



FULL REPORT

ADDRESSING THE BEHAVIORAL HEALTH WORKFORCE SHORTAGE IN COOK COUNTY

A needs assessment and framework for action to attract and retain essential behavioral health professionals



COOK COUNTY HEALTH



Cook County ^{DEPT. of} Public Health

BUILDING HEALTHIER COMMUNITIES



OCTOBER 2024

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EXECUTIVE SUMMARY

Cook County – like the State of Illinois and the US overall - is experiencing a behavioral health (BH) workforce crisis. That is, there are not enough providers available to prevent, diagnose, and treat mental health and substance use disorders, as well as life stressors and crises, to meet the population’s need for these services.

Decades of underinvestment, increasing rates of mental illness and substance use, and high rates of attrition and burnout after the onset of the COVID-19 pandemic have led to a shortage of BH providers across the country. In 2021, the Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Survey on Drug Use and Health (NSDUH) estimated that fewer than half of people experiencing a mental illness were able to get timely care nationally.¹ In December 2023, more than half of the US population lived in a Mental Health Professional Shortage Area, with significant shortages of addiction counselors, therapists, mental health counselors, psychologists, and psychiatrists projected into the future.² In 2018, more than half of US counties did not have a practicing psychiatrist.³

Illinois has been particularly impacted by the behavioral health workforce shortage. In 2019, Illinois had only 13.8 behavioral health care professionals for every 10,000 residents, compared to the national average of 21.4.⁴ 38% of Illinois residents lived in a federally designated Mental Health Professional Shortage Area.⁵ The COVID-19 pandemic turned a workforce shortage into an emergency, increasing the need for mental health and substance use treatment across the state. According to written testimony by the Illinois Behavioral Health Workforce Center (BHWC) to the Illinois legislature in January of 2024,

- ▶ **BH needs in Illinois are increasing.** Over a quarter of adults in Illinois reported significant symptoms of anxiety or depressive disorder in 2023, compared with just 11% in 2019. 3,261 people lost their lives in fatal overdoses in 2022, an 8% increase from 2021.

¹ 2021 National Survey on Drug Use and Health. 2021 NSDUH Detailed Tables, published January 4th, 2023. SAMHSA, <https://www.samhsa.gov/data/report/2021-nsduh-detailed-tables>

² Behavioral Health Workforce, 2023. December 2023. National Center for Health Workforce Analysis. HRSA. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf>

³ University of Michigan Behavioral Health Workforce Research Center. Estimating the Distribution of the U.S. Psychiatric Subspecialist Workforce. Ann Arbor, MI: UMSPH; 2018.

⁴ Heun-Johnson, H., Menchine, M., Goldman, D., Seabury, S. (2019). The Cost of Mental Illness: Illinois Facts and Figures.

⁵ Ibid

- ◆ **The State’s workforce is not close to meeting the need.** In 2021, The American Association of Medical Colleges reported that Illinois has the capacity to meet just 24% of the mental health needs of the state with its current workforce.⁶
- ◆ **Residents with publicly funded insurance or without insurance are most impacted.** An estimated 45% of psychiatrists (compared to 10% in other medical specialties) only accept cash for the care they provide, and a larger percentage accept only a limited number of insurances.⁷

This report examines the BH workforce shortage in Cook County, Illinois. The first half of the report provides a landscape analysis of the current BH workforce in Cook County (Section 1); estimates the shortage of BH providers (Section 2); examines the supply of BH talent being produced by colleges and universities in Cook County (Section 3); and provides analysis on survey and interview data from over 1,000 frontline BH professionals and leaders collected from January to April 2024 (Section 4). The second half of the report outlines recommendations to solve the workforce shortage (Section 5).

The report aims to answer four major research questions:

What is the current size and make-up of the behavioral health workforce in Cook County?

- ◆ **There are 30,763 BH professionals working in 16 occupations related to BH in Cook County in 2023.** Counselors and therapists (8,354), social and human service assistants (8,140), and clinical and counseling psychologists (3,253) make up most of the workforce.
- ◆ **BH professionals are not evenly distributed across the county.** The further south and west from downtown Chicago, the fewer BH professionals are employed per resident.
- ◆ **Demographics differ significantly by BH occupation in Cook County.** Black and Hispanic workers are overrepresented in lower-paying BH occupations compared to

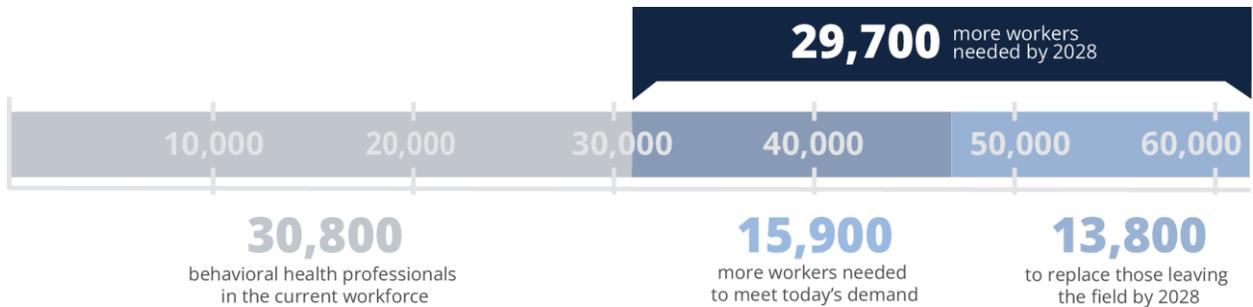
⁶ Behavioral Health Workforce Shortage, Written Testimony. January 25, 2024. Testimony Submitted to Joint Committee Hearing House Mental Health and Addiction and the Senate Behavioral and Mental Health Submitted by Dr. Kari Wolf, CEO of the BHWC and Chair of the Department of Psychiatry at SIU School of Medicine, and Sonya Leathers, PhD, Director of the BHWC at UIC and Professor at Jane Addams College at UIC.

⁷ Ibid

their share of the population overall, but underrepresented among psychiatrists, nurse practitioners, and psychologists. Most BH professionals are female in Cook County, except for psychiatrists.

How many more workers are needed, today and in the future?

- ▶ **Cook County is currently 15,885 workers short of what is needed to meet demand for services**, more than 50% of the size of the current workforce.
- ▶ **More than 40% of BH workers employed today will retire, leave Cook County, or leave their occupation in the next five years.** These workers will need to be replaced.
- ▶ **Over the next five years, Cook County employers needs to attract and/or retain 29,649 additional BH workers**, roughly the same number currently employed right now. This includes meeting the shortage today and replacing those expected to retire, leave the field, or leave Cook County.



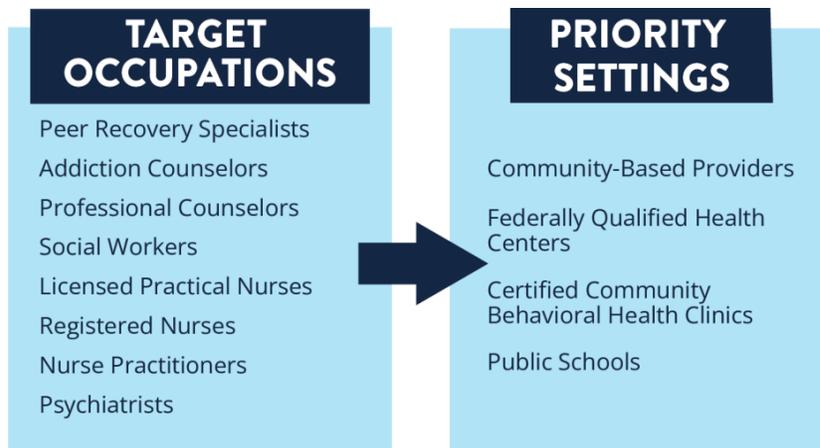
- ▶ **Nearly half of the workers needed by 2028 are in core BH occupations**, including 9,175 additional therapists and counselors, 2,679 psychologists, 1,059 social workers in BH settings, and 229 psychiatrists.

What do BH professionals in Cook County say about burnout, retention, and job quality?

- ▶ Nearly **1,000 frontline BH professionals responded to a survey** about their career path, job satisfaction, burnout, and other job quality features from February to April, 2024.
- ▶ **40% of respondents are experiencing burnout.** Workers reporting higher burnout were those that worked longer hours, registered nurses, licensed clinical social workers, younger workers, women, and those with multiple job responsibilities.
- ▶ **37% of BH workers report a high or very high likelihood they will look for another job in the next 12 months.** The more clinical hours and the lower the pay of the professional, the more likely they are to look for another job.
- ▶ **16% of respondents intend to leave Cook County in the next year,** most often motivated by pay and cost of living.
- ▶ **70% of respondents have student debt.** Approximately 40% have debt that is 100% or more of their annual income.
- ▶ Job features with the **highest levels of satisfaction** were related to **purpose**, the **population**, and the **people** professionals work with.
- ▶ Job features with the **lowest levels of satisfaction** were related to **getting clients the support they need, pay, and student loan relief.**

What can be done about the shortage?

Section 5 recommends local actions that can be taken to increase the size, diversity, and resilience of the BH workforce in Cook County. The strategy is anchored by three core values – **equity, community, and outcomes** – and is focused on increasing the number of professionals across eight occupations working in settings that deliver publicly-funded BH services and treatment.



- Recommendation 1 - Provide Competitive Compensation:** 48% of Cook County BH professionals were dissatisfied with pay. When compared with eight other midwestern metro areas, Cook County ranks last or second to last in cost-of-living adjusted median earnings in all BH occupations analyzed, except for psychiatric aides. 75% of unlicensed professionals (e.g., peer recovery specialists, outreach workers) earn less than a living wage. Keeping pace with other industries, other settings, and other regions is foundational to addressing the shortage.
- Recommendation 2 – Increase awareness of behavioral health careers:** Residents of Cook County cannot aspire to a career they do not know exists. Expanding the pool of current and prospective students and trainees through the K-12 school system and post-secondary nursing, medical, social work and psychology programs is needed to expand the pipeline of future BH professionals.
- Recommendation 3 – Offer best-in-class community BH “Earn and Learn” opportunities:** The traditional education model that requires students to learn “on their own time” and “on their own dime” is not working.

In partnership with philanthropy, Cook County and other state and local public agencies, establishing a **\$50M Cook County BH Workforce Training Fund** would provide much needed investment to start new and expand existing scholarships, apprenticeships, fellowships and other programs to support students focused on careers in publicly funded BH settings.

- Recommendation 4 - Improve job quality in community BH settings:** 40% of BH professionals in Cook County report burnout, and 36% expressed an intention to

leave their job in the next year. If current turnover and retirement trends continue, over 13,000 BH workers will need to be replaced over the next five years. Cook County leaders can partner with other organizations and initiatives, such as the Illinois Behavioral Health Workforce Center, to support statewide talent attraction and retention learning collaboratives. These collaboratives could provide peer-learning, expert technical assistance, and funding for community BH employers interested in reducing burnout, increasing retention, and reducing time-to-hire for critical roles

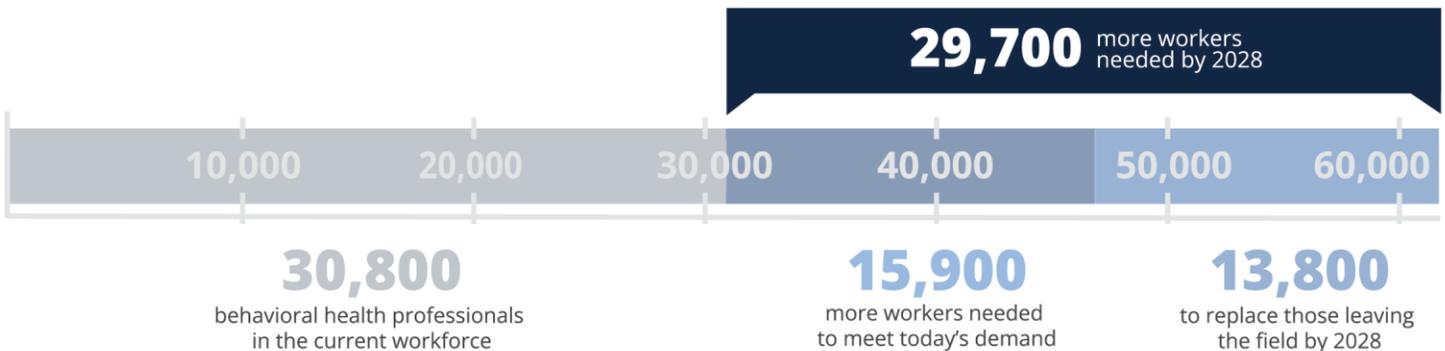
- ▶ **Recommendation 5 – Maximize impact of current workforce:** Reducing the documentation burden, expanding evidenced-based service models, such as collaborative care, and exploring how new technologies can help current healthcare workers serve more patients better can help address service needs long term.

In summary, this report provides a broad overview of Cook County's BH workforce shortage and a recommended framework to address the crisis. Ultimately, the goal of this research and planning process is to develop a shared vision – with concrete action steps – for healthcare administrators, education and workforce practitioners, community providers, philanthropic partners, and public officials to work together to produce and retain the skilled, qualified, diverse, and culturally competent BH professionals required to serve Cook County residents, regardless of their ability to pay.

HOW MANY BEHAVIORAL HEALTH PROFESSIONALS ARE NEEDED IN COOK COUNTY?



BEHAVIORAL HEALTH PROFESSIONALS PREVENT, DIAGNOSE, AND TREAT MENTAL HEALTH AND SUBSTANCE USE DISORDERS, AS WELL AS LIFE STRESSORS AND CRISES



Occupation	Workers in BH Settings (2023)	Shortage Today	Replacement Workers Needed by 2028	Total Needed by 2028
Social and Human Services Assistants*	8,140	4,203	4,018	8,221
Counselors and Therapists	8,354	4,314	4,861	9,175
Psychiatric Aides and Technicians	2,974	1,536	1,029	2,565
Social Workers	869	449	610	1,059
Psychologists (Clinical & Counseling)	3,253	1,680	999	2,679
Psychiatrists**	374	193	36	229
Medical Assistants	370	191	243	434
Nursing Assistants	973	502	580	1,082
Licensed Practical Nurses	281	145	93	238
Registered Nurses	2,501	1,292	359	1,651
Nurse Practitioners	246	127	108	235
Rehabilitation Counselors	1,367	706	299	1,005
Community Health Workers	988	510	500	1,010
Physician's Assistants	74	38	28	66
Total	30,764	15,886	13,763	29,649

*includes peer recovery specialists, outreach workers, unlicensed case workers, and similar roles.

**estimates are for psychiatrists working in settings that likely provide publicly funded care.

Behavioral Health professionals are **NOT** evenly distributed by place, race, and gender in Cook County



Most professionals work in downtown Chicago. The **further south and west** from the Loop, the **fewer** workers are employed per resident.



Most Behavioral Health workers are **female**, except psychiatrists.



Black workers are **underrepresented** among **higher** paying professions including psychiatrists, nurse practitioners, and psychologists, but are **overrepresented** among **lower** paying professions. Hispanic workers are **underrepresented** across **all** professions.

WHAT DO PROFESSIONALS SAY ABOUT JOB QUALITY, BURNOUT & RETENTION?

INFORMED BY INPUT FROM 1,000 BEHAVIORAL HEALTH WORKERS



40% are experiencing **burnout**.
37% intend to look for a job in the next 12 months.



70% have **student debt**.
40% have more debt than their annual income.



The **highest** levels of satisfaction were related to **purpose**, the **patient population**, and **colleagues**.



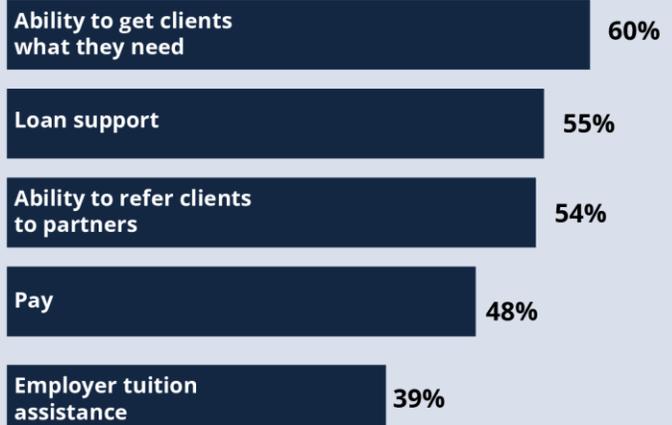
The **lowest** levels of satisfaction were related to getting clients the **services they need**, **student loans**, **pay**, and **support for education costs**.

HIGHER BURNOUT

THOSE REPORTING BURNOUT WERE MORE LIKELY TO...

- Work longer hours
- Be younger
- Have a Bachelor's degree or graduate education
- Be a Registered Nurse or Licensed Clinical Social Worker
- Be female
- Have more responsibilities

TOP AREAS OF DISSATISFACTION (N=965)



I actually have two jobs. My daytime 9-5 and overnight shifts for the Mobile Crisis Response team. I'm exhausted because few people want to be public servants due to unacceptable pay. I applied for loan forgiveness at my old job, but it was denied. It was a for-profit facility, but I was still serving the public, so its frustrating.

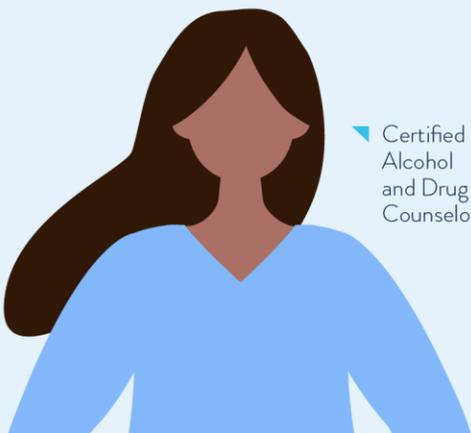
▼ Certified Alcohol and Drug Counselor

The job is great. The benefits are great. The coworkers are great. Admin is great. The pay and student loans make my job almost impossible to stay at.

▼ Case Manager

I started a Master's Program to become a Marriage and Family Therapist. But I got divorced and had to support myself financially. I couldn't do the full time practicum, which was the last 6 months of the program. I had to earn money, I couldn't work and not get paid. That was the last thing you had to do to graduate, but I had to drop out. That happened to several other people in my class. I still have \$50,000 of debt from that program, but I didn't finish.

▼ Unlicensed Case Manager



WHAT CAN BE DONE TO ADDRESS THE SHORTAGE?



1 PROVIDE COMPETITIVE COMPENSATION
48% of Cook County BH workers were dissatisfied with pay, and 75% of unlicensed professionals make below a living wage. The region's BH workers across occupations are **paid less than other workers in other midwestern metros.**

2 INCREASE AWARENESS OF BEHAVIORAL HEALTH CAREERS
Greater exposure to career opportunities at the K-12, college, and graduate level is critical. **Residents of Cook County cannot aspire to careers they do not know exist.**

3 OFFER BEST-IN-CLASS "EARN & LEARN" OPPORTUNITIES
A \$50M public / private fund to expand **scholarship, apprenticeship, and fellowship** programs can help new entrants join the field and existing professionals advance.

4 IMPROVE JOB QUALITY IN TARGET SETTINGS
40% of Cook County professionals **report burnout**, and **36% intend to leave their job** in the next year. **13,000 will leave the field by 2028.** Cook County leaders, in partnership with the **Illinois Behavioral Health Workforce Center** and other partners, can provide support and funding to community providers focused on reducing burnout and increasing retention.

5 MAXIMIZE IMPACT OF CURRENT WORKFORCE
Reducing documentation burden, expanding **integration with primary care providers**, and exploring **new technologies** can help current healthcare professionals serve more patients.

A \$50M REGIONAL BH WORKFORCE FUND

- ▶ **\$5M** to train and provide stipendsto **400 certified peer recovery specialists**
- ▶ **\$6M** to establish a regional **alcohol and drug counselor registered apprenticeship**, employ, train, and certify **250 new counselors**
- ▶ **\$20M** to provide **400 current professionals and students** with scholarships, paid internships, and post-graduate supervision opportunities on their path to becoming **licensed clinical social workers and professional counselors**
- ▶ **\$16M** to expand **nurse practitioner and psychiatry fellowship programs** in community settings
- ▶ **\$3M** for **100 nursing students** in LPN and RN programs to get didactic and clinical training in behavioral health settings

TARGET OCCUPATIONS

Peer Recovery Specialists
Addiction Counselors
Professional Counselors
Social Workers
Licensed Practical Nurses
Registered Nurses
Nurse Practitioners
Psychiatrists

PRIORITY SETTINGS

Community-Based Providers
Federally Qualified Health Centers
Certified Community Behavioral Health Clinics
Public Schools



SECTION 1:

OVERVIEW OF THE BEHAVIORAL HEALTH WORKFORCE IN COOK COUNTY

To address the workforce shortage in Cook County, it is critical to establish a fundamental understanding of the size, occupations, and demographics of the current local workforce. This section provides this foundational overview with the following key findings:

- There were an estimated 30,763 BH professionals working in 16 BH core, nursing, and adjacent occupations in Cook County in 2023.
- The largest occupations by number of workers were substance use disorder (SUD) and mental health counselors and therapists (8,354), social and human service assistants, which includes peer recovery specialists, outreach workers, unlicensed case workers, and a range of other paraprofessional job titles (8,140), and clinical and counseling psychologists (3,253).
- Nearly 10% of the total BH workforce needs to be replaced each year due to retirements, those leaving the field, and professionals leaving the state.
- The Cook County BH workforce grew by 1.15% from 2022 to 2023, while the population stayed relatively unchanged.
- In general, the further south and west from downtown Chicago, the fewer BH professionals are working per resident.
- BH workers are predominantly female, except for psychiatrists.
- Black or African American and Hispanic or Latino workers were overrepresented in lower-paying BH occupations and underrepresented in higher-paying occupations.
- Most psychiatrists, nurse practitioners, and psychologists are White or Asian.

1.1: Employment Estimates

This report is focused on 16 frontline BH occupations critical to delivering mental health and substance use disorder services and treatment. Estimates and analyses are focused on professionals providing clinical services, not necessarily the number of people with a specific license. For example, if an individual has an active license to practice clinical social work (e.g., a Licensed Clinical Social Worker) or is a board-certified psychiatrist but they are

employed at a university and their primary job functions do not include providing clinical services, that person would not be included in our estimates.

Employment figures in this section, and throughout the report, are estimates of the number of people providing direct patient care employed in Cook County.

This report uses Standard Occupational Classification (SOC) codes and corresponding occupation titles and descriptions, to construct estimates of employment figures, wages, demographics, replacement rates, and growth rates based on US Census, US Bureau of Labor Statistics, and Cook County job posting data analyzed by Lightcast⁸, a labor market analytics company. A few notes about these groupings:



- Some occupations have commonly understood boundaries (e.g., *psychiatrists*). Other occupational categories cover a broad range of job titles and responsibilities (e.g., the *social and human service assistants* category includes case aides, outreach workers, crisis line specialists, and peer recovery specialists).
- Other occupations may or may not work in BH settings (e.g., *registered nurses*) and separate estimates to isolate professionals in these occupations that are working in BH settings in Cook County are not available in the data sources used. In these cases, this report uses national level estimates of the number of these professionals working in BH settings. Specifically, this report assumes that 4% of registered nurses work in behavioral health settings⁹, and 6.8% of nurse practitioners (NPs) and physician's assistants (PAs)¹⁰ work in behavioral health settings.

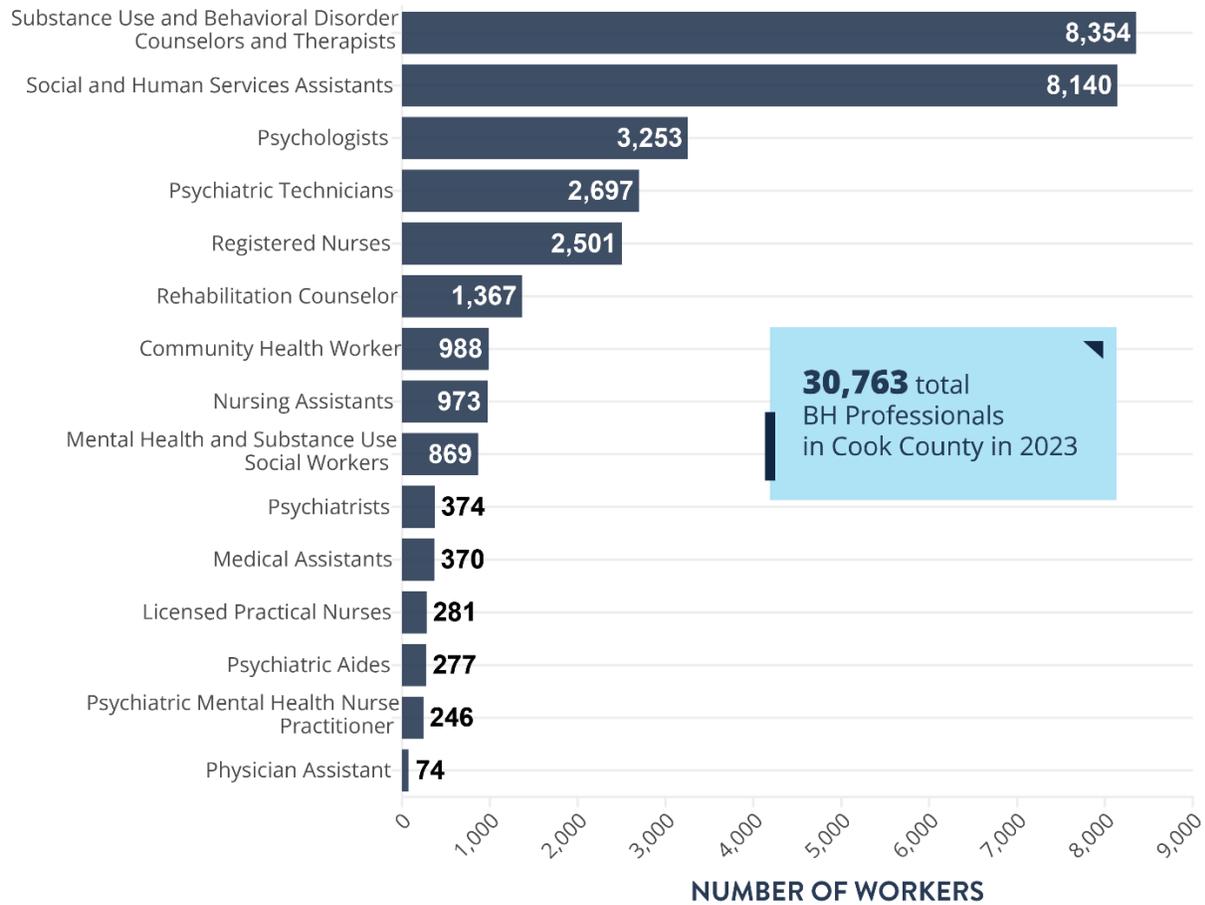
⁸ Job Posting Analytics (JPA) Methodology, Lightcast, July 2024, <https://kb.lightcast.io/en/articles/6957446-job-posting-analytics-jpa-methodology>

⁹ Phoenix BJ. The Current Psychiatric Mental Health Registered Nurse Workforce. Journal of the American Psychiatric Nurses Association. 2019;25(1):38-48. Doi: <https://doi.org/10.1177/1078390318810417>

¹⁰ Spetz, J., Hailer, L., Gay, C., Tierney, M., Schmidt, L. A., Phoenix, B., & Chapman, S. A. (2022). Buprenorphine treatment: Advanced practice nurses add capacity. Health Affairs, 41(9), 1231-1237. Doi: <https://doi.org/10.1377/hlthaff.2022.00310>

FIGURE 1: Cook County BH Employment Estimates by Occupation, 2023

NUMBER OF BEHAVIORAL HEALTH PROFESSIONALS IN COOK COUNTY IN 2023



Source: Trailhead Strategies analysis of Lightcast estimates.

Figure 2 lists the occupations included in this report, organized in three categories: core BH occupations, nurses working in BH, and BH-adjacent roles in which professionals are meeting the BH needs of clients, patients, or the community along with other health or occupational rehabilitation needs. The table also includes common job titles from Cook County employers based on Lightcast job posting analytics methodology¹¹.

¹¹ Job Posting Analytics (JPA) Methodology, Lightcast, July 2024, <https://kb.lightcast.io/en/articles/6957446-job-posting-analytics-jpa-methodology>

FIGURE 2: BH Occupations and Common Job Titles

SOC Code(s)	Title (Common Job Titles)	Estimated Workers (2023)
21-1093	Social and Human Services Assistants Community Support Specialist, Peer Support Specialist, Outreach Worker, Social Service Coordinator, Case Aide, Case Worker	8,140
21-1011 21-1013	Counselors and Therapists Addiction Counselor, Substance Use Disorder Counselor, Behavioral Health Counselor, Mental Health Counselor, Professional Counselor, Licensed Counselor, Behavioral Therapist, Clinical Therapists	8,354
31-1133 29-2053	Psychiatric Aides and Technicians Behavioral Health Technician, Autism Behavior Technician, Psychiatric Technician, Registered Behavioral Technician	2,974
21-1023	Social Workers in BH Settings¹² Case Manager, Clinical Social Worker, Licensed Clinical Social Worker, Clinician	869
19-3033	Psychologists (Clinical and Counseling)	3,253
29-1223	Psychiatrists¹³	374
31-9092	Medical Assistants	370
31-1131	Nursing Assistants	973
29-2061	Licensed Practical Nurses	281
29-1141	Registered Nurses (Including Advanced Practice Nurses)	2,501
29-1171	Nurse Practitioners	246
21-1015	Rehabilitation Counselors	1,367
21-1094	Community Health Workers	988
29-1071	Physician’s Assistants	74
Total		30,763

¹² This report differentiates social worker estimates from therapists and counselors based on actual job duties; not license type. Our estimates for the number of social workers in BH settings represent the number of workers whose core job responsibilities are to “**assess and treat** individuals with mental, emotional, or substance abuse problems, including abuse of alcohol, tobacco, and/or other drugs”. This differentiates them from BH Counselors and Therapists estimates, whose primary job functions are to “**counsel and advise** individuals with alcohol, tobacco, drug, or other problems, such as gambling and eating disorders. May counsel individuals, families, or groups or engage in prevention programs” (Source: O*NET, <https://www.onetcodeconnector.org/ccreport/21-1023.00>).

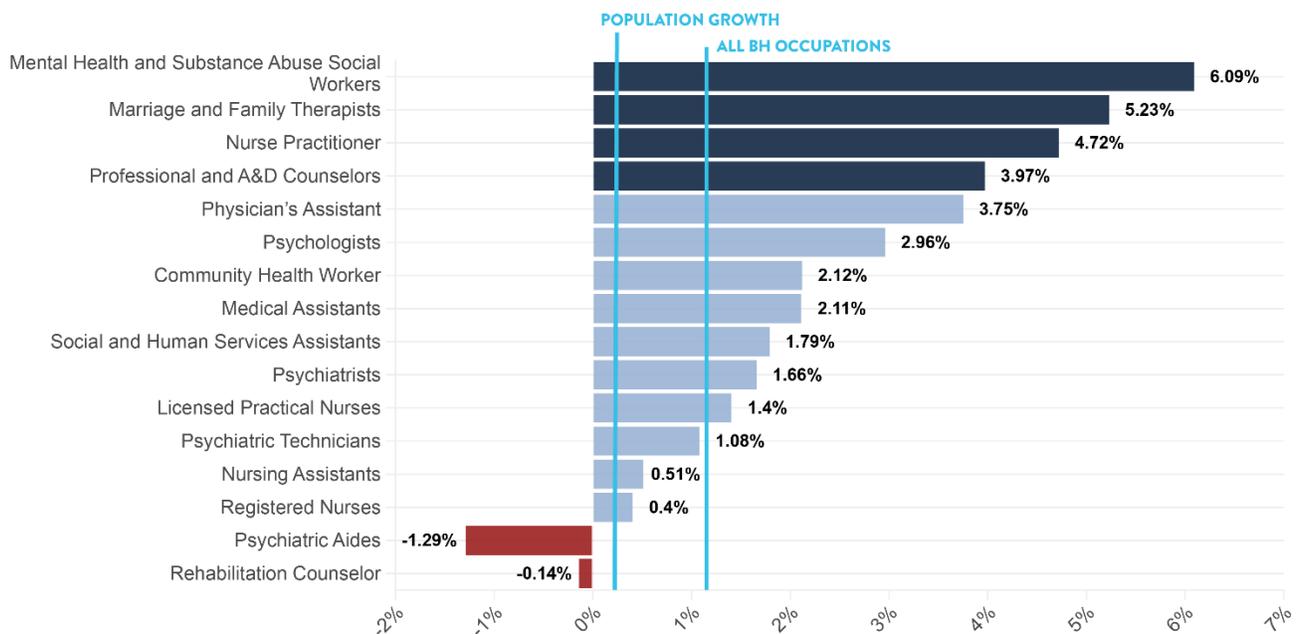
¹³ The American Medical Association (AMA) Masterfile, accessed through HRSA's Area Health Resource File, lists 940 active psychiatrists in Cook County in 2022/20223. The significant difference is likely due to this report’s methodology focused on psychiatrists who’s primary responsibility is clinical (as opposed to management/leadership or research) and those who are employed in settings likely to provide publicly funded care (as opposed to private practice).

1.2: Growth and Replacement Rates

This section provides estimates of the annual growth and replacement rates (e.g., how many professionals retire, leave the occupation, or leave Cook County) every year for each occupation of interest. This is useful to understand how employment by occupation is changing in the region and how many annual openings are expected in the years ahead.

The fastest growing occupations were social workers employed in mental health and substance use settings (+6%), marriage and family therapists (5%), nurse practitioners employed in BH settings (5%), and BH counselors (+4). Psychiatric aides and rehabilitation counselors were the only occupations that had fewer workers employed in Cook County in 2023 compared to 2022.

FIGURE 3: Annual BH Employment Growth in Cook County, 2022 – 2023



Source: Trailhead Strategies analysis of Lightcast estimates

In addition to occupation growth rates, Figure 4 shows occupational replacement rates in Cook County – the annual percentage of the workforce that is expected to retire, leave their occupation, or leave Cook County each year. Replacement rates are lower than turnover rates because they do not include workers who move from one employer to another while staying in the same occupation. In general, lower paying professions with fewer education and licensure requirements have higher replacement rates, as workers in these occupations are more likely to transition to other jobs in health and human services or to other industries (e.g., retail, food service) that pay similar wages.

Using employment and annual growth estimates along with replacement rates, Figure 4 estimates the number of annual job openings for each occupation. Analyzing replacement rates and occupation growth rates together helps estimate annual job openings in Cook County for each BH occupation of interest. This is roughly the number of individuals that need to be trained, educated, certified, and/or recruited from outside the County to keep pace with shifting staffing patterns and employment growth estimates in the region.

FIGURE 4: Estimated Annual Openings in BH Settings in Cook County, 2023

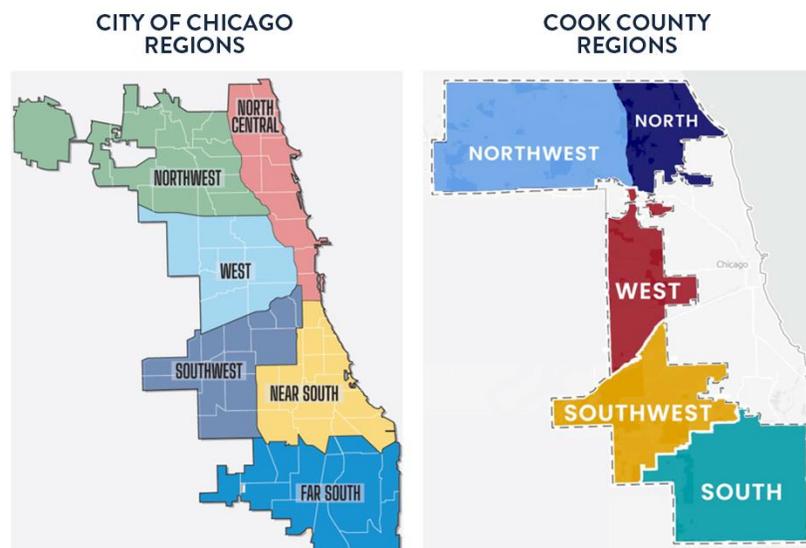
Occupation	2023 Jobs in BH	Annual Growth Rate	New Jobs	Replacement Rate	Replacement Jobs	Annual Job Openings
Counselors and Therapists	8,354	4.14%	346	8.00%	668	1,014
Social and Human Services Assistants	8,140	1.79%	146	10.10%	822	968
Community Health Worker	988	2.12%	21	9.80%	97	118
Social Workers	869	6.09%	53	6.90%	60	113
Rehabilitation Counselor	1,367	-0.14%	-2	7.70%	105	103
Nursing Assistants	973	0.51%	5	14.20%	138	143
Psychiatric Technicians	2,697	1.08%	29	8.10%	218	248
Registered Nurses	2,501	0.40%	10	5.40%	135	145
Psychologists (Clinical and Counseling)	3,253	2.96%	96	4.70%	153	249
Psychiatric Aides	277	-1.29%	-4	14.70%	41	37
Medical Assistant	370	2.11%	8	12.70%	47	55
Nurse Practitioner	246	4.72%	12	4.40%	11	22
Psychiatrists	374	1.66%	6	2.60%	10	16
Licensed Practical Nurses	281	1.40%	4	7.60%	21	25
Physician's Assistant	74	3.75%	3	4.90%	4	6
TOTAL	30,764		733		2,530	3,263

This report estimates 3,263 annual job openings for BH professionals, with 78% of job openings resulting from professionals leaving the field or retiring (2,530 of 3,263 openings). The most annual job openings in Cook County are for counselors and therapists (1,014), followed by social and human services assistance positions (968).

1.3: Employment Estimates by Cook County Regions

Data from the Illinois Behavioral Health Workforce Center (BHWC) shows Cook County has more licensed BH professionals than the statewide average in key professionals including social workers, professional counselors, and psychiatrists¹⁴. Cook County is a hub for healthcare services and education for the state and the entire mid-western region; many people travel to Cook County to receive care. However, within Cook County, BH professionals are not employed evenly across the County. This section estimates employment numbers by 11 Cook County regions.

FIGURE 5: Map of Cook County Regions Used



One of the challenges to conducting subregional estimates is that employment data is only available at the zip code level, whereas the City of Chicago Regions and Suburban Cook County Regions are defined by census tracts creating significant overlap between zip codes and the defined subregions. In some cases, zip code level employment estimates were used in multiple subregions. As a result, estimates of employment concentrations across the 11 regions can be used to get a general understanding of where professionals across the region are working, but should not be interpreted as precise counts by region or neighborhood. A full listing of zip codes assigned to each subregion can be found in Appendix A.

¹⁴ Illinois Behavioral Health Workforce Center Data Dashboard. Accessed September 2, 2024. https://smcginity43.shinyapps.io/IL_BHWC_dashboard_draft/?_ga=2.119883338.3948584.1678846447-1187697432.1677695363.

While the BH workforce is split between the City of Chicago and Suburban Cook County (not shown), significant regional differences in workers per population were observed across the 11 regions.

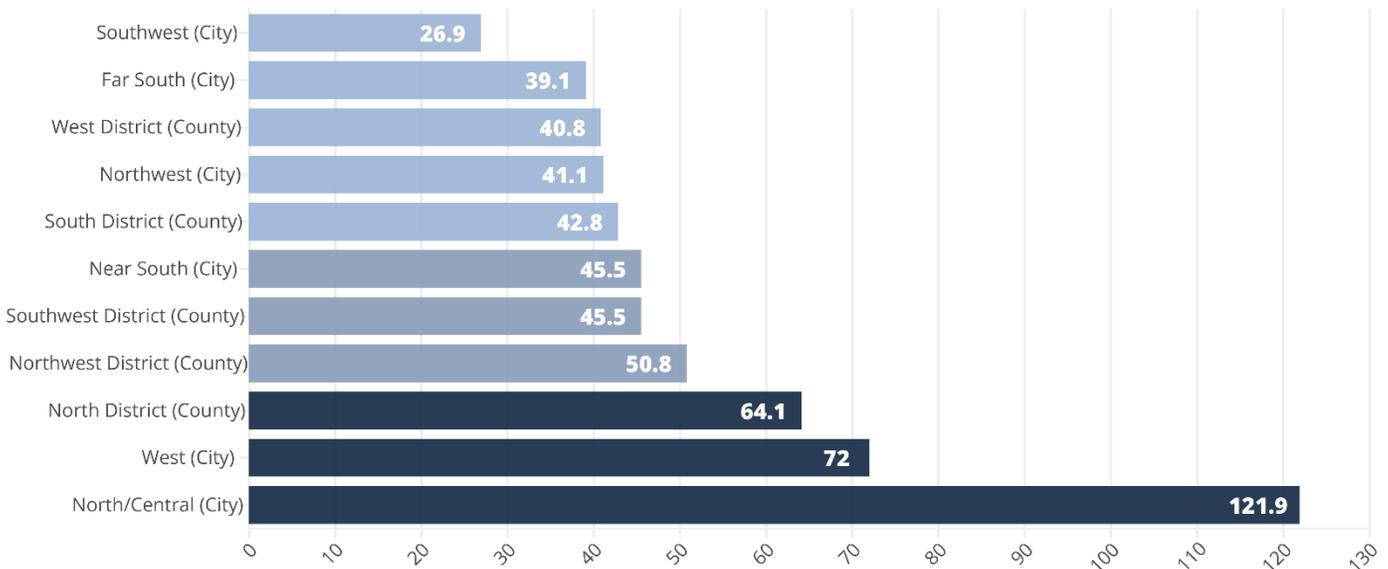
BH professionals are not evenly distributed across the County. The largest concentration of professionals work in the North/Central City of Chicago Region, both overall and in every occupation. In general, the further South and West from Chicago, the fewer BH professionals per resident are employed.

The Southwest City of Chicago Region has the fewest professionals per 10,000 residents (26.9), five times fewer than the number of professionals working in the North/Central City of Chicago Region (121.9), and well below the City's West Region (72) and the Suburban Cook County North District (64) (Figure 6).

FIGURE 6: Concentration of BH Employment in Cook County Regions

ESTIMATED BH WORKERS PER 10,000 RESIDENTS IN COOK COUNTY SUBREGIONS

2023



Source: Trailhead Analysis of Lightcast Employment and Population Estimates

FIGURE 7: BH Professionals by Cook County Subregions

CITY OF CHICAGO REGIONS	COMMUNITY AREAS	# OF ZIP CODES	POP. (2023)*	BH WORKERS**	WORKERS PER 10,000 PEOPLE
Far South	Burnside, Calumet Heights, Roseland, Pullman, South Deering, East Side, West Pullman, Riverdale, Hegewisch, Beverly, Washington Heights, Mount Greenwood, Morgan Park	8	392,652	1,536	39.1
North/Central	Rogers Park, West Ridge, Uptown, Loop, Near South Side, Lincoln Square, North Center, Lake View, Lincoln Park, Edgewater, Near North Side	22	862,484	10,515	121.9
Near South	Douglas, Oakland, Fuller Park, Grand Boulevard, Kenwood, Washington Park Hyde Park, Woodlawn, South Shore, Chatham, Avalon Park, South Chicago West Englewood, Englewood, Greater Grand Crossing, Auburn Gresham	10	563,158	2,560	45.5
Northwest	Norwood Park, Jefferson Park, Forest Glen, North Park, Albany Park, Portage Park, Irving Park, Dunning, Montclare, Belmont Cragin, Hermosa, Avondale, Logan Square, O'Hare, Edison Park	15	863,270	3,544	41.1
Southwest	Armour Square, Garfield Ridge, Archer Heights, Brighton Park, McKinley Park Bridgeport, New City, West Elsdon, Gage Park, Clearing, West Lawn, Chicago Lawn, Ashburn	9	620,952	1,667	26.9
West	Humboldt Park, West Town, Austin, West Garfield Park, East Garfield Park, Near West Side, North Lawndale, South Lawndale, Lower West Side	18	937,964	6,749	72.0
COOK COUNTY REGIONS	MUNICIPALITIES	# OF ZIP CODES	POP. (2023)*	BH WORKERS**	WORKERS PER 10,000 PEOPLE
South	Glenwood, Olympia Fields, Matteson, Lynwood, Sauk Vlage, Country Club Hls, Calumet City, Chicago Heights, Lansing, South Holland, Flossmoor, Phoenix, Thornton, Posen, Riverdale, Dixmoor, South Chicago Heights, East Hazel Crest, Burnham, Dolton, Homewood, Hazel Crest, Markham, Midlothian, Richton Park, Ford Heights, Harvey, Tinley Park, Oak Forest, Park Forest, Steger	30	547,166	2,340	42.8
Southwest	Palos Hills, Alsip, Palos Park, Palos Heights, Hickory Hills, Evergreen Park, Hometown, Calumet Park, Merrionette Park, Worth, Oak Lawn, Chicago Ridge, Lemont, Orland Park, Orland Hills, Crestwood, Bridgeview, Justice, Blue Island, Summit, Willow Springs, Robbins, Bedford Park, Oak Forest, Tinley Park	26	531,570	2,419	45.5
North	Northfield, Inverness, Niles, Elk Grove Village, Glenview, Golf, Glencoe, Lincolnwood, Kenilworth, Park Ridge, Winnetka, Morton Grove, Northbrook, Wilmette, Rosemont, Deerfield, East Dundee, Skokie, Evanston	21	496,066	3,181	64.1
Northwest	Hoffman Estates, Streamwood, Mount Prospect, Schaumburg, Arlington Heights, Prospect Heights, Wheeling, Des Plaines, Palatine, Elk Grove Village, Palatine, Elgin, Barrington, South Barrington, Barrington Hills, Hanover Park, Bartlett, Buffalo Grove, Roselle,	25	826,856	4,202	50.8
West	McCook, Harwood Heights, Indian Head Park, Franklin Park, Westchester, La Grange Park, Northlake, Hodgkins, Western Springs, Berwyn, River Grove, Cicero, Riverside, Brookfield, Stone Park, La Grange, Melrose Park, Broadview, North Riverside, Maywood, Forest Park, Countryside, River Forest, Norridge, Berkeley, Elmwood Park, Bellwood, Hillside, Lyons, Schiller Park, Rosemont, Willow Springs, Burr Ridge, Summit, Hinsdale, Bedford Park, Justice, Bensenville	32	722,088	2,947	40.8

*Population adds up to more than the Cook County population due to overlapping zip codes.

**Employment estimate totals of each subregion add up to more than Cook County estimates due to overlapping zip codes.

A full listing of each occupation’s employment estimates by subregion can be found in Appendix B and C.

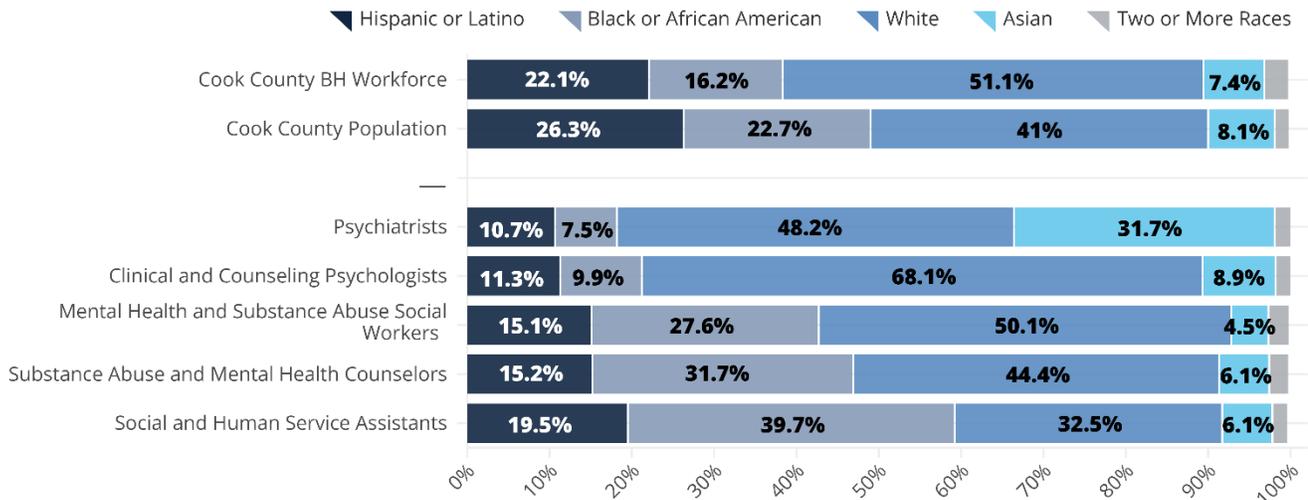
1.4: Race and Ethnicity of the BH Workforce

This section provides an overview of the BH workforce by race/ethnicity in 2023, analyzed by occupation, and compared to the Cook County population overall using. Key findings include:

- ▶ Hispanic/Latinos are underrepresented in the BH workforce overall and in every core BH occupation. Hispanic/Latinos make up 26% of Cook County residents, 22% of all occupations we looked at, and only 11% of psychiatrists, 11% of psychologists, and 15% of social workers and counselors.
- ▶ Black or African Americans are also underrepresented in the BH workforce overall. However, Black workers are overrepresented in lower paying BH jobs. Black or African American residents make up 23% of Cook County population, but 40% of social and human services assistants and 32% of BH counselors. Only 10% of psychologists and 8% of psychiatrists are Black.
- ▶ White workers represent 51% of the BH workforce, compared to 41% of the Cook County population. Occupations with the highest share of White workers include psychologists (68%), nurse practitioners (67%), social workers (50%), and psychiatrists (48%).
- ▶ Asian¹⁵ workers represent a much larger share of psychiatrists (32%), registered nurses (16%) and psychiatric technicians (11%) than the overall Asian population in Cook County (8%).

¹⁵ While this report recognizes the significant diversity of language, culture, and lived experience individuals of Asian descent living and working in Cook County bring, data from the US Census Bureau on individual groups within the “Asian” category (e.g., South Asian, East Asian, Middle Eastern) is not available.

FIGURE 8: Race/Ethnicity of Core BH Occupations in Cook County, 2023

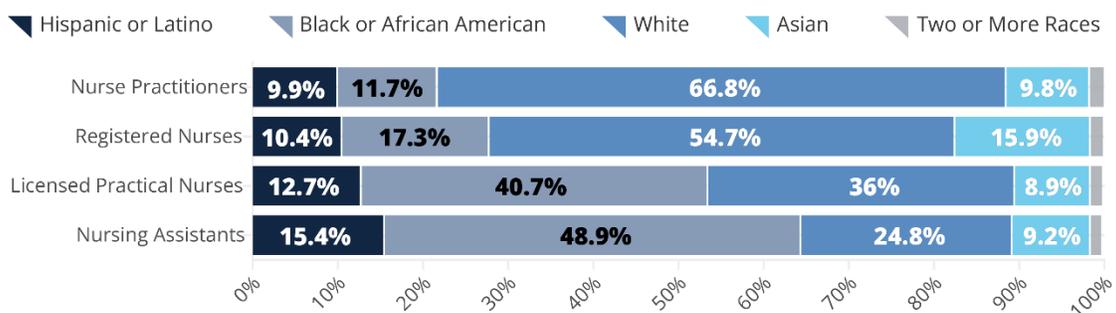


Source: Trailhead Analysis of Census Bureau and BLS Occupational Estimates Accessed through Lightcast

In Cook County, this analysis suggests BH occupations analyzed with lower median wages and fewer training and education requirements (and costs) are more likely to be Black or Hispanic. For example, social and human service assistants have a median hourly wage of \$21.11 in Cook County (\$42,231 annual salary) and employ nearly 30% of all BH workers in job titles such as outreach workers, case aides, peer support workers, and service navigators. 40% of these workers are Black and 20% of these workers are Hispanic/Latino in Cook County. In contrast, only 8% of psychiatrists – the highest paying profession examined in this report - are Black and 11% are Hispanic/Latino.

This occupational segregation is also evident in the nursing pathway in Cook County. While nearly half of nursing assistants in Cook County are Black (49%), the percentage was much lower for registered nurses (17%) and nurse practitioners (12%). Overall, these higher paying nursing jobs have a much higher share of White workers than lower paying nursing assistant and practical nursing occupations (Figure 9).

FIGURE 9: Race/Ethnicity of Cook County Nursing Professions, 2023

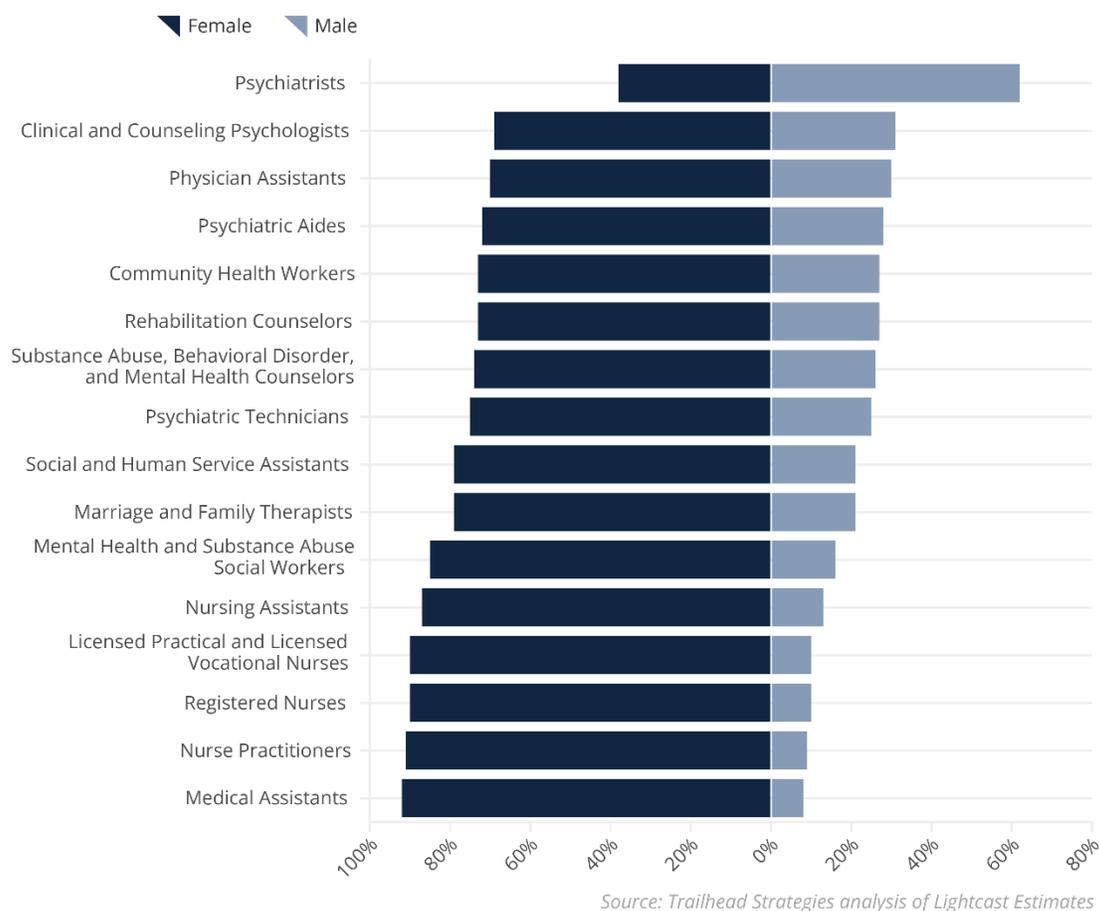


Source: Trailhead Analysis of Census Bureau and BLS Occupational Estimates Accessed through Lightcast

1.5: Gender of the Behavioral Health Workforce

The Cook County BH workforce is overwhelmingly female, except for psychiatrists. These trends mirror the healthcare workforce nationally. The National Institutes of Health estimates that 76% of the healthcare workforce is female¹⁶, while a John Hopkins study published in the National Library of Medicine estimates 38.5% of practicing psychiatrists are female¹⁷.

FIGURE 10: Cook County BH Workforce by Gender¹⁸



¹⁶ U.S. Department of Health and Human Services. Health Resources and Services Administration. National Center for Health Workforce Analysis. Sex, Race, and Ethnic Diversity of U.S. Health Occupations (2011–2015)

2017. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/diversity-us-health-occupations.pdf>.

¹⁷ Wyse R, Hwang WT, Ahmed AA, Richards E, Deville C Jr. Diversity by Race, Ethnicity, and Sex within the US Psychiatry Physician Workforce. *Acad Psychiatry*. 2020 Oct;44(5):523-530. doi: 10.1007/s40596-020-01276-z. Epub 2020 Jul 23. PMID: 32705570.

¹⁸ US Census Bureau data on employees that identify as non-binary, or transgender is not available.

While data is unavailable from the US Census Bureau for the share of employees that identify as non-binary or transgender, interviews with Cook County employers and frontline professionals conducted as part of this report suggest gender non-conforming professionals are important part of the region’s workforce.

Overall, in the Cook County BH workforce, there is evidence of occupational segregation – the systemic overrepresentation or underrepresentation of a demographic group in a particular occupation or field of employment¹⁹. Like national trends in the workforce more generally, women of color in Cook County’s BH workforce are disproportionately working in jobs that often do not pay family-sustaining wages, offer fewer benefits, and are often viewed as lower quality jobs compared to other BH professions in the region. Women of color working in BH in Cook County would be significant beneficiaries of wage increases, training and advancement opportunities, and other job quality investments focused on lower paying BH occupations including peers, outreach workers, community health workers, counselors, medical assistants, and nursing assistants.

¹⁹ National Employment Law Project, Desegregate the Job Market. <https://www.nelp.org/explore-the-issues/anti-discrimination/occupational-segregation/>

SECTION 2:

ESTIMATING THE WORKFORCE SHORTAGE

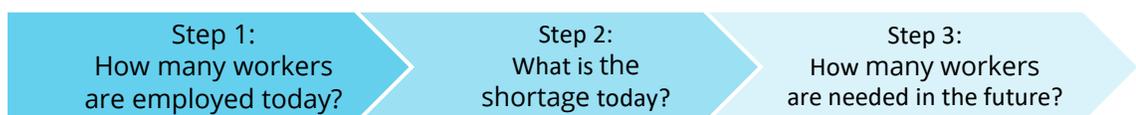
Cook County, like Illinois, does not have enough behavioral health providers to meet the increasing mental health and substance use disorder treatment needs of its residents. While the previous section estimated there were 30,763 BH professionals currently working in Cook County in private and public settings in 2023, this section estimates how many professionals are needed to meet the population's need for services, both today and over the next five years. Key findings include:

- ▶ In 2023, the Cook County workforce was 15,885 workers short of what is needed to meet the unmet need for BH services, more than 50% of the size of the current workforce.
- ▶ By the end of 2028, 13,763 BH professionals are expected to leave Cook County, retire, or leave their occupation and will need to be replaced.
- ▶ Over the next five years, Cook County needs to attract and/or retain 29,649 BH workers to meet unmet need, roughly the same number currently employed.
- ▶ This number includes 23,928 workers in core BH occupations, including social and human service assistance, sometimes referred to as paraprofessionals (8,221), therapists and counselors (9,175), social workers in BH settings (1,059), psychiatric aides and technicians (2,565), psychologists (2,679), and psychiatrists (229).

2.1: Approach to Estimating the Shortage in Cook County

The research approach to develop these estimates involved developing estimates of the shortage in 2023 based on survey data from the National Survey of Drug Use and Health administered by US Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA), then modeling how many workers are needed to keep pace with population growth and replacement rates overtime.

FIGURE 11: Research questions to estimate the BH workforce shortage in Cook County



STEP 1: HOW MANY WORKERS ARE EMPLOYED TODAY?

The first step in estimating the number of professionals needed is to establish how many workers are employed today in relevant occupations. As described in Section 1, there were an estimated 30,763 behavioral health professionals working in core, nursing, and adjacent occupations in 2023.

FIGURE 12: BH Professionals Working in Cook County, 2023

Title	Estimated Workers in BH Settings (2023)
Social and Human Services Assistants	8,140
Counselors and Therapists	8,354
Psychiatric Aides and Technicians	2,974
Social Workers	869
Psychologists (Clinical and Counseling)	3,253
Psychiatrists	374
Nursing Assistants	370
Licensed Practical Nurses	973
Registered Nurses	281
Nurse Practitioners	2,501
Rehabilitation Counselors	246
Community Health Workers	1,367
Physician's Assistants	988
TOTAL	30,764

STEP 2: WHAT IS THE WORKER SHORTAGE TODAY?

The next step is to estimate how many workers are required to meet population needs for mental health and substance use treatment. To do this, data was analyzed from the National Survey on Drug Use and Health (NSDUH), conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA), which provides nationally representative data on the use of tobacco, alcohol, and drugs; substance use disorders; mental health issues; and receipt of substance use and mental health treatment among the civilian, noninstitutionalized population aged 12 or older in the United States.

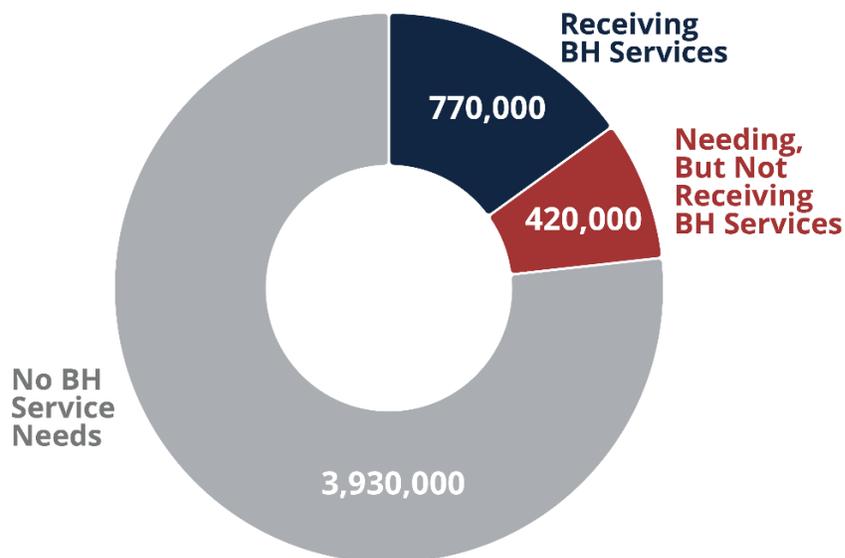
Data for five biannual cross-sections were available from SAMHSA’s National Survey on Drug Use and Health (NSDUH) on the incidence of mental health illness, substance use, and mental health services received (2008-2010, 2010-2012, 2012-2014, 2014-2016, and 2016-2018) in Cook County. Due to changes in data collection and methodology beginning in 2020 because of the COVID-19 pandemic, SAMHSA cautions that estimates from 2020-2022 are not comparable to prior years. To account for this, the research team opted to use older data to calculate a growth rate and then project a rate of mental health illness, substance use disorder, and BH services received for Cook County residents over the next 5 years. The SAMHSA NSDUH estimates used were based on Cook County resident responses to the following survey questions:

- ▶ Did you experience mental illness in the past year (adults aged 18 or older)?
- ▶ Did you receive any mental health treatment in the past year?
- ▶ Are you needing, but did not receive treatment at a specialty facility for substance use in the past year (ages 12 years and older)?

After controlling for co-morbidity, the research team estimates 23%, or approximately 1.2 million of the estimated 5.12 Million Cook County residents needed BH services in 2023. Based on projections of NSDUH estimates, 65% of those residents received treatment or service in the last year, and 35% (or 420,000 residents) did not.

FIGURE 13: Cook County Met and Unmet Need for Behavioral Services (2023 Estimates)

ESTIMATED NEED FOR BH SERVICES IN COOK COUNTY, 2023
COUNT OF RESIDENTS (ROUNDED)

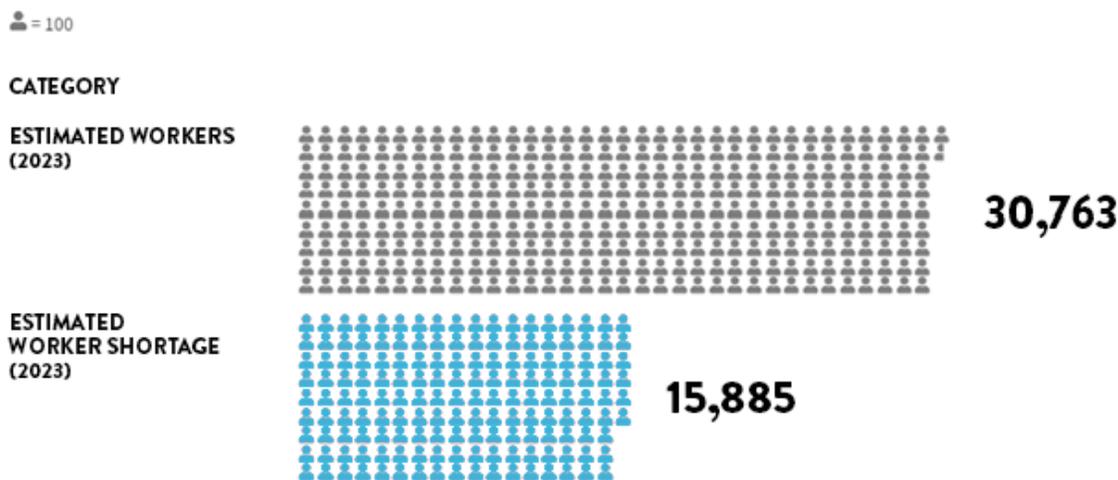


Source: Trailhead Analysis of SAMHSA NSDUH Substate Estimates based on 2012-2014, 2014-2016, and 2016-2018 trends

Based on these high-level estimates, a service ratio of workers to patients was calculated to develop an estimate of the expected total labor force needed to provide a service or treatment to the additional 420,000 Cook County residents who needed a BH service or treatment but did not receive one in 2023. This resulted in estimates that the workforce needed to be ~50% larger to serve population need in 2023, assuming no changes in level of collaborative care with primary care professionals, uses of telehealth from out-of-state professionals, or other developments that significantly change the number of residents the average BH professional is able to serve.

FIGURE 14: Behavioral Health Workforce Shortage in Cook County, 2023

Today's workforce is ~50% short of what is needed to meet unmet need
 15,885 additional workers are needed to serve the 420,000 Cook County residents with unmet need for substance use disorder or a mental illness right now.



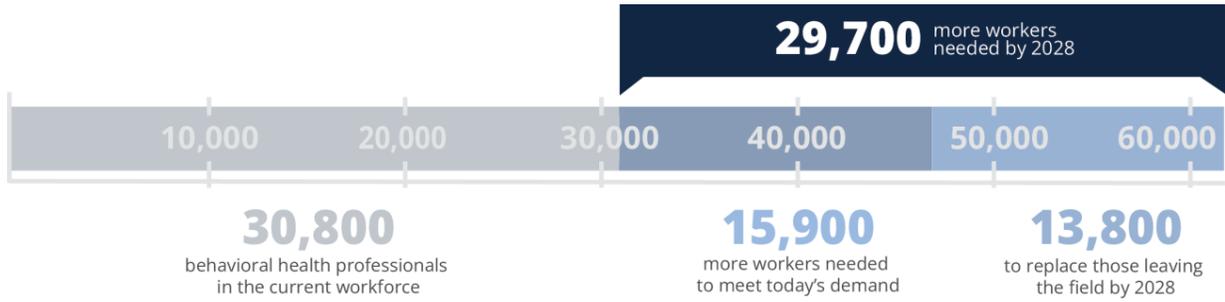
Source: Trailhead Strategies analysis of SAMSHA, Census, and Lighcast Estimates

STEP 3: HOW MANY WORKERS WILL BE NEEDED IN THE FUTURE?

To estimate the additional workers needed over the next five years, the research team used the number of workers employed in 2023, the proportion of the workforce each occupation represented in 2023, the extent of the shortage today, and individual occupational growth and replacement rates shown in Section 1. This method provides us with estimates of the following, shown in Figure 15 below:

- Net new positions needed by 2028 to address the workforce shortage
- Replacement workers needed by 2028 to replace those leaving the field
- Total additional workers need by 2028 (the sum of the previous two numbers).

FIGURE 15: Additional Professionals Needed by 2028



By 2028, Cook County needs to attract, retain, and/or upskill ~30,000 workers to address the BH worker shortage and replace professionals expected to leave the field over the next 5 years. This is roughly the same number of professionals currently employed in BH today.



FIGURE 16: Shortage of BH Workers in Cook County, 2023-2028

Occupation	Workers in BH Settings (2023)	Shortage Today ²⁰	Replacement Workers Needed by 2028 ²¹	Total Needed by 2028
Social and Human Services Assistants*	8,140	4,203	4,018	8,221
Counselors and Therapists	8,354	4,314	4,861	9,175
Psychiatric Aides and Technicians	2,974	1,536	1,029	2,565
Social Workers	869	449	610	1,059
Psychologists (Clinical & Counseling)	3,253	1,680	999	2,679
Psychiatrists**	374	193	36	229
Medical Assistants	370	191	243	434
Nursing Assistants	973	502	580	1,082
Licensed Practical Nurses	281	145	93	238
Registered Nurses	2,501	1,292	359	1,651
Nurse Practitioners	246	127	108	235
Rehabilitation Counselors	1,367	706	299	1,005
Community Health Workers	988	510	500	1,010
Physician's Assistants	74	38	28	66
Total	30,764	15,886	13,763	29,649

**includes peer recovery specialists, outreach workers, unlicensed case workers, and similar roles.*

***estimates are for psychiatrists working in settings that likely provide publicly funded care.*

2.2 Limitations

This section provides the best possible estimates with the data available. However, this analysis has several limitations and weaknesses.

First, the Bureau of Labor Statistics' Standard Occupation Classifications (SOC) are broad and do not change often. Several occupations in the analysis (for example, registered nurses, nurse practitioners, and physician's assistants) are employed throughout the health system; behavioral health is only one of several specialties or work settings. To include these important professionals in the model, national estimates for the number of these

²⁰ Based on Trailhead's analysis of SAMHSA unmet need data and estimated population and occupational growth rates.

²¹ Based on estimated replacement rates per occupation, which considers retirements, those leaving Cook County, and those leaving their occupation. Replacement rates are lower than turnover rates as they do not account for all separations. Workers leaving their job for another job in the same occupation in the region (e.g., a Professional Counselor leaving one employer for another) are not included in this replacement rate because that change does not reduce the number of workers in the occupation

professionals employed in BH settings were used, as explained above. The validity of those estimates rests on the following assumptions: 1) that Cook County has a similar proportion of each of these professions working in behavioral health as the US at large and 2) that key features, like turnover and replacement rates, are similar across specialties within professions.

Additionally, a handful of high-priority occupations for Cook County, such as peer support specialists, do not have a designated SOC code and their job titles are included in the SOC code for social and human service assistants, making it difficult to estimate how many peer support specialists are currently employed and how many are needed in the future.

Second, the analysis rests primarily (and necessarily) on historical data, but recent and anticipated changes impact the reliability of our estimates. For example, the COVID-19 pandemic has changed the demand and supply for behavioral health services, which is not fully reflected in available data. SAMHSA urges caution in interpreting and comparing NSDUH estimates post-COVID; the research team opted to use pre-COVID estimates for reasons explained above, which is likely an underestimate of unmet need for BH services given national trends in substance use and mental health need increasing during and after the pandemic. The long-term impacts of the pandemic on public health of the Cook County population are not considered in these estimates.

Third, available data do not provide the level of detail necessary to estimate the number of providers that take patients regardless of their ability to pay. For example, interviews suggest a large percentage of licensed clinicians and psychiatrists are employed in “cash only” or private insurance-only private practices, further exacerbating the provider shortage for individuals on publicly funded health plans and the uninsured.

Fourth, available data is limited on race/ethnicity, language competency, and specific zip code of practice for each occupation, making it difficult to draw conclusions related to the shortage of providers in specific neighborhoods or with specific language or cultural competency.

Finally, the analysis does not include workforce optimization efforts, including new or alternative models of care, technology innovations including using Artificial Intelligence to expand the number of patients a provider can serve, changes in the prevalence of using remote or telehealth to meet community need through providers that live outside of Cook County. These are all areas for further research and inquiry.

SECTION 3:

SUPPLY OF BEHAVIORAL HEALTH TALENT FROM COOK COUNTY INSTITUTIONS OF HIGHER EDUCATION

Working to keep pace with the demand for BH talent is Cook County's regional education and training system. Colleges, universities, certificate programs, apprenticeship programs, and on-the-job training collectively make up the talent development system charged with training and upskilling the BH workforce. This section examines graduation data from Cook County post-secondary education programs in fields of study relevant to BH occupations of interests. Key findings include:

- ▶ 44 colleges and universities located in Cook County awarded 9,777 certificates or degrees in relevant BH fields and related fields, including nursing, in academic year ending in 2022.
- ▶ 1,359 degrees were in core BH programs including Social Work, Therapy, Mental Health Counseling, Alcohol and Drug Counseling.
- ▶ 2,713 degrees were awarded to graduates in general, clinical, counseling, or behavioral psychology.
- ▶ 8 psychiatry residencies in Cook County host a total of 208 residents.
- ▶ Doctorate of Nursing Practice degree awards has significantly increased over the last 3-years, while degree completions from Social Work and Alcohol and Drug Counseling programs decreased.
- ▶ There is a shortage of local programs producing BH professionals with Associate and Certificate degrees for careers such as peer support specialists, outreach workers, and alcohol and drug counselors.
- ▶ The university system in Cook County is collectively producing more individuals graduating from Master's, Doctorate, and professional degrees relative to annual openings in BH jobs that required advanced degrees; workforce interventions may need to be focused on keeping these graduates in Cook County and attracting them to employment opportunities in publicly-funded service settings.

To conduct this analysis, the research team examined Certificate, Associate, Bachelor's, Master's, Doctoral and Post-Graduate programs in relevant fields, identified through their Classification of Instructional Program (CIP) codes. Figure 17 shows the programs that were selected for analysis.

FIGURE 17: Education and Training Programs Reviewed

CIP	Description	CIP	Description
44.0701	Social Work	51.3902	Nursing Assistant / Patient Care Assistant/Aide
42.0101	Psychology, General	51.0801	Medical/Clinical Assistant
42.2803	Counseling Psychology	51.3901	Licensed Practical/Vocational Nurse Training
42.2801	Clinical Psychology	51.0899	Allied Health and Medical Assisting Services, Other
51.1501	Substance Abuse/Addiction Counseling	51.3801	Registered Nursing/Registered Nurse
51.1508	Mental Health Counseling/Counselor	51.3899	Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing, Other
51.1505	Marriage and Family Therapy/Counseling	51.3808	Nursing Science
30.1701	Behavioral Sciences	51.3818	Nursing Practice
19.0799	Human Development, Family Studies, Other	51.1199	Health/Medical Preparatory Programs, Other
44.0000	Human Services, General	51.0912	Physician Assistant

Post-secondary institutions eligible to participate in Title IV federal financial aid, also known as FAFSA, are required to report student completion data to the National Center for Education Statistics (NCES). Education programs that relate to the BH occupations of interest were identified. Broad programs (e.g., General Studies), programs lacking relevance (e.g., Environmental Studies), and any programs without available graduation data for Cook County were excluded. This resulted in education completion data from 44 colleges and universities that produced graduates of Certificate, Associate, Bachelor’s, Master’s, and Post-Graduate programs in Cook County for 20 unique Classification of Instructional Program (CIP) codes.

FIGURE 18: Cook County Post-Secondary Education Institutions with Degree Awards in Relevant Programs, 2022

School	Awards	School	Awards
University of Illinois Chicago	1251	North Park University	119
Loyola University Chicago	1126	MDT College of Health Sciences	106
William Rainey Harper College	774	Chicago State University	101
Moraine Valley Community College	764	Midwestern Career College	96
Northwestern University	569	Concordia University-Chicago	94
City Colleges of Chicago-Malcolm X College	527	Ambria College of Nursing	82
DePaul University	441	Trinity Christian College	72
Rush University	419	Northwestern College	70
Adler University	287	St. Augustine College	39
Northeastern Illinois University	276	Americare Technical School	32
Oakton Community College	276	Stellar Career College	32
University of Chicago	249	Illinois Institute of Technology	31
National Louis University	244	City Colleges of Chicago-Kennedy-King College	21
Triton College	221	Erikson Institute	21
Dominican University	207	CAAN Academy of Nursing	19
Saint Xavier University	204	City Colleges of Chicago-Wilbur Wright College	18
Roosevelt University	202	Moody Bible Institute	12
The Chicago School of Professional Psychology at Chicago	174	East-West University	8
Lincoln College of Technology-Melrose Park	155	Institute for Clinical Social Work	7
Morton College	152	Fox College	4
Prairie State College	137	City Colleges of Chicago-Harold Washington College	3
South Suburban College	132	Hebrew Theological College	3

3.1: Program Completion Trends

This section examines trends in post-secondary education completion data from the top relevant college and university Certificate, Associate, Bachelor's, Master's, Doctoral, and Post-Graduate degree programs from 2019 to 2022.

- ▶ Social work degree completion from top institutions declined by -4% in Cook County from 2019 to 2022. Interviewees cited requirements for unpaid internships, the cost of education, shortage of faculty, and low pay after completion as reasons for slowing enrollments.
- ▶ Psychology program completions trended in different directions based on the degree award and specialization. General Psychology degree awards, which are mostly bachelor's level programs, decreased by 9% and Clinical Psychology programs, which are mostly Doctorate awards, decreased by 3%. However, Counseling Psychology degree awards, which are mostly Master's programs, saw a 25% increase in degree completions from 2019 to 2022.
- ▶ Doctor of Nursing Practice programs saw an increase of 11%, an important development as psychiatric mental health nurse practitioners with the ability to prescribe are an important and growing part of the community BH system.
- ▶ Substance Abuse/Addiction Counseling programs completions, mostly at the Associate and Certificate level, decreased by 23% and had very small number of program completions overall (71).
- ▶ Nursing Assistant/Aide and Patient Care Assistant/Aide programs produced the most graduates (2134) in 2022, which has grown significantly (+34%) since 2019.

FIGURE 19: Cook County BH Degree Award Trends (2019 – 2022)

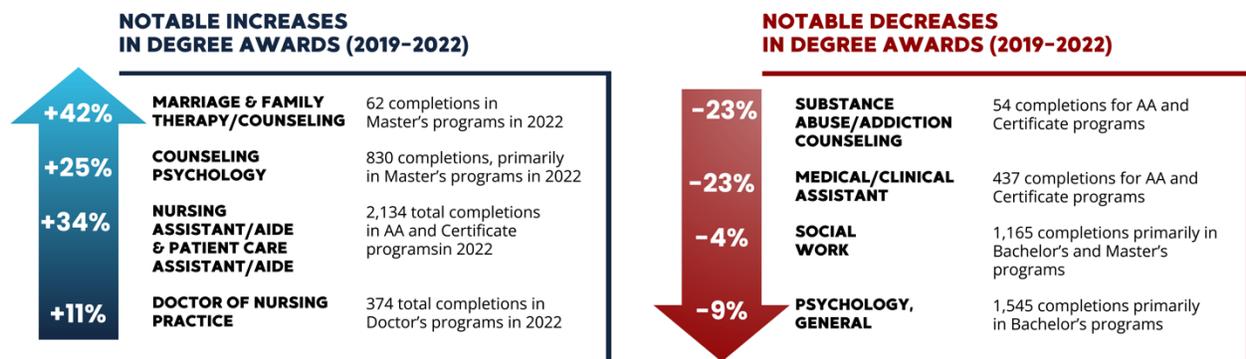


FIGURE 20: Relevant Cook County Degree Completions, 2019-2022²²

CIP Code	Degree Description	Certificate	Associate's	Bachelor's	Master's	Doctor's	Post-Graduate	2022 Total Completions	Change from 2019
51.3902	Nursing Assistant/Aide and Patient Care Assistant/Aide	2134	0	0	0	0	0	2134	34%
51.3801	Registered Nursing/Registered Nurse	0	714	1040	200	0	0	1954	6%
42.0101	Psychology, General	0	0	1416	90	39	3	1548	-9%
44.0701	Social Work	6	7	218	909	16	8	1164	-4%
51.0801	Medical/Clinical Assistant	437	4	0	0	0	0	441	-23%
42.2803	Counseling Psychology	0	0	35	781	14	0	830	25%
51.3818	Nursing Practice	0	0	0	0	374	0	374	11%
51.3808	Nursing Science	0	0	0	295	12	11	318	2%
42.2801	Clinical Psychology	0	0	1	71	189	0	261	-3%
51.3901	Licensed Practical/Vocational Nurse Training	97	0	0	0	0	0	97	-17%
51.1501	Substance Abuse/Addiction Counseling	42	17	0	0	0	12	71	-23%
51.0912	Physician Assistant	0	0	0	95	0	0	95	8%
30.1701	Behavioral Sciences	0	58	8	0	7	1	74	17%
51.1508	Mental Health Counseling/Counselor	0	0	0	61	0	1	62	-16%
51.1505	Marriage and Family Therapy/Counseling	0	0	0	60	2	0	62	41%
19.0799	Human Development, Family Studies, and Related	0	0	55	1	6	0	62	38%
51.1199	Health/Medical Preparatory Programs, Other	6	0	0	16	0	0	22	69%
44.0000	Human Services, General	0	3	7	14	0	0	24	-60%
51.0899	Allied Health and Medical Assisting Services, Other	3	0	0	0	0	0	3	-94%
51.3899	Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing, Other	0	0	0	0	0	2	2	0%
Total		2,725	803	2,780	2,593	659	38	9,598	

²² Interviews and information from education leaders in Cook County have shared this may be an undercount of specific BH programs, including Substance Abuse/Addiction Counseling programs due to how some colleges code sequences and coursework as part of a larger healthcare pathway and report degree awards to the National Center for Education Statistics.

3.2: Institutions Producing BH Talent in Core Occupations

Exploring programs by schools and occupational clusters can help identify potential opportunities for partnerships between employers, schools, funders, and public health leaders.

Overall, the most graduates from relevant BH programs come from the University of Illinois Chicago and Loyola University Chicago in core programs including social work and psychology.

Of the 23 institutions that awarded at least one degree in social work, therapy, and counseling programs, the top five institutions – Loyola University Chicago, University of Illinois Chicago, University of Chicago, Northeastern Illinois University, and Dominican University produced 79% of graduates (Figure 21). These programs and institutions could be important partners in increasing program enrollments, partnering to offer paid field placements and internship opportunities for existing students.

FIGURE 21: Degree Completions for Social Work and Counseling Programs, 2022

Program	Social Work	Marriage and Family Therapy/ Counseling	Mental Health Counseling/ Counselor	Substance Abuse/ Addiction Counseling	Total
Loyola University Chicago	346	0	0	0	346
University of Illinois Chicago	229	0	0	0	229
University of Chicago	200	0	0	0	200
Northeastern Illinois University	159	15	22	0	196
Dominican University	98	0	0	0	98
Northwestern University	0	30	0	0	30
Adler University	0	16	0	12	28
DePaul University	27	0	0	0	27
Erikson Institute	21	0	0	0	21
City Colleges of Chicago-Kennedy-King College	2	0	0	19	21
St. Augustine College	20	0	0	0	20
Roosevelt University	0	0	19	0	19
City Colleges of Chicago-Wilbur Wright College	8	0	0	10	18

Program	Social Work	Marriage and Family Therapy/ Counseling	Mental Health Counseling/ Counselor	Substance Abuse/ Addiction Counseling	Total
National Louis University	16	1	0	0	17
Moraine Valley Community College	0	0	0	17	17
Chicago State University	16	0	0	0	16
Oakton Community College	1	0	0	11	12
Moody Bible Institute	0	0	12	0	12
Trinity Christian College	10	0	0	0	10
Illinois Institute of Technology	0	0	9	0	9
Concordia University-Chicago	9	0	0	0	9
City Colleges of Chicago-Harold Washington College	2	0	0	1	3
South Suburban College	0	0	0	1	1
Total	1164	62	62	71	1359

2,713 graduates completed relevant programs in psychology and behavioral sciences programs, shown below in Figure 22. The majority of these graduates (1,548) completed general Psychology programs, many at the Bachelor's degree level, who may or may not be aware of or interested in pursuing careers in BH. Counseling and Clinical Psychology programs awarded over 1,000 degrees, led by Northwestern (308), Adler University (237), and the Chicago School of Professional Psychology (169).

FIGURE 22: Programs with Degree Completions for Psychology and Behavioral Sciences Programs, 2022

Program	Psychology, General	Counseling Psychology	Clinical Psychology	Behavioral Sciences	Total
Northwestern University	173	294	14	8	489
University of Illinois Chicago	420	0	0	0	420
Loyola University Chicago	266	3	15	58	342
Adler University	22	168	69	0	259
National Louis University	93	86	43	0	222
DePaul University	170	0	15	0	185
The Chicago School of Professional Psychology at Chicago	5	109	60	0	174
Roosevelt University	76	38	37	0	151
Northeastern Illinois University	80	0	0	0	80
Chicago State University	42	17	0	0	59
Concordia University-Chicago	25	30	0	0	55
University of Chicago	0	49	0	0	49
North Park University	30	19	0	0	49
Saint Xavier University	48	0	0	0	48
Dominican University	42	0	0	0	42
Trinity Christian College	13	17	0	0	30
Illinois Institute of Technology	21	0	1	0	22
St. Augustine College	19	0	0	0	19
East-West University	0	0	0	8	8
Institute for Clinical Social Work	0	0	7	0	7
Hebrew Theological College	3	0	0	0	3
Total	1548	830	261	74	2713

Many of the community colleges in Cook County produce large numbers of graduates from nursing pathway programs, led by Harper College and Moraine Valley College. Loyola, University of Illinois Chicago, and DePaul University produced the most RN graduates. While many of the professionals graduating from nursing related degrees and certificates work across the healthcare system, these institutions could be potential partners to add specific BH didactic or clinical rotation opportunities to expose their students to community BH. Finally, Rush University and UIC are producing significant numbers of Nursing Practice graduates and may be interested in community BH clinical placements and post-graduate fellowships for NPs interested in pursuing careers in community BH.

FIGURE 23: Nursing Pathway Program Graduates, 2022

Program	Nursing Assistant	Licensed Practical Nurse	Registered Nursing	Nursing Science	Nursing Practice	Total
Moraine Valley Community College	667	38	119	0	0	745
William Rainey Harper College	588	8	62	0	0	737
University of Illinois Chicago	0	0	296	113	124	533
City Colleges of Chicago-Malcolm X College	295	20	137	0	0	452
Loyola University Chicago	0	0	418	2	10	430
Rush University	0	0	0	179	210	389
Oakton Community College	211	0	47	0	0	258
DePaul University	0	0	199	0	30	229
Triton College	144	0	59	0	0	203
Saint Xavier University	0	0	138	18	0	156
Morton College	36	0	116	0	0	152
Prairie State College	88	0	49	0	0	137
South Suburban College	105	0	21	0	0	126
MDT College of Health Sciences	0	106	0	0	0	106
North Park University	0	0	51	6	0	82
Northwestern College	0	0	64	0	0	70
Ambria College of Nursing	0	31	53	0	0	53
Dominican University	0	0	36	0	0	36
Americare Technical School	0	32	0	0	0	32
Trinity Christian College	0	0	32	0	0	32
Roosevelt University	0	0	31	0	0	31
Chicago State University	0	0	26	0	0	26
CAAN Academy of Nursing	0	19	0	0	0	19
Total	2,134	254	1,954	318	374	5,034

3.3: Psychiatry Residency Programs

The National Center for Education Statistics does not collect or publish data about psychiatry residency programs. However, research into the eight psychiatry residency programs in Cook County showed a total of 208 psychiatry residency positions per year. The research and key informant interviews also suggest there may be an additional 15-25

fellowship opportunities at these programs, with the majority in Addiction Medication and Child and Adolescent psychiatry.

FIGURE 24: Inventory of Psychiatry Residency Programs in Cook County, 2024

Residency Program	Resident Slots (2024) ²³
Northwestern University	37
University of Illinois, Chicago	37
Rush University	32
University of Chicago	25
Loyola Medicine	24
Rosalind Franklin University of Medicine and Science	28
Advocate Lutheran General Hospital	14
The Loretto Hospital	11
Total	208

3.4: Education Completion Data and Average Annual Job Openings

The typical entry level education requirements or preferences from employers posting jobs in Cook County from 2019 to 2022 were identified using Lightcast’s job posting analysis methodology²⁴(Figure 25).

²³ Based on key informant interviews and review of program websites posting the number of available slots in July 2024.

²⁴ Job Posting Analytics (JPA) Methodology, Lightcast, July 2024, <https://kb.lightcast.io/en/articles/6957446-job-posting-analytics-jpa-methodology>

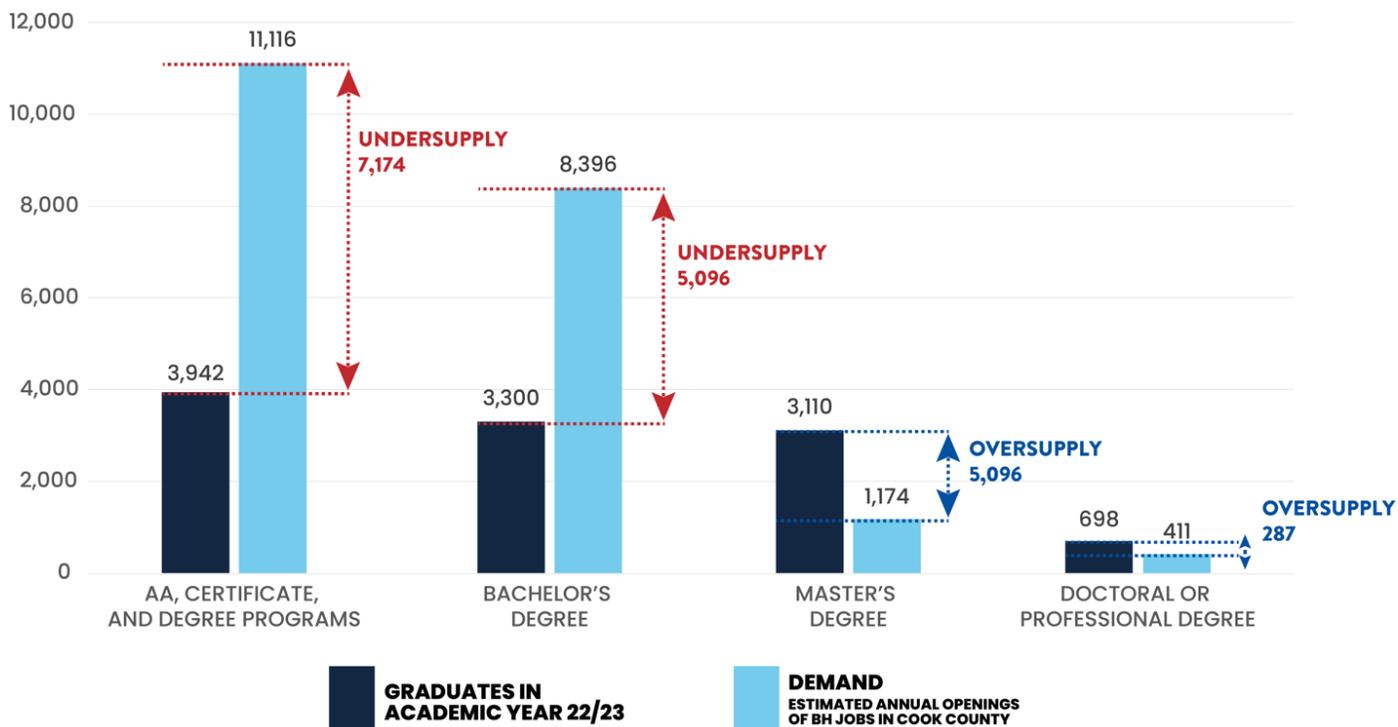
FIGURE 25: Typical Entry Level Education Requirements from Cook County Employers

CATEGORY	OCCUPATION	TYPICAL ENTRY LEVEL EDUCATION
Support, Navigation, and Advocacy	Community Health Workers Social and Human Services Assistants Psychiatric Aides Psychiatric Technicians	High School Diploma or Equivalent High School Diploma or Equivalent High School Diploma or Equivalent Post-Secondary Non-Degree Award
Nursing and Medical Assistants	Medical Assistants (e.g., MAs) Nursing Assistants (e.g., CNAs) Licensed Vocational/Practical Nurses (LPNs) Registered Nurses (RNs)	Postsecondary nondegree award Postsecondary nondegree award Postsecondary nondegree award Bachelor's Degree
Counseling and Case Management	Rehabilitation Counselor (e.g., VRC) Substance Abuse and Behavioral Disorder Counselors Marriage and Family Therapists (e.g., LMFT) Mental Health and Substance Abuse Social Workers Psychologists (e.g., Clinical and Counseling)	Master's Degree Bachelor's Degree Master's Degree Master's Degree Doctoral or Professional Degree
Prescribing	Nurse Practitioners Physician Assistants Psychiatrists	Master's Degree Master's Degree Doctoral or Professional Degree

To provide a high-level picture of BH talent supply and demand in Cook County, the average annual openings for BH occupations were compared with the number of graduates from relevant BH degree programs by education level (Certificate, Associate, Bachelor's, Master's, Doctoral). When matching the average number of job openings of these occupations with the education completion data the available data suggests:

- ▶ Significant undersupply of certificates and degrees below a Bachelor's level for BH occupations, representing an opportunity for apprenticeship and community colleges to consider expanding programming in BH occupations.
- ▶ There are not enough graduates of Bachelor's degree programs to fill the projected number of annual openings for registered nurses and addiction counselors in Cook County.
- ▶ Completions from higher paying and more specialized positions requiring Doctoral or Master's degrees are sufficient to meet estimated annual openings. However, not all students who complete these programs stay in Cook County, some will not be working in community settings, and students may enter into other settings other than behavioral health (e.g., Child Welfare Social Worker).

FIGURE 26: Supply and Demand Analysis of BH Jobs and Education Completion in Cook County, 2023



This analysis has two main implications for regional workforce strategies:

- There is a need and opportunity to expand low-cost, high-quality associate, certificate, and apprenticeship programs and courses related to Addiction Studies, Peer Support, Crisis Response/Outreach, Licensed Practical Nursing, and Psychiatric Technician roles through the regional public community college system.
- The education and training system is producing sufficient graduates from advanced degree programs to fill annual openings. This may mean the focus and potential investments for attracting professionals to positions including nurse practitioners, licensed clinicians, psychologists, and psychiatrists may be best directed toward fellowships, clinical rotations, and paid internships in community BH settings to attract these professionals to the field and keep these skilled professionals in Cook County after graduation.

3.5 Limitations

The analysis in this section should be interpreted with caution. First, not all academic institutions are required to report completion data. For example, institutions or programs that do not except federal financial aid do not report educational outcomes data.

Certain lower-level degrees may eventually feed into higher degrees elsewhere. For example, a portion of Bachelor's degree graduates are likely moving to pursue their Master's degree (e.g., in Social Work). Lightcast, the labor market analytics software used to conduct this analysis based on the occupation demand and education completion data, provides data on common career paths and common fields of study for specific occupations, but does not have the granularity required to trace each graduate to their final occupation. Therefore, the data available is total graduates from each degree program, and those programs are then associated to multiple SOC codes, but it is not possible to further define educational and career pathways. Therefore, in many cases completions should be taken as an overestimate of available labor, as only a portion of those will go into behavioral health. Further research might seek to better divide subfields within each occupation and proportion of workers in each, to better understand supply.

Additionally, interviews with frontline professionals, employers, and educators suggest many people come to Cook County to get their education, then leave to seek employment elsewhere. Similarly, individuals completing education programs outside of Cook County may find employment in BH in Cook County after education. The analysis does not account for this labor supply migration into and out of the County.

Finally, individuals graduating from medical schools, private training programs, online-only schools not based in Cook County and/or apprenticeships are not well represented in the available data because they are not required to report to the National Center for Education Statistics on their outcome data for Cook County.

SECTION 4:

FRONTLINE PERSPECTIVES

While publicly available data sets analyzed in Sections 1, 2, and 3 provide a useful landscape analysis of the supply and demand for BH talent in Cook County, hearing the experiences and perspectives of frontline professionals provides a deeper and more nuanced understanding of the current state of the local workforce.

This section provides summary findings and insights from interviews with 50 frontline professionals, employers, and education and training professionals and survey responses from 965 Cook County frontline professionals working in BH that were collected from February to March of 2024. Interviewees and survey respondents were asked about their levels of satisfaction on 28 job quality features (e.g., pay, schedules, purpose, professional development), their career paths, compensation and student loan burdens, burnout, and intent to leave their employer, the county, or the field.

Key findings include:

- ▶ **40% of respondents are experiencing burnout.** Workers reporting higher burnout were those that worked longer hours, registered nurses, licensed clinical social workers, younger workers, women, and those with multiple job responsibilities.
- ▶ **37% of BH workers report a high or very high likelihood to look for a job in the next 12 months.** The more clinical hours and the lower the pay of the professional, the more likely they are to look for another job.
- ▶ **16% of respondents intend to leave Cook County in the next year,** most often motivated by pay and cost of living.
- ▶ **70% of respondents have student debt.** Approximately 40% have debt that is 100% or more of their annual income.
- ▶ Job features with the **highest levels of satisfaction** were related to **purpose**, the **population**, and the **people** professionals work with.
- ▶ Job features with the **lowest levels of satisfaction** were related to **getting clients the support they need, pay, and student loan relief.**

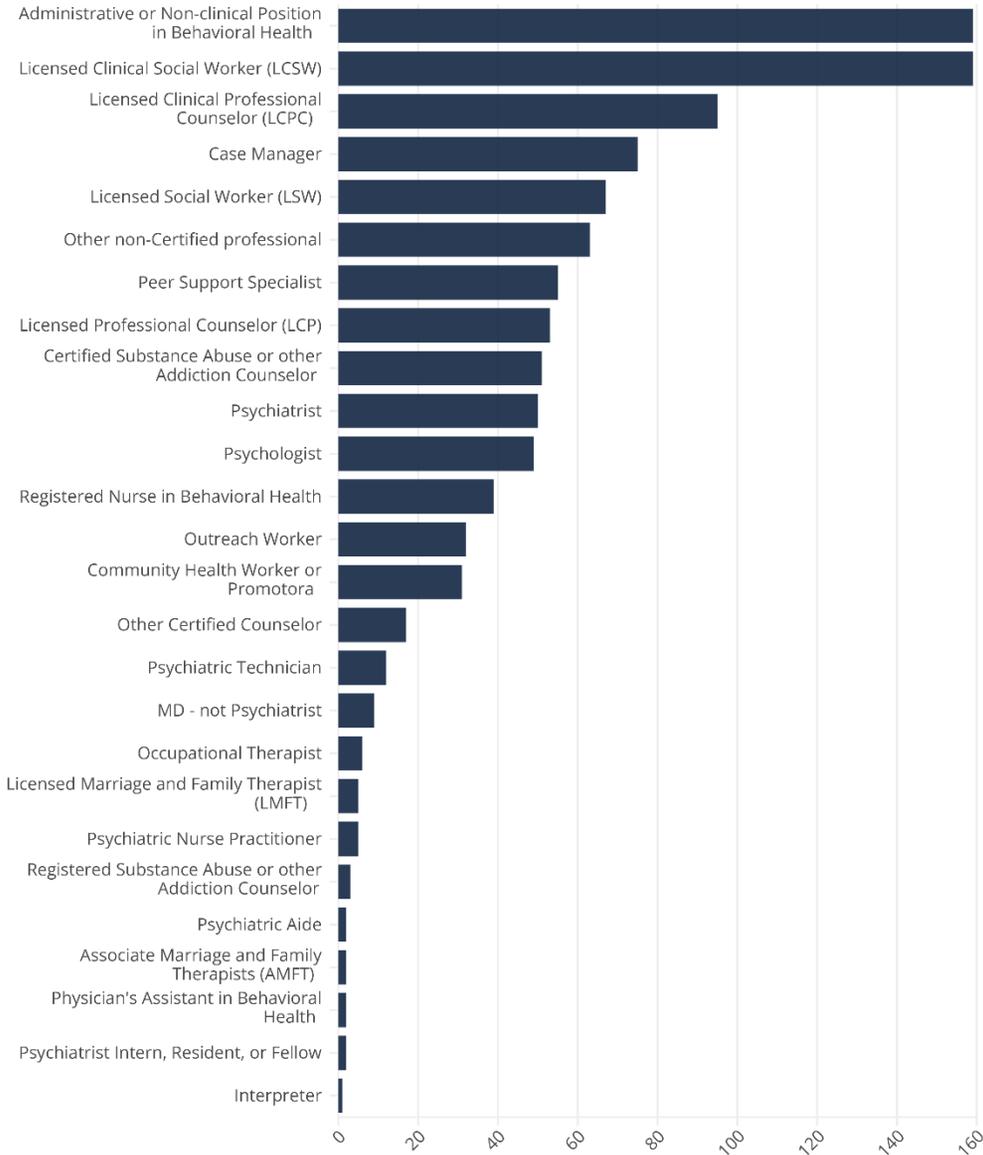
4.1: Survey Respondents

965 Cook County BH professionals completed *the Cook County Behavioral Health Workforce Pulse Survey* from February to March 2024. The survey took respondents between eight and seventeen minutes to complete on a smartphone, tablet, or computer. Most responses came from licensed clinicians, non-clinical administrative roles, peer support specialists, addiction counselors, psychiatrists, and psychologists (figure 27). Other attributes of survey respondents include:

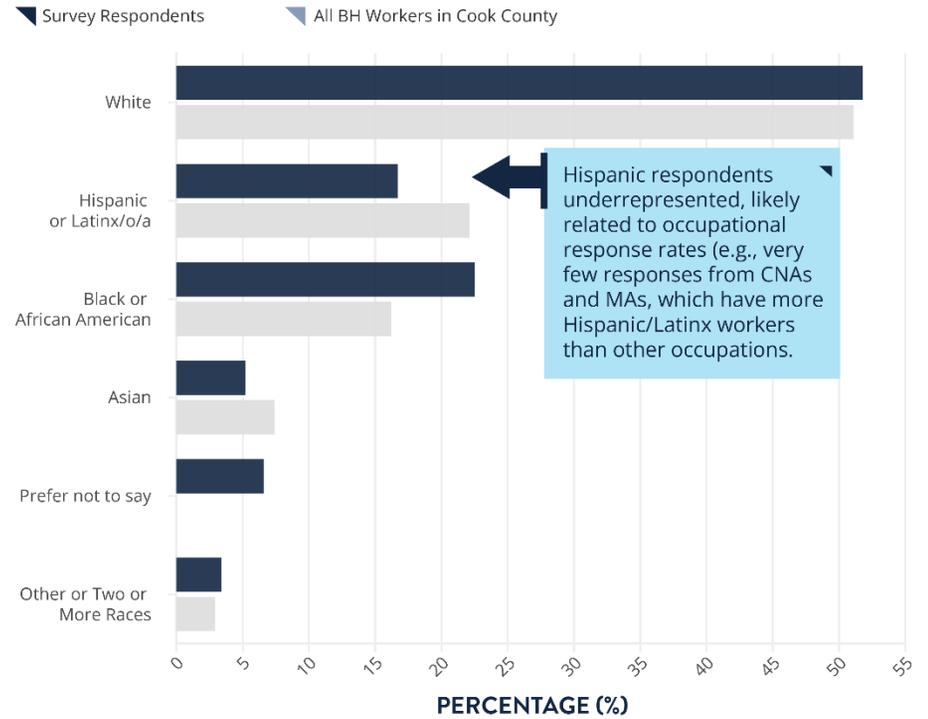
- ▶ Most respondents worked at community-based organizations (53%), followed by hospitals (21%) and county and city agencies (10%). Other responses came from professionals working at FQHCs, state agencies, private practice, managed care organizations, and schools.
- ▶ Most respondents made between \$50,000 and \$69,000 in annual compensation.
- ▶ Most respondents (56%) held a Master's degree. Only 9% had less than a Bachelor's degree.
- ▶ 70% of respondents have debt. 34-42% of respondents had student debt which is more than 100% of their annual income.
- ▶ Most respondents work in the city of Chicago area, though some individuals were in more suburban regions of Cook County.
- ▶ The race and ethnicity of respondents was mostly representative of the Cook County BH workforce described in Section 1, with Hispanic/Latino workers somewhat underrepresented and Black or African American workers overrepresented in the survey respondents (Figure 27).
- ▶ 73% of respondents were female, similar to the BH workforce overall.
- ▶ 31% of respondents were early career (less than 35 years of age), 44% were mid-career (35-54), and 24% were late career (55+).

FIGURE 27: BH Workforce Pulse Survey Respondents Job Titles and Race/Ethnicity

COOK COUNTY BH WORKFORCE PULSE SURVEY RESPONSES
FEBRUARY - MARCH, 2024



RACE AND ETHNICITY OF SURVEY RESPONDENTS
COOK COUNTY BH WORKFORCE SURVEY, 2024



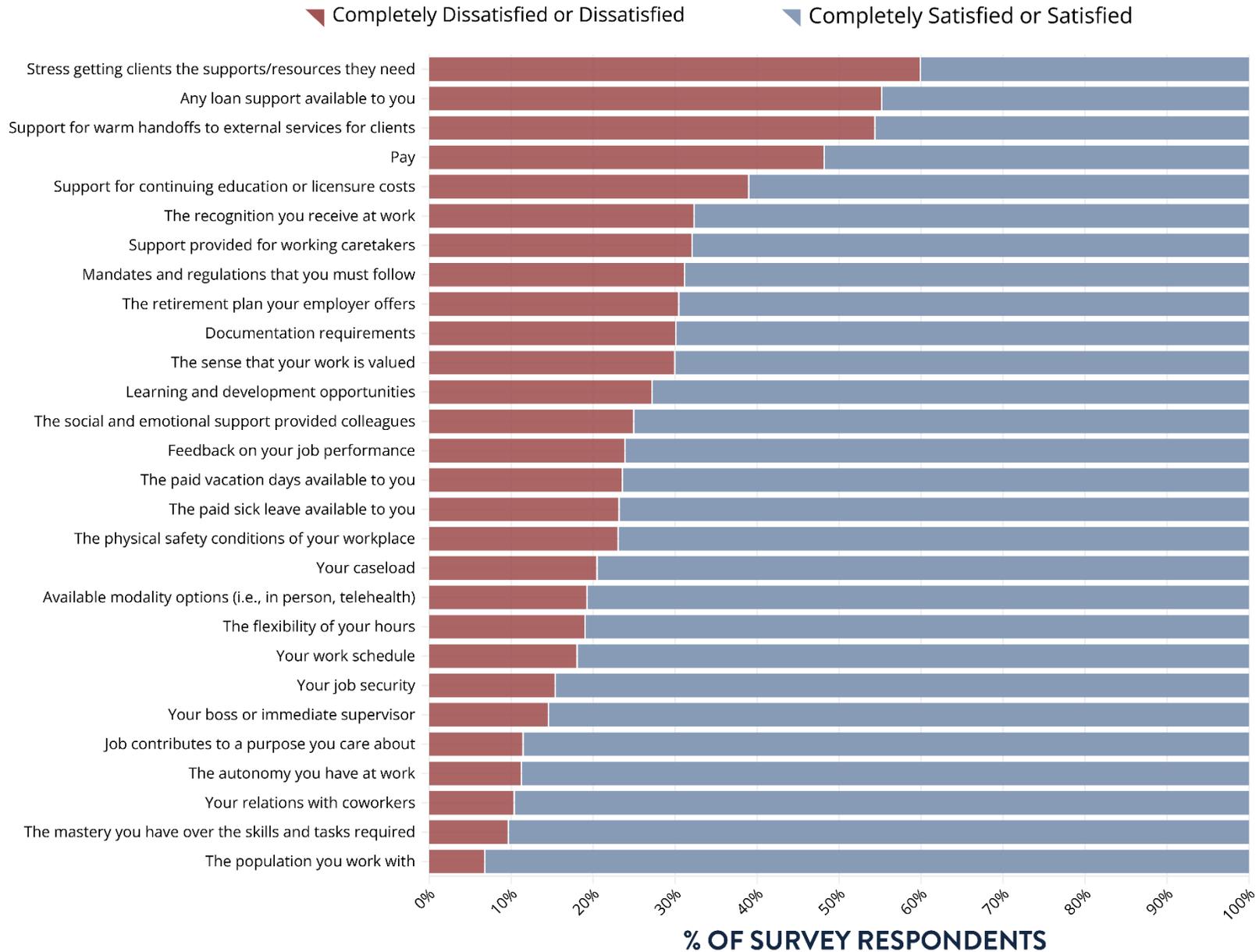
Source: Trailhead Analysis of 2024 Cook County BH Workforce Pulse Survey and Lightcast Estimates

4.2: Job Quality Features

Respondents were asked whether they were very satisfied, satisfied, unsatisfied, or very unsatisfied with 28 different aspects of their job, from pay to relationship with coworkers, to documentation requirements, and meaning and purpose. Areas with the highest levels of satisfaction were related to the clients and colleagues that the professionals work with, meaning and purpose of their job, flexibility of the role (e.g., hours, sick leave, and telehealth options) and job security. Areas with the highest levels of dissatisfaction were related to getting clients the support they need, pay, student loan support, and tuition assistance for continuing education opportunities.



FIGURE 28: Cook County BH Workforce Levels of Satisfaction with 28 Different Job Features



Source: Trailhead Analysis of 2024 Cook County BH Workforce Pulse Survey Data

Meaning, purpose, and getting the clients the support they need

Two of the highest areas of satisfaction were related to the population the professionals work with (93% satisfied or completely satisfied) and contributing to a purpose professionals care about (89% satisfied or completely satisfied). This sense of purpose and deep commitment to impacting the community is a significant draw for BH professionals.

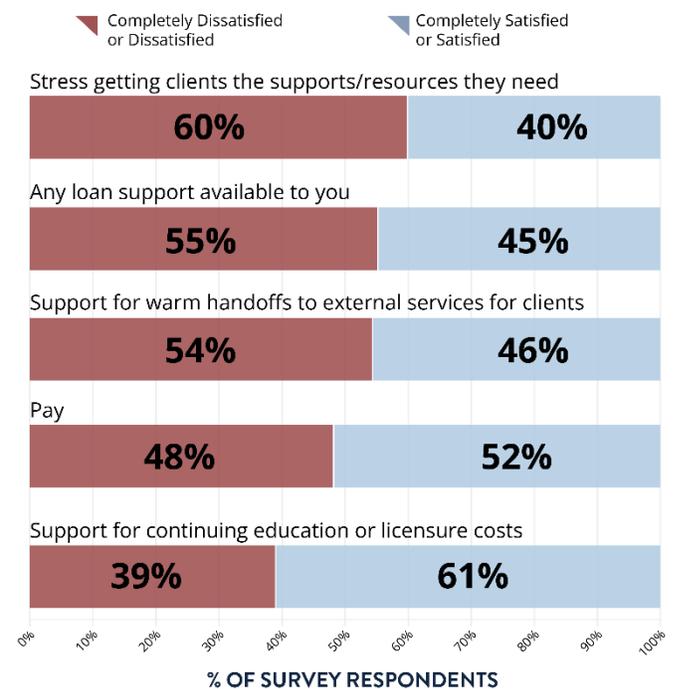
Working with the people is the best [thing about my job]. The sense of purpose it brings. It is the best and it is humbling. [What I like the least about my job is] the accessibility of the resources that are out there is really bad. There are a ton of resources and flyers on the wall, but many patients can't even read. Stuff as simple as larger text goes a long way. People are never going to seek services because it is so confusing to access. If I can't figure it out, someone who has used substances for 40 years is never going to get the help they need.

Recovery Navigator

The commitment to providing excellent services may be why two of the areas with the highest levels of dissatisfaction were related to stress getting clients the support/resources they need (60% dissatisfied or completely dissatisfied) and the support they get for warm handoffs to external services for clients (54% dissatisfied or completely dissatisfied). More BH professionals surveyed expressed dissatisfaction with their ability to meet the entire needs of their clients (e.g., food, housing, medication) than with their own compensation.

Interviewees we spoke with suggested that lower-than-desired pay is acceptable to them if they felt like they were still making a difference. However, if these mission-driven professionals begin to feel like they are not making a difference in the lives of their clients, they are likely to look for another job.

FIGURE 29: Top Areas of Dissatisfaction Among BH Workforce Pulse Survey Respondents



Source: Trailhead Analysis of 2024 Cook County BH Workforce Pulse Survey Data

Me and a partner plan to open a private practice. We want to take Medicaid patients. It's part of why I got into this field. I know it pays less and there is more paperwork. But that isn't the issue. As a small private practice just starting out, we wouldn't be able to provide the social support Medicaid patients need. Housing, food, social services. That is the main reason we probably won't [take Medicaid as a form of payment].

▼ 3rd Year Psychiatry Resident

Perspectives on Pay and Student Loans

The job is great. The benefits are great. The coworkers are great. Admin is great. The pay and student loans make my job almost impossible to stay at.

▼ Case Manager

48% of BH professionals surveyed were dissatisfied with pay, ranking this feature 4th of 28 job quality features we asked about. Pay was a top concern for every type of professional except psychiatrists, other MDs, and psychologists, three of the highest paid professionals in the BH workforce.

Lower paid professionals, including peers, counselors, and unlicensed professionals in a variety of distinct roles report working multiple jobs to make ends meet. Many others shared stories or examples of their colleagues leaving the field to work in retail, hospitality, or food service positions, citing comparable, or higher wages for less stressful work.

I actually have two jobs. My daytime 9-5 and overnight shifts for the Mobile Crisis Response team. I'm exhausted because few people want to be public servants due to unacceptable pay. I applied for loan forgiveness at my old job, but it was denied. It was a for-profit facility, but I was still serving the public, so its frustrating.

▼ Certified Alcohol and Drug Counselor

Several BH professionals we spoke with are working multiple jobs because of low pay. Some reported working overnight shifts in BH (e.g., a mobile crisis response team) and others reported piecing together income from their job in BH with another job in other industries, including retail, fast food, ridesharing, and hospitality.

These stories align with analysis on compensation and wages. **In Cook County, 75% of community health workers and social and human service assistants (a broad category that includes crisis workers, peers, and outreach workers) earn less than \$49,275, MIT's estimate of living wage for a single adult in Cook County** that includes location-specific costs for typical expenses including housing, transportation, food, taxes,

health insurance, and other necessities.²⁵ A much larger share cannot support themselves and one dependent (e.g., a family sustaining wage).

FIGURE 30: Percent of Counselors and Social and Human Services Assistants Making Below a Living Wage, 2023

BEHAVIORAL HEALTH WAGE ESTIMATES BY OCCUPATION COOK COUNTY, 2023



Source: Trailhead Analysis of Lightcast Wage Estimates and MIT Living Wage Calculator

Licensed clinicians (social workers, professional counselors, and marriage and family therapists) evaluated their pay against their student debt load, and used words like “unfair”, “unfathomable”, “unrealistic”, and “unmanageable” to describe their compensation. 70% of survey respondents had debt and 34-42% of respondents

If there was a way to figure out student loans more people would stay in this field. The majority of my peers in community health leave because of the pay vs. the student debt we're trying to pay off.

Licensed Social Worker

²⁵ MIT Living Wage Calculator features geographically-specific costs for food, childcare, health care, housing, transportation, other basic needs – like clothing, personal care items, and broadband, among others – and taxes at the county, metro, and state levels for 12 different family types. <https://livingwage.mit.edu/>

had student debt more than 100% of their annual income. Interviewees expressed confusion with the requirements for the various student loan forgiveness programs, feeling that the length is too long to be worth working in public BH settings (often 10 years), and challenges related to being approved for loan forgiveness even if eligible. 55% of survey respondents expressed dissatisfaction with the level of loan support available to them, a surprisingly high number given the number of state and federal loan forgiveness programs currently available.

Finally, the Chicagoland metropolitan area ranked last or second last in cost-of-living adjusted salary²⁶ compared to Louisville, Cleveland, Columbus, St. Louis, Cincinnati, Indianapolis, Milwaukee, and Detroit (see Appendix E).



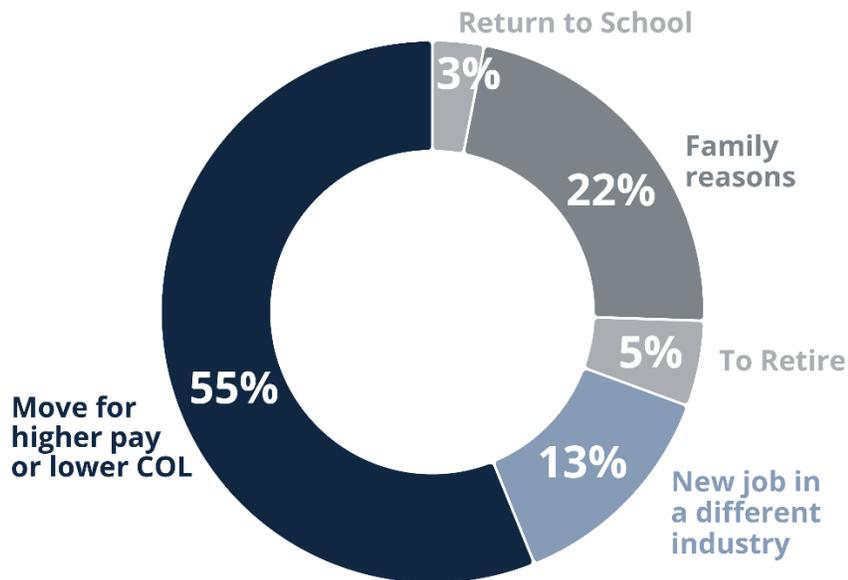
After adjusting for cost of living, behavioral health workers are paid less Cook County than workers in other midwestern metros.

There was some evidence that pay combined with the high cost of living is impacting the career decisions of survey respondents. Of the 164 BH professionals surveyed who said they were likely to begin working outside of Cook County in the next year, the majority (55%) said they plan to move for higher pay or a lower cost of living (figure 31).

²⁶ Cost of living data is based on the Cost of Living Index published by the Council for Community and Economic Research (C2ER). Wage estimates are based on Occupational Employment Statistics (QCEW and Non-QCEW Employees classes of worker) and the American Community Survey (Self-Employed and Extended Proprietors). Occupational wage estimates are also affected by county-level Lightcast earnings by industry estimates and Illinois Department of Employment Security Data.

FIGURE 31: Reasons Professionals Plan to Work Outside of Cook County in the Next Year

WHY ARE YOU LIKELY TO BEGIN WORK OUTSIDE COOK COUNTY?
(N=164, OR 16% OF SURVEY RESPONDENTS)



Source: Trailhead Analysis of 2024 Cook County BH Workforce Pulse Survey Data, 2024

Documentation

30% of survey respondents reported dissatisfaction with the documentation requirements of their jobs, in the top half of the 28 job features surveyed. Psychiatrists and other doctors noted documentation requirements as one of their top areas of dissatisfaction. In the open-ended survey question asking for additional feedback, frustration with the amount of documentation generally and the Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS)²⁷ tool specifically was mentioned frequently, alongside frustration with pay and student loans.

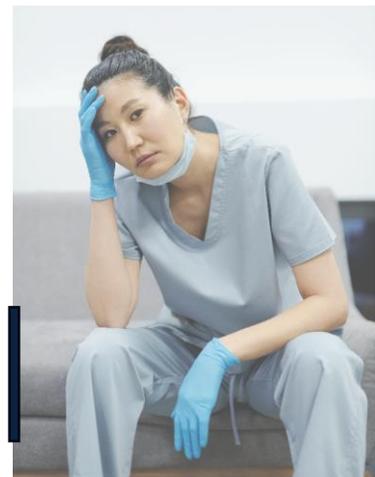
²⁷ The Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS) system is the electronic health system of record for Medicaid providers to assess the needs and strengths of individuals who require mental health treatment in Illinois. It contains core items that assess function across multiple life domains such as risk behaviors, trauma exposure, behavioral/emotional needs, substance use, and cultural factors, as well as a physical health risk assessment.

4.2: Burnout

Overall, 40% of BH workers surveyed in Cook County in 2024 said they were experiencing some degree of burnout, below the 46% national average for healthcare workers survey in 2022²⁸. Respondents were counted in this 40% experiencing burnout if they indicated one of the following when asked about burnout:

- ▶ 6% of respondents selected “I feel completely burned out and wonder if I can continue working”
- ▶ 10% of respondents selected “The symptoms of burnout that I’m experiencing won’t go away. I think about frustration at work a lot.”
- ▶ 24% of respondents reported “I am definitely burning out and have one or more symptoms, such as physical and emotional exhaustion.”

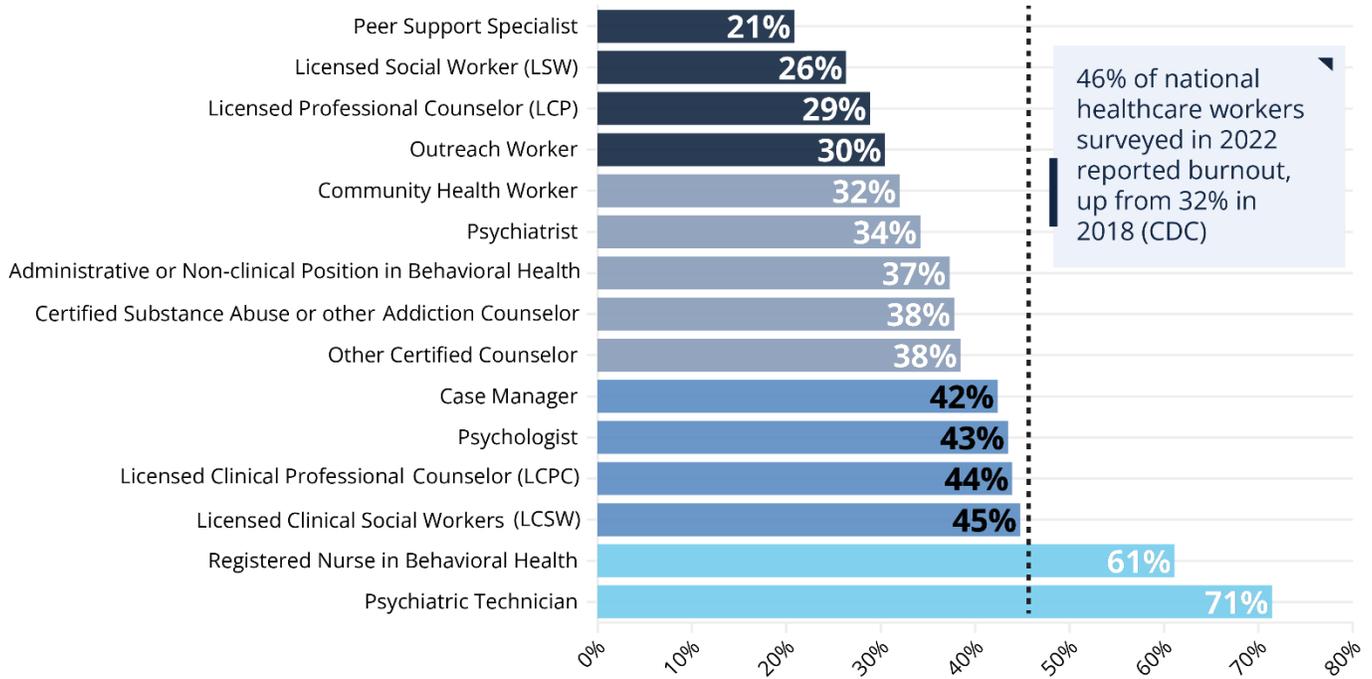
Psychiatric technicians, registered nurses, licensed clinical social workers, licensed professional counselors, psychologists, and case managers reported the highest levels of burnout. Interestingly, relatively lower paid peer support specialists, licensed social workers and licensed professional counselors and outreach workers, who are often earlier in their career than other professionals in similar occupations, report significantly lower levels of burnout.



²⁸ “Health Workers Face a Mental Health Crisis”. Center for Disease Control – Vital Signs. October 2023. <https://www.cdc.gov/vitalsigns/health-worker-mental-health/index.html#:~:text=Burnout%3A%20In%202022%2C%2046%25%20of%20health%20workers%20reported,reporting%20burnout%20was%20similar%20in%20the%20two%20years.>

FIGURE 32: Burnout by Cook County BH Occupations, 2024

2024 COOK COUNTY WORKFORCE PULSE SURVEY RESPONDENTS REPORTING BURNOUT BY OCCUPATION



Source: Cook County Behavioral Health Workforce Pulse Survey (2024)

Workers employed by a county or city agency (56%), a state agency (44%) community-based organization (39%), and hospital (37%) had higher levels of burnout than those working at FQHCs (29%), schools (27%), and private practice (23%).

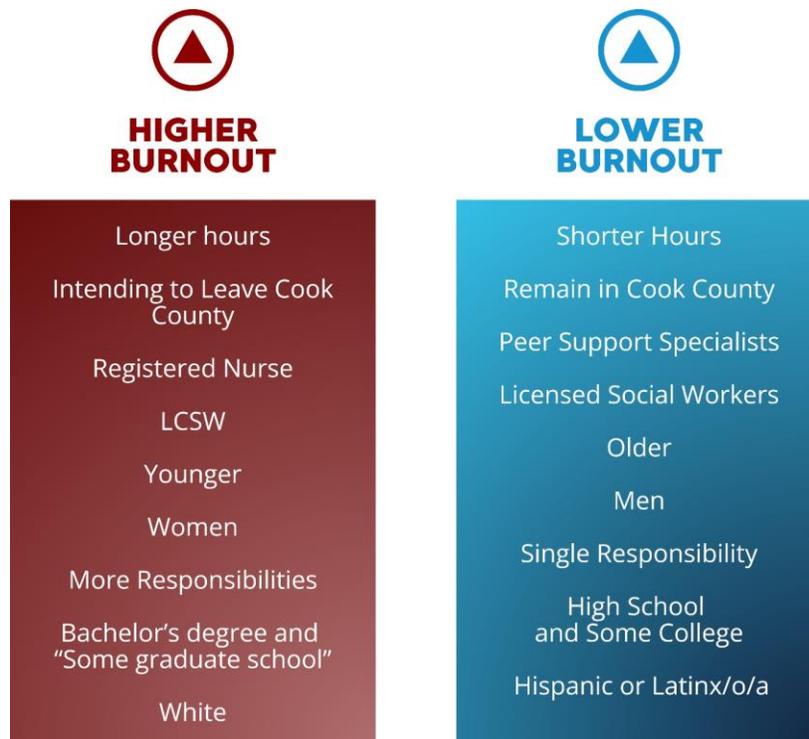
A meta-analysis of 141 studies to help identify or predict burnout in healthcare providers overall have identified workplace factors, such as workload, work/life balance, job autonomy, and perceived support from leadership, as having the strongest associations with burnout in the healthcare workforce nationally²⁹.

To help identify statistically significant predictors of burnout for BH professionals in Cook County at a 95% confidence interval, a regression analysis was conducted to see what job

²⁹ Meredith LS, Bouskill K, Chang J, Larkin J, Motala A, Hempel S. Predictors of burnout among US healthcare providers: a systematic review. *BMJ Open*. 2022 Aug 25;12(8):e054243. doi: 10.1136/bmjopen-2021-054243. PMID: 36008065; PMCID: PMC9422884.

features, demographics, and other attributes can help explain burnout. The goal of this analysis is to understand which occupations, groups, or job design features can be targeted or prioritized for burnout reduction strategies. Key findings include:

- ▶ Professionals that report longer hours have higher burnout rates.
- ▶ Burnt out individuals more often say they intend to leave Cook County (by 17%).
- ▶ The highest rate of burnout is in registered nurses, and the second highest in licensed clinical social workers.
- ▶ Peer support specialists and licensed social workers have the lowest rates of burnout.
- ▶ Older individuals say they are burnt out at a lower rate (29% for workers aged 55 or older) compared to young workers (37% - 50% for workers aged 22 to 54).
- ▶ 40% of Women (n=341) say they are burnt out compared to 30% of men (n=112). Other gender identities were excluded due to small sample sizes.



- ▶ White individuals were the most likely to report burnout than non-white professionals.
- ▶ Those with a very high or relatively low level of educational attainment were less likely to burnout (e.g.,
- ▶ Individuals with Doctorate, MDs, or High School diploma only were less likely to report burnout than those with a Master's or Bachelor's degree).
- ▶ People with more than one job responsibility (e.g., providing clinical services **and** conducting supervision) reported higher burnout rates than those with only one primary responsibility.

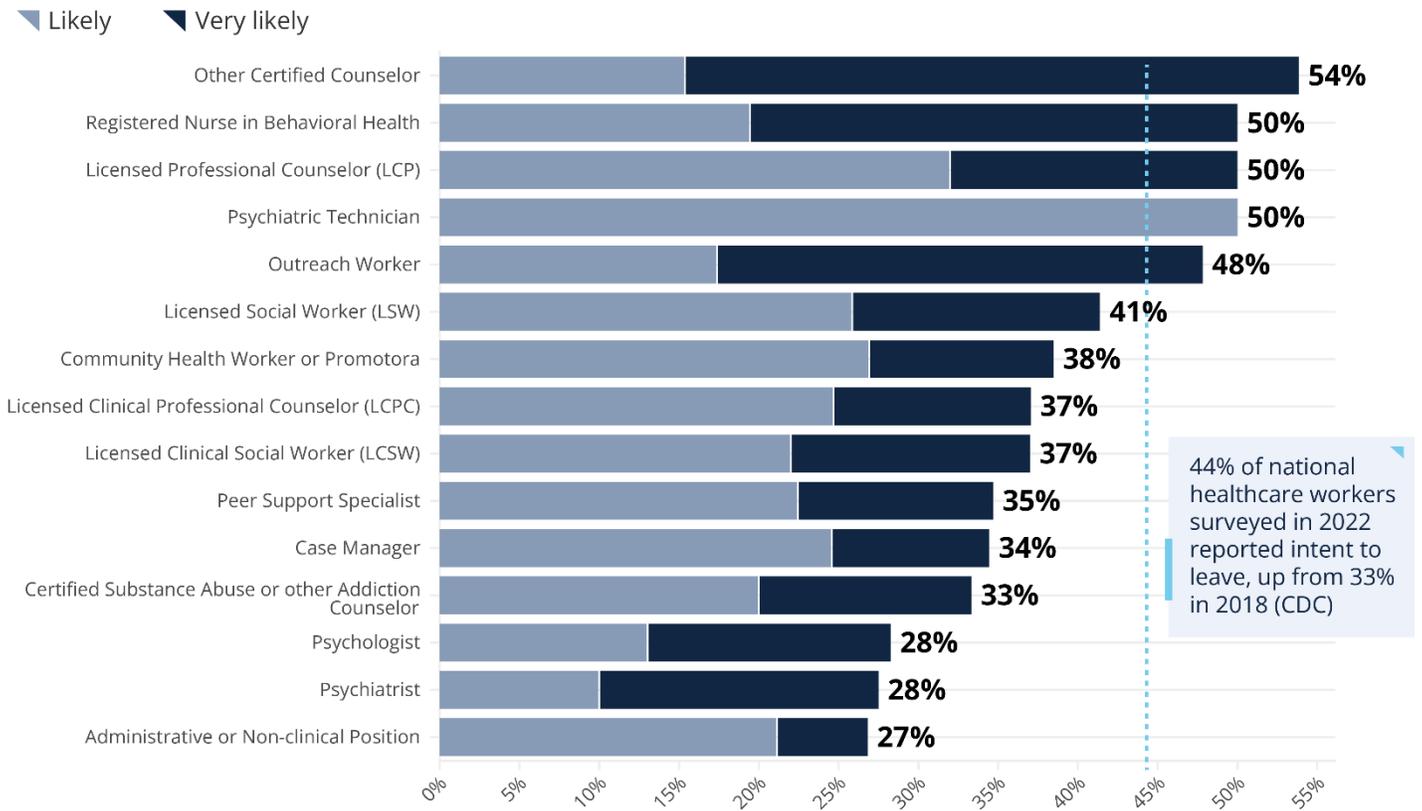
4.3: Turnover and intent to leave

We also asked survey respondents how likely they are to search for a new job in the next 12 months. Like burnout, the likelihood of searching for a new job varies significantly by occupation (Figure 33). Certified counselors, licensed professional counselors, psychiatric technicians, and outreach workers were most likely to report they would be looking to change jobs. Administrative professionals, psychiatrists, and psychologists reported the lowest rates.

FIGURE 33: Cook County BH Professionals Intent to Leave Their Job

HOW LIKELY ARE YOU TO SEARCH FOR A NEW JOB IN THE NEXT 12 MONTHS?

2024 COOK COUNTY BH WORKFORCE PULSE SURVEY RESPONSES



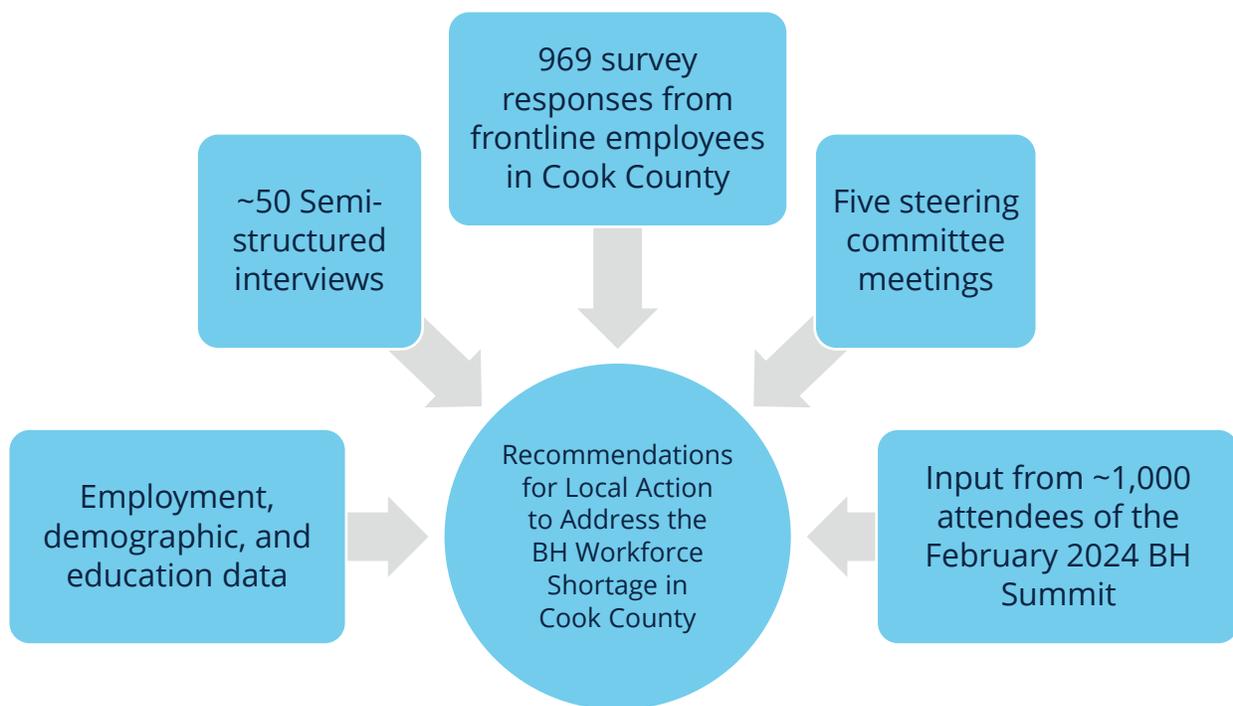
Key factors that help predict intent to look for a new job at a 95% confidence level were lower pay, more clinical hours (especially 31 hours a week or more), and those who reported experiencing burnout.

SECTION 5:

RECOMMENDATIONS FOR LOCAL ACTION TO ADDRESS THE WORKFORCE SHORTAGE

This section outlines an overarching regional BH workforce strategy to develop, attract, and retain BH professionals to work in high priority settings. These recommendations were informed by the data and survey analysis detailed in the previous sections and guided by discussions and input from Steering Committee members, semi-structured interviews, and input from attendees of the Cook County Behavioral Health Summit held in February of 2024.

FIGURE 34: Inputs that Informed Recommendations for Local Action in Cook County



The framework for local action is focused on eight target occupations that are needed in publicly funded systems of care that serve Cook County residents, regardless of their ability to pay. The recommendations are anchored by three core principles and five recommendations for action for leaders in Cook County to take over the next five years.

The overarching goal of the strategic framework is to expand the availability of behavioral health care for all Cook County residents, regardless of their ability to pay, by increasing the number of skilled, diverse, culturally, and linguistically competent behavioral health professionals.

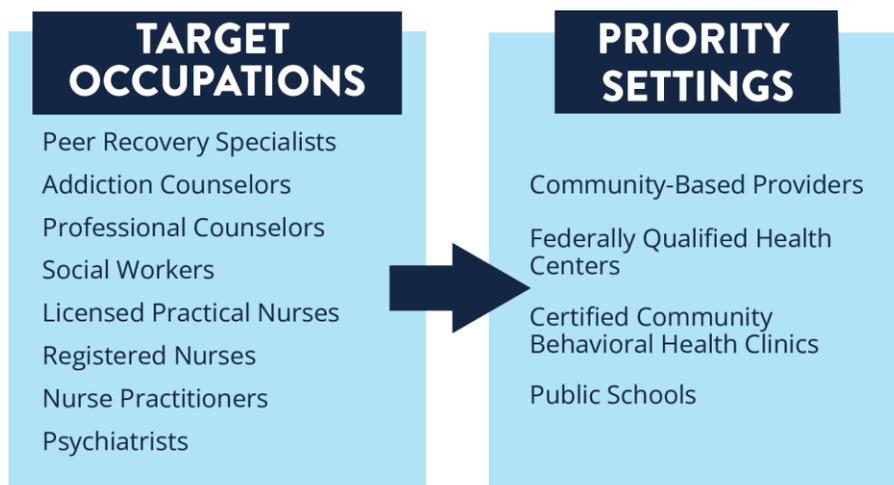
FIGURE 35: Behavioral Health Workforce Framework for Local Action

**ADDRESSING THE BEHAVIORAL HEALTH WORKFORCE SHORTAGE IN COOK COUNTY
A FRAMEWORK FOR LOCAL ACTION**



The framework has three core principles – Equity, Community, and Outcomes - that serve as a foundation for design, prioritization, and implementation. These principles were developed based on discussions with the BH Workforce Steering Committee, CCH Office of Behavioral Health and CCDPH leaders, and other community partners related to the fundamental values a regional workforce strategy should be built on. Informed by these core principles, the strategy has five specific recommendations critical to improving access to care and addressing the BH workforce shortage in Cook County.

While this report analyzed employment and shortage estimates for 15 occupations across public and private employment settings, the recommendations in this section are focused on attracting and retaining eight core BH occupations – peer recovery specialists, addiction counselors, professional counselors, social workers, licensed practical nurses, registered nurses, nurse practitioners, and psychiatrists into specific settings that serve the mental health and substance use disorder needs of the Cook County population, regardless of their ability to pay or type of insurance they have. While some organizations provide services in multiple categories of focus, these settings include employment in grant-funded programs operated by community-based providers, Federally Qualified Health Centers (FQHCs), the newly established Certified Community Behavioral Health Clinics (CCBHCs), and public schools.



The report’s five recommendations are summarized below, then further outlined with justification, context, and specific actions that can be taken in each subsection.

- ▶ **Recommendation 1 – Provide competitive compensation:** Paying a living wage and keeping pace with pay in other industries including retail, food service, and hospitality and in other settings (e.g., hospitals, telehealth providers, private practice) is foundational to addressing the shortage of professionals in community BH settings in the short, medium, and long term.

- ▶ **Recommendation 2 – Increase awareness of behavioral health careers:**
Residents of Cook County cannot aspire to a career they do not know exists. Expanding the pool of current and prospective students and trainees through the K-12 school system and post-secondary nursing, medical, social work and psychology programs is needed to expand the pipeline of future BH professionals.
- ▶ **Recommendation 3 – Offer best-in-class community BH “Earn and Learn” opportunities:** The traditional education model that requires students to learn “on their own time” and “on their own dime” does not work for adult-learners and simply is not producing enough professionals. Additionally, attracting and retaining early-career social workers, professional counselors, nurse practitioners, and psychiatrists in community BH in Cook County requires high-quality post graduate opportunities, mentorship, and support. Building pathways so prospective and current BH professionals can “Earn and Learn” as they enter the field and advance in their careers is critical to expanding the size, diversity, and upward advancement opportunities in the BH talent pipeline across Cook County.
- ▶ **Recommendation 4 - Improve job quality in community BH settings:** Supporting BH providers to create jobs that are both attractive to prospective workers and meet the needs of current employees, with benefits as flexible schedules, tuition assistance programs, help navigating student loan forgiveness programs, and structured advancement opportunities, are vital to recruit and retain talent.
- ▶ **Recommendation 5 – Maximize impact of current workforce:** Reducing the documentation burden, expanding evidenced-based service models, such as collaborative care, and exploring how new technologies can help current healthcare workers serve more patients better is vital to maximizing workforce capacity and addressing needs long term.

5.1: Recommendation 1 – Provide Competitive Compensation

We are in a crisis. People are burnt out and looking for second jobs to make ends meet, which then leads to more burnout at work.

▼ Licensed Professional Counselor

As described in section 4 through survey data and analysis of publicly available information, **48% of Cook County BH workers surveyed were dissatisfied with pay**, and **75%** of unlicensed professionals **make below a living wage** in the region. Cook County's BH workers across occupations are **paid less than workers in other midwestern metros**. The lower the pay reported by survey respondents, the more likely they were to report an intent to leave their job in the next 12 months.

Other recommendations will have limited impact if community BH jobs in Cook County:

- ▼ **Do not pay a living wage**, requiring full-time professionals to work second jobs or leave the field to make ends meet. Peers, outreach workers, case managers, addiction counselors, and early career social workers and professional counselors often think about their pay in comparison to other, often less stressful industries (e.g., retail, food service, hospitality) and/or whether they can cover the cost of their basic needs.

I would love to do my job as a recovery support specialist full time as my primary/only job. However, because I am paid so little, I am forced to maintain an additional job which pays substantially more so I can stay above water.

▼ Peer Support Specialist

- ▼ **Continue to be perceived as “unfair” or “out of balance”** compared to the levels of student debt and years of education and field experience required. Licensed clinicians, including professional counselors, social workers, and marriage and family therapists in particular reported dissatisfaction with their debt burden and years spent going to school and their current salary. Professionals in the field we spoke with said they are increasingly telling children, friends, and family members,

and anyone who asks not to follow them in their career pathway because of low pay.

- ▶ **Continue to lag behind other healthcare settings**, specifically at hospitals, private practice, and private telehealth providers. Several community-based interviewees mentioned hiring a psychiatrist as a medical director is not even considered as an

As someone who has been in community mental health since finishing graduate school, and now in a position where I attempt to hire new graduates, I can say it's extremely difficult to find employees because so many new graduates choose to work in private practice over community mental health. Their primary reasons appear to be salary (being offered \$60k - \$65k or more); these are salaries (we) can't compete with when that's what supervisors are making. To boot, there are high expectations for billable hours since that's the primary way to keep our doors open. It's a lot of stress to put on an already stressed, underappreciated workforce.

▶ Licensed Professional Counselor & Hiring Manager at a Community BH Organization

option and that "[working in a] community health setting is seen as pro-bono [for psychiatrists]". Interviewees mentioned that many Chicago neighborhoods do not have a psychiatrist. Similarly, licensed practical nurses, registered nurses, nurse practitioners, social workers, and professional counselors all have opportunities to earn more working in public or private settings outside of community BH.

- ▶ **Provides less purchasing power compared to other mid-western metro areas.** The Chicagoland metropolitan area ranked last or second last in cost-of-living adjusted salary³⁰ compared to Louisville, Cleveland, Columbus, St. Louis, Cincinnati, Indianapolis, Milwaukee, and Detroit (see Appendix E). This may be impacting the career decisions of BH professionals; of the 164 BH professionals surveyed in 2024 who said they were likely to be working outside of Cook County in the next year, the majority (55%) said they plan to move for higher pay or a lower cost of living.

Action: Advocate for increased behavioral health funding and reimbursement rates

³⁰ Cost of living data is based on the Cost of Living Index published by the Council for Community and Economic Research (C2ER). Wage estimates are based on Occupational Employment Statistics (QCEW and Non-QCEW Employees classes of worker) and the American Community Survey (Self-Employed and Extended Proprietors). Occupational wage estimates are also affected by county-level Lightcast earnings by industry estimates and Illinois Department of Employment Security Data.

While there are many other interventions that could improve workforce recruitment and retention, Cook County's BH system is likely to continue to experience a workforce shortage without increases in compensation to critical BH occupations including peers, counselors, therapists, and social workers. Solving this issue will require significant changes to how services are funded.

Pay needs to be addressed across the industry. Many employers have made efforts to improve compensation, including significant pay increases, signing bonuses, and retention bonuses since the onset of the pandemic. However, they recognized that while this may improve staffing at one organization, other providers may not be able to afford to match the increased salaries. This results in professionals moving from organizations with lower resources to those with more funding but does not necessarily bring more people into the field. This was also mentioned in the context of public schools hiring and recruiting for more BH professionals.

CCH Office of Behavioral Health and CCDPH may have limited ability to directly address compensation across the behavioral health system but can play a key role in advocating for state and federal changes to how care is paid for will allow BH employers in Cook County to offer living wages and more competitive compensation. The Governor's Office and General Assembly have increased funding and Medicaid reimbursement rates for behavioral health services over the last few years, but unfortunately those efforts remain inadequate to address the problem. Given the current and projected shortfall in the BH workforce, and the clear evidence that the BH workforce is in many cases paid less than a living wage, CCH Office of Behavioral Health and CCDPH could partner with other community-based BH provider organizations and trade associations to strongly and actively advocate for more investment in the public behavioral health system, particularly an increase to the Medicaid fee schedule that will allow for pay increases to these critical workers on the lower end of the pay scale. CCH Office of Behavioral Health and CCDPH could also work together with their City and State colleagues to pursue increased federal investment in the BH workforce and investigate if there are any "braided" funding strategies across jurisdictions that could drive improved compensation. Further work is needed to determine and recommend specific reimbursement rate increases per provider type and patient interaction to support living wages and competitive compensation for BH professionals in Cook County.

While there is potential for Certified Community Behavioral Health Centers (CCBHCs) and other prospective payment models to address some of these pay issues in the future, without significant progress in the short term to address the issue of competitive compensation, any other efforts to attract and retain BH workers will be limited.

Action: Ensure grant funded programs support a living wage

Many community BH programs that employ peer recovery specialists, alcohol and drug counselors, outreach workers, and licensed clinicians are funded by grant programs through federal, state, local, and/or philanthropic funds. These programs predominantly focus on providing patients with no-cost services, as opposed to a fee for service (FFS) payment model. Grant funded programs and services are often paid lower than FFS services and positions due to:

- ▶ Grant requirements, including ambitious targets for number of people served per dollar invested, requirements dictating a specific staffing model and number of FTEs, caps on administrative costs, and other requirements that can directly or indirectly drive down wages for frontline staff.
- ▶ Procurement processes that create incentives for social service organizations to compete on price during the bidding process (e.g., scoring criteria with a high percentage of points awarded to lowest cost proposal)
- ▶ Community-based organizations are accustomed to maximizing grant dollars to serve overwhelming community needs.

An additional complication for granting agencies committed to supporting living wages in BH is that many community BH agencies often operate programs through a mix of funding streams – grant funded and fee for service. Some grants or reimbursement models in an organization may support a living wage for a peer support specialist, for example, but another grant program or fee for service reimbursement rate may not. This can cause pay equity issues across programs for workers in the same position within a single organization.

CCH Office of Behavioral Health/CCDPH, philanthropies, the City of Chicago, and other local funders that support community BH programs through direct grants can consider the following policy and practice changes (as funding streams allow) to support grantees effort to pay living wages:

- ▶ Remove administrative or indirect costs caps.
- ▶ Remove arbitrary cost per person served or other “cost-pers” in grant requirements. Ask community-based organizations to propose goals and encourage them to consider the full cost of services in developing those goals. This may require reducing the overall “number served” in a portfolio.
- ▶ Proactively communicate to grantees, prospective grantees, staff, and other stakeholders that as a funder, they are interested in investments that make the largest impact for those served, not what can be done at the lowest possible cost per person served.

- ▶ Providing flexible payment terms (e.g. initial payment up front) so that small organizations can cover operating costs from the start of the project.
- ▶ Focus grant evaluation criteria on quality of service, not lowest bid.
- ▶ Initiating dialogue with current and potential grantees about how contract or funding requirements may be impacting a provider's ability to pay a living wage and what changes may need to be considered.

The challenge of supporting a living wage for frontline professionals working in publicly funded social services, education, and healthcare professionals is not unique to behavioral health. Many childcare workers, frontline staff in employment and workforce development programs, homeless outreach workers, and other social service professionals that receive county and city grants do not make a living wage. Coordinating grant making practices across local agencies would support more Cook County social service and behavioral health agencies paying a living wage.

5.2: Recommendation 2 – Increase Awareness of BH Careers



Students in the K-12 education system, and the public, are often very knowledgeable of many public service occupations. Firefighters, police officers, paramedics, doctors, nurses, and teachers are all highly visible careers. These professionals are highlighted during career days, through television and social media, and are clearly visible in daily life. Overall, Cook County residents understand what these professionals do, often know someone they can talk to if they are interested in these career paths, and have a basic understanding of the education and training pathway to become a professional in one of these fields. This early awareness is important for the future workforce pipeline. Late primary school, or the ages of 8-11 is often where students make (or sometime, have decisions made for them) about their suitability for certain STEM career pathways based on their interests and academic performance.³¹

³¹ Viner, R. M., Allen, N. B., & Patton, G. C. (2017). Puberty, developmental processes, and health interventions. *Child and adolescent health and development*, 8, 1841.

The BH career path is often much less known to primary, secondary, and college aged students. Interviewees shared that many colleges and universities award psychology and sociology degrees to students who have no awareness or intention to pursuing careers in behavioral health. Interviews with frontline professionals in entry level jobs also demonstrated confusion about licensure and education requirements and limited understanding of the financial aid opportunities that may be available to them. Interviewees and subject matter experts also shared physician assistants, advanced practice nurses, and medical students often do not consider psychiatry or are not aware of the opportunities in psychiatry when choosing subspecialties.

Action: Develop and maintain clear and compelling materials (one-pagers, videos, graphics) that can be accessed and shared with educators, students and incumbent workers providing information on the skills and competencies, career paths, wages, education and licensure requirements, education programs, and tuition costs and financial aid opportunities for target BH occupations.

The Colorado Workforce Development Council has launched an online tool called “My Colorado Journey”³² that can serve as an example. This online tool includes education and licensure requirements, estimated wages, transferable programs, and the ability to search for vetted education and training programs and potential financial aid opportunities.

³² My Colorado Journey. <https://www.mycoloradojourney.com/industries/behavioral-health>

FIGURE 36: My Colorado Journey BH Career Exploration and Planning Tool

**Behavioral Health
Counseling, Therapy, and Social Work**

Search by zip code

Entry Level

Certified Addiction Technician (CAT)

Entry-level Therapeutic Workers

Social Support Services

Psychiatric Aide

Behavioral Health Counselor

No location entered. Displaying data for:
📍 The State of Colorado

Median Annual Salary
\$55,806.40

Estimated Average Annual Job Openings
1,770

Estimated Annual Growth Rate
2.50%

Behavioral Health Counselor

Certified Addiction Specialist (CAS)

Mid-level Social Workers

Advanced Level

Licensed Professional Counselor Candidate

Licensed Social Worker

Therapists

Licensed Clinical Social Worker

Marriage and Family Therapist

Licensed Counselors

Search for Programs

Search for education and training programs that lead to this career.

🔍 SEARCH FOR PROGRAMS

Behavioral Health Counselor

Occupation Summary ▼

Also Known As... ▼

What Does It Take? ▼

Credentials ▼

Work Experience ▼

Education and Training ▼

Work Based Learning ▼

Telecommuting Options ▼

Other pathways for this career ▼

About this Pathway

Provide a continuum of prevention, crisis response, intervention, treatment and recovery services for people needing support with mental health, marriage and family counseling, addictions treatment, and more.

What kind of pay is expected in this pathway?

In Colorado, entry-level Psychiatric Aides average \$31,637, while Marriage and Family Therapists average \$63,502 annually.

🔗 Support



Action: Convene and connect employers in target settings with public schools, community colleges, and Chicago- Cook Workforce Partnership to share career pathway materials and match BH professionals and organizations to offer guest speakers, tours, job shadows, and externships with employers in target settings.



Several organizations and coalitions in the City of Chicago and Cook County have expertise and experience connecting students and residents to work-based learning opportunities in different industries. Beginning with the network of 53 “Stronger Together” CCH Office of Behavioral Health (OBH) grantees and 31 “Building Healthier Community” CCDPH grantees and the organizations represented on the BH Workforce Steering Committee, OBH can help connect employers to education and workforce programs to expose more students to BH careers with the goal of increasing the number of residents who pursue the BH career pathway, complete high-quality programs, and work in Cook County long term.

5.3: Recommendation 3 – Offer Best-in-Class Community BH “Earn and Learn” Opportunities

I started a Master's Program to become a Marriage and Family Therapist. But I got divorced and had to support myself financially. I couldn't do the full time practicum, which was the last 6 months of the program. I had to earn money, I couldn't work and not get paid. That was the last thing you had to do to graduate, but I had to drop out. That happened to several other people in my class. I still have \$50,000 of debt from that program, but I didn't finish.”

Unlicensed Case Manager

The traditional education model that requires students to learn “on their own time” and “on their own dime” is not producing enough professionals, especially for adult-learners and learners from low-income households. Additionally, attracting and retaining early-career social workers, professional counselors, nurse practitioners, and psychiatrists in community BH in Cook County requires high-quality post graduate opportunities, mentorship, and support.

Expanded opportunities to reduce the financial burden and help prospective BH professionals “Earn and Learn” in their career progression is critical to expanding the size, diversity, and upward advancement opportunities in the BH talent pipeline of Cook County.

Increasing opportunities for paid classroom learning and providing structured, support on-the-job training in community BH settings can make Cook County the best place in the mid-west for professionals looking to take their first or next step in their community BH career.

Action: Establish a \$50M Cook County BH Workforce Training Fund funded through public and private sources - to start new and expand existing Scholarship, Apprenticeship, Paid-Internship, Supervision, and Fellowship programs.

A dedicated training fund will give the region the flexibility to deploy capital to where it is most needed and adjust its investment strategy if needs change, with oversight and community accountability. Based on our interviews and data analysis, the following programs could be initial targets (these programs are summarized in Figure 37)

FIGURE 37: Summary of Community Behavioral Health Earn and Learn Programs (5-Year)

“Earn and Learn” Program	Trainees³³	Cost Per	Estimated Annual Cost
Certified Peer Recovery Specialist Stipends and Scholarships Partnership with existing programs with established funding streams, such as the Ameri-Corps program, to expand enrollment, certification, placement, and retention of Certified Peer Recovery Specialists	400	\$10,000	\$4,000,000
Alcohol and Drug (A&D) Counselor Registered Apprenticeship Program Grants to colleges, non-profit training institutions, and/or intermediaries to set up or expand Alcohol and Drug Counseling registered apprenticeship programs and/or similar programs that provide A&D trainees free classroom training and paid work experience to begin or advance on the A&D counselor pathway.	250	\$20,000	\$5,000,000
Paid Internships and Post-Graduate Supervision Opportunities Direct grants for community-based providers to establish new and enhance existing programs to provide paid internships for Master’s level students and clinical supervision opportunities for counselors, therapists, and social workers.	200	\$50,000	\$10,000,000
Scholarship Fund for Incumbent workers Direct scholarships with a Cook County BH service requirement for existing unlicensed professionals working in community BH settings in Cook County to enroll in Bachelor’s and Master’s programs on their pathway to become licensed clinicians. Eligible programs would be focused on institutions that offer accelerated programs that provide advanced standing opportunities based on work experience.	200	\$50,000	\$10,000,000
LPNs to RNs pathway in Community Behavioral Health A county-wide grant to one intermediary or consortium that includes community BH employers, post-secondary programs, and other supportive service providers to design and implement an LPN to RN registered apprenticeship program with didactic and clinical rotations focused on community BH.	100	\$25,000	\$2,500,000
Psychiatric Mental Health Nurse Practitioner Fellowship Program Provide grants to medical schools and/or universities to create new or expand existing post-graduate fellowship programs for nurse practitioners to gain experience in community psychiatric settings working with Medicaid eligible populations living with serious mental illness (SMI). The program could have specialties in Child/Adolescent and/or older adults.	75	\$125,000	\$9,375,000
Community Psychiatry Fellowship Program Provide grants to educational institutions, medical sites, or other organizations to develop and expand psychiatry residency programs that train and prepare residents, child and adolescent psychiatry fellows, and/or addiction psychiatry fellows to serve underserved children, youth, and adults.	25	\$200,000	\$5,000,000
Direct Costs			\$45,875,000
Administrative Costs (~10%)			\$4,587,500
Total	1250		\$50,462,500

³³ Estimated number of professionals trained are roughly based on addressing 10% of the net new positions needed in target occupations described in section 2. These investments would theoretically result in a 10% increase in the local education and training system’s capacity to produce BH professionals.

PROGRAM 1: Certified Peer Recovery Specialist (CPRS) Stipends and Scholarships

ESTIMATED 5-YEAR INVESTMENT: \$4,000,000

ESTIMATED IMPACT: 400 Cook County residents in recovery become Certified Peer Recovery Specialists

A peer recovery specialist is a trained individual who has lived experience with mental illness and/or substance use disorder and provides one-to-one strengths-based support to peers in recovery. Peer recovery specialists work in a wide range of settings including community health and mental health centers, behavioral health programs, substance use treatment facilities, peer-run organizations, community-based organizations, emergency rooms, courts, homeless shelters, and outreach programs.

To become a Certified Peer Recovery Specialist (CPRS) in Illinois³⁴, individuals must meet the following requirements:

- ▶ High School Diploma or GED
- ▶ 100 clock hours of training from an approved training provider
- ▶ 100 clock hours of supervision received in the domains
- ▶ 2000 hours (one year) of paid qualified work experience or volunteer work within the last four years
- ▶ Pass the exam

This investment would expand on the grant-funded CRSS Success Program supported by the Illinois Department of Human Services (IDHS) through partnerships with one or more of the CRSS Success Program post-secondary institutions in Cook County, including Governor’s State University, Illinois Institute of Technology, Malcolm X College, Rincon/New Hope School of Counseling, and University of St. Francis. Funds would be used to enroll, train, and certify residents with lived experience in CPRS and place them in jobs at community providers. These funds could also help expand support services and stipend programs like Ameri-Corps that help provide wrap-around support and additional advancement opportunities for individuals in the program.

³⁴ The Illinois Model For International Certification of Peer Recovery Specialist (CPRS). July 2024. Illinois Certification Board, Inc. https://iaodapca.org/Portals/0/PDF/CPRS%20Model%20April%202023.pdf?ver=IM7rZejP_40oGjQm6ZWv2A%3d%3d×tamp=1682975616608

PROGRAM 2: A Cook County Certified Alcohol and Drug Counselor (CADC) Registered Apprenticeship Program

ESTIMATED 5-YEAR INVESTMENT: \$5,000,000

ESTIMATED IMPACT: 250 newly certified CADCs working in Community BH settings

Residents interested in becoming alcohol and drug counselors often face challenges completing the requirements to become registered in Illinois, paying out of pocket to attend required coursework at a community college or a private training program, paying the \$85 application fee and \$175 exam fee, and leaving or reducing hours at their current job to take required coursework and do unpaid field placements. Analysis in Sections 2 and 3 suggest local community colleges – that often offer high quality, low cost programs for local residents - are not producing enough graduates in these programs through the traditional education models.

Apprenticeship programs are evidenced-based training programs that allow people to earn money at a job doing productive work for a host employer while learning the skills in a classroom and on the job that are required to advance in a given career pathway. Apprentices could be employed at participating CCH Office of Behavioral Health/CCDPH BH grantees as an "Apprentice" Care Manager / A&D Counselor or another related role for two to three years while they meet the following requirements for CADC certification through the Illinois Alcohol and Other Drug Abuse Professional Certification Association, Inc³⁵.

- ▶ 4,000 hours qualified work experience
- ▶ 150 supervised practical experience hours
- ▶ 225 clock hours of classroom training and education at a partner college
- ▶ Employer-paid \$85 application fee and \$175 exam fee
- ▶ Support and release time to prepare for exam.

³⁵ The Illinois Model for the Certification of Alcohol and Other Drug Counselors. Revised July 2024.
https://iaodapca.org/Portals/0/PDF/AOD%20Counselor%20Model%20-%20April%202023.pdf?ver=NyHVapFuOLZ_bBmKYB0cXQ%3d%3d×tamp=1682975086022

Kennedy-King College, has a grant-funded program for working professionals that has many of the elements of an apprenticeship program, including coordination with community-based providers for recruitment, evening classes, paid stipends for field placements.

With an initial investment to get this or another similar program officially registered as a US Department of Labor Apprenticeship and/or the Illinois Apprenticeship State Apprenticeship Agency, the program could be financially sustained long-term through:

- ▶ Formula Workforce Innovation and Opportunity Act (WIOA) funds through the Chicago-Cook Workforce Partnership
- ▶ Competitive grants from the US Department of Labor and the Illinois Department of Employment Security (IDES), and other state programs

PROGRAM 3: Paid Internships and Post-Graduate Supervision Opportunities

ESTIMATED 5-YEAR INVESTMENT: \$10,000,000

ESTIMATED IMPACT: 200 Cook County residents get paid internships and high quality supervision in community BH settings

Interviewees shared unpaid internships are a major reason students drop out or decide not to pursue Master's level course work in social work, counseling, or psychology. Social work faculty interviewed also shared that students who complete internships in public BH settings are more likely to pursue careers in these settings after graduation. While many BH employers interviewed shared they wanted to host more interns, community-based providers reported funding gaps in setting up and maintaining high-quality supervision programs for social workers and professional counselors.

Similarly, high-quality supervision and mentorship are critical for early-career BH professionals to reduce burnout, increase clinical skills, and get the support they need to be successful in high stress public or community-based BH settings.

This grant program would provide direct grants for community-based providers to establish new and enhance existing programs to provide paid internships for Master's level students and clinical supervision opportunities for counselors, therapists, and social workers.

The Massachusetts Executive Office of Health and Human Services (MASS EOHHS) has recently established a Behavioral Health Clinical Supervision Incentive (BHCSI) Fund. The purpose of the BHCSI program is to expand access to quality supervision of students and workers pursuing certification and licensure in behavioral health roles (inclusive of mental health and substance use/opioid use disorder treatment providers). Specifically, EOHHS plans to contract with employer provider organizations to establish and incentivize new, or enhance existing, clinical supervision of both students pursuing behavioral health degrees and behavioral health workers-in-training pursuing certification or licensure. The behavioral health clinical supervision incentive program includes funding of \$20,000,000 over the next four years.

PROGRAM 4: Scholarship Fund for Incumbent Workers

ESTIMATED 5-YEAR INVESTMENT: \$10,000,000

ESTIMATED IMPACT: 200 BH workers receive scholarships to become a licensed clinician

Demographic data in Section 1 suggests there is an opportunity to diversify the RNs, NPs, social workers, and professional counselors in Cook County by providing tuition assistance and flexible schedules to existing BH professionals and adult learners in lower paying occupations, as opposed to increasing enrollment of existing education programs designed for traditional college-age students.

This program would provide direct scholarships for existing unlicensed professionals working in community BH settings in Cook County to enroll in Bachelor's and Master's programs on their pathway to become licensed clinicians. Eligible programs would be focused on institutions that offer accelerated programs that provide advanced standing opportunities based on work experience.

Scholarship applicants would likely include case workers, eligibility workers, outreach workers, alcohol and drug counselors, certified peer recovery specialists, and other unlicensed professionals working in the public system that are looking for an opportunity to advance their education and training but may not have the disposable income, ability to finance education, and/or willingness to take on additional student debt to continue their formal education. The program could prioritize individuals with lived experience and cultural and linguistic competencies currently working in southern and western Chicago and suburban Cook County.

After graduation, all trainees could be required to complete a service requirement. Guidelines could be modeled after the National Health Service Corps scholarship program

which requires a two-year service commitment in a community BH setting for one year of scholarship support³⁶. Graduates who fail to complete this service obligation and who are not entitled to a waived repayment would repay scholarship funding, prorated as appropriate.

PROGRAM 5: Licensed Practical Nurse to RN pathway in Community BH

ESTIMATED 5-YEAR INVESTMENT: \$2,500,000

ESTIMATED IMPACT: 100 individuals become LPNs or RNs working in BH

Interviews with providers expressed challenges hiring licensed practical nurse (LPNs) for inpatient BH programs. Similarly, RNs working in BH settings reported the highest levels of burnout and intent to leave their job in the next 12 months of all occupations that responded to the BH workforce pulse survey (Section 4).

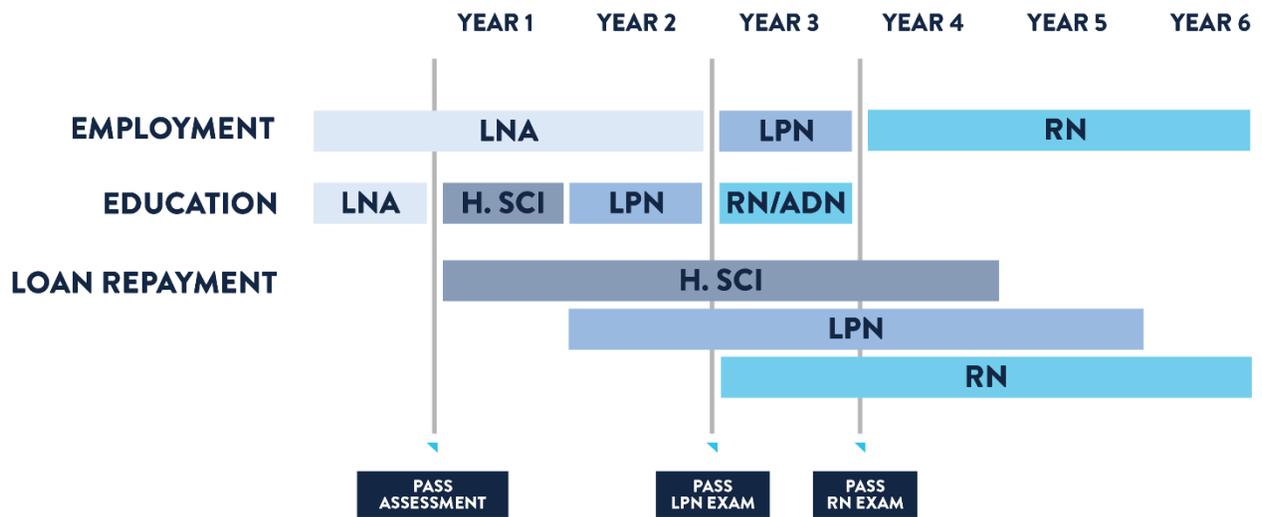
This investment would create a county-wide grant to an intermediary or consortium that includes inpatient mental health and substance use disorder program employers, post-secondary programs, and other supportive service providers to design and implement an LPN to RN registered apprenticeship program with didactic and clinical rotations in community BH settings.

An example of a Nursing Career pathway program for incumbent workers can be seen in Vermont. Healthcare system employers, community colleges, four-year universities, and the Vermont Business Roundtable, an industry association, developed a nursing apprenticeship program³⁷ to help mental health technicians, personal care aides, nursing assistants, and medical assistants become LPNs and RNs while working over a six year period (figure 38).

³⁶ National Health Service Corps Scholarship Program. School Year 2024-2025 Application and Program Guidance. <https://nhsc.hrsa.gov/sites/default/files/nhsc/scholarships/scholarship-application-guidance.pdf>

³⁷ Governor Phil Scott Announces Nursing Workforce Grants. State of Vermon. <https://governor.vermont.gov/press-release/governor-phil-scott-announces-nursing-workforce-grants>

FIGURE 38: Vermont Nursing Career Pathway – Education and Employment Model



The program includes practicing clinical instructors, paid time off, for students to take required didactic classroom training and complete clinical field placements, and wrap around supports for trainees including transportation support, financial coaching, and tutoring. The program is financed through federal Health Resources and Services Administration (HRSA) and Department of Labor apprenticeship grants, state workforce and education funding, and student loan repayment by participating employers in exchange for years of service. At the end of 6 years, individuals are registered nurses with zero student debt, often working for the same employer throughout the entire program.

PROGRAM 6: Psychiatric Nurse Practitioner Fellowship Program

ESTIMATED 5-YEAR INVESTMENT: \$9,375,000

ESTIMATED IMPACT: 75 NPs complete 12-18 month fellowships in Community BH settings

Many healthcare leaders interviewed shared that increasing the number of advanced practice nurses (APNs), such as psychiatric nurse practitioners, is critical to mitigating the national physician shortage in both primary care and psychiatry. Typically, APNs are trained in a specific clinical area and work in partnership with a supervising physician. The APN manages more routine, stable cases while the physician focuses on more complex, challenging cases. Ultimately, this partnership model expands the practice’s total patient capacity.

Increasing the number of psychiatric nurse practitioners aware of, connected to, and working in community BH settings is a critical element of expanding the ability of the system to meet the treatment needs of Cook County residents. This investment could provide grants to medical schools and/or universities with psychiatric mental health nurse practitioner programs to create new or expand existing post-graduate fellowship programs for nurse practitioners to gain experience in community psychiatric settings working with Medicaid eligible populations living with serious mental illness (SMI). The program could have specialties in child/adolescent and/or older adults.

Nurse practitioner programs operating in the Cook County area can serve as recruitment partners and/or hosts for the fellowship, including Loyola University, Rush University, the University of Illinois at Chicago.

One successful model to be considered is the Child-Adolescent Psychiatric Nurse Practitioner Fellowship Program administered by the University of California San Diego School of Medicine (UCSD).

The program is one of the only post-graduate fellowship programs in the US for nurse practitioners to gain experience in community psychiatric settings working with patients with severe mental illness (SMI). The 12-month program currently offers a pediatric specialization serving children/adolescents through a grant from a local philanthropy and one specializing in adult services funded through a time-limited HRSA grant. Both tracks provide placements in community settings at FQHCs, and grant-funded specialty mental health and substance use disorder programs administered by the County of San Diego.

The program fosters a balance between theory and clinical experience evaluating and treating youth and their families and includes didactics, supervision from faculty, and clinical experience at clinics and specialty rotational sites. Program participants are engaged at rotational sites, providing time to develop proficiency in areas such as inpatient care, urgent and emergency care, and vulnerable and special needs populations. For the didactic aspects of the program, fellows participate in mandatory weekly sessions that ensure a thorough knowledge of child and adolescent psychiatry and community psychiatry.

According to the UCSD School of Medicine faculty that administers the program 100% of the 9 graduates of the program as of 2022 had accepted offers to work in community psychiatry after the fellowship.

PROGRAM 7: Community Psychiatry Fellowship Program

ESTIMATED 5-YEAR INVESTMENT: \$5,000,000

ESTIMATED IMPACT: 25 Psychiatry residents complete community BH fellowships

This investment would result in grants to one or more residency programs in Cook County to develop new or expand existing community psychiatry residency programs that train and prepare child and adolescent psychiatry fellows, and/or addiction psychiatry fellows to serve underserved children, youth, and adults in community settings.

The goals of the investment would be to train more psychiatrists at rotation sites that treat underserved communities. During this time, providers would be exposed to a variety of clinical settings and specialty populations to allow fellows to develop an understanding of the public mental health system and the skills necessary to provide quality patient care to each unique population.

Rush Medical College, for example, has provided a Community Behavioral Health track since 2017 with established partnerships with community-based service providers, churches, community groups, schools, and other community health care and social service organizations to address community-based mental health and wellness on the West Side. The medical school offers fellowships in Child & Adolescent Psychiatry and Addiction Medicine today. This investment could support expansion of these programs and greater integration with community behavioral health providers funded by CCH Office of Behavioral Health and CCDPH through clinical rotations and didactics focused on the system of mental healthcare for underserved youth and adults.

5.4: Recommendation 4 - Improve Job Quality in Community Settings

This report estimates half of professional counselors, alcohol and drug counselors, licensed practical nurses, and social workers working in BH settings will leave their occupations over the next 5 years. 40% of the Cook County BH professionals surveyed reported burnout and 38% intend to look for a new job in the next 12 months. While low pay is a driving factor, survey respondents and interviewees also reported high levels of dissatisfaction related to:

- ▶ Difficulty getting their clients the wrap-around services and resources they need
- ▶ Student loan support, availability, and technical assistance
- ▶ Documentation requirements
- ▶ Recognition for work accomplishments
- ▶ Support for continuing education and licensure costs

Employers and frontline staff interviewed mentioned other job features that had a significant impact on their satisfaction, including mentorship, culture, flexible schedules, hybrid work options, advancement opportunities, and highlighting the impact staff are making on their community. Several community-based service providers and staff acknowledged their organizations have limited funding, expertise, and time to identify and implement job quality changes because they are too busy “keeping the lights on”.

Action: Partner with the Illinois Behavioral Health Workforce Center (BHC) to support statewide talent attraction and retention learning collaboratives that provide peer-learning, expert technical assistance, and funding for community BH employers interested in reducing burnout, increasing retention, and reducing time-to-hire for critical roles.

A learning collaborative or community of practice could include group webinars and technical assistance from relevant subject matter experts, working with community BH employers to:

- ▶ Review data about what job quality features most impact intent to leave and burnout for Cook County BH practitioners,
- ▶ Facilitate peer-to-peer learning through case studies, real world examples, and best practices to attract and retain professionals working in community BH,

- Provide funding and technical assistance to develop and implement job design changes to reduce burnout, increase advancement opportunities, and make their organizations a better place to work.

This is a potential area for partnership with the Illinois Behavioral Health Workforce Center (BHWC). BHWC is developing training opportunities for evidenced-based service models, as well as providing a library of free training and to support learning collaboratives related to workforce retention and attraction.

SHORT TERM

CCH Office of Behavioral Health and CCDPH grantees learn about and are connected to BHWC and other partner funding opportunities and offerings related to talent attraction and retention.

LONG TERM

Partner with the BHWC and other partners to raise \$5M to fund an annual grant opportunity for BH providers to design, implement, and measure the impact of talent initiatives.

Below are some example service interventions participating BH employers could potentially learn about, design, and implement through support of a statewide community of practice and/or learning collaboratives, free offerings, and technical assistance provided through partners such as the BHWC:

- Identifying and removing role stressors:** Role stress, which can be related to role conflict, role ambiguity, and role overload is a very common reason why workers in all industries leave jobs. Our BH pulse survey identified a correlation between dissatisfaction with getting clients access to services and reporting symptoms of burnout. Training sessions/webinars would include content, case studies, and subject matter experts to help BH employers further define this and other “role stressors” and develop action plans to address them.

60% of BH professionals in Cook County reported high rates of dissatisfaction with “the amount of stress getting clients the support/resources they need,” higher than any other job design feature, including pay.

- ▶ **Navigating Student Loan Forgiveness Programs:** There are several different state and federal public service student loan forgiveness programs that BH professionals working in community settings may be eligible for. However, many respondents expressed frustration with the difficulty of accessing them and understanding eligibility requirements and timelines. **Fifty-five percent of survey respondents expressed dissatisfaction with the loan support available to them, higher than dissatisfaction with pay.** Employers’ ability to help their employees access loan support for which they are eligible can be a major draw for professionals with significant student debt. In addition to helping clients access federal loan programs, this could include programs offered by the Illinois Student Assistance Commission (ISAC) as well as other state-funded programs that offer tuition assistance and loan forgiveness funds that individuals may be less familiar with.
- ▶ **Supporting Career Advancement and Tuition Assistance:** This topic area would include how BH employers can design and finance training programs and tuition assistance for their staff, with a specific focus on clear and meaningful advancement opportunities. Many of the opportunities and topic areas covered would overlap with other recommendations in this report. Subject matter experts could provide support identifying public funding for internal training programs, structuring and operationalizing service requirements in exchange for tuition assistance, and coordinating with training and education partners to develop schedules that work for both the business and the worker.
- ▶ **Offering Matched Savings Accounts:** Based on the high number of BH professionals in Cook County that do not make a living wage, many community BH workers in the region are likely part of the 47% of Americans who cannot handle a \$250 unexpected expense, and that financial vulnerability creates stress, costly turnover and poor performance. BH employers in Cook County can consider offering Emergency Savings programs for these professionals to reduce attrition, reduce stress and improve mental health, and reduce 401(k) loans and withdrawals. The passage of the Secure 2.0 Act of 2022 has led to favorable changes in employers’ ability to offer emergency savings programs. Plan administration and technology solution providers in this space include the Sunny Day Fund, Secure Save, and Fin Fit.

- ▶ **Incorporating Flexible Schedules and Remote Work:** Input on where and how work is performed is regularly listed as a priority for American workers – a trend that has accelerated since the COVID-19 pandemic. Emergency and administrative actions taken during the pandemic has also led to increased flexibility in billing for remote behavioral health services. Employers able to productively engage BH professionals, allow input and flexibility in their schedules and provide remote work options while still achieving business goals, fulfilling coverage requirements, and meeting client needs will have an advantage attracting and retaining critical behavioral health professionals.

5.5: Recommendation 5 – Maximize impact of the current workforce

In addition to attracting and retaining additional professionals to BH through the other four recommendations, the growing need for BH services and the timeline to produce new BH professionals requires actions that can leverage the current workforce to increase access to care. This report recommends three focus areas over the next 5 years to accomplish this:

- ▶ Reducing documentation and administrative burdens so providers can focus on providing care
- ▶ Expand awareness and adoption of the evidenced-based Collaborative Care Model (CoCM) for the Medicaid population
- ▶ Understand and monitor how and if Artificial Intelligence and Large Language Models can be used responsibly to support BH professionals.

Action: Develop a shared system to drive efficiencies in required trainings and CEUs (e.g., sexual harassment, cultural competency, EBPs) for organizations and providers across the system.

Psychiatrists, nurse practitioners, and licensed clinicians who may work in multiple hospitals and settings (e.g., a private practice and contract work at a hospital or community clinic) must take multiple annual trainings based on the individual employment or contractor practices. This requirement can be a barrier to alternative staffing arrangements and flexibility to hiring an FTE. Creating an annual training clearinghouse with reciprocity across health systems, clinics, and community providers would free up valuable time for providers working in multiple settings and reduce barriers for providers who may be interested in working in working part-time or doing contract work in community or public BH settings.

One simple example is the process implemented by the Illinois Association of Medicaid Health Plans, whereby when a provider completes a required training with one health plan (e.g., HIPAA or Cultural Competency), they can complete an attestation form that is accepted as proof of completion by all the health plans (as opposed to having to complete the same basic training multiple times). This has significantly reduced the time and administrative burden for providers.

Additionally, there is an opportunity to expand this concept to training on Evidenced-Based Practices (EBPs) for specific service models. Individual organizations often stand up staff training when implementing a new EBP as required by a specific grant or funding source, but have difficulty providing this training on an ongoing basis. With many new initiatives requiring providers to adopt common EBPs there is opportunity to leverage training curriculum, a Learning Management System (LMS) and instructors across the system of community BH providers in Cook County. This would save organizations and individual providers money, time, and potentially help individuals track and maintain required continuing education units (CEUs).

Action: Advocate for improvements of the IM+CANS assessment and process to increase clinical relevancy and reduce administrative burden

Interviewees understood the importance of reporting and documentation and that a comprehensive assessment and planning tool is important. However, multiple interviewees and survey respondents said the IM+CANS system, specifically, was contributing to retention issues. Interviews shared that the IM+CANS system should be integrated into provider Electronic Health Record (EHR) systems, and that the paper version was identified as particularly difficult to fill out for providers in community settings that may not have access to integrated EHRs. While there has been a workgroup at the State level examining changes to the IM+CANS, and improvements have been made, further review should continue. In our interviews and surveys, the burden of the IM+CANS was a repeated theme that warrants continued discussion. A detailed business process review (BPR) project reviewing the form, removing clinically irrelevant items, and making specific recommendations to streamline IM+CANS would likely reduce burnout and increase the number and/or quality of direct BH services that staff can provide to clients.

The amount of stress caused by administrative, bureaucratic, non-clinical tasks creates a significant burden on clinicians. Medicaid documentation standards (including IM+CANS) are not clinically relevant, so they create a barrier for treatment and more stress for the clinicians.

Professional Counselor

This activity aligns with the goals of the Workforce Direct Care Act (House Bill 5094) that was enacted on July 19th, 2024. The act establishes the Behavioral Health Administrative Burden Work Group within the Office of the Chief Behavioral Health Officer to review policies and regulations to identify inefficiencies, duplicate or unnecessary requirements, unduly burdensome restrictions, and other administrative barriers that prevent behavioral health professionals from providing services and to analyze the impact of administrative burdens on the delivery of quality care³⁸ and access to behavioral health services.

Action: Establish a multi-disciplinary workgroup to review the Collaborative Care model in Illinois and identify opportunities and barriers for its wider adoption.

One important solution to the BH workforce shortage is to leverage the use of primary care providers in treating mild and moderate BH conditions, when clinically appropriate, so that BH specialists are freed up to treat more serious and persistent conditions. Steering Committee members and interviewees reported an important priority for providers in Cook County is to expand adoption and usage of the Collaborative Care model (CoCM), an evidenced-based systematic strategy for treating behavioral health conditions in primary care through the integration of care managers and psychiatric consultants. Studies have demonstrated that this approach has resulted in improved access and outcomes for patients, an enhanced patient experience, better management of chronic conditions, reduced healthcare costs and, increased job satisfaction for healthcare professionals³⁹.

³⁸ Direct Care Expansion Act, Bill Status of HB 5094.

<https://ilga.gov/legislation/billstatus.asp?DocNum=5094&GAID=17&GA=103&DocTypeID=HB&LegID=153102&SessionID=112>

³⁹ "The Collaborative Care Model for Mental Health: Rigorous Research Meets Real World Success". American Psychiatric Association. <https://www.psychiatry.org/File%20Library/Psychiatrists/Advocacy/Medicaid-Payment-Collaborative-Care-Model/CCM-for-MH-Rigorous-Research-Meets-Real-World-Success.pdf>

BH providers and health systems across the country have reported satisfaction with the model and increases in the number of patients they can effectively treat.

I can see one patient in an hour, but using Collaborative Care, I can assist with the treatment of 10-12 patients in the same time. That's a very dramatic expansion.

▼ Rachel Weir, MD
Chief of Mental Health Integration, University of Utah Health
Quoted in 2022⁴⁰

While the impact is clear, challenges exist to broader adoption of this evidenced-based model, including:

- ▼ Clinical challenges such as lack of acceptance of the model and insufficient knowledge on diagnosis and treatment of behavioral health conditions among primary care providers.
- ▼ Organizational challenges including time allotted in primary care to evaluate and treat behavioral health conditions and limited access to psychiatric prescribers as consultants and case managers.
- ▼ Lack of awareness/understanding of CoCM as an option for patient care.
- ▼ Medicaid reimbursement rates insufficient to support the model.

Broader adoption of CoCM could relieve some of the burden of the BH workforce shortage and increase access to care. It is a relatively new Medicaid covered service in Illinois (effective July 1, 2022) and has not yet been widely adopted. Given the incidence of depression and anxiety in the population, particularly in youth, leveraging our primary care workforce to treat BH conditions is an important solution to improving access. It is highly recommended that further study be undertaken to determine what barriers to adoption exist and opportunities to modify the CoCM model, including funding and reimbursement alternatives.

Action: Explore alternative care models

⁴⁰ *A Growing Psychiatrist Shortage and an Enormous Demand for Mental Health Services, AAMC 2022 Article.*
<https://www.aamc.org/news/growing-psychiatrist-shortage-enormous-demand-mental-health-services>

Estimates of the shortage in Section 2 are based on the number of BH professionals needed to meet population need, based on models of care currently in practice in Cook County. Like expanding the use of evidenced-based Collaborative Care in partnership with primary care providers, regional leaders should explore, develop, and embrace new models of care that have evidence or show promise in treating substance use disorders and mental illness. This might include increasing adoption of evidence-based harm-reduction strategies including FDA-approved Medicated Assisted Treatment (MAT) including methadone and buprenorphine across the service delivery system, as well as exploring alternative treatment methods. Maintaining awareness of these new models and exploring how they can be deployed in the appropriate situations with the right guardrails will be an ongoing necessity to keep pace with the population's need for BH services.

Action: Establish a workgroup to explore responsible use of Artificial Intelligence

Interviewees and Steering Committee members shared the importance of staying abreast of technological advances and having a perspective of if, and how, new AI and technology tools can help address unmet need for BH services. Currently AI is in testing phases for several applications across healthcare, including predicting suicidality and assisting clinicians in thinking through treatment options. AI platforms such as MD Hub are also being used to reduce documentation burdens for psychiatrists by creating assessment and therapy notes that can be edited and placed directly into EHRs. Public agencies, including the US Department of Veteran Affairs (VA) are examining these technologies. As part of an overarching strategy, this report recommends developing a **Workgroup on AI in Behavioral Health in Cook County** to consider the opportunities and risks associated with AI.

FIGURE 39: Summary of Recommended Actions to Advance the BH Workforce Strategy

Recommendation	Summary	Actions
#1: Provide Competitive Compensation	Large numbers of BH professionals do not earn a living wage and perceive their compensation as “unfair” relative to their student debt or “non-competitive” to other settings, and other mid-western metros	<ul style="list-style-type: none"> • Advocate for increased behavioral health funding and reimbursement rates • Ensure grant funded programs support a living wage
#2: Increase Awareness of BH Careers	“How does someone aspire to a career they do not know exists?” – Steering Committee Member	<ul style="list-style-type: none"> • Develop and maintain clear and compelling materials (one-pagers, videos, graphics) that can be accessed and shared with educators, students and incumbent workers providing information on the career paths, wages, education and licensure requirements, programs, and financial aid opportunities in BH. • Connect interested CCH Office of Behavioral Health “Stronger Together” and CCDPH “Building Healthier Communities” grantees with public schools, community colleges, and Chicago Cook Workforce Partnership to provide guest speakers, tours, job shadows, and externships.
#3: Offer Best-in-Class Community BH “Earn and Learn” Opportunities	Establish a \$50M Cook County BH Workforce Training Fund to start new and expand existing BH Scholarship, Apprenticeship, Paid-Internship, Supervision, Residency, and Fellowship programs	<ul style="list-style-type: none"> • Bring together public (local, state, and federal) and private funders (philanthropies and social impact investors) to share the vision, target programs, goals and expected outcomes, and design and oversight of the Fund. • Capitalize the fund, identify a third-party fund manager to operate the fund, make grants and investments, and report on outcomes of the Fund.
#4: Increase Job Quality in Community BH Settings	Partner with the Illinois Behavioral Health Workforce Center (BHWK) to support statewide talent attraction and retention learning collaboratives that provide peer-learning, expert technical assistance, and funding for community BH employers interested in reducing burnout, increasing retention, and reducing time-to-hire for critical roles	<ul style="list-style-type: none"> • CCH Office of Behavioral Health and CCDPH can ensure the 53 CCH Office of Behavioral Health “Stronger Together” grantees and 31 CCDPH “Building Healthier Communities” grantees learn about and are connected to BHWK offerings and funding opportunities related to talent attraction and retention. • Partner with the BHWK and other state and local partners and raise \$5M to fund an annual grant opportunity for 10-15 BH providers to design, implement, and measure the impact of a talent initiative on time-to hire, retention, internal advancement, and other workforce metrics, building the evidence-base for retention strategies in community BH.
#5: Expand Impact of Current Workforce	Reduce administrative burden on existing providers	<ul style="list-style-type: none"> • Develop a shared system to drive efficiencies in required trainings and CEUs (e.g., sexual harassment, EBPs) for organizations and providers across the system. • Promote efforts to improve IM+CANS to increase clinical relevancy and reduce administrative burden through continued engagement in statewide working groups.
	Expand awareness and adoption of evidenced-based Collaborative Care for Medicaid population	<ul style="list-style-type: none"> • Establish a multi-disciplinary workgroup to review the Collaborative Care model in Illinois and identify opportunities and barriers for its wider adoption. • Explore other alternative care models.
	Explore responsible use of Artificial Intelligence	<ul style="list-style-type: none"> • Convene a working group to explore how Artificial Intelligence can be responsibly deployed in BH settings.

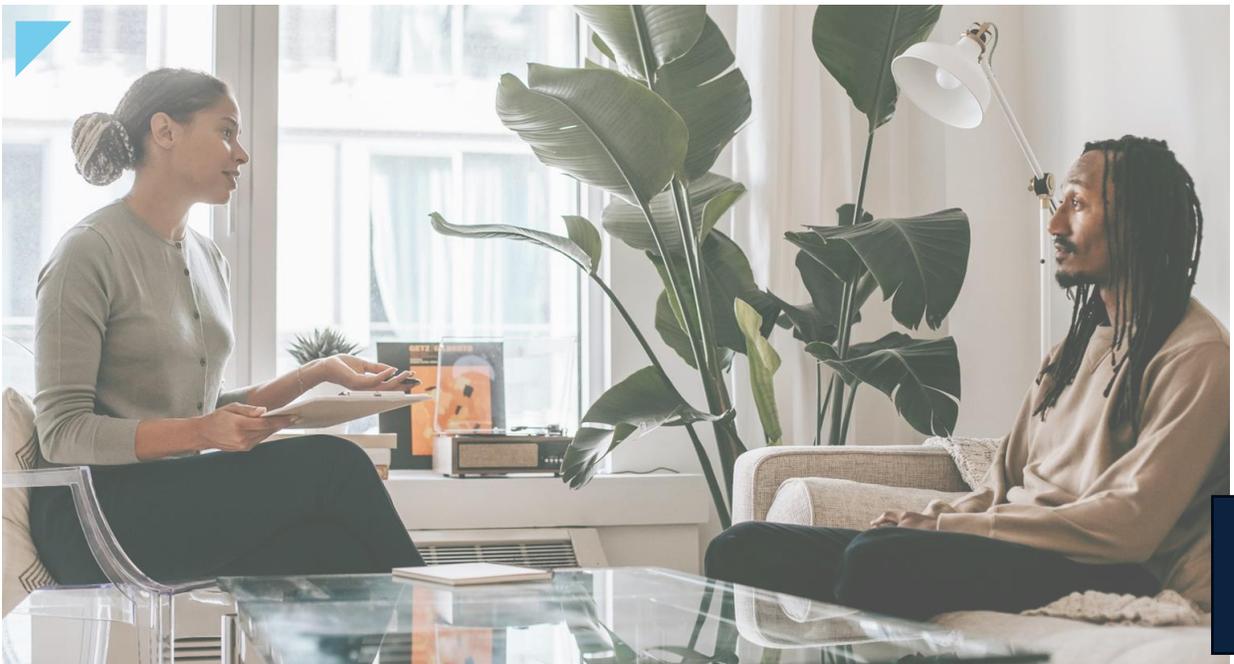
SECTION 6:

MOVING FORWARD

This report provides a deeper understanding of the behavioral health workforce shortage in Cook County and provides concrete recommendations - informed by the perspectives and experiences of workers – to address it. With a regional vision and framework for action, the people, organizations, systems, and policies that drive the behavioral health system will all influence if and how that vision is carried out in the region. Below are four considerations focused on implementation:

- ▶ **Invest in the project management and technical resources necessary to execute.** Designing and executing against the regional vision outlined in this report will require significant project management and technical resources. The time and expertise needed cannot be undervalued and will require a senior leader with budget authority and a team of managers and subject matter experts with clear lines of accountability and significant time dedicated to these efforts to make meaningful progress.
- ▶ **Work with State of Illinois leaders.** The recommendations in this report require both local and state action. Members of the steering committee and other key stakeholders should develop a detailed policy brief to compliment this report, providing local elected officials, advocacy groups, employers, and professional associations with a clear, concise platform to engage Illinois policy makers and administrators in ways that bring additional voices and perspectives to Springfield, strengthening advocacy and policy work that is already ongoing.
- ▶ **Build a broad coalition and provide regular updates on progress.** Executing on the recommendations outlined in this report will require partnerships with colleges, universities, healthcare providers, workforce development and nonprofit organizations, foundations, state and local government, health plans, elected officials, professional associations, and workers themselves. Hosting an annual symposium to introduce this vision and providing regular updates to communicate progress will help grow the size and strength of this coalition.
- ▶ **Set metrics and provide regular updates on progress to a broad tent of stakeholders.** This report outlines significant public and private investment to address a regional problem. The implementation team should work with key stakeholders to establish key metrics for workforce retention, talent attraction, diversity, equity, and inclusion, and ultimately, how the investments impact quality and availability of care.

Understanding the worker shortage, hearing from frontline professionals, and detailing regional recommendations is an important step in Cook County's efforts to address the behavioral health workforce talent crisis. The considerations above will help facilitate the next steps toward the vision of building a resilient, representative, skilled and qualified workforce that can meet the growing service needs of the county's residents, regardless of their ability to pay for care.



APPENDIX

APPENDIX A: Zip Codes Assigned to Each Subregion for 2023 Employment Estimates

APPENDIX B: City of Chicago and Suburban Cook County Regional Employment Estimates, 2023

APPENDIX C: Cook County Behavioral Health Workforce Race, Ethnicity, and Gender, 2023

APPENDIX D: Nominal Wages for Cook County BH Professionals, 2023 (Included Trainees and Residents)

APPENDIX E: Cost of Living Adjusted Median Wages, Midwestern Metros in 2023

APPENDIX F: Survey Respondents' Levels of Satisfaction with 28 Job Quality Features

APPENDIX A: Zip Codes Assigned to Each Region for 2023 Employment Estimates

City of Chicago Regions						Suburban Cook County Regions				
Far South	Near South	Southwest	West	Northwest	North/Central	South (County)	Southwest (County)	North (County)	Northwest (County)	West (County)
60643	60621	60652	60661	60631	60602	60476	60456	60029	60169	60141
60628	60636	60629	60612	60656	60603	60469	60465	60043	60107	60165
60655	60653	60632	60644	60641	60604	60461	60482	60022	60056	60163
60633	60619	60609	60651	60630	60645	60425	60458	60053	60193	60171
60617	60615	60638	60623	60646	60601	60419	60805	60026	60195	60155
60827	60620	60616	60624	60634	60640	60438	60803	60712	60005	60176
60619	60649	60608	60607	60647	60626	60430	60463	60025	60004	60305
60620	60616	60636	60622	60639	60660	60422	60457	60068	60070	60154
	60617	60620	60608	60618	60610	60429	60453	60062	60090	60558
	60609	60459	60642	60659	60654	60409	60462	60093	60192	60706
	60637		60606	60625	60614	60478	60464	60714	60008	60160
			60639	60707	60613	60473	60415	60091	60194	60546
			60707	60614	60657	60428	60455	60656	60016	60164
			60647	60622	60605	60443	60418	60631	60173	60130
			60654	60642	60611	60411	60467	60015	60067	60525
			60632		60606	60426	60480	60077	60007	60513
			60616		60625	60471	60406	60202	60074	60526
			60610		60659	60477	60439	60203	60120	60104
			60302		60618	60445	60501	60076	60010	60162
			60301		60642	60466	60472	60201	60018	60153
			60304		60616	60452	60452	60208	60133	60131
					60607	60475	60487		60103	60534
						60472	60445		60089	60804
						60827	60827		60172	60402
						60487	60655		60196	60707
						60406	60620			60501
						60633				60480
						60423				60527
						60418				60521
						60449				60018
										60126
										60634

Note: One of the challenges to conducting subregional estimates is that employment data is only available at the zip code level, whereas the City of Chicago Regions and Suburban Cook County Regions are defined by census tracts creating significant overlap between zip codes and the defined subregions. 31 zip codes were used in two subregions, 3 zip codes were used in 3 subregions, and 2 zip codes were used in 4 subregions.

APPENDIX B: City of Chicago and Suburban Cook County Regional Employment Estimates, 2023

Occupation	Far South (City of Chicago)		Near South (City of Chicago)		Southwest (City of Chicago)		West (City of Chicago)		Northwest (City of Chicago)		North/Central (City of Chicago)	
	Estimated BH Workers (2023)	Per 10,000 Residents	Estimated BH Workers (2023)	Per 10,000 Residents	Estimated BH Workers (2023)	Per 10,000 Residents	Estimated BH Workers (2023)	Per 10,000 Residents	Estimated BH Workers (2023)	Per 10,000 Residents	Estimated BH Workers (2023)	Per 10,000 Residents
Clinical and Counseling Psychologists	111	2.8	205	3.6	146	2.3	746	7.9	310	3.6	1465	17.0
Marriage and Family Therapists	54	1.4	79	1.4	62	1.0	261	2.8	121	1.4	474	5.5
Rehabilitation Counselors	62	1.6	133	2.4	85	1.4	346	3.7	122	1.4	436	5.1
Substance Abuse, Behavioral Disorder, and Mental Health Counselors	394	10.0	600	10.6	429	6.9	1607	17.1	840	9.7	2535	29.4
Mental Health and Substance Abuse Social Workers	50	1.3	75	1.3	54	0.9	195	2.1	106	1.2	297	3.4
Social and Human Service Assistants	518	13.2	787	14.0	474	7.6	1722	18.4	982	11.4	2557	29.7
Community Health Workers	58	1.5	88	1.6	56	0.9	205	2.2	123	1.4	321	3.7
Physician Assistants	2	0.1	7	0.1	3	0.1	14	0.1	8	0.1	25	0.3
Registered Nurses	87	2.2	206	3.7	115	1.8	474	5.1	280	3.2	671	7.8
Nurse Practitioners	8	0.2	22	0.4	11	0.2	44	0.5	29	0.3	82	0.9
Psychiatrists	14	0.4	35	0.6	18	0.3	74	0.8	43	0.5	126	1.5
Psychiatric Technicians	104	2.7	176	3.1	126	2.0	694	7.4	357	4.1	969	11.2
Licensed Practical and Licensed Vocational Nurses	12	0.3	21	0.4	14	0.2	47	0.5	35	0.4	75	0.9
Nursing Assistants	41	1.0	76	1.4	46	0.7	158	1.7	108	1.3	248	2.9
Psychiatric Aides	10	0.3	18	0.3	11	0.2	96	1.0	37	0.4	106	1.2
Medical Assistants	9	0.2	32	0.6	17	0.3	66	0.7	43	0.5	128	1.5
Total	1536	39.1	2560	45.5	1667	26.9	6749	72.0	3544	41.1	10515	121.9

APPENDIX B: City of Chicago and Suburban Cook County Regional Employment Estimates, 2023 (Cont.)

Occupation	South (County)		Southwest (County)		North (County)		Northwest (County)		West (County)	
	Estimated BH Workers (2023)	Per 10,000 Residents	Estimated BH Workers (2023)	Per 10,000 Residents	Estimated BH Workers (2023)	Per 10,000 Residents	Estimated BH Workers (2023)	Per 10,000 Residents	Estimated BH Workers (2023)	Per 10,000 Residents
Clinical and Counseling Psychologists	175	3.2	206	3.9	260	5.2	306	6.2	297	4.1
Marriage and Family Therapists	76	1.4	83	1.6	43	0.9	46	0.6	100	1.4
Rehabilitation Counselors	128	2.3	111	2.1	115	2.3	192	2.3	166	2.3
Substance Abuse, Behavioral Disorder, and Mental Health Counselors	550	10.1	601	11.3	697	14.1	1,019	12.3	631	8.7
Mental Health and Substance Abuse Social Workers	70	1.3	74	1.4	81	1.6	115	1.4	80	1.1
Social and Human Service Assistants	755	13.8	637	12.0	961	19.4	1,342	16.2	728	10.1
Community Health Workers	76	1.4	74	1.4	82	1.7	87	1.1	92	1.3
Physician Assistants	4	0.1	6	0.1	15	0.3	12	0.1	8	0.1
Registered Nurses	167	3.1	216	4.1	383	7.7	295	3.6	296	4.1
Nurse Practitioners	14	0.3	21	0.4	36	0.7	30	0.4	28	0.4
Psychiatrists	22	0.4	30	0.6	43	0.9	47	0.6	38	0.5
Psychiatric Technicians	174	3.2	190	3.6	174	3.5	435	5.3	263	3.6
Licensed Practical and Licensed Vocational Nurses	22	0.4	27	0.5	54	1.1	51	0.6	34	0.5
Nursing Assistants	70	1.3	95	1.8	187	3.8	161	1.9	121	1.7
Psychiatric Aides	17	0.3	17	0.3	8	0.2	23	0.3	22	0.3
Medical Assistants	21	0.4	32	0.6	42	0.8	41	0.5	43	0.6
Total	2,340	42.8	2,419	45.5	3181	64.1	4,202	50.8	2,947	40.8

APPENDIX C: Cook County Behavioral Health Workforce Race, Ethnicity, and Gender, 2023

SOC	Description	Hispanic or Latino	White	Black or African American	Asian	Two or More Races	Male	Female
Cook County Population (2023)		26.30%	41.00%	22.70%	8.10%	1.70%		
Cook County BH Workforce (Overall)		22.10%	51.10%	16.20%	7.40%	2.90%		
31-1131	Nursing Assistants	15.4%	24.8%	48.9%	9.2%	1.3%	87%	13%
31-9092	Medical Assistants	36.4%	37.6%	18.1%	6.1%	1.5%	92%	8%
29-2053	Psychiatric Technicians	19.9%	38.6%	28.1%	11.3%	1.9%	75%	25%
21-1093	Social and Human Service Assistants	19.5%	32.5%	39.7%	6.1%	1.8%	79%	21%
21-1015	Rehabilitation Counselors	14.6%	39.8%	39.3%	4.4%	1.5%	73%	27%
21-1094	Community Health Workers	19.1%	40.3%	32.2%	5.9%	1.9%	73%	27%
21-1013	Marriage and Family Therapists	15.2%	46.2%	28.5%	7.1%	2.9%	79%	21%
21-1018	Substance Abuse and Mental Health Counselors	15.2%	44.4%	31.7%	6.1%	2.3%	74%	26%
31-1133	Psychiatric Aides	16.5%	25.4%	50.4%	6.0%	1.7%	72%	28%
21-1023	Mental Health and Substance Abuse Social Workers	15.1%	50.1%	27.6%	4.5%	2.5%	85%	15%
29-2061	Licensed Practical Nurses	12.7%	36.0%	40.7%	8.9%	1.4%	90%	10%
29-1141	Registered Nurses	10.4%	54.7%	17.3%	15.9%	1.5%	90%	10%
19-3033	Clinical and Counseling Psychologists	11.3%	68.1%	9.9%	8.9%	1.8%	69%	31%
29-1171	Nurse Practitioners	9.9%	66.8%	11.7%	9.8%	1.7%	91%	9%
29-1071	Physician Assistants	17.4%	59.1%	9.9%	11.6%	1.9%	70%	30%
29-1223	Psychiatrists	10.7%	48.2%	7.5%	31.7%	1.9%	38%	62%

APPENDIX D: Nominal Wages for Cook County BH Professionals, 2023 (Included Trainees and Residents)

SOC	Description	10th Percentile	25th Percentile	Median	75th Percentile	90th Percentile
29-1223	Psychiatrists	\$54,430	\$77,558	\$233,248	\$266,069	\$372,228
29-1071	Physician Assistants	\$99,578	\$107,304	\$125,945	\$135,627	\$159,988
29-1171	Nurse Practitioners	\$98,028	\$104,396	\$122,306	\$128,939	\$143,821
19-3033	Clinical and Counseling Psychologists	\$29,890	\$47,272	\$81,595	\$129,819	\$198,664
29-1141	Registered Nurses	\$62,977	\$72,857	\$79,218	\$96,924	\$103,491
29-2061	Licensed Practical and Licensed Vocational Nurses	\$47,324	\$52,936	\$59,174	\$62,821	\$71,027
21-1023	Mental Health and Substance Abuse Social Workers	\$35,602	\$43,830	\$51,946	\$74,255	\$96,171
31-1133	Psychiatric Aides	\$31,307	\$38,591	\$51,135	\$60,397	\$60,484
21-1018	Substance Abuse, Behavioral Disorder, and Mental Health Counselors	\$38,169	\$40,331	\$50,208	\$69,495	\$87,791
21-1013	Marriage and Family Therapists	\$36,676	\$39,823	\$48,602	\$57,197	\$79,538
21-1094	Community Health Workers	\$34,364	\$38,708	\$45,281	\$53,239	\$66,715
21-1015	Rehabilitation Counselors	\$31,823	\$37,487	\$45,093	\$50,444	\$65,976
21-1093	Social and Human Service Assistants	\$32,194	\$37,387	\$42,232	\$49,761	\$63,200
29-2053	Psychiatric Technicians	\$31,492	\$36,897	\$41,930	\$46,445	\$49,609
31-9092	Medical Assistants	\$30,628	\$36,077	\$39,247	\$43,740	\$48,008
31-1131	Nursing Assistants	\$32,199	\$36,507	\$38,509	\$40,065	\$45,918

APPENDIX E: Cost of Living Adjusted Median Wages, Midwestern Metros in 2023 (Includes Trainees / Residents)⁴¹

SOC	Description (Chicagoland Rank)		Chicagoland	Louisville	Cleveland	Columbus	St. Louis	Cincinnati	Indianapolis	Milwaukee	Detroit
29-1223	Psychiatrists	8	\$184,824	\$266,994	\$291,915	\$244,097	\$264,544	\$250,067	\$252,703	\$130,316	\$269,759
29-1071	Physician Assistants	9	\$99,798	\$121,903	\$119,168	\$131,985	\$122,418	\$114,688	\$116,454	\$113,244	\$119,931
29-1171	Nurse Practitioners	9	\$96,915	\$120,039	\$126,283	\$119,064	\$112,015	\$120,043	\$123,588	\$112,431	\$115,737
19-3033	Clinical and Counseling Psychologists	9	\$64,655	\$97,984	\$105,696	\$88,315	\$73,884	\$103,821	\$70,707	\$93,377	\$77,400
29-1141	Registered Nurses	9	\$62,772	\$83,877	\$80,583	\$82,929	\$78,452	\$80,055	\$77,497	\$75,615	\$83,549
29-2061	Licensed Practical and Licensed Vocational Nurses	9	\$46,889	\$55,880	\$56,224	\$54,864	\$57,029	\$55,482	\$59,526	\$51,702	\$62,672
21-1023	Mental Health and Substance Abuse Social Workers	8	\$41,162	\$48,964	\$45,648	\$48,891	\$47,491	\$39,868	\$51,468	\$44,930	\$50,833
31-1133	Psychiatric Aides	4	\$40,519	\$47,364	\$34,493	\$42,621	\$34,639	\$35,788	\$40,313	\$31,538	\$46,770
21-1018	Substance Abuse, Behavioral Disorder, and Mental Health Counselors	9	\$39,785	\$52,188	\$50,597	\$53,160	\$51,484	\$51,641	\$43,969	\$44,506	\$49,756
21-1013	Marriage and Family Therapists	9	\$38,512	\$54,042	\$58,500	\$53,833	\$64,920	\$54,296	\$49,936	\$48,287	\$47,143
21-1094	Community Health Workers	9	\$35,880	\$64,904	\$38,281	\$42,630	\$43,473	\$46,598	\$44,631	\$40,896	\$45,739
21-1015	Rehabilitation Counselors	9	\$35,731	\$36,649	\$64,095	\$44,766	\$46,499	\$40,253	\$43,274	\$36,162	\$41,946
21-1093	Social and Human Service	9	\$33,464	\$38,968	\$39,242	\$39,414	\$38,121	\$36,834	\$37,633	\$35,531	\$37,085
29-2053	Psychiatric Technicians	8	\$33,225	\$33,158	\$40,483	\$36,735	\$40,141	\$40,881	\$38,101	\$33,351	\$38,019
31-9092	Medical Assistants	9	\$31,099	\$38,121	\$40,841	\$39,668	\$39,199	\$41,048	\$41,811	\$40,156	\$38,382
31-1131	Nursing Assistants	9	\$30,514	\$34,961	\$37,326	\$37,202	\$33,958	\$36,720	\$35,284	\$34,607	\$37,785

⁴¹ Cost of living data is based on the Cost of Living Index published by the Council for Community and Economic Research (C2ER). Wage estimates are based on Occupational Employment Statistics (QCEW and Non-QCEW Employees classes of worker) and the American Community Survey (Self-Employed and Extended Proprietors). Occupational wage estimates are also affected by county-level Lightcast earnings by industry estimates and Illinois Department of Employment Security Data. BLS wage data incorporates trainees in the occupation category. Metros that host a large number of residents typically show lower median cost of living adjust earnings for certain medical occupations.

APPENDIX F: Survey Respondents’ Levels of Satisfaction with 28 Job Quality Features (n=693-704)

Job Quality Feature	Completely Dissatisfied		Dissatisfied		Satisfied		Completely Satisfied		Not applicable / no opinion	
	%	n	%	n	%	n	%	n	%	n
The population you work with	1.43%	10	5.15%	36	49.93%	349	40.49%	283	3.00%	21
The mastery you have over the skills and tasks required	1.43%	10	8.00%	56	51.29%	359	37.00%	259	2.29%	16
Your relations with coworkers	1.86%	13	8.30%	58	51.79%	362	35.91%	251	2.15%	15
The autonomy you have at work	2.15%	15	8.87%	62	49.79%	348	37.05%	259	2.15%	15
Job contributes to a purpose you care about	2.44%	17	8.74%	61	41.98%	293	44.41%	310	2.44%	17
Your boss or immediate supervisor	5.71%	40	8.14%	57	43.29%	303	38.00%	266	4.86%	34
Your job security	3.00%	21	12.02%	84	51.65%	361	31.04%	217	2.29%	16
Your work schedule	3.41%	24	14.37%	101	49.22%	346	31.44%	221	1.56%	11
The flexibility of your hours	5.46%	38	13.07%	91	49.28%	343	29.74%	207	2.44%	17
Available modality options (i.e., in person, telehealth)	5.71%	40	10.84%	76	38.80%	272	30.67%	215	13.98%	98
Your caseload	4.91%	34	11.83%	82	47.91%	332	17.17%	119	18.18%	126
The physical safety conditions of your workplace	6.28%	44	16.41%	115	51.36%	360	24.39%	171	1.57%	11
The paid sick leave available to you	6.53%	46	15.63%	110	44.60%	314	28.84%	203	4.40%	31
The paid vacation days available to you	6.03%	42	16.64%	116	46.77%	326	26.69%	186	3.87%	27
Feedback on your job performance	5.41%	38	17.78%	125	51.35%	361	22.48%	158	2.99%	21
The social and emotional support provided colleagues	5.82%	41	18.75%	132	45.03%	317	28.98%	204	1.42%	10
Learning and development opportunities	6.00%	42	20.57%	144	48.14%	337	23.00%	161	2.29%	16
The sense that your work is valued	8.36%	59	21.39%	151	40.37%	285	29.18%	206	0.71%	5
Documentation requirements	6.58%	46	22.03%	154	52.79%	369	13.73%	96	4.86%	34
The retirement plan your employer offers	7.12%	50	20.94%	147	49.00%	344	15.10%	106	7.83%	55
Mandates and regulations that you must follow	7.15%	50	23.18%	162	51.50%	360	15.45%	108	2.72%	19
Support provided for working caretakers	8.24%	58	17.90%	126	38.35%	270	17.05%	120	18.47%	130
The recognition you receive at work	9.60%	67	21.63%	151	46.85%	327	18.62%	130	3.30%	23
Support for continuing education or licensure costs	11.62%	81	24.10%	168	38.31%	267	17.65%	123	8.32%	58
Pay	14.55%	101	33.00%	229	40.49%	281	10.66%	74	1.30%	9
Support for warm handoffs to external services for clients	11.75%	82	35.67%	249	30.37%	212	9.46%	66	12.75%	89
Any loan support available to you	15.37%	107	21.26%	148	22.56%	157	7.18%	50	33.62%	234
Stress getting clients the supports/resources they need	15.88%	111	39.91%	279	32.05%	224	5.29%	37	6.87%	48



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