2023 Annual Behavioral Health Credentialing Report

Mental Health and Addiction Certification Board of Oregon

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MHACBO

The Mental Health and Addiction Certification Board of Oregon, was founded in 1977, and is Oregon's principle certifier of the state's unlicensed behavioral health workforce, primarily serving Oregon's Medicaid population. MHACBO has 16,504 active certifications in addiction and mental health.

16,504 active certifications

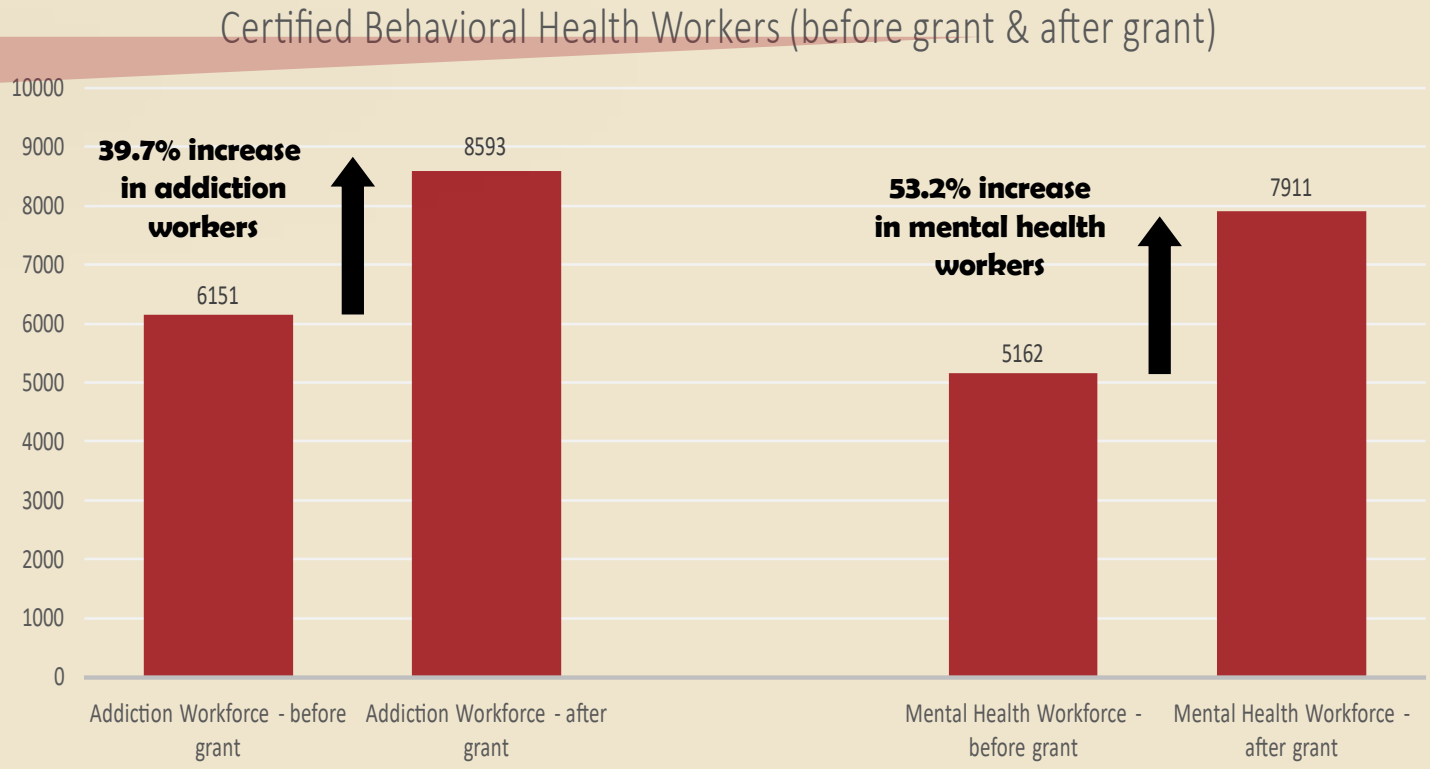
The standard elements of varied certifications, include, but are not limited to:

- **Identity verification**
- **Primary source verification of college education**
- **Assessment of education, experience and competencies**
- **Primary source verification of clinical supervision hours**
- **Professional psychometric competency exams**
- **Criminal background checks for some certifications**
- **Verification of ongoing accrual of continuing education and training**
- **Processing of ethics complaints against certified members**
- **Behavioral health workforce data collection, research and analysis**

MHACBO is Oregon's oldest professional P.R.O. (peer-run organization) where 51% or more of the Board of Directors and staff identify as individuals in recovery from addiction and/or mental health.

HB2949 Impact Statement

New Behavioral Health Workers



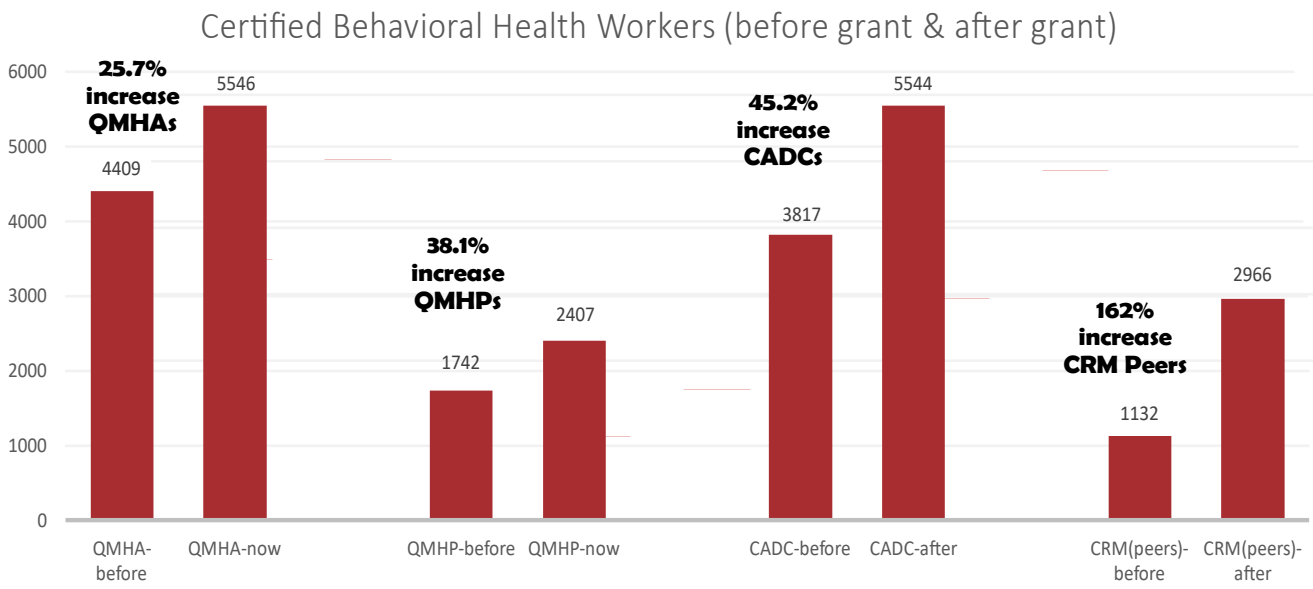
HB2949 allocated workforce development funds to OHA for distribution to stabilize the existing workforce after COVID and enhance recruitment. MHACBO received a portion of these funds to employ an additional 2 FTE staff to enhance outreach and recruitment from certification contacts and to make contacts with job fairs, colleges, universities and various events.

HB2949 also scholarshipped certification fees for new individuals onboarding into the behavioral health field for the first time, and scholarshipped testing and recertification fees for registered and certified members in order to retain these workers.

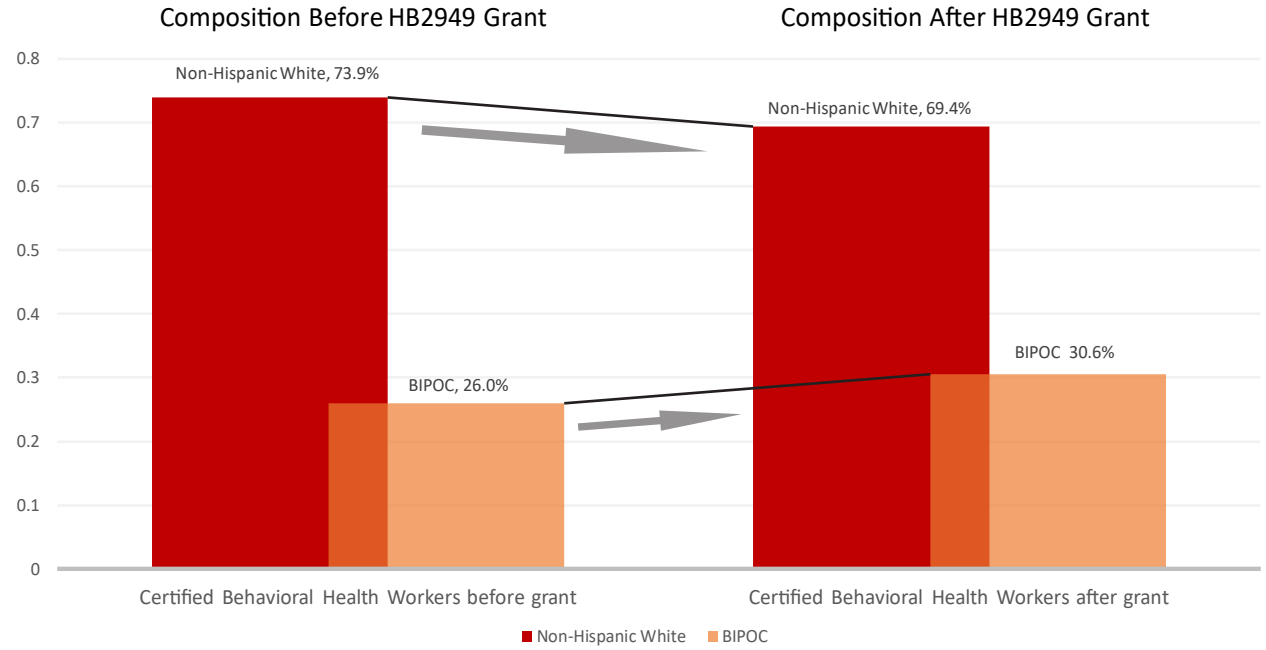
MHACBO experienced a 39.7% increase in registered-certified addiction workers and a 53.2% increase in registered-certified mental health workers after the grant.

HB2949 Impact Statement

Worker Increases by Worker Type



Expanding Workforce Diversity (n=16,504)



HB2948 included funding for outreach into communities of color to enhance BIPOC representation within Oregon's behavioral health workforce. As a result of MHACBO's HB2949 funding MHACBO experienced an increase of 4.6% BIPOC representation in the workforce.

MHACBO Workforce Composition

Diversity by Worker Type (n=16,504)

Worker Type	% Non-Hispanic White	% BIPOC
Addiction Counselors: CADC	73.48%	26.52%
Addiction Peers: CRM	62.34%	37.66%
Mental Health Associates: QMHA	70.43%	29.57%
Mental Health Professional: QMHP	71.75%	28.25%

The U.S. Census Bureau estimates that Oregon is 73.5% non-Hispanic white (July 2023), whereas Oregon's may be approximately 69.9% non-Hispanic white *(OHA OHP dashboard, less "other/unknown")*. MHACBO's entire certified workforce is 69.4% non-Hispanic white.

7,911 Mental Health Certified Workers

Certified Mental Health Workforce	Mental Health Worker Race/Ethnicity
Non-Hispanic White	70.83%
American Indian/Alaskan Native	1.65%
Asian	1.92%
Black/African American	5.40%
Hispanic/Latino	8.77%
Middle Eastern/North African	0.25%
Multi-racial	9.75%
Native Hawaiian/Pacific Islander	0.39%
Other	1.03%

8,593 Addiction Certified Workers

Certified Addiction Workforce	Addiction Worker Race/Ethnicity
Non-Hispanic White	68.99%
American Indian/Alaskan Native	3.95%
Asian	1.07%
Black/African American	5.54%
Hispanic/Latino	8.10%
Middle Eastern/North African	0.06%
Multi-racial	10.62%
Native Hawaiian/Pacific Islander	0.30%
Other	1.36%

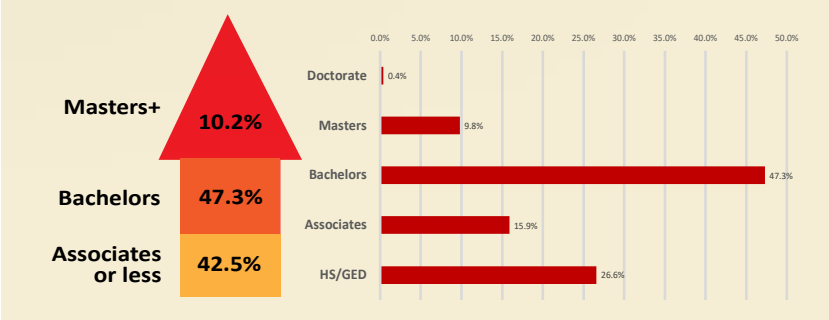
MHACBO Workforce Composition

MHACBO Behavioral Health Workforce (n=16,504)

HS/GED with specialty training | Associates degree | Bachelors degree | Masters or Doctorate degree

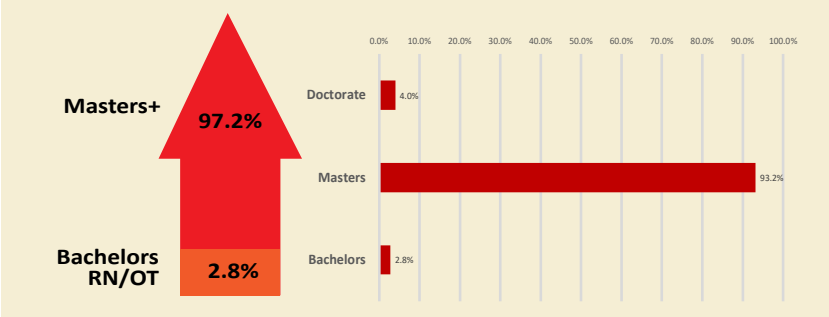
QMHA

Mental Health Associate level of education



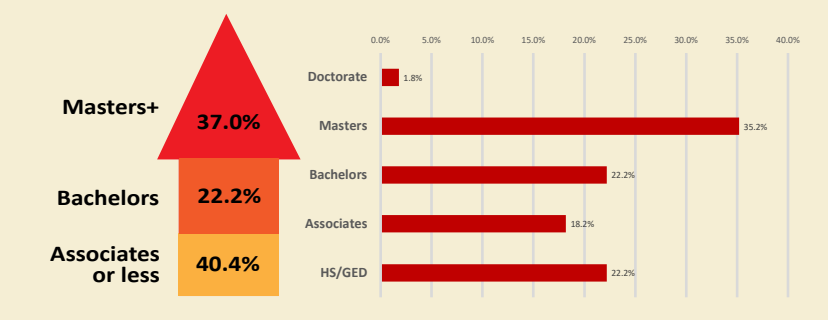
QMHP

Mental Health Professional level of education



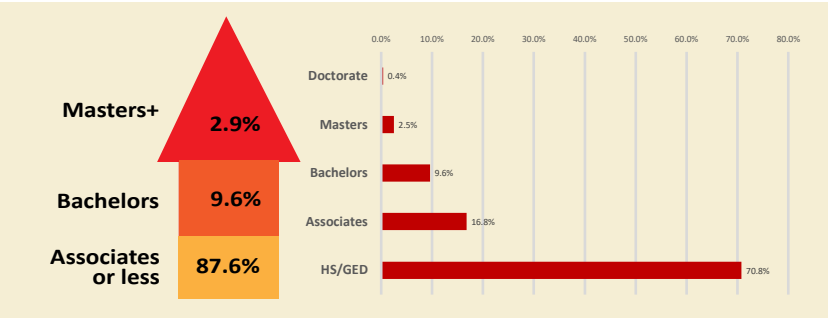
CADC

Addiction Counselor level of education



CRM

Addiction Peer level of education



MHACBO Career Ladder

Workforce Retention

MHACBO data suggests professionals who advance in the "career ladder" are 20.7% more likely to stay in Oregon's behavioral health field. In 2017, Oregon Health Authority contracted the University of Colorado, Farley Research Health Policy Center to assess Oregon's behavioral health workforce and make recommendations. Their report recommended creating tiered levels of QMHA certification. Research suggests when behavioral health workers are able to advance in levels of credentialing, they can earn higher wages and become more competitive in the job market. They are more likely to stay in the behavioral health field.

SAMHSA Feedback

"MHACBO and the career ladder program offered in Oregon, has quite the reach as word of your program made its way back to SAMHSA headquarters as an example of a state doing successful workforce recruitment (which falls under one of SAMHSA's priority areas: strengthening the behavioral workforce). Well done!"

National Recognition

New York

The New York Office of Mental Health has made numerous contacts with MHACBO to learn more about Oregon's behavioral health workforce recruitment and retention model. New York is currently on track to develop QMHA credentialing.

California

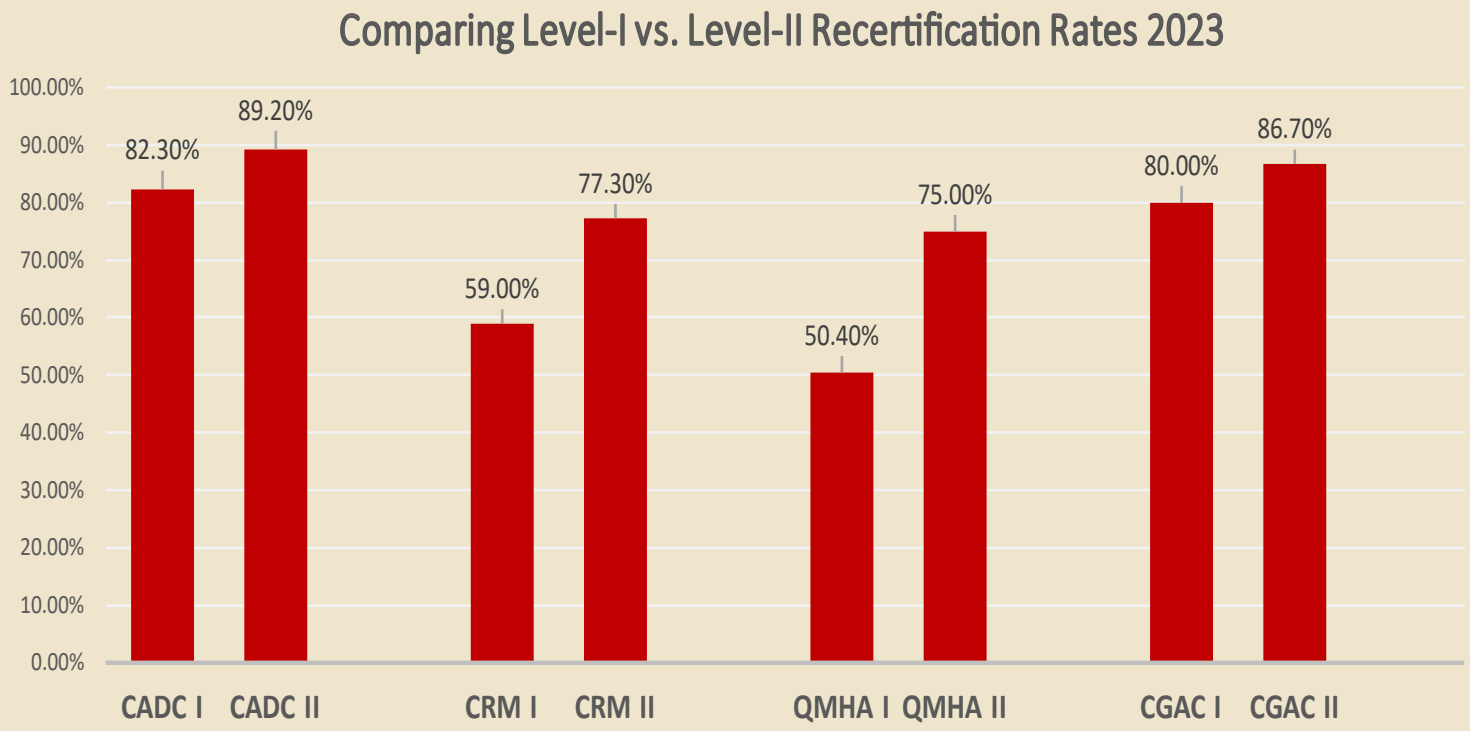
The California CCAPP credentialing board has been in communications with MHACBO regarding replicating Oregon's mental health credentialing model for unlicensed behavioral health workers.

NCBBHP

Oregon has been awarded a board of directors seat on the National Certification Board for Behavioral Health Professionals.

MHACBO Career Ladder

Behavioral health workers with advanced certification are 20.7% more likely to recertify their credentials and stay in Oregon's behavioral health field.



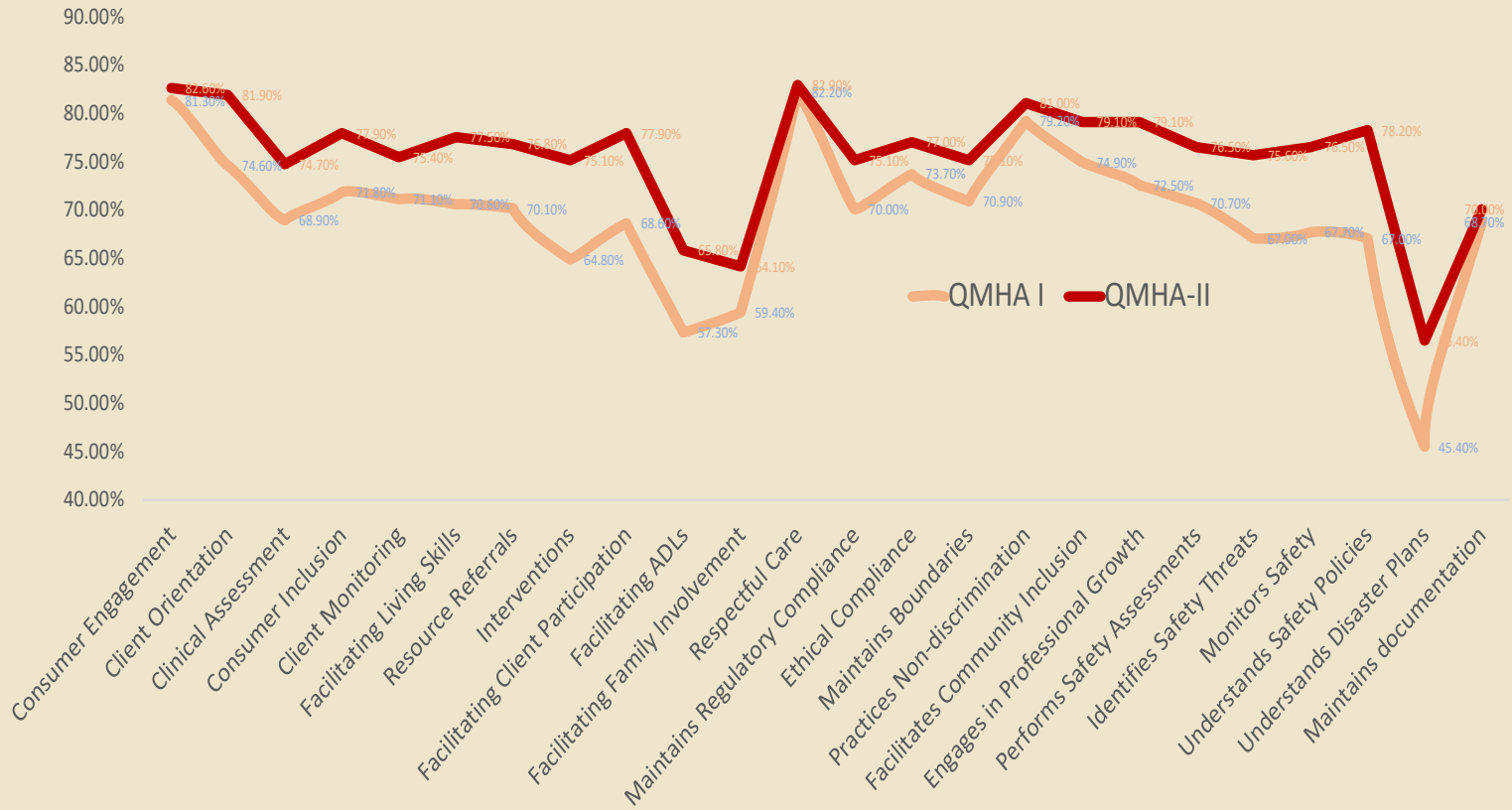
Individuals who advance to higher levels of certification are more likely to recertify their credentials and stay in the behavioral health field.

- Average Level-I recertification rate for 2023: 67.9%
- Average Level-II recertification rate for 2023: 82.0%

MHACBO Career Ladder

2,015 individual supervisory assessments reveal, when individuals advance in levels of QMHA certification, their supervisors document increased levels of competency.

% of QMHAs Demonstrating Above Average Knowledge and Skills in Varied Competencies *(n= 2,015 Supervisory Assessments)*



- **QMHA-Is** meet minimum requirements of education (bachelors degree or equivalency), complete 1,000 supervised clinical hours and successfully pass the Basic Mental Health Associate Exam.
- **QMHA-IIs** meet minimum requirements of education (bachelors degree or equivalency), complete 4,000 supervised clinical hours and successfully pass the Advanced Mental Health Associate Exam.

HB2949 Impact Statement

HB2949 Exam Preparation Training

HB2949 funding has allowed MHACBO to offer 156 Exam Preparatory trainings to QMHAs and QMHPs. These trainings have been successfully utilized by communities of color, of whom some are leery of dominant culture examinations. MHACBO's mental health exam development team is lead by persons of color and has demonstrated proportionate pass/fail rates by race and ethnicity. Moreover, MHACBO affords alternate pathways to credentialing for some certifications for those who do not speak English or have other disabling conditions affecting their ability to use dominant culture exams.

Race/ Ethnicity	Prep Course Participants
African American	10.5%
Asian	1.7%
Hawaiian Pacific	1.2%
Hispanic	12.7%
Middle Eastern	1%
Multiracial	6.6%
Native American	5.5%
Non-Hispanic White	60.8%

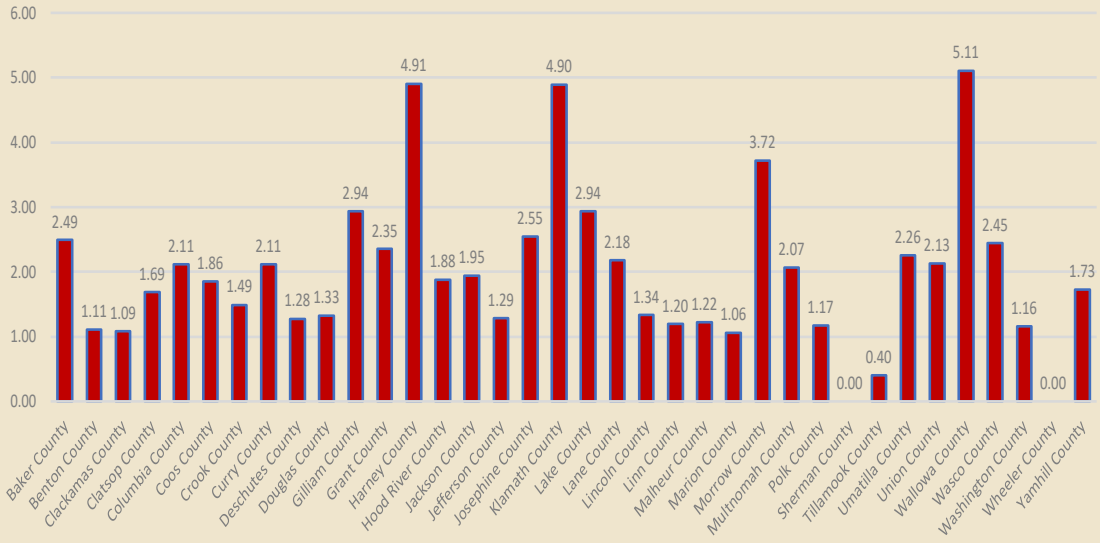
Lana Winnie, LPC, MAC, CADC III, CRC, NCC
Exam Development and Exam Preparation Instructor

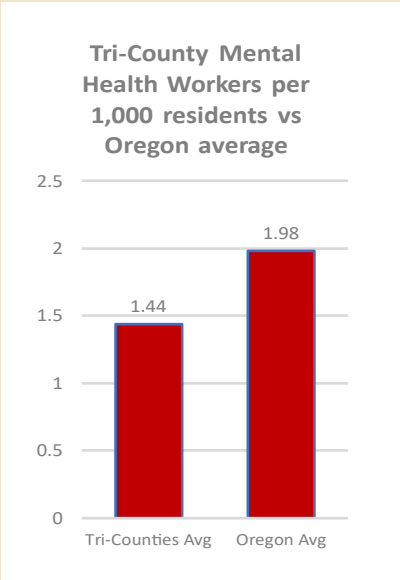
"At MHACBO we research Oregon's behavioral health workforce, review BIPOC engagement, registration and examination outcomes. MHACBO credentialing and examinations are built on the principles of inclusion. We are currently in the process of translating all of our mental health exams into Spanish. Our focus is always on recruitment, retention, and enhancing worker competencies." - Lana Winnie

Monitoring Rural Representation

MHACBO monitors rural representation of Oregon's certified behavioral health workforce and performs outreach to rural areas to enhance the workforce. MHACBO works closely with programs to coordinate credentialing of rural behavioral health workers. Rural Oregon's greatest deficit is among Licensed Mental Health professionals (LPCs, LCSWs, LMFTs, Psychologists, Psychiatric Nurse Practitioners, and Psychiatrists), and graduate level therapist (Certified QMHPs). Certified addiction and mental health workers are more well represented, however 19 rural counties have lower than the statewide average for both certified mental health workers and certified addiction workers.

Certified Mental Health Workers per 1,000 Residents





Certified Addiction Workers per 1,000 Residents