**Behavioral Health Workforce Center of Illinois**
319 East Madison, Suite 4M
Springfield, IL 62702
IllinoisBHWC.org

December 1, 2023

TO: Governor JB Pritzker
The Honorable Don Harmon, Senate President
The Honorable John Curran, Senate Minority Leader
The Honorable Emanuel "Chris" Welch, Speaker of the House
The Honorable Tony McCombie, House Minority Leader

FROM: Ginger Ostro, Executive Director, Illinois Board of Higher Education
David Albert, PhD, Director, Division of Mental Health, Illinois Department of Human Services

RE: First Report from the Behavioral Health Workforce Education Center of Illinois

On behalf of the Behavioral Health Workforce Education Center of Illinois (the Center), a joint initiative of the Department of Human Services and the Illinois Board of Higher Education, we are pleased to present the first report to the Illinois General Assembly to summarize activities of the Center by December 1 of every odd-numbered year. As established in the Healthcare and Human Services Reform Act of Illinois, the Center is designed to address the workforce shortage in the behavioral health system of care. Using a hub and spoke model, the Center has two hubs, i.e., the primary hub at Southern Illinois University School of Medicine (SIU SOM) and the secondary at the University of Illinois Chicago (UIC).

This report highlights how the two state university systems have partnered with state agencies and behavioral health care providers to recruit, train, educate, retain, diversify, and advance the behavioral health workforce across Illinois during the first year of operations at the Center. The Center received funding and began in 2022, so this report reflects its first year of operations.

Please feel free to contact Kari Wolf, MD, Center CEO and Professor at the SIU School of Medicine (kwolf48@siumed.edu), and Sonya Leathers, PhD, Center Director and Professor at the Jane Addams School of Social Work, UIC (sonyal@uic.edu), for questions, comments, and additional information.

Sincerely,

| | |
|---|---|
| **Ginger Ostro**<br>Executive Director<br>Illinois Board of Higher Education | **David Albert, PhD**<br>Director, Division of Mental Health<br>Illinois Department of Human Services |

# First Report to the Illinois General Assembly

December 1, 2023

Illinois Behavioral Health Workforce Center
319 East Madison, Suite 4M
Springfield, IL 62702
IllinoisBHWC.org

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The Behavioral Health Workforce Education Center of Illinois, also referred to as the "Center" or "Behavioral Health Workforce Center (BHWC)", is a joint initiative of the Department of Human Services and the Illinois Board of Higher Education. As established in the Healthcare and Human Services Reform Act of Illinois, the Center is designed to address the workforce shortage in the behavioral health system of care. Using a hub and spoke model comprised of academic institutions that serve rural, as well as small and large urban areas of the state, the Center will increase access to effective services through coordinated and innovative initiatives to recruit, educate, and retain professionals in behavioral health.

This is the first report to the Illinois General Assembly to summarize the activities of the Center by December 1 of every odd numbered year.

### Primary Goals

The primary goals of the statewide Behavioral Health Workforce Education Center are to strengthen the behavioral healthcare system in Illinois through initiatives targeting the following:

- On an on-going basis, collect data on behavioral health workforce needs.
- Identify and make recommendations to address structural and policy barriers that inhibit behavioral health care recruitment, training, and retention in Illinois.
- Increase the number and diversity of behavioral health workers, including individuals with lived expertise, social workers, counselors, psychologists, psychiatrists, and other mental health professionals providing high-quality behavioral health services across the state.
- Increase the capacity of behavioral health providers and medical staff to meet the population's behavioral health needs in easily accessed settings such as primary care and community-based organizations.

### Structure

The Center is physically structured as a multisite model with two locations in place, i.e., the primary hub at Southern Illinois University School of Medicine (SIU SOM) and the secondary hub at the University of Illinois Chicago (UIC). SIU SOM is tasked with a convening and coordinating role for workforce research and planning, including monitoring progress toward Center goals. The University of Illinois Chicago (UIC) will serve as the secondary hub with delineated duties. Additional institutions of higher education, including public and independent universities and community colleges in 10 regions will be invited to participate as a consortium of partners. SIUSOM, UIC, and all consortium members will deliver programs and related services to increase the behavioral health care workforce and its capacity to provide high-quality behavioral health services across the state.

*The Primary and Secondary Hubs*

The Southern Illinois University School of Medicine (SIU SOM) in Springfield is the site of the primary hub for the Center and is responsible for building the infrastructure, governance, and networks needed to implement a successful statewide workforce development initiative. The SIU SOM has convened an Executive Committee comprised of state agency leaders and the two hub institutions that have met monthly since late 2022 to provide oversight to the daily operations of the Center. The SIU SOM has convened a statewide Advisory Council consisting of representatives from institutions of higher education, behavioral health organizations, statewide membership associations, and state agency partners to provide programmatic direction to the Center. The BHWC Council had its first meeting in October 2023. Examples of networks established by the primary hub include the online behavioral health workforce dashboard to track workforce data for every county in the State of Illinois that is

located on the Center's website, IllinoisBHWC.org. As the primary hub, SIU SOM is also creating a behavioral health jobs board for employers to post vacancies and for candidates to upload their applications at no cost. All work of the Center, starting with the infrastructure, governance, and networks, is grounded in creating an equitable, diverse, and inclusive behavioral health workforce in Illinois.

The secondary BHWC hub is located at the Jane Addams College of Social Work at the University of Illinois Chicago (UIC). The UIC hub is responsible for providing support for specific data collection and training initiatives to support high quality behavioral health care. This hub received funding in October 2022 and has been fully staffed since June 2023. There are 16 full- and part-time staff including consultants, research assistants, and faculty collaborators at this Center location. Center staff at the UIC Hub have focused on tasks including convening advisory groups, provider-specific survey development and distribution, engaging partners in planning, statewide dissemination of evidence-based parent training, dissemination of a behavioral health intervention in integrated care (behavioral health in primary care setting), provision of training to providers of services to individuals with serious mental illness, and initial training curriculum development in areas identified by advisory groups.

The BHWC initiatives at the secondary hub focus on supporting retention of behavioral health professionals and the delivery of quality care. This work has been organized into initiative areas including 1) Community Mental Health Outpatient Services; 2) Services for Individuals with Serious Mental Illness (SMI), 3) Community Workers/ Certified Recovery Support Specialist (CRSS)/ Certified Peer Recovery Specialist (CPRS) Professionals/ Community Workers; 4) Integrated Care, and 5) Child, Adolescent and Parent Services/ Parent Support. Based on legislative mandates and advisory group feedback, UIC also directs training initiatives to address the most pressing needs associated with behavioral health needs and services (e.g., training for providers of services in serious mental illness, parenting support, and integrated care).

The Center is also tasked with coordinating with key State agencies involved in behavioral health, workforce development, and higher education institutions to leverage disparate resources from health care, workforce, and economic development programs in Illinois government. Agencies that the Center coordinates with include the Illinois Board of Higher Education, the Department of Human Services, Division of Mental Health, the Illinois Community College Board, Illinois Student Assistance Commission, and the Illinois Department of Financial and Professional Regulation.

### Core Principles

The Center and consortium of higher education partners will be innovative, collaborative, and sustainable. Together, the lead hubs and member institutions will support building and retaining a competent, diverse workforce that:

- Provides developmentally appropriate, evidence- and trauma-informed care.
- Provides high-quality, culturally, and linguistically appropriate services tailored to the needs of local communities.
- Uses a Diversity, Equity, Inclusion, and Racial Justice (DEIRJ) lens and promotes social and racial justice in health care.
- Understands the social determinants of health and empowers individuals to consider these social determinants of health when it comes to their own well-being.
- Increases access to care for communities across all regions of Illinois.
- Provides comprehensive services from prevention to treatment of clinical diagnoses, and inclusive of both substance use and mental health issues.
- Facilitates data-informed analysis and decision-making about state, regional, and community needs for clinicians, hospitals, and clinics.
- Gives a voice to individuals with lived expertise via person-centered, family-driven, and youth-guided care.
- Promotes innovative use of technologies for access to behavioral health care and education.

- Offers transparent, aligned pathways for recruitment, retention, and advancement from high school through graduate-/professional-level education using a competency-based career lattice, with a particular focus on increasing the diversity of the workforce.
- Delivers enhanced access to educational and training opportunities to support the career lattice via a consortium of public and private institutions across all regions of the state that work collectively.

### Center Identity and Marketing

Governor J.B. Pritzker launched the Behavioral Health Workforce Center at a press conference event on March 8, 2023, with stakeholders in Springfield, IL. The announcement event spoke to the hard work of key partners statewide to support the legislation and brought together individuals involved in the development and implementation of the goals for the Center. (**Appendix A – Gov. Pritzker Announcement)** Central to the BHWC's role is to collect information, synthesize it, and distribute best practices, new innovations, and workforce resources to partners statewide. The marketing and communications plan for the Center has been developed and implemented to ensure the timely distribution of Center activities and information to consortium partners throughout the State. Key components of the plan include an independent BHWC website that houses data, research, best practices, a blog, and also a jobs board for employers that will go live January 1, 2024. **(Appendix B – BHWC Marketing Plan and Appendix C – BHWC Website)** Marketing strategies implemented during the first year of operations also include the creation of the BHWC logo, brochures, and establishing a social media presence and strategy to market workforce development opportunities to target populations. Constant contact software is used to create a listserv for those who register to receive regular updates from the BHWC.

### Organizational Structure and Center Governance

Monthly meetings of the BHWC Executive Committee began in early 2023 to guide operational aspects of the Center in collaboration with state agency partners. The Executive Committee is comprised of representatives from the Illinois Department of Human Services, Illinois Board of Higher Education, Illinois Student Assistance Commission, Illinois Community College Board, Illinois Department of Financial and Professional Regulation, SIU School of Medicine, University of Illinois Chicago, the Chief Executive Officer and Chief Operations Officer of the BHWC Primary Hub, and the Chair of the BHWC Advisory Council. The BHWC Executive Committee began monthly meetings in February 2023 to provide ongoing oversight of Center programming, the annual work plan and related timelines, and to support the needs of the Advisory Council. (**Appendix D – BHWC Executive Committee Membership**)

The BHWC convened an Advisory Council to obtain input for program offerings and to make recommendations to address financial and systemic barriers to behavioral health workforce development. Along with the Executive Committee, the Advisory Council will play a lead role in the development of the first Strategic Plan for the Center in early 2024. The Council had its first quarterly meeting in October 2023 and is comprised of representatives geographically located throughout Illinois from institutions of higher education, behavioral health agencies, statewide behavioral health professional organizations, and state government. (**Appendix E – BHWC Advisory Council Membership**)

The following organizational chart shows the Center staff from both hubs and how they are functionally organized according to the five categories/pillars of the Center's work plan.

KARI WOLF, MD
CEO, BHWC 15%

SONYA LEATHERS, PhD
UIC Hub 33%

LORI WILLIAMS
SIUSOM Hub 50%

**DATA**

- Joseph Milbrandt, PhD, Director of Clinical Research 50%
- Albert Botchway, PhD, Research Associate 20%
- Sean McGinity, Statistician 100%
- Samantha Carpenter, Evaluator 100%
- Beck Stolberg, Research Associate 100%
- Bianca Schindeler, Research Assistant 40%
- Meredith Lee, Initiative Coordinator 100%
- Rose Anderson, Initiative Coordinator 50%
- Dr. Ray Eads, Faculty Collaborator 25%

**PATHWAYS**

- Josh Laughhunn, Pathways Coordinator 100%
- Tanya Johnson, Initiative Coordinator 100%
- Sean Johnson, Project Coordinator, Peer Specialist 30%

**RETENTION & PROFESSIONAL DEVELOPMENT**

- Carrie Welter, Project Manager 100%
- Dr. Amy Starin, Consultant 50%
- Catherine Melka-Kaffer, Initiative Coordinator 50%
- Marvin Lindsey, Consultant 20%
- Dr. Cynthia Taylor Handrup, Faculty Collaborator 10%
- Kimberly Nelson, ECHO Coordinator 50%
- Meredith Lee, Initiative Coordinator 100%
- Dr. Judith Cook, Psychiatry Professor, Director Faculty Collaborator 10%
- Dr. Lisa Razzano, Project Co-Director 15%
- Jessica Jonikas, Instructional Designer 40%

**POLICY**

- Karen Broquet, MD, Chief Clinical Officer 100%
- Kyle Fontaine, Education and Training Coordinator 100%
- Taylor Blakeley, Training & Technical Assistance Coordinator 100%

**INFRA-STRUCTURE**

- Gina Larkin, Director, Strategic Development 75%
- Kristi Patterson, Grants and Contracts Associate 80%
- Susan Tinsley, Administrative Assistant 65%
- David Akers, Equity, Diversity and Inclusion Coordinator 100%
- Alexia Helmer, Marketing Associate 100%
- Rebekkah Daily, Telehealth Technology Coordinator 50%

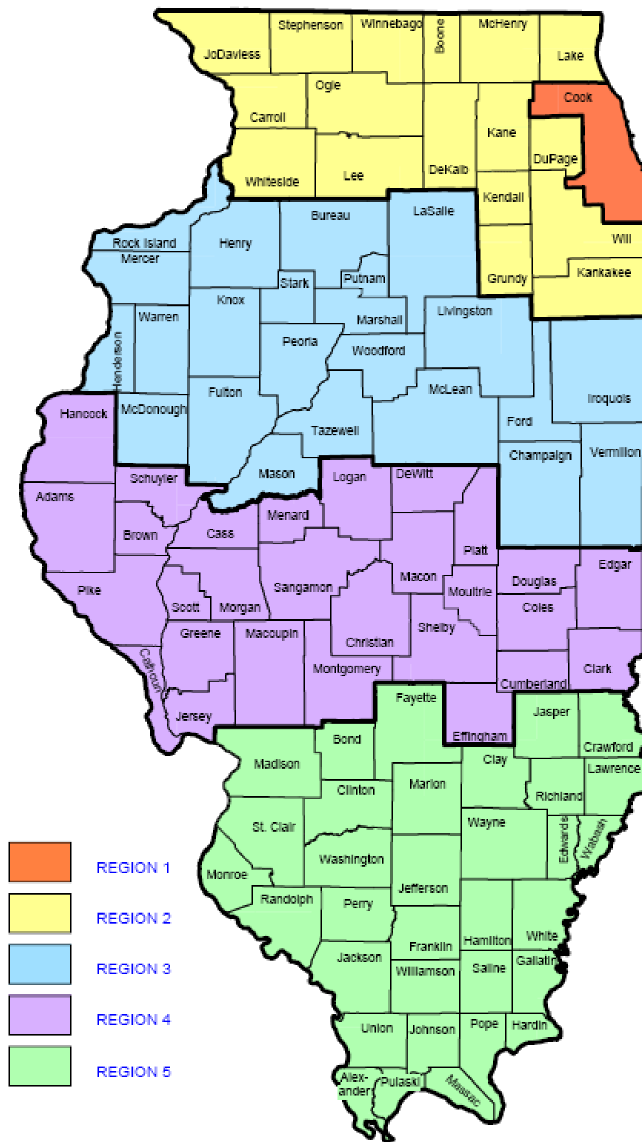
BHWC
BEHAVIORAL HEALTH WORKFORCE CENTER

## Common Definitions of Practice in Behavioral Health Care and within the Behavioral Health Workforce Center

Please refer to Appendix F for common definitions of practice in the field of behavioral health care and within the operations of the Behavioral Health Workforce Center as used in this report. **(Appendix F – Common Definitions of Practice)**

## Illinois Department of Human Services Regional Map

The Illinois Department of Human Services divides the state into five regions of service. (**Appendix G – IDHS Map of Service Regions)**


JoDaviess
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Boone
McHenry
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Carroll
Ogle
Cook
Kane
DuPage
Whiteside
Lee
DeKalb
Kendall
Will
Rock Island
Mercer
Henry
Bureau
LaSalle
Grundy
Kankakee
Stark
Putnam
Knox
Warren
Marshall
Livingston
Henderson
Peoria
Woodford
Fulton
McLean
Iroquois
Hancock
McDonough
Tazewell
Ford
Champaign
Vermilion
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Schuyler
Adams
Menard
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Scott
Morgan
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Shelby
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Christian
Calhoun
Montgomery
Clark
Cumberland
Jersey
Fayette
Effingham
Jasper
Crawford
Bond
Madison
Clay
Lawrence
Clinton
Marion
Richland
St. Clair
Wayne
Edwards
Wabash
Washington
Monroe
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Randolph
Perry
Franklin
Hamilton
White
Jackson
Williamson
Saline
Gallatin
Union
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Pope
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REGION 1
REGION 2
REGION 3
REGION 4
REGION 5

## Organize a Consortium of Universities with State-wide Partners Develop and Implement a Strategic Plan

To launch the new Behavioral Health Workforce Center, a plan of work was created through the collaborative efforts of leadership from the Illinois Department of Human Services/Division of Mental Health, Illinois Board of Higher Education, and the primary and secondary hubs, SIU School of Medicine and the University of Illinois Chicago. This plan, commonly referred to as the Five Components or Pillars, is foundational and organizes the activities of the Center into these categories: Policy, Pathways, Data, Retention and Professional Development, and Infrastructure. Each category or pillar includes priority items for quick implementation and high impact, larger projects and initiatives, and estimated short- and long-term time frames. (**Appendix H. BHWC Five Categories and Work Plan**). Updates to this plan of work continue as the Center transitions from its first year of foundational activities. This second year is focused on building out the spokes for the original hub and spoke model while staying focused on the goals and deliverables of the Center.

Key participants in the strategic planning process will be the BHWC Executive Committee and the BHWC Advisory Council. Developing the plan and launching its implementation will occur in 2024.

### *Convene and Organize Behavioral Health Stakeholders*

As noted in the governance structure, two primary stakeholder groups guide the ongoing work of the Center, i.e., the BHWC Executive Committee and the BHWC Advisory Council. In the first year, the Center convened provider advisory groups with statewide provider representation in five initiative areas: Community Mental Health, Serious Mental Illness, CRSS/CPSS/Community Workers, Integrated Care and Child, Adolescent and Parent Services. These ongoing provider advisory groups have provided input to the Center's selection of interventions for dissemination for the parent support initiative and integrated health care initiative, provider training needs to be prioritized in Year 2, and retention issues (e.g., factors contributing to burnout and staff turnover). These groups also provided feedback on the development of survey items to ensure that their perspectives on the needs of the provider community were included in the surveys.

Additionally, listening sessions were held for parents and administrators in leadership roles in agencies providing mental health services to children and families to gather information on the development and support of a parent advocate/peer support position and the needs of children with behavioral health needs and their parents. Coordination with the Children's Behavioral Health Transformation Initiative and the UIUC Provider Assistance Training Hub (PATH) program is underway to support the development of new behavioral health provider positions to meet the needs of children with mental health needs, coordinate statewide training initiatives in child and adolescent mental health services.

The Center has met with leaders from the Illinois Children's Mental Health Transformation Initiative to discuss opportunities where the two major state initiatives intersect. Conversations related to identifying best practices, sharing research, and supporting successful initiatives is in ongoing conversations to connect the resources being developed by both organizations. The Center has had similar conversations with the Illinois Certification Board on Substance Use workforce development training programs, the Illinois Children's Mental Health Foundation, the National Alliance of Mental Illness (NAMI), Young Invincibles, and the City Colleges of Chicago Pathways Program. The Center will continue to reach out to additional organizations and include them in work groups to advance the innovations happening in behavioral health in Illinois and across the country.

**Provider Advisory Groups.** Information provided by 87 behavioral health providers, administrators and key informants participated in Center advisory groups was reviewed to identify training and retention needs. This process resulted in the selection of training areas to be addressed in year two of Center operations, identification of the most critical needs across different provider groups, and the identification of policies that affect provision of high-quality behavioral health. These findings are summarized in **Appendix I. Executive Summary of Advisory Group Findings.**

**Interactive Map.** To address the need for current information on the severity of the shortage of behavioral health providers of different types across the state, an interactive map was created based upon data from the Illinois Certification Board (ICB), Illinois Department of Financial and Professional Regulation (IDFPR) and the Illinois Board of Higher Education (IBHE). **(Appendix J. Interactive Map of Credentialed BH Professionals by Region).** This map provides the public and behavioral health organizations with data to inform planning to address shortages across the state and key areas in which the shortages are highest.

**Surveys of Behavioral Health Providers.** To provide empirical data on the training and retention needs of behavioral health providers, the Center is conducting statewide, representative surveying of behavioral health providers in different practice areas. This provides critical information on workforce needs specific to each setting in order to inform future planning for training and retention initiatives.

***Community Mental Health Provider Survey***

A survey of behavioral health providers in community mental health settings was completed in Year 1. A randomly selected sample of 120 community mental health sites were selected across the state, with 80% of these sites participating in the survey. The survey had 555 responses, representing all regions of the state.

This survey provides previously unavailable information on provider demographics, education and employment, confidence in providing mental health services with individuals from specific populations, adequacy of training in specific areas, interest in participating in training on specific evidence-based practices (EBPs), and current use of interventions. Questions also included factors that affect support and retention.

Survey results will inform the needs assessment for provider training development including prioritization of critical training needs for behavioral health care providers. Initial analyses are underway and are expected to continue through early 2024. Initial results are presented in a section below.

***Integrated Care Provider Survey***

The Integrated Care Provider survey assesses the training and retention needs of behavioral health staff working in integrated care settings such as primary care clinics. The survey concluded in October 2023 with a total of160 responses. Survey results have representation from all Illinois counties with the largest response coming from behavioral health providers in the southern counties, especially region 5, which has greater use of this practice model than other regions. Findings will be available in the third quarter of FY24 to inform planning of additional support for provision of behavioral health care in medical settings.

***Serious Mental Illness/Recovery Support Specialist Survey***

This survey was developed for providers working with individuals with Serious Mental Illness, Certified Recovery Support Specialist (CRSS)/Certified Peer Recover Support Specialist (CPRS), and behavioral health supervisors across Illinois to better understand the needs and challenges associated with this segment of the workforce. The survey was developed and reviewed by SMI/Recovery Support Specialist advisory groups and collaboration with UIC's Center on Mental Health Services Research & Policy. There are 120 providers across Illinois, state-wide, who have been randomly selected to complete the survey pending contact with each provider site to determine

eligibility to participate and ensure these providers offer high intensity community-based services (vs. outpatient therapy). Findings from this survey will be available in the third quarter of FY24.

***Certified Recovery Support Specialist (CRSS) Success Program Internship Supervisor Survey***

The Behavioral Health Workforce Center at UIC conducted a survey of CRSS internship site supervisors in partnership with the Illinois Department of Human Services (IDHS) Wellness and Recovery Department and the CRSS Success Program. The goal of this survey was to understand the preparation of students who completed the CRSS Success Program (Appendix K. CRSS Success Program). A total of 75 surveys were completed by internship supervisors. Findings indicate strong outcomes for the CRSS training program and areas in which curriculum enhancement could further strengthen outcomes. Initial findings have been presented to the program director and a final report of findings will be submitted in December 2023.

***Parent Survey***

A survey is in development for parents and caregivers of children, 3-18 years of age, who have received mental health services to understand their needs and the feasibility of expanding how services are provided. While the Center and its partners work to increase the number of therapists available to provide services to children and families, the Center is also collaborating with the Children's Behavioral Health Transformation Initiative to expand the workforce available to provide community-based services by increasing parent advocates and support professionals in the workforce. This survey gathers feedback from parents of children who either currently receive mental health services in the last year in Illinois and parents of children with Individual Education Plans (IEPs) to understand their needs and the potential for new roles to meet these needs. This survey will be launched in early 2024.

*Build Partnerships to Create Educational Pipelines to Behavioral Health Careers*

**Employer Training to Support New Workforce Entry.** Center hubs have collaborated to create a Certified Recovery Support Specialist (CRSS) training program for employers to support the integration of CRSS completers into their workplace. This virtual training is offered monthly and will provide employers with a greater understanding of the role of this peer support specialist as a member of their behavioral health care team and the roles and responsibilities of CRSSs in Illinois. The first session of this training for employers will begin on January 11, 2024 **(Appendix L. CRSS ECHO Program)**

**Statewide Jobs Board.** Development is underway for an online BHWC jobs board for employers to place vacancies and interested job seekers to submit applications. The jobs board will be provided at no cost to employers or employees and will go live January 1, 2024.

**Supervision Provision in Underserved Areas.** A key need identified in from advisory groups and conversations with agency leadership in rural regions of the state is the provision of supervision in sites that do not currently have a clinically licensed provider. Without supervision, early career providers are less likely to be retained in their positions and their professional development to become a clinically licensed provider is delayed. Access to supervisors that could oversee clinical hours is especially needed in the southern counties of the state. The Center is addressing this need by providing access to a supervision group for sites with unfilled positions for licensed providers. The Center has contracted with a certified supervisor from the Center for Rural Health & Social Service Development in Carbondale who will provide a virtual supervision group. This group will provide high-quality supervision to providers who are not yet clinically licensed and support the use of evidence-based interventions.

**Development of Parent and Family Support Extender curriculum.**

The Center is collaborating with the Mental Health Board and the Madison County Employment and Training Department's Gateway Apprenticeship Hub in Madison County (St. Louis area) to develop a one-year certificate in human services focused on child/youth, parent and family mental health support and a two-year associate's degree building on this initial credential to provide more specialized training in how to best support and intervene with children with mental health issues and their parents. This curriculum will be provided through a local community college. Apprenticeships will be provided through an ongoing federal grant provided to Madison County. The curriculum will prepare apprentices to provide mental health interventions in partnership with master's degree-prepared clinicians. The one-year certificate will eventually be followed by another yearlong program leading to an associate degree in child and family mental health interventions.

This program will provide those initially entering the behavioral health workforce with the opportunity to build skills incrementally and use earned credits towards completion of an associate degree followed by a Bachelor of Social Work, which in turn provides the opportunity to complete a Master of Social Work in an additional year.

**Supervision Training Initiative (see full Rationale, Appendix M.)**

Advisory groups from across all initiatives emphasized the need for supervision training to support professional development and strengthen the pathway into more advanced positions in behavioral health. Findings from the survey of community mental health providers also highlighted the critical role of strong supervision in supporting retention in behavioral health. In particular, the need for specific training and support for supervisors in behavioral health became apparent through information gathered in the Center's needs assessment **(Appendix M. Supervision Training Development)**

Based upon the common themes and needs for training from these advisory groups, a supervision training workgroup has convened to collaboratively develop a comprehensive training curriculum. The workgroup members include BHWC-UIC staff and several Subject Matter Experts (SMEs). Training will be provided at no cost to behavioral health care providers in Illinois and Continuing Education Units (CEUs) will be available by the end of FY24.

The supervision training series will include three phases:

- **Phase 1.** Supportive training for first-time supervisors, including a one-hour, self-paced course followed by a three-hour asynchronous course focused on building foundational supervisory skills that apply across behavioral health settings.
- **Phase 2.** Training for Supervisors and Administrators offered in a learning collaborative format with a self-paced review of material prior to meetings.
- **Phase 3.** Intermediate training of supervisors in a learning collaborative format focusing on specific evidence-based supervision intervention models.

**Child, Adolescent and Parent Services Initiative – Pilot Project: Dissemination of the Chicago Parent Program**

The Center has initiated a pilot training program to increase behavioral health providers' capacity to serve parents of children ages 3-8 with behavior problems using evidence-based parenting interventions. Several intervention models were evaluated, and the Chicago Parent Program model was selected as the best fit based on strong support for effectiveness with an ethically and racially and geographically diverse population. There have been two pilot rounds of RFP funding for the Chicago Parent Program implementation. This project is described in more detail below.

**In the medium- to long-term, the Center shall develop Illinois behavioral workforce data capacity by:**

Filling gaps in workforce data by specialty, training, qualifications, and demographics.

The Illinois Behavioral Health Workforce Center provided a statistical addendum (as of February 2023) to the original Behavioral Health Workforce Task Force Report released on December 29, 2019. This current behavioral health workforce information is shared with behavioral health providers, partners, and policy makers on the BHWC website.

**Statistical Updates**

1. More than 9.8 million Illinoisans (78%) live in a designated mental health shortage area.1 Mental Health America ranks Illinois 28th in the country in mental health workforce availability based on its 410-to-1 ratio of population to mental health professionals, 3 and the Kaiser Family Foundation estimates that only 22% of Illinoisans' mental health needs can be met with its current workforce.4
2. Not every licensed or self-reported social worker, counselor, or psychiatric nurse has the competencies necessary to participate in an integrated interdisciplinary team, to provide trauma-informed and recovery-oriented services, to serve as care managers for members of managed care organizations, or to provide specific treatment models, such as prolonged exposure therapy for PTSD29 and medication-assisted treatment (MAT) for opioid use disorders.
3. From 2017-2019, 53.6% of the 1.8 million Illinois adults who have experienced a mental illness did not receive treatment.37
4. An annual average of 744,000 people in Illinois aged 12 and older need but do not receive substance use disorder treatment at specialty facilities.38
5. Only 42.9% of the 145,000 Illinois youth aged 12-17 who experienced a major depressive episode received care.40
6. 8.0% of people in Illinois over the age of 12 and 16.1% of young adults aged 18- 25 have a substance use disorder.42
7. Between 2013 and 2021, depression in adults aged 65 and older increased from 12.2% to12.8% in Illinois.50
8. Rural counties in Illinois have an average of 1.2 psychiatrists per 100,000 residents compared to 12.7 in large urban counties and 10.5 in the state overall. 53
9. Rural counties have an average of 44.8 primary care physicians per 100,000 residents compared to a state average of 81.2. 54
10. 76.7% of rural hospitals are in designated primary care shortage areas and 91.9% are in designated mental health shortage areas. 55
11. 26.6% of new mothers in Illinois experience postpartum depression, but 11.1% of women are diagnosed with it. Of those diagnosed, only 57.6% received medication and only 39.7% received counseling. 62
12. Access to behavioral health care is compromised by having the eighth largest number of designated mental health shortage areas in the nation; 9.8 million people live in one of Illinois' 221 designated mental health care health professional shortage areas. 78
13. According to HRSA's new Health Workforce Connector online tool, in January 2023 there were 30 behavioral health job openings in Federally Qualified Health Care Centers throughout Illinois, largely for LCSWs (12). 96
14. Using the popular Internet-based job finder, www.Indeed.com, there were 3,153 full-time job openings in Illinois listed under "behavioral health" and 6,633 full-time listings under "mental health," which include

undergraduate and graduate-level trained professionals. Full-time job listings on Indeed.com by discipline in Illinois included social workers (4055), mental health nurses (93), LCPC (1395), and clinical psychologists (704).

**(Appendix N – Behavioral Health Statistical Update Footnotes.)**

Additional Workforce Data Collection and Analyses include:

- Center staff have been working with the Institute of Healthcare Delivery and Design to identify a secure, cloud-based computing environment to host the State's inpatient/outpatient database, commonly referred to as CompData.
- Secured licensing data for behavioral health employees from the Illinois Department of Financial and Professional Regulation by county and professional title.
- Developed benchmark measures of workforce needs by county and title, (using National Accreditation Standards by profession where available), to identify shortage areas by county and title.
- Assessing availability of behavioral health training programs by region of the state to identify shortages in training offerings (IBHE data).
- Assessing availability of clinical rotations, supervision locations, certification, and accreditation programs for behavioral health professions.
- Identifying regional opportunities to expand supervision training and locations with partners in northern and southern Illinois.

### Identifying the highest priority geographies, populations, and occupations for recruitment and training.

The community mental health provider survey (*N* = 555) findings will provide comprehensive information about the training needs of different types of providers in different regions. Initial findings on use of interventions and training needs have been presented to the Executive Committee and will be distributed in a formal report in January 2024.

In each initiative area, Center personnel identified providers and program directors across geographic areas statewide to participate in ongoing advisory groups. These efforts build provider communities for those in leadership positions in geographically isolated areas and ensure that the needs of all provider groups are represented.

### Compiling up-to-date, evidence-based practices, utilization, and training to improve the uptake of the most effective practices.

The Center has developed a list of behavioral health workforce development best practices to be shared publicly in a searchable repository on the BHWC website. (**Appendix O – Workforce Initiatives by State)**

To compile and evaluate training resources, Center personnel met with stakeholders to gather information on existing training and evaluated existing supervision training resources. Center staff are also currently compiling and reviewing evidence-based supervision models.

**Solution-Focused Brief Therapy Training and Implementation**

The Center is supporting training in two areas of high need: interventions for integrated care settings and parent support interventions, which is described below in the Parent-Peer Workforce Development section. The integrated care initiative selected Solution-focused Brief Therapy (SFBT) for a pilot project that involves providing training for 50 behavioral health staff in 12 integrated care settings across the state.

An evaluation of the SFBT training and implementation pilot will be conducted to better understand the outcomes of the implementation protocol, as well as the impact of enhanced training with additional consultation and support with a "local champion" component, which will be randomly assigned to half of the participant settings. The training will be completed in the third quarter of FY24 and the final results will be available in the 4th quarter.

**Use of Evidence-based Interventions (Appendix P – Use of Evidence-based Practices in Community Mental Health Therapy Services)**

To understand the extent that mental health providers in Illinois use evidence-based practices, the Center examined information provided by all mental health providers who reported that one of their primary job duties included therapy/counseling in the community mental health survey. These therapists and counselors were asked about how frequently they use specific evidence-based practices (EBPs). Participants were also asked about their interest in attending training in these EBPs.

For this section, only respondents that provide clinical therapy/counseling were included in the analyses (*n* = 304 for the full sample, *n* =157 for child and adolescent providers only). *Denotes statistically significant differences.

**Low Use of EBPs Indicated for Therapists who do/do not have a License and/or Certificate**

| Intervention | Has License (%) | No License (%) |
|---|---|---|
| CBT with Adults | 35 | 42 |
| Motivational Interviewing | 33 | 37 |
| CBT with Children[2] | 40 | 35 |
| Parent skills training | 59 | 54 |

Results indicate that while most mental health providers use CBT with adults and MI, there are many providers across varying levels of experience and licensing that are not using these specific EBPs. About a third of licensed therapists working with adults have indicators of low use of EBPs, with slightly higher percentages indicated for non-licensed providers.

A similar percentage of therapists working with children and adolescents report using CBT with children, with 40% of those with licenses reporting use low use of CBT. In contrast, use of parent skills training is much lower, with over half of providers having low use of this EBP across all categories.

There are few differences in the specific levels of use for therapists with different levels of experience, as shown below. The one area in which significant differences were found is in use of CBT with children, with increased use in therapists who are newer to the field.

**Low Use of EBPs Indicated by Years of Experience (%)**

| Intervention | 0-2 Years | 2-5 Years | 5-9 Years | 10+ Years |
|---|---|---|---|---|
| CBT with Adults | 38 | 43 | 35 | 34 |
| Motivational Interviewing | 41 | 44 | 17 | 29 |
| CBT with Children* | 29 | 39 | 44 | 41 |
| Parent skills training | 53 | 55 | 67 | 53 |

**Likelihood of Attending Training in Evidence-based Interventions in Community Mental Health.** In general, respondents were reported a high likelihood of attending training in specific EBPs regardless of whether they have a license as well as across years of experience. As shown in Table 2, there are some slight, but not statistically significant differences with unlicensed providers reporting more interest in training.

An overwhelming majority of child and adolescent providers are likely to in attend training for both EBPs. There is a statistically significant difference with respect to CBT with children, as licensed providers are less likely to participate, while still reporting a 75% likelihood of attending training on this intervention. Providers with more years of experience also report a statistically significant lower likelihood of attending training in MI as well as CBT with children. Interest in attending parent skills training is very high across all categories. Given the low use of parenting interventions and the critical role of parenting interventions in effective treatment of childhood behavior problems, these results point to the particular importance of providing support for training in this area. '

**High Interest in Attending a Training for Individuals who do/do not have a License and/or Certificate**

| Intervention | Has License (%) | No License (%) |
|---|---|---|
| CBT with Adults | 77 | 88 |
| Motivational Interviewing | 77 | 84 |
| CBT with Children* | 75 | 91 |
| Parent skills training | 80 | 89 |

**High Interest in EBP Training by Years of Experience (%)**

| Intervention | 0-2 Years | 2-5 Years | 5-9 Years | 10+ Years |
|---|---|---|---|---|
| CBT with Adults | 90 | 78 | 76 | 81 |
| Motivational Interviewing* | 89 | 74 | 80 | 78 |
| CBT with Children* | 95 | 85 | 62 | 80 |
| Parent skills training | 90 | 85 | 77 | 79 |

The survey also included items about additional EBPs that are used for specific presenting problems and populations, such as dialectical behavioral therapy, acceptance commitment therapy, etc. Use of these EBPs will be analyzed and included in the final report completed in January 2024.

***Work to Grow and Advance Peer and Parent-Peer Workforce Development:***

Evaluate available peer-parent training models, choose a model to meet Illinois/ needs, and implement it across the state.

**Child, Adolescent and Parent Services Initiatives Pilot Project: Dissemination of the Chicago Parent Program**

This initiative seeks to increase access to evidence-based training to providers in child, adolescent, and parent services. The overall goal is to increase workforce capacity to meet the behavioral health needs of child and adolescents by providing parenting support interventions across the state.

Center staff reviewed information on evidence-based parenting support interventions and presented information on potential models for dissemination to the Child, Adolescent, and Parent Services advisory group composed of community providers, several parents with lived experience and two faculty. The group unanimously chose the Chicago Parent Program for the pilot project. (Note that despite its name, this intervention has been shown to be effective in rural as well as urban areas.)

For the initial round of funding, six organizations applied and three were selected for implementation and awarded funding. The agencies were selected by an application review committee, which included Center staff, community providers and a parent with lived experience. Training of the CPP model was initiated by awarded sites in April of 2023. Monthly learning collaboratives occurred to support the implementation. Staff consulted with Center staff each month to support implementation and identify challenges for further dissemination of the model. These meetings supported implementation planning, problem solving retention issues, and collection of evaluation data that the Center required.

A second round of CPP RFP 2.0 was launched in August 2023. The Center received 20 applications from organizations statewide for the second round Chicago Parent Program RFP. Six agencies were selected to begin implementation in January of 2024. The CPP facilitator training will occur in December 2023 and training groups will begin January 2024.

**Use of Parent Advocates and Mental Health Extenders in Child and Adolescent Mental Health (Appendix Q.)**

The mental health workforce in Illinois has been widely acknowledged as insufficient to meet the needs of the State population, with a particular need for providers serving children, adolescents, and parents. In the second initiative focused on increasing support and services for parents, the Center is exploring the potential to expand the child and adolescent mental health workforce using non-graduate degree providers. These “mental health extender” providers may be high school, or bachelor’s degree educated persons who are trained in mental health practices. These providers may ‘assist’ or ‘extend’ assessments and interventions that require higher levels of mental health expertise, such as those offered by master’s level educated clinicians. Parent advocates would ideally be parents with lived experience to help create a bridge of familiarity and trust.

The Center has been collaborating in biweekly meetings with the Children’s Behavioral Health Transformation initiative to support workforce needs in the children’s mental health service system in Illinois. The Center will focus on understanding and making recommendations related to these roles to inform this work. Towards that effort, the Center conducted listening sessions with stakeholders with relevant information on the feasibility of using trained parent support professionals to extend the mental health workforce.

To inform this work, the BHWC sought to gather feedback from individuals who have had direct experience with the child mental health system to get insight into perceptions of mental health extenders. The BHWC held listening sessions in July and August 2023 with **17 individuals in leadership roles** in the mental health field, including clinical directors, supervisors, CEOs, and presidents of behavioral health agencies in Illinois as well as **10 parents** who are currently or have recently utilized behavioral health services for their children. (**Appendix Q.**)

The culmination of this work by the Center will be recommendations for the development and sustainment of innovations in this workforce.

Include peer recovery specialists and parent-peer support professionals in interdisciplinary training programs.

**Statewide Training Provided.** The Center prepared and delivered synchronous and asynchronous interdisciplinary training (motivational interviewing, cooccurring diabetes & SMI) to 714 staff in agencies statewide serving people with SMI and personnel from the Illinois Department of Human Services/Division of Mental Health. This training included many providers with lived experience. Training programs in the development phases include participant engagement, person-centered planning, and co-occurring medical conditions. In FY24, the Center is partnering with the Division of Mental Health to provide additional training in motivational interviewing that is specifically designed for peer recovery specialists.

The Chicago Parent Program training also involved parents/caregivers with lived experience who were trained in the model to become facilitators.

The Center is exploring the potential to expand the child and adolescent mental health workforce by using non-graduate degree providers or "mental health extenders" as a mental health support professional. It is estimated that approximately half of these providers will be parents with lived experience.

**Inclusion of Peer Specialists and Parents in Advisory Groups**. The Center has integrated peers in its advisory groups in the areas of child and parent support services (Child, Adolescent, and Parent Services Initiatives) and the CRSS/ CPRS, Community Worker initiative. Additionally, parents served on the advisory board and rated RFP application review committee for both rounds of funding.

### *Focus on the Training of Behavioral Health Professionals in Telehealth Techniques*

The Center is developing training programs for providers to expand telemedicine services to reach those living in severe workforce shortage regions of the state. One identified barrier to the expansion of telehealth services in higher need areas includes federal regulations that prevent reimbursement of some telehealth services for Medicare patients. The Center is developing a policy paper to educate and inform state and national advocacy organizations, congressional members, staffers, and the administration on ways to improve access to care for Medicare recipients through telehealth services. The State of Illinois has successfully expanded reimbursement for Medicaid recipients to improve address to care providers through telemedicine.

# Conclusion and Future Discussions

As the Center continues to convene workgroups, perform needs assessments, and roll out pilot projects, the following areas will be addressed:

### Evaluate and Disseminate Information About Evidence-Based Practices Emerging from Research

- The Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH) is already available to Community Mental Health Centers that serve children. Use of this resource is limited by lack of knowledge of how to access the intervention and lack of training in its use. The Center will identify ways to expand use of this EBP for providers statewide at the end of FY24 and into FY25 through campaigns to increase knowledge and training initiatives for supervisors of child-serving programs.
- Based on the various settings, populations, and community needs, the Center will provide a virtual warehouse of EBPs relevant to behavioral health providers. This is underway and will continue to be adjusted as new practices and training materials are identified.

### Develop Systems for Tracking the Utilization of Evidence-Based Practices

### Provide Technical Assistance to Support Professional Training and Continuing Education

- The Center is developing training for first-time supervisors to be launched in early 2024.
- The Center has established a partnership with the Jane Addams College of Social Work and SIU School of Medicine to offer free Continuing Education Units for social workers for any trainings affiliated with the Center.
- In FY24, the Center will initiate a training consultation program that provides agencies with consultations to support agency selection of high impact trainings to best address training needs and improve service quality.

### Assessing the credentialing and reimbursement processes and recommend reforms.

- Several areas have already been identified as barriers to effective service provision, including documentation burden, low pay, and unpaid internships. These issues are directly related to policies that determine reimbursement for services, training participation, and supervision time. The Center will work with representatives from its partner agencies to work on a plan to address these issues and continue to understand the need for reforms in credentialing and reimbursement policies.
- The Center will also continue to identify potential policy and legislative reforms through its provider advisory groups, surveys, and the Advisory Council input.

The Illinois General Assembly, the Administration and its state agencies have taken the recommendations of the Task Force and partnered with Illinois' two state university systems to create the new statewide Behavioral Health Workforce Center (BHWC). There have been many accomplishments outlined in this report, but there is much more work to do. After the first year, the State of Illinois has a strong BHWC operating to provide leadership in the development of workforce training programs, and a consortium of partners statewide to provide ongoing input and feedback. A team of behavioral health and workforce experts around the state are working collaboratively to improve the recruitment, training, continuing education, retention, diversification, and advancement of the behavioral health workforce for the future. The Center appreciates the support of the Administration, state agency leaders, and partners throughout the State working to improve access and the quality of behavioral health care in Illinois.

## Gov. Pritzker announces new behavioral health workforce education center

Editorial | March 8, 2023

Housed at SIU in partnership with UIC, IBHE, and IDHS, the Center will strengthen behavioral health care infrastructure and access in Illinois.

Today, Governor JB Pritzker along with state and local officials celebrated the launch of a new Behavioral Health Workforce Education Center, which will increase Illinois' capacity to recruit, educate, and retain behavioral health professionals. The Center builds upon the state's commitment to behavioral health transformation, strengthening behavioral health care infrastructure and access across the state.

Housed at Southern Illinois University's School of Medicine, the Center was created in partnership with the University of Illinois Chicago (UIC) Jane Addams College of Social Work, the Illinois Board of Higher Education (IBHE), and the Illinois Department of Human Services (DHS).

"From care portals and universal screenings to improved coordination of service delivery and increased statewide capacity, we are laying out a plan to build the best behavioral health system in the nation," said Governor JB Pritzker. "We're launching the Behavioral Health Workforce Education Center, a partnership between the Illinois Board of Higher Education, Southern Illinois University's School of Medicine, and the University of Illinois Chicago's Jane Addams College of Social Work. It will begin with a $5 million annual investment from the Department of Human Services to help both rural and urban areas of our state address the behavioral healthcare crisis to increase access to effective services for all Illinoisans."

In Illinois and across the nation, behavioral health professionals are only able to provide a fraction of the services required to meet the population's needs due to a national shortage of workers. The Center was established to combat these critical shortages in the workforce by addressing barriers to recruitment and training, collecting data on behavioral health needs, increasing diversity in the workforce, and expanding the capacity of healthcare providers to meet behavioral health needs.

Southern Illinois University School of Medicine (SIU SOM) will serve as the primary administrative hub in Springfield, providing coordination and support for building the behavioral health workforce pipeline and increasing entry into the field. The UIC Jane Addams College of Social Work will serve as the secondary hub, supporting specific data collection and training initiatives. Public and independent universities, as well as community colleges in ten regions, will be invited to participate as partners to increase the statewide impact.

The creation of the Center is a milestone in a long-term plan to address the behavioral health workforce emergency. State lawmakers sounded an alarm about the staffing shortages in a unanimous 2018 resolution. In 2019, a Behavioral Health Workforce Education Center Task Force issued a final report recommending the creation of a hub-and-spoke center to address unmet mental and behavioral health needs.

SIU SOM, UIC Jane Addams College of Social Work, and all consortium members will coordinate programs and oversee initiatives to increase the behavioral healthcare workforce and its capacity to provide high-quality behavioral health services across the state.

“We have been facing a workforce crisis in mental health for years due to a shortage of behavioral health specialists. Local staffing levels were already critical in rural and small urban communities, and the pandemic made matters worse globally, with a 25 percent increase in people seeking mental health care,” said Kari Wolf, MD, Chair of Psychiatry at SIU SOM and CEO of the Behavioral Health Workforce Center. “Through the Center, we aim to assess current educational pathways and create additional training opportunities to develop a diverse behavioral health workforce that is distributed across the entire state.”
“We’re excited to have this opportunity to understand the needs of the behavioral health workforce and support their training and career development,” said Sonya Leathers, PhD, UIC Jane Addams College of Social Work professor and co-director of Center activities at UIC. “We hope to increase access to effective services through initiatives that will provide critically needed support and training for behavioral health providers in a range of traditional and nontraditional settings.”

“The launch of the Behavioral Health Workforce Education Center is an integral step toward ending the behavioral health workforce crisis in Illinois and ensuring Illinois residents living with behavioral health issues or mental illness get the high quality, compassionate care they deserve,” said Assistant Majority Leader Natalie Manley, (D-Joliet). “Investments like these are critical to the health and well-being of people across Illinois, and as lawmakers, we must continue to bolster our behavioral and mental health response so that those in need have the opportunity to receive care that improves their quality of life.”

“We have taken strides to increase access to behavioral and mental health services,” said State Senator Doris Turner (D-Springfield). “Prioritizing behavioral health together with workforce development will continue the hard work we’ve done and lead us toward the common goal of adequately and effectively addressing the behavioral health workforce emergency.”

“As demand for behavioral health services has grown and the workforce has diminished, there’s been a great sense of urgency to tackle the employee shortage head-on,” said State Senator Julie Morrison (D-Lake Forest). “I am proud of the comprehensive plan the state has put forth to continue to diligently fill the void and provide much-needed care across the state.” The Illinois Behavioral Health Workforce Center is a joint initiative of the Illinois Department of Human Services and the Illinois Board of Higher Education. The Center will also coordinate with key state agencies involved in behavioral health, workforce development, and higher education in order to leverage disparate resources from health care, workforce, and economic development programs across the state.”

“As the Chair of the Behavioral and Mental Health Committee in the Senate, I understand the incredible input behavioral health specialists have on improving the mental health and well-being of so many Illinoisians,” said State Senator Laura Fine (D-Glenview). “The BHWEC will be a tremendous support to individuals working towards a career in behavioral and mental health. This will, in turn, address the needs of residents in our state. I look forward to working with the BHWEC and other state organizations to support behavioral health care providers and increase our mental health workforce.”

“For far too long, people with behavioral and mental health struggles have been left without proper care – in large part because of the ongoing workforce shortage,” said State Senator Mary Edly-Allen (D-Libertyville). “Behavioral and mental health care must be treated as all other forms of health care. Today, we are making an important step toward providing people in all corners of the state the treatment they deserve.”

“Everyone deserves equal access to behavioral and mental health care services. I’m pleased to hear that Behavioral Health Education Centers are being offered in partnership with the Dept. of Human Services, the Illinois Board of Higher Education, and key agencies to collaboratively bring more mental health workers to communities that badly need them,” said State Senator Mike Simmons (D-Chicago). “This initiative will help grow the number of behavioral health emergency workers and provide people in our community with the support they need and deserve.”

“As a strong proponent of both workforce development and behavioral healthcare, I am thrilled about the unveiling of the new Behavioral Health Workforce Center,” said State Representative Maurice West (D-Rockford). “This Center is a terrific example of Illinois state government working collaboratively, as the legislature, Pritzker

Administration, state agencies, and public universities all came together to turn this idea into reality. We must prioritize behavioral health as part of the overall healthcare conversation, and the Behavioral Health Workforce Center will help ensure we have the highly skilled workers needed to support Illinoisans all across our state."

''When it comes to mental health and wellness, we are at an inflection point of both need and willingness to seek support," said State Representative Lindsey LaPointe (D-Chicago). "It's now urgent for us as policy makers, in collaboration with our communities, to build up a behavioral healthcare workforce inclusive to every resident of Illinois across the lifespan – from teenagers accessing tele-health therapy to innovative trauma support for our unhoused neighbors."

"The shortage of behavioral health workers needs to be met with a firm commitment to proactive education programs," said State Representative Lakesia Collins, (D-Chicago). "By centralizing efforts for behavior health education, we can spur the growth of well-trained professionals in this field, and provide much-needed assistance to countless Illinoisans who need caregivers."

"So many in our state are suffering from mental health and behavioral health problems and access to care is often difficult to find," said State Representative Anna Moeller, (D-Elgin). "Illinois needs a trained workforce of psychologists, psychiatric nurses, and counselors to meet the needs of people where they live and with the resources they need. I applaud SIU, UIC, the Illinois State Board of Education and the Department of Human Services for launching the new Behavioral Health Workforce Education Center. By bringing together higher education, healthcare and economic experts and stakeholders, more residents in our state will be able to access the critical mental and behavioral health care that they need."

"I'm proud of this unprecedented commitment of state resources to rebuild our mental and behavioral health workforces and infrastructure," said State Representative Sue Scherer, (D-Decatur). "Our healthcare infrastructure has been strained by budget challenges and global health emergencies, and while I know that there is a lot more work to be done to completely rebuild our capacity, this is a great step in the right direction."

"I commend and thank Governor Pritzker for prioritizing behavioral health workforce development in Illinois. The Workforce Center is an opportunity to transform the system to make it more responsive to the needs of individuals, families and children in this State," said Grace B. Hou, Secretary, Illinois Department of Human Services. "IDHS is energized to work with our partners to strengthen the infrastructure needed to provide critical services to those in need."

"The Behavioral Health Workforce Center will help increase the number of behavioral health professionals in Illinois at a crucial time, as we are still grappling with the impacts of the pandemic," said IBHE Executive Director Ginger Ostro. "Addressing workforce shortages and needs in the state is a key goal of the state's strategic plan for higher education, and we are excited to work collaboratively with our agency and university partners to ensure we are meeting workforce needs in behavioral health in benefit of the people of Illinois."

ibjonline.com/2023/03/08/gov-pritzker-announces-new-behavioral-health-workforce-education-center

**Behavioral Health Workforce Center Marketing Plan**

1. **BHWC Marketing & Communications Plan (FY24)**

## EXECUTIVE SUMMARY

*Using digital communications + storytelling to build brand awareness and inform stakeholders.*

With the announcement and launch of the BHWC completed in March 2023, the next step for FY24 is to build awareness of the program across the state of Illinois. To grow the brand's awareness across the state there must be a focus on creating, building, and leveraging digital/online/electronic communications (primarily social media, email, and website) to disseminate information and messaging and tell the story of the BHWC, in turn gaining and building a following.

## SITUATION ANALYSIS

**Behavioral Health Workforce Center**

The recently launched Behavioral Health Workforce Center (BHWC) will "increase access to effective behavioral health services through coordinated initiatives to recruit, educate and retain professionals in behavioral health."

With SIU Medicine acting as the main Hub, the overarching goal of BHWC is to:

1. Develop and establish standardized policies and procedures to ensure consistency across all related institutions in Illinois.
2. Provide tailored support.
3. Build a behavioral health infrastructure that increases the state's access to care and wellness.

As the BHWC is a completely new program, further development, branding, and building awareness are the first steps to be taken.

## GOALS AND OBJECTIVES

1. Continue building out the **website** as more content comes along.
2. By August 2023, **PowerPoint** and **brochures** will be updated and used as marketing tools to disseminate information.
3. By October 2023, develop and implement the BHWC **blog** on the website.
4. By December 2023, develop and implement a **newsletter** to communicate with and grow an email list of stakeholders, higher education institutions, and behavioral health providers and professionals.
5. By January 2024, begin initial **social media** presence by creating accounts on Instagram and Facebook along with a social media plan to disseminate and market this information to a broad audience across the state.
6. By January 2024, implement Illinois Behavioral Health **Jobs Board** service to connect behavioral health job seekers and employers throughout Illinois.

## KEY MESSAGE

- The BHWC will increase access to effective behavioral health services through coordinated initiatives to recruit, educate, and retain professionals in behavioral health.

## TARGET AUDIENCE AND CHANNELS

- **Target audience:** Behavioral health professionals and providers who need additional behavioral health training or are interested in advancing their career; stakeholders, policymakers, state agencies, and consortium members/partners invested in the program; future behavioral health professionals/students across the state of Illinois.
- **Channels:**
  - BHWC website; jobs board website; newsletters/email list; Facebook and Instagram social media accounts.

## STRATEGIES, TACTICS, AND ACTIVITIES

Schedule of PR, marketing and earned media activities

| Activity | Description | Timing |
|---|---|---|
| Facebook + Instagram | Use FB and IG to begin marketing the Center on social. | January 2024<br>Goal of 2 posts per week. |
| Jobs Board Website | Provide a free service to behavioral health job seekers and employers where they can register, create profiles/job posts and search for jobs and resumes. | January 2024 |
| Newsletter | Create a listserv to update stakeholders, BH professionals, etc. via newsletters/emails. | December 2023<br>Send an update once a month to begin. |
| BHWC Blog | Implement a blog for the BHWC to develop consistent, fresh, and organic content for both website + social focused on mental health tips, BH education, etc. | October 2023<br>Goal of 2 posts per month. |
| Website Updates | Updates to the website are ongoing and determined by the Center's growth. | Ongoing |

## EVALUATION

- Clicks to the website
- Clicks on blog posts
- Engagement, views on social media
- Open rate on newsletters/emails
- Number of job seekers and employers registered on the jobs board website as well as number of those successfully making connections

## 2. BHWC Announcement Plan (March 8, 2023)

### OBJECTIVE

The goal is to announce the BHWC as a collaborative solution to Illinois' mental health emergency. While the development of the BHWC is a response to unmet needs, it is not a reactionary quick solution. It is a commitment to the long-term investments needed to build a behavioral health infrastructure that increases access to care and wellness for the state.

### AUDIENCES

- State government, healthcare and higher education reporters/media
- Behavioral health leaders and providers across the state
- Higher education communities, university professionals
- Regional economic development and workforce partners
- Legislative champions in higher ed and mental health advocacy
- Education advocates and stakeholders

### KEY MESSAGES

- The launch of a new Behavioral Health Workforce Center at SIU School of Medicine builds upon the state's commitment to behavioral health transformation.
- The Center will increase Illinois' capacity to recruit, educate and retain behavioral health professionals, from peer support specialists to psychiatrists in Illinois.
- State lawmakers sounded an alarm about the staffing shortages in a unanimous 2018 resolution. In 2019, a Behavioral Health Workforce Education Center Task Force issued a final report recommending the creation of a hub-and-spoke center to address unmet mental and behavioral health needs.
- Southern Illinois University School of Medicine (SIU SOM) will serve as the primary administrative hub in Springfield, and the University of Illinois Chicago (UIC) will serve as the secondary hub.
- The primary goals of the Center are to strengthen the behavioral health care infrastructure and access in Illinois by addressing barriers to recruitment and training, collecting data on behavioral health needs, increasing diversity in the workforce and expanding the capacity of health care providers to meet behavioral health needs.
- The Illinois Behavioral Health Workforce Center is a joint initiative of the Department of Human Services and the Illinois Board of Higher Education. As such, the Center will also coordinate with key state agencies involved in behavioral health, workforce development and higher education in order to leverage disparate resources from health care, workforce and economic development programs across the state.

### MEDIA RELATIONS AND ENGAGEMENT TACTICS

Press Announcement/Event Options

- Paper release only, with specific pitches to state and healthcare reporters
- Media event/ribbon cutting with SIU and state leaders to announce at hub location
- Media event with all partners at SIU Bohn Nielson Lobby or Memorial Learning Center
- A series of small media events with all partners at a recognized community behavioral centers in various locations across the state

Plan Briefings

- Legislative champions/Higher education working group briefings
- Regional virtual college/university hosted briefings
- Health care and economic development organization briefings Owned Media for Stakeholders and Partners
- Stakeholder/partner electronic newsletter
- Website launch
- Mission and vision intro video
- BHWC communications plan development
- Social media properties launched

## DRAFT ANNOUNCEMENT

SPRINGFIELD – Today ______________________ announced the launch of a new Behavioral Health Workforce Center at SIU School of Medicine to build upon the state's commitment to behavioral health transformation. The Center will increase Illinois' capacity to recruit, educate and retain behavioral health professionals, from peer support specialists to psychiatrists in Illinois.

Southern Illinois University School of Medicine (SIU SOM) will serve as the primary administrative hub in Springfield, and the University of Illinois Chicago (UIC) will serve as the secondary hub. Public, independent universities and community colleges in 10 regions will be invited to participate as partners to increase the statewide impact.

The creation of the Center is a milestone in a long-term plan to address a behavioral health workforce emergency in Illinois. State lawmakers sounded an alarm about the staffing shortages in a unanimous 2018 resolution. In 2019, a Behavioral Health Workforce Education Center Task Force issued a final report recommending the creation of a hub-and-spoke center to address unmet mental and behavioral health needs.

"We have been facing a workforce crisis in mental health for years due to a shortage of behavioral health specialists. Local staffing levels were already critical in rural and small urban communities, and the pandemic made matters worse globally, with a 25 percent increase in people seeking mental health care," said Kari Wolf, MD, chair of psychiatry at SIU SOM and executive director of the Behavioral Health Workforce Center. "Through the Center, we aim to assess current educational pathways and create additional training opportunities to develop a diverse behavioral health workforce that is distributed across the entire state," she said.

The primary goals of the Center are to strengthen the behavioral health care infrastructure and access in Illinois by addressing barriers to recruitment and training, collecting data on behavioral health needs, increasing diversity in the workforce and expanding the capacity of health care providers to meet behavioral health needs.

[INSERT UIC QUOTE]

The Illinois Behavioral Health Workforce Center is a joint initiative of the Department of Human Services and the Illinois Board of Higher Education. As such, the Center will also coordinate with key state agencies involved in behavioral health, workforce development and higher education in order to leverage disparate resources from health care, workforce and economic development programs across the state.

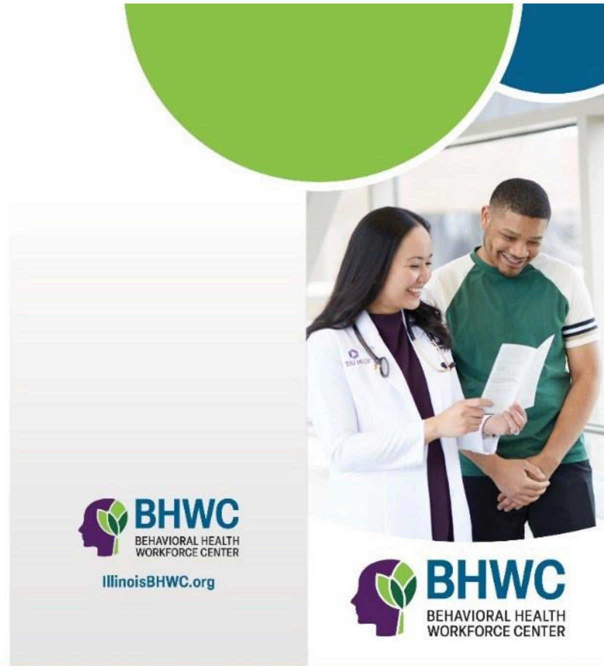
## 2. BHWC Logo

## 4. BHWC Brochure

### PARTNERS

The Illinois Behavioral Health Workforce Center is a joint initiative of the Southern Illinois University School of Medicine, University of Illinois Chicago, the Illinois Board of Higher Education, the Illinois Department of Human Services, the Illinois Community College Board and the Illinois Student Assistance Commission. The model is comprised of academic institutions that serve communities across the state.

The BHWC will coordinate with key state agencies involved in behavioral health, workforce development, and higher education to tap into diverse resources from health care, workforce, and economic development programs in Illinois government. These agencies will, at a minimum, include the state agencies, mental health providers, educational institutions (colleges, universities, K-12), workforce investment boards and other community-based organizations.




**The Behavioral Health Workforce Center was established to increase Illinois' capacity to recruit, educate and retain behavioral health professionals, from peer support specialists to psychiatrists.**

Illinois is facing a critical shortage in its behavioral health workforce: the state's current number of behavioral health professionals is only able to provide a fourth of the services required to meet the population's behavioral health needs. From 2017 to 2019, the shortage of providers in Illinois increased 215%, creating much greater deficits compared to neighboring states. In addition to staff shortages, there is a need for training in evidence-based practices to support provision of high-quality services. In response to these critical needs, in 2022 the Illinois Board of Higher Education (IBHE) and the Department of Human Services (DHS) created the Illinois Behavior Health Workforce Education Center (the Center) to increase the number of behavioral health professionals across the state and meet the training needs of behavioral health providers.

Visit IllinoisBHWC.org to learn more.
Contact us at team@illinoisbhwc.org

### CENTER GOAL

The primary goal of the statewide Behavioral Health Workforce Center is to strengthen the behavioral healthcare system in Illinois through initiatives targeting the following:

1. Policy recommendations that address structural and policy barriers to recruitment, training, and retention.
2. Data collection on behavioral health workforce needs.
3. Diversity and equity initiatives to increase the number and diversity of behavioral health workers across the state.

Capacity building for primary care physicians, physician assistants, pharmacists, and nurses to meet behavioral health and substance abuse use needs.

The Center is structured as a multi-site model. Southern Illinois University School of Medicine (SIU SOM) serves as the administering hub and provides primary coordination of the consortium and support for building the behavioral health pipeline to increase entry into behavioral health. The University of Illinois Chicago (UIC) serves as a secondary hub to provide support for specific data collection and training initiatives. Additional institutions of higher education, including public and independent universities and community colleges in 10 regions, will be invited to participate as a consortium of educational partners. SIUSOM, UIC, and all consortium members will coordinate programs and oversee initiatives to increase the behavioral healthcare workforce and its capacity to provide high-quality behavioral health services across the state.

### BHWC LEADERSHIP

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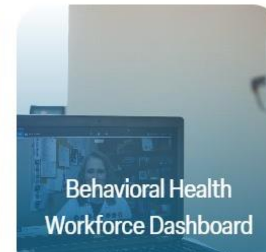
Chair of the Department of Psychiatry and CEO of the Behavioral Health Workforce Center

**SONYA LEATHERS, PHD**
Professor Leathers at Jane Addams College of Social Work, University of Illinois Chicago (UIC) will lead the secondary hub

ABOUT PROGRAMS & INITIATIVES NEWS & EVENTS RESOURCES TRAINING CONTACT US

The BHWC will increase access to effective behavioral health services through coordinated initiatives to recruit, educate, and retain professionals in behavioral health.

LEARN MORE



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**Common Definitions of Practice in Behavioral Health Care**
**and within the Behavioral Health Workforce Center**

**Certified Peer Recovery Support Specialist (CPRS)** – individuals trained to incorporate their unique personal experience in their own recovery – can therefore include recovery of any kind.

**Certified Recovery Support Specialist (CRSS)** – individuals trained to incorporate their unique life experiences gained through recovery from mental health or co-occurring mental health and substance use challenges.

**Lived Expertise** – personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people. The term "lived expertise" refers to the unique knowledge and skills that can only be gained through lived experience.

**Lived Experience** – the experiences and choices of a given person, and the knowledge they gain from these experiences and choices.

**Parent Peer Support Professionals** – individuals who can describe lessons learned from their own lived experience parenting a child (youth or emerging adult) and have specialized training to assist and empower families raising children (youth and emerging adults) who experience emotional, developmental, behavioral, substance use or mental health concerns.

**Peer** – one that is of equal standing with another. The meaning of peer is further explained by the context in which the word is used (students are peers to other students; parents are peers to other parents).

**Recovery Support Specialist** – an individual employed specifically to use their own lived experience in recovery to support the recovery of others and help improve the overall system of care. Other titles used for this field of work include Engagement Specialist; Peer Recovery Specialist; and Recovery Coach.

**Community Mental Health (CMH)** encompasses outpatient mental health services, primarily individual, group, and/or family therapy for varying populations and issues. Additional services may include case management, crisis support, crisis assessment, psychosocial rehabilitation, and others. Providers have a range of education levels, while the majority typically have master's degrees or higher.

The **Integrated Care (IC) Initiative** is focused on the needs and experiences of behavioral health providers working in medical care settings. And while there are different types of programs that can be identified as "integrated care," we are particularly interested in the models that co-locate behavioral health (BH) and medical care in the same setting or nearby. Throughout the state, integrated care settings offer a common point of access to BH services via their medical providers, often on the same day as their medical visit. This approach promotes a mind-body approach to health with the collaboration of medical and behavioral health professionals, with some programs also including substance use treatment and other aspects of care.

**Serious Mental Illness (SMI)** is a term used to describe certain mental health conditions (schizophrenia, bipolar disorder, severe major depression) that significantly impair an individual's ability to carry out major life activities. Serious mental illnesses can be chronic, at times distressing, and require long-term treatment and support. Early intervention, access to quality mental health care, social support, and reducing stigma are crucial in helping individuals with serious mental illness manage their conditions and improve their overall quality of life.

**Peer Support** *professionals* have a unique role in healthcare and human services, working in different places and using various methods to help a wide range of people. Recovery Support Specialists can come from different educational backgrounds and have training in various therapies and counseling methods. They serve as a bridge between the client and the clinician.

The **Child, Adolescent and Parent Support Initiative** is focused on supporting the workforce needs specific to providers that serve the child and caregiver populations. These could include parent peer support professionals, therapists, case managers and other mental health providers. The overall goal and importance of this area is to improve early and middle childhood and adolescent behavioral health outcomes. The role of parent peer professionals provides essential support to parents with a child with emotional and/or behavioral challenges to assist in navigating child-serving systems as they work toward the family's goals.

# APPENDIX G – ILLINOIS DEPARTMENT OF HUMAN SERVICES REGIONAL MAP

REGION 1

REGION 2

REGION 3

REGION 4

REGION 5

| Region 1 | Region 2 | Region 3 | Region 4 | Region 5 |
|---|---|---|---|---|
| Cook | Jo Daviess | Rock Island | Hancock | Madison |
| | Stephenson | Mercer | Adams | Bond |
| | Winnebago | Henry | Schuyler | Fayette |
| | Boone | Bureau | Brown | Clay |
| | McHenry | LaSalle | Menard | Jasper |
| | Lake | Henderson | Logan | Crawford |
| | Carroll | Warren | Dewitt | Lawrence |
| | Ogle | Knox | Piatt | Richland |
| | DeKalb | Stark | Douglas | Edwards |
| | Kane | Putnam | Edgar | Wabash |
| | DuPage | Marshall | Clark | Wayne |
| | Whiteside | Livingston | Coles | Marion |
| | Lee | Ford | Cumberland | Clinton |
| | Kendall | Iroquois | Effingham | St. Clair |
| | Grundy | Vermilion | Shelby | Monroe |
| | Will | Champaign | Moultrie | Randolph |
| | Kankakee | McLean | Macon | Washington |
| | | Woodford | Christian | Jefferson |
| | | Tazewell | Montgomery | Perry |
| | | Mason | Sangamon | Jackson |
| | | Peoria | Morgan | Franklin |
| | | Fulton | Macoupin | Hamilton |
| | | McDonough | Greene | White |
| | | | Jersey | Williamson |
| | | | Calhoun | Saline |
| | | | Scott | Union |
| | | | Pike | Johnson |
| | | | | Pope |
| | | | | Hardin |
| | | | | Alexander |
| | | | | Pulaski |
| | | | | Massac |
| | | | | Gallatin |

### Policy

- Supervision Reimbursement
  - DHS budget (FY25)
  - BHWC Distribution
- Federal Telehealth regulations
  - related to face-to-face encounters
- Expand existing training programs
- Establish Rural Training Programs/sites
  - Psychology, neuropsychology, psychiatry, child and adolescent psychiatry
- State Facility Training Programs
  - Establish psych residency programs at SODCs &SOPHs (FY24-25)
  - Expand Child & Adolescent Fellowship programs (FY25)

### Align policy goals to expand behavioral health workforce initiatives

| Policy | July - Sept | Oct – Dec | Jan – March | April -June |
|---|---|---|---|---|
| Supervision Reimbursement | Assess reimbursement needs | Submit budget request to DHS for reimbursement program | | |
| Federal Telehealth regulation | Develop Policy Paper | Share information with IL Congressional delegation & partner organizations | Host meetings with congressional members and partner organizations | |
| Expand existing training programs | Identify training partners with capacity to expand | Contract with partners to expand training programs | Recruit additional learners & faculty as needed | Hire and prepare faculty for expanded class sizes in the fall |
| Assess barriers to increasing slots | Develop survey tool | Disseminate survey & collect data | Report findings of survey | Develop recommendations to address identified barriers |
| Establish rural training program sites | Identify partners to house training programs | Recruit residents through Match program | Identify rural partners to house training programs | Onboard new residents |
| Establish state facility training programs | Develop plan to create training programs near state facilities | Identify regional partners to house training programs and learners | Design training programs and curriculum<br>Begin accreditation process<br>Execute contracts with partners | Hire additional faculty & recruit learners |

*Priority items for quick implementation & high impact

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### Pathways

- Clinical Placements
  - Identify new locations (FY24)
- Supervision Services (FY24)
  - Create stipend program for Supervisors
  - Train new supervisors
  - Develop remote supervision processes
- Career Awareness (FY24)
  - Marketing campaign for K-12 & higher ed
  - Central training resources repository
- Recruitment
  - electronic jobs board (FY24)
  - Web-based app for BH career information (FY25)
  - CRSS job placement services
- Create pathways between schools/programs towards degree/certification
- Pilot Pathway Programs
  - Mental Health Tech trainings in high schools near SODCs & SOPHs (FY24-25)
  - Entry level training in high schools (FY25)
  - Peer Support program expansion (FY24)
  - Certification program expansion in higher ed (24-25)
  - Post-graduate programs (FY25)

### Establish Pathways to support learners' journey to a degree or certification program

| Pathways | July - Sept | Oct – Dec | Jan – March | April -June |
|---|---|---|---|---|
| Clinical Placements | UIC SIU SOM Research Identify placement needs | SIU SOM assess current placement capacity | Partner with provider organizations to expand placements | Match learners with new placement locations |
| * Supervision Services | UIC supervision needs survey & assessment<br>UIC & SIU SOM Identify regional supervision training locations & Develop Remote Supervision Training Program | Provide new supervisor trainings to support effective supervision of unlicensed providers<br>Begin Remote Supervision of professionals | Assign learners to new supervision locations. Prioritize community-based providers and underserved areas | Continue to train new supervisors, Create Supervisor ECHO & Listserv |
| Career Awareness | Develop Career Awareness plans and program | Create BH jobs board on BHWC website to promote job opportunities for future and current workers | Partner with K-12 & Higher education to market & promote new program<br>Contract with vendor to provide jobs board on BHWC website | Develop and disseminate marketing & promotional materials for schools<br>Create push notifications for new job postings |
| * Recruitment | Provide job placement services for CRSS Success graduates.<br>Identify high school to college pathways (Oregon model) | Develop web-based jobs board | Recruit learners for Fall training programs | |
| Establish Pathways | Identify priority pathways and regional gaps in training services | Partner with training organizations to create new training programs<br>Expand slots in existing BH programs in high need areas | Design new pathway programs<br>Develop NP/PA and nursing BH specialty programs<br>Develop pathway and curriculum for parent advocate position | Recruit learners into new pathways |
| * Pilot Programs | Identify workforce needs at state facilities<br>Identify needed peer support programs | Partner with high schools & community colleges near state facilities to create training programs | Create new certification programs based upon workforce needs assessment | Assess and expand post-graduate programs |

* Priority items for quick implementation & high impact

9/15/23 3

## Data

- Workforce Gap Assessment
  - UIC survey (FY23-24)
- Training Gap Assessment
  - UIC survey (FY24)
- Supervision Assessment
  - UIC Survey (FY24)
- Social Determinants of Learning Assessment
  - SIU SOM Survey (FY24)
- Geographic Distribution of Workforce Assessment
  - SIU SOM research (FY24)
- Current Workforce Development
  - UIC survey (FY23-24)
- Best Practice Identification (FY24)
  - SIU SOM & UIC Research
- Training Program Capacity
  - Assess workforce needs & training program gaps (FY24)
  - Expand existing program capacity (FY25)
  - Develop learning platform (FY24)

## Assess, Track & Monitor Statewide Behavioral Health Workforce Data

| Data Component | July - Sept | Oct – Dec | Jan – March | April -June |
|---|---|---|---|---|
| Workforce Gap Assessment | UIC survey ongoing | UIC Survey results assessed | Identify priority gaps | Align workforce development programs with gaps |
| Training Gap Assessment | UIC survey & interviews ongoing | UIC Survey & interview results assessed | Identify priority training programs | Align training programs with identified gaps |
| Supervision Assessment | UIC Survey & interviews ongoing | UIC survey and interview results assessed | Develop training programs by profession; provide access to training through website | Deliver training programs to enhance current supervision training |
| Social Determinants of Learning | | | Assess current barriers for learners | Develop proposal to provide support services to learners |
| Geographic Distribution of Workforce | Assess gaps by profession by region | Identify current training capacity by profession by region | Develop plan to increase workforce training capacity by region | Meet with regional workforce and training providers to discuss plan |
| Current Workforce Development | UIC Survey ongoing | Identify evidence-based training curriculum in highest need areas | Identify trainers & market program to current workforce | Provide online registration & CEUs for learners |
| Best Practices | UIC & SIU SOM research ongoing | SIU SOM develop web-based searchable database | Share best practices via BHWC Website | |
| Training Program Capacity | Develop a statewide learning platform | Expand existing capacity for training organizations | | Track program capacity |
| Provide Executive Briefings on Data outcomes & findings | UIC to provide briefings | UIC to provide briefings | UIC to provide briefings | UIC to provide briefings |

* Priority item for quick implementation & high impact

9/15/23 12

## Retention and Professional Development

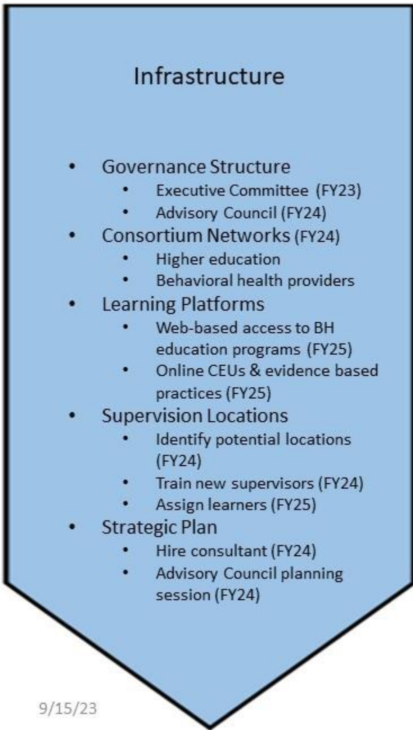
- Workforce Training Programs
  - Skill building courses (FY25)
  - Expand CEU programs (FY25)
- BH Specialization Programs
  - NP & PA training (FY24-25)
  - Nurse training (FY25)
- Best Practices Implementation
  - Website repository (FY24)
  - Evidence-based practice trainings (FY25)
- Build community for geographically isolated providers
  - ECHOs (FY24)
  - Collaborative groups (FY24)
  - Listservs (FY24)

## Enhance Retention & Professional Development Programs to Support The Existing Workforce

| Retention & Professional Development | July - Sept | Oct – Dec | Jan – March | April -June |
|---|---|---|---|---|
| Workforce Training Programs | UIC Survey ongoing | Identify skill building needs | Develop skill building courses in highest need areas<br>Continue parent intervention trainings | Market & promote courses and training opportunities |
| * Behavioral Health Specialization Programs | Identify BH specialty needs by profession | Develop NP/PA and nursing BH specialty programs. Support evidence-based BH intervention training programs in disciplines with identified need | Provide training in areas with high need. Organize learning collaboratives to support transfer of training to practice. Execute contracts & agreements to provide specialized training in additional areas as needed | Continue ongoing training programs and begin training in new areas |
| Best Practices for retention & professional development | UIC SIU SOM research ongoing | Match best practices with needs assessments and gaps analysis | Identify partners to implement best practice strategies | Train faculty on evidence based best practice strategies |
| Build Community for Geographically isolated Providers | Identify counties with low numbers of BH professionals | Outreach to providers in identified counties | Design ECHOs and Listservs to provide collaborative learning communities | Plan for ECHO & Listserv implementation |

* Priority item for quick implementation & high impact

9/15/23 17

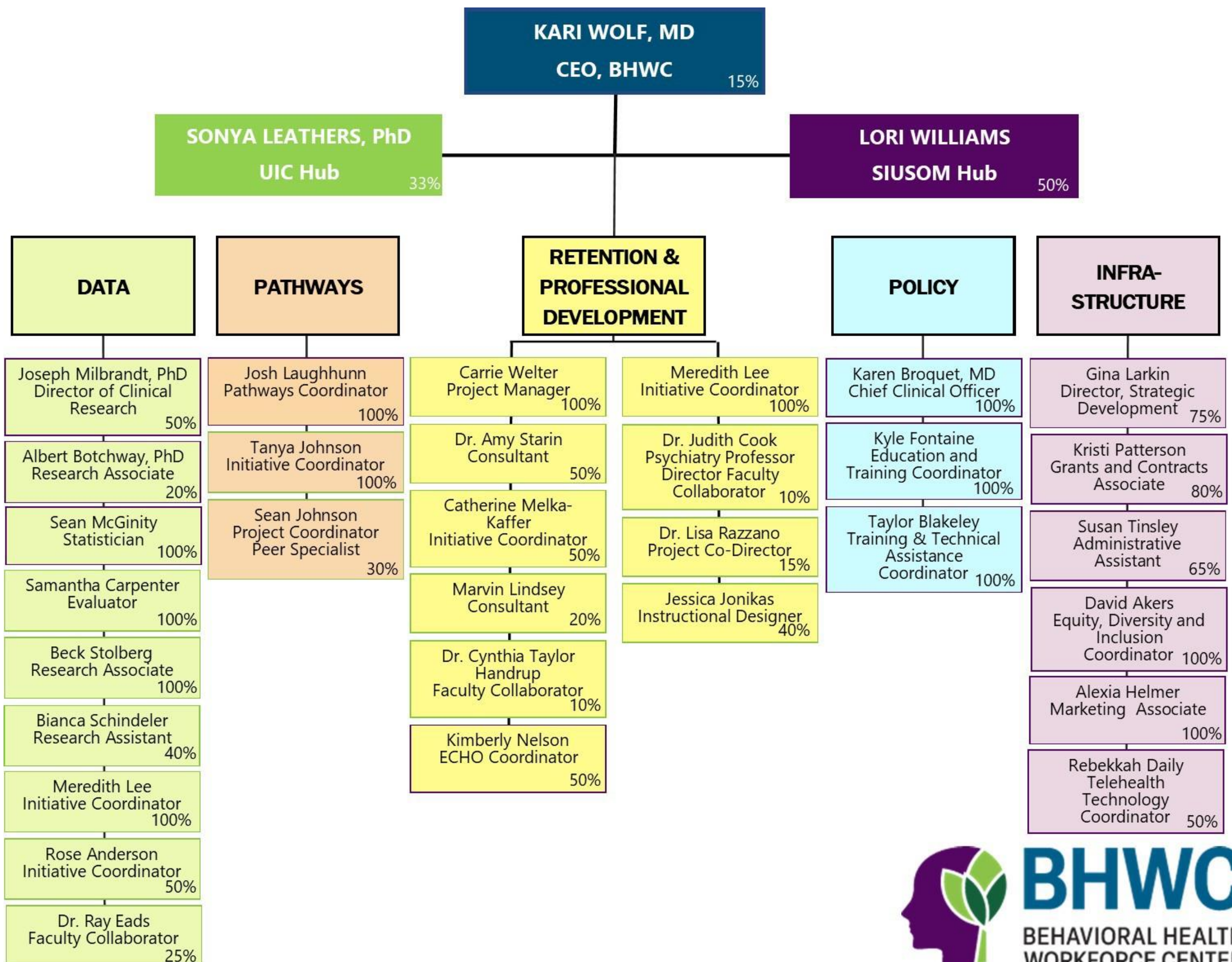



## Develop BHWC Infrastructure to Implement Programs

| Infrastructure | July - Sept | Oct – Dec | Jan – March | April -June |
|---|---|---|---|---|
| Governance Structure | Convene Advisory Council | Host Strategic Planning Session & Convene Work Groups | Finalize Strategic Plan for BHWC | Implement Strategic Plan |
| Consortium Networks | | Invite all Higher Ed, BH providers, and others | Create Listserv of members | Communicate regularly with members through web updates and Listservs |
| Learning Platforms | Identify statewide vendor for new platform | Create plan for web-based access to learning platform | Pilot new learning platform Develop online CEU opportunities | Finalize learning platform for Fall, Market & promote |
| Supervision Locations | Identify new locations by profession | Secure new supervision locations | Train new supervisors | Match learners with new locations |
| Strategic Plan | Contract with facilitator | Schedule planning session | Review and finalize strategic plan | Implement strategic plan |
| | | | | |

* Priority item for quick implementation & high impact

9/15/23 18



**Executive Summary of Advisory Group Findings**

This document summarizes findings from four of the five areas in which the Behavioral Health Workforce Center (BHWC) program plan has conducted ongoing data collection through advisory groups to understand the training and retention needs of behavioral health providers in Illinois. UIC Center staff has established advisory groups beginning in January 2023 with all groups meeting two or more times. **A total of 74 agency staff and 17 parents have been involved in advisory meetings, listening sessions, and individual meetings focused on behavioral health training and retention needs.** This summary outlines our findings from the Community Mental Health, Severe Mental Illness, Community Workers, and Integrated Care Advisory Groups.[1] Brief findings from survey data are presented as they relate to the advisory group findings.

## Community Mental Health Initiative

The Community Mental Health (CMH) Initiative at the BHWC is seeking to understand the needs of the existing community mental health workforce in Illinois. The CMH Advisory Group has **12 community partners** with representation from all 5 DMH Regions. The advisory group met to identify challenges impacting the community mental health workforce specifically related to the training needs, workforce retention, and the CMH provider survey developed by BHWC. Additionally, in-depth conversations were held with executive leadership at several community mental health organizations. There were many observations and notable challenges expressed, including the following:

1. **There is a need for training in leadership and supervision.**
2. **Staff retention and turnover** are major issues, especially once staff get their clinical license. Agencies have created inventive ways to retain staff such as flexible scheduling, wellness days, and connecting workers to loan repayment programs.
3. **Training dollars prioritize topics dictated by accrediting bodies, insurance companies, and then licensure CEU requirements.** This does not leave much funding for EBP-specific training and/or training on leadership and supervision.
4. **Training in interventions typically involves initial introductions without the follow up required to fully master an approach.**
5. It is **expensive to set aside time for training/supervision since it is not billable.**
6. Providers often are not trained to work and/or engage with families.

[1] This document does not include information on our work focused on child and adolescent mental health and parent support services as this information will be provided in an separate document. Additional detail supervision needs is also provided in another document that provides the rationale for a Supervision Training Initiative.

**CMH Provider Survey to Understand Training & Retention Needs of Direct Service Providers:**

Research staff completed outreach to 120 randomly selected community mental health agencies and behavioral health centers across the state to survey staff who provide direct behavioral health services.

- 70/120 sites contributed a total of 525 completed surveys from individual providers.
- Results will be available in the first quarter of FY24.

***Initial trends*** **from the survey indicate:**

***Retention***

- **Majority say they are unlikely to leave** current position within a year
- Reasons they would leave: **Low pay, not feeling appreciated, paperwork**
- Top themes in supports needed (free response): More pay, Supervision, Training

***Training Needs***

- Providers felt at least somewhat confident providing services to a wide range of individuals based on age, diagnosis, and/or situation (unhoused, DFCS-involvement, etc.)
- One area with **low confidence was addressing needs of children ages 0-3.**
- **Providers endorsed a high likelihood of participating in most training topics** pertaining to common presenting problems, evidence-based practices, effective supervision, stress management, and strategies to prevent/manage burnout.
- Some frequently endorsed training areas: **PTSD/Trauma in Adults, PTSD/Trauma in Children, Psychosis/Schizophrenia, Mindfulness, DBT…**but these are followed closely by many other areas (Suicidal Ideation, Substance Abuse, etc.)

## Severe Mental Illness Initiative

The Severe Mental Illness Initiative at the BHWC will provide support and evidence-based training opportunities for behavioral health providers who work in programs primarily serving individuals with severe mental health concerns. The SMI Initiative will initially target supporting mental health providers and supervisors in community-based settings. There are **14 members** of the group with representation from all five regions in Illinois. Challenges identified as impacting the behavioral health workforce include the following:

1. **The need for flexible dollars for on-going, yearly training and 1-2 hours of weekly supervision** to achieve a robust workforce.
2. Providers attempt to prioritize supervision & training, but face the hard reality that time spent in these areas will result in loss of revenue.
3. **Burnout, compassion fatigue and vicarious trauma continue to be an issue**, contributing to frequent turnover.
4. More comprehensive trainings to address the **complexities of severe mental illness**.

- To address these complex needs and challenges, Center collaborators at UIC's Center for Mental Health Services, Research and Policy (CMHSRP) offered
    - **A synchronous Motivational Interviewing training for 61 individuals** (55 IPS employment service providers)
    - **A webinar training on co-occurring diabetes and SMI for 604 individuals (front line providers, supervisors, and managers)** in Chicago, Kankakee, and the surrounding suburbs.
- To better understand needs in this area, the BHWC has developed **a survey for SMI providers across Illinois** to better understand the workforce's needs and challenges that will be distributed statewide this quarter.

## Community Workers Initiative

The Community Workers Initiative focus is to learn **the challenges and needs of community workers and recovery support staff (e.g., CRSS credentialed and non-credentialed) and supervisors** working in behavioral health settings. This workforce group offers the benefit of personal experience to support those in need of behavioral health intervention.

The BHWC has worked with various partners, including several UIC Departments, an Action Committee consisting of CRSS supervisors and workers and the Deputy Director of Wellness and Recovery Services for IDHS, Nanette Larsen. The advisory group includes **6 provider organizations** representing 9 counties across Illinois. The BHWC is working on several next steps including:

- Development and distribution of a **survey to gather data on the needs and challenges of this workforce** in organizations who employ community workers across Illinois. The survey is designed to assess agency culture, hiring and retention, and training needs.
- Support of the CRSS Success Program by **distribution of an evaluation to field instructors in August.** This data will be used to guide the 2025 Notice of Funding Opportunity (NOFO) requirements for the CRSS Success Program in FY24.

## Integrated Care Initiative

The Integrated Care (IC) Initiative seeks to identify, explore and support the needs of behavioral health (BH) providers working in integrated care (behavioral health services provided in primary care clinics) across Illinois. One aspect of the IC initiative has been the formation and facilitation of an advisory group tasked with **identifying initial training needs and challenges with increasing the capacity of integrated care to increase access to behavioral health care**. This group also was tasked with selecting an intervention that would increase behavioral health capacity in integrated care settings across the state.

The advisory group was representative of all regions across the state – south, central and north – as well as demographically – rural, suburban and urban. Membership was comprised of **8 IC program coordinators/supervisors/directors** from 7 IC programs.

These members made recommendations to the IL BHWC regarding an opportunity to develop and implement a BH brief intervention training program. Their recommendations included:

- **Selection of Solution-Focused Brief Therapy for IC programs** to increase IC behavioral health treatment capacity.
- Development of best practices for implementing training within IC settings, including who should be trained, how to fit training into demanding schedules, **and how to create a self-sustaining support system for the practice of SFBT** within each IC program.
- Future needs include training for BH staff (and possibly medical and other staff) on best practices within the model and their roles within the program, on **developing supervision/consultation for BH providers within the medical model framework**, as well as how to best provide brief intervention within the model of practice at each provider's setting.
- **Concerns expressed related to the possible requirement of IM+CANS assessments** in the IC setting, especially around lack of time, contrary to the IC model/brief intervention for behavioral change, and unsustainability due to time and financial constraints.

- Consistent with UIC's program plan which supports training in integrated care models, the advisory group's recommendations helped inform the creation of a SFBT Training Pilot Program which will be implemented and followed during FY24. These findings will inform recommendations regarding further dissemination of this model in the state.

# APPENDIX J – Interactive Map of Credentialed Behavioral Health Professionals by Region

Changes in credentialed professionals by region from 2019 to 2023 were examined using data from the Illinois Certification Board as of March 1, 2023. Note: not reflective of multiple credentials held by a single person and inactive, emeritus or in application phase are not included in this count.

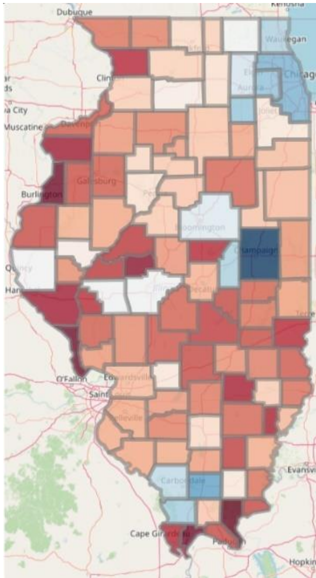
Region I -1.4%

Region II +2.0%

Region V -6.6%

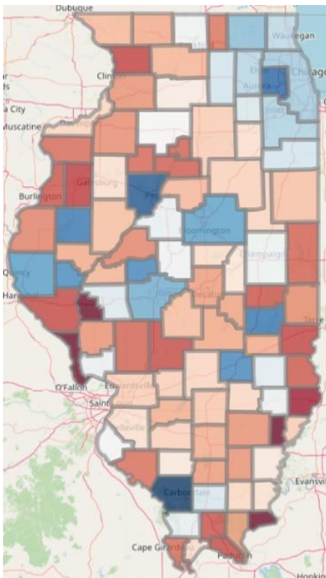
Region III +0.5%

Region IV +5.2%



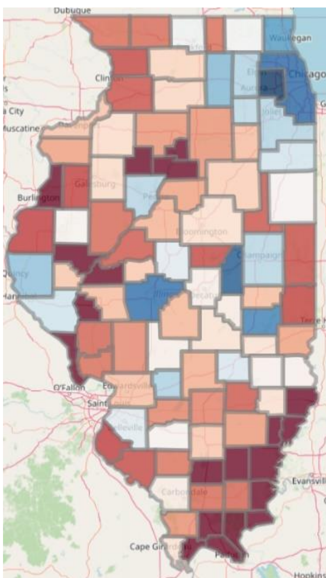
### Licensed Clinical Social Workers

| Top Counties | LCSWs per 60k residents |
|---|---|
| Champaign | 112.79 |
| Williamson | 87.56 |
| Cook | 83.43 |
| | |
| **Counties with no LCSWs** | 4 (3.9%) |



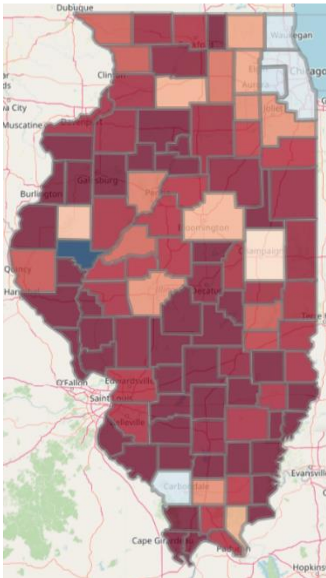
### Licensed Clinical Professional Counselors

| Top Counties | LCPCs per 60k residents |
|---|---|
| Jackson | 57.76 |
| Peoria | 54.45 |
| DuPage | 52.80 |
| | |
| **Counties with no LCPCs** | 4 (3.9%) |



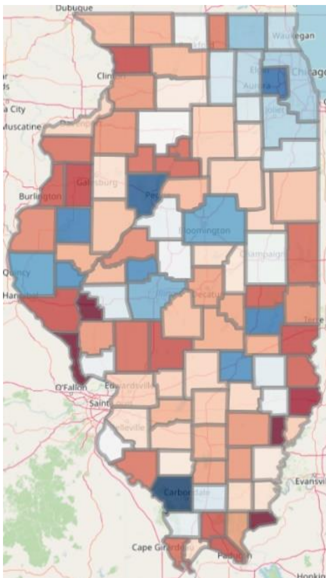
### Licensed Professional Counselors

| Top Counties | LPCs per 60k residents |
|---|---|
| DuPage | 26.95 |
| Piatt | 25.19 |
| Cook | 24.54 |
| | |
| **Counties with no LPCs** | 20 (19.6%) |



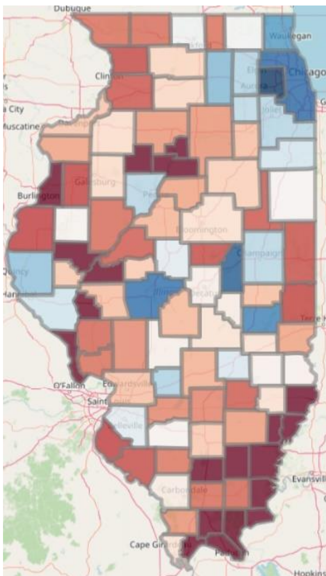
### Psychologists

| Top Counties | Psychologists per 60k residents |
|---|---|
| Schuyler | 52.16 |
| DuPage | 31.32 |
| Lake | 30.74 |
| **Counties with no psychologists** | 43 (42.2%) |



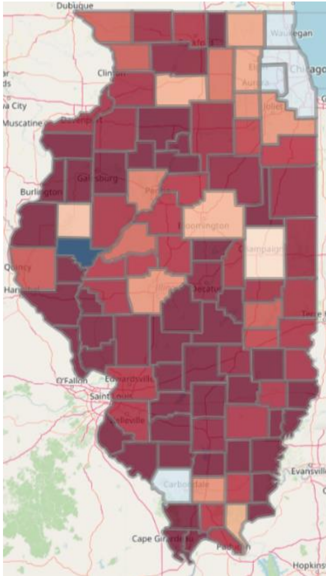
### Licensed Social Workers

| Top Counties | LSWs per 60k residents |
|---|---|
| Kendall | 64.15 |
| Champaign | 62.37 |
| Adams | 60.24 |
| **Counties with no LSWs** | 5 (4.9%) |



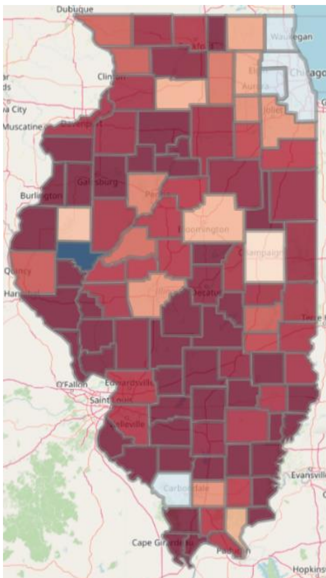
### Psychiatrists

| Top Counties | Psychiatrists per 60k residents |
|---|---|
| Sangamon | 7.18 |
| Lake | 5.38 |
| DuPage | 5.15 |
| **Counties with no psychiatrists** | 67 (65.7%) |



## Occupational Therapists

| Top Counties | OTs per 60k residents |
|---|---|
| Effingham | 57.11 |
| DuPage | 51.13 |
| Edwards | 48.04 |
| | |
| **Counties with no OTs** | 5 (4.9%) |



## Licensed Marriage and Family Therapists

| Top Counties | LMFTs per 60k residents |
|---|---|
| Bond | 7.17 |
| Kane | 6.27 |
| DeKalb | 5.97 |
| | |
| **Counties with no LMFTs** | 59 (57.8%) |

Source: https://smcginity43.shinyapps.io/IL_BHWC_dashboard_draft/?_ga=2.119883338.3948584.1678846447l187697432.1677695363

## CERTIFIED RECOVERY SUCCESS PROGRAM

From www.dhs.state.il.us/page.aspx?item=143289

**CRSS Success Program**

The CRSS Success Program is a grant-funded program operated through designated post-secondary educational institutions in Illinois.

The CRSS Success Program is designed to support students with lived experience of mental health or substance use recovery to successfully complete all requirements necessary to obtain either the Certified Recovery Support Specialist (CRSS) or Certified Peer Recovery Specialist (CPRS) and enter the behavioral health workforce.
The program provides support for eligible students to overcome practical barriers to full participation and success, including but not limited to student tuition, books, and fees; ICB credentialing fees; general technology needs (e.g., laptop, tablet, hotspot, etc.); stipends for practical experience (internship) component; clothing for practical experience (internship) component (e.g., polo shirts, professional attire, etc.); childcare and transportation (including parking); employment and housing supports; counseling, advising, and transfer services; legal support to address barriers to employment related to criminal history or citizenship status; any other needs and/or accommodations essential for students to maintain participation in the program.
Scholarship Fund

Designated post-secondary educational institutions (listed below) maintain and manage a needs-based scholarship fund for Illinois residents who are CRSS and CPRS candidates or credentialed professionals, available to qualified Illinois residents, not just students in the CRSS Success program.

Illinois residents can apply for scholarship funds to cover any of the following: ICB credentialing fees (application, exam, annual renewal); transportation costs to and from exam site.

Interested students can apply for the program at the following colleges and universities:

| Chicago Area | | | |
|---|---|---|---|
| **Governors State University**<br>*South Suburban Chicago* | Cheryl Mejta<br>Nancy Burley | cmejta@govst.edu<br>nburley@govst.edu | (708) 534-4911<br>(708) 534-4387 |
| **Illinois Institute of Technology**<br>*South Loop/Near South* | Karyn Stovall | kstovall@iit.edu | (312) 567-5026 |
| **Malcolm X College**<br>*Near West Side* | Elizabeth Thompson | ethompson77@ccc.edu | (312) 850-7248 |
| **Rincon/New Hope School of Counseling**<br>*Irving Park* | Kimberly Skoczelas | kskoczelas@rinconfamilyservices.org | (773) 564-9700 |
| **University of St. Francis**<br>*Joliet* | Larry Dunbar | LDunbar@stfrancis.edu | (815) 740-3686 |

| Northern Illinois | | | |
|---|---|---|---|
| **College of DuPage**<br>*Glen Ellyn* | Jason Florin<br>Andrea Polites | florin@cod.edu<br>politesa@cod.edu | (630) 942-2043<br>(630) 942-2103 |
| **Elgin Community College**<br>*Elgin* | Joe Rosenfeld<br>Kristina Garcia | jrosenfeld@elgin.edu<br>kgarcia@elgin.edu | (847) 214-7345<br>(847) 214-7805 |
| **Northern Illinois University**<br>*DeKalb* | Paul Priester | ppriester@niu.edu | (815) 753-5198 |
| **SIU School of Medicine**<br>*Dixon* | Kitty Juul<br>Lori Williams | kjuul31@siumed.edu<br>lwilliams26@siumed.edu | (217) 545-7983 |
| **Central Illinois** | | | |
| **Heartland Community College**<br>*Normal* | Kelly Pyle | kelly.pyle@heartland.edu | (309) 268-8755 |
| **Southern Illinois** | | | |
| **SIU Edwardsville**<br>*Edwardsville* | Jayme Swanke | jswanke@siue.edu | (618) 650-5976 |

**CRSS Certification and Employment ECHO Training Program**

**CRSS Certification and Employment ECHO**

CRSS Learner ECHO's: Once a week for 7 weeks. Thursdays from 12 pm-1 pm.
Repeat program twice a year. (Once in the fall and once in the spring.)

| | | |
|---|---|---|
| ECHO 1 | Interview Skills for CRSS Professionals | October 19, 2023 (Launch Date) |
| ECHO 2 | Resume/CV/Cover Letter Development for CRSS's | October 26, 2023 |
| ECHO 3 | Consistent Self-Care Strategies for a Working CRSS | November 2, 2023 |
| ECHO 4 | CRSS Role in a Behavioral Health/Healthcare Environment | November 9, 2023 |
| ECHO 5 | CRSS Certification Process | November 16, 2023 |
| ECHO 6 | Accessing CEU's for Recertification | November 30, 2023 |
| ECHO 7 | CRSS Boundaries and Ethics | December 7, 2023 |

CRSS Employer ECHO: Once a month for 12 months. Second Thursday every month
from 10 am-11 am. Repeat program every year

ECHO Overview for CRSS for Employers — January 11, 2024 (Launch Date
(Topics to include: FAQs about CRSS's, job duties of CRSS's, supervising CRSS's,
and strategies to train and retain CRSS's)

**<u>CRSS Certification & Employment Program Plan</u>**

This program is designed for learners that have successfully completed their CRSS trainings and internship or apprenticeship, and need to prepare for certification and job placement.

NOTE: Trainings would be created around current evidence-based practices and adjusted accordingly to new practices that emerge. ECHO's have a discussion board that learners and employers can use if they have questions after the ECHO session.

1. Create a weekly CRSS ECHO. CEU's will be granted. Topics to include:
    a. Interview Skills
    b. Resume/CV/Cover Letter Development
    c. Consistent Self-Care strategies for a working CRSS
    d. Working in a Behavioral Health/Healthcare Environment
    e. CRSS Certification Process
    f. Accessing CEU's for Recertification
    g. CRSS Boundaries and Ethics

2. Weekly CRSS ECHO to include:
    a. 5 Minutes of Welcomes/Introductions
    b. 5 Minute Overview of Housekeeping
    c. 20 Minute Presentation on the Topic
    d. 5 Minutes of Reflection and Question Development
    e. 20 Minute Q/A and Learning Collaboration on the Topic

f. 5 Minute Wrap Up/Time for Evaluation

3. Monthly Training ECHO for employers interested in hiring CRSS's. Topics Included in the Training:
    a. Overview of CRSS for Employers
    b. FAQ's about CRSS
    c. Job duties/responsibilities of CRSS
    d. Supervising CRSS's
    e. CRSS Boundaries and Ethics
    f. CRSS Certification Process
    g. Strategies to Retain CRSS's
    h. Strategies for Training CRSS's in your Organization

4. Monthly Employer ECHO to include: A. 5 Minutes of Welcomes/Introductions
    a. 5 Minute Overview of Housekeeping
    b. 25 Minute Presentation on the Topics
    c. 20 Minute Q/A and Learning Collaboration on the Topic
    d. 5 Minute Wrap Up/Time for Evaluation

5. Create a CRSS membership group within the Illinois Rural Health Association.
    a. Create scholarships to cover cost associated with conferences, so CRSS's can attend, collaborate, and get CEU's.
    b. Quarterly Newsletter & Periodic Blogs Highlighting CRSS's

6. Create Networking Opportunities for CRSS's working in the field.
    a. Semi-Annual Workshops (grant CEU's)

**CRSS Certification & Employment Timeline**

This timeline is an estimate for the CRSS Certification & Job Placement Program.

**October 19, 2023**
CRSS Echo Begins (7 Weekly Sessions) Thursdays 12 PM – 1 PM
October 19, 2023
October 26, 2023
November 2, 2023
November 9, 2023
November 16, 2023
November 30, 2023
December 7, 2023

**January 11, 2024**
Employer Echo Begins (1 Monthly Session)

**Supervision Training Initiative Rationale**

The Behavioral Health Workforce Center's selection of supervision as an initial training area for the BHWC is supported by data gathered through:

- Comprehensive discussions with **74 behavioral health providers and administrators** participating in advisory groups and listening sessions from across the 5 DMH Regions.
- Statewide **survey of 525 providers**
- Existing reports

**The challenge of cultivating effective supervisors has emerged as a significant concern that directly impacts organizational culture, workforce retention, and the quality of behavioral health services.** The perspectives of the Severe Mental Illness, Community Mental Health, Integrated Care, and Child, Adolescent, and Parent Support advisory groups are provided in the sections below to understand this need.

While acknowledging the crucial role of supervision in employee training and retention, participants in these meetings underscored the **substantial investment of time and resources required.** Support for supervision training is needed because balancing these demands with regulatory requirements, funding stipulations, and licensure CEUs often leaves limited resources for comprehensive training in supervision. Moreover, the proportion of trained supervisors departing for private practice or higher-paying roles shortly after their training accentuates the urgency of addressing this need. The behavioral health provider community critically needs:

- Accessible, low-cost training resources
- Ongoing support for supervisor skill development
- Enhancement of the quality of supervision

## Severe Mental Illness Initiative

The Serious Mental Illness (SMI) Advisory Group**, including 20 members in high level positions**, highlighted:

- The Critical role of supervisors in supporting professional resilience, especially in challenging situations.
- Need for more structured support for promoted clinicians.
- Imperative of equipping senior leaders and supervisors to handle tough scenarios, providing guidance and coping mechanisms.

The necessity for more structured support was underscored with members stating, **"Great clinicians get promoted and they have very little training...They need to be highly trained."**

### Community Mental Health Initiative

The Community Mental Health (CMH) Advisory Group, **including 12 community partners**, identified:

- Breakdowns often occur between leadership and supervision roles.
- Concerns about lack of guidance on needed credentials after obtaining an LCSW for effective supervision.
- Importance of ensuring proper execution of modalities through supervision.
- Noted deficiency contributing to increased turnover rates, with staff pursuing private practice due to perceived lack of supervision or leadership support.

**"Many of the people that end up in leadership or supervision because they have a specific credential that is required. There is a breakdown along the way."**

### Integrated Care Initiative

The Integrated Care (IC) Advisory Group, **including 8 IC program coordinators, supervisors, and directors**, noted:

- Clear recognition of the crucial role of well-trained supervisors, particularly in brief intervention models.
- Significant contribution to effective implementation of evidence-based practices (EBPs) in medical settings.
- Emphasis on the challenge of maintaining EBP fidelity without trained supervisors.
- Lack of necessary supervisor knowledge impacting staff effectiveness.

**"Without trained supervisors, it is hard to maintain [EBP] fidelity."**

### Child, Adolescent, and Parent Support Services Initiative

During listening sessions with a total of **17 individuals in leadership roles** in the mental health field, including **clinical directors, supervisors, CEOs, and presidents of behavioral health agencies** in Illinois, supervision of mental health extenders[2] was identified as an opportunity for growth. One participant noted that they **"don't know if any of the supervisors have been trained in how to work with people with lived experience."**

In tandem, a survey of 525 providers focused on the needs of community mental health providers focused on training needs and workforce support has surfaced compelling trends:

- Access to impactful supervision has emerged as a one of the most frequently cited conditions to support personnel in the behavioral health sector, with respondents rating supervision as being a high priority for training.

**This sentiment aligns with a 2021 NASW-IL report[3], which accentuated the dearth of quality supervision and the acute demand for Social Work supervision and training across Illinois**, especially in rural locales and for new recruits.

Recognizing the pivotal role of high-quality supervision in service excellence, professional development, and job contentment, the envisioned Supervision Training Initiative will provide access to trainings tailored for different settings to support supervisor skill development, ongoing learning, and use of new skills in supervision practice. The initiative will increase provider support, reduce the chances of burnout, and increase fidelity to effective practices, thereby fostering a more adept, engaged, and resilient workforce in Illinois. This initiative not only responds to the needs expressed in each of the SMI, IC, and CMHC advisory groups and listening sessions but also resonates with reports highlighting the transformative potential of targeted supervision training.

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[2] In listening sessions, 'mental health extenders' was defined as individuals with a high school diploma or bachelor's degree who are involved in providing mental health services.

[3] Hong, R., Rubin, J., & Hong, P. Y. P. (2021). *An evaluation of the Illinois social work workforce: Challenges and opportunities*. Chicago, IL: National Association of Social Workers – Illinois Chapter.

## Requested Training Areas[4]

**General Supervision Skills and Transition to Supervision:**

- When transitioning from clinician to supervisor
- Balancing administrative and clinical supervision
- Models of supervision
- Legal/ethical considerations in supervision
- Developing supervisees
- Generational considerations in supervision
- Accountability vs Discipline
- Cultural considerations
- Supervising a community-based/field-based staff
- Supervising supervisors who supervise staff
- Managing the stress of staff and the transition in status

**Supervision Essentials:**

- Basics of supervision
- Strengths-based supervision
- Assessing team health
- Effective meeting facilitation
- Ethical practice for supervisors
- Time management skills
- Conflict management on teams
- The clinical side of supervision
- Team process and development
- Providing feedback
- Improving team communication

**Leadership Skills and Management:**

- Servant leadership
- Situational leadership
- Coaching and motivating staff
- Supervising peer staff
- Moving from clinician to supervisor
- Balancing administrative and clinical supervision
- Change management
- Team communications
- Basics of supervision
- Assessing team health
- Effective meeting facilitation
- Ethical practice for supervisors
- Time management skills
- Conflict management on teams
- The clinical side of supervision
- Servant leadership
- Situational leadership
- Coaching and motivating staff
- Supervising peer staff

**Challenges and Growth Areas:**

- Managing people and basic management skills
- Financial and math-related challenges
- Handling challenging discussions around performance
- Addressing boundary and role definition changes
- Encouraging leaders to carry agency message
- Handling negativity and problem-solving

[4] Identified in conversations during advisory group meetings and individual interviews with high level staff from behavioral health agencies across Illinois.

## APPENDIX N – STATISTICAL UPDATE FOOTNOTES

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**Behavioral Health Workforce Strategies by State**

### Wisconsin

- **Club Scrub:** Promotes behavioral health careers with teenagers.
- **Aspirus Scholars Program:** Funds medical students, including those in psychiatry, who make a commitment to staying within the underserved areas of the program for at least 3-5 years.

### Connecticut

- **UCONN Health Enrichment Programs:** Promote activities where second-year health professional students visit rural communities and shadow health-care workers.

### Nebraska

- **BHECN Ambassador Program:** Funds community programs that promote educating youth on behavioral health, prioritizing those in rural/underserved communities.

### California

- **Loma Linda University Mental Health Pipeline Program**: Extensive program for high school and community college students who shadow mental health experts and are given mental health training.
- **Loma University Department of Social Work and Social Ecology Mental Health Pipeline Program Meetings:** Meetings to promote mental health and raise awareness about current issues co-led by faculty and students.
- **Educacion Primero**: Medical students meet monthly with 4th and 5th graders to discuss topics in health and science planting seeds of interest in higher education.
- **Tom Bradley Mini Medical School**: Outreach program aiming to expose elementary students to medical and scientific information.
- **Middle School: Hippocrates Circle Program**: Inspiring under-represented youth from diverse backgrounds to pursue careers in medicine.
- **Health Career Academy**: Provides high school students a structured curriculum based on the drama series ER, which is run by medical students to increase interest in medical professions.
- **USC Med-COR Program (The Medical Counseling, Organizing, and Recruiting program)**: Increase economic and racial diversity of medical professionals by providing academic support.
- **Bridging the Gaps Research Program**: Provides 8-week long program focusing on research and clinical experiences.
- **Keck Prep Scholars**: Provides personalized support for pre-health students
- **USF is offering classes 1 day a week and the occasional Saturday for the graduate program:** Allows pursuit of higher education for full-time workers.
- The **Healthcare Foundation in Northern Sonoma County** has partnered with the **University of San Francisco** to offer full tuition scholarships in what is called the **Mental Health Talent Pipeline**
- **Wright Institute Pipeline to Advanced Degrees**: Under-represented students (BIPOC) and first generation college students in the San Francisco Bay Area supported through the Psychology Internship Program and Diversity Recruitment Program.

### West Virginia

- West Virginia University School of Social Work is creating virtual reality gamification to simulate a day in the life of a social worker.

## New York

- SUNY/OMH Mental Health Scholarship Program for Under-represented and/or multilingual students

## Oregon

- HB 2949 bill which was established to improve and increase the behavioral health BIPOC (Black, Indigenous, People of Color) workforce. Including funding pipeline development, scholarships for undergraduates and stipends for graduate students, loan repayments, and retention activities.

## Indiana

- The Community Behavioral Health Academy is working to prepare students for dual licensure as a licensed clinical social worker and licensed clinical addiction counselor.

## Minnesota

- Fund supervision of mental health interns.
- **Behavioral Health Career Exploration Program:** Focused on high school students to discuss behavioral health workforce careers.

## Missouri

- **Behavioral Health Workforce Education and Training for Professionals Program:** A 4-year training program designed to prepare 120 (30 per year; 15 per campus) trainees for professional clinical practice in integrated behavioral health (IBH). Each participating student is receiving a stipend of $10,000 for the whole program.

## North Carolina

- Behavioral Health Screening for Transitional Age Youth (ages 16-25): Using the U.S. IBM MarketScan Commercial Claims and Encounters data, the project will investigate extent to the setting and which transitional age youth receive BH screenings.
- Defining the Perinatal Mental Health Workforce

## Texas

- **Enhance already existing loan repayment programs:** Direct funds to public sector employment within agencies providing mental health services and employment in rural areas.
- **State-Wide Paid Internships:** This initiative would create a pipeline from clinical internship to employment through Texas Institutions of Higher Education for behavioral health workers.
- **Statewide Remote Supervision Network:** Will provide board-required supervision remotely for graduates with degrees in social work, psychology, and counseling pursuing their clinical license.
- **Supervisory Track of Public Service Workers:** Promote LCSW's LMFT's, LPCs in the workforce to board-licensed supervisory status.
- Eliminate disparities in mental health access between insurance providers
- More functional behavioral health licensure requirements with a range of education levels.
- Reimbursement strategies that include alternative payments, align incentives and share risk.
- Wage adjusted loan repayment for behavioral health workers
- Evidence based coursework including practice in the field and navigating license requirements.
- Career ladders including training, professional development, continued education, and licensure/certification.

## Washington

- The state has a strategy to increase funding to support loan repayment programs.
- Conditional scholarships contingent upon working in a certain sector or organization.

- Funded registered apprenticeships for behavioral technician, peer counselor, and substance use disorder professional.
- University of Washington is developing bachelor's degree for behavioral health support specialist.
- The state also allows for probationary licenses for some behavioral health workers whose licenses come from out of state. These licenses last up to two years.
- **Advancing Wellness and Resilience in Education (AWARE):** Will increase mental health awareness in school-aged youth and includes mental health training and literacy in the community.
- UW Psychiatry and Psychology departments are creating a new course and minor in behavioral medicine for UW undergrad pre-health students.
- Lake Washington Institute of Technology is offering a Baccalaureate of Applied Science (BAS) degree in Behavioral Healthcare.
- Eastern Washington University is offering a new major in Health Sciences and offers an "Introduction to the Helping Professions" course.
- The state is also attempting to examine the impact of criminal background checks on those in the behavioral health sector and the discrimination those checks cause.

### Tennessee

- **Working to develop the following:**
    - Public Behavioral Health sign-on bonus, expanded for rural and other underserved populations.
    - Public Behavioral Health Scholarship Program.
    - Funding professional development and certification of mental health and substance abuse providers.
    - Tuition stipends for behavioral health-related workers committed to working for a public behavioral health provider.
    - More paid internships with focus on rural areas.
    - Public Behavioral Health Internship Portal connecting students to opportunities.
    - Increased marketing on existing behavioral health loan forgiveness opportunities.
    - Expanding behavioral health loan forgiveness especially for rural workers.
    - Increase desirability of internships by counting hours towards licensure.
    - More opportunities for workers from related fields to join behavioral health.
    - More career advancement within public behavioral health.
- **UnitedHealth Group Collaboration:** UC San Diego and UC San Francisco aims to diversify their developmental psychiatrists and psychiatric nurse practitioners through funding.
- San Diego increasing funding to build career pathways for peer support specialists

### New Mexico

- **New Mexico Rural Health Professional Tax Credit:** Offers $5,000 credits to clinical psychologists who provide rural care.

### Massachusetts

- **MGH Institute of Health Professions (IHP):** Developing online resources and certification programs for RNs seeking to work in mental health.
- **Physician Assistant Studies**: An accelerated Mental Health Certificate program for new graduates and PAs to provide advanced training in psychiatric care.
- **Occupational Therapy**: Increasing training of mental healthcare using stipends and no cost training in partnership with OT's at Salem Hospital's Partial Hospitalization Program.
- The Massachusetts League of Community Health Centers (CHC) has administered the Behavioral Health Internship Pipeline Program (BHIPP) to expand diversity and distribution of behavioral health workers by funding those agreeing to stay and work in their communities for several years.

### Maryland

- **University of the District of Columbia Pathways to Behavioral Health Degrees Act of 2023:** Aims to fully fund MSW degrees for DC residents who have a bachelor's degree.

### Colorado

- **2008 Colorado's School Counselor Corps Grant Program:** Used to completely fund school counselor's salaries & benefits as well as additional training.
- **Colorado Behavioral Health Association (BHA):** a grant program aimed at recruiting younger people of color, first-generation students, and build diversity.
- **Colorado Psychology Internship Consortium (CO-PIC):** 3 interns are selected from a pool of ~ 50 applicants to serve and meet the needs of rural and underserved populations.

### Montana

- **Montana Rural Mental Health Preparation/Practice Pathway:** Prepares graduate counseling candidates to gain experience as counselors in rural communities.
- **Head's Up Camp:** Program geared toward high school students, they listen to local behavioral health professional speakers and receive training to advocate for their peers in the community (includes suicide prevention and anti-bullying).

### Ohio

- Ohio School Psychologist Association's Ohio School Psychology Internship program **Working to develop the following:**
    - Expand tuition reimbursement, childcare/insurance/housing subsidies, and tax credits.
    - Statewide scholarship & student loan portal
    - Advertise career and growth opportunities within behavioral health professions
- **Locality Pay/Rurality:** Establish State Salary Schedules that are adjusted based on cost-of-living for the area. Professionals in underserved areas could then make more than the average salary.

### Pennsylvania

- **Investing in clinical supervision and cross-agency collaboration:** Funding agencies and practices to compensate for clinical supervision time with regular cohort meetings for continuing education credit.
- Developing graduate program incentives including funding and easier access to supervision.
- Pennsylvania is also planning to address disparities between healthcare and behavioral healthcare pay rates and insurance reimbursements.
- **Adult Mental Health First Aid:** 8-hour course that teaches participants how to recognize symptoms of mental health or substance abuse challenges in adults.
- **Youth Mental Health First Aid:** This training is 8 hours as well and allows participants to learn about how to detect mental health challenges in children.
- **Trauma-Informed Care:** Series of workshops that cover childhood trauma and resilience.

**Use of Evidence-Based Practices in Community Mental Health Therapy Services**

Evidence-based practices have been found to be effective in multiple studies for presenting problems like anxiety, depression, or substance use that are commonly treated in community mental health agencies. Use of EBPs increases the effectiveness of services and so increasing their use is critical to improving behavioral health outcomes across the state. To understand the extent that mental health providers in Illinois use evidence-based practices, we examined information provided by all mental health providers who reported that one of their primary job dues included therapy/counseling in the community mental health survey. These therapists and counselors were asked about how frequently they use specific evidence-based practices (EBPs). Participants were also asked about their interest in attending training in these EBPs.

The specific interventions examined as indictors of EBP use include cognitive behavioral therapy (CBT) with adults, CBT with children, motivational interviewing (MI), and parent skills training with children and families.[1] Because CBT strategies are the basis for the majority of EBPs in mental health practice with both adults and children, therapists/ counselors who are using an evidence-based approach would be expected to use CBT frequently. Similarly, motivational interviewing and parent training with families and children are key evidence-based interventions. Motivational interviewing has been shown to support engagement of clients with a range of issues and ideally be used frequently; parent training is the leading EBP to treat child behavior problems.

Providers use of interventions was looked at based on whether or not they hold a professional or practice license and/or certificate. This encompasses a wide range of licenses and certificates, including Licensed Social Worker, Licensed Professional Counselor, Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, Clinical Psychologist, Licensed Marriage and Family Therapist, Certified Alcohol and Other Drug Counselor, nursing licenses, Community Health Worker, and others. Their use was also looked at with respect to the therapists' years of experience.

For this report, only respondents that provide clinical therapy/counseling were included in the analyses (n=304 for the full sample, n=157 for child and adolescent providers only). *Denotes statically significant differences.

**Low Use of EBPs Indicated for Therapists who do/do not have a License and/or Certificate**

| Intervention | Has License (%) | No License (%) |
|---|---|---|
| CBT with Adults | 35 | 42 |
| Motivational Interviewing | 33 | 37 |
| CBT with Children[2] | 40 | 35 |
| Parent skills training | 59 | 54 |

*1 The survey also included items about additional EBPs that are used for specific presenting problems and populations, such as dialectical behavioral therapy, acceptance commitment therapy, etc. Use of these EBPs will be analyzed and included in future reports.*
*2 CBT with Children and parent skills training only includes providers that work with children and adolescents (n=157)*

Results indicate that while the majority of mental health providers use CBT with adults and MI, there are many providers across varying levels of experience and licensing that are not using these specific EBPs. About a third of licensed therapists working with adults have indicators of low use of EBPs, with slightly higher percentages indicated for non-licensed providers.

A similar percentage of therapists working with children and adolescents report using CBT with children, with 40% of those with licenses reporting use low use of CBT. In contrast, use of parent skills training is much lower, with over half of providers having low use of this EBP across all categories.
There are few differences in the specific levels of use for therapists with different levels of experience, as shown below. The one area in which significant differences were found is in use of CBT with children, with increased use in therapists who are newer to the field.

**Low Use of EBPs Indicated by Years of Experience (%)**

| Intervention | 0-2 Years | 2-5 Years | 5-9 Years | 10+ Years |
|---|---|---|---|---|
| CBT with Adults | 38 | 43 | 35 | 34 |
| Motivational Interviewing | 41 | 44 | 17 | 29 |
| CBT with Children* | 29 | 39 | 44 | 41 |
| Parent skills training | 53 | 55 | 67 | 53 |

**Interest in More Training in Evidence-based Interventions in Community Mental Health**

In general, respondents were extremely interested in receiving training in specific EBPs regardless of whether they have a license as well as across years of experience. As shown in Table 2, there are some slight, but not statically significant differences with unlicensed providers reporting more interest in training.

An overwhelming majority of child and adolescent providers are interested in attending training for both EBPs. There is a statically significant differences with respect to CBT with children, as licensed providers are less interested, while still reporting a 75% likelihood of attending training on this intervention. Providers with more years of experience also report a statically significant lower interest in MI as well as CBT with children. Interest in attending parent skills training is very high across all categories. Given the low use of parenting interventions as described in the previous section and the critical role of parenting interventions in effective treatment of childhood behavior problems, these results point to the particular importance of providing support for training in this area.

**High Interest in Attending a Training for Individuals who do/do not have a License and/or Certificate**

| Intervention | Has License (%) | No License (%) |
|---|---|---|
| CBT with Adults | 77 | 88 |
| Motivational Interviewing | 77 | 84 |
| CBT with Children* | 75 | 91 |
| Parent skills training | 80 | 89 |

**High Interest in EBP Training by Years of Experience (%)**

| Intervention | 0-2 Years | 2-5 Years | 5-9 Years | 10+ Years |
|---|---|---|---|---|
| CBT with Adults | 90 | 78 | 76 | 81 |
| Motivational Interviewing* | 89 | 74 | 80 | 78 |
| CBT with Children* | 95 | 85 | 62 | 80 |
| Parent skills training | 90 | 85 | 77 | 79 |

**Mental Health Extenders Feedback**
**17 individuals in leadershp roles** and **10 parents**

### Accessibility

- Mental health professionals underscored how extenders create a broader and more inclusive system by lowering the barriers to entry.
- Parents noted that the wait time for receiving care was a concern.
- Parents highlighted the need for early contact to include support navigating new systems.

### Coordination and Engagement

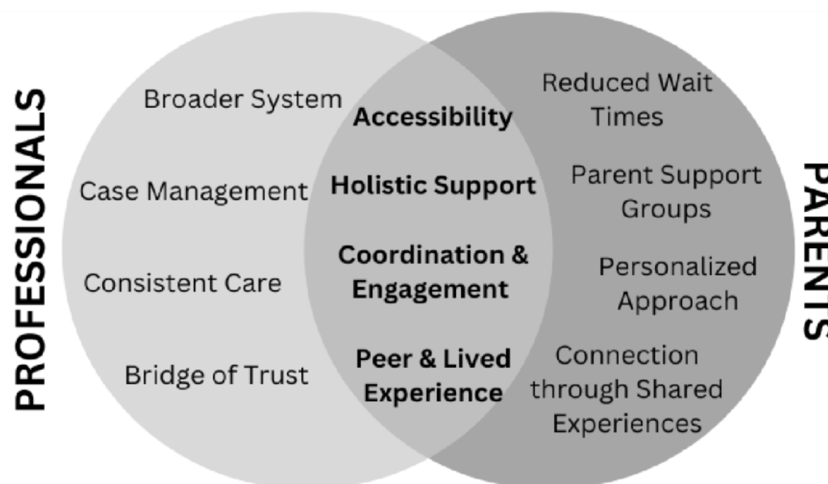
- Mental health extenders bridge the coordination gap identified by parents, offering consistent and comprehensive care.
- Extenders contribute to a collaborative approach that supports therapists and ensures a comprehensive care continuum.

### Holistic Support

- Mental health extenders offer case management, navigation assistance, and parent support groups addressing a need identified by parents themselves.
- Extenders have less restrictions in the services they provide.

### Peer and Lived Experience

- Parents affirm th evalue of extenders who understand the challengs from personal encounters.
- Paretns noted that the education level of the extender is relatively unimportant.
- Parents suggested removing educational requirements
- Extenders enhaance engagement and bring a deep level of understanding and empathy to the theraputic relationship.



As part of the Behavioral Health Workforce Center's effort to expand the behavioral health workforce in Illinois, the BHWC sought to gather feedback from individuals who have had direct experience with the child mental health system to get insight around perceptions of mental health extenders.[5] The BHWC held listening sessions with **17 individuals in leadership roles** in the mental health field, including clinical directors, supervisors, CEOs, and presidents of behavioral health agencies in Illinois as well as **10 parents** who are currently or have recently utilized behavioral health services for their children. Our exploration into their perspectives identified essential themes related to the use of mental health extenders in the field.

### Accessibility: A Common Thread

The insights gathered from both parent and leadership focus groups converge on the pivotal role that mental health extenders play in enhancing accessibility to care. **Mental health professionals underscored how extenders create a broader and more inclusive system by lowering the barriers to entry** and noted that extenders help their agency by "allowing us to see more clients sooner; there's always a constant while clients are waiting to connect with another therapist." This sentiment resonated with parents who shared their own desires for increased accessibility. **Parents noted that the wait time for receiving care was a concern**, "We have a shortage of providers in every way in our area, 6-month long waitlists. We can't wait that long." **Parents also highlighted the need for early contact to include support navigating new systems**: "Finding a person to funnel through makes the world of a difference." Home-based care and culturally and linguistically sensitive approaches were advocated, reflecting a **need for accessible and holistic support** that mental health extenders are uniquely positioned to provide.

### Holistic Support: Meeting Families' Needs

Parents' perspectives aligned with the leadership's recognition of extenders as providers of holistic support. The **ability of mental health extenders to offer case management, navigation assistance, and parent support groups addresses a crucial need identified by parents themselves.** Parent support groups, particularly those driven by peer and lived experiences, create a safe space for families to connect and receive vital assistance. As one provider noted, "Mental health extenders help build out capacity to served clients holistically and wraparound them at all levels." Providers discussed benefits not only for clients but for agencies, acknowledging that **extenders have less restrictions in the services they can provide** and that "it really helps give more time to that therapist to do their other roles."

### Coordination and Engagement: A Unifying Force

**Mental health extenders bridge the coordination gap identified by parents, offering consistent and care.** Their unique role in engaging and retaining clients through a personalized approach is acknowledged by mental health professionals, "the family resource developer takes the burden off the therapist by making contact with parents, setting everything up, and maintaining the contact between meetings." Mental health professionals further sought to expand the work of extenders by "Having an engagement specialist being the bridge between crisis work and going out to engage in the community." By being part of a team of mental health professionals, **extenders contribute to a collaborative approach that supports therapists and ensures a comprehensive care continuum,** "Working with family resource developers closely last few years, our clinicians really have respect for what they bring to the table working in a team with clients. The need for them and the resources they have knowledge of the depth of knowledge is incredible, it's been a huge benefit that's earned respect from our staff." As parents seek "someone to coordinate all of [the resources and peer support] would be beneficial," mental health extenders play a pivotal role in connecting these dots.

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5 In listening sessions, 'mental health extenders' was defined as individuals with a high school diploma or bachelor's degree who are involved in providing mental health services.

## Peer and Lived Experience: A Bridge of Trust

The theme of peer and lived experience emerged as a testament to the unique connection mental health extenders forge with clients. **Parents affirm the value of extenders who understand the challenges from personal encounters,** "Not just someone who thinks they know what they're talking about but actually knows because they lived it." **Parents noted that the education level of the extender is relatively unimportant;** what is important to them is that they have training that allows them to be most effective in helping the parents and the children to function better, "I would feel comfortable as long as that person has the training, they may not have a masters, but they have experience." Another echoed, "I think sometimes lived experience is equally as valuable as a graduate degree." **Further, parents suggested that removing educational requirements** would be a benefit to families, "Remove the requirement of a master's degree, LCPC LCSW. We're missing a significant workforce of bachelor's level or less. We're underserving the entire population because the requirement is set so high that instead of slightly less qualified people, we have no people at all." Another parent agreed, "Lowering the requirement is going to open up such a broader system, more people of service to help people that need it instead of just having that open position because there's no one with letters behind their name."

Mental health professionals also recognized that lived experience can create a bridge of familiarity and trust, "It provides our clients with different kinds of resources in terms of those who've navigated the system and learned to make the most of it. Invaluable life experience benefits clinicians as well and expands perspectives. They're also an example of resilience, can be powerful for clients." **This connection not only enhances engagement but also brings a deep level of understanding and empathy to the therapeutic relationship.**

In the field of mental health care, mental health extenders have been identified as vital with their unique ability to improve accessibility, holistic support, coordination, and peer-driven connections. The insights gathered from both parents and leadership highlight the impact of extenders. As parents shared a need for increased accessibility and holistic support, mental health professionals acknowledge extenders as agents of change who enhance the landscape of mental health care. By fostering understanding, trust, and comprehensive care, extenders have the potential to ensure that every individual, regardless of their challenges, can access the support they need to thrive. Leadership indicated overall that while many agencies have extenders employed in a variety of roles, more support is needed to retain them and expand this work. When asked for recommendations toward broadening the workforce, some parents suggested a reexamination of educational requirements for professionals, urging "that instead of slightly less qualified people, we have no people at all." Participants from both groups shared ideas around the potential that increased training initiatives and opportunities could have to develop the workforce to include diverse types of expertise and a "different perspective."