



## Why do we use a Salary model?

**As part of our mission to address inequity, we decided to move away from revenue-based compensation to a salary model. A few of our reasons were to:**

- Open outpatient to therapists who would otherwise be unable to start a position and go without regular pay during a period of client ramp-up combined with the delay in insurance reimbursement.
- Increase consistency and stability in pay
  - Allow for more flexibility and increase access to utilization of PTO
  - Increase access to utilization of training stipend
- Level the pay disparity between clinicians based on differences in their client caseload i.e. Medicaid reimbursements, no shows, etc.

### **Were we successful in our goal?**

The table below identifies the difference between what each grouping would have earned in a revenue-based model and what they actually earned in the salary model. Each grouping reflects averages of all relevant providers in that grouping. If a provider was a new employee, unlicensed, and BIPOC, their data is reflected in each of those groupings. Part-time and Full-time staff are mixed within each grouping, these averages are not specific to Part-time or Full-time tiers.

<b>% of Revenue</b>	<b>Salary</b>	<b>Difference</b>	
\$ 19,484.37	\$ 27,542.93	\$ 8,056.56	New Employees
\$ 19,374.61	\$ 26,648.85	\$ 7,274.24	Unlicensed Providers
\$ 24,210.55	\$ 27,254.11*	\$ 3,043.55	BIPOC Providers
\$ 43,808.97	\$ 45,838.59*	\$ 2,029.62	Non-BIPOC Providers
\$ 56,361.52	\$ 54,393.54	\$ (1,967.98)	Supervisors

\*The main reason for the difference in average salary between BIPOC and Non-BIPOC Providers is their level and/or licensure status. WOW, that is noteworthy, and supports our mission to recruit and train more therapists of color.