

MHACBO 2025 Annual Behavioral Health Workforce Report

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2025 MHACBO Workforce Report

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Introduction

The Mental Health and Addiction Certification Board of Oregon (MHACBO), maintains 20,546 active certifications for approximately ~17,000 behavioral health workers. Some individuals possess more than one certification. The majority of MHACBO certified members work within Oregon’s OHA licensed

COA Certificate of Approval programs or programs otherwise funded and/or authorized by OHA and primarily serve the Medicaid population. This report is derived from the following datasets:

Registrant data reported biannually 2023-2024 (n=17,000+)	17,000+ routine data submissions bi-annually for registration and re-credentialing, over the previous 24 months
Workforce survey data 2023-2024 (n=17,000+)	17,000+ specialty survey submissions over the previous 24 months <ul style="list-style-type: none"> • <i>MHACBO-Comagine Salary Survey</i> • <i>MHACBO-OHA Workforce Survey</i>
REALD and SOGI data 2023-2024 (n=3,895)	3,895 data submissions over the past 24 months
Psychometric Competency Exam data 2018-2024	Psychometric examination data administered by four National Boards: <ul style="list-style-type: none"> • <i>The Mental Health and Addiction Certification Board of Oregon</i> <ul style="list-style-type: none"> ○ <i>Jurisprudence Exams</i> • <i>The National Certification Board for Behavioral Health Professionals</i> <ul style="list-style-type: none"> ○ <i>Mental Health Associate Basic Exam</i> ○ <i>Mental Health Associate Advanced Exam</i> ○ <i>Graduate Mental Health Professional Exam</i> • <i>The International Certification and Reciprocity Consortium</i> <ul style="list-style-type: none"> ○ <i>Peer Exam</i> ○ <i>Entry Level Addiction Counselor Exam</i> • <i>The International Gambling Counselor Certification Board</i> <ul style="list-style-type: none"> ○ <i>Gambling Addiction Counselor Exam</i> • <i>The National Association of Addiction Professionals</i> <ul style="list-style-type: none"> ○ <i>Advanced Addiction Counselor Exam</i> ○ <i>Graduate Addiction Counselor Exam</i>
Examination Prep Pre & Post Surveys (n=2,035)	2,035 Pre and Post Mental Health Exam Prep training surveys
Supervisory Assessment 2019-2024 (n=3,519)	Supervisory competency assessments completed on mental health associates (QMHA) (n=2,894) and mental health professionals (QMHP) (n=625)

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

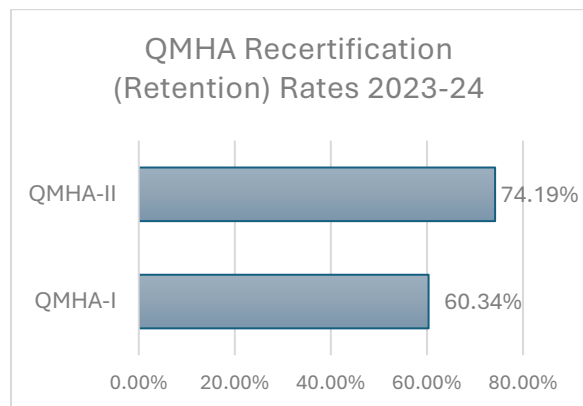
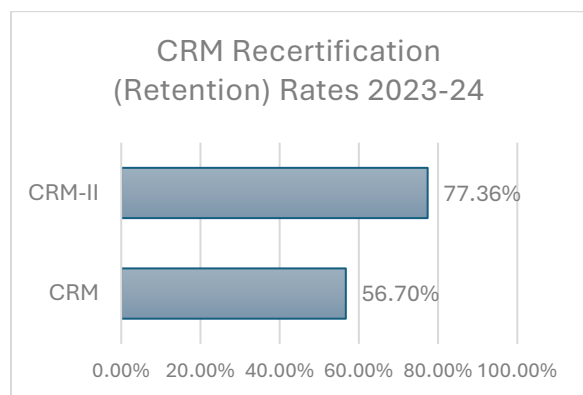
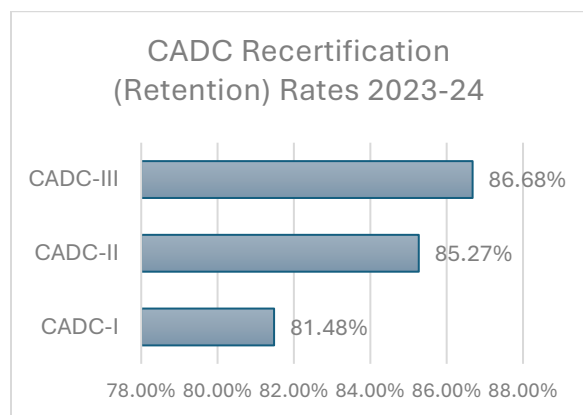
Growth in workforce registrations and certifications 2023-2024:

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-III's and CGAC-II's, and minimal growth of CADC-II's. 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: 0.00/1000 Tillamook: 0.26/1000 Gilliam: 0.49/1000 Wheeler: 0.70/1000 Deschutes: 0.77/1000
CADC Oregon mean per 1,000: 1.24	Sherman: 0.00/1000 Gilliam: 0.49/1000 Curry: 0.60/1000 Malheur: 0.62/1000 Wheeler: 0.70/1000
CRM (does not include PSSs) Oregon mean per 1,000: 0.78	Sherman: 0.00/1000 Tillamook: 0.33/1000 Benton: 0.35/1000 Hood River: 0.38/1000 Morrow: 0.41/1000
QMHP (does not include LMHPs) Oregon mean per 1,000: 0.49	Lake 0.12/1000 Malheur 0.16/1000 Tillamook 0.18/1000 Crook 0.19/1000 Douglas 0.26/1000
CGAC Oregon mean per 1,000: 0.06	Sherman 0.00/1000 Gilliam 0.00/1000 Wheeler 0.00/1000 Curry 0.00/1000 Grant 0.00/1000 Morrow 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 occupations) 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%

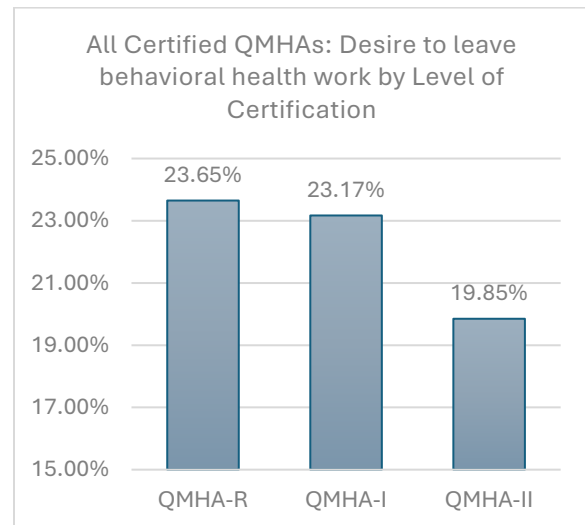
Turnover Intention

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

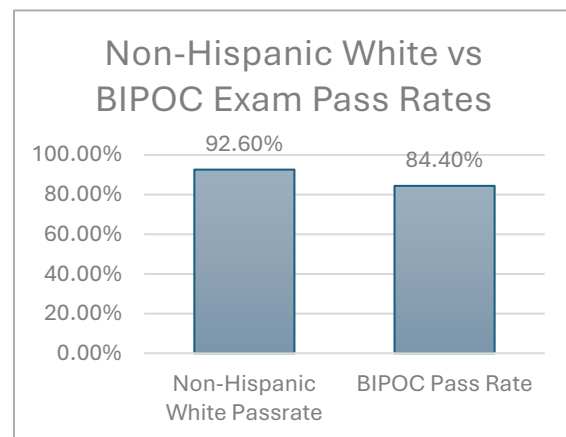
MHACBO’s newest exams are for Mental Health Associates and Mental Health Professionals. MHACBO has conducted 2,160 professional psychometric mental health exams. MHACBO continuously analyzes statistical reliability of its exams along with pass rates.

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.



2025 Behavioral

Health Workforce Wage Analysis

*Kristi McKinney, Ed.D., QMHP-C, CADC-III, Sanae El Ibrahim, Ph.D., MPH, Van Burnham IV, B.Accy.,
Stephannie Sloan, CADC-II, QMHA-II, Eric Martin, CADC-III, CRM-II, CPS and Consultants: Christi Hildebran,
MSW, CADC-III and Linda May Wacker, M.Ed., QMHP-C, CADC-II*

MHACBO and Comagine Health surveyed 3,111 certified professionals collecting self-reported wages. Wage analysis examined those certified individuals working in specific occupational roles. While some individuals possess multiple certifications or licenses surveyors identified their primary credential and primary occupational role. Wage estimates included ANOVA wage adjusted means controlling for region and level of education, Median, and Geometric means. Approximate wages were derived from those estimates.

NOTE: Wages vary for differing employers. State employers, counties, CCO's, FQHCs and Hospitals tend to have higher wages compared to private non-profit COA-CBOs. Moreover, many outpatient programs tend to have higher wages compared to many residential services in the private COA-CBO sector.

Key Findings

Wages are **significantly** influenced by:

- Years of experience have the greatest impact on all occupational roles
- Levels of certification, and/or licensure
- Having a graduate degree or greater
- Level of occupational satisfaction for most credentials
- Government (County or State employment) vs. private non-profit COA-CBOs.

Wages are **somewhat** influenced by:

- Multiple certifications (dual certification/licensure in both mental health and addiction)
- Region (Portland Metro has higher wages likely due to the cost of living, and overall higher levels of education). The Valley also has higher wages likely due to a disproportionate number of state and county employees who are certified and work in behavioral health.
- Ability to speak multiple languages at the graduate level

Wages are **minimally** influenced by:

- Level of education at the undergraduate occupational level (rather, competency, years of experience and certifications have a significantly greater influence)
- Ability to speak multiple languages at the undergraduate level

Wage Estimates by Primary Credential and Primary Occupational Role & Region

Includes certified individuals employed in private-CBOs, State, County, FQHCs, CCOs & Hospitals working in the primary role described.

Occupational Role and credential	Central Oregon		Eastern Oregon		Portland Metro Tri-county		Southern & South Coast		Valley & N. Coast	
QMHP Mental Health Therapist (both certified or licensed QMHPs) (n=626)	ANOVA	38.26	ANOVA	36.30	ANOVA	40.79	ANOVA	39.69	ANOVA	39.34
	Median	35.00	Median	35.25	Median	40.00	Median	38.03	Median	37.00
	Geo	37.18	Geo	36.28	Geo	39.60	Geo	38.58	Geo	38.47
	Estimates Range \$35.00 - \$38.26 ~\$36.60/hour		Estimates Range \$35.25 - \$36.30 ~\$35.75/hour		Estimates Range \$39.60 - \$40.79 ~\$40.40/hour		Estimates Range \$38.03- \$39.69 ~\$38.85/hour		Estimates Range \$37.00- \$39.34 ~\$38.15/hour	
QMHA Mental Health Associate (n=831)	ANOVA	26.59	ANOVA	27.15	ANOVA	27.78	ANOVA	26.71	ANOVA	28.24
	Median	26.80	Median	26.02	Median	26.54	Median	27.00	Median	28.09
	Geo	26.57	Geo	26.68	Geo	27.64	Geo	26.65	Geo	28.34
	Estimates Range \$26.57 - \$26.80 ~\$26.70/hour		Estimates Range \$26.02 - \$27.15 ~\$26.60/hour		Estimates Range \$26.54 - \$27.78 ~\$27.10/hour		Estimates Range \$26.65 - \$27.00 ~\$26.80/hour		Estimates Range \$28.09 - \$28.34 ~\$28.20/hour	
Mental Health Peer (n=84)	ANOVA	22.49	ANOVA	22.95	ANOVA	26.58	ANOVA	23.57	ANOVA	24.35
	Median	20.07	Median	21.40	Median	25.00	Median	21.50	Median	22.55
	Geo	21.50	Geo	20.72	Geo	24.42	Geo	21.49	Geo	22.22
	Estimates Range \$20.07-\$22.49 ~\$21.25/hour		Estimates Range \$20.72-\$22.95 ~\$21.80/hour		Estimates Range \$24.42-\$26.58 ~\$25.50/hour		Estimates Range \$21.49-\$23.57 ~\$22.50/hour		Estimates Range \$22.22-\$24.35 ~\$23.25/hour	
CADC Addiction Counselor (n=568)	ANOVA	28.29	ANOVA	26.65	ANOVA	31.04	ANOVA	29.79	ANOVA	29.03
	Median	26.00	Median	23.00	Median	27.97	Median	27.00	Median	26.50
	Geo	26.11	Geo	23.85	Geo	29.09	Geo	27.47	Geo	27.22
	Estimates Range \$26.00-\$28.29 ~\$27.05/hour		Estimates Range \$23.00-\$26.65 ~\$24.80/hour		Estimates Range \$27.97-\$31.04 ~\$29.00/hour		Estimates Range \$27.00-\$29.79 ~\$28.35/hour		Estimates Range \$26.50-\$29.03 ~\$27.75/hour	
CRM Addiction Peer (n=427)	ANOVA	21.57	ANOVA	21.51	ANOVA	25.20	ANOVA	21.70	ANOVA	22.75
	Median	20.87	Median	21.25	Median	25.00	Median	21.64	Median	22.70
	Geo	21.60	Geo	21.55	Geo	25.20	Geo	21.79	Geo	22.72
	Estimates Range \$20.87-\$21.60 ~\$21.20/hour		Estimates Range \$21.25-\$21.55 ~\$21.40/hour		Estimates Range \$25.00-\$25.20 ~\$25.10/hour		Estimates Range \$21.64-\$21.79 ~\$21.70/hour		Estimates Range \$22.70-\$22.75 ~\$22.70/hour	
SUD Clinical Supervisor (n=87)	ANOVA	34.50	ANOVA	29.90	ANOVA	37.20	ANOVA	34.38	ANOVA	36.62
	Median	32.75	Median	29.00	Median	35.63	Median	32.93	Median	34.34
	Geo	34.14	Geo	28.77	Geo	35.79	Geo	33.87	Geo	34.05
	Estimates Range \$32.75-\$34.50 ~\$33.60/hour		Estimates Range \$28.77-\$29.90 ~\$29.30/hour		Estimates Range \$35.63-\$37.20 ~\$36.40/hour		Estimates Range \$32.93-\$34.38 ~\$33.55/hour		Estimates Range \$34.05-\$36.62 ~\$35.30/hour	
QMHP Mental Health Supervisor (n=64)	ANOVA	39.03	ANOVA	41.68	ANOVA	43.12	ANOVA	36.00	ANOVA	40.32
	Median	48.00	Median	45.39	Median	50.00	Median	44.00	Median	45.36
	Geo	46.87	Geo	48.94	Geo	48.73	Geo	43.52	Geo	47.13
	Estimates Range \$39.03-48.00 ~\$44.50/hour		Estimates Range \$41.68-48.94 ~\$45.30/hour		Estimates Range \$43.12-\$50.00 ~\$46.70/hour		Estimates Range \$36.00-\$44.00 ~\$40.00/hour		Estimates Range \$40.32-\$47.13 ~\$43.70/hour	
Administrative or Managerial certified professionals (n=213)	ANOVA	43.58	ANOVA	49.42	ANOVA	41.92	ANOVA	39.43	ANOVA	42.40
	Median	43.00	Median	42.09	Median	38.00	Median	36.26	Median	42.38
	Geo	43.25	Geo	48.91	Geo	39.75	Geo	37.18	Geo	42.03
	Estimates Range \$43.00-\$43.58 ~\$43.25/hour		Estimates Range \$42.09-\$48.91 ~\$45.50/hour		Estimates Range \$38.00-\$41.92 ~\$39.95/hour		Estimates Range \$36.26-\$39.43 ~\$37.85/hour		Estimates Range \$42.03-\$42.40 ~\$42.20/hour	

MHACBO Job Posting Analysis

Job listings for 2024

From January 1, 2024 through December 19, 2024 there were 1,003 job postings to the MHACBO website. Of those postings that declared starting wages, MHACBO calculated the geometric means of all starting wages and starting average wages (average of starting wage range).

MHACBO Jobs Page (1,003 total behavioral health/medical job openings posted):

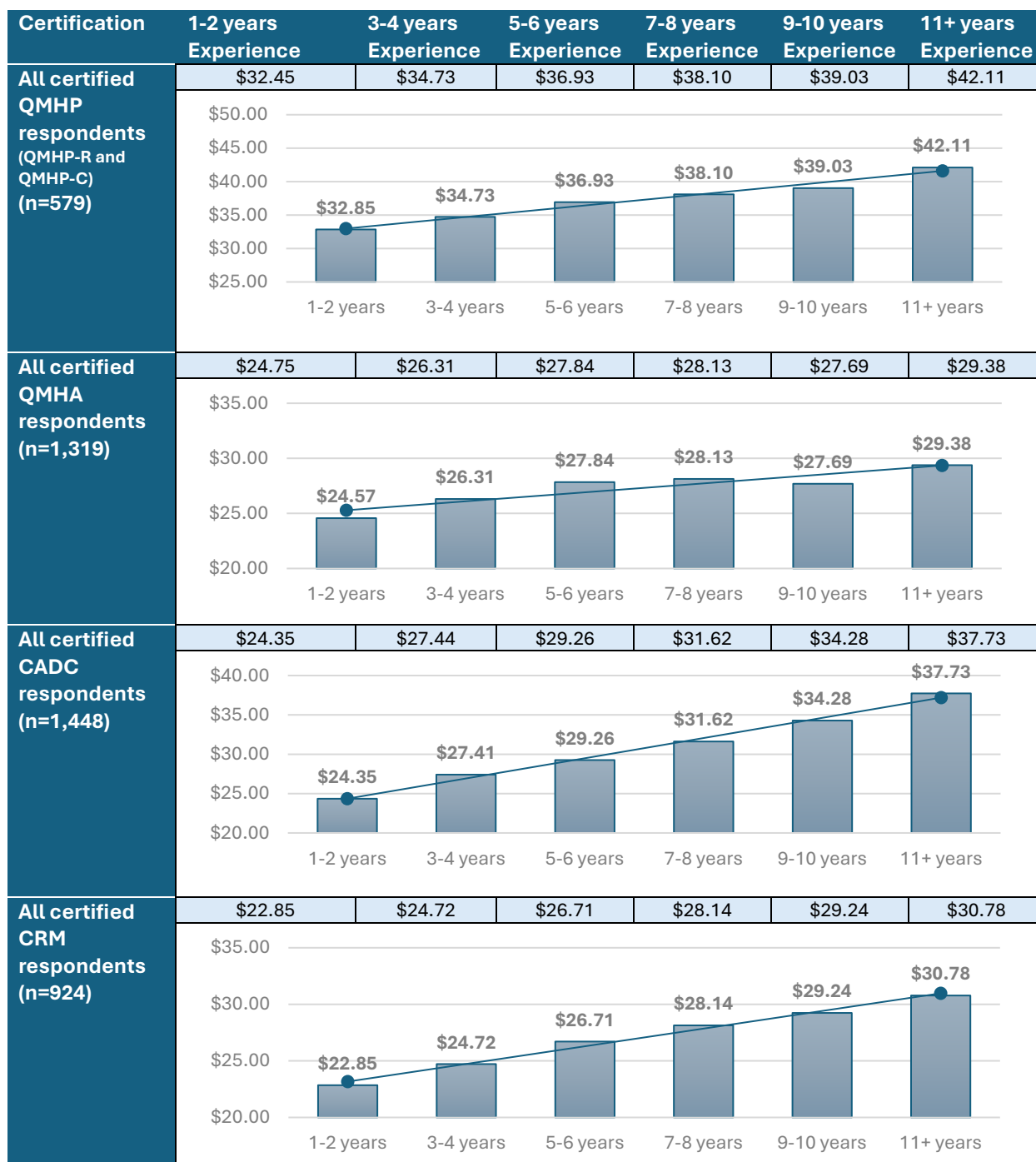
CADC, Peer, QMHA, QMHP, LMHP, Medical, Residential Aid, CGAC, CPS, other

Major Occupational Categories & Starting Wages		
QMHA Certification Required or able to obtain QMHA Certification, with no other credentialing requirements	70 Oregon job postings	QMHA Starting Wage Geometric Mean: \$24.19
CADC Certification Required or able to obtain CADC Certification, with no other credentialing requirements	95 Oregon job postings	CADC Starting Wage Geometric Mean: \$25.60
CRM Peer Certification Required or able to obtain CRM Certification, with no other credentialing requirements	157 Oregon job postings	CRM Peer Starting Wage Geometric Mean: \$23.22
QMHP Certification Required or able to obtain QMHP Certification, and/or Licensure	110 Oregon job postings	QMHP Starting Wage Geometric Mean: \$34.15

Median Wages by Race/Ethnicity
<p>CRM Median Hourly Wages by Race/Ethnicity:</p> <ul style="list-style-type: none"> The sum of squares for ethnicity is 284.80, with an F-statistic of 10.26 and a p-value of 0.155. Since the p-value is greater than 0.05, ethnicity is not statistically significant in determining hourly wage of CRMs after controlling for level of education and experience.
<p>CADC Median Hourly Wages by Race/Ethnicity:</p> <ul style="list-style-type: none"> The sum of squares for ethnicity is 34.06, with an F-statistic of 0.373 and a p-value of 0.674. Since the p-value is greater than 0.05, ethnicity is not statistically significant in determining hourly wage of CADCs after controlling for level of education and experience.
<p>QMHA Median Hourly Wages by Race/Ethnicity:</p> <p>The sum of squares for ethnicity is 466.84, with an F-statistic of 1.449 and a p-value of 0.163. Since the p-value is greater than 0.05, ethnicity is not statistically significant in determining hourly wage of QMHAs after controlling for level of education and experience.</p>

Geometric Mean Hourly Wages for selected Certifications by Years of Experience

Wage estimates include all certification survey respondents, including those who work in their primary role associated with their certification, and those certified respondents who may be working as supervisors, managers, administrators, or other positions. Some professionals maintain more than one certification, work in multiple roles, or as co-occurring therapists. Many professionals with 9 or more years of experience are working in supervision, administration or management.



Workforce Analysis by Credential and Occupational Role

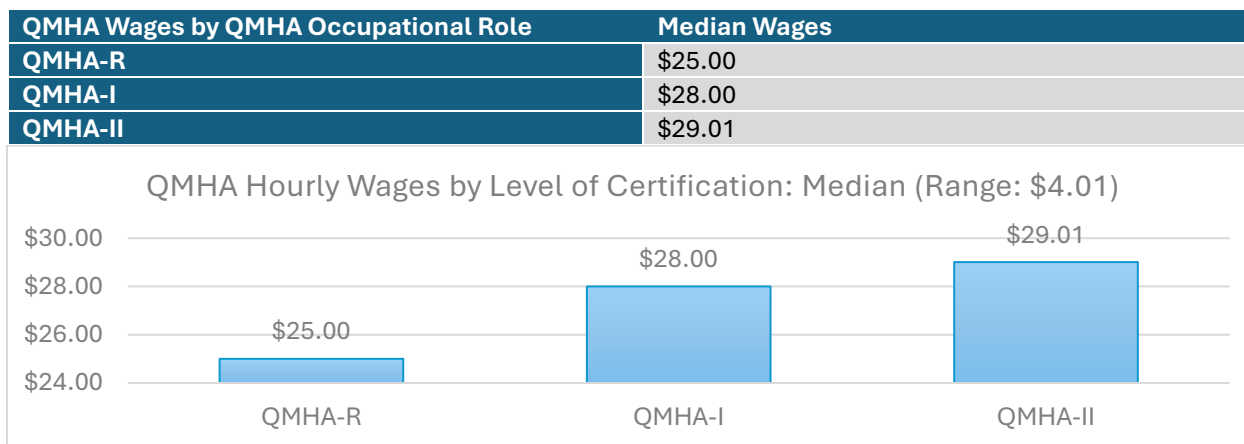
- I. QMHA: Mental Health Associate
- II. QMHP: Mental Health Professional
- III. CADC: Certified Addiction Counselor
- IV. CRM: Certified Recovery Mentor

QMHA Survey (n=1,320)

MHACBO certifies
6,188 QMHAs.
Survey response rate
was 21.3% of the
certified workforce.

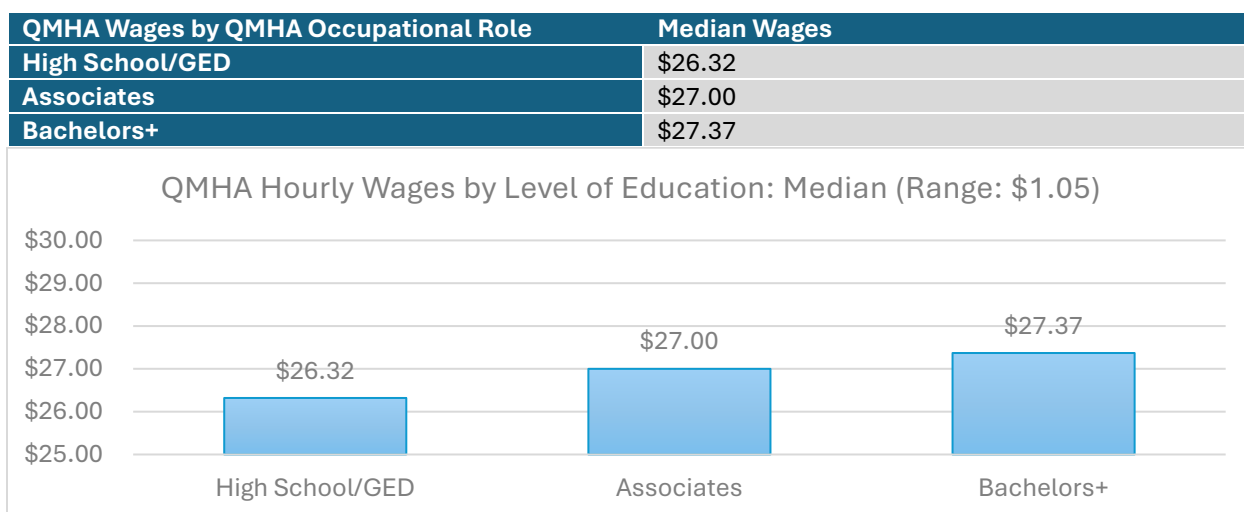
QMHA Occupational Role Median Hourly Wages by Level of Certification: Effect Range \$4.01

Includes QMHAs actively working in the occupational role of a QMHA.



QMHA wages are significantly affected when an individual advances from QMHA-R to QMHA-I, with an average increase of \$3.00 per hour. There is a smaller effect when an individual advances from QMHA-I to QMHA-II, with an average increase of \$1.01 per hour.

QMHA Occupational Role Median Hourly Wages by Level of Education: Effect Range \$1.05

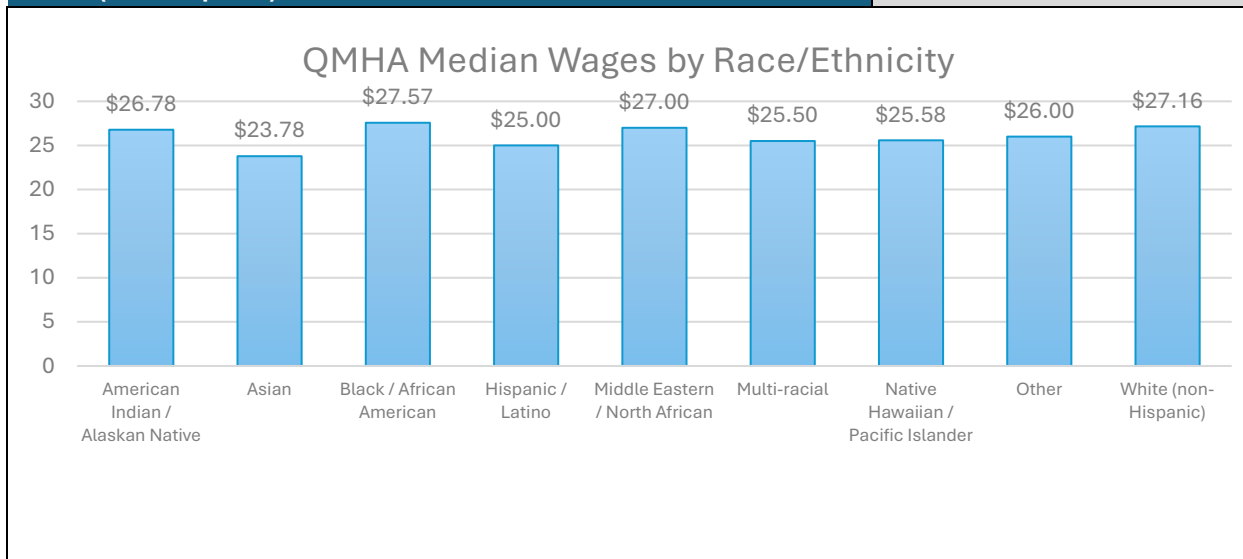


Level of education has a modest effect on QMHA wages, a person with a bachelor's degree makes, on average, \$1.05 more per hour compared to individuals with no college degree.

QMHA Certification Median Hourly Wages by Race/Ethnicity

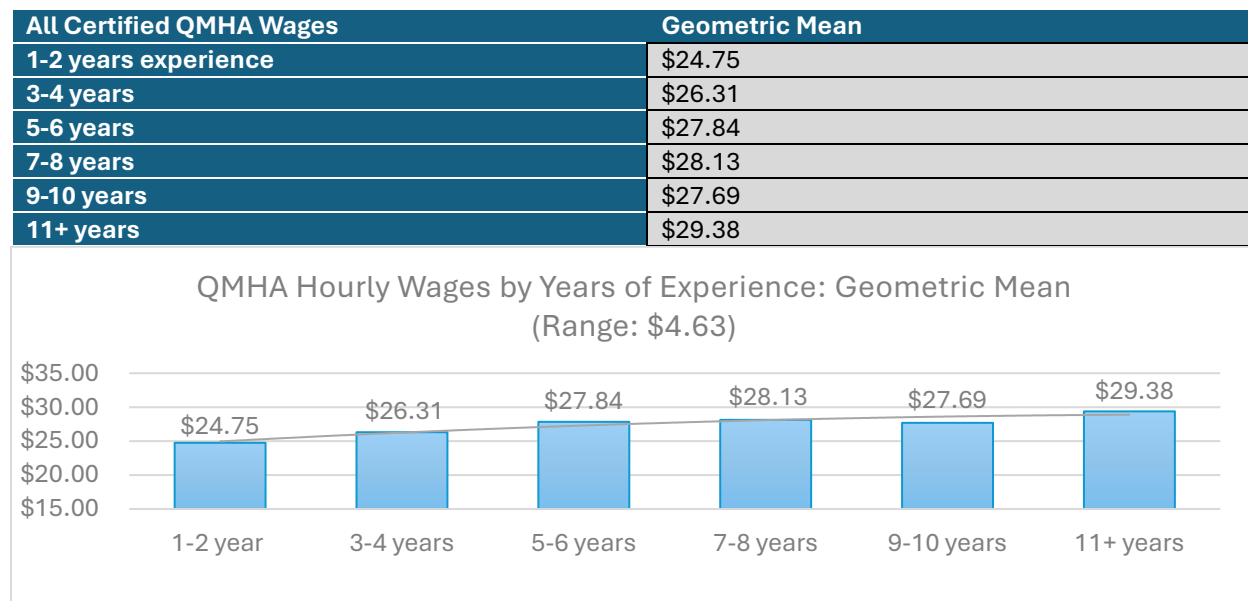
Controlling for Level of Education/Experience: The sum of squares for ethnicity is 466.84, with an F-statistic of 1.449 and a p-value of 0.163. Since the p-value is greater than 0.05, **ethnicity is not statistically significant in determining hourly wage after controlling for level of education/experience.**

Race/Ethnicity	QMHA Median
American Indian / Alaskan Native	26.78
Asian	23.78
Black / African American	27.57
Hispanic / Latino	25.00
Middle Eastern / North African	27.00
Multi-racial	25.50
Native Hawaiian / Pacific Islander	25.58
Other	26.00
White (non-Hispanic)	27.16



QMHA Certification Hourly Wages by Years of Social Services Experience: Effect Range \$4.63

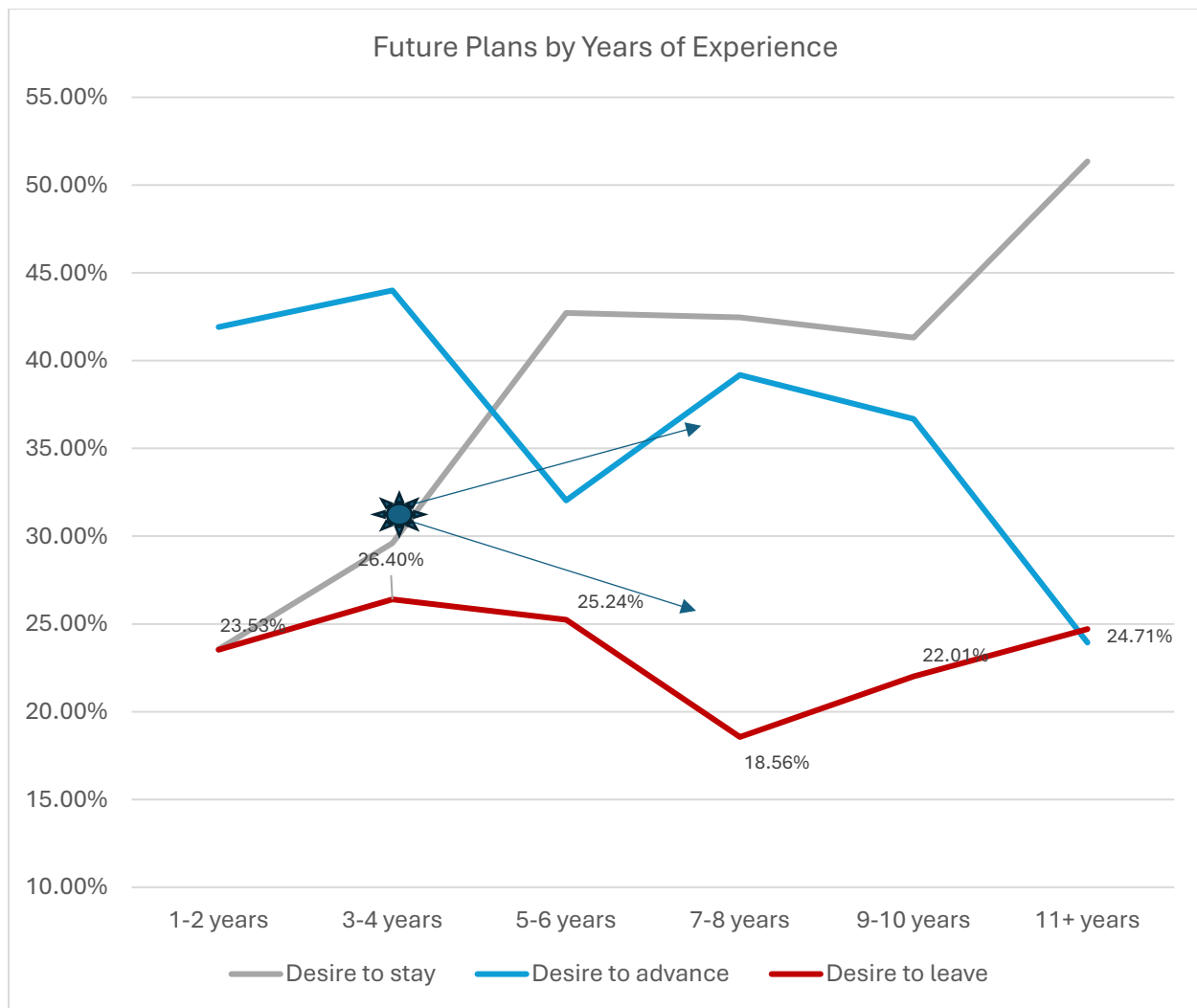
Estimates include all QMHAs, including those working in supervisory, administrative or managerial roles. Some professionals carry multiple certifications and may be working in varied roles.



Years of experience have a significant effect on QMHA wages over time. Individuals with 10 or more years of experience, on average, make \$4.63 more per hour compared to individuals with a year or less of experience. The wage variance between 1-5 years is \$2.80. This may be insufficient for workforce retention.

QMHA Occupational Role Turnover Intention by Years of Experience

Years of Experience	Staying	Staying & Advancing	Leaving
1-2 years	34.56%	41.91%	23.53%
3-4 years	29.60%	44.00%	26.40%
5-6 years	42.72%	32.04%	25.24%
7-8 years	42.46%	39.18%	18.56%
9-10 years	41.31%	36.68%	22.01%
11+ years	51.35%	23.94%	24.71%



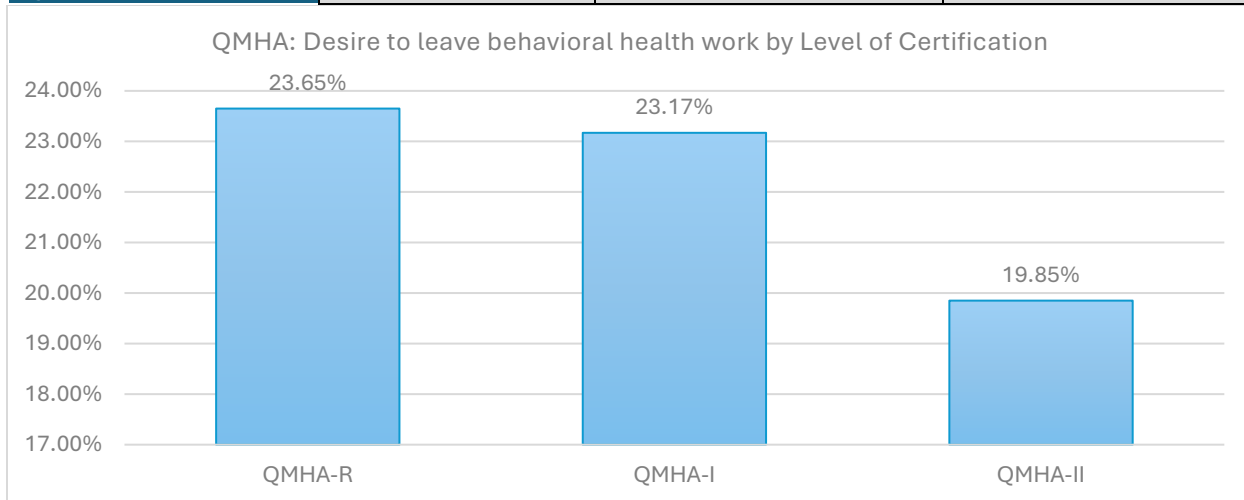
Desire to leave QMHA work peaks in years 3-4. Simultaneously, desire to stay and advance increases. This is a crucial intersection where tiered certification can help retain the QMHA workforce.

Supervised Hours Prior to Exams

- 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)

QMHA Certification Turnover Intention by Level of Certification

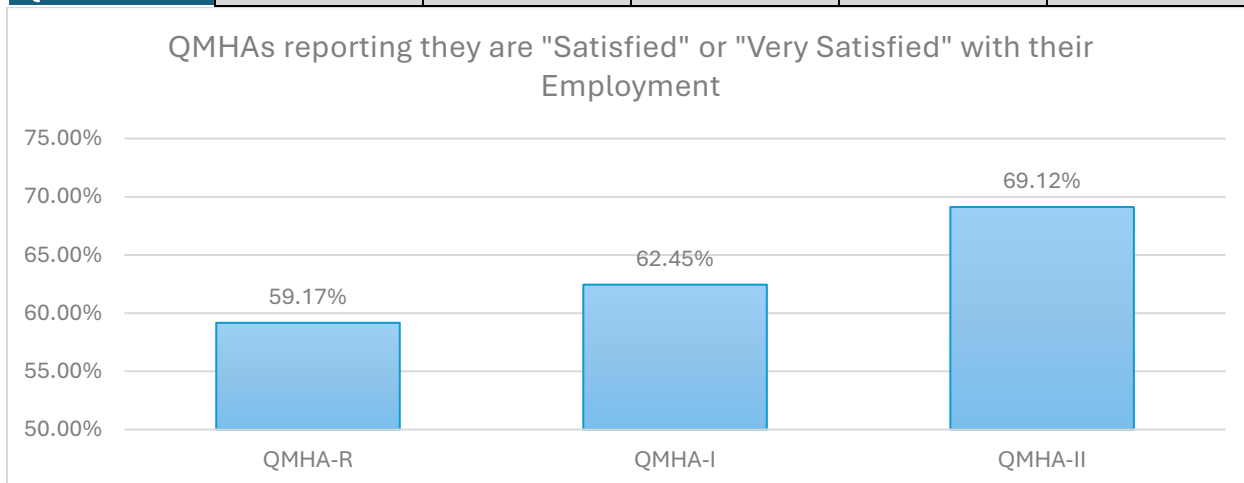
QMHA Certification	Staying	Staying & Advancing	Leaving/Retiring, etc.
QMHA-R	36.70%	38.28%	23.65%
QMHA-I	43.12%	33.71%	23.17%
QMHA-II	40.44%	39.71%	19.85%



QMHA-IIs have the lowest desire to leave their employment. 80.15% of QMHA-IIs report a desire to stay in their QMHA job or further advance in their field.

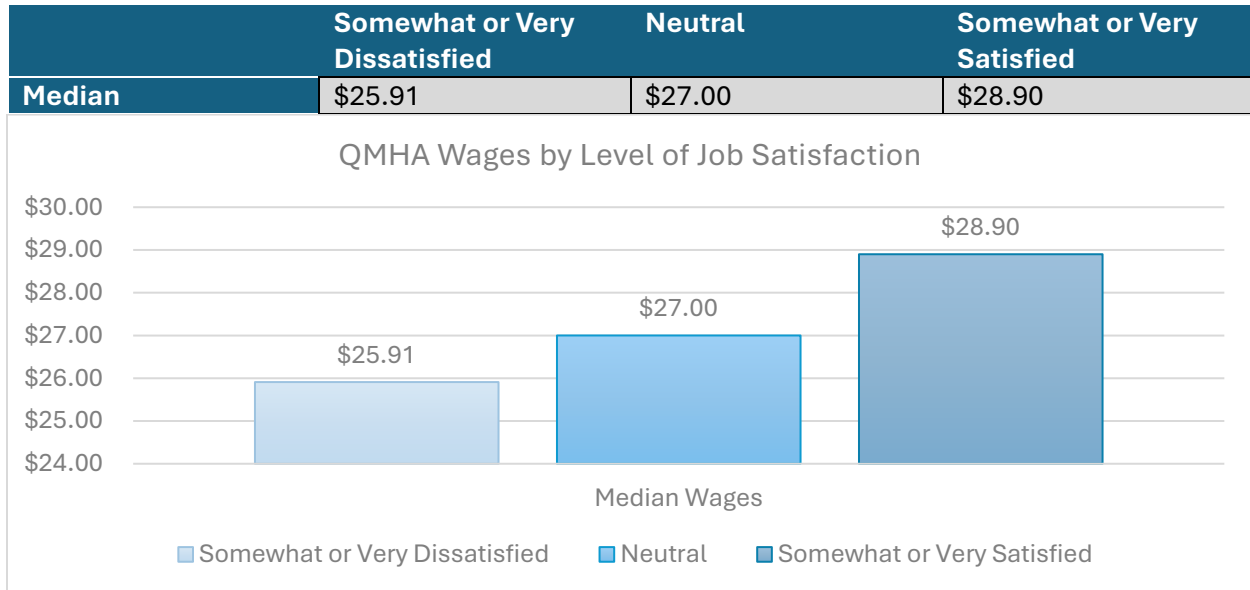
QMHA Certification Level of Job Satisfaction by Certification Type

QMHA Certification	Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
QMHA-R	8.60%	12.69%	19.57%	36.77%	22.37%
QMHA-I	5.77%	10.83%	20.96%	40.65%	21.80%
QMHA-II	3.68%	8.09%	19.12%	38.97%	30.15%

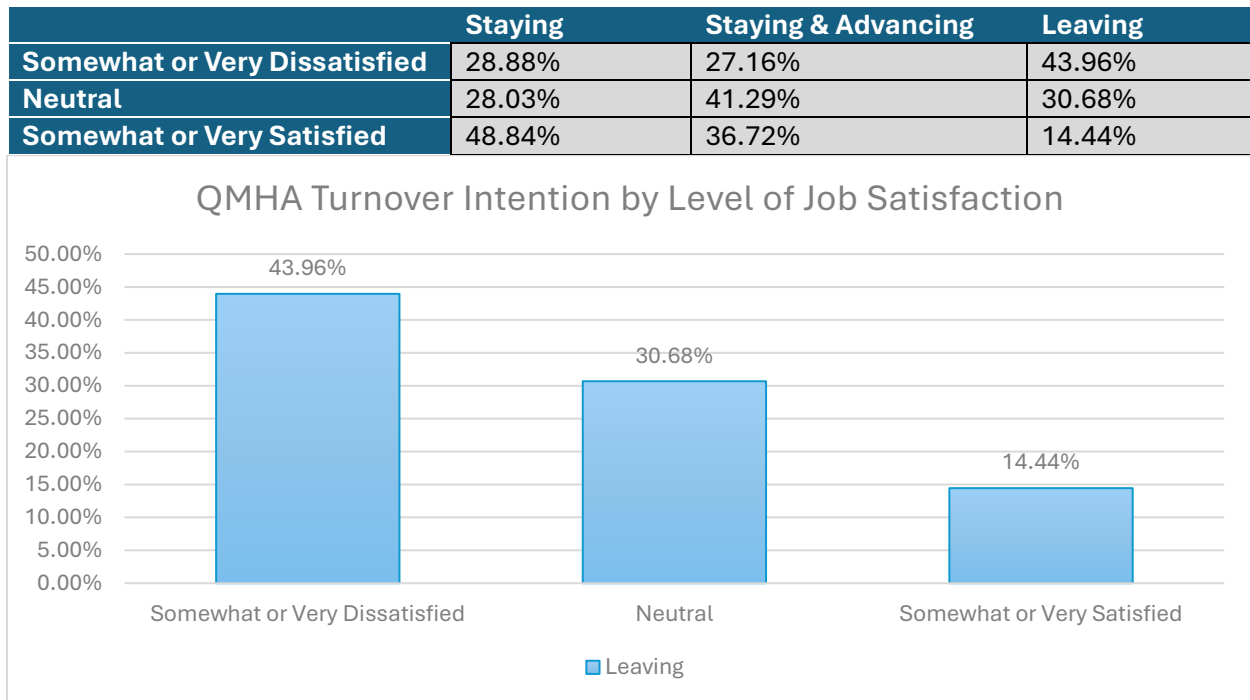


QMHA-IIs report a higher level of occupational satisfaction, compared to QMHA-Rs, and QMHA-Is.

QMHA Wages by Level of Job Satisfaction: Effect Range \$2.99

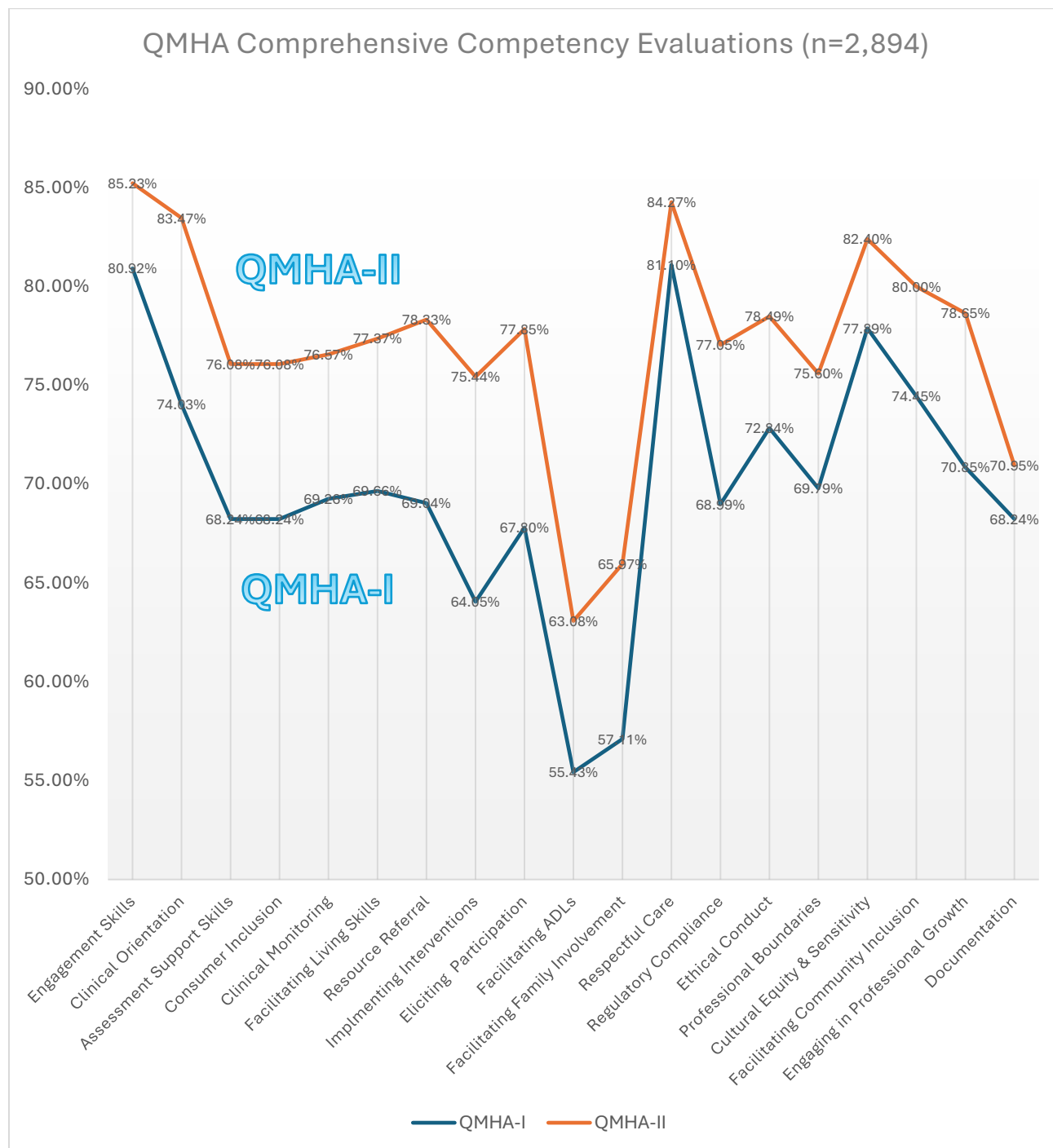


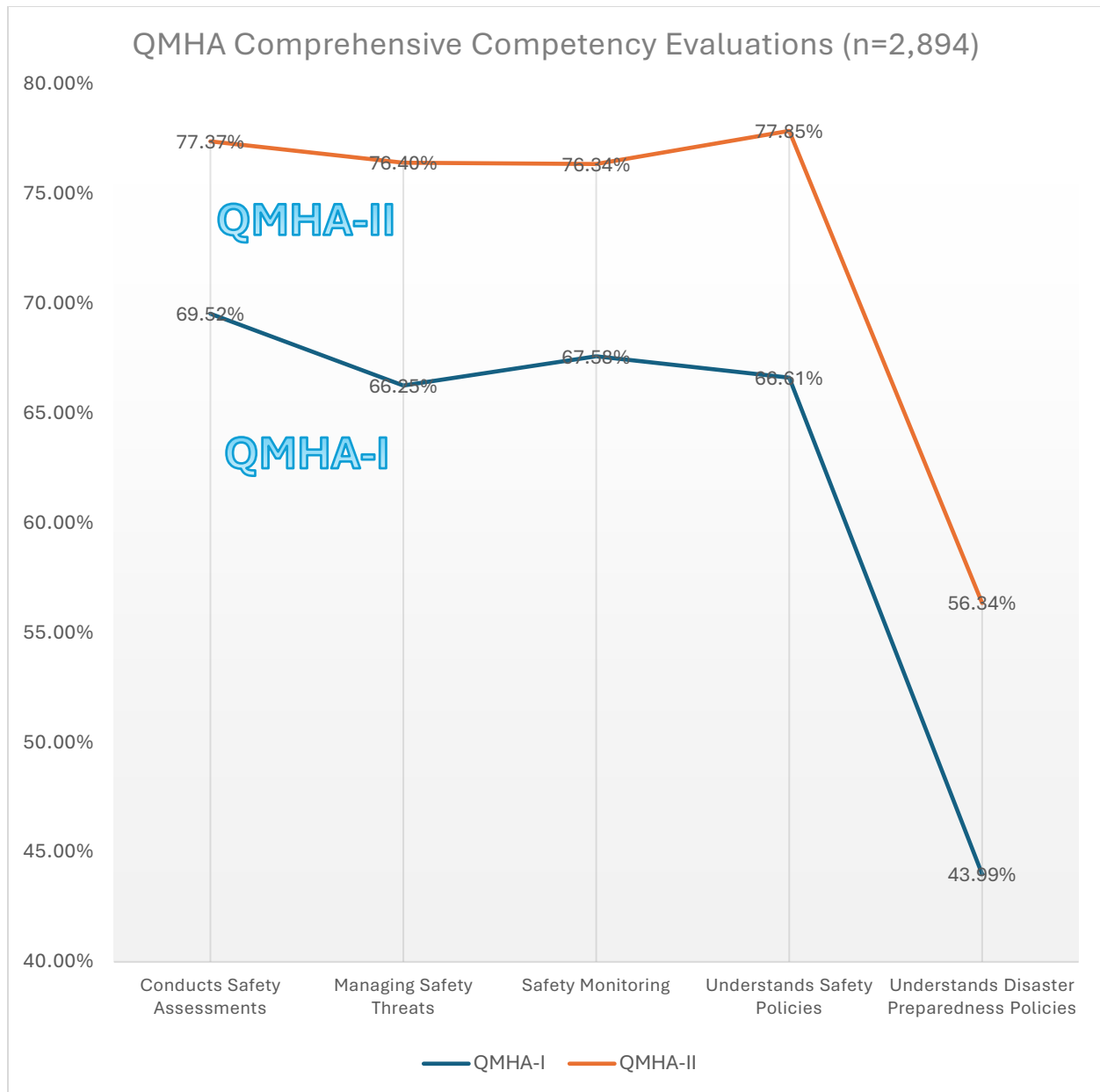
QMHA Certification Turnover Intention by Level of Job Satisfaction



Supervisory competency assessments completed on QMHA-I and QMHA-II mental health associates (n=2,894)

In 2,894 competency evaluations, supervisors rate QMHA-II examination applicants as having higher levels of competency compared to QMHA-I examination applicants.





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

QMHA Exam Preparation Training (n=1581)

MHACBO offers an exam preparatory class for the QMHA Exams. These classes are disproportionately attended by persons of color.

Non-Hispanic White	49.68%
Other	15.72%
Hispanic/Latino/Latina/Latinx	12.67%
African American/Black	8.62%
Multiracial	5.83%
Native American or Alaskan	4.31%
Asian	1.46%
Hawaiian/Pacific Islander	1.01%
Middle Eastern/North African	0.70%

QMHA Test Anxiety

Exam Anxiety before taking Preparatory Class <i>(scale of 1-5, 5 being the highest anxiety)</i>	Exam Anxiety after taking Preparatory Class <i>(scale of 1-5, 5 being the highest anxiety)</i>
3.5	3.0

Preparatory Class Ratings

On a scale of 1-4 (1-not helpful, 2-somewhat helpful, 3-helpful, 4-very helpful)

Very Helpful	81.64%
Helpful	16.86%
Somewhat Helpful	1.50%
Not Helpful	0.0%

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-IIs and QMHA-IIs demonstrate similar minimal competency or deficits in the following areas (68% or below for QMHA-IIs):**
 - 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.

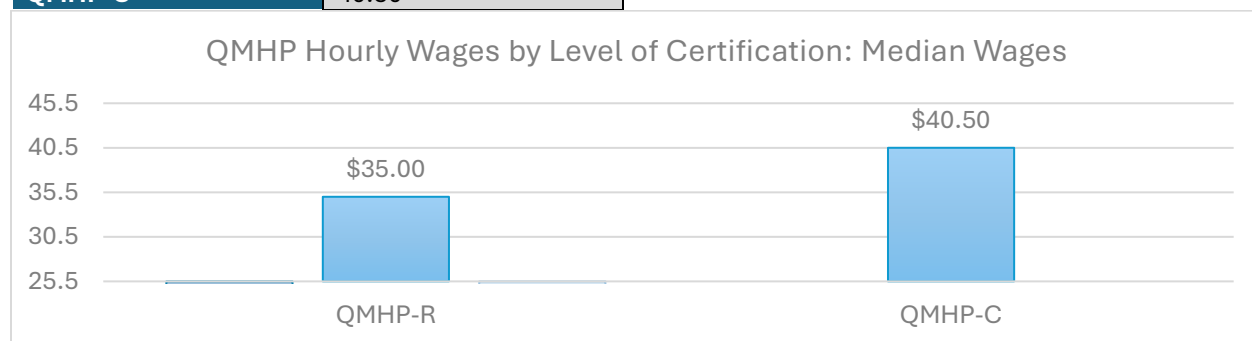
QMHP Survey (n=580)

QMHP Certification Hourly Wages by Level of Certification: Effect Range \$5.50

Data set includes median wages for all QMHPs including; therapists, supervisors, managers, administrators, those working in SUD services, etc.

MHACBO certifies 2,674 QMHPs. Survey response rate was 21.6% of the certified workforce.

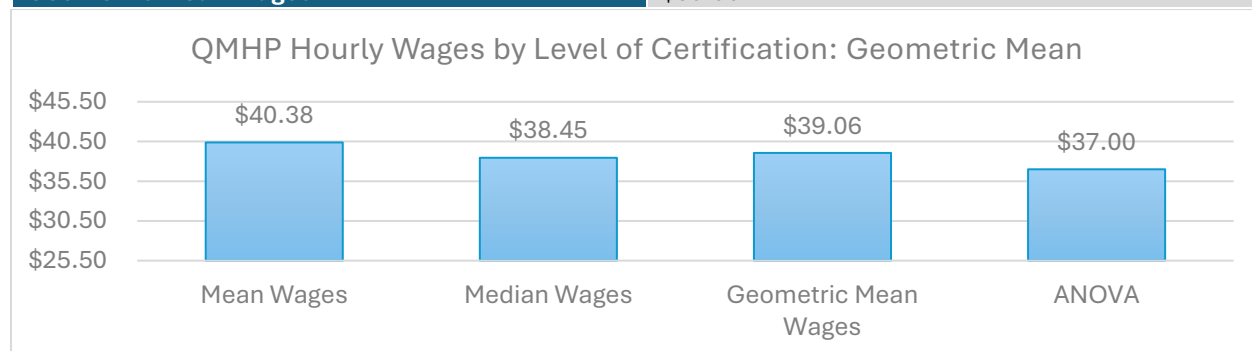
QMHP Wages	Median
QMHP-R	35.00
QMHP-C	40.50



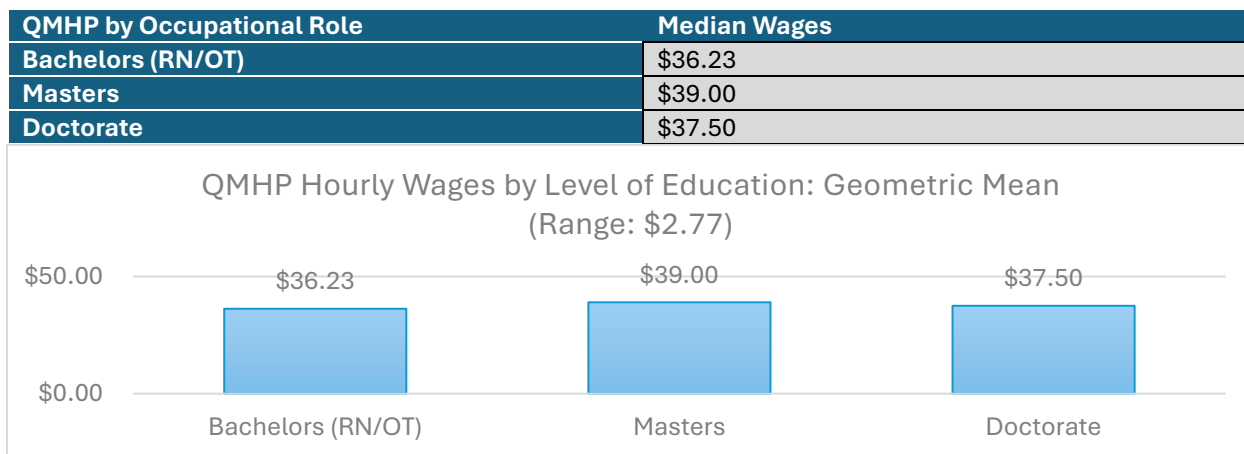
QMHP wages are significantly affected when an individual advances from QMHP-R to QMHP-C, with a mean increase of \$5.50 per hour.

QMHP Occupational Role Hourly Wages

QMHP Wages in Therapist Occupational Role	Hourly Wage
ANOVA Wages	\$37.00
Mean Wages	\$40.38
Median Wages	\$38.45
Geometric Mean Wages	\$39.06



QMHP Occupational Role Hourly Wages by Level of Education: Effect Range \$2.77



Level of education has a minimal effect on wages.

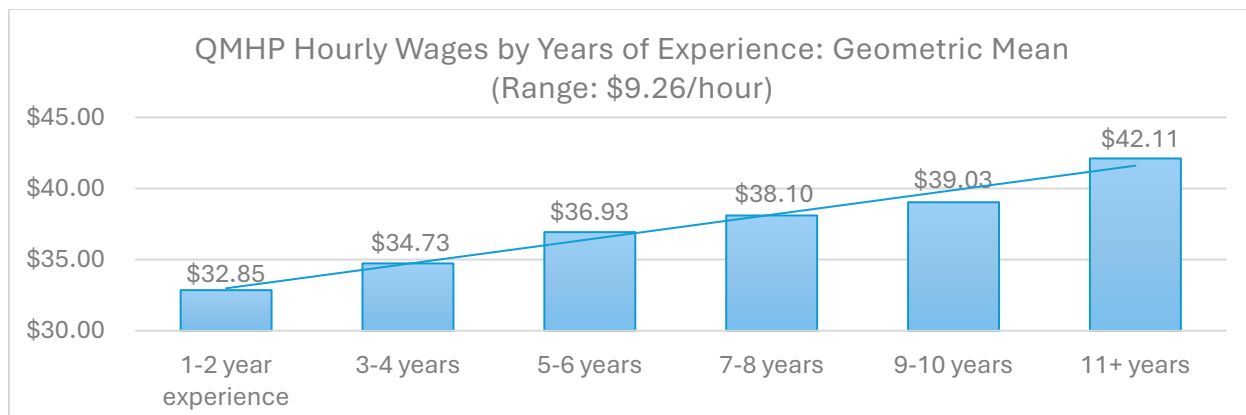
QMHP Certification Years of Experience

QMHP average years of experience	12.0 years experience
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QMHP Certification Hourly Wages by Years of Social Services Experience: Range \$9.26

Data set includes median wages for all QMHPs including; therapists, supervisors, managers, administrators, those working in SUD services, etc.

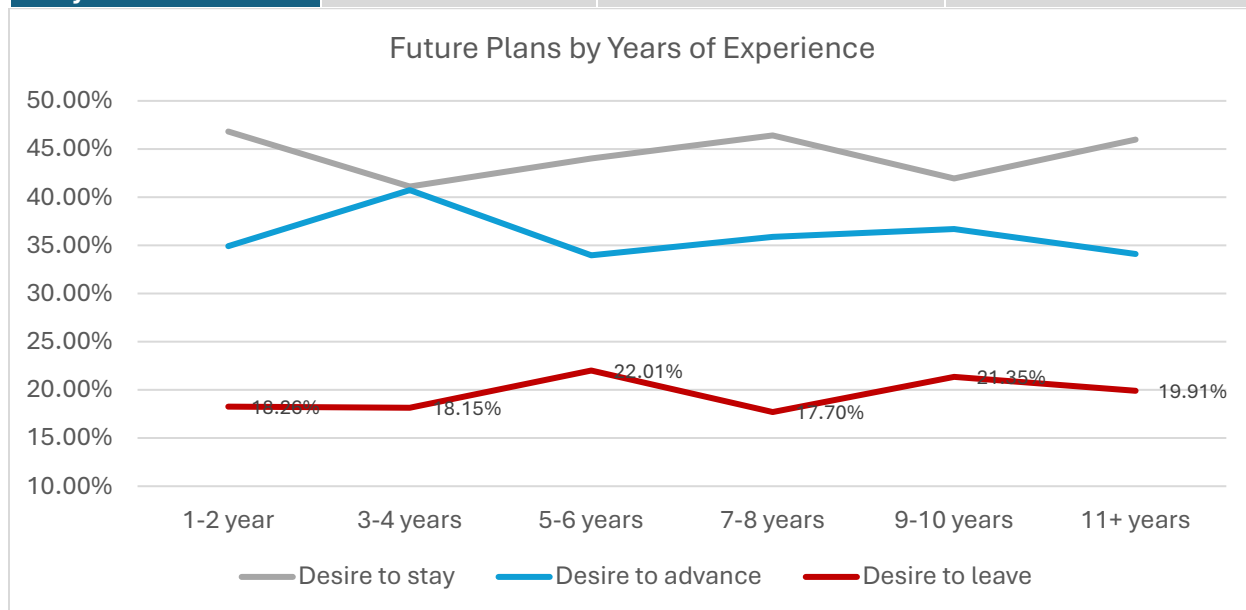
QMHP Wages	Geometric Mean
1-2 year experience	\$32.85
3-4 years	\$34.73
5-6 years	\$36.93
7-8 years	\$38.10
9-10 years	\$39.03
11+ years	\$42.11



Years of experience have a significant effect on QMHP wages over time. Individuals with 11 or more years of experience, on average, make \$9.26 more per hour compared to individuals beginning their careers. Years of experience geometric means are calculated by two years due to small sample size (n=580).

QMHP Occupational Role Future Plans by Years of Experience

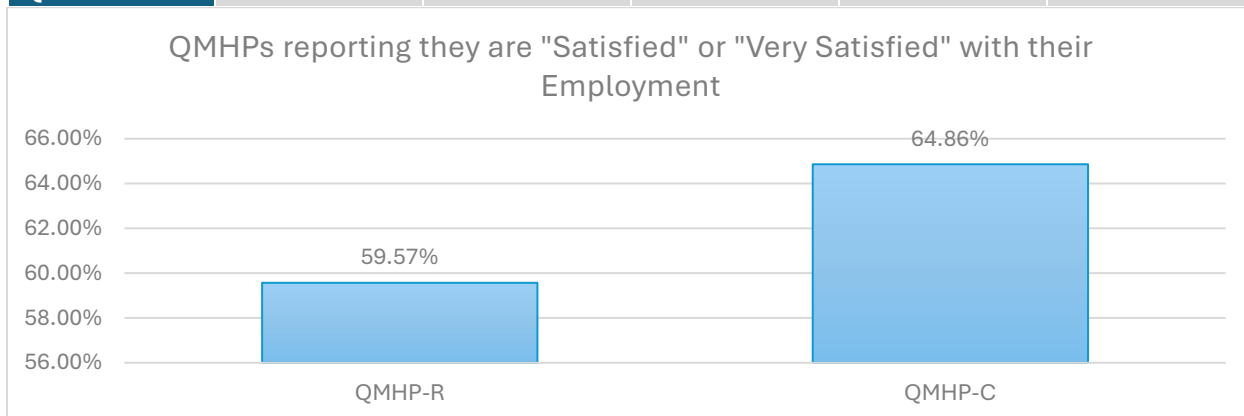
Years of Experience	Staying	Staying & Advancing	Leaving/Retiring
1-2 year	46.82%	25.76%	18.26%
3-4 years	41.11%	40.74%	18.15%
5-6 years	44.02%	33.97%	22.01%
7-8 years	46.41%	35.89%	17.70%
9-10 years	41.95%	36.70%	21.35%
11+ years	45.99%	34.10%	19.91%



There is very little fluctuation over time regarding QMHP turnover intention, and desire to leave QMHP behavioral health work. Overall, approximately 19% of QMHPs have a desire to move into other types of work.

QMHP Level of Job Satisfaction by Certification Type

QMHP Certification	Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
QMHP-R	8.60%	12.69%	19.14%	36.77%	22.80%
QMHP-C	3.46%	9.69%	17.99%	42.56%	22.30%

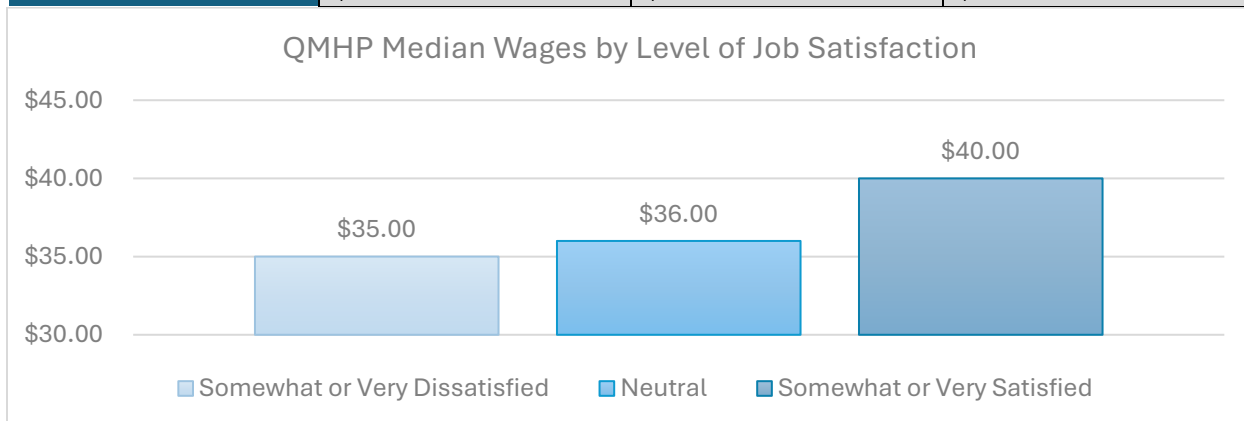


Certified QMHP-Cs report higher levels of job satisfaction compared to newer interns.

QMHP Wages by Level of Job Satisfaction: Effect Range \$5.00

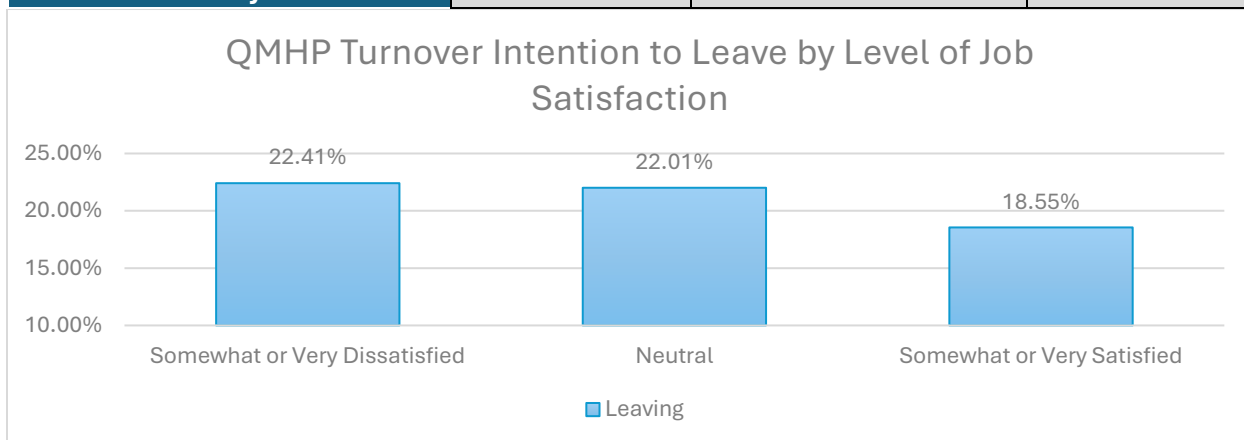
Data set includes median wages for all certified QMHPs in therapist occupational role.

QMHP in Therapist Occupational Role	Somewhat or Very Dissatisfied	Neutral	Somewhat or Very Satisfied
Median	\$35.00	\$36.00	\$40.00



QMHP Turnover Intention by Level of Job Satisfaction

	Staying	Staying & Advancing	Leaving
Somewhat or Very Dissatisfied	44.26%	33.33%	22.41%
Neutral	40.31%	37.68%	22.01%
Somewhat or Very Satisfied	46.21%	35.24%	18.55%



QMHP Clinical Supervisor ~\$46.53/hour

QMHP Clinical Supervisor Wages	Hourly Wage
ANOVA Wages	\$43.03
Mean Wages	\$49.07
Median Wages	\$46.25
Geometric Mean Wages	\$47.77



QMHP Clinical Supervisor Level of Job Satisfaction

QMHP Certification	Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
Clinical Supervisor	6.44%	11.82%	19.57%	37.42%	24.75%

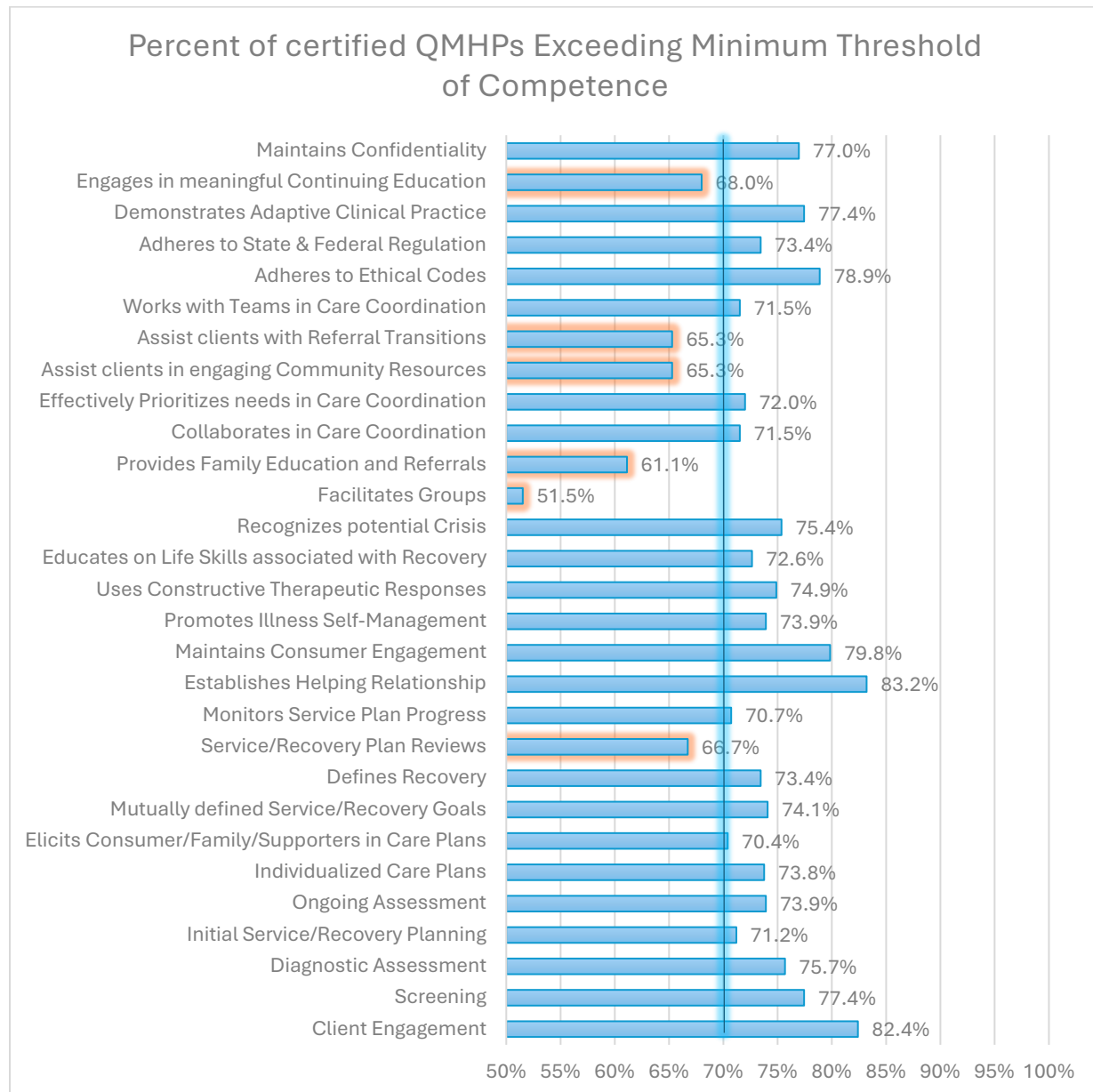
QMHP Clinical Supervisor Years of Experience

QMHP Clinical Supervisor average years of experience

16.0 years experience

QMHP Supervisory Assessments (n=625)

After completion of requisite 1,000 Clinical Practice Hours, Clinical Supervisors submit a comprehensive competency assessment prior to exams.



The lowest scoring competencies in the dataset are:

- **Group Facilitation Skills:** Scored 322 with a performance metric of 0.5152.
- **Engaging with Families and Providing Family Education and Referrals:** Scored 382 with a performance metric of 0.6112.
- **Assisting clients with Referral Transitions:** Scored 408 with a performance metric of 0.6528.
- **Assisting clients in engaging Community Resources:** Scored 408 with a performance metric of 0.6528.
- **Maintaining Service/Recovery Plan Reviews:** Scored 417 with a performance metric of 0.6672.

QMHP Retention Analysis

2024 QMHP-C Recertification Rate: 74.19%

Some QMHPs drop their MHACBO certification when they become licensed. Graduate mental health workers have a very high retention rate in behavioral health compared to less than graduate behavioral health workers.

QMHP Exam Preparation Training (n=537)

MHACBO offers an exam preparatory class for the QMHP Exams. These classes are disproportionately attended by persons of color.

Non-Hispanic White	55.68%
Other	12.43%
Hispanic/Latino/Latina/Latinx	5.05%
African American/Black	16.40%
Multiracial	5.05%
Native American or Alaskan	2.52%
Asian	1.26%
Hawaiian/Pacific Islander	0.36%
Middle Eastern/North African	1.26%

QMHP Test Anxiety

Exam Anxiety before taking Preparatory Class (scale of 1-5, 5 being the highest anxiety)	Exam Anxiety after taking Preparatory Class (scale of 1-5, 5 being the highest anxiety)
3.76	3.10

Preparatory Class Feedback



Summary QMHP Survey Data Analysis

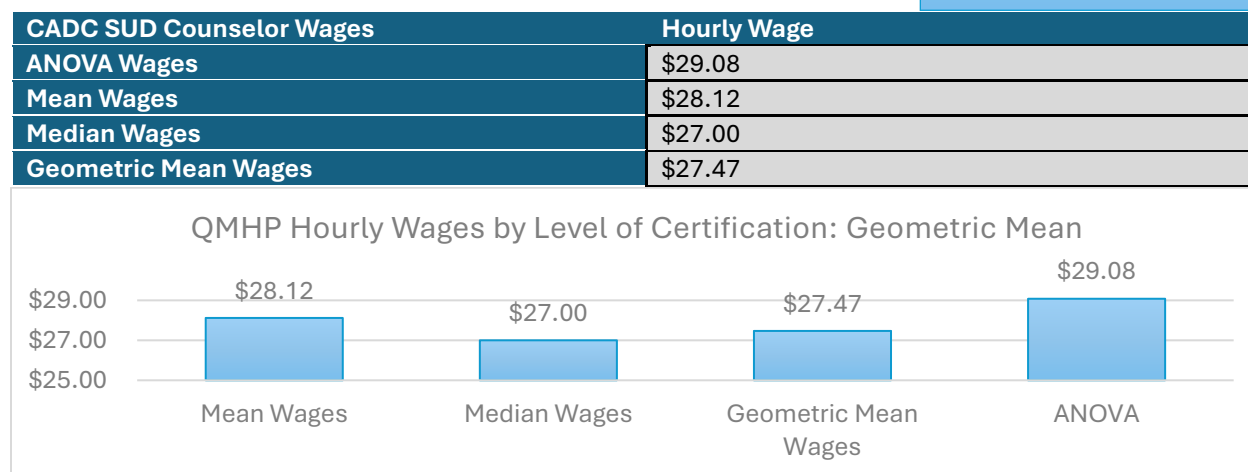
- **Variables affecting wages in rank order:**
 - Years of occupational experience: Effect Range \$9.26
 - QMHP-C certification (vs QMHP-R): Effect \$5.50
 - Level of satisfaction: Effect Range \$5.00
 - Having additional CADC certification. QMHPs working in a mental health therapist role, who also have 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

CADC Survey (n=1,448)

CADC Occupational Role Median Hourly Wages

Data includes those CADCs working in the occupational role of a SUD counselor.

MHACBO certifies 6,464 CADCs. Survey response rate was 22.4% of the certified workforce.



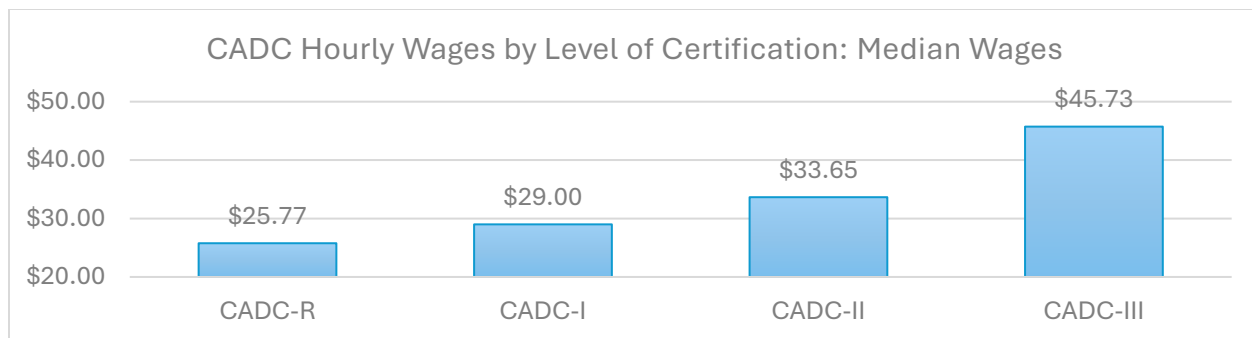
CADC Median Hourly Wages by Race/Ethnicity

Controlling for Level of Education/Experience: The sum of squares for ethnicity is 34.06, with an F-statistic of 0.373 and a p-value of 0.674. Since the p-value is greater than 0.05, **ethnicity is not statistically significant in determining hourly wage after controlling for level of education and experience.**

CADC Certification Median Hourly Wages by Level of Certification: Effect Range \$19.96

Data set includes median wages for all CADCs including; addiction counselors, co-occurring therapists, supervisors, managers, administrators, etc.

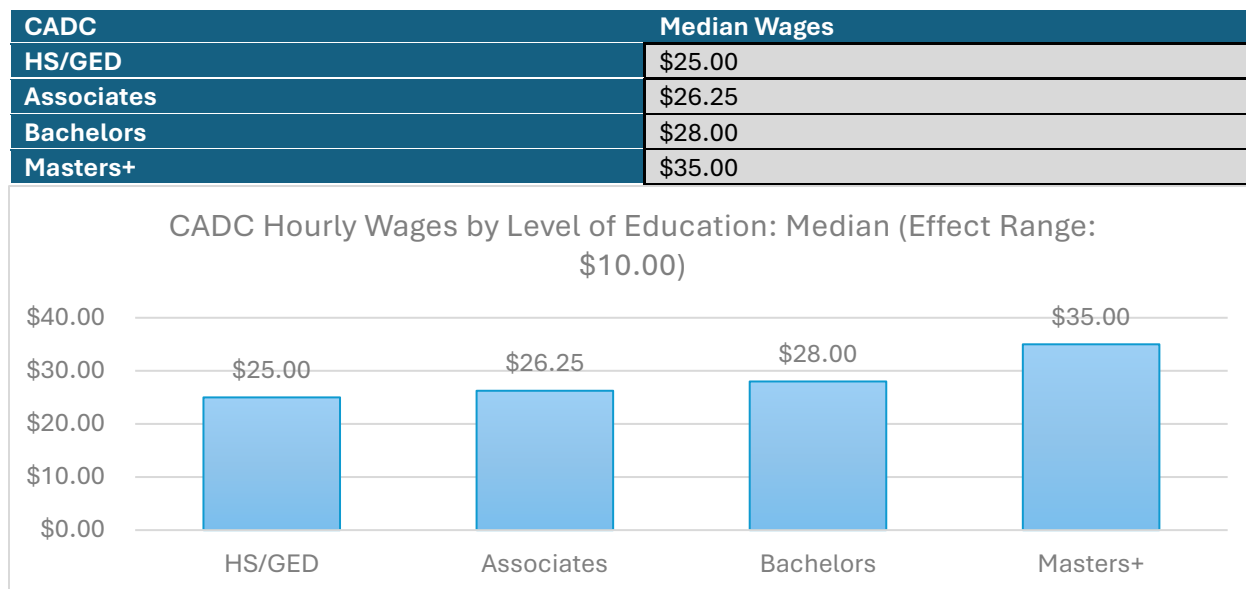
CADC Wages	Median
CADC-R	25.77
CADC-I	29.00
CADC-II	33.65
CADC-III	45.73



CADC wages are significantly affected by level of certification. Moreover, many graduate level CADCs are primarily working as Co-occurring QMHPs, supervisors and administrators. There is a significant wage increase at the graduate level.

CADC Certification Median Hourly Wages by Level of Education: Effect Range \$10.00

Data set includes median wages for all CADCs including; addiction counselors, co-occurring therapists, supervisors, managers, administrators, etc.

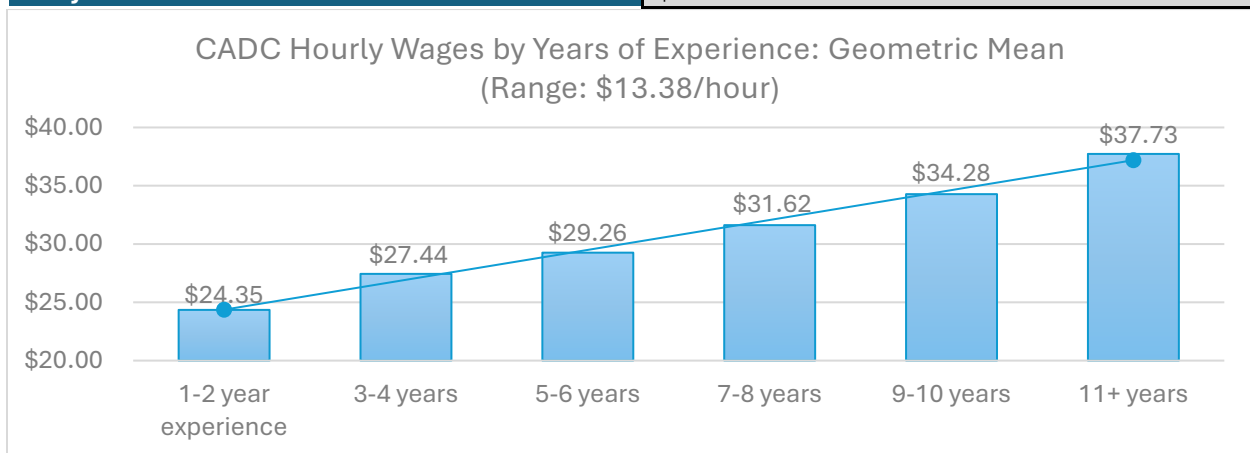


As previously reported there is a significant wage increase at the graduate level. Education has a modest effect for undergraduate CADCs.

CADC Certification Geometric Mean Hourly Wages by Years of Social Services Experience: Range \$13.38

Data set includes median wages for all CADCs including; addiction counselors, co-occurring therapists, supervisors, managers, administrators, etc.

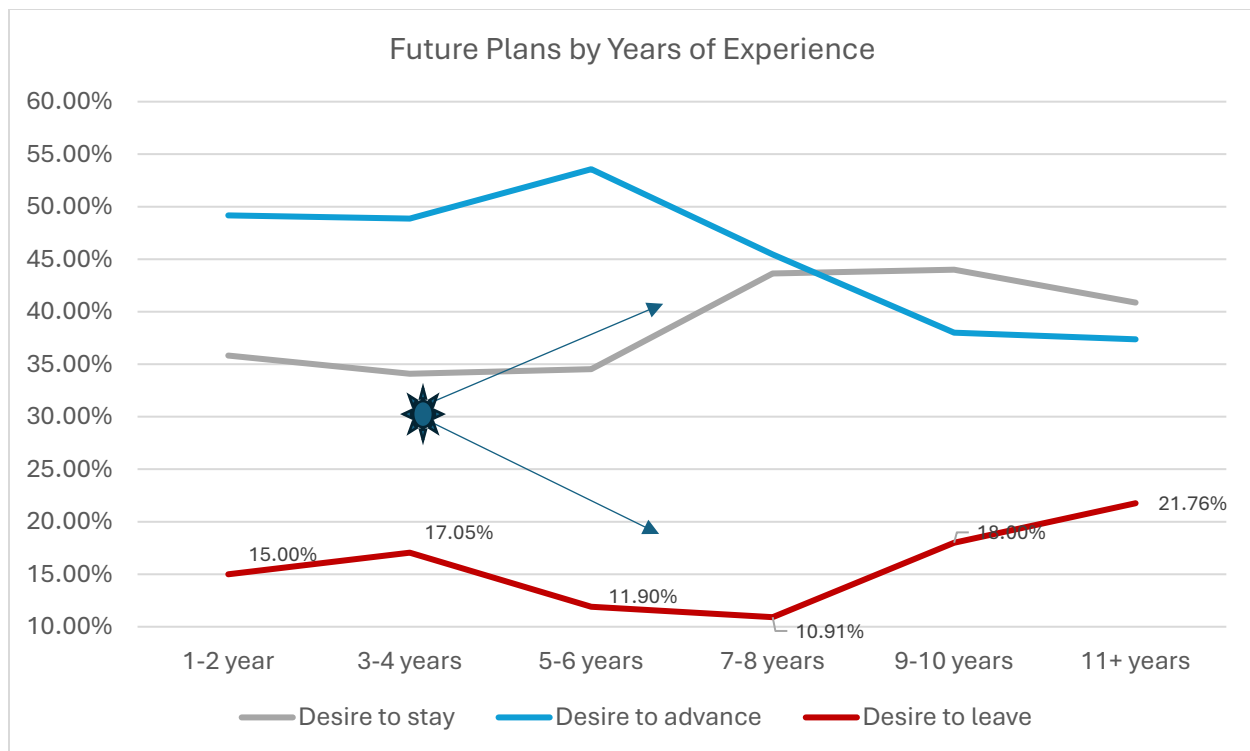
CADC Wages	Geometric Mean
1-2 year experience	\$24.35
3-4 years	\$27.44
5-6 years	\$29.26
7-8 years	\$31.62
9-10 years	\$34.28
11+ years	\$37.73



Years of experience have a significant effect on CADC wages over time. Individuals with 11 or more years of experience, on average, make \$13.38 more per hour compared to individuals beginning their careers.

CADC Occupational Role Future Plans by Years of Experience

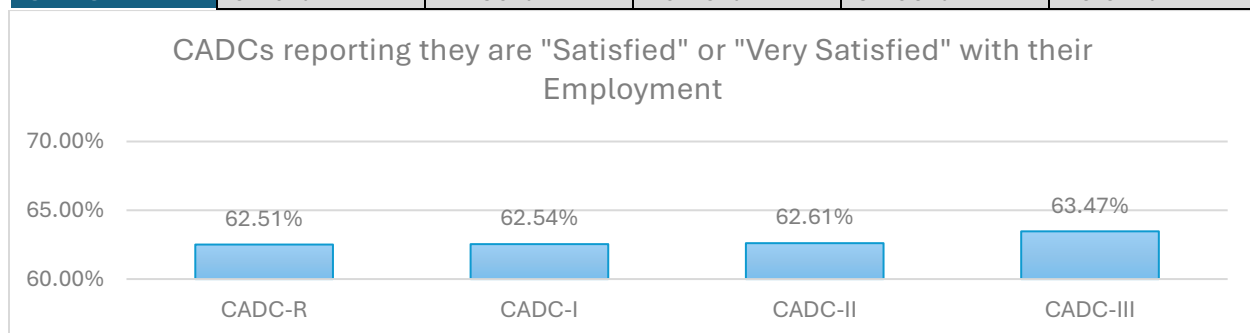
Years of Experience	Staying	Staying & Advancing	Leaving/Retiring
1-2 year	35.83%	49.17%	15.00%
3-4 years	34.09%	48.86%	17.05%
5-6 years	34.53%	53.57%	11.90%
7-8 years	43.64%	45.45%	10.91%
9-10 years	44.00%	38.00%	18.00%
11+ years	40.87%	37.37%	21.76%



At around year 3-4 the desire to leave diminishes, while simultaneous desire to stay increases. Similar to QMHAs, assisting CADCs in occupational advancement around years 3-4 in the field can help with workforce retention.

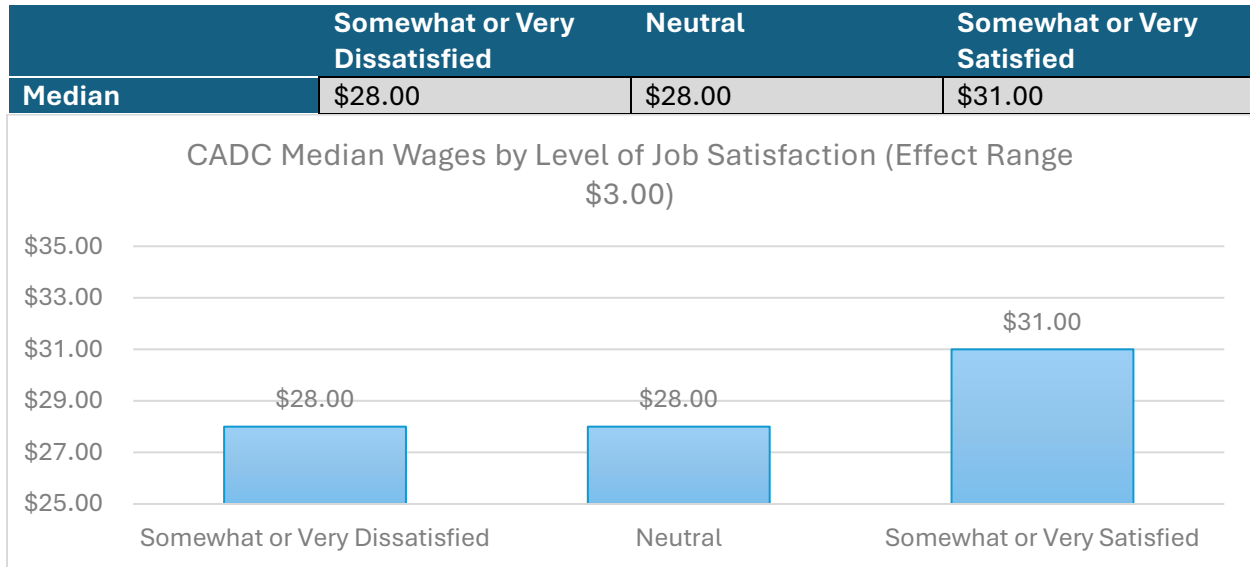
CADC Certification Level of Job Satisfaction by Certification Type

CADC Certification	Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
CADC-R	6.69%	11.13%	19.68%	37.46%	25.05%
CADC-I	6.68%	11.16%	19.61%	37.48%	25.06%
CADC-II	6.57%	11.19%	19.63%	37.48%	25.13%
CADC-III	5.70%	11.36%	19.48%	37.95%	25.52%



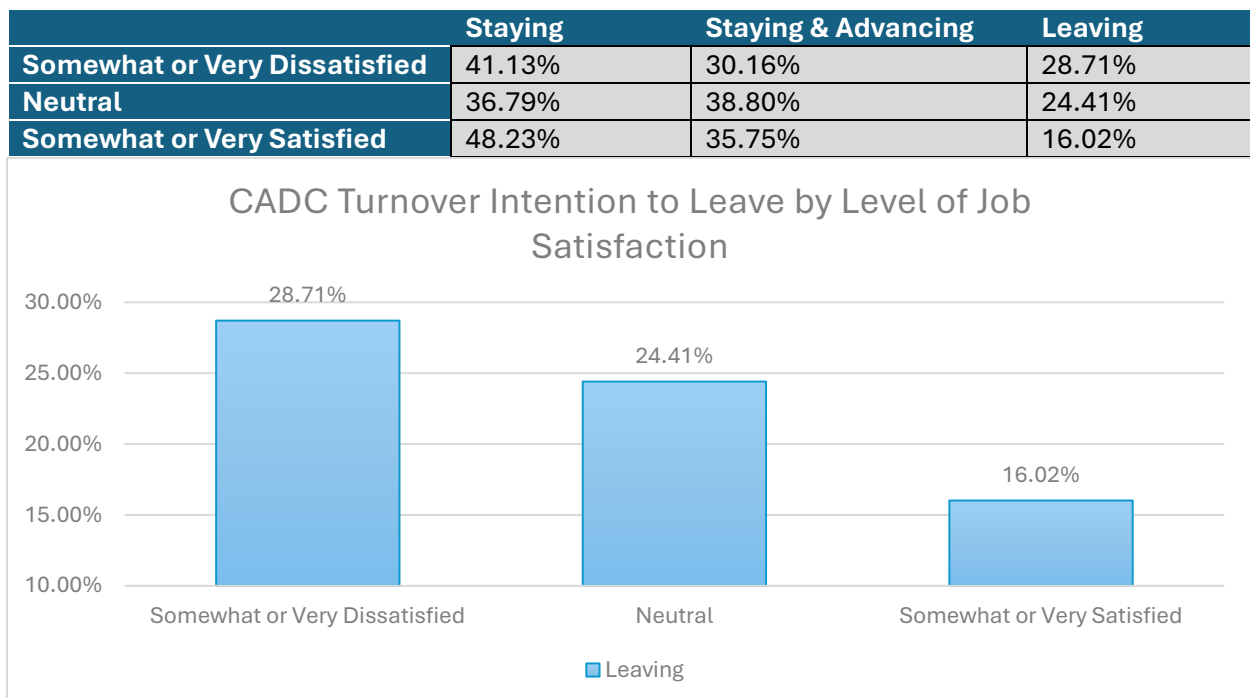
CADCs have very little variation in level of occupational satisfaction based on level of certification.

CADC Wages by Level of Job Satisfaction: Effect Range \$3.00



CADCs with high levels of occupational satisfaction have higher wages averaging \$3.00 more per hour compared to those with lower levels of occupation satisfaction.

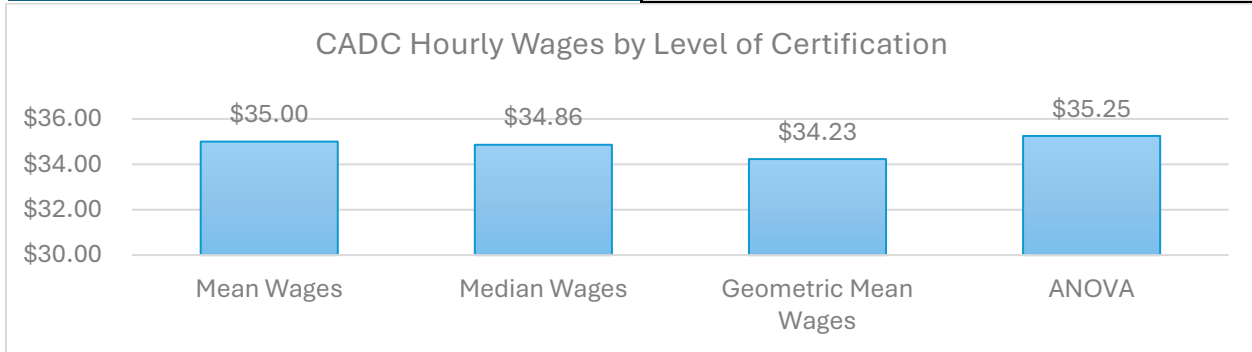
CADC Occupational Role Turnover Intention by Level of Job Satisfaction



CADCs with the lowest occupational satisfaction report the greatest desire to leave their occupational role in behavioral health.

CADC SUD Clinical Supervisor: ~\$34.83/hour

CADC Clinical Supervisor Wages	Hourly Wage
ANOVA	\$35.25
Mean Wages	\$35.00
Median Wages	\$34.86
Geometric Mean Wages	\$34.23



CADC SUD Clinical Supervisor Level of Job Satisfaction

QMHP Certification	Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
Clinical Supervisor	6.69%	11.18%	19.49%	37.56%	25.08%

CADC SUD Clinical Supervisor Years of Experience

CADC SUD Clinical Supervisor average years of experience	14.4 years experience
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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.

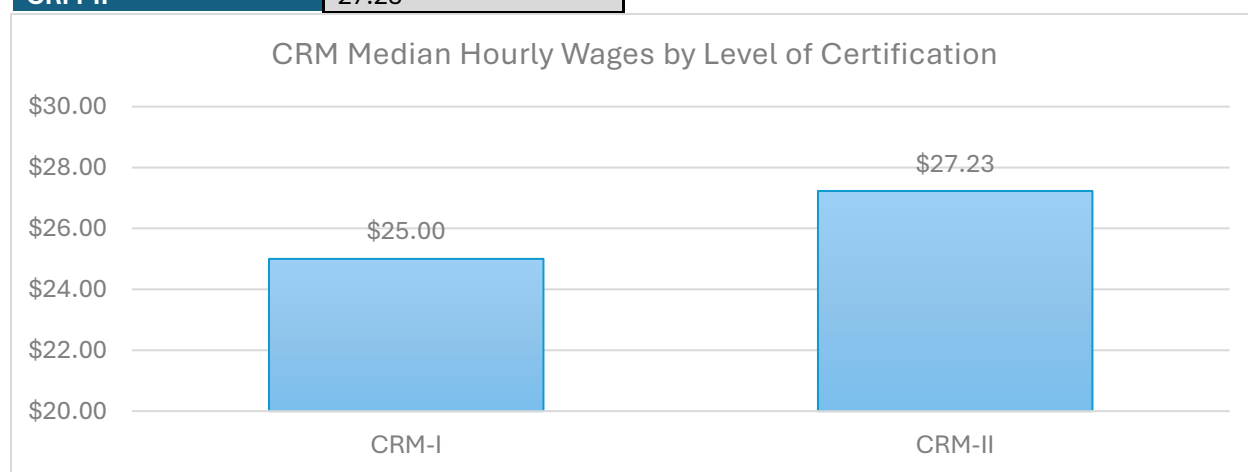
CRM Peer Survey (n=924)

CRM Certification Median Hourly Wages by Level of Certification: Range \$2.23/hour

It is important to note that not all CRMs actively work in a peer support role. Some work in management/administration and some carry multiple certifications and work in a variety of behavioral health roles. The effect range of advanced certification is \$2.23/hour.

MHACBO certifies 3,762 CRMs. Survey response rate was 24.5% of the certified workforce.

CRM Wages	Median
CRM-I	25.00
CRM-II	27.23

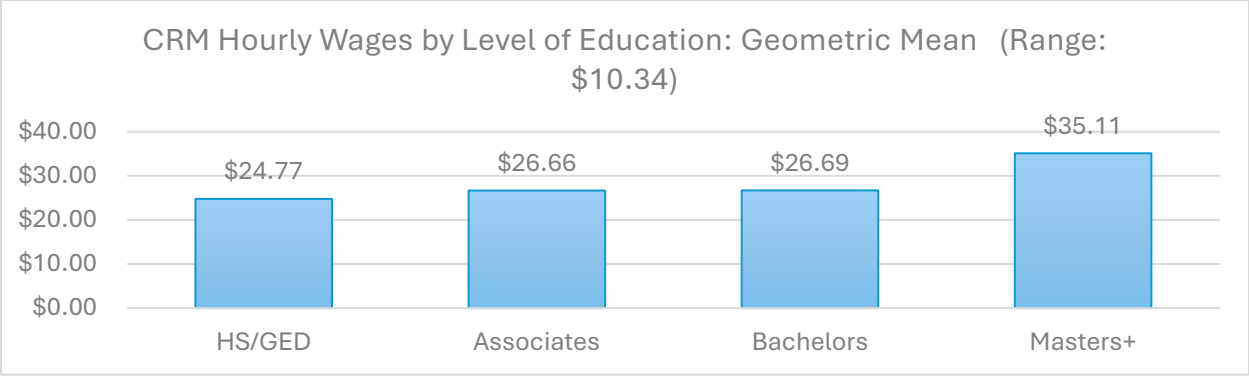


CRM Median Hourly Wages by Race/Ethnicity

Controlling for Level of Education/Experience: The sum of squares for ethnicity is 284.80, with an F-statistic of 10.26 and a p-value of 0.155. Since the p-value is greater than 0.05, **ethnicity is not statistically significant in determining hourly wage after controlling for level of education and experience.**

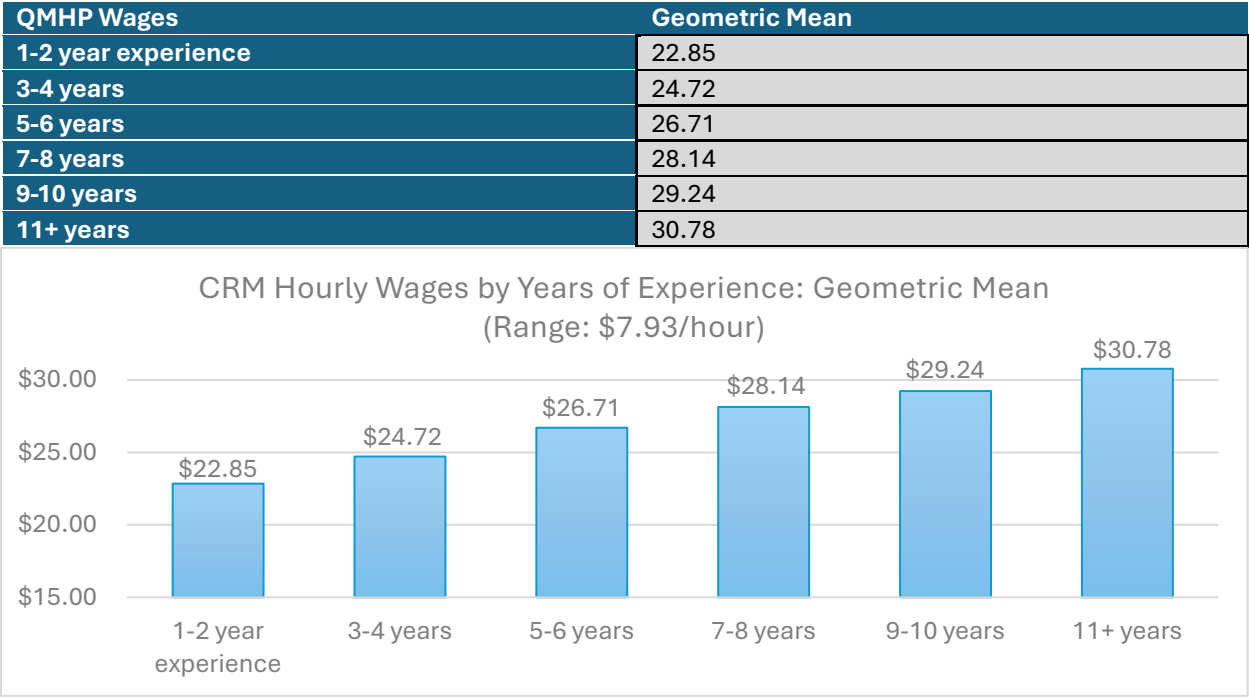
CRM Certification Median Hourly Wages by Level of Education: Range \$10.34

CRM	Median Wages
HS/GED	24.50
Associates	25.57
Bachelors	25.50
Masters+	37.00



Level of education has a modest effect on wages at the undergraduate level. There is a significant increase in wages at the graduate level, and many of these graduate level CRMs carry multiple certifications and work in other behavioral health positions and administration.

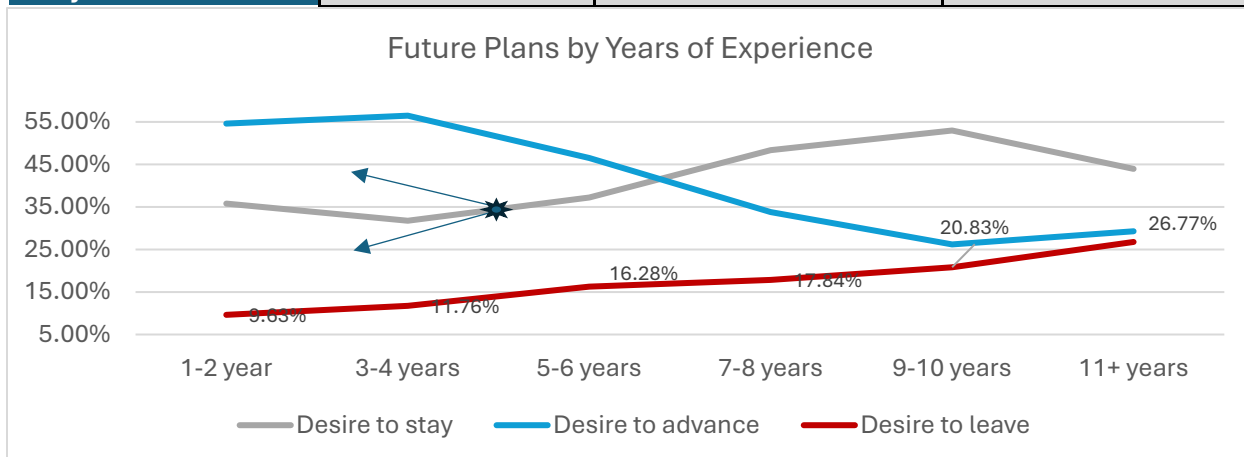
CRM Certification Hourly Wages by Years of Social Services Experience: Range \$7.93



Years of experience have a significant effect on CRM wages over time. Individuals with 11 or more years of experience, on average, make \$7.93 more per hour compared to individuals beginning their careers.

CRM Occupational Role Future Plans by Years of Experience

Years of Experience	Staying	Staying & Advancing	Leaving/Retiring
1-2 year	35.78%	54.59%	9.63%
3-4 years	31.76%	56.47%	11.76%
5-6 years	37.21%	46.51%	16.28%
7-8 years	48.36%	33.80%	17.84%
9-10 years	52.98%	26.19%	20.83%
11+ years	43.94%	29.29%	26.77%



CRMs experience an increasing desire to leave behavioral health peer work over time, from 9.63% of the workforce in their first few years of work to 26.77% after 10 years. Assisting peers in advancement around year 3-4 could help retain these workers in the behavioral health field. Advancement could include, CRM-II certification, Forensic Peer Specialization, or other advanced certifications such as CADC or QMHA.

CRM Level of Job Satisfaction by Certification & Occupational Role

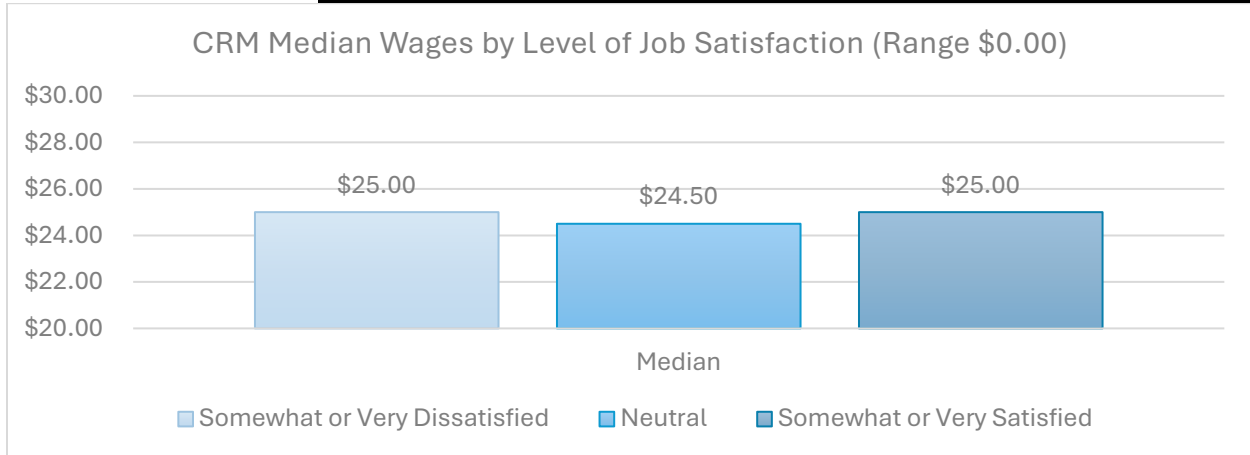
CRM Certification	Very Dissatisfied	Somewhat Dissatisfied	Neutral	Somewhat Satisfied	Very Satisfied
CRM-I	6.69%	11.13%	19.66%	37.48%	25.03%
CRM-II	6.69%	11.18%	19.79%	37.50%	24.83%



CRMs have very little variation in level of occupational satisfaction based on level of certification.

CRM Certification Wages by Level of Job Satisfaction: Effect Range \$0.00

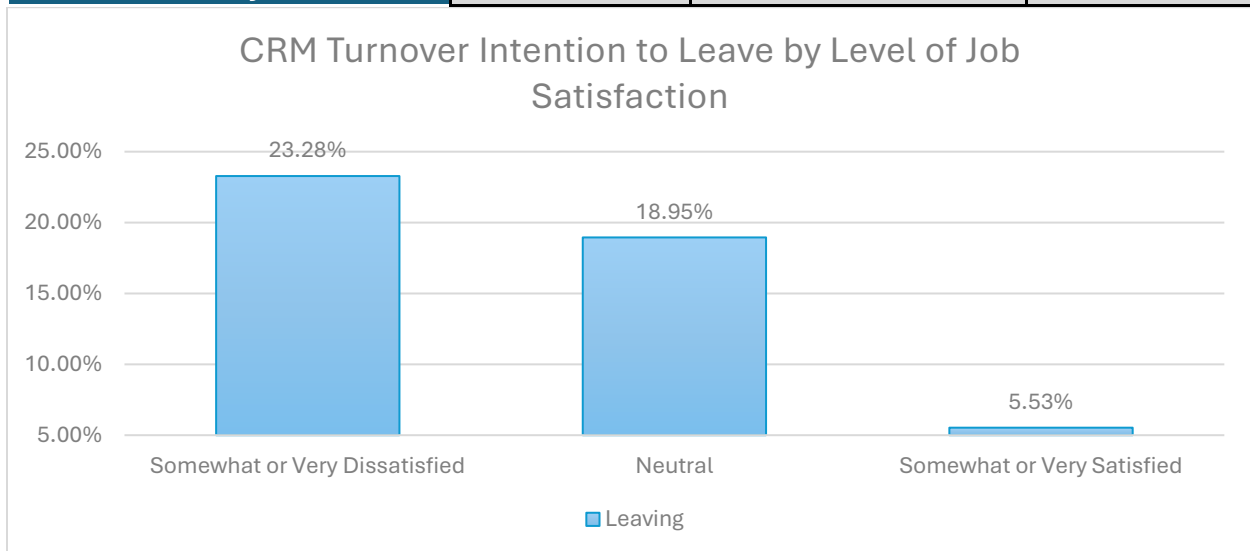
	Somewhat or Very Dissatisfied	Neutral	Somewhat or Very Satisfied
Median	25.00	24.50	25.00



CRM wages appear not to be affected by level of satisfaction.

CRM Turnover Intention by Level of Job Satisfaction

	Staying	Staying & Advancing	Leaving
Somewhat or Very Dissatisfied	42.47%	34.25%	23.28%
Neutral	49.47%	31.58%	18.95%
Somewhat or Very Satisfied	54.55%	39.92%	5.53%



CRMs with the lowest occupational satisfaction report the greatest desire to leave their occupational role in behavioral health.

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.

Workforce Composition

- Education
- Race & Ethnicity

SUD Workforce Composition

Oregon's substance use disorder (SUD) workforce is primarily comprised of CADCs/CGACs (addiction counselors), and CRM/CGRMs (addiction peers).

MHACBO has 7,500 certified SUD addiction professionals. Some addiction professionals carry multiple certifications.

MHACBO's credentialed professionals primarily serve Oregon's Medicaid Population. Oregon's Medicaid population has greater diversity than Oregon's general population (Oregon Office of Health Analytics, June 2024). (fig.1)

White (Non-Hispanic)	49.0%
Hispanic Latinx	22.0%
Asian	5.2%
American Indian or Alaskan Native	5.0%
Black / African American	5.0%
Native Hawaiian / Pacific Islander	1.4%
Middle Eastern / North African	0.9%
Multiracial	<0.1%
Other	1.9%

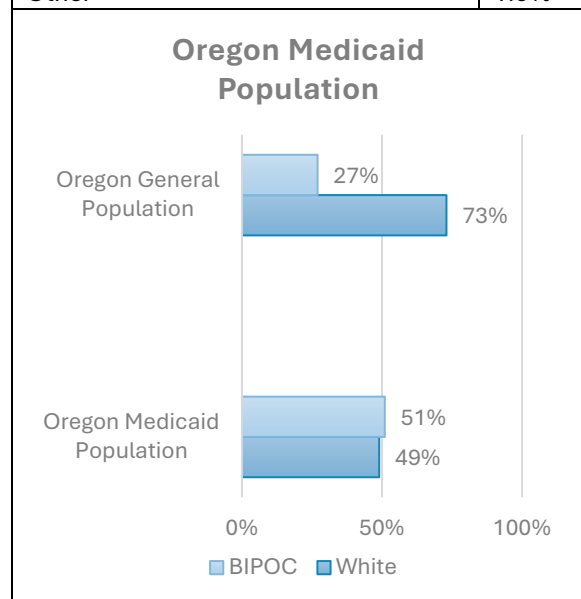


Figure 1: Oregon Medicaid Population by Race/Ethnicity

CADC: Certified Addiction Counselor Race/Ethnicity by level of certification

There are 5,992 certified addiction counselors. The overwhelming majority of these individuals work inside OHA approved SUD and Co-occurring Disorder treatment programs primarily serving Oregon's Medicaid population. 71.3% of Oregon CADCs are Non-Hispanic White (fig.2), compared to 49% of Oregon's Medicaid Population that are Non-Hispanic White.

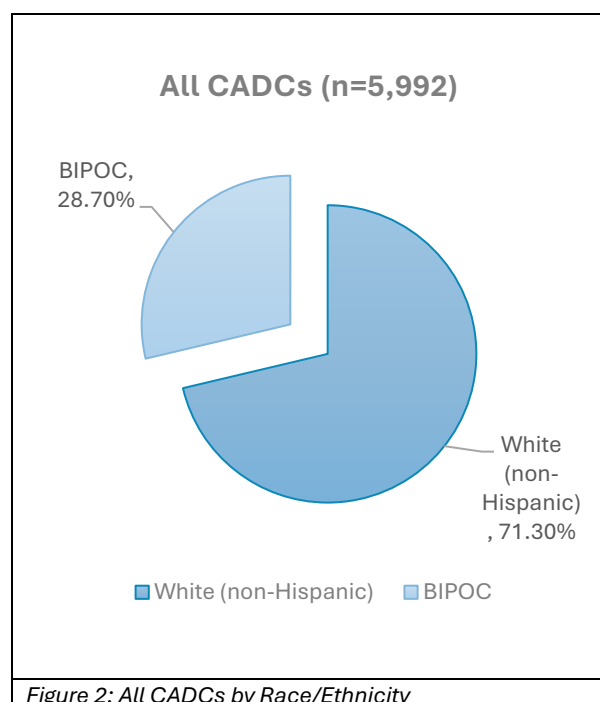
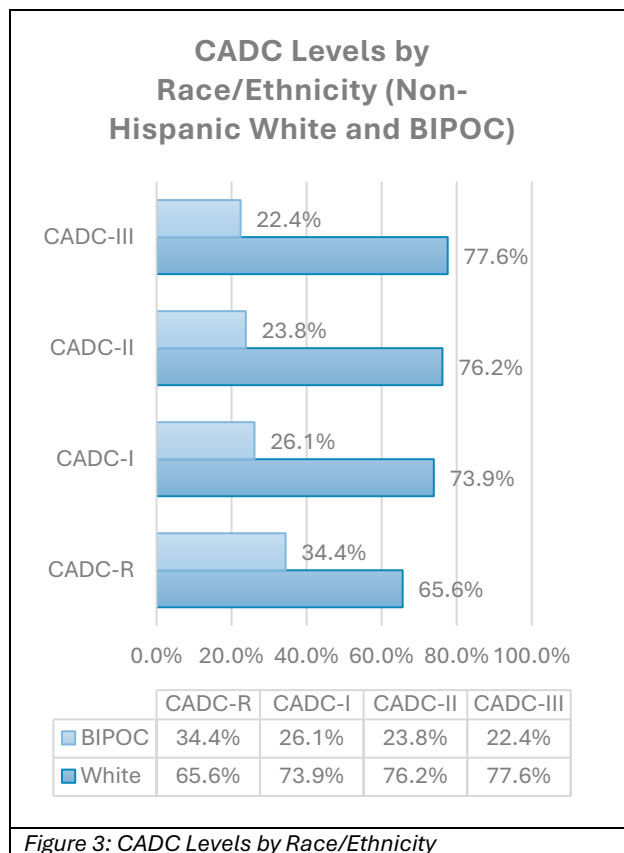


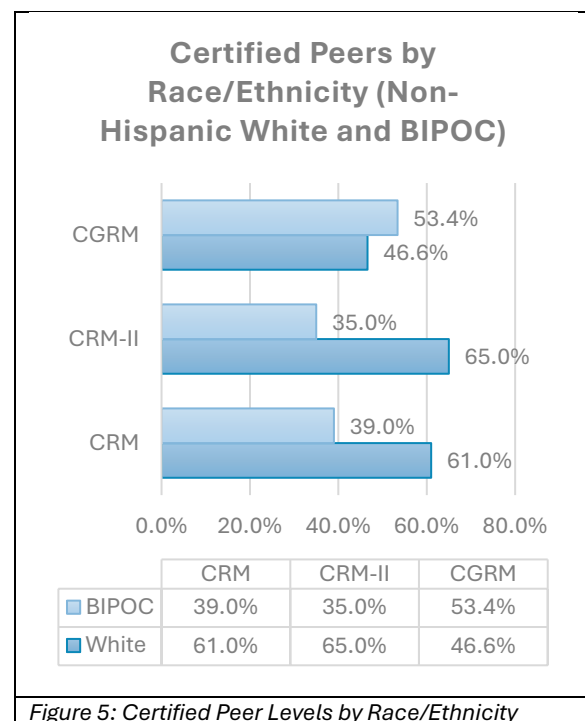
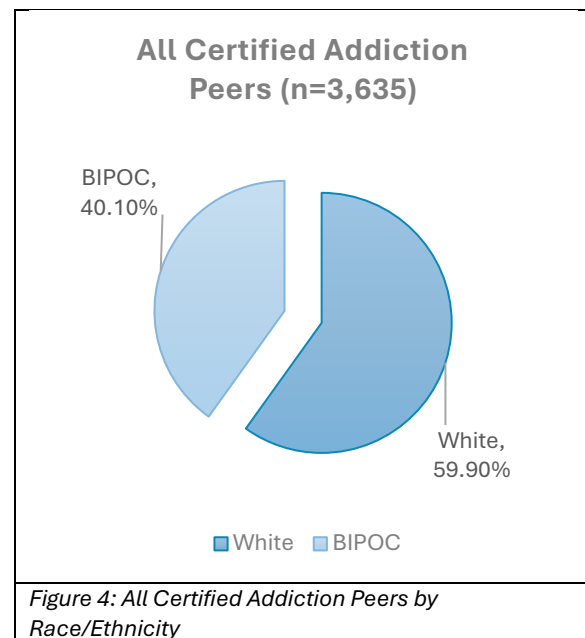
Figure 2: All CADCs by Race/Ethnicity

Oregon Health Authority has made efforts to overcome this workforce disparity over the past decade, through the Minority Scholarship Fund for addiction counselors at Portland Community College and the MHACBO Spanish language CADC training cohort through Ballot Measure 110.

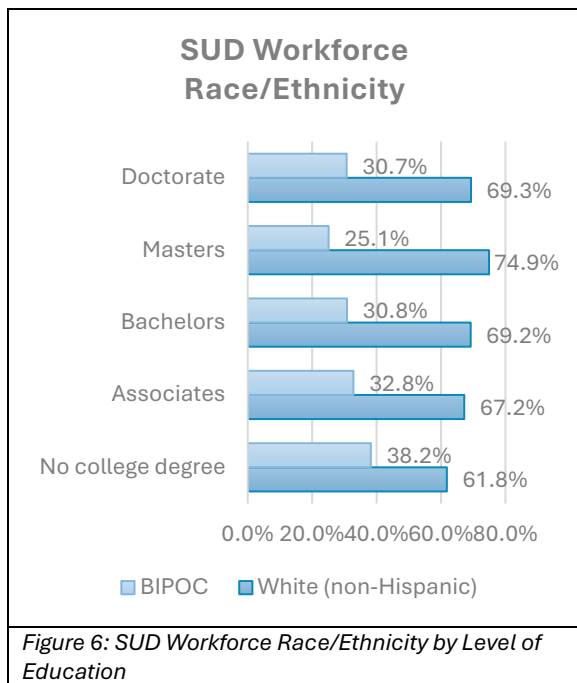


CRM/CGRM: Addiction Peer Race/Ethnicity by certification

There are 3,635 certified addiction peers registered with MHACBO. The majority of these peers work in OHA approved SUD and Co-occurring Disorder treatment programs primarily serving Oregon’s Medicaid population, a smaller portion work in state/county/CCO funded community recovery centers. Additionally, MHACBO performs outreach into Oregon prisons certifying individuals in-custody.



SUD Workforce Race/Ethnicity by Level of Education

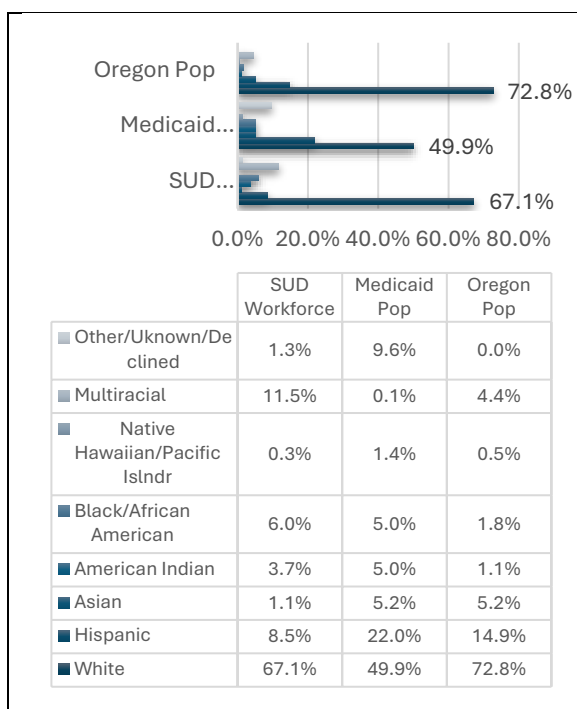


Demographic data for these populations reveal that the following racial/ethnic groups are underrepresented in Oregon's SUD workforce serving the Medicaid population. Linguistically, the largest workforce deficit is within the Hispanic/Latino Medicaid population.

Racial/Ethnic Workforce Gap

Current vs. needed	Current Workers	Additional SUD Workers Need
Hispanic/Latino	824	1,302
Native Hawaiian/Pacific Islander	31	111
Asian	120	443
American Indian	357	125

SUD Workforce Race/Ethnicity compared to the General Population and the Medicaid Population



MHACBO Innovations

1995: MHACBO began in-custody certification of CADCs in 1995 working with *Programa Libertad Y Recuperacion* at Oregon State Correctional Institution (OSCI). In 2016, MHACBO began in-custody certification of peers in Oregon Youth Authority and in Oregon Department of Corrections. MHACBO has credentialed 169 CRM peers in Oregon Department of Corrections and Oregon Youth Authority.

Mental Health Workforce Composition

Oregon's publicly funded mental health workforce is primarily comprised of QMHAs and QMHPs inside of Oregon Health Authority approved programs. MHACBO has 8,098 certified mental health professionals. Some mental health professionals carry multiple certifications. Including SUD certifications.

MHACBO's credentialed professionals primarily serve Oregon's Medicaid Population. Oregon's Medicaid population has greater diversity than Oregon's general population (Oregon Office of Health Analytics, June 2024). (fig.6)

White (Non-Hispanic)	49.0%
Hispanic Latinx	22.0%
Asian	5.2%
American Indian or Alaskan Native	5.0%
Black / African American	5.0%
Native Hawaiian / Pacific Islander	1.4%
Middle Eastern / North African	0.9%
Multiracial	<0.1%
Other	1.9%

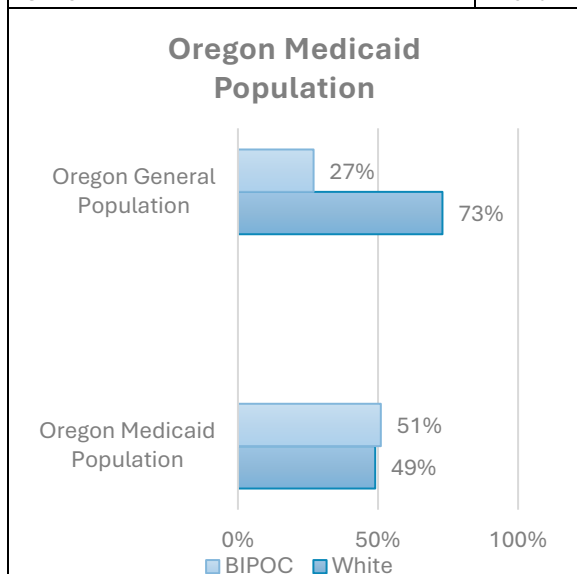


Figure 6: Oregon Medicaid Population by Race/Ethnicity

QMHA: Qualified Mental Health Associate Race/Ethnicity by level of certification

There are 5,548 certified QMHAs in Oregon. The overwhelming majority of these individuals work inside OHA approved Mental Health and Co-occurring Disorder treatment programs primarily serving Oregon's Medicaid population. 68.4% of Oregon QMHAs are Non-Hispanic White (fig.7), compared to 49% of Oregon's Medicaid Population that are Non-Hispanic White.

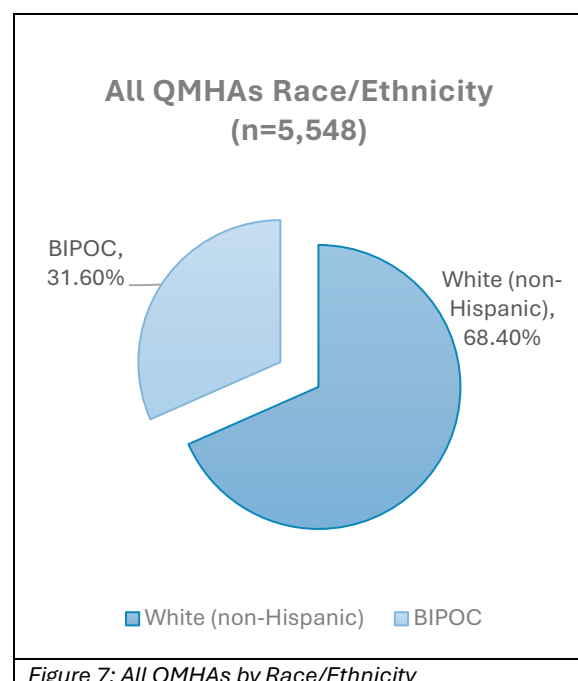
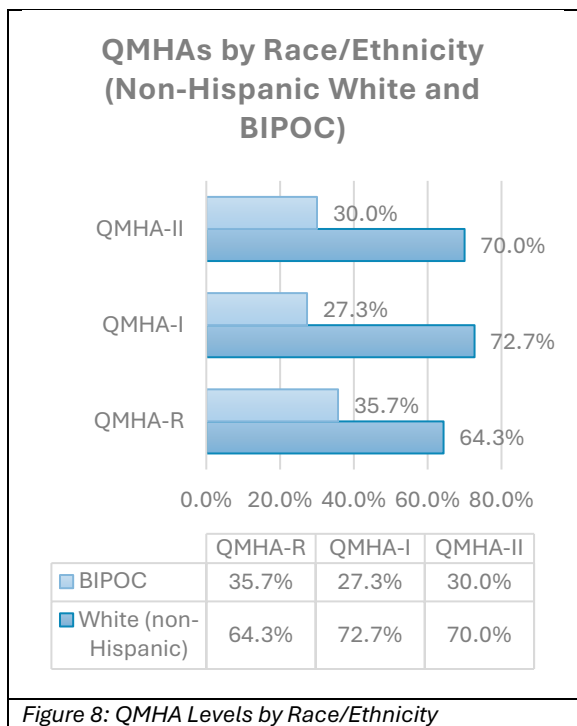


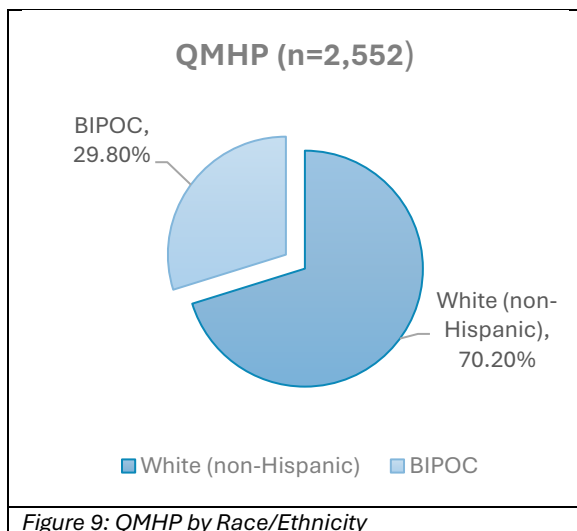
Figure 7: All QMHAs by Race/Ethnicity

Data also shows that BIPOC individuals are successfully advancing to QMHA-II certification.

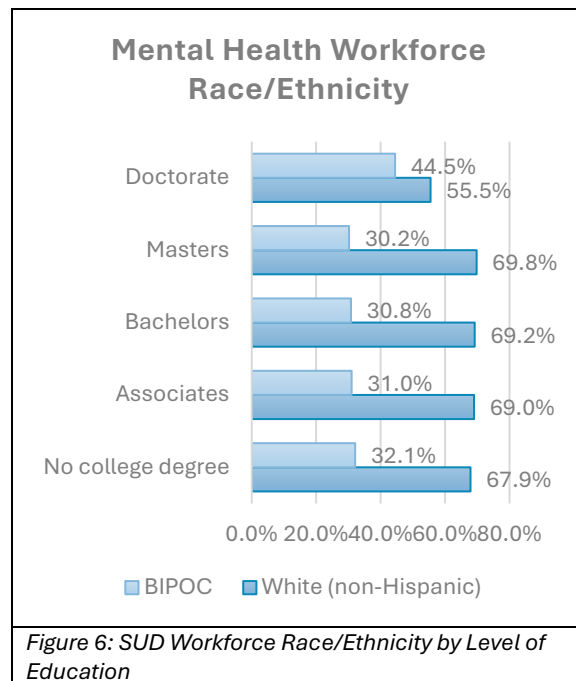


QMHP: Qualified Mental Health Professional Race/Ethnicity

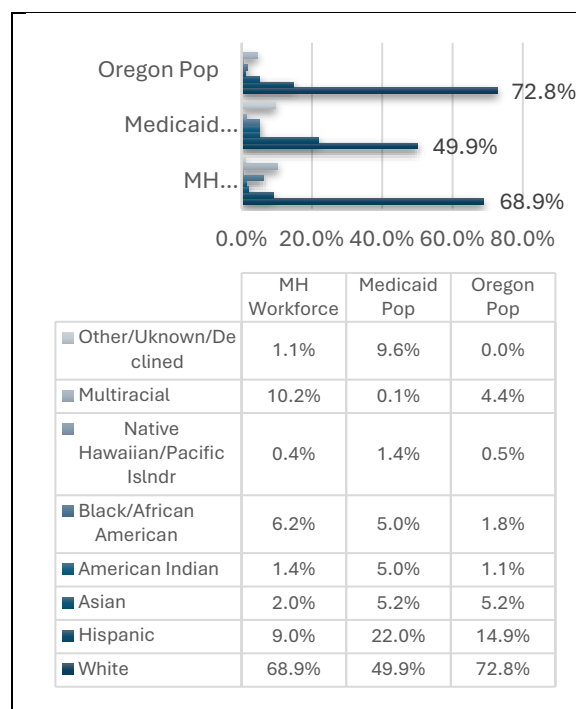
There are 5,548 certified QMHAs in Oregon. The overwhelming majority of these individuals work inside OHA approved Mental Health and Co-occurring Disorder treatment programs primarily serving Oregon's Medicaid population.



Mental Health Workforce Race/Ethnicity by Level of Education



SUD Workforce Race/Ethnicity compared to the General Population and the Medicaid Population



Demographic data for these populations reveal that the following racial/ethnic groups are underrepresented in Oregon’s mental health workforce serving the Medicaid population. Linguistically, the largest workforce deficit is within the Hispanic/Latino Medicaid population.

Racial/Ethnic Workforce Gap

Current vs. needed	Current Workers	Additional MH Workers Need
Hispanic/Latino	713	1,026
Native Hawaiian/Pacific Islander	36	90
Asian	162	421
American Indian	113	294

Credentialed Behavioral Health Workers per 1,000 by Certification Type and County

County	CADCs	QMHA	QMHP	CRMs	CGACs	CPS
Baker	3.96	2.54	0.41	0.65	0.24	0.06
Benton	0.77	0.85	0.27	0.35	0.04	0.00
Clackamas	0.98	0.80	0.34	0.59	0.03	0.00
Clatsop	1.87	1.39	0.34	0.68	0.05	0.02
Columbia	1.71	1.67	0.37	1.69	0.02	0.00
Coos	1.04	1.40	0.62	1.14	0.02	0.03
Crook	1.67	1.45	0.19	0.74	0.15	0.07
Curry	0.60	1.59	0.43	0.43	0.00	0.00
Deschutes	1.37	0.77	0.43	0.48	0.02	0.00
Douglas	1.15	1.07	0.26	0.61	0.06	0.04
Gilliam	0.49	0.49	2.96	0.49	0.00	0.00
Grant	0.83	2.08	0.69	0.55	0.00	0.00
Harney	3.09	4.17	0.40	0.94	0.13	0.00
Hood River	0.80	1.31	0.72	0.38	0.08	0.08
Jackson	1.23	1.52	0.50	0.94	0.05	0.00
Jefferson	2.08	1.06	0.31	1.10	0.24	0.28
Josephine	1.23	1.97	0.46	0.97	0.08	0.05
Klamath	2.01	3.63	0.96	1.06	0.04	0.07
Lake	1.21	2.41	0.12	0.60	0.12	0.12
Lane	1.48	1.69	0.60	0.52	0.07	0.01
Lincoln	1.18	1.06	0.33	1.28	0.10	0.04
Linn	1.03	0.90	0.27	0.94	0.03	0.01
Malheur	0.62	1.22	0.16	0.66	0.03	0.06
Marion	1.11	0.79	0.28	0.69	0.06	0.01
Morrow	1.14	2.36	1.06	0.41	0.00	0.00
Multnomah	1.56	1.48	0.76	1.31	0.08	0.00
Polk	1.00	0.99	0.33	0.52	0.08	0.02
Sherman	0.00	0.00	0.51	0.00	0.00	0.00
Tillamook	0.98	0.26	0.18	0.33	0.07	0.04
Umatilla	1.45	1.77	0.44	0.94	0.09	0.02
Union	2.66	1.50	0.58	0.89	0.08	0.04
Wallowa	0.78	3.52	1.04	0.52	0.13	0.00
Wasco	0.80	1.90	0.53	0.57	0.11	0.04
Washington	0.74	0.75	0.47	0.37	0.05	0.01
Wheeler	0.70	0.70	0.70	0.70	0.00	0.00
Yamhill	1.33	1.17	0.40	0.95	0.04	0.01
Oregon Rate Per 1000	1.24	1.23	0.49	0.78	0.06	0.01

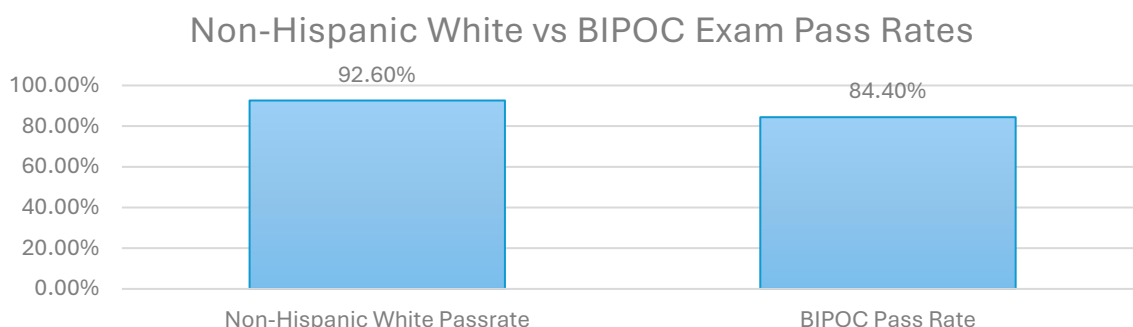
Exam Report

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 CADCI-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.