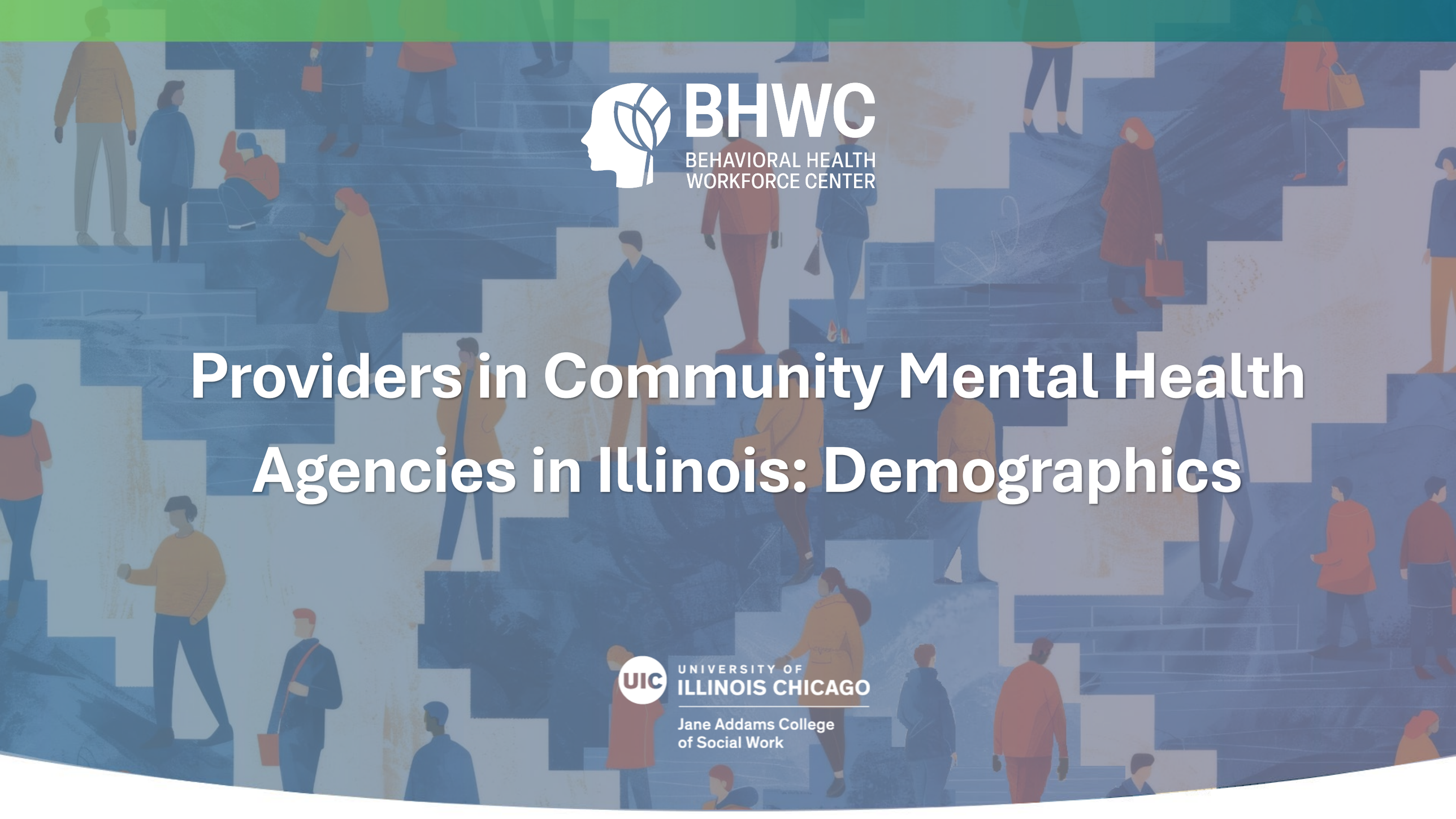

BHWC
BEHAVIORAL HEALTH WORKFORCE CENTER

Providers in Community Mental Health Agencies in Illinois: Demographics

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Introduction

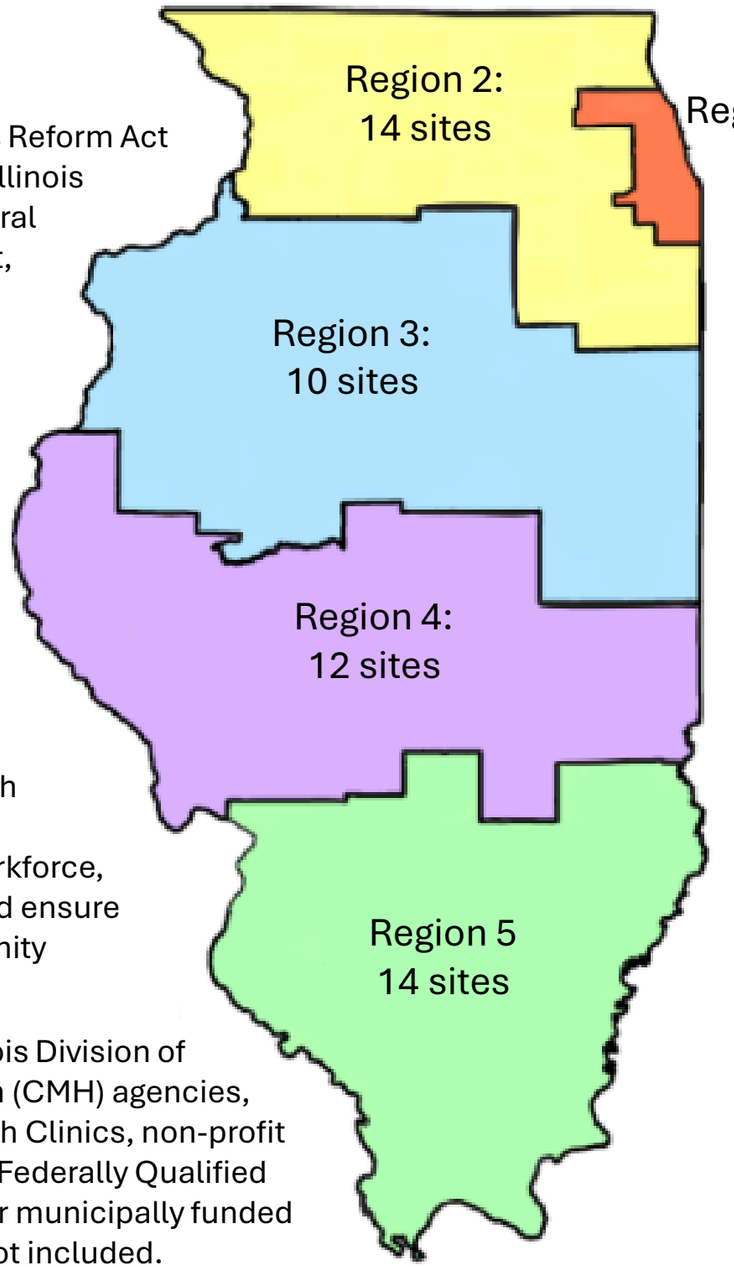
As established in the Healthcare and Human Services Reform Act of Illinois, the Behavioral Health Workforce Center of Illinois (BHWC) seeks to increase access to effective behavioral health services through innovative initiatives to recruit, educate, and retain qualified and diverse behavioral health providers.

One component of the Center's work is assessment of the behavioral health workforce to better understand key shortage areas and providers' retention and training needs. The BHWC conducted a survey of behavioral health providers in outpatient community mental health settings across Illinois in 2023-24.

This assessment aimed to understand provider demographics, shortage areas, and retention/training needs to increase access to effective behavioral health services. The survey provides crucial insights into the composition and diversity of the behavioral health workforce, allowing for targeted interventions to address gaps and ensure culturally relevant, accessible services for all community members.

The sampling frame was built by starting with the Illinois Division of Mental Health (DMH) list of Community Mental Health (CMH) agencies, which includes Certified Community Behavioral Health Clinics, non-profit organization, hospital-based clinics, programs within Federally Qualified Health Centers, county health departments, and other municipally funded programs and centers. Private practice groups were not included.

Regional Participation



Methodology

1 Sample Selection

A stratified random sample of 120 sites was selected from six areas of Illinois, including 20 each from Chicago and suburban Cook County.

2 Site Eligibility

92 of the selected sites were eligible, with 74 (80.4%) agreeing to participate.

3 Survey Distribution

Eligible sites distributed survey information to all behavioral health service providers. Participants received a $20 gift card incentive.

4 Data Analysis

555 responses were weighted for statewide analyses. Regional differences were analyzed using chi-square and ANOVA tests.

Age and Gender Demographics

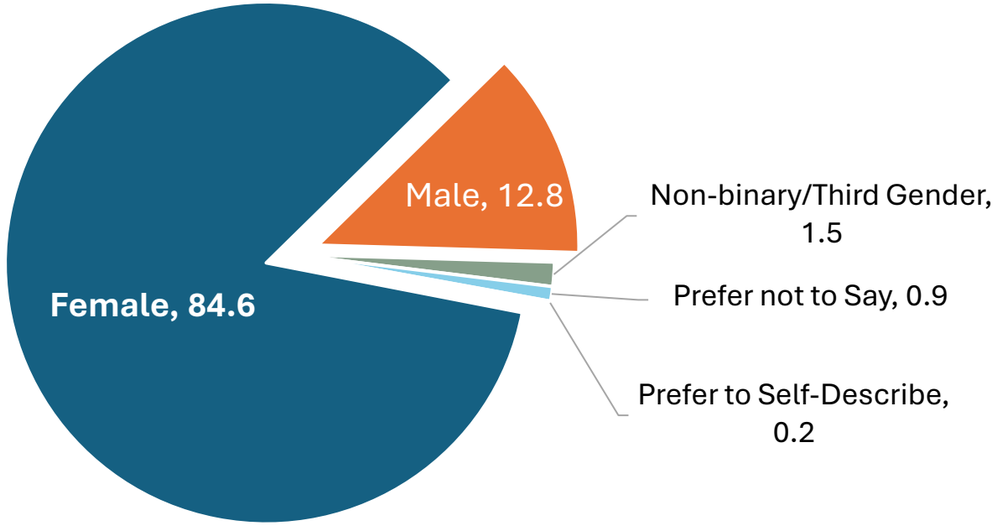
Age Distribution

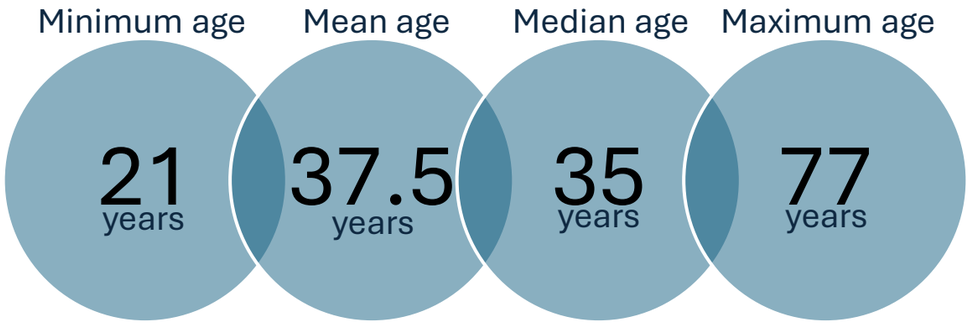
Providers who participated in the survey were, on **average, 37.9 years old**, generally varying by about 11 years. Regional comparisons did not vary significantly and demonstrated a consistent age distribution, with averages of providers' age ranging from the mid-thirties to early forties.

Gender Distribution

Overall, **the majority identified as female**, making up 84.6% of the gender distribution. Region 2 and suburban Cook reported slightly higher proportions of male providers compared with other regions. A small percentage of respondents identified as non-binary, third gender, self-described, or preferred not to disclose their gender.

Overall, the majority identified as female.





Regional Differences

Analysis of gender diversity across regions, focusing solely on male and female categories, revealed **statistically significant differences**, with **suburban Cook** and **region 2** reporting slightly higher proportions of male providers compared with other regions.

Significant regional gender differences emerged.

	1 (Chicago) *n* = 98	1 (Sub. Cook) *n* = 126	2 *n* = 98	3 *n* = 52	4 *n* = 63	5 *N* = 113	Total *N* = 550
Female	88.8	76.2	80.6	86.5	87.3	88.5	84.0
Male	10.2	**19.0**	**18.4**	7.7	12.7	8.0	13.3
Diverse/ Unidentified	1.0	4.8	1.0	5.8	0.0	3.5	2.7

Race and Ethnicity

Comparison to Census Data

Generally, **the race/ethnicity make up of needs assessment respondents was representative of Illinois census data**, with a few significant differences particularly with underrepresentation of the **multiracial** population in the needs assessment (**regions 1, 2, and 5**) and both over- and underrepresentation of the **African American or Black** population (underrepresented in **regions 1 and 5** and overrepresented in **region 2**).

The race/ethnicity make up providers in community mental health is similar to Illinois census data in most regions of the state.

		1	2	3	4	5	Overall
African American or Black	Census	22.9	7.1	8.6	6.7	11.5	14.1
	Survey	17.4*	11.2*	3.8	3.2	3.5**	10.6
Asian	Census	7.8	6.6	3.5	1.1	1.0	5.9
	Survey	7.6	2*	5.8	0	0	4
White (non-Hispanic)	Census	40.5	63.5	76.7	85.2	79.2	58.3
	Survey	43.3	61.2	82.7	92.1	92**	65.9
Multiracial	Census	10.4	9.9	6.3	4.7	5.5	8.9
	Survey	4.0**	2**	3.8	3.2	1.8*	3.5

*<.05. level (two-tailed) **.01 level (two-tailed).

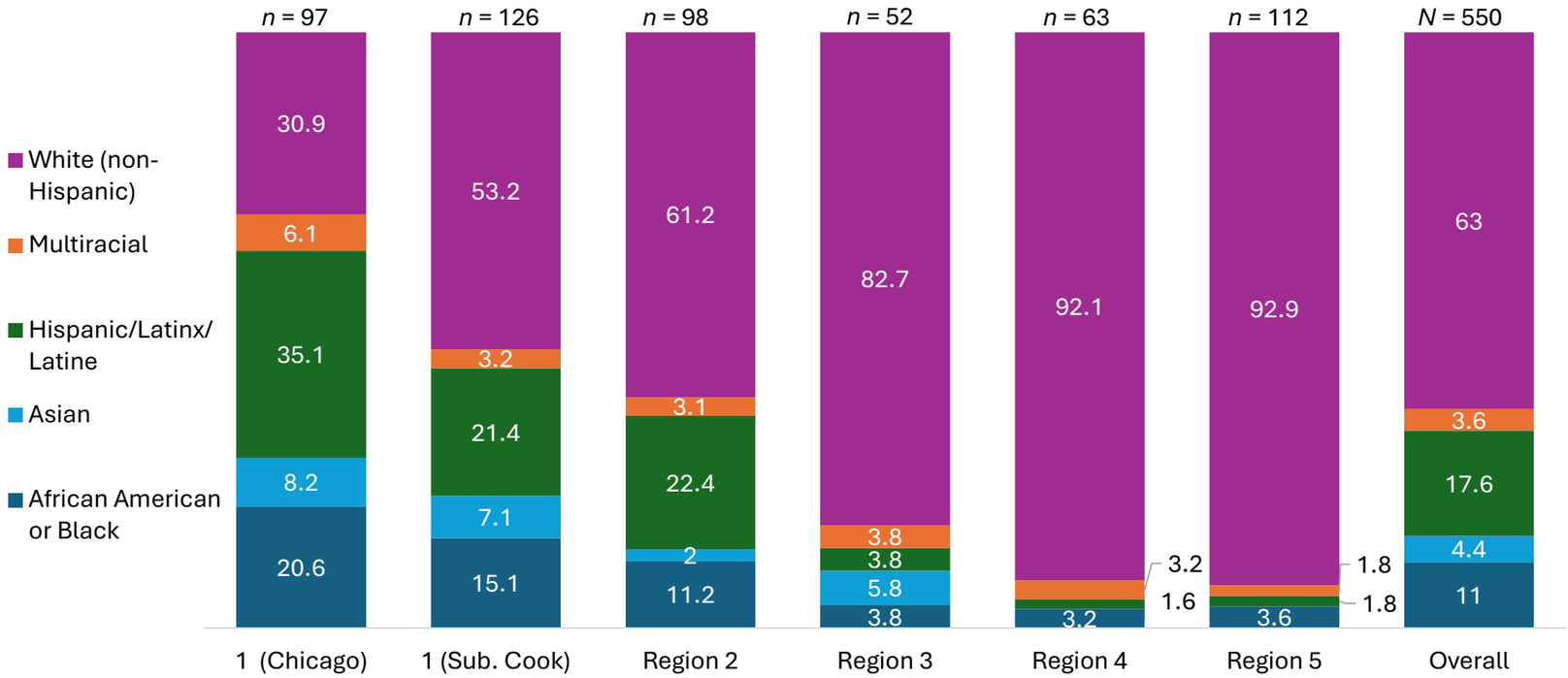
Regional Differences

Race and ethnicity varied significantly by region. Regions 3, 4, and 5 showed relatively little racial diversity, with **82% or more of providers being white (non-Hispanic)** and less than 4% being **Black** or **Hispanic/Latinx**.

In contrast, Chicago demonstrated more diversity, with 35.1% **Hispanic/Latinx** providers, 20.6% **Black** providers, and only 30.9% **non-Hispanic white**.

Chicago had the highest percentage of multiracial individuals (6.1%). Suburban Cook and region 2 had higher levels of diversity compared to the downstate regions. The **Asian** demographic was low across all regions, ranging from 0% to 8.2%, with the most representation in Chicago.

Race and ethnicity of providers varies significantly by region.



Education and Licensure

Educational Qualifications

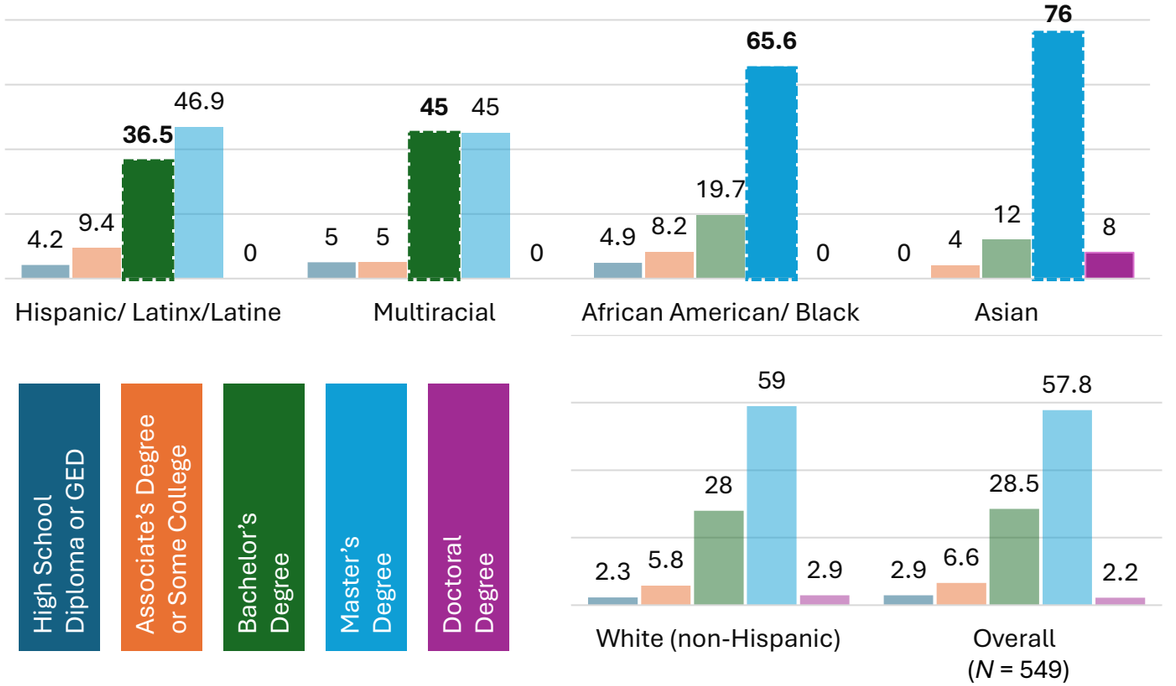
Across Illinois, the **most common educational qualification was a master's degree**. However, there were **statistically significant racial differences** in the education level of providers.

Hispanic/Latinx and multiracial providers more likely to have bachelor's degrees than other providers.

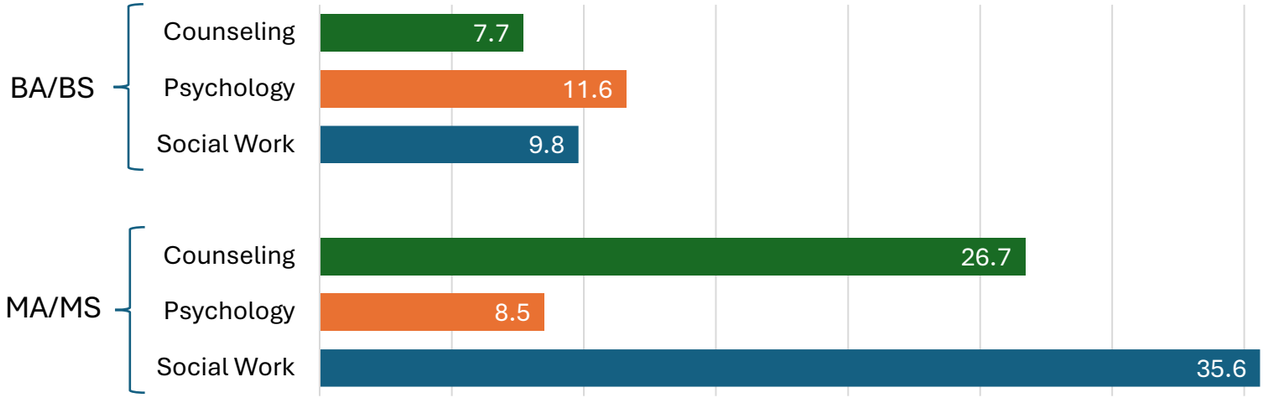
Asian and African American/ Black providers were more likely to have master's degree than other providers**.**

Asian providers had the **highest rates of doctoral degrees**.

Racial differences in the education level of providers were found.



For those with a bachelor's or master's degree, counseling, psychology, and social work were the most common majors.



(*N* = 411)

Primary Majors and Specialties

Overall, the most common primary major or specialty during education was social work (37.3%), followed by counseling (25.4%). This trend remained consistent when looking only at providers with a bachelor's or master's degree. Among these participants, there were no significant differences regionally or by race/ethnicity. Several categories had very few respondents, including marriage and family therapy, psychiatry, and nursing.

Licensure and Certification

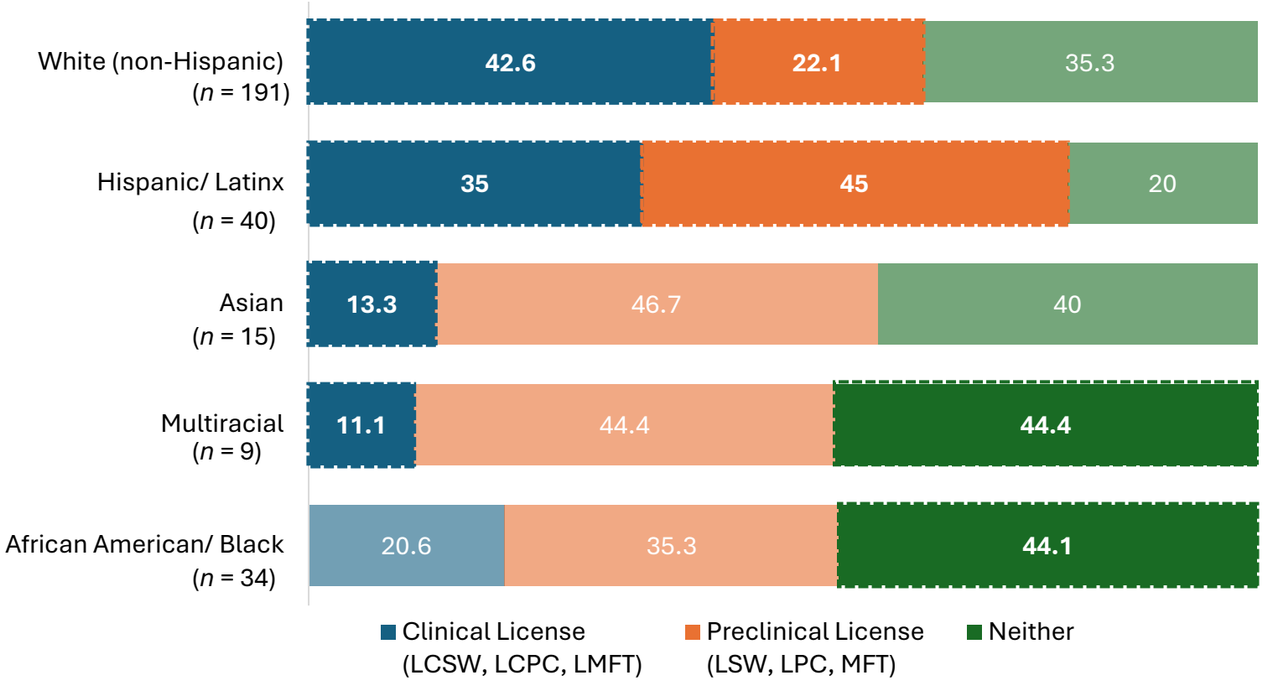
Licensure/Certification & Regional Differences

Providers were equally divided between those who had a license or certificate (49.3%) and those who did not (50.7%). Of those with a license or certification in Illinois, **LSW and LCSW were most common,** followed by **LCPC**. **Regional significant differences were present for LCSW,** with the most prevalence in **region 3** .

Among the five most common licenses/certificates statewide, significant regional differences were present for LCSW.

	1 (Chi.)	1 (Sub. Cook)	2	3	4	5	Overall
CADC	3.1	2.4	3	7.7	3.2	7	4.2
LCPC	5.1	10.3	9.1	5.8	11.1	9.6	8.7
LCSW*	11.2	12.7	7.1	**19.2**	6.3	4.4	9.6
LPC	6.1	6.3	6.1	5.8	3.2	8.8	6.3
LSW	13.3	11.1	8.1	11.5	12.7	6.1	10.1
None	51.1	40.8	54.0	44.2	58.3	58.3	50.7

For providers with a master's or doctoral degree in social work, counseling, or psychology (*n* = 288), statistically significant racial differences emerged for clinical, preclinical, or neither license.



Race/Ethnicity Differences

Statistically significant racial differences in type of license emerged for providers with a master's or doctoral degree in social work, counseling, or psychology.

White (non-Hispanic) providers had the highest rate of **clinical licenses**, but also had the lowest proportion of providers with a **preclinical license**.

Hispanic/ Latino providers had the highest rate of either a **clinical** or **preclinical** license.

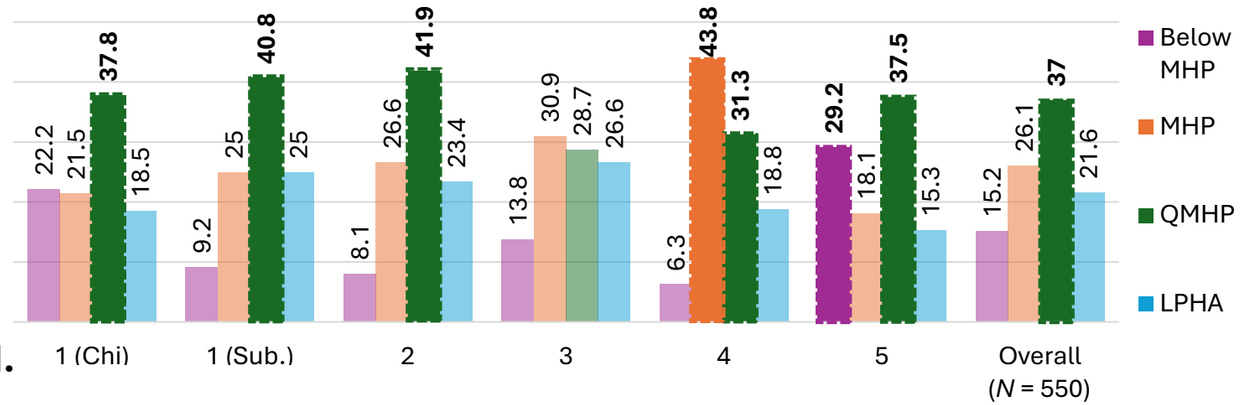
Asian and Multiracial providers were least likely to have a **clinical license**. Multiracial and African American/ Black providers were most likely *not* to have either a **clinical** or **preclinical** license.

Credentials and Language Services

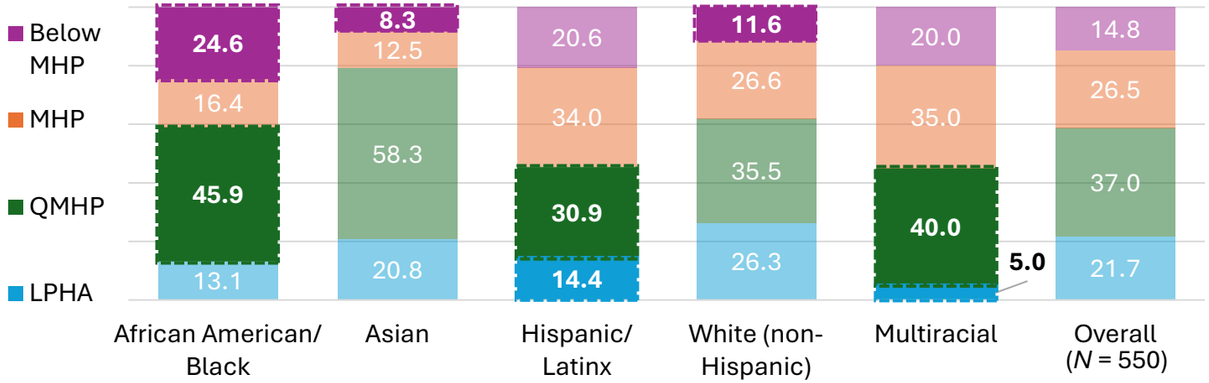
Medicaid Credentials

Overall, the **QMHP credential was the most prevalent,** followed by the **MHP** credential, the **LPHA**, and providers that **do not clearly qualify as a MHP**. Significant differences between regions emerged, with **region 4 having a notably higher percentage of MHPs** compared with the rest of Illinois. While most regions reported a small percentage of providers that **did not clearly qualify as a MHP**, region 5 demonstrated a relatively high percentage of these providers.

Significant regional differences in Medicaid credentials were found.



Significant racial/ethnic differences in Medicaid Credential were found.



Race/Ethnicity Differences

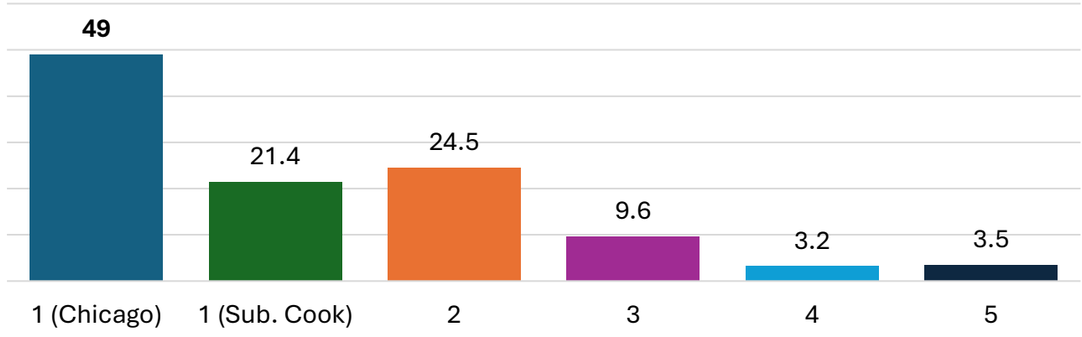
There were significant racial/ethnic differences among Medicaid credentials. White non-Hispanic and Asian providers were least likely to be **below an MHP** credential. Black providers were most likely to be **below an MHP** credential (24.6%), but also were more likely than other groups to have a **QMHP** credential. Hispanic/ Latinx and multiracial providers were least likely to have either a **QMHP** or an **LPHA**.

Language Services

Most providers (77.1%) in Illinois do not provide services in a language other than English. The percentage of providers delivering services in another language varied significantly by region, with **Chicago** having the highest percentage compared to less than 25% in other regions.

Spanish was the most common additional language for service provision in all regions except **region 3**, where Mandarin was most common. However, even for providers accommodating languages other than English, **these services consumed less than 20% of their time.**

The percentage of providers delivering services in another language varied significantly by region.

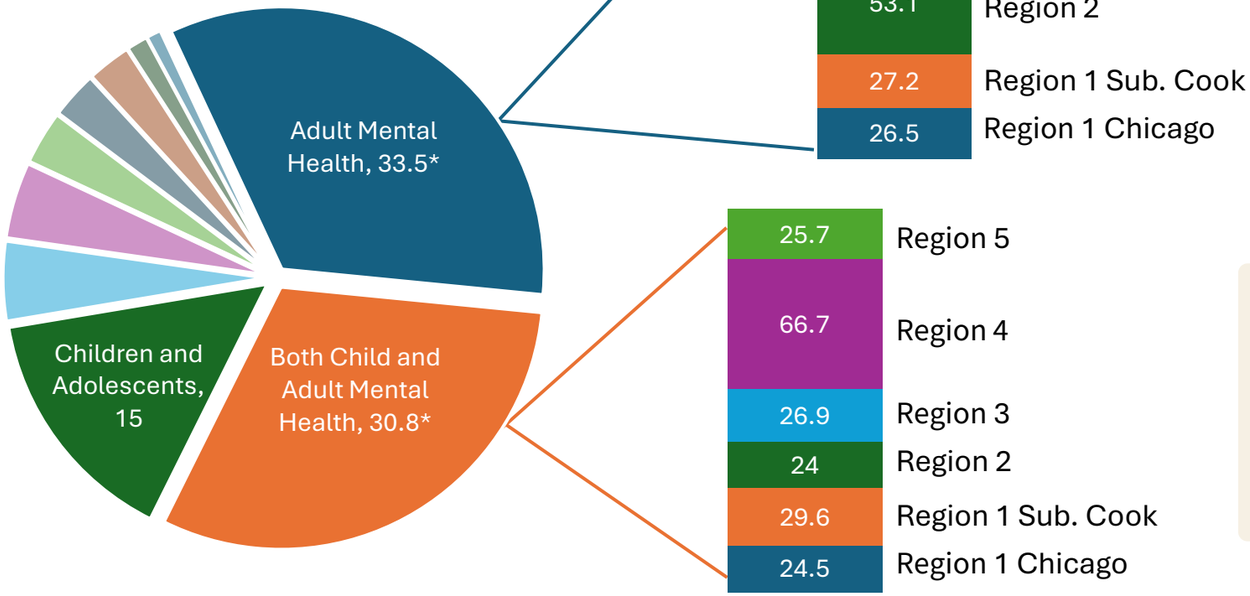


Primary Areas of Practice and Practice Tenure

Primary Area of Practice

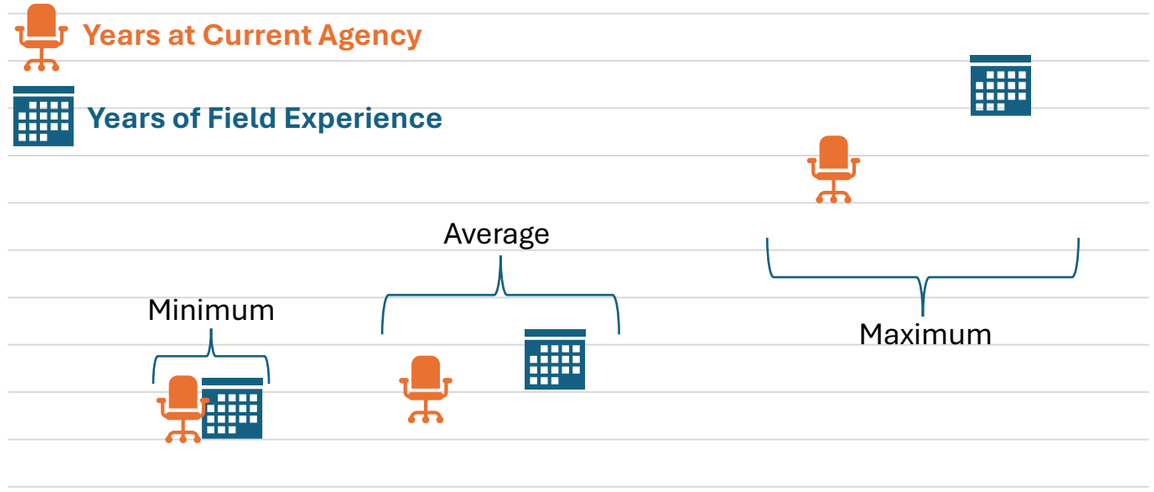
Adult mental health and both child and adult mental health (lifespan) were the most common primary areas of practice, with both showing significant differences between regions. **Region 2 and region 3 primarily served adult mental health only**, with approximately half of respondents reporting this as their primary area of focus. Notably, **a large portion of providers in region 4 provided services for both child and adult mental health**.

With significant differences between regions, adult mental health and lifespan services were the most common areas of practice.



Years at Current Agency

Providers' **years at their agency of employment** at the time of survey participation **averaged 4.4 years** and ranged from less than a year to 35 years, with no significant difference found across regions.



Years of Field Experience

The average number of years' experience overall in the field was 9 years, with a range from less than a month to 51 years. The average varied significantly across different regions, with region 2 having the longest average tenure (10.8 years).

Discussion and Implications

The Community Mental Health Provider Survey included 555 mental health service providers from across the state. The survey provides a snapshot of the demographics and disciplines of providers in publicly funded community mental health agencies.

- **Gender Imbalance**: A pronounced gender imbalance was found, with 84.6% of respondents identifying as female, suggesting challenges in recruitment of male providers to support greater gender diversity among providers.
- **Racial and Ethnic Representation**: Racial and ethnic representation among providers skewed heavily towards white (non-Hispanic) individuals (65.9%), especially in regions 2 through 5, indicating a need for increased diversity to ensure culturally competent care.
- **Language Provision**: The provision of services in languages other than English was low, with 77.1% of providers only offering services in English, potentially hindering access for non-English speaking populations. Bilingual services were more common in Chicago, but less than 5% of providers in regions 4 and 5 provided services in a second language.
- **Educational Attainment**: 57.6% have a master's degree; 28.4% have a bachelor's degree. Black and Asian providers were most likely to have MA degrees; Latinx and multiracial providers were most likely to have BAs.
- **Areas of Practice:** Findings suggest that regions 2 and 3 may have a particular need for more services specializing in children and adolescents.
- **Licensure Issues:** Near-even split of unlicensed and licensed practitioners may point to barriers in the licensure process or a lack of necessity for licensure in the field. Racial/ ethnic differences in the attainment of an LCSW for master's level providers highlight potential barriers to licensure. Recent changes in policies in social work, offering an option to obtain licensure with additional practice hours rather than a passing an exam, could address this disparity over time.
- **Uncommon Licenses, Certificates, and Degrees**: Several license and certificate types were uncommon in this sample.
  - The most common licenses and certificates in CMH settings were masters-level behavioral health credentials (LSW, LPC, LCSW, LCPC).
  - Behavioral health licenses like LMFT and Clinical Psychology were notably low.
  - The low number of PhD and MD level providers as well as psychiatric nurses reflects the provider population in publicly-funded community mental health outpatient settings, which often are not able to employ these providers as fulltime staff.
- **Underrepresentation of specialties like Marriage and Family Therapy, psychiatric nursing, and psychiatry** in CMH centers points to potential gaps in the workforce that may impede clients from receiving needed services.
- **Study Limitations**: Several limitations should be considered.
  - Exclusion of private practices limits the generalizability of findings to publicly funded community mental health agencies that provide outpatient therapy as one of their services.
  - Although the agency response rate was high, with 80% of eligible sites represented in the data, the exact response rate for all eligible staff is unknown. Additionally, the small number of Asian and multiracial providers is likely to affect the generalizability of findings related to these groups.
- **Implications**: Findings underscore the need for targeted recruitment and retention strategies to enhance gender, racial, and linguistic diversity among mental health providers in Illinois. Regional initiatives may be needed to address specific regional needs. Addressing gaps in educational and licensing support for providers is also key to ensuring equitable and effective mental health care across the state.