

Oregon MHRA Diversity Study



Education Subcommittee
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Presented by:

David Keen, Principal
Heather Calvin, Senior Consultant
Nicole Yates, Ph.D., Consultant

Keen Independent Research LLC

100 Fillmore St., 5th Floor
Denver CO 80206

701 N. 1st St., 2nd Floor
Phoenix AZ 85004

303-385-8515

dkeen@keenindependent.com

heather.calvin@keenindependent.com

nicole.yates@keenindependent.com

www.keenindependent.com

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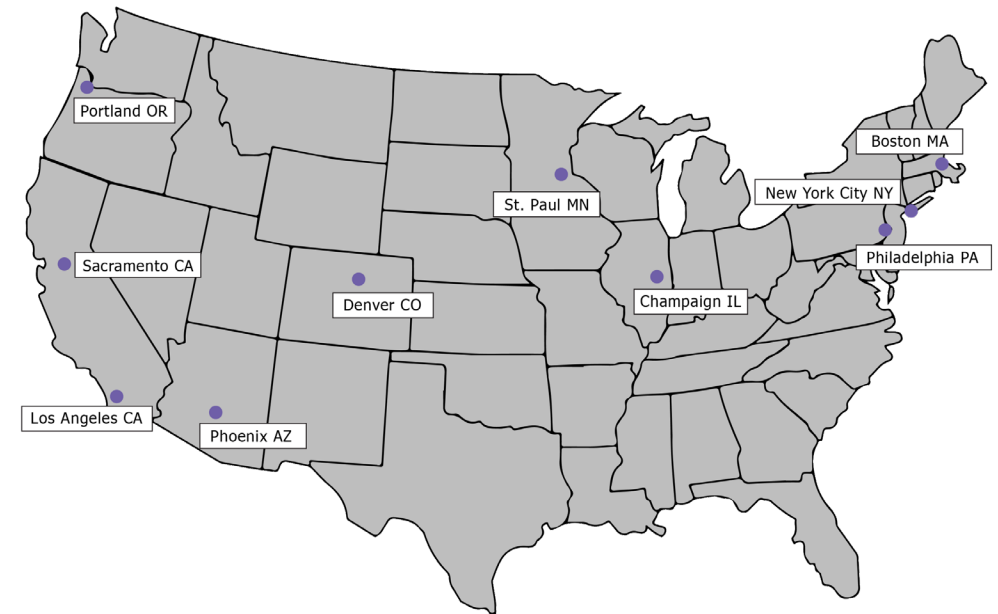
Presentation overview

- Introduction
- Study objectives
- Approach and methodology
- Key results
- Recommendations

Keen Independent Research



- 24-person national equity consulting and policy analysis firm with staff from across the country
- Diverse staff combine strong quantitative and qualitative research expertise
- Substantial experience performing about 200 equity, accessibility and related studies for government entities nationwide



Study objectives

Diversity study

- Study the demographics of Oregon's professional counselors (LPCs), marriage and family therapists (LMFTs) and psychologists licensed by:
 - Oregon Mental Health Regulatory Agency (MHRA)
 - Oregon Board of Psychology (OBOP)
 - Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT)
- Identify opportunities for and barriers to diversity
- Recommend potential changes that might support greater diversity

Topical analysis of supervised clinical experience requirements

- Analyze and make recommendations related to supervised clinical experience requirements for professional counselors and marriage and family therapists (October 2022)

Limitations

- Scope did not include analysis of consumer protection impacts of specific potential changes

Approach and methodology

- MHRA and board policies and procedures
- Comparative analysis (similar regulatory bodies)
- Demographics
- Academic and non-academic literature
- Stakeholder research (practitioners, industry and regulatory contacts)
 - Virtual workshop — asynchronous survey-like instrument with a combination of closed- and open-ended questions
 - In-depth interviews — semi-structured using an interview guide
 - Focus groups — recruited from virtual workshop participants to focus on experiences of practitioners of color and LGBTQ+ professionals

Practitioner participants included

All professions and license statuses
Wide ranging years of experience
Clinical supervisors
Educators
Patient advocates
Employers
Diversity of demographic characteristics
Statewide participation

Study participation

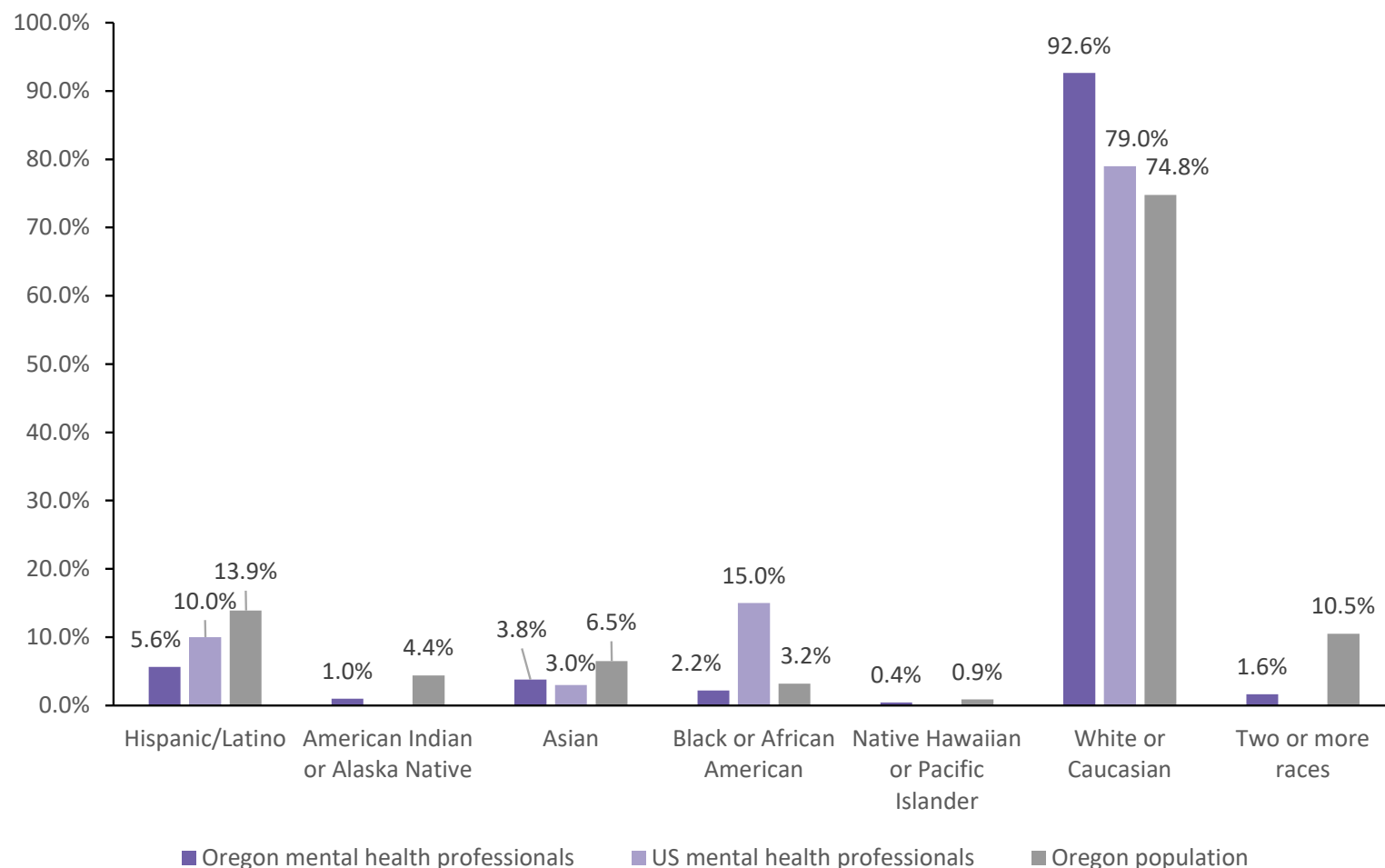
Participation by method	Count
Virtual workshop	1,793
In-depth interviews	60
Focus groups	18
Total	1,871

- Letters of endorsement
 - Oregon Psychological Association
 - Oregon Counseling Association
 - Coalition of Oregon Professional Associations for Counseling and Therapy
- MHRA emailed invitations to 10,603 professionals subject to licensing by OBLPCT or OBOP
- 17% response rate

Summary of key results

1. Psychologists, professional counselors and marriage and family therapists in Oregon are less diverse than they are nationally and less diverse than Oregon's population
2. Evidence suggests a possibility of, but not definitive conclusions about, bias in complaints against mental health professionals
3. Professionals perceive more substantial impacts on diversity from factors other than licensing and regulation, but they also believe they can have impact
4. Licensing and regulation policies and actions may not *cause* disparities but can passively *perpetuate* or *exacerbate* inequities and lack of diversity
5. MHRA and the boards have opportunities to support diversity in the professions, acting independently or in collaboration with others

1. Oregon's professionals are less diverse than they are nationally and less diverse than Oregon's population



- Every race and ethnicity group except white is underrepresented in professions relative to Oregon population
- Proportionately, there are seven times as many Black mental health professionals nationally compared to Oregon

Note: Hispanic/Latino ethnicity is a separate category from the racial group categories. Racial groups add up to roughly 100% with rounding.

Source: Keen Independent Research from Oregon Mental Health Regulatory Agency 2022, Bureau of Labor Statistics 2022, US Census Bureau 2020

1. Oregon's professionals are less diverse than they are nationally and less diverse than Oregon's population (cont.)

Gender

- 75% of mental health professionals in Oregon are women

Language

- Oregon's mental health professionals are less diverse in languages spoken at home than Oregon population

Relevant degree programs

- Recent graduate students were like Oregon's population overall and more diverse than current professionals
- Enrollment of racially and ethnically minoritized psychology graduate students has been growing nationally in recent years

2. Evidence suggests a possibility of, but not definitive conclusions about, bias in complaints

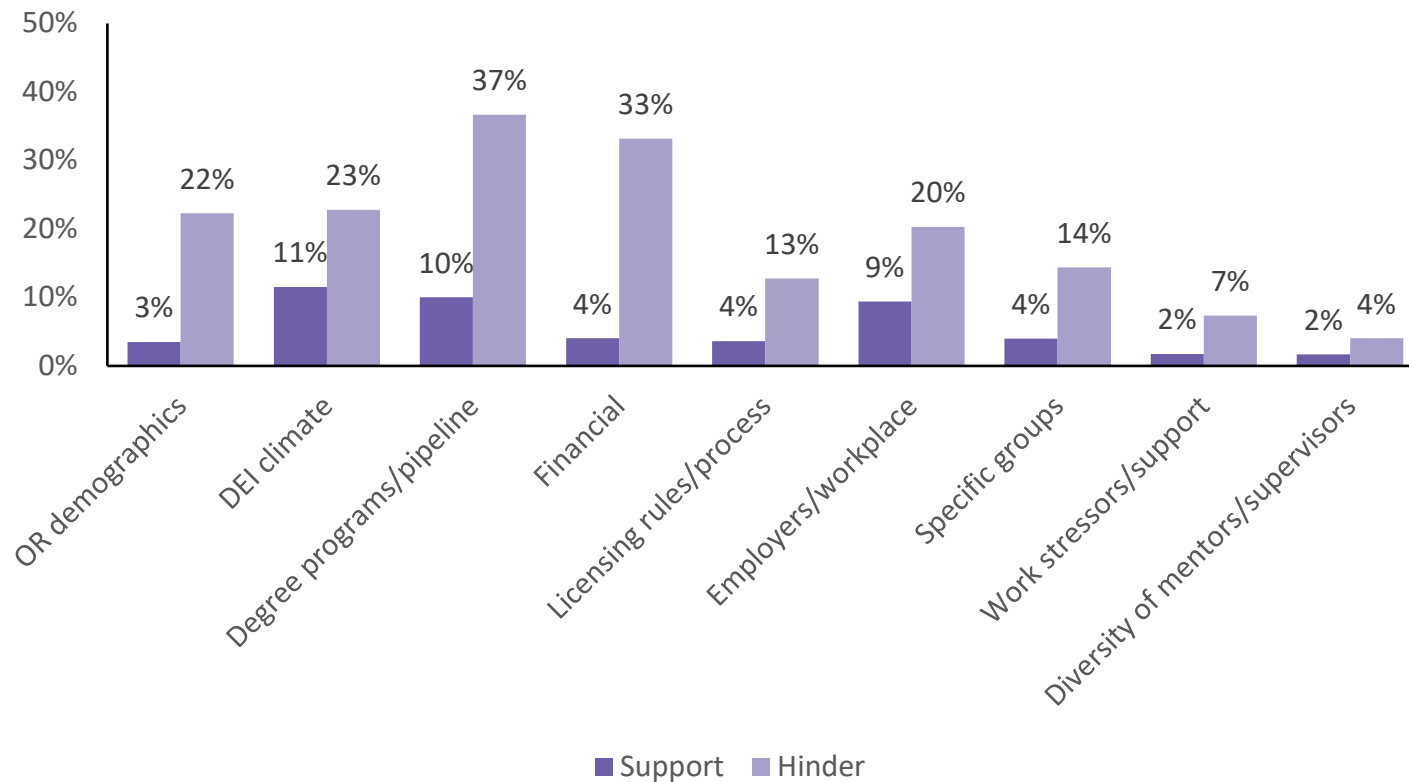
- Practitioners in certain race and ethnicity groups overrepresented relative to their proportion of professions
- Male practitioners overrepresented
- Potential for bias to affect which professionals are subject to complaints, but small numbers prevent strong conclusions about disparities

Note: Complaints may be filed by any member of the public or professionals who become aware of potential violations by other clinicians.

Source: Keen Independent Research from Oregon Mental Health Regulatory Agency anonymized top level data about complaints against practitioners between 2017 and 2022

3. Professionals perceive bigger impacts on diversity from factors other than licensing and regulation but also believe they can have impact

Factors mentioned that support or hinder diversity in the professions



- All demographic groups most frequently cited degree programs and financial issues as hinderances
- Largely outside purview of MHRA and boards
- Licensing rules fell among three least frequently mentioned hinderances

Note: N = 1,487. Participants' responses could contain more than one code, so percentages do not add up to 100.

Source: Keen Independent Research.

3. Professionals perceive bigger impacts on diversity from factors other than licensing and regulation but also believe they can have impact (cont.)

[There is a] lack of effective recruitment of people in diverse groups [and a] lack of support and resources for underprivileged people who are interested in joining the profession.

Asian American/Pacific Islander, female licensed professional counselor

As [a] first generation child of immigrants, I could not rely on much financial support from my parents [when I was] in graduate school and, once graduated, [when I was] getting ready to attain my license.

Hispanic American, female licensed psychologist

3. Professionals perceive bigger impacts on diversity from factors other than licensing and regulation but also believe they can have impact (cont.)

- Impact of MHRA and the boards may be overestimated based on misunderstandings of their scope (e.g. student recruitment as a positive impact)
- More respondents believe boards influence diversity (40%) than do not (23%)
- About 33% suggested licensing changes to promote diversity in professions
- Three times as many participants describe licensing and regulation factors as potential hinderances than as supportive

4. Licensing and regulation policies and actions may not *cause* disparities but can passively *perpetuate or exacerbate* inequities and lack of diversity

External inequities

- Oregon's racially exclusionary past
- Patterns of negative interactions with law enforcement among African Americans and other communities of color
- Bias in many standardized exams, including the national credentialing exam in psychology
- The mental health field itself (e.g., sexual orientations other than heterosexuality classified as treatable mental disorders until nine years ago)
- Higher likelihood of socioeconomic challenges for people of color, persons with disabilities and LGBTQ+ individuals
- Reduced likelihood to self-advocate among minoritized groups

4. Licensing and regulation policies and actions may not *cause* disparities but can passively *perpetuate or exacerbate* inequities (cont.)

Themes related to licensing

- Requirements with potentially disparate impacts
(e.g., credentialing exams, background checks and disclosure questions)
- Socioeconomic barriers to the professions
(e.g., licensing fees, early career compensation constraints and clinical supervision costs)
- Communications and service barriers
(e.g., tone and accessibility of information, service challenges requiring self-advocacy)
- License renewal (e.g., frequency for LPCs and LMFTs, fee for psychologists)
- Other (e.g., interstate credentialing and compacts, continuing education requirements)

4. Licensing and regulation policies and actions may not *cause* disparities but can passively *perpetuate or exacerbate* inequities (cont.)

Participant perspectives on licensing

A charge that was dropped from 20 years ago was brought up in the background check The process following [that] cost a lot of money and scrutiny of my character ...!

Biracial, female professional counselor associate

Many individuals like myself who are the first in their family to attend college [are] intimidated by [licensure] processes. I had to advocate for myself a good deal and would have benefited from [help from an] individual who understand[s] the need for extra support when you are already labeled or assumptions are made due to your name

Multiracial, female licensed professional counselor

4. Licensing and regulation policies and actions may not *cause* disparities but can passively *perpetuate or exacerbate* inequities (cont.)

Themes related to complaints and investigations

- Distrust, concerns about subjective processes and lack of transparency
- Expansive authority of the boards to consider past arrests or convictions
- Use of former law enforcement in investigations
- Intent, proportionality and lasting impact of disciplinary actions and communications
- Protections for both clinicians *and* consumers
- Ethical considerations (e.g., conflict of interest and whistleblower protections)

4. Licensing and regulation policies and actions may not *cause* disparities but can passively *perpetuate or exacerbate* inequities (cont.)

Participant perspectives on complaints and investigations

[Their process and decisions seem] very arbitrary and like it's not in any of our hands.

White, LGBTQ+, female licensed marriage and family therapist

I sat in [board] meetings and [discussed past] convictions There should be a consideration that there [are more] arrests for Black individuals than white individuals.

Mental health practitioner of color

I feel like I would literally be calling the police on a fellow clinician [if I filed a complaint against them], and that does not sit right with me.

Asian American/Pacific Islander, female licensed professional counselor

4. Licensing and regulation policies and actions may not *cause* disparities but can passively *perpetuate or exacerbate* inequities (cont.)

Themes related to equitable protection

- Efforts to diversify the boards are helpful but not enough
- Support for diversity in the professions goes hand in hand with consumer protection

OBLPCT, MHRA and OBOP serve as gatekeepers and have used that position to narrowly define their work. Gatekeeping also includes making sure the gates to the profession are approachable.

Asian American/Pacific Islander, female licensed professional counselor

5. MHRA and the boards have opportunities to support diversity, acting independently or in collaboration with others

- Make and sustain a visible, active commitment to DEI
- Reconsider licensing policies and procedures to support equity
- Add safeguards around complaints, investigations and disciplinary actions
- Audit and improve communications and service
- Identify and advocate for, influence or support changes in factors external to MHRA and the boards to foster equity

MHRA Report