Executive Summary

MHACBO maintains 20,546 active certifications for approximately 17,000 behavioral health workers. Some individuals possess more than one certification.

Racial/Ethnic Composition of the MHACBO Workforce compared to Medicaid Population

MHACBO Workforce Race/Ethnicity (~17,000)		*Oregon Medicaid
White non-Hispanic	66.75%	49.0%
Multiracial	10.93%	00.1%
Hispanic/Latino	8.76%	22.0%
Black/African Amer	6.07%	5.0%
Am Indian/Alaskan Nt	2.80%	5.0%
Asian	1.58%	5.2%
Other	1.19%	1.9%
Native Hawaiian/ Pacific Islndr	0.37%	1.4%
Middle Eastern/N Afr	0.16%	0.9
Decline to answer or missing/unknown	1.40%	9.6%

**OHA Medicaid Race/Ethnicity Enrollment, July 2024*

By volume Hispanic/Latinos are the most under-represented workers in Oregon behavioral health. Moreover, 11.3% of Oregon's Medicaid population is "Spanish Speaking Only". *OHA Medicaid Enrollment by Language, July 2024*

Innovations to promote a racially and ethnically diverse workforce

2018-2024: MHACBO began Oregon's first Spanish Language Peer Training. MHACBO continues to provide ongoing support for this project.

2022: MHACBO translated all its applications into Spanish language.

2023-24: MHACBO and OHA have partnered in a pilot project to adjust QMHA entrance criteria to include those with associate's degrees in human services, or counseling, etc.

2023-24: MHACBO and OHA have partnered with two National Examination Boards (NCBBHP and the ICRC) support development of Spanish language behavioral health exams for addiction counselors, peers, mental health associates and mental health professionals.

2022-present: MHACBO began Oregon's first complete Annual Spanish language CADC cohort through Ballot Measure 110 funding.

Educational Composition of Entire MHACBO Workforce

Level of Education	
HS/GED	20.0%
Some college - no degree (with a median of 45 college credits, approximately 1 year of college)	11.0%
Associate's degree	12.5%
Bachelor's degree	20.0%
Master's degree	35.0%
Doctoral degree	1.5%

The overwhelming majority of these 17,000 certified behavioral health workers are employed with OHA state licensed (COA) programs, or programs otherwise funded or authorized by OHA.

Lived-experience of the Workforce

- 63.9% of the entire MHACBO behavioral health workforce identify as being in recovery from an SUD and/or mental health condition.

Median Client Contact Hours & Supervision Hours

Two separate survey data points reveal identical results, behavioral health workers are employed a median of 40 hours per week with 25 face-to-face client service hours per week in 1:1s or group settings. The remaining 15 hours are largely dedicated to case management duties, referrals, care coordination, documentation, supervision, consultation, team meetings, and ongoing training.

Median Supervision Contact

Behavioral health workers self-report receiving a median of 2 hours of supervision per month (mean 2.3 hours per month), with one hour in 1:1 and one hour in group supervision. Some behavioral health workers report no regular supervision, some report extensive supervision.

2023-2024 Recruitment & Testing

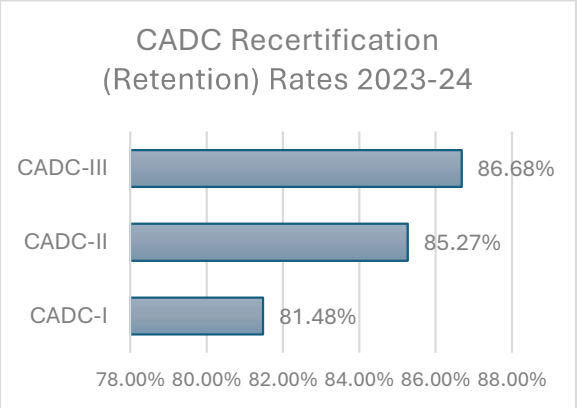
Growth in workforce registrations and certifications 2023-2024:

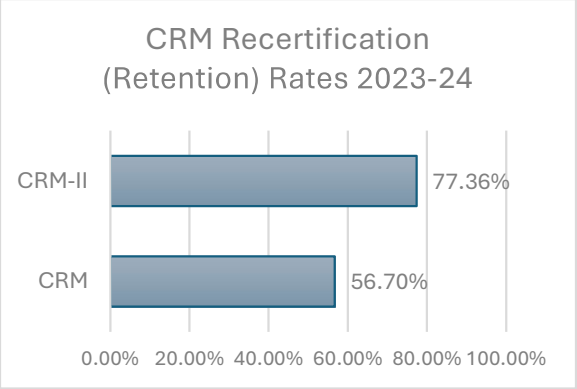
Credential	Net Growth	Percent Growth from previous year
CADC-R	1561	+23.53%
CADC-I	347	+5.23%
CADC-II	31	+0.47%
CADC-III	-11	-0.17%
QMHA-R	1546	+23.1%
QMHA-I	276	+4.16%
QMHA-II	257	+3.87%
QMHP-R	448	+6.75%
QMHP-C	166	+2.50%
CRM	1676	+25.27%
CRM-II	144	+2.17%
CGRM	55	+0.83%
CGAC-R	122	+1.84%
CGAC-I	16	0.24%
CGAC-II	-3	-0.05%
CPS	2	+0.03%

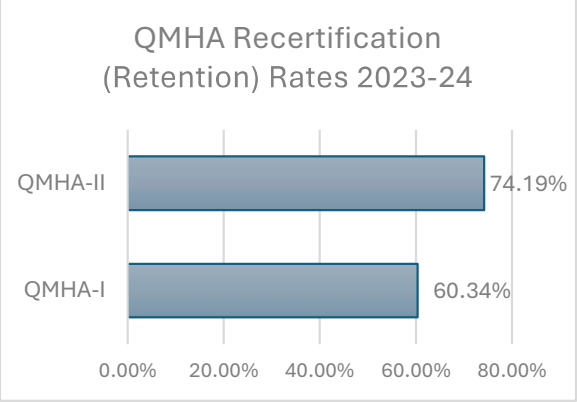
There was a lack of growth among CADC-IIIs and CGAC-IIs, and minimal growth of CADC-IIs. This could be problematic in the future if there are not enough individuals with advanced certifications to perform supervision duties, especially in rural areas.

Retention Rate Comparisons 2023-2024

FACT: When individuals advance to higher levels of certification, they are more likely to be retained in the workforce.







Behavioral Health Worker Distribution Across Counties

Detailed analysis of worker types per counties reveals areas of the state with fewer behavioral health workers. *See page 50 for a detailed table.* Counties lacking behavioral health workers include the following:

Certified Worker Types	Top 5 Rural Counties with the fewest worker types per 1,000 residents	
QMHA Oregon mean per 1,000: 1.23	**Sherman**: **Tillamook**: **Gilliam**: **Wheeler**: **Deschutes**:	0.00/1000 0.26/1000 0.49/1000 0.70/1000 0.77/1000
CADC Oregon mean per 1,000: 1.24	**Sherman**: **Gilliam**: **Curry**: **Malheur**: **Wheeler**:	0.00/1000 0.49/1000 0.60/1000 0.62/1000 0.70/1000
CRM *(does not include PSSs)* Oregon mean per 1,000: 0.78	**Sherman**: **Tillamook**: **Benton**: **Hood River**: **Morrow**:	0.00/1000 0.33/1000 0.35/1000 0.38/1000 0.41/1000
QMHP *(does not include LMHPs)* Oregon mean per 1,000: 0.49	**Lake** **Malheur** **Tillamook** **Crook** **Douglas**	0.12/1000 0.16/1000 0.18/1000 0.19/1000 0.26/1000
CGAC Oregon mean per 1,000: 0.06	**Sherman** **Gilliam** **Wheeler** **Curry** **Grant** **Morrow**	0.00/1000 0.00/1000 0.00/1000 0.00/1000 0.00/1000 0.00/1000

Mental Health Workers Competency Deficit Analysis

QMHA: MHACBO has analyzed 2,894 supervisory assessments on both QMHA-Is and QMHA-IIs demonstrating similar minimal competencies or deficits in the following areas:

- Assessment support skills
- Implementing treatment plan interventions
- Consumer inclusion, eliciting consumer and family participation
- Facilitating ADLs
- Regulatory compliance and general documentation
- Safety Issues; 1) managing safety threats, 2) safety monitoring, 3) understanding safety policies, 4) disaster preparedness

QMHP: MHACBO has analyzed 625 supervisory assessments on QMHPs revealing the following minimal competencies or deficits in the following areas:

- Group Facilitation Skills
- Engaging with Families and Providing Family Education and Referrals
- Assisting clients with Referral Transitions
- Assisting clients in engaging Community Resources
- Maintaining Service/Recovery Plan Reviews

Wage Analysis

Three major factors have the greatest impact on behavioral health worker occupational wages:

1. Years of occupational experience.
2. Level of certification (including possessing multiple certifications).
3. Having a graduate degree or higher.

See pages 9-11 for the full report.

Retention, Occupational Satisfaction and Turnover Intention

Level of satisfaction among varied credentials working in their occupational role, is comparable to most U.S. occupations. Levels of occupational satisfaction are virtually identical for all worker certification types. According to recent data from The Conference Board's annual U.S. workforce survey, the average level of job satisfaction in the United States (for all ccupations) is currently at 62.7%, the highest since the survey began in 1987.

Credential	Dissatisfied	Neutral	Satisfied
QMHA	17.85%	19.68%	62.51%
QMHP	17.83%	19.69%	62.49%
M.H. Supervisor	18.26%	19.57%	62.17%
CADC	17.80%	19.70%	62.50%
SUD Supervisor	17.87%	19.49%	62.64%
CRM	17.76%	19.72%	62.50%
CPS	17.74%	18.94%	63.32%
MH Peer	17.70%	19.54%	62.76%
Median Wage	$27/hour		$30/hour

Assessing 3,111 survey respondents reveal that those who are neutral to dissatisfied with their work make a median wage of $27/hour, while those

who report occupational satisfaction earn a median wage of $30/hour.

Professionals with advanced credentials demonstrate lower turnover intentions. Workers with higher levels of occupational dissatisfaction are more likely to report higher turnover intention. All respondents (n=3,111) reported the following aggregate intention to either stay/advance in Oregon behavioral health or leave.

Stay or Advance in the field	Leave the field, retire, move out of state, etc.
80.13%	**19.87%**

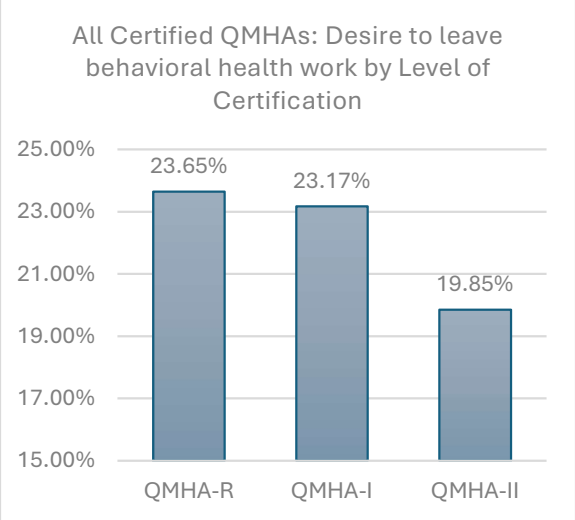
Turnover Intention

Occupational roles show similar patterns of dissatisfaction and turnover intention, peers not withstanding. Those working as mental health associates have the highest turnover intention. Those working as peers have the lowest turnover intention.

FACT: QMHAs have the highest turnover intention (desire to leave behavioral health work).

Working directly in the Occupational Role	% reporting Turnover Intention or Desire to Leave	% reporting Occupational Dissatisfaction
QMHP therapist	20.03%	17.8%
QMHA mental health associate	24.85%	17.8%
CADC SUD counselor	17.31%	17.8%
CRM peer mentor	11.53%	17.8%

As individuals advance in certification turnover intention declines. For example, among all certified QMHAs, QMHA-IIs have the lowest turnover intention. This data includes QMHAs working in both the occupational role and administration, management, or other roles.



This chart includes all certified QMHAs, not just those in the occupational role of QMHA. Among certified QMHAs working in the occupational role of QMHA 24.85% report a desire to leave behavioral health work.

Turnover Intention by Years of Experience

FACT: MHACBO's analysis shows that intervening around the 3-4 year of employment and assisting individuals in further advancement could potentially increase overall retention rates. See full report for detailed explanation.

Helping the workforce advance in their professional development, credentialing and specialization is crucial to workforce retention.

Median Years Occupational Experience

Certification Category	Median Years in Behavioral Health / Social Services
QMHP	10 years

QMHA	8 years
CADC	8 years
CRM	4 years

Research supports Workforce Development as a Retention Strategy

A 2024 Qualitative study of Oregon's behavioral health workforce revealed five key themes "that negatively affected the interviewees' workplace experience and longevity: low wages, documentation burden, poor physical and administrative infrastructure, ***lack of career development opportunities***, and a chronically traumatic work environment."[1]

The National Wraparound Center reports, "Promoting career advancement opportunities: ***Establishing clear career ladders***, creating mentorship programs, enhancing supervisory support, and ***providing opportunities for specialization*** can motivate staff to invest in their long-term growth within the field.[2]

For nine years in a row, ***lack of career development has been the number one reason why employees quit***, according to Work Institute's 2019 Retention Report.[3]

1. Hallett E, Simeon E, Amba V, Howington D, McConnell KJ, Zhu JM. Factors Influencing Turnover and Attrition in the Public Behavioral Health System Workforce: Qualitative Study. Psychiatr Serv. 2024 Jan 1;75(1):55-63.
2. Addressing the Behavioral Health Workforce Crisis: Understanding the Drivers of Turnover & Strategies for Retention, National Wraparound Implementation Center & National Wraparound Initiative.
3. In LinkedIn's 2018 Workforce Learning Report, 93% of employees say they would stay at a company longer if it invested in their careers.

MHACBO Mental Health Exams

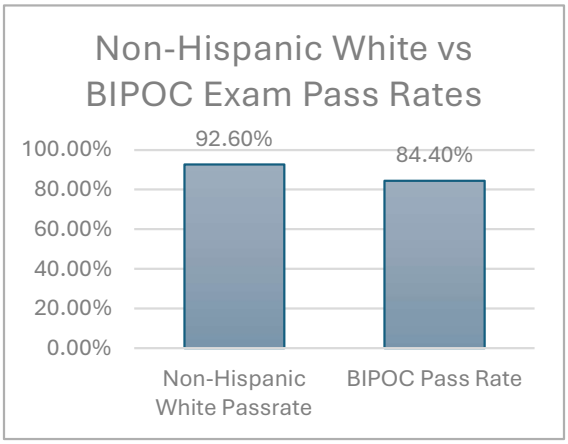
MHACBO's newest exams are for Mental Health Associates and Mental Health Professionals. MHACBO has conducted 2,160 professional psychometric mental health exams. MHACBO continuously analyzes statistical reliability of its exams along with pass rates.

Statistical reliability of exams is measured by Kuder Richardson Formula 20. A score of 70% or higher ensures a psychometrically sound exam.

Examination	Kuder Richardson Formula 20 Score
Qualified Mental Health Associate - I	75.12%
Qualified Mental Health Associate - II	76.76%
Qualified Mental Health Professional	88.16%

Over the past several years MHACBO has translated most exams into Spanish language.

There is currently an 8.2% pass rate variance between Non-Hispanic Whites and BIPOC individuals. However, it is important to note, when analyzing exam pass rates, that the variance declines when controlling for level of education. The variance in score is much smaller between similarly matched exam takers.



MHACBO's next continuous improvement strategy is to move all exams to three item questions (vs. four items), which has demonstrated more equitable examination scores in research.

Summary QMHA Survey Data Analysis

- **Variables affecting wages in rank order:**
  - Years of occupational experience: Effect Range $4.63
  - Level of QMHA certification, and having additional CADC certification: Effect Range $4.01, and $0.88 respectively
  - Level of satisfaction: Effect range: $2.99
  - Level of undergraduate education (HS/GED, Associates, Bachelors): Effect Range $1.05

- **Desire to leave QMHA work peaks in years 3-4.** Simultaneously, desire to advance increases. This is a crucial intersection where tiered certification can help retain the QMHA workforce. QMHA-IIs have the highest retention rates of all QMHAs.
  - QMHA-**I** Hours prior to Examination (minimum requirement 1,000): average 2,082 (1 year)
  - QMHA-II (minimum requirement 4,000): average 6,941 (3.5 years)

- **Satisfaction & Turnover Intention:**
  - QMHA-II's report the highest levels of job satisfaction.
  - QMHA-IIs have the strongest desire to continue their QMHA employment. 80.15% of QMHA-IIs report desiring to stay in their job or further advance in the field.
  - Turnover intention is strongly associated with level of occupational job satisfaction.

- **Both QMHA-Is and QMHA-IIs demonstrate similar minimal competency or deficits in the following areas (68% or below for QMHA-Is):**
  - Assessment support skills
  - Implementing treatment plan interventions
  - Consumer inclusion, eliciting consumer and family participation
  - Facilitating ADLs
  - Regulatory compliance and general documentation
  - Safety Issues; 1) managing safety threats, 2) safety monitoring, 3) understanding safety policies, 4) disaster preparedness

- **MHACBO QMHA Exams are statistically valid psychometric exams measuring competency,** with a Kuder-Richardson Formula 20 Score of 75.12% for the QMHA-I Exam, and 76.76% for the QMHA-II Exam.
- **The Exam Preparation classes are disproportionately utilized by QMHAs of color,** and are effective in reducing exam anxiety and increasing confidence.

Preparatory Class Feedback

Summary QMHP Survey Data Analysis

- **Variables affecting wages in rank order:**
  - Years of occupational experience: Effect Range $9.26
  - QMHP-C certification (vs QMHP-R): Effect $5.50
  - Level of satisfaction: Effect Range $5.00
  - Having additional CADC certification. QMHPs working in a mental health therapist role, who also have CADC certification: Effect $4.00
  - Level of education (i.e., qualifying bachelors (RN/OT, Masters or Doctorate): Effect Range $2.77

- **Satisfaction and Turnover Intention:**
  - Desire to leave QMHP work, turnover intention is relatively consistent over time at around 19% of the QMHP workforce. Similarly, 18.2% report job dissatisfaction.

- **Supervisory Assessments reveal the following deficits in QMHP Competencies:**
  - Group Facilitation Skills
  - Engaging with Families and Providing Family Education and Referrals
  - Assisting clients with Referral Transitions
  - Assisting clients in engaging Community Resources
  - Maintaining Service/Recovery Plan Reviews

Summary CADC Survey Data Analysis

- **Variables affecting hourly wages in rank order:**
  - Level of certification. In part, this is also due to educational requirements at each level of certification: Effect Range $19.96
  - Years of occupational experience: Effect Range $13.38
  - Level of education, a graduate degree increases wages by $7.00: Effect Range: $10.00
  - Level of Satisfaction: Effect Range $3.00
  - Additional QMHA/P certification. CADCs working in the primary role of SUD counselor who also have QMHA/P certification: Effect: $2.08

- **Satisfaction & Turnover Intention:**
  - Desire to leave SUD work, turnover intention is relatively consistent at approximately 17.3% of the CADC workforce, similarly 17.8% of CADCs report occupational dissatisfaction. Levels of Satisfaction are relatively high, 62.78% of CADCs report they are somewhat or very satisfied with their occupation.

Summary CRM Survey Data Analysis

- **Variables affecting hourly wages in rank order:**
  - Level of education. It is important to note that CRMs with bachelor's and master's degrees are more likely to be working in other roles (supervisory, management, administration). Effect Range: $12.50
  - Years of experience. Effect Range: $7.93
  - Level of certification. Effect Range: $2.23
  - CRMs working in the role of a peer and having other certifications such as CADC or QMHA. However, CRMs with additional certifications are more likely to be working in supervisory, managerial and administrative roles experiencing significant wage increases. Effect Range: $0.25
  - Level of occupational satisfaction. Effect Range: $0.00

- **Satisfaction & Turnover Intention:**
  - CRMs, working in the occupational role of a peer, report turnover intention of 11.53% of the CRM workforce, while occupational dissatisfaction is approximately 17%. Levels of satisfaction are relatively high, 62.54% of CADCs report they are somewhat or very satisfied with their occupation. Similar to CADCs and QMHAs, assisting CRMs in occupational advancement around years 3-4 in the behavioral health field could retain these workers.

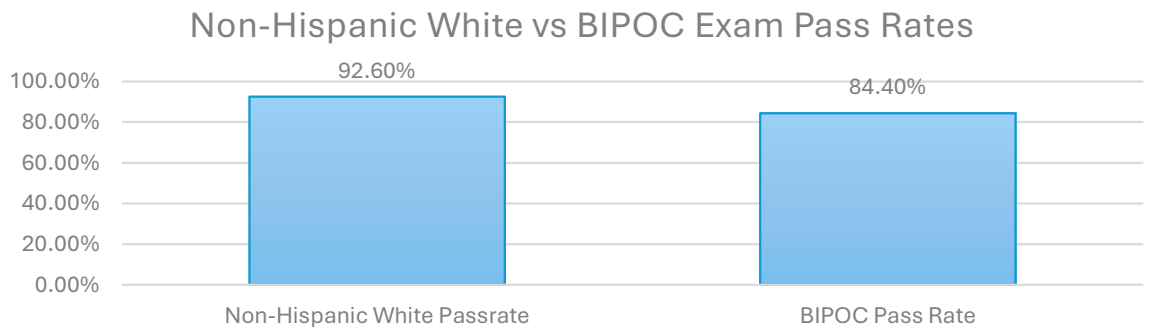
Exam Report

MHACBO continuously strives for examination equity. While many psychometric exams show extremely low BIPOC pass rates, MHACBO continuously strives to work towards complete equity. We are currently working with the National Certification Board for Behavioral Health Professionals to move to three item multiple choice exams from the older dominant culture four item multiple choice exam format. The rationale behind this is that often times in multiple choice exams, test takers quickly eliminate two answers, while leaving two answers that are very close and plausible. Many times the difference between these two very close answers is small subtleties in language, and language interpretation. Research has shown that moving to three item exams, has only a small impact of Non-Hispanic White test takers, while having a much larger impact on BIPOC test takers.

2,160 Mental Health Exams

MHACBO has conducted 2,160 professional psychometric mental health exams:

- QMHA-I: Basic Mental Health Associate Competency
- QMHA-II: Advanced Mental Health Associate Competency, including Jurisprudence
- QMHP-C: Graduate Mental Health Exam, including Jurisprudence



Kuder Richardson Reliability Scores

Moreover, MHACBO continuously works to increase the statistical reliability of these new exams for QMHAs and QMHPs. Creating statistically valid exams can take years through adjusting the question pool and eliminating unreliable questions with more reliable questions. Exams with a Kuder Richardson Formula 20 score of 70% or higher are considered to be statistically reliable exams.

If examination questions are too easy, too difficult, or poorly defined (broadly unrelated topics) it will typically result in lower KR-20 scores. Exams between 60%-70% are considered problematic, and exams with a KR-20 score below 60% are considered to be invalid.

All of MHACBO's exams are 75% or greater. MHACBO's QMHP Exam with a KR-20 of 88.16% is considered to be excellent.

Examination	Kuder Richardson Formula 20 Score
Qualified Mental Health Associate - I	75.12%
Qualified Mental Health Associate - II	76.76%
Qualified Mental Health Professional	88.16%

Spanish Language Exams

MHACBO has also recently translated all its mental health exams into Spanish. Moreover, MHACBO has translated its CADC-I ICRC exam into Spanish in partnership with Prometric Testing. The new testing methodology allows exam candidates to "toggle" back and forth between English and Spanish language during the exam, so that exam takers can review the question in both Spanish language and English.

Forensic Peer Exam

MHACBO is currently developing the Forensic Peer Endorsement which includes a 50-question psychometric exam on the Forensic Peer Competencies, based on the SAMSHA Gains Center Role Delineation Analysis.