeholders with expertise in the respective professions.

Behavioral health minimum data set (MDS) survey questions

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. Middle Eastern or North African
   e. Native Hawaiian/Pacific Islander
   f. White
   g. 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?
   [Single select] [Drop-down list ranging from 1924 - 2024]

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.)

Qualifying education country

7. In which city & country did you complete the education program/degree?

Highest level of education

[Single select]

8. What is your highest level of education?
   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

9. 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. 280,001 or above
p. Prefer not to answer

Loan repayment and tuition assistance programs

10. Did/do you participate in a loan forgiveness/repayment program (LRP)?

[Single select]

a. Yes
b. No

c. Not applicable

11. 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

12. 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?
[Single select]

a. Yes
b. No
c. Not applicable

13. Does your employer offer a program that discounts or reimburses tuition?
[Single select]

a. Yes
b. No
c. Not applicable

Employment status

14. 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

15. 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

16. If you indicated you plan to increase 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

17. If you indicated you plan to 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

18. 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

19. 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

20. What is your primary practice location? If this does not apply, please select "N/A."

    a. Address _____
    b. Address 2 _____
    c. City _____
    d. State _____
    e. Postal code _____
    f. Country/Region _____

Employment type/arrangement—Primary practice

21. 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

22. Please identify the role/title(s) that <u>most closely</u> 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

23. 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

24. 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

25. 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

Practice location—secondary practice

26. What is your primary practice location? If this does not apply, please select "N/A."

g. Address _____
h. Address 2 _____
i. City _____
j. State _____
k. Postal code _____
l. Country/Region _____

Employment type/arrangement—secondary practice

27. Which of the following best describes your current employment arrangement at your secondary 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—secondary practice

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

[Multi Select]

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

Setting type—secondary practice

29. Which of the following best describes the practice setting at your secondary 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–secondary practice

30. Estimate the average number of hours per week spent at your secondary 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—secondary practice

31. 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

Precepting

36. Have you supervised students or those seeking independent licensure (e.g. acted as a field instructor or clinical supervisor) under your license within the last 2 years? [Single select]

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

37. What type of supervisory 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 or associate licensees who are pursuing full clinical licensure
d. Other

38. If you have not supervised fieldwork placements or behavioral health students prior to graduation 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. Other

39. If you have not supervised associate level professional (ACMHC, AMFT, MSW/CSW, psychology resident) 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

40. 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

41. If you supervised students (e.g. acted as a field instructor or clinical supervisor), which student types have you provided this service for in the last 2 years?

[Multi select]

a. Not applicable
b. Behavior Analysis
c. Case Management
d. Clinical Mental Health Counseling
e. Crisis Work
f. Marriage and Family Therapy
g. Peer Support
h. Psychology
i. Recreational Therapy
j. Social Work
k. Substance Use Disorder Counseling
l. Vocational Rehabilitation Counseling
m. Other

42. Would you like to supervise students or those seeking independent licensure in the future?

[Single select]

a. Yes, I would like to only supervise behavioral health students prior to graduation
b. Yes, I would like to supervise graduates or associate licensees who are pursuing full clinical licensure
c. No
d. Prefer not to say
e. Not applicable

Care coordination

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

[Single select]

a. Yes
b. No
c. Not applicable

44. 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

45. 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

The End

Thank you for completing Utah’s Health Workforce Advisory Council biennial survey. Your participation will help the Council fulfill its purpose of providing information and recommendations to assist in expanding and strengthening Utah's health professional workforce. When you click the arrow pointing right, you will be redirected to your license renewal page. From there, go to “Activity”and select “your started renewal form” and continue from there.