Survey Finds Evidence of Discrimination in Salaries of Behavioral Health Professionals

The median annual salary of a direct-care worker in a 24-hour residential treatment center is $23,000, compared with $25,600 for an assistant manager at Burger King, according to data from the 2011 Behavioral Health Salary Survey by the National Council for Community Behavioral Healthcare. In addition, the survey provides evidence of "second-class status" within the health care industry of mental health and addictions treatment professionals. A licensed professional social worker earns $45,300 in a mental health care agency and $50,500 in a general medical facility. For registered nurses, working in an addictions treatment facility means taking a pay cut; their average salary is $52,000, or nearly $15,000 less that the national average of $66,500 for all nurses.

The survey found the same patterns at the executive level. Chief medical officers at behavioral health organizations earn salaries ranging from $101,000 to $150,000 (mean of $114,200). At all other types of health care organization, the salary range for chief medical officers is $184,000 to $292,400.

"Just as people with mental illnesses and substance use disorders are routinely stigmatized, it appears those working in the behavioral health sector are also treated differently—even within the healthcare community," said Linda Rosenberg, National Council president and chief executive officer, when the survey report was released in April.

The survey, conducted in partnership with the National Association of Addiction Treatment Professionals, includes salary data for executives, administrators, clinicians, and direct care and support staff in public and private behavioral health care organizations. A total of 860 such organizations in 46 states, Puerto Rico, and the District of Columbia completed the survey in November 2010, reporting data for the period between July 1, 2009, and June 30, 2010.

More than three-quarters of the organizations (77%) were private, not-for-profit agencies, 12% were state or local government agencies, and 4% were private for-profit organizations (7% did not report a category). About half (53%) had operating budgets of $14 million or less; only 4% had budgets exceeding $50 million. The vast majority of financial support for respondent organizations was provided by state and county funds for indigent care (43%) and Medicaid (37%), with small percentages from private health insurance (6%), self-pay (6%), and Medicare (4%). Philanthropic donations and grants accounted for the remaining funding (4%).

In the past decade, the salaries of behavioral health workers in several areas, including management and support staff, have kept pace with or exceeded the rate of inflation, according to the report. However, for some positions, such as case managers and administrative support staff, salary growth has failed to offset the inflation rate, despite the historic drop in the consumer price index in 2008–2009.

In the report's introduction Ms. Rosenberg notes "glimmers of hope," such as the 2010 expansion of the National Health Service Corps loan repayment program. Yet, as she observed, "Trained employees are jumping from job to job in search of a modest raise, which creates crippling staff turnover, incapacitating the patient-centered care systems we want but have yet to adequately support. We must bring employment "parity" to behavioral health, ending the second-class status of employees working in mental health and addiction organizations."

The full report is available for purchase at www.thenationalcouncil.org.

NEWS BRIEFS

Updated Bazelon publication on buying or renting a home: The Bazelon Center for Mental Health Law has released the 2011 version of its popular booklet that explains how federal laws protect the housing rights of people with mental or physical disabilities. The guide is written in plain language for people with disabilities who want to buy or rent a publicly or privately owned apartment, house, condominium, or co-op. Others who will find the information useful include landlords, housing developers and administrators, real estate agents, zoning officials, and advocates. The content is organized by dozens of specific questions that a person with a disability might have at various stages in the process of acquiring housing or during tenancy. Do I have to disclose my disability on the rental application? If I am being evicted because of behavior that is a result of my disability, what should I do? Sidebars list helpful examples, such as types of reasonable accommodations. One example is an applicant with no recent rent history because she has been in a psychiatric hospital for two years. Instead of asking for rent history, the landlord can accept a reference by the applicant's employer or social worker. Nearly 100 endnotes cite and provide key information from court cases. Contact information is listed for agencies that monitor fair housing. The 54-page booklet, *What "Fair Housing" Means for People With Disabilities,* can be downloaded free or ordered for $4 from the Bazelon Web site at www.bazelon.org.

Kaiser brief on implications of converting Medicaid to block grant financing: Some proposals to cut the federal budget would convert part or all of Medicaid from an open-ended federal-state matching program to a federal block grant to the states. A new issue brief from the Kaiser Commission on Medicaid and the Uninsured warns that such proposals represent "a fundamental change in the entitlement nature and financing structure of the program. . . . [that] could also affect the ability of Medicaid to maintain its current roles in the health system." The federal government sets minimum eligibility standards for Medicaid, and the program provides an enti-

tlement to coverage for persons meeting the standards. In addition, federal matching funds flow to states on the basis of needs, such as increased enrollment during economic downturns, and according to a formula that provides more funds to poorer states. The Kaiser brief explains that block grants generally provide states fixed federal allotments that are based on current expenditures trended forward by a predetermined rate. "The trade-off in achieving predictable and reduced levels of federal financing and deficit reduction through a Medicaid block grant would be the elimination of the entitlement to coverage and the guaranteed federal matching payments to states," according to the issue brief. Under a block grant, Medicaid funding would not be responsive to changing needs such as recessions and disasters. Also, it would be difficult to allocate funds equitably across states, and coverage would not be guaranteed. The nine-page brief and related resources, including reports produced in response to similar proposals in 1995 and 2005, are available at www.kff.org.

CMS report on services available for ASD in nine states: It is estimated that one of every 110 children in the United States has an autism spectrum disorder (ASD). In 2008 the Centers for Medicare and Medicaid Services (CMS) launched the multiyear ASD Services project to address the gap in information about effective Medicaid-covered services for individuals with ASD. The project is designed to complete three tasks—obtaining, analyzing, and disseminating information. A CMS report released in April addresses task 2—analysis—by summarizing the current status of ASD-related services in nine states: Arizona, California, Connecticut, Indiana, Maine, Missouri, New Mexico, Pennsylvania, and Wisconsin. The states were selected to represent a diverse array of federal waivers, service coverage, funding sources and levels, and geographic areas. Separate sections of the report review progress and challenges in the implementation of evidence-based and promising practices in each state; describe service profiles in each state, including the most promising programs; and highlight options for selecting and implementing sustainable practices for various need and age groups. The 53-page report is available on the CMS Web site at www.cms.gov/apps/files/9-State-Report.pdf. The 2010 final report from task 1, the environmental scan for information on effective services, is at www.impaqint.com/files/4-content/1-6-publications/1-6-2-project-reports/finalasdreport.pdf.

Recommendations for safe media reporting on suicide: In the United States more than 34,000 persons die by suicide each year. Research has shown that certain ways of reporting on suicide—explicit descriptions of the suicide method, use of dramatic or graphic headlines or images, and extensive coverage that sensationalizes or glamorizes a death—can lead to more suicides. New recommendations for suicide reporting have been developed by the American Foundation for Suicide Prevention, the Substance Abuse and Mental Health Services Administration, Suicide Awareness Voices of Education (SAVE), and other groups. Contributors include suicide prevention experts, researchers, and journalists, who reviewed more than 50 research studies. The recommendations include advice for nontraditional journalists, such as bloggers, moderators of message board forums, and "citizen journalists." A new Web site (www.reportingonsuicide.org) provides access to the recommendations, links to supporting research, and media examples.

IOM report on knowledge gaps for LGBT populations: Researchers need to proactively engage lesbian, gay, bisexual, and transgender (LGBT) people in health studies and collect data on these populations to identify and better understand health conditions that affect them, according to a new report from the Institute of Medicine (IOM). The scarcity of research has led to an incomplete picture of the health status and needs of these groups, which is further fragmented by the tendency to treat sexual and gender minorities as a homogeneous group. The report is a compilation of what is known about the health of each of these groups at different stages of life. It outlines an agenda for the research and data collection necessary for a fuller understanding. The report recommends that the National Institutes of Health (NIH), which sponsored the study, support the development of standardized measures of sexual orientation and gender identity for use in federal surveys and other means of data collection. NIH should use its policy on the inclusion of women and racial and ethnic minorities in clinical research as a model to encourage grant applicants to address how their proposed studies will include or exclude sexual and gender minorities. The 267-page report is available on the IOM Web site at www.iom.edu.

Pew report on prison recidivism: The rate of prison recidivism in the United States is high: 43% of offenders released in 2004 were reincarcerated within three years, according to a study by the Pew Center on the States conducted in collaboration with the Association of State Correctional Administrators. The survey of state corrections departments is the most comprehensive examination of state recidivism rates conducted to date; the data, provided by 41 states, represent 91% of all releases in 2004. Total state spending on corrections today is more than $50 billion a year. It is driven almost entirely by prison expenditures and has quadrupled in the past two decades, making it second to Medicaid as the fastest-growing area of state budgets. According to the report, sustainable reductions in recidivism are achieved when states invest in evidence-based programs and practices that engage offenders on admission and motivate them to stay crime free and drug free through a combination of sanctions for violations and positive incentives for compliance. If the 41 surveyed states reduced their recidivism rates by 10%, total savings would exceed $635 million in one year. The 41-page report, *State of Recidivism: The Revolving Door of America's Prisons,* is available, along with an interactive map presenting state data, at www.pewcenteronthestates.org.