



Mental Health & Addiction
Certification Board of Oregon
(formerly ACCBO)

Wage, Benefit and Student Loan Debt Analysis

Oregon Behavioral Health Workforce Survey (n=1,302)

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Section 2: ANCOVA Wage, Benefit and Student Loan Debt Analysis

ACCBO 2018 Behavioral Health Workforce Survey

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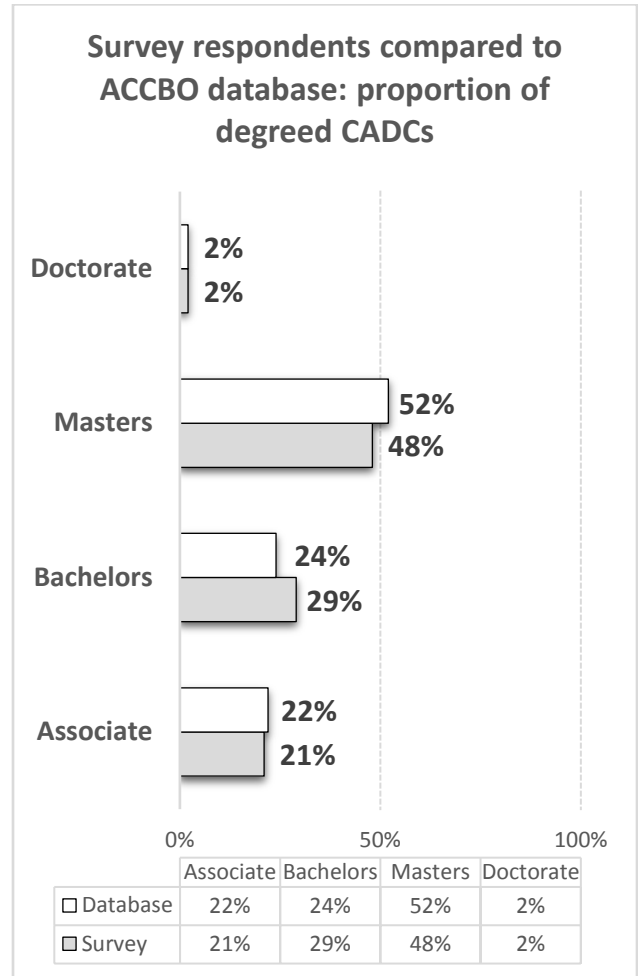
Survey Methodology

Collaborative Survey Development: This 2018 survey was developed and analyzed by 98 participants, representing statewide behavioral health organizations: ACCBO, AOCMHP, OPERA Portland State University, Oregon Health Authority, the MetroPlus Association of Addiction Peer Professionals, HealthInsights, the NW Instituto Latino, the African American Behavioral Health and Addiction Treatment Coalition, and the University of Colorado Farley Health Policy Center. Participants worked in core groups and with contributors to design survey questions to elicit information regarding disparity, wages, benefits, contemporary healthcare initiatives, caseloads, etc. The draft survey was emailed to over 100 program directors for their review, generating feedback regarding clarity and readability of questions. Flesch-Kincaid analysis ranks this survey at grade aptitude level 12.9.

Implementation: Survey was implemented through Survey Monkey. Survey was emailed to 4,400 CADCs/applicants (QMHA's/P's), CRM's, CGAC's, CPS, state approved addiction treatment program directors, and state approved mental health program directors. The survey was also distributed through AOCMHP, the Association of Oregon Community Mental Health Programs, and OPERA the Oregon Prevention Education and Recovery Association. Announcements through Constant Contact bulk email, and SMS text messaging encouraging participation were disseminated statewide.

Response: Survey data was collected from 1,302 respondents. 86% completed the entire general survey (questions #1 through #105), and 82.0% completed the additional role related questions.

Cross-Database Validation: Of 1,302 respondents, there were 776 degreed CADCs. These 776 CADCs were assessed proportionally by level of education and compared to proportions of nearly 3,000 degreed CADCs from ACCBO's database.



This cross-database comparison suggests baccalaureate CADCs are slightly over-represented in the survey. Overall, the proportion of CADC respondents closely approximates that of Oregon's entire CADC pool. It is important to note that ACCBO updates educational attainment of CADCs every two years upon recertification, and it is possible some individuals have completed a bachelor's degree since their last renewal of certification.

Survey Development Question Writing & Contribution:

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- MetroPlus Association of Addiction Peer Professionals, *review of survey questions and question writing at membership meeting of 58 peer participants*

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Section II: ANCOVA Wage, Benefit and Debt Analysis

Our survey of 1,302 behavioral health professionals collected self-reported data regarding wages and benefits, with respondents from all 36 counties. Our wage analysis was supported by Acumentra HealthInsights' research team, and consultation with Dr. John Fitzgerald from the Oregon Criminal Justice Commission. Self-reported wages, including; hourly, monthly and annual wage data were requested in the survey for the purposes of a three-point cross-check of wages reported. Self-reported wages are often more inconsistent than wage data collected directly from human resource departments within agencies. Today, as more individuals use electronic deposit for their wages, workers are increasingly less aware of their gross income, in the absence of routine examination of their physical paystub. Mean and median wage aggregates of hourly, monthly and annual income, demonstrated inaccurate and inconsistent reporting of monthly income vs. hourly and annual income. Mean wages were calculated from hourly and annual income (converted to hourly based on self-reported weekly hours of work), producing a modest variance of 0.85. The mean of self-reported hourly and annual wages (converted to hourly) were used for the final assessment of hourly wages.

Hourly income was assessed by occupational role, race/ethnicity, and recovery status, controlling for level of education. Our wage estimates were performed with ANCOVA analysis. ANCOVA evaluates whether the means of a dependent variable (DV) are equal across levels of a categorical independent variable (IV) often called a treatment, while statistically controlling for the effects of other continuous variables that are not of primary interest, known as covariates (CV) or nuisance variables.

Level of Education by Credential

Our survey of 1,302 behavioral health professionals assessed level of education, credentials and occupational role. Since, many professionals carry multiple credentials, our survey evaluated wages based on educational attainment and occupational role. Our discussion will begin with an overview of educational attainment by credential.

Our survey shows that 98.7% of Qualified Mental Health Professionals (QMHPs) possess a graduate or doctoral degree, and 1.24% have less than a graduate degree (fig.1).

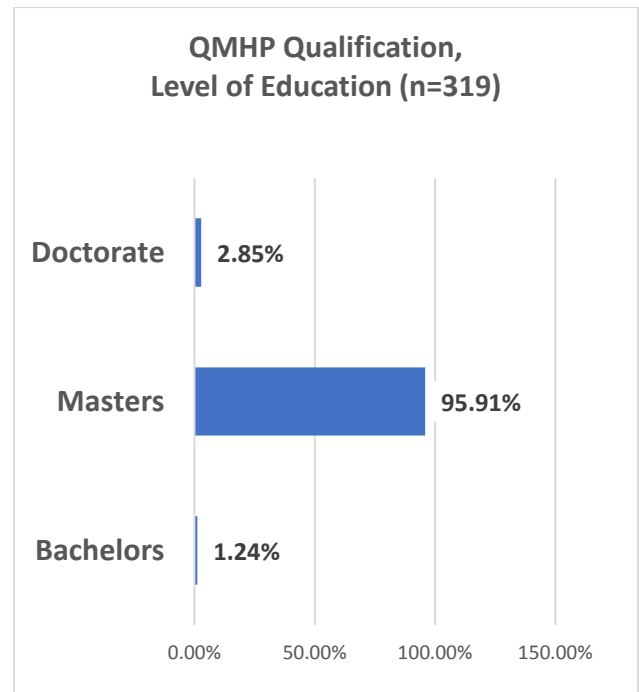


Figure 1: QMHP Level of Education (n=319)

Among Qualified Mental Health Associates (QMHAAs), 61.88% possess a baccalaureate or graduate degree, and 38.22% have less than baccalaureate degree (fig.2).

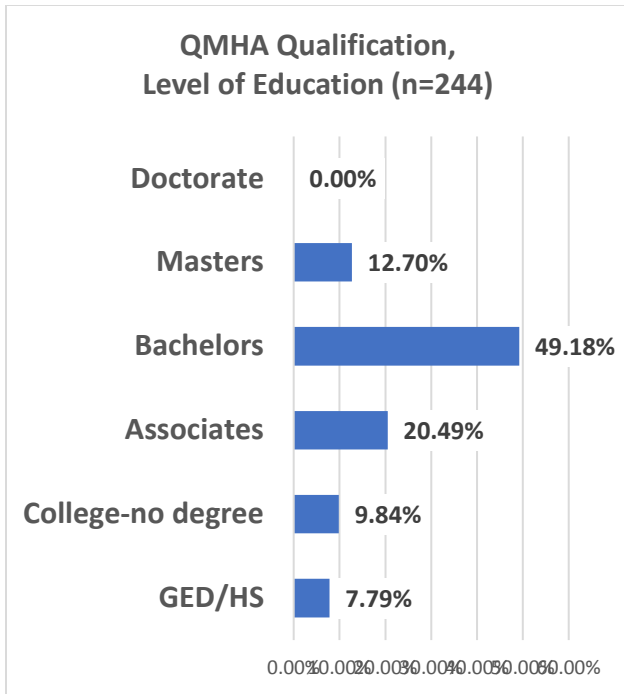


Figure 2: QMHA Level of Education (n=244)

Among addiction counselors, 88.2% possess a college degree, and 43.9% have a graduate or doctorate degree (fig.3).

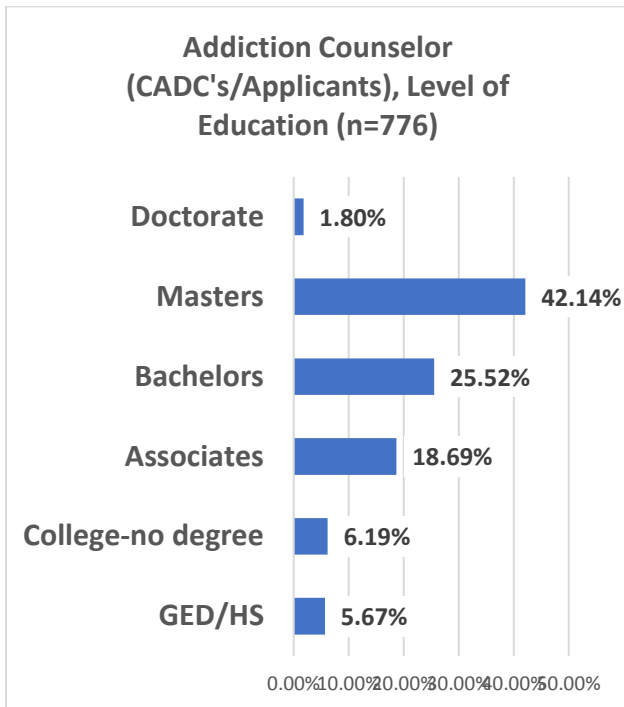


Figure 3: Addiction Counselor Level of Education (n=776)

Among addiction peers (CRMs, PRCs, CGRMs), 43% possess a college degree (fig.4).

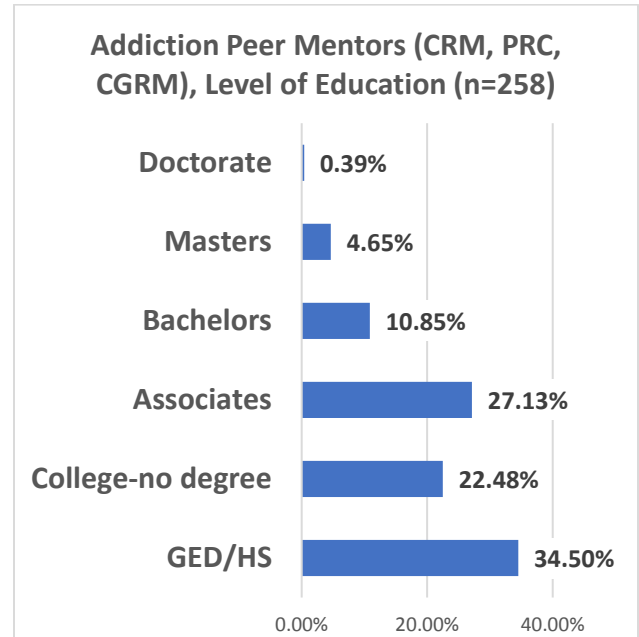


Figure 4: Addiction Peers Level of Education (n=258)

Among mental health peers (PSS, PWS), 44.3% possess a college degree, and 28.57% possess a baccalaureate degree or higher (fig.5).

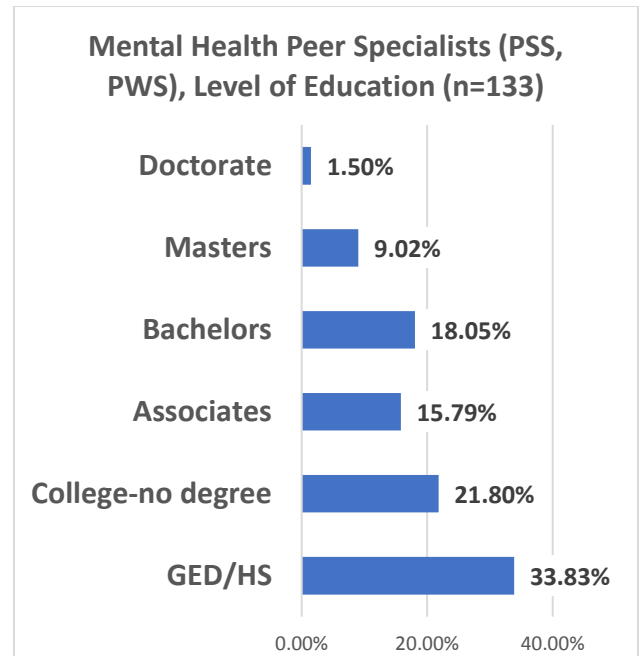


Figure 5: Mental Health Peers Level of Education (n=133)

Among Gambling Counselors (CGACs), 90.0% possess a college degree and 80.0% possess a baccalaureate degree or higher (fig.6).

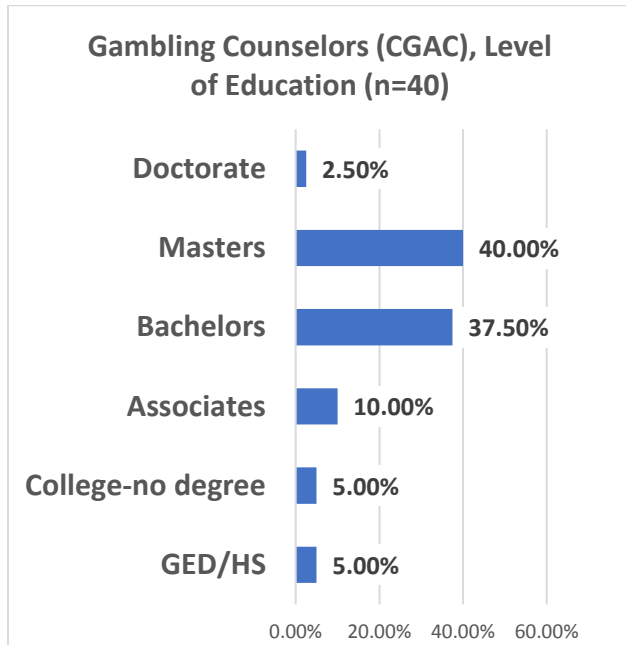


Figure 6: Gambling Counselor Level of Education (n=40)

Among Certified Preventionists (CPSs), 94.4% of preventionists possess a college degree, and 81.58% have a baccalaureate degree or higher (fig.7).

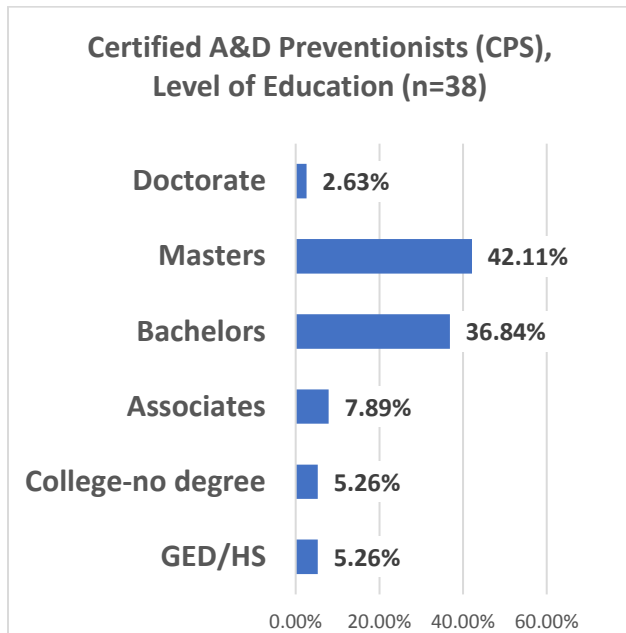


Figure 7: Certified Preventionists Level of Education

Overall, 22.58% of all behavioral health workers report being currently enrolled in a degree program, of which 54.2% are enrolled in a graduate or doctoral program (fig.8).

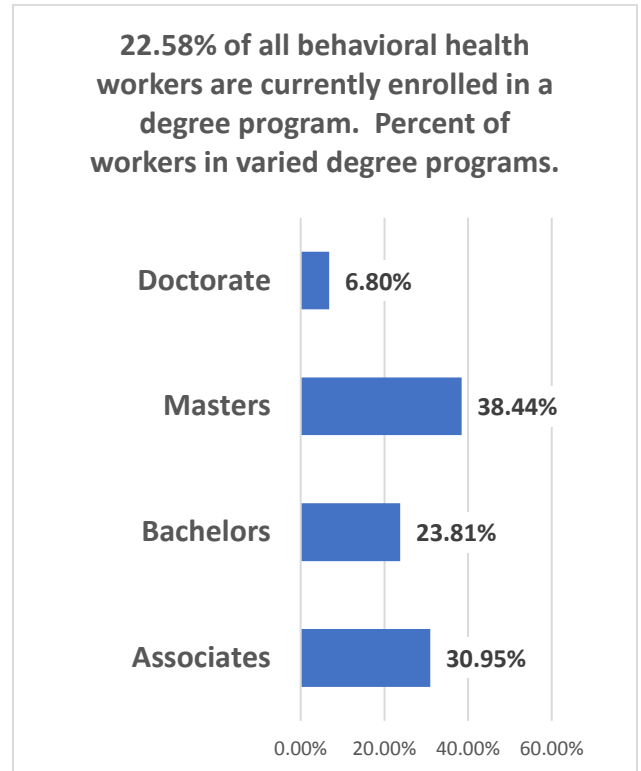


Figure 8: Percent of behavioral health workers enrolled in a college program

Overall, 62.55% of all behavioral health workers report that they have current student loan debt (fig.9).

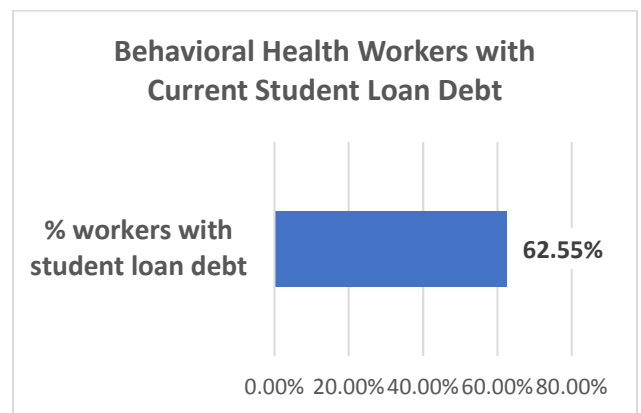


Figure 9: Percent of Behavioral Health Workers with current student loan debt

Of 62.55% of behavioral health workers with student loan debt, the median debt is \$42,000 (fig.10).

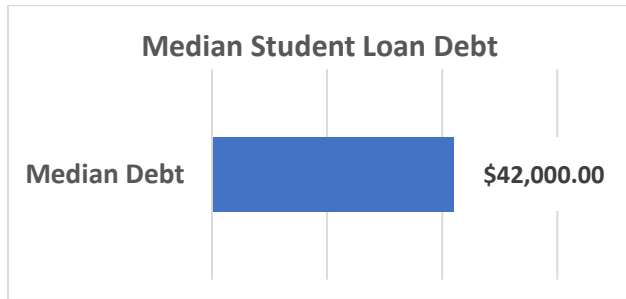


Figure 10: Behavioral Health Worker Median student loan debt

Approximately 2/3rds of behavioral health workers report having current student loan debt. Of those, graduate professionals disproportionately have higher debt, with a median debt of \$70,600.00 for QMHPs and Mental Health Supervisors (fig.11).

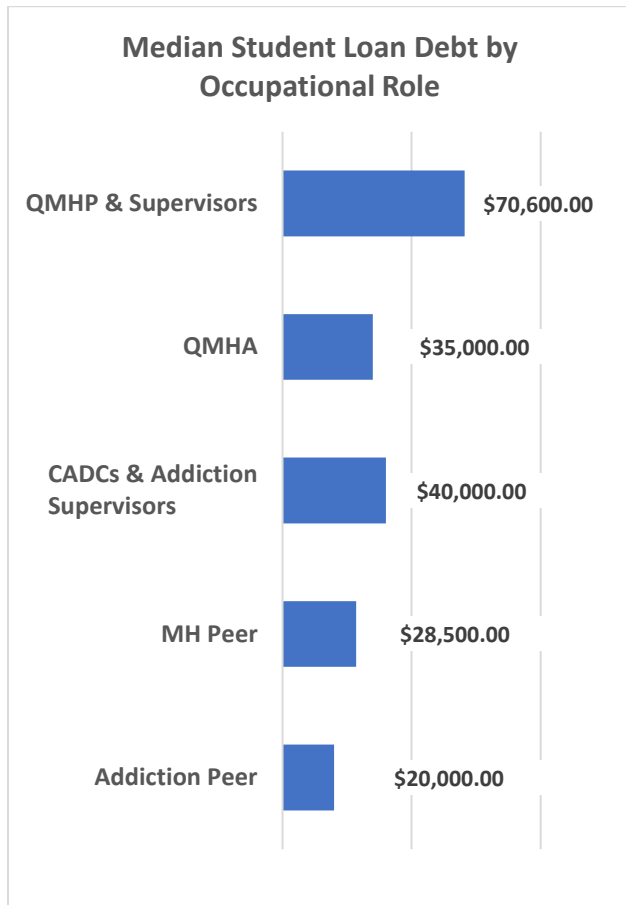


Figure 11: Median Student Loan Debt by occupational role

37.2% of behavioral health workers report having participated in student loan forgiveness (fig.12).

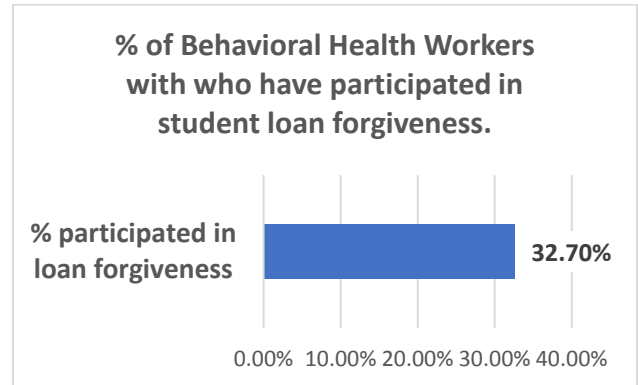


Figure 12: Behavioral Health Workers who participated in student loan forgiveness

Approximately 3/4ths of behavioral health workers, 76%, report having employer paid health insurance, where the employer pays all or a portion of their health insurance (fig.13).

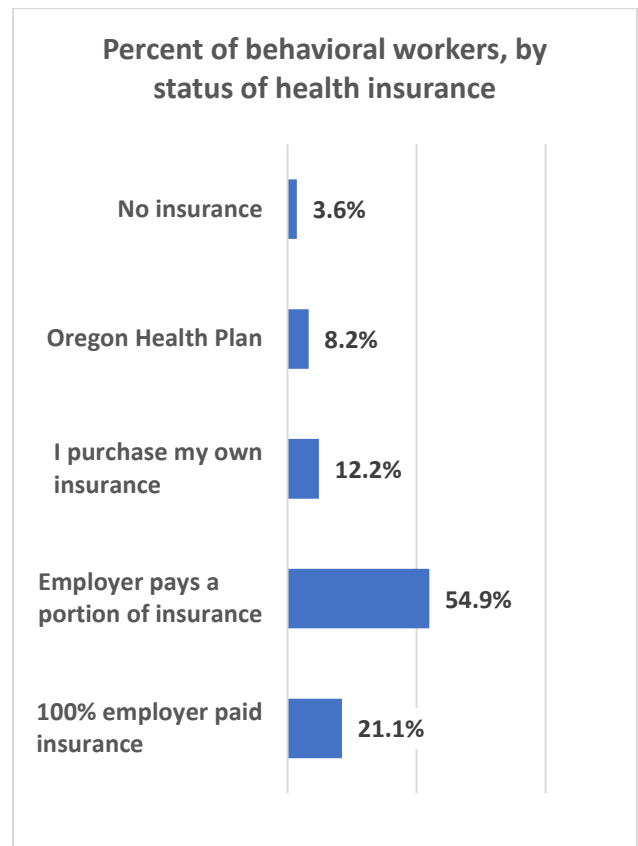


Figure 13: Percent of Behavioral Health Workers by health insurance status

43.14% of behavioral health workers report having an agency issued or agency reimbursed cell phone (fig.14).

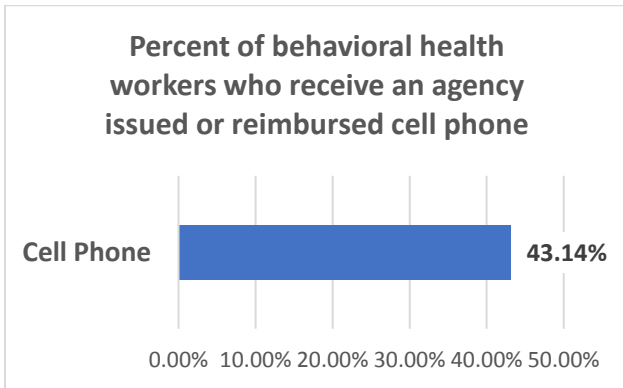


Figure 14: Percent of behavioral health workers with an agency funded cell phone

Nearly 3/4^{ths} of behavioral health workers report that they receive both training funds and paid time off to participate in training (fig.15).

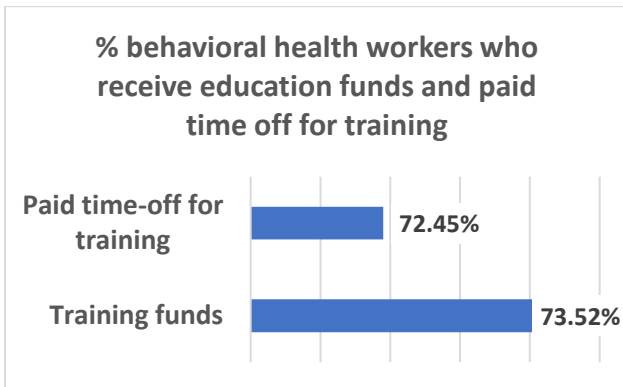


Figure 15: Percent of behavioral health workers who receiving training funds and paid time off for training

Wage Analysis

Wage Disparity & Equity - ANCOVA

In our analysis, only Addiction vs. Mental Health occupational work differed significantly in wage. This is likely due to historically higher reimbursement rates for mental health services vs. addiction services.

ANCOVA analysis revealed there were no significant statistical differences between race, gender or any combination of personal demographics in average wage after controlling for education and occupational roles.

- **Females made an average of \$24 (n= 613) an hour, and males earned an average of \$23 (n=304) an hour.** There was no statistical difference between these groups when controlling for education and occupational role.
- **White employees made an average of \$23 (n=703) an hour, and non-white employees earned an average of \$24 (n=225) an hour.** There was no statistical difference between these groups when controlling for education and occupational role.

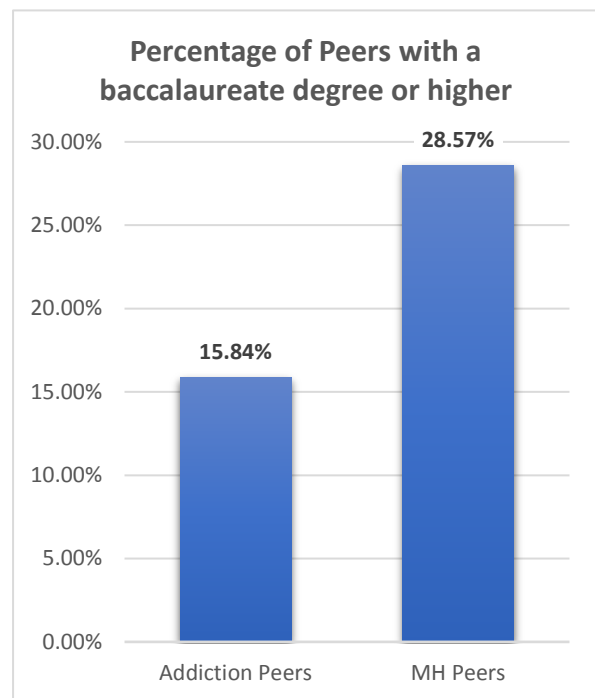
Respondents by Occupational Role

Our survey collected data on 1,302 individuals. Some individuals chose not to report their wages, and a small number of individuals were excluded from the wage analysis because of very high wages not associated with our grouping of occupational roles. These excluded individuals included, program/government administrators, private practice consultants, college instructors, etc. Our aim was to evaluate standard occupational roles within state approved programs, prevention programs, and peer programs. Our wage analysis included 974 respondents, of the 1,302 individuals who participated in the survey.

Occupational Role	Respondents
Addiction Peer	(n=129)
MH Peer	(n=42)
QMHA	(n=71)
Addiction Counselor	(n=352)
CPS	(n=18)
CGAC	(n=10)
QMHP	(n=209)
Addiction Supervisor	(n=96)
MH Supervisors	(n=47)

Controlling for level of education

In our survey, mean wages for addiction peers were \$16/hour, and median wages were \$15.10/hour. Mean wages for mental health peers were \$17/hour, and likewise median wages were also \$17/hour. After controlling for level of education, addiction peers and mental health peer wages became more closely aligned. Moreover, the mental health peer category (n=133) also included individuals with Peer Wellness Specialist (PWS) certification, an advanced mental health peer certification. 15.84% of addiction peers possess a baccalaureate degree or higher, whereas 28.57% of mental health peers possess a baccalaureate degree or higher.



Our analysis showed that wages were equitable within occupational groupings after controlling for level of education. The statistically significant differences observed were between addiction clinical staff and mental health clinical staff.

Wage based on Addiction Occupational Roles and Mental Health Occupational Roles, controlling for education.

ANCOVA analysis showed a significant difference in average wages between clinical Addiction and Mental health occupations, when controlling for level of education. Again, this is likely due to historically higher reimbursement rates for mental health services vs. addiction services.

Median Wages	Addiction workers (rounded)	Mental Health workers (rounded)
Peers	\$15	\$17
All clinical behavioral health workers (CADC, QMHAs, QMHPs)	\$19	\$25
Supervisors	\$25	\$30

Significant Wage Variables

Many variables effect wages, including; type of agency, county employment vs. private agency employment, and years of experience. Those with more years of experience reported higher levels of income.

Worker wage ranges	Average years of behavioral health experience
Workers earning \$15/hour or less	4.3 years of experience
Workers earning \$15-\$20/hour	8.6 years of experience
Workers earning \$20-25/hour	10.3 years of experience
Workers earning \$25/hour or more	15.5 years of experience

Median Hourly wages by occupational role

