



BHWC

BEHAVIORAL HEALTH
WORKFORCE CENTER

Providers in Community Mental Health Agencies in Illinois: Retention



UNIVERSITY OF
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Introduction

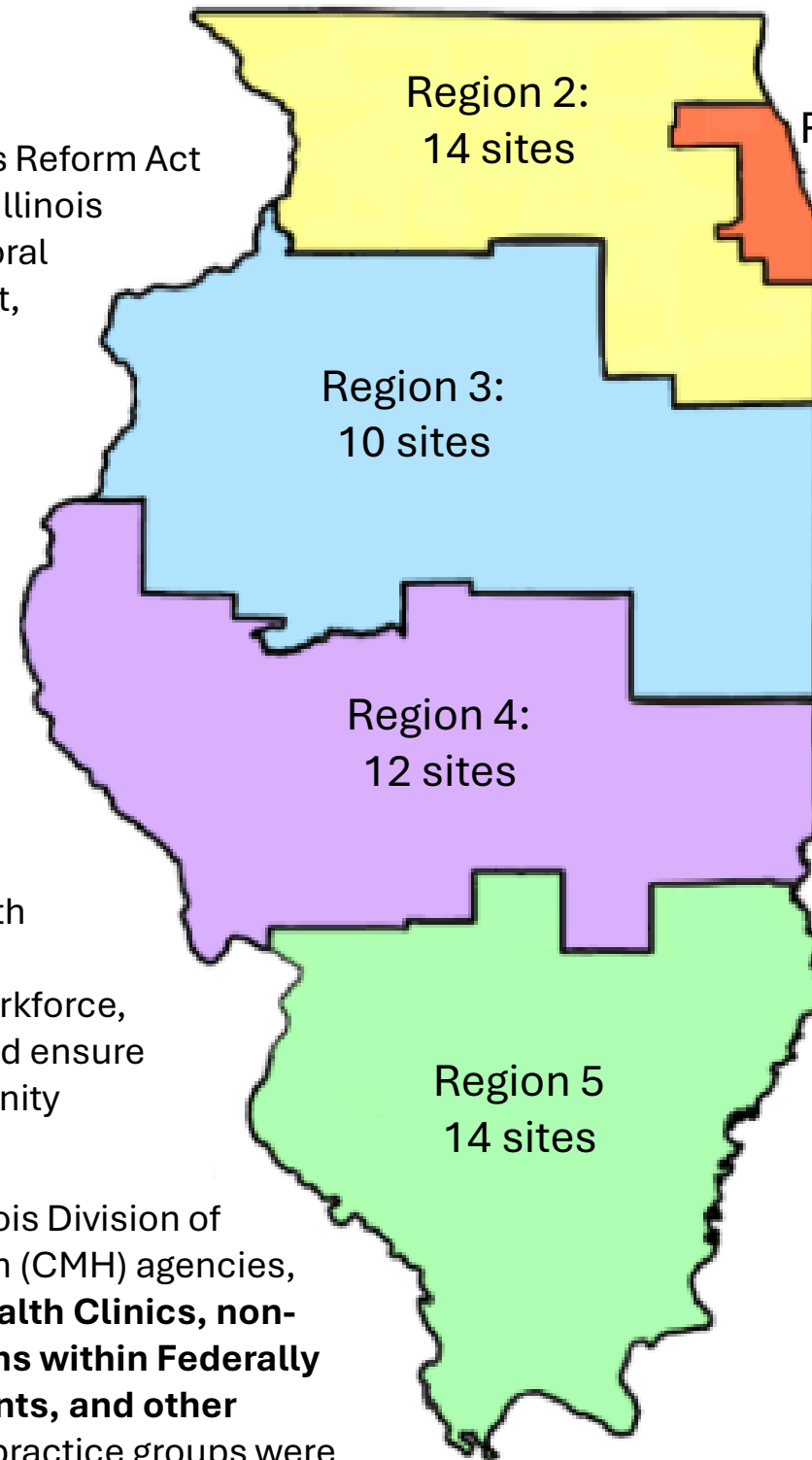
As established in the Healthcare and Human Services Reform Act of Illinois, the Behavioral Health Workforce Center of Illinois (BHWC) seeks to increase access to effective behavioral health services through innovative initiatives to recruit, educate, and retain qualified and diverse behavioral health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



Chicago: 13 sites
Suburban Cook: 11 sites

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.

Retention for Overall Population

Retention Likelihood

The majority (63.4%) of providers indicated that they were unlikely to leave their current positions within the next year. Among the 36.6% who were uncertain or likely to leave, over half were also considering leaving direct practice, raising concerns about both job and field attrition. **Significant differences were found based on region, education level, and race/ethnicity.**

Retention by Race/Ethnicity

Although most providers within each racial/ethnic group were unlikely to quit their current position within the next year, **Asian providers showed a high level of uncertainty** regarding leaving their current position compared to other groups. Additionally, **over a quarter of African American/Black providers reported that they were likely or very likely to quit.**

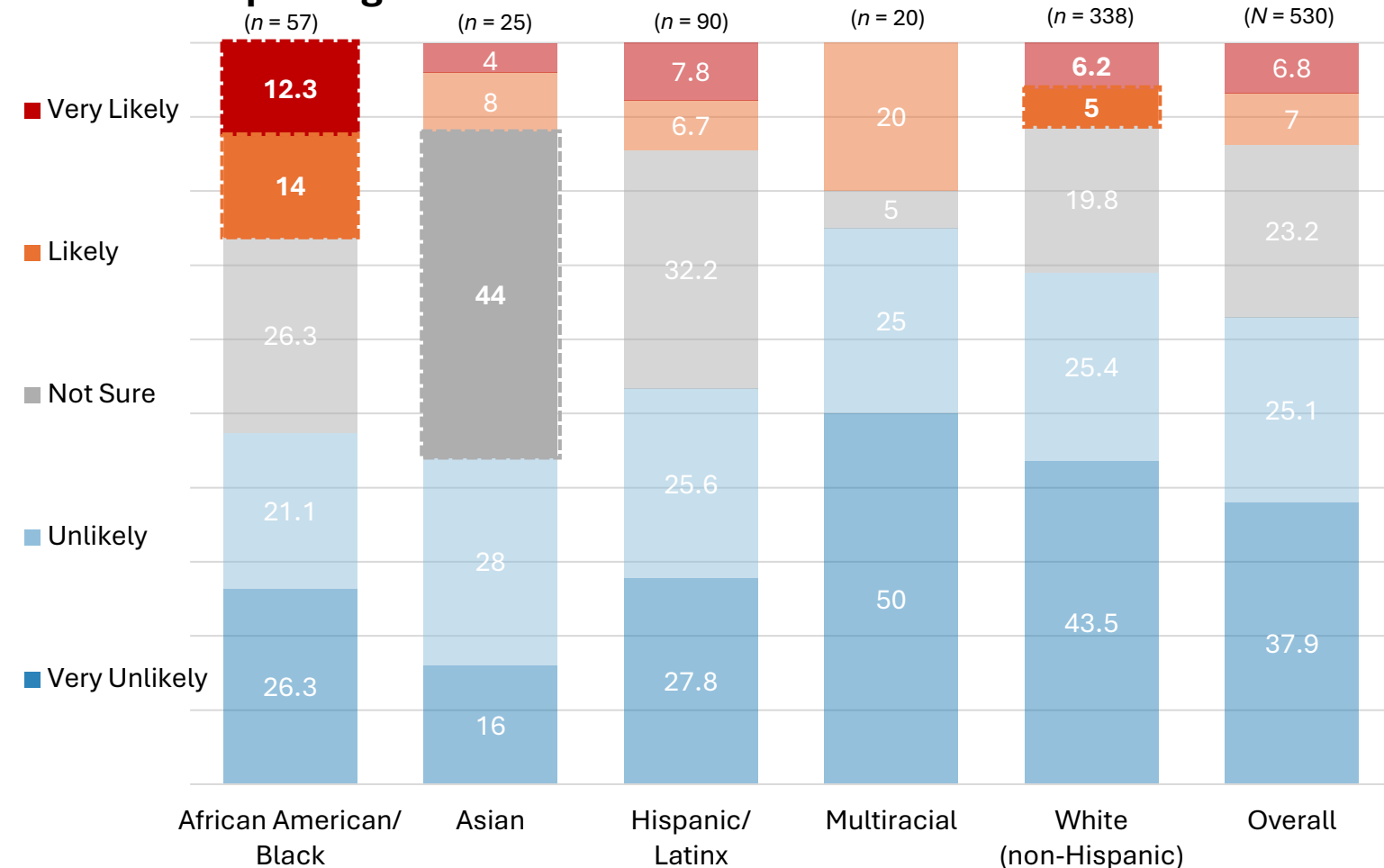
Regional Differences in Retention

Significant regional differences were noted. In **region 3, 76.9% of providers were unlikely or very unlikely** to leave their positions within the year. Contrastingly, **Chicago and Region 4 showed higher levels of uncertainty than in other regions**, with 32.2% and 36.2% of providers, respectively, unsure about quitting their positions. See full report for this table.

Retention by Educational Level

Providers with a high school/GED or an associate's degree had the highest retention likelihood, with 62.5% and 61.3%, respectively, being *very unlikely* to quit. In contrast, **those with bachelor's degrees were the most split, with the lowest number of providers very unlikely to leave (29.9%) and the highest (18.8%) that were likely or very likely to leave.**

Over a quarter of African American/Black providers were reportedly at risk of quitting.



Characteristics of Providers at Risk for Attrition

Characteristics

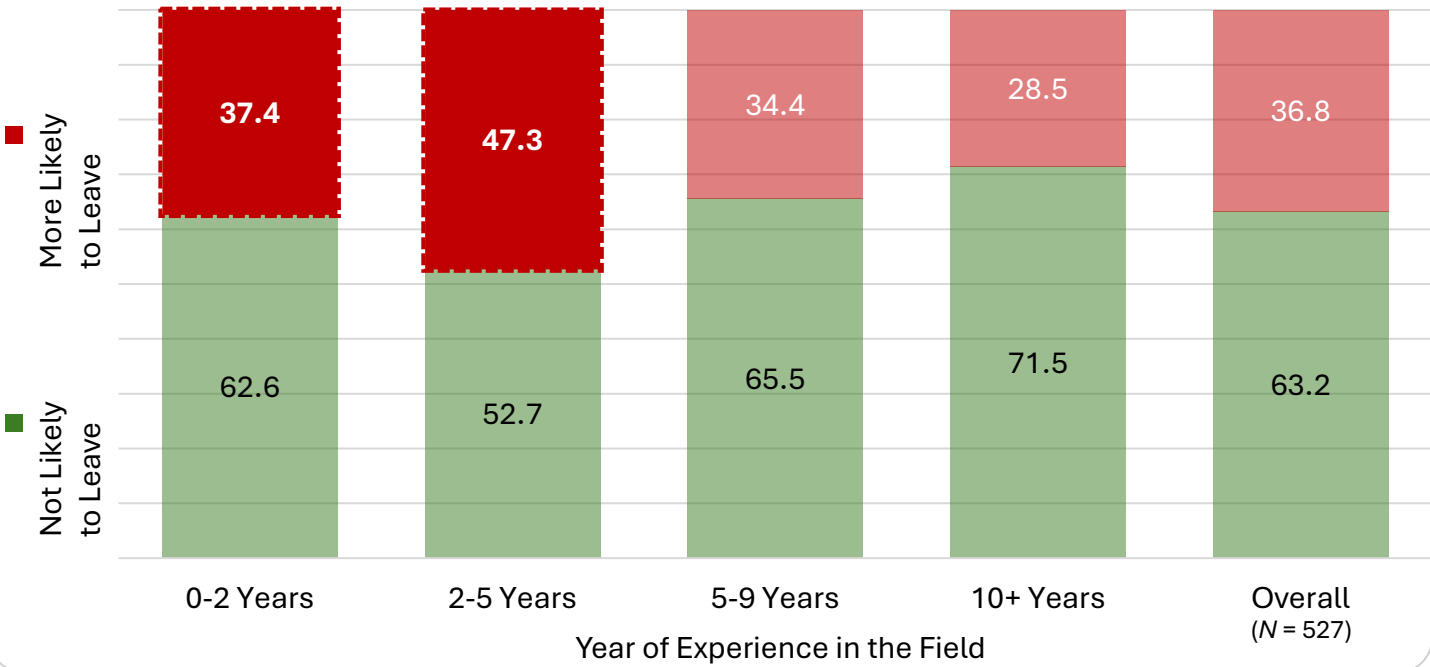
Providers at-risk of leaving (“not sure,” “likely,” or “very likely”) their current position within the next year were examined. There were no significant differences in providers’ likelihood of leaving their current position based on providers’ age, Medicaid credentials, or location in the State. However, **significant differences in the likelihood of leaving were found based on providers’ years of experience and education level.**

There were no statistically significant differences in likelihood of leaving direct practice based on the participants’ education level, age, years of experience, or the number of years at their current agency. Providers’ Medicaid credentials approached significance, with MHPs reporting the highest number of providers at risk for leaving the field.

Providers At-Risk of Leaving Current Position

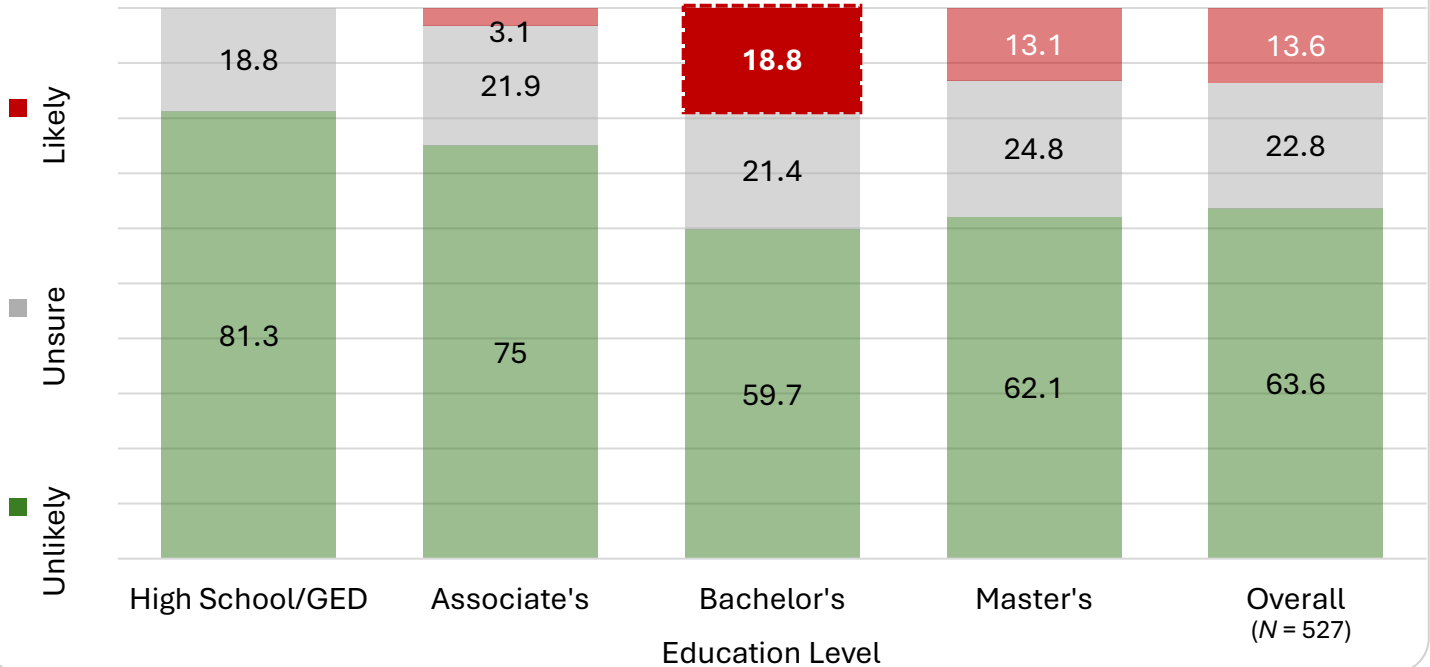
Years of Experience

Years of experience in the field was associated with likelihood of provider attrition. Compared to providers with more experience, **providers with 2-5 years of experience in the field (shown below) and fewer years at their agency were more likely to quit** their current position in the next year.



Education Level

The likelihood of a provider leaving their current position significantly varied by providers' highest level of education. **Providers with bachelor’s degrees were the most likely to consider leaving** their current position, followed by those with master's degrees.

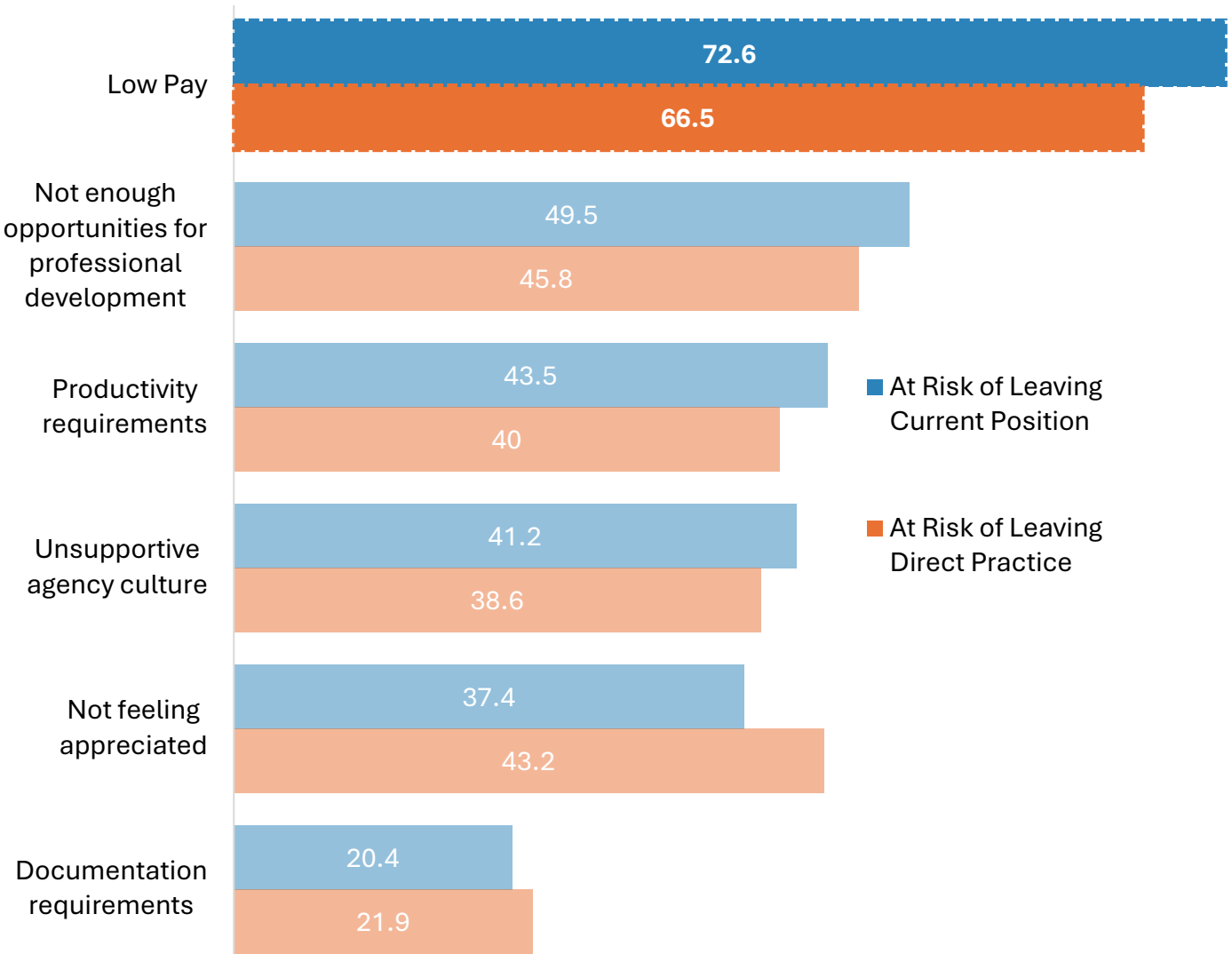


Contributing Factors for Providers At Risk for Attrition

Factors Contributing to Turnover among At-Risk Providers

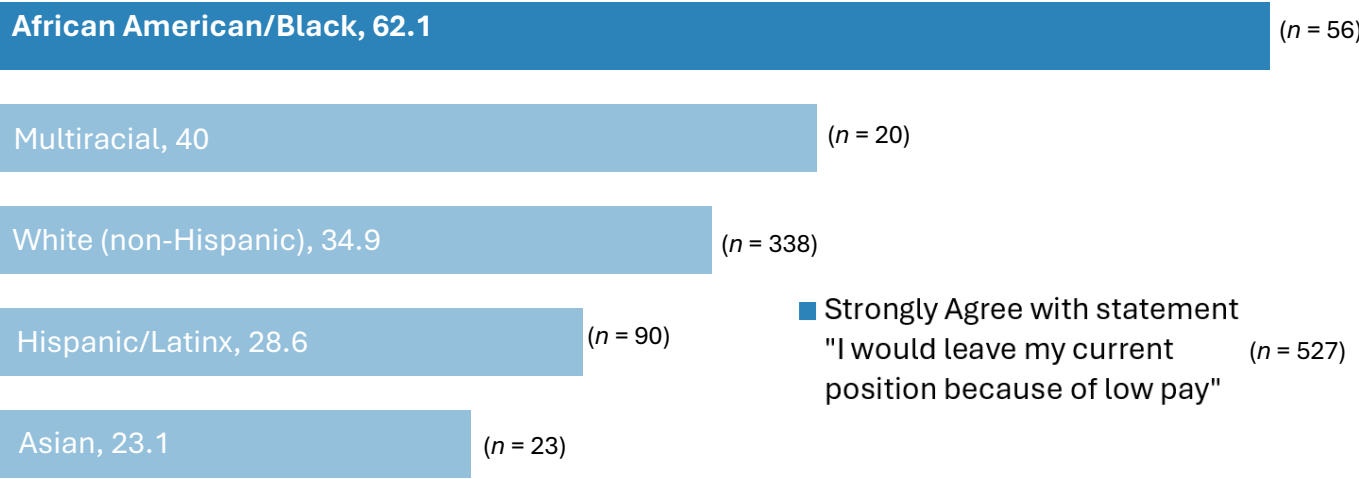
Low pay was by far the most commonly endorsed reason for at-risk providers leaving their current position and direct practice. **For those at-risk of leaving direct practice, there were significant racial/ethnic differences** on how much low pay was seen as a reason for leaving. Additionally, among those at risk for leaving direct practice, there were significant differences in endorsement of low pay as a factor across providers with different Medicaid credentials.

Low pay was the most common factor contributing to attrition for those at-risk of leaving their current position and direct practice.



Low Pay by Race/Ethnicity (Current Position)

Nearly two-thirds of African American/ Black providers at risk of leaving their current position indicated they *strongly agreed* that they would leave because of low pay. This is significantly higher than other racial/ethnic groups with the next highest being multiracial providers (40%).



Low Pay by Medicaid Credential (Direct Practice)

Leaving as a result of low pay significantly differed by providers' Medicaid credential. **MHPs (39.6%), QMHPs (31.1%) and providers below the MHP level (22.7%) strongly agreed that they would leave their positions because of low pay at a much higher rate than LHPAs (13.6%).**

Below MHP (n = 74) MHP (n = 143) QMHP (n = 196) LPHA (n = 116) Overall (n = 529)

Supports Needed to Stay in Current Position

Open-Ended Feedback

Mirroring the outcomes identified in the multiple-choice responses, the open-ended feedback overwhelmingly highlighted financial support as a provider need, with **over half of all comments mentioning low pay or other financial resources**. Providers' feedback also indicated a need for a shift in agency culture, support with productivity requirements, professional development opportunities, and establishment of effective supervision.

Ideal New Job Settings

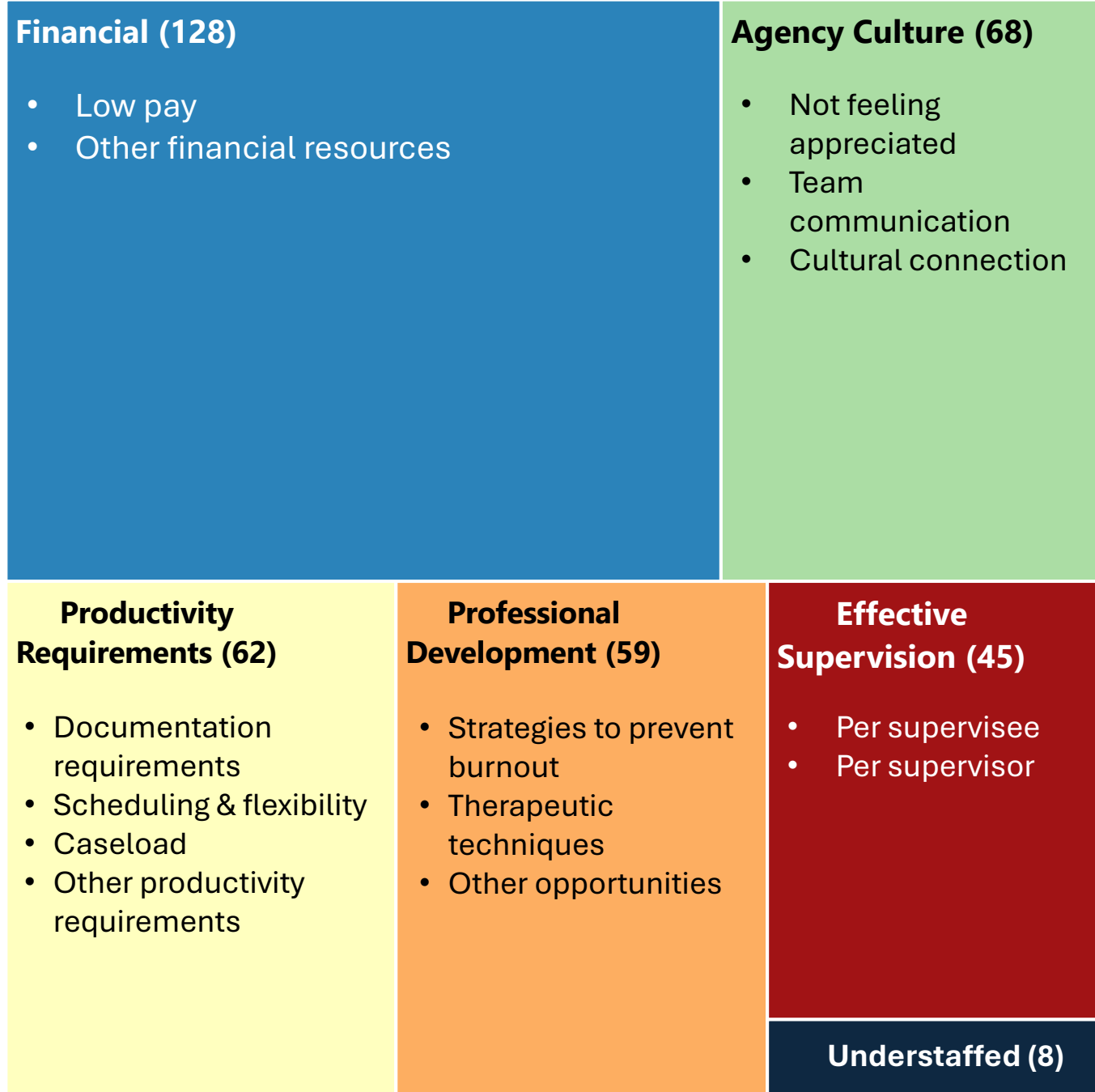
If considering a move, 33.9% of **respondents preferred another community mental health or substance use agency**, indicating an inclination to remain within the same field. The percentage considering moving to a private practice was higher among those with a master's degree, as would be expected, with over 35% indicating that they would join or establish a private practice.

New Job Significant Differences

Compared to providers likely to stay in their current position, **providers at-risk of leaving within the next year more often identified community mental health or substance use agencies** as their ideal new job setting.

Compared to those unlikely to leave, **providers at risk of leaving direct practice more often chose “a field other than mental health or substance use”** or “something else” for the type of ideal new job.

Over half of all open-ended responses referenced **financial support** as a need.



Summary and Implications

- **Retention Likelihood:** Across all regions, the majority (63.4%) of providers indicated that they were unlikely to leave their current positions within the next year. However, among those at risk of leaving their position, over half were also considering leaving the field entirely.
 - **Regional Variations:** Suburban Cook and region 4 had the most providers that were likely or very likely to leave their positions in the next year. Region 3 had the fewest of providers at risk for attrition.
- **Direct Practice Retention:** Nearly three-quarters of providers reported that they were unlikely to leave the mental health field. Only a very small number (6.2%) indicated that they were likely or very likely to leave direct practice completely.
- **Demographic Differences:** Retention likelihood varied by race/ethnicity, with Asian providers expressing higher uncertainty about leaving their current positions. Just over a quarter of African American/Black providers reported being likely or very likely to quit, compared to 11.2% of white providers.
 - **Educational level:** Providers holding a high school/GED or associate's degree had the lowest likelihood of leaving their positions. Those with bachelor's degrees had the highest.
- **Providers Likely to Leave Current Position:** Providers with 2-5 years of experience in the field and fewer years at their agency were more likely to quit their current position in the next year.
- **Providers Likely to Leave Direct Practice:** MHPs had the highest percentage of providers at-risk of leaving direct practice.
- **Ideal New Job Settings:** If considering a move, 33.9% of respondents preferred another community mental health or substance use agency.
 - **Private Practice:** 35% of providers with a master's degree indicated that they would join or establish a private practice.

- **Factors Contributing to Turnover of Providers Likely to Leave:** Low pay was by far the most endorsed reason for providers at risk for leaving their current position.
 - **Race/Ethnicity:** Nearly two-thirds of African American or Black providers strongly agreed with the statement that they would leave their current position because of low pay, significantly more than all other groups.
 - **Medicaid Credential:** MHPs and QMHPs agreed that they would leave their positions because of low pay at more than twice the rate of LHPAs.
- **Supports Needed:** Financial resources are the most important resource needed for staff to stay in their current roles. Other factors include improved agency culture, changes to productivity requirements, more professional development, and more effective supervision.

Implications and Recommendations: Findings underscore the need for targeted retention strategies to address the specific challenges faced by community mental health providers.

- **Competitive compensation:** examination of pay rates, particularly for providers at the MHP and QMHP credentials and across racial groups. Examination of other factors affecting financial needs is needed (e.g., higher loan burden, cost of living in different areas).
- **Professional development:** training to expand service-delivery skills and to build supervision skills in the workforce.
- **Support for at-risk providers:** share effective retention strategies that target groups identified at higher risk for attrition (MHPs, bachelor's level staff, and staff with less experience).