

The background of the entire page is a photograph of a wooden library shelf. The shelf is filled with numerous white folders or books, each with a colorful tab on its spine. The tabs are in various colors including blue, green, red, yellow, and purple. The perspective is from a slightly elevated angle, looking down at the shelves. The lighting is soft and even.

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# BEHAVIORAL HEALTH WORKFORCE TRACKER: DATA AND METHODS

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## Introduction and Background

The urgent need to prevent and treat substance use disorders (SUD) and mental illness in the United States requires an adequate supply and distribution of health practitioners offering mental health (MH) and SUD services. However, little is known nationally about the behavioral health workforce providing these services. The George Washington University (GW) Fitzhugh Mullan Institute for Health Workforce Equity, with support from a 3-year grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), has developed a national database on the MH/SUD workforce. Using novel data sources, this comprehensive national database has identified approximately 1.2 million behavioral health providers, including physicians, psychologists, counselors, therapists, and advanced practice providers. The goal of this database is to provide evidence-based support for policy making and appropriate targeting of resources.

The Behavioral Health Workforce Tracker is a customizable interactive map that allows you to visualize the geographic distribution of the behavioral health workforce by provider type, by Medicaid acceptance status and whether they treat serious mental illness (SMI) or prescribe medication assisted treatment (MAT) for opioid addiction. The *MH/SUD Workforce Explorer* maps the supply of the US behavioral health workforce. The *MD/SUD Supply & Need* compares low supply/high need counties in states.

The data presented in the Behavioral Health Workforce Tracker is not meant to provide absolute indications of whether the supply of the behavioral health workforce is adequate to meet need for behavioral health treatment. Users may adjust indicators and interpret the data at their own discretion.

The Behavioral Health Workforce Tracker was created in partnership with HealthLandscape and was funded under grant number FG000028 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed do not necessarily reflect those of SAMHSA or HHS and should not be construed as such.

## Data Sources

*IQVIA Xponent Prescription Data:* The IQVIA Xponent data reports prescription drug dispensing by prescriber. Information is available on all pharmaceutical products dispensed in the retail, mail, and long-term care channels. Reports are designed for specific products/markets of interest. The dispensed prescriptions are summarized at the prescribers' primary office location. Data are acquired electronically for every day of the month. IQVIA captures 92% of retail prescriptions from 48,900 out of 56,800 retail pharmacies. To account for the 8% of non-sampled prescriptions, IQVIA uses a proprietary projection methodology. Data can be stratified by geographic areas such as state, metropolitan statistical area, zip-code, and prescriber location.

*State Licensure Data:* To develop a roster of providers licensed to provide clinical behavioral health services, state licensure data was obtained for psychologists, licensed professional counselors, licensed clinical social workers and licensed marriage and family therapists. Data requests were made to all 50 states and the District of Columbia. Due to data availability and restrictions, the Behavioral Health Workforce Tracker currently includes data for the following:

- Licensed psychologists: 50 states and the District of Columbia
- Licensed professional counselors (LPC): 47 states and the District of Columbia (all except AL, AR, MS, NM)
- Licensed clinical social workers (LCSW): 48 states and the District of Columbia (all except KY, MS, WV)
- Licensed marriage and family therapists (MFT): 48 states and the District of Columbia (all except AR, MS, NM)

*National Plan and Provider Enumeration System (NPPES):* The Centers for Medicare and Medicaid Services NPPES assigns a National Provider Identifier Standard (NPI) number to healthcare providers for identification in HIPAA-compliant administrative and financial transactions. When applying for an NPI number, providers select a Health Care Provider Taxonomy code that best describes their specialization. Records in the NPPES include information about non-physician specialty, address, and gender. NPPES data are updated monthly, but individual records are only updated when a provider logs onto the system and makes changes.

## **Analysis**

*Identifying Behavioral Health Prescribers:* Using 2020 IQVIA Xponent data, we identified providers who prescribed more than 11 total prescriptions (new prescriptions or refills) for behavioral health related medications. The medications include those with the following drug label indications: depression, medication assisted treatment, psychosis, anxiety, bipolar disorder, serious mental illness, and other behavioral health conditions. For these medications, we applied the following restrictions:

- We dropped medications used for dual indications. For example, we dropped buprenorphine prescriptions written by pain management providers since buprenorphine can be used for both medication-assisted treatment and pain management.
- We excluded medications for insomnia and ADHD in our behavioral drug list as the purpose of this database is to identify providers who fall squarely within the realm of MH/SUD. While excluding providers prescribing these medications may miss some providers, those who exclusively prescribed these medications account for a small percentage of the total providers (less than 1%).
- We identified SMI prescribers as providers with prescriptions for anti-psychotics and mood stabilizers. Mood stabilizers were only counted for psychiatric specialists (addiction medicine, addiction psychiatry, psychiatry, and child and adolescent psychiatry) since mood stabilizers can be used by primary care providers and other non-behavioral health specialists to treat seizures.
- We only counted prescribers of buprenorphine (MAT prescribers) if they are DATA-waivered. This was accomplished by matching DEA numbers to NPI numbers in the IQVIA data.

The profession and specialty type for each provider is included in the IQVIA data. Practice locations in the IQVIA data were aggregated to the county level using their zip code to protect the identity of the provider.

*Identifying Licensed Counselors, Therapists, and Psychologists:* For the states where licensure data is not available, we supplemented with NPPES data as well as in the following states/professions where the

address information was not included or missing zip codes for more than 30% of providers for the following states:

- Licensed psychologists for DC, HI, KS, KY, NY, RI, TN, WA, and WY (due to missing addresses/zip codes),
- Licensed clinical social workers for KY, MS, WV (due to data availability), HI, NY, SD, WA, and WY (due to missing addresses/zip codes),
- Licensed professional counselors for AL, AR, NM, MS (due to data availability), DC, HI, KY, ND, NY, SD, WA, WV, and WY (due to missing addresses/zip codes), and
- Licensed marriage and family therapists for AR, MS, NM (due to data availability), HI, KY, ND, NY, SD, WA, WV, and WY (due to missing addresses/zip codes).

To identify providers in NPPES, we used relevant taxonomy codes and credentials.

Provider locations were mapped according to the address included in the state licensure data (or NPPES as indicated above) and aggregated at the county level. Approximately 23% of providers had addresses outside of the state where they are licensed or were missing zip code information and could not be mapped. These providers were excluded from the county-level counts but are included in the state-level counts.

## **Limitations**

While our database represents the most comprehensive count of behavioral health providers, there are limitations to our analysis.

*IQVIA Xponent:* While IQVIA Xponent data captures 92% of retail prescriptions, it does not include prescriptions dispensed by insurers who operate their own medical centers and pharmacies (i.e., Kaiser). Therefore, we may be undercounting the number of providers in states with a large market share of HMO pharmacies. We also only counted providers with at least 11 behavioral health prescriptions, but this may exclude specialists who may work primarily in academic settings and have a low number of prescriptions filled in the retail channel, despite being active providers.

*State Licensure Files:* For some providers, the practice location was not in the same state as the licensure. These providers have been excluded from the county level maps. Aggregated across states, this accounts for approximately 25% of the providers identified using state licensure data. We were unable to obtain state licensure data for 3 – 4 states depending on the profession. To address this gap, we supplemented with NPPES, although this likely undercounts the workforce in those states as many psychologists, LCSWs, LPCs, and LMFTs are not registered with NPPES.

*Other Key Professions in the Behavioral Health Workforce:* It is important to note that due to data limitations, we are currently unable to include other professions such as peer support providers, community health workers, and *certified* alcohol and substance use counselors. We are currently in the process of obtaining data on *licensed* alcohol and substance use counselors that will be included with subsequent updates to our Behavioral Health Workforce Tracker.