



BHWC

BEHAVIORAL HEALTH
WORKFORCE CENTER

Retention of Providers in Community Mental Health Agencies in Illinois

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UNIVERSITY OF
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Executive Summary

The Community Mental Health Provider Survey collected data from 555 providers in community mental health agencies, certified community behavioral health centers, and other publicly funded outpatient mental health programs across Illinois to assess the likelihood of provider retention, identify factors contributing to potential turnover, and understand the needs of providers who are at risk of leaving their current positions or the field entirely. This summary highlights key findings and their implications for enhancing community mental health services. To ensure statewide representation, the state was divided into six regions and a stratified random sample of 120 sites was selected, with 20 sites from each region. Of the eligible sites, 74 (80.4%) agreed to participate and had staff submit surveys.

Key Findings

Retention in Position: 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 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.

Direct Practice Retention: Nearly three-quarters of providers reported that they were likely to stay in the mental health field. Only a very small number (6.2%) indicated that they were likely or very likely to leave direct practice, with the remaining percentage saying they were uncertain.

Regional Variations: Significant differences were observed across regions. Providers in region 3 had the lowest likelihood of leaving their positions, while Chicago and region 4 had the highest levels of uncertainty about leaving.

Demographic Differences: Retention likelihood varied by race/ethnicity, with Asian providers expressing higher uncertainty about leaving their current positions. Additionally, 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 also influenced retention, with over 60% of providers holding a high school/GED or associate's degree reporting they were very unlikely to leave their positions compared to only 29.9% of providers with a bachelor's degree.

Experience and Credentialing: Providers with a higher likelihood of leaving had fewer years of experience in the field and at their current agency. Mental Health Professionals (MHPs) had the highest proportion of providers at risk of leaving the field as compared to other Medicaid credentials.

Factors Contributing to Turnover: Low pay emerged as the most common reason for considering leaving, especially among African American/Black providers at risk of leaving their current position (62.1% strongly agreed pay was a factor). Among those with the MHP Medicaid credential who were at risk of leaving direct practice, 39.6% strongly agreed pay was a factor. The lack of professional development opportunities and high productivity requirements were also frequently cited factors.

Supports Needed: Providers identified increased pay and other financial resources as the main area of support needed to stay in their current position. Agency culture, productivity requirements, professional development, and improved supervision emerged as the other main themes.

Ideal New Job Settings: Among providers considering a move, a substantial portion preferred to remain within the community mental health or substance use field (33.9%), though 35.4% of master's level providers expressed interest in joining or establishing a private practice, potentially exacerbating workforce shortages in community settings.

Conclusions

This report underscores the need for targeted retention strategies to address the specific challenges faced by community mental health providers. While most providers report that they are not likely to leave their positions or the field, those with bachelor's degrees, MHPs, Qualified Mental Health Professionals (QMHPs), and providers with fewer years of experience are at a higher risk for leaving.

When looking at the factors likely to contribute to attrition, financial compensation emerged as the most common reason for providers leaving their position. Certain groups are at an even higher risk of leaving because of their pay (African American/ Black providers, MHPs, and QMHPs). Supports related to training, professional development, agency culture, and supervision were also identified as ways to help staff stay in their current positions. By focusing on competitive compensation, professional development, and support for at-risk providers, the stability and effectiveness of the behavioral health workforce can be strengthened, ensuring continued access to essential mental health services across Illinois.

"[We need] access to materials and trainings to adequately onboard new staff so they don't burn out and get overwhelmed..."

Provider Feedback in Open-ended Question

Introduction

As established in the Illinois Healthcare and Human Services Reform Act (Public Act 102-0004, effective April 27, 2021), 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.

There is little existing information about behavioral health providers across Illinois. To gain an understanding of the providers and challenges unique to different behavioral health settings, BHWC at the University of Illinois Chicago (UIC) created initiatives focused on providers in community mental health, child and adolescent services, integrated care, serious mental illness services, and substance abuse and recovery. For each area, provider advisory groups provide input and help direct assessment activities. Surveys of providers were initiated to gain a broader understanding of provider characteristics and needs.

This report presents findings on provider retention from a statewide survey of behavioral health providers employed in outpatient community mental health (CMH) settings in 2023-24. Staff turnover negatively affects capacity due to not only the loss of staff, but also due to the increased strain on agencies which need to allocate valuable staff time on hiring and training inexperienced staff. The absence of support mechanisms like training can leave professionals feeling isolated, unsupported, and unappreciated, contributing to dissatisfaction and turnover^{1,2} and effective strategies to reduce turnover

“Certified Comprehensive Community Mental Health Centers (CMHCs) respond to the unique mental health needs of the community with a continuum of services ranging from prevention/promotion through treatment and recovery. CMHCs collaborate with other social service and health care providers to deliver integrated care to individuals in the identified geographic service area. CMHCs must be nonprofit or local government entities.”

Illinois Department of Human Services,
Part 132 Medicaid Community Mental
Health Services Program

¹ Fukui, S., Rollins, A. L., & Salyers, M. P. (2018). Characteristics and job stressors associated with turnover and turnover intention among community mental health providers. *Psychiatric Rehabilitation Journal*, 41(4), 267-275.

² Baldwin, J. A., Shewmake, A. C., Ramsey, A. L., & Scott, J. E. (2020). The role of organizational climate in employee retention in community mental health: A systematic review. *Administration and Policy in Mental Health and Mental Health Services Research*, 47(6), 861-874.

and improve retention often include providing ongoing training and professional development opportunities.³

To better understand this issue, this survey examined how likely current providers are to stay in the workforce; characteristics of providers who are likely to leave their positions or the overall behavioral health field; and the factors that may contribute to leaving their positions or the field.

Methods

This assessment sought to obtain a statewide, representative sample of behavioral health providers working in community mental health agencies. 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 organizations, hospital-based clinics, programs within Federally Qualified Health Centers, county health departments, and other municipally funded programs and centers.

Research staff expanded the list to include all of the physical locations within each organization that provide direct services across the state and added locations of any new and eligible programs. Sites were included if they provided traditional outpatient mental health services and accepted publicly funded health insurance, such as Medicaid and Medicaid managed care.⁴ Providers could be employed as therapists or as staff working in direct practice in other programs at that site. Private practices, in-patient settings, and programs that only provide substance use disorder treatment were not included. After listing physical locations across the state, staff identified 444 potential sites in the sampling frame.

To ensure statewide representation, the Illinois Department of Human Services regional map was used as a guide, separating Illinois into five regions. Region 1 was then divided into two categories, Chicago and suburban Cook County, creating a total of 6 regions. A stratified random sample of 120 sites was selected. For each of the regions 2-5 identified by Illinois DMH, 20 sites were randomly selected. For region 1, 20 sites were randomly selected from Chicago and an additional 20 from suburban Cook County.

³ Young, D. L. (2022). Turnover and retention strategies among mental health workers. *Archives of Psychiatric Nursing*, 36(1), 10-17.

⁴ Because separate surveys of providers working in substance use recovery programs and community-based programs for people with serious mental illness are being conducted, programs were only eligible if one component included traditional outpatient therapy.

Each selected site was contacted by email and, if necessary, by phone to determine eligibility for the survey. As shown in Table 1, 92 of the selected sites were eligible. Of the eligible sites, 74 (80.4%) agreed to participate and had staff submit surveys. The exact percentage of eligible staff at each site who submitted surveys is unclear.

Table 1. Site Selection, Eligibility, and Response by Region (N = 120)

	1 (Chicago)	1 (Sub. Cook)	2	3	4	5
Agreed	14	13	15	10	12	18
Have Responses	13	11	14	10	12	14
No Response	1	2	1	0	0	4
Ineligible	4	6	4	6	6	2
Declined	1	0	0	3	2	0
Unknown	1	1	1	1	0	0

Reasons for ineligibility included reports that the site had no current providers, provided other services but not individual therapy, or provided only SUD services; that the location had been closed; and that the location was administrative only. Reasons for declining included that the administrator reported that they were not interested in the topic, did not have time to forward this survey, did not think their staff had time to complete the survey, or their agency’s administration had denied the request for participation.

Once site eligibility was confirmed, the sites were provided with survey information to distribute to all their behavioral health service providers. Only staff providing services to people with mental health challenges were eligible, across levels of experience and education. Participants were given a \$20 gift card as an incentive to complete the survey. The survey was completely anonymous, gathering no metadata about the participants. To receive compensation, participants were redirected to a separate form that was not connected to the actual survey.

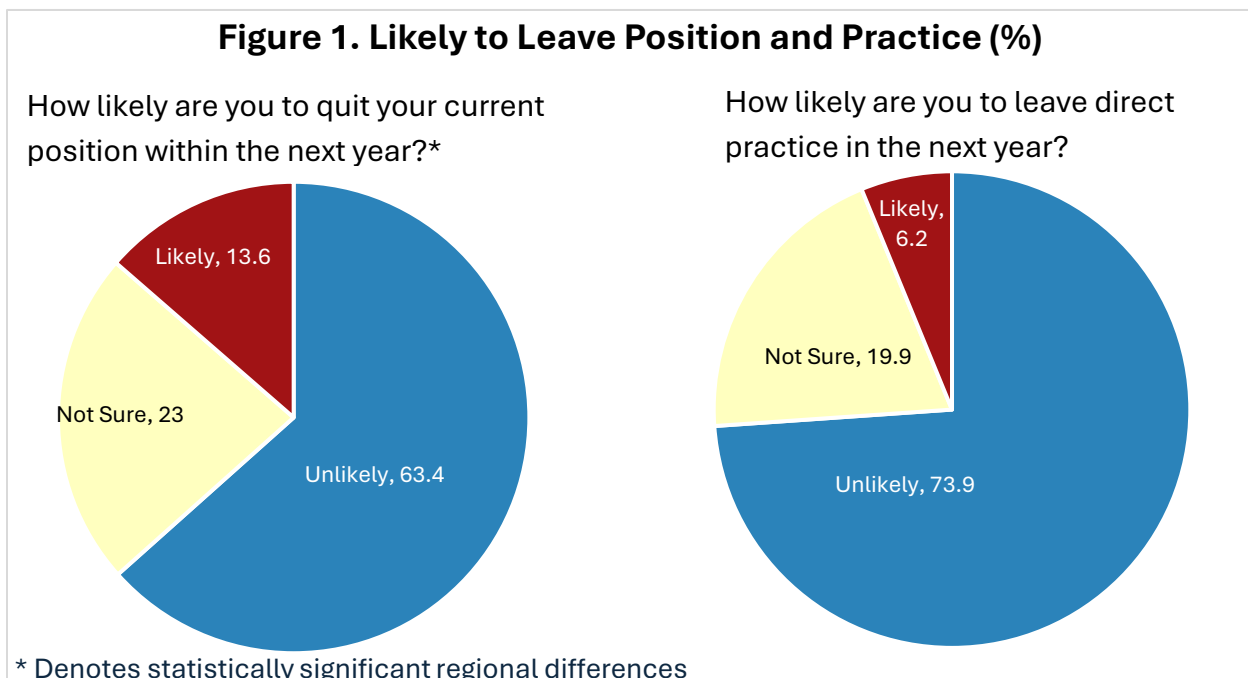
A total of 555 participants responded to the survey. Responses for statewide analyses were weighted to reflect the state. Regional analyses are not weighted. For regional analyses, chi-square likelihood ratio tests were used to determine statistically significant differences between the regions on categorical variables (gender, race, education, etc.). For continuous variables (age, years of experience, and years at an agency), statistically

significant differences were determined with independent sample T tests or one-way ANOVA tests. Similarly, differences between the sample and Illinois' population within different regions were tested using chi-square tests for categorical variables. All tests were two-tailed and used $p < 0.05$ to identify statistically significant differences. Statistically significant differences are differences that are unlikely to be due to chance and likely to be replicated in another similar sample.

Results

Attrition Probability

Across all regions, over 60% of providers reported that they were unlikely⁵ to quit their current position within the next year. The likelihood of providers leaving direct practice altogether in the next year was consistently low across Illinois.

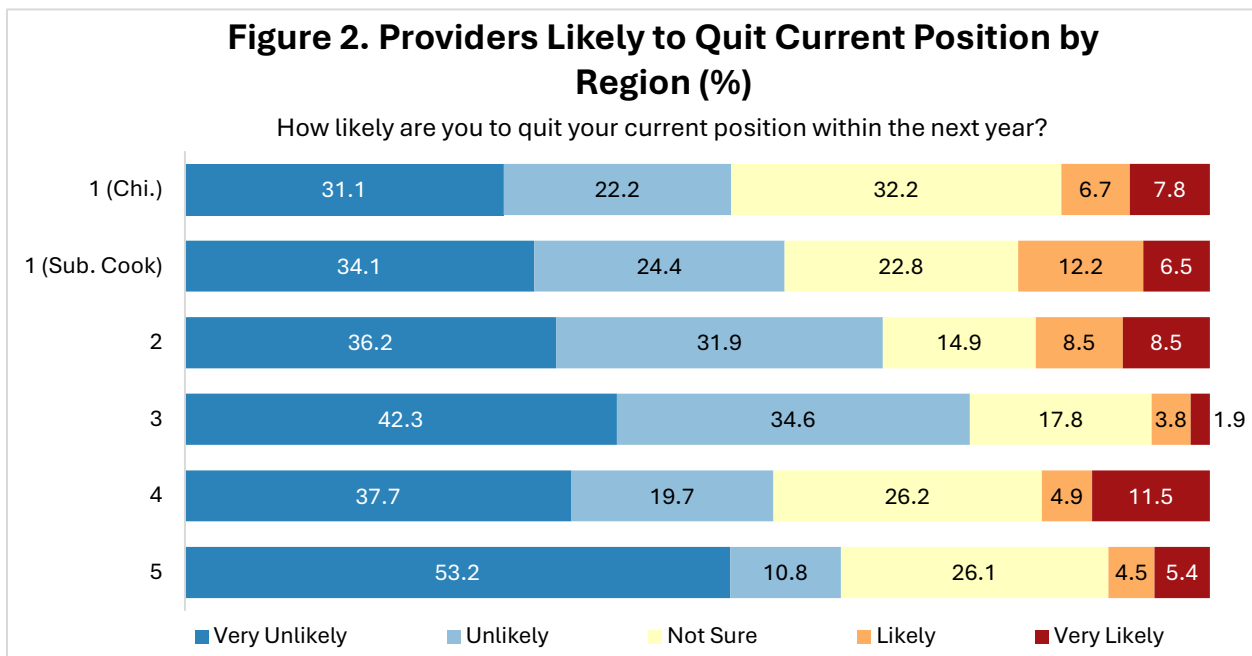


- Just over one in 10 were likely to leave their position in the next year; just over one in 20 were likely to leave direct practice.

⁵Likelihood scales were condensed from Very Unlikely, Unlikely, Not Sure, Likely, Very Likely to Unlikely, Not Sure, and Likely. Very Unlikely and Unlikely became Unlikely and Likely and Very Likely became Likely. Not Sure remained the same.

- A higher proportion (one in five) were unsure whether they would quit or leave direct practice.
- **Of the providers that were not sure or likely to leave their position, over half (59.6%) were also likely to leave direct practice.**

Significant differences across regions were identified regarding provider likelihood of leaving their current position within the next year, with **likelihood of leaving the highest in suburban Cook, with 18.7% at-risk to leave**. Uncertainty also varied across regions varied, with providers in Chicago reporting the most uncertainty.



Likelihood Ratio $\chi^2(20, N = 531) = 41.709, p = 0.003$

Beyond regional differences, **provider likelihood of quitting their current position within the next year significantly varied by race and ethnicity (Table 2).**

- **Just over a quarter of African American/Black providers reported that they were likely or very likely to quit**, compared to just 11.2% of white providers reporting this level of risk.
- Asian providers reported a relatively low level of likelihood of leaving, but also reported a high level of uncertainty regarding leaving their current position.

Table 2. Percentage Likely to Quit Current Position Within Next Year by Race/Ethnicity

	African American/ Black	Asian	Hispanic/ Latinx	Multiracial	White (non-Hispanic)	Overall
Very Unlikely	26.3	16.0	27.8	50.0	43.5	37.9
Unlikely	21.1	28.0	25.6	25.0	25.4	25.1
Not Sure	26.3	44.0	32.2	5.0	19.8	23.2
Likely	14.0	8.0	6.7	20.0	5.0	7.0
Very Likely	12.3	4.0	7.8	0.0	6.2	6.8

Likelihood Ratio X^2 (16, $N = 530$) = 39.361, $p < .001$

The likelihood of quitting within the year also significantly varied based on education levels. Those with a high school/GED and an associate’s degree/some college reported that they were very unlikely to quit (62.5% and 61.3%, respectively), as compared to 38% overall. See [Appendix A](#) for details.

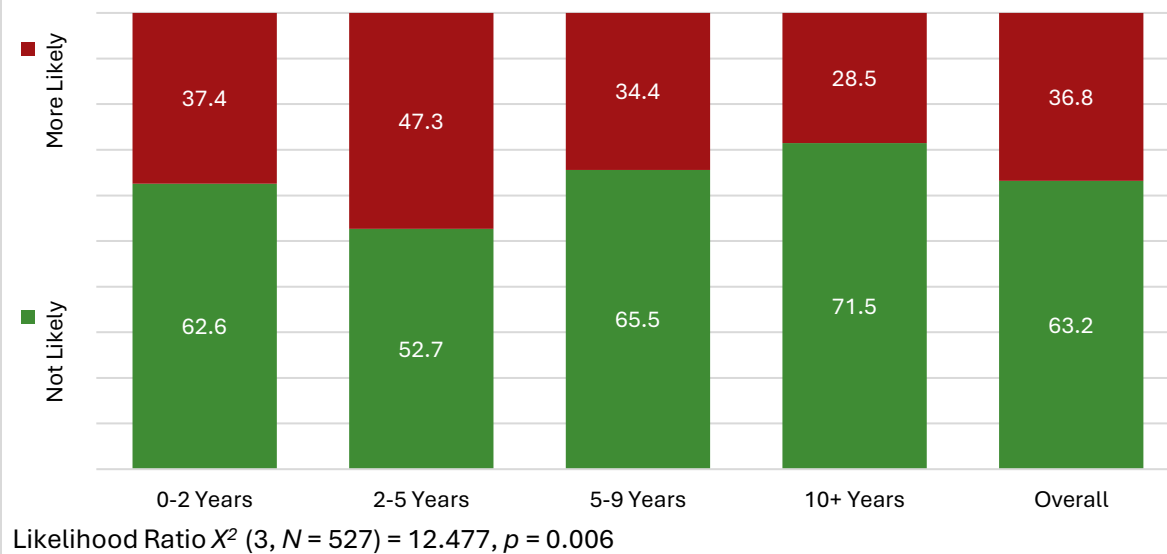
Providers Likely to Leave their Job within the Year

Responses of “not sure,” “likely,” or “very likely” regarding providers’ intent to leave their current position within the next year were grouped together (referred to as “at risk”). Just over one-third of providers (36.6%) fall into the at-risk category on the likelihood of leaving their current position. Examining characteristics of providers that are at risk of leaving their position compared to those “not likely” to leave is pertinent to understanding the needs of those providers who are at-risk of attrition.

In exploring potential factors that may contribute to a desire to leave, it was found that **years of experience in the field⁶ was associated with the likelihood of provider attrition.** The likelihood of providers quitting their current position within the next year was found to significantly differ based on how many years of experience they had in the field. **Just under half of providers with 2-5 years of experience were at risk of quitting their current position within the next year,** notably higher than all other groups. Providers with the most years (10+ years) of experience reported they were the least likely to leave their position.

⁶ Categorized, non-continuous

**Figure 3. Providers Likely to Leave Current Position:
Likelihood of Quitting Current Job by Years of Experience
in the Field (%)**



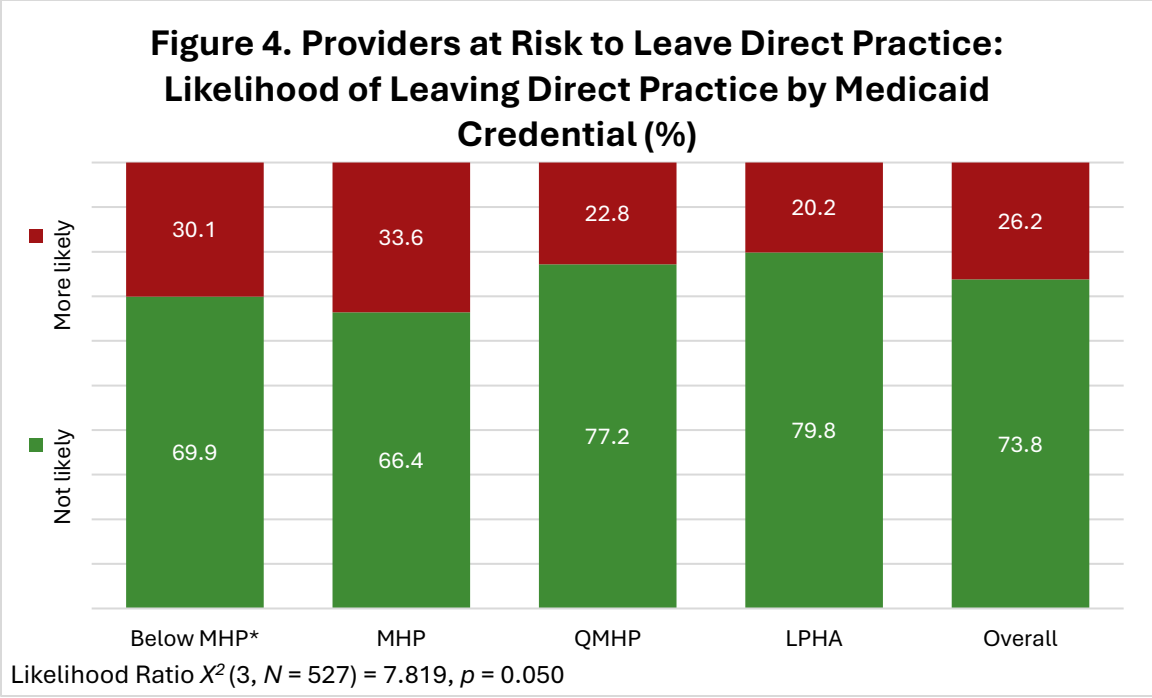
Not surprisingly, providers who were at risk of leaving their current position were also more likely to leave direct practice entirely. Over half (59.6%) of providers that were at risk of leaving their position were also at risk of leaving direct practice.

There were no significant differences in providers' likelihood of leaving their current position based on providers' age, Medicaid credentials, or location in the State.

Likely to Leave Direct Practice within the Next Year

As with providers at risk of leaving their current position within the next year, providers at risk of leaving direct practice within the next year were also examined. Fewer providers (26.1%) fell in the at-risk category for leaving direct practice than did for leaving their current position.

The likelihood of a provider leaving direct practice approached significance depending on the Medicaid credential of the provider. Mental Health Professionals (MHPs) had the highest proportion of people at risk of leaving the field within the next year as compared to providers with other levels of credentialing. Conversely, Licensed Practitioners of the Healing Arts (LPHAs) had the fewest providers in the at-risk category.



There were no statistically significant differences in likelihood of leaving direct practice based on the participants’ education level, primary area of practice, or license/certificate possession. Additionally, there were no significant differences based on providers’ age, years of experience, or the number of years at their current agency.

Factors Contributing to Turnover

Providers were asked to rate their agreement with various statements about the reasons they might consider leaving their current position. Each statement was prefaced with "I would leave my current position because of..." followed by specific reasons including low pay, lack of appreciation, not enough opportunities for professional development, productivity requirements/caseload, an unsupportive agency culture, and documentation

"...Understanding the needs of clinical and non clinical staff [is needed] to prevent burnout and high turnover. [There is] no need to buy new buildings and create new positions... instead focus on the needs of current positions and create support for positions that are already in existence."

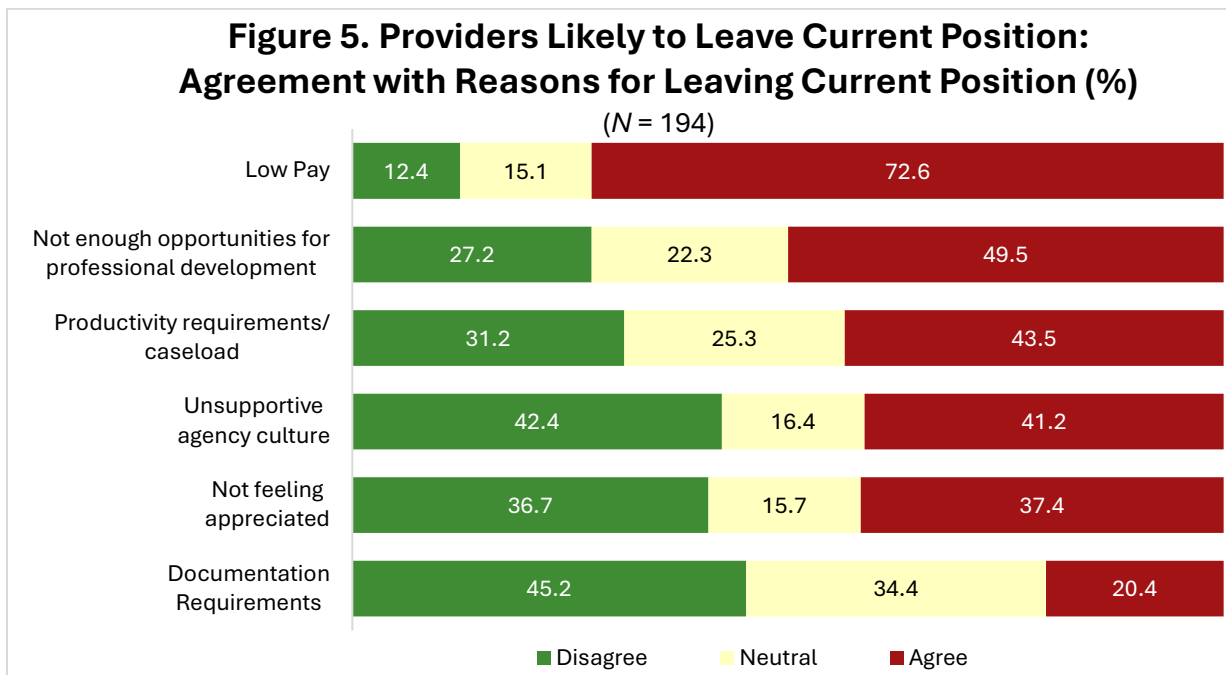
Provider Feedback in Open-Ended Question

⁷ "Below MHP" includes providers that do not clearly meet criteria for a MHP under the [Medicaid Rule 132 guidelines](#). This may include individuals that meet the criteria for a Rehabilitative Services Associate (RSA) or do not meet criteria for any Medicaid credential.

requirements. Respondents rated their agreement on a scale from strongly disagree to strongly agree.⁸

Providers Likely to Quit their Job within the Next Year

When looking at the 194 providers at high risk of leaving their current position within the next year, **low pay was the most common reason that they would leave their current position.** The next most common reason for leaving in the high-risk group is lack of opportunities for professional development and productivity requirements/caseload.

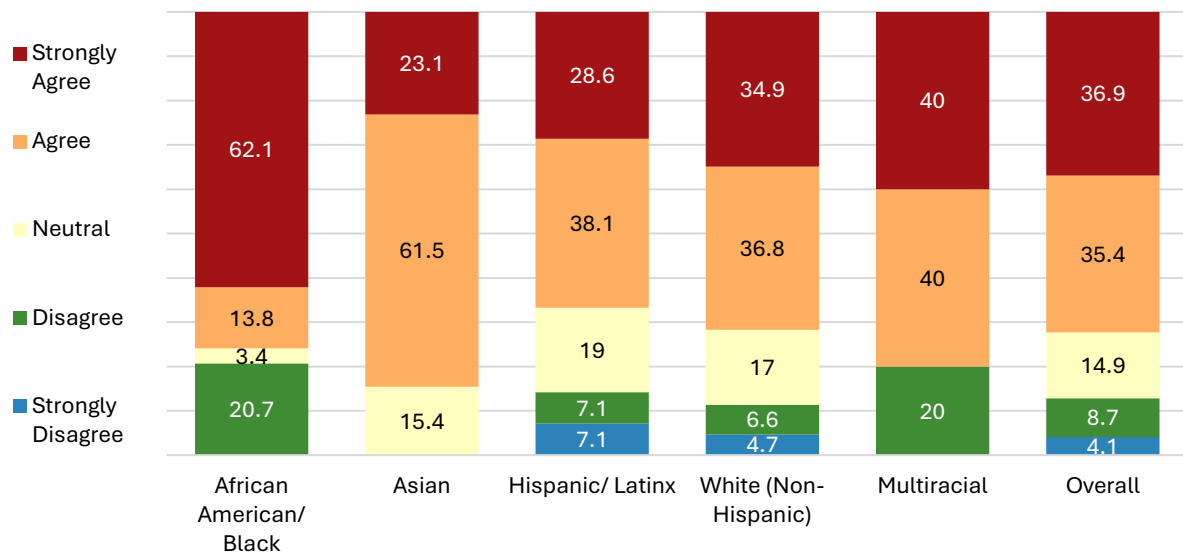


Examining reasons for leaving based on race/ethnicity revealed statistically significant differences in the importance of low pay. **Nearly two-thirds of African American or Black providers indicated they strongly agreed with the statement that they would leave their current position because of low pay.** No other reason for leaving varied significantly by race or ethnicity.

Reasons for leaving among providers at high risk for leaving did not vary by region.

⁸ Agreement scales were condensed from Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree to Disagree, Neutral, and Agree. Strongly Disagree and Disagree became Disagree and Agree and Strongly Agree became Agree. Neutral remained the same.

Figure 6. Providers Likely to Leave Current Position: Low Pay by Race/Ethnicity (%)



Likelihood Ratio X^2 (16, $N = 195$) = 30.717, $p = 0.015$

Providers Likely to Leave Direct Practice within the Next Year

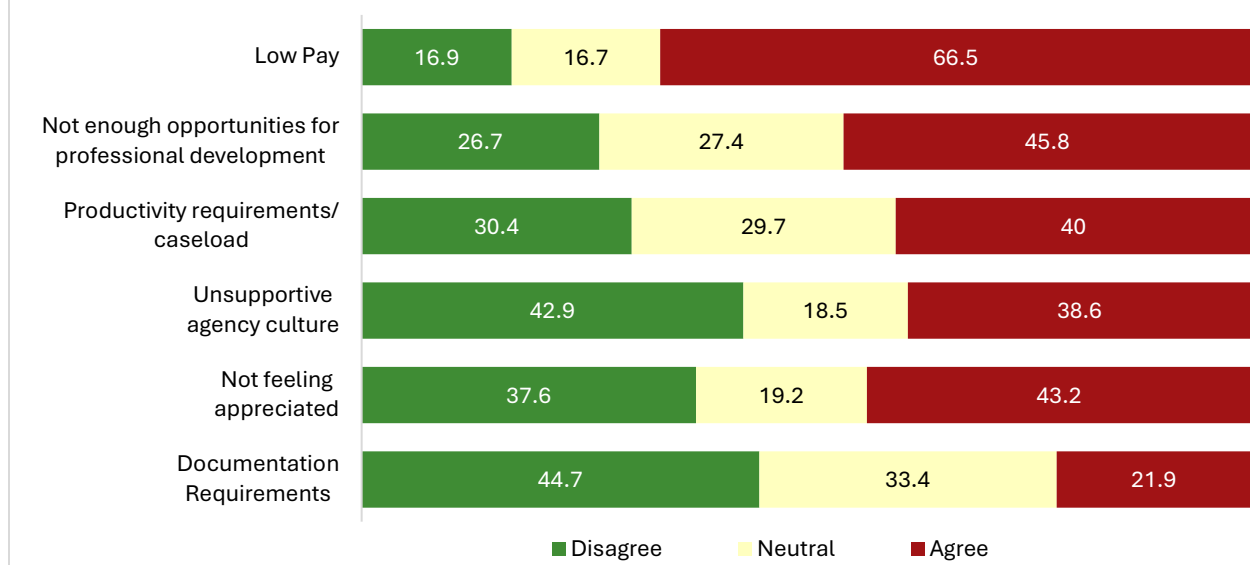
Factors affecting providers at risk of leaving direct practice within the next year were also examined among the 138 identified as at risk for leaving direct practice.

The relative importance of different factors was very similar to the factors related to risk for leaving their position. **Low pay was by far the most frequently endorsed reason for leaving direct practice with two-thirds of practitioners agreeing with this statement.** The remaining reasons all fell below 50%, with lack of professional development opportunities and under-appreciation being the next highest.

“To say programs need more money is a given, I went to college to get a degree [and] I still live paycheck to paycheck.”

Provider Feedback in Open-Ended Question

Figure 7. Providers Likely to Leave Direct Practice: Reasons for Leaving (%) (N = 138)



Interestingly, in the subpopulation of providers at risk for leaving direct practice, there were no significant racial/ethnic differences in providers’ reasons for leaving direct practice. However, leaving as a result of low pay significantly differed by providers’ Medicaid credential. **MHPs and providers below the MHP level agreed that they would leave direct practice because of low pay at a much higher rate than LPHAs.** No other potential reasons for leaving direct practice were statistically significant, but an unsupportive agency culture approached significance ($p = 0.055$). This table is included in [Appendix C](#).

Table 3. Providers Likely to Leave Direct Practice: Low Pay a Factor by Medicaid Credential

	Below MHP	MHP	QMHP	LPHA	Total
Strongly Disagree	0.0	6.3	6.7	0.0	4.4
Disagree	13.6	6.3	4.4	36.4	11.7
Neutral	9.1	12.5	24.4	18.2	16.8
Agree	54.5	35.4	33.3	31.8	37.2
Strongly Agree	22.7	39.6	31.1	13.6	29.9
Likelihood Ratio $\chi^2(12, N = 137) = 25.260, p = 0.014$					

Supports to Stay in Current Position

Participants were also given the opportunity to share thoughts through open-ended questions. A total of 228 participants responded with feedback to “What types of support do you need to stay in your current

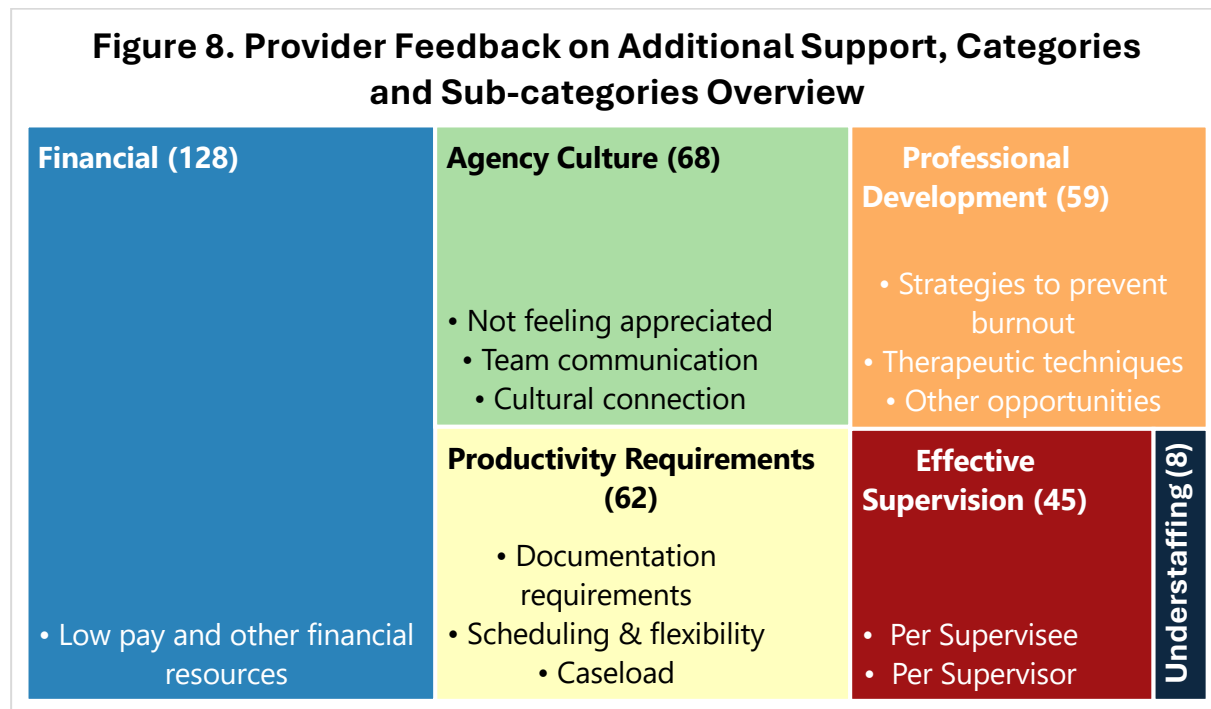
position?” With many respondents including more than one need per response, each distinct need was counted separately to accurately represent the frequency of each topic mentioned.⁹ These responses were categorized utilizing Qualtrics' Text iQ, a text analysis feature designed to process and analyze unstructured data using natural language processing (NLP) techniques. See [Appendix E](#) for detailed methodology.

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. See [Appendix E](#) for full category frequencies.

“I current[ly] receive no support from my direct supervisor. If it was not for my LCSW clinical supervisor[’s] support ... I would be looking for jobs currently.”

Provider Feedback in Open-Ended Question

Figure 8. Provider Feedback on Additional Support, Categories and Sub-categories Overview

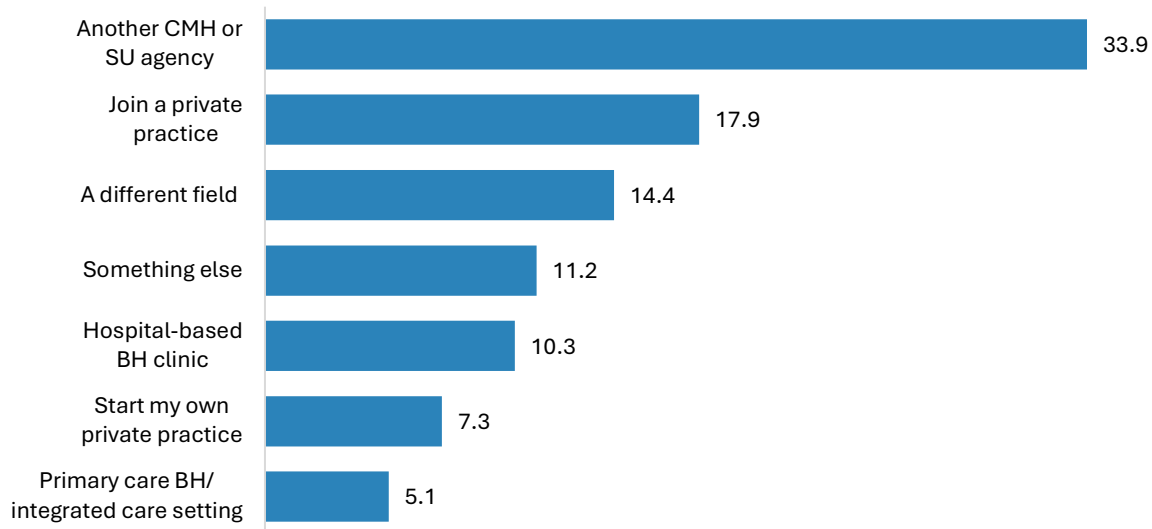


⁹ The sum of individual topic mentions may exceed the total number of respondents, as multiple topics can be mentioned within a single response. Therefore, the total topic mentions are not directly proportional to the number of respondents.

Ideal New Job Settings

Providers were asked what type of setting they would ideally find a new job in if they were to quit their current position. Responses ranged across all options presented, with the **most popular choice being another community mental health (CMH) or substance use (SU) agency**, followed by joining a private practice. Those whose ideal new job was not listed identified options such as retirement, school-based work, academia, non-social service fields, or any job that provided significant loan repayment support.

Figure 9. Ideal New Job Setting (%) (N = 550)



While there were no significant differences between regions, **choice in new job setting did significantly vary based on education level.** More than half (53.3%) of high school educated/GED participants and those with some college identified another community mental health or substance use agency as their ideal new job setting. Over a third (35.4%) of those with a master's degree indicated they would start or join a private practice. About a quarter (24.8%) of bachelor's degree holders would transition to a different field other than mental health or substance use. Similarly, over a third (37.5%) of respondents with a doctoral degree would also exit the field. Because of the small number of respondents with a doctoral degree, this proportion may be less reliable than other findings. See [Appendix D](#) for more details.

Providers Likely to Leave their Current Position within the Next Year

Providers likely to leave their current position within the next year differed significantly from those likely to stay in their position in the types of settings they would like to work in. Community mental health or substance use agencies (24.3%) and joining or starting a private practice (23.8%) were almost equally as likely, followed by a field other than mental health or substance use (18.4%). Providers more likely to leave also reported a higher likelihood of going to a hospital-based behavioral health clinic (14.2%) over providers that were not likely to leave their current position (8.0%). See [Appendix D](#) for more details.

Providers Likely to Leave Direct Practice within the Next Year

Providers likely to leave direct practice identified a variety of settings for an ideal new job. Interestingly, over half (60.6%) selected mental health settings, primarily another community mental health or substance use agency (28.7%). **Compared to those unlikely to leave, providers likely to leave direct practice more often chose “a field other than mental health or substance use” or “something else” for the type of ideal new job.** See [Appendix D](#) for more details.

Summary of Findings

Retention Likelihood for Overall Population

- **Overall retention:** Most providers across all regions were unlikely to leave their current positions or the field within the next year.
- **At-risk group:** Of the providers who were uncertain or likely to leave, 59.6% indicated they were also likely to leave direct practice.

Regional Variations in Retention

- **High retention areas:** In Region 3, **76.9%** of providers reported that they were unlikely or very unlikely to leave within the next year, suggesting high stability.
- **Higher uncertainty in retention:**
 - **Chicago:** **32.2%** of providers were unsure about leaving.
 - **Region 4:** **36.2%** of providers expressed uncertainty.

Retention by Race/Ethnicity

- **Most groups showed high retention likelihood, but:**
 - **Asian providers** reported higher levels of uncertainty about leaving their current positions compared to other groups.

- **African American/Black providers** reported they were likely to leave their positions more than other providers; over a quarter reported that they were likely or very likely to leave their current positions, compared to 11.2% of white providers.

Retention by Educational Level

- **Highest retention likelihood** was seen among:
 - High school/GED holders: 62.5% were very unlikely to leave.
 - Associate’s degree holders: 61.3% were very unlikely to leave.
- **Lowest retention likelihood:** Only 29.9% of bachelor’s degree holders reported that they were very unlikely to leave.

Characteristics of Providers Likely to Leave Their Positions

- **No significant differences** were found in likelihood of leaving based on:
 - Age
 - Medicaid credentials
 - Location in the state
- **Significant factors for leaving:**
 - Providers with 2-5 years of experience in the field or at their agency were more likely to leave
 - Those with the most experience were the least likely to leave.

Characteristics of Providers Likely to Leave Direct Practice

- No significant differences in likelihood of leaving direct practice based on:
 - Education level, age, race/ ethnicity, years of experience, or time at the agency.
 - Medicaid credentials approached significance, with MHPs being the most likely to leave direct practice.

Factors Contributing to Turnover

- **Low pay** was the most commonly cited reason for leaving, with two-thirds of providers agreeing it was a factor.
 - Significant differences were observed based on:
 - **Race/ethnicity:** Nearly two-thirds of African American/Black providers at risk for leaving strongly agreed that low pay was a reason for leaving, compared to 40% of multiracial providers and just over a third of providers overall.
 - **Medicaid credential:** MHPs and providers below MHP levels were more likely to cite low pay as a reason for leaving compared to LHPAs.

Supports Needed to Improve Retention

- Increased pay and other financial resources were identified as the primary support needed.
- Other important areas of support included:
 - Agency culture
 - Productivity requirements
 - Professional development
 - Improved supervision

Ideal New Job Settings

- One-third of respondents indicated that they would move to another community mental health or substance use agency.
- Master's degree holders were more inclined to move to private practice, with over 35% indicating this preference.

Discussion and Implications

The Community Mental Health Provider Survey, which included 555 mental health service providers across six regions, highlights the needs of the behavioral health workforce and the factors contributing to attrition. Overall, most providers reported being unlikely to leave their current position or direct practice within the next year. However, regional and demographic differences in provider retention probabilities were noted, with suburban Cook reporting higher attrition likelihood, suggesting a need for region and agency specific interventions.

Identification of groups of providers at higher risk for attrition provides the opportunity to provide focused retention strategies to maintain a stable workforce and ensure continuity of care for the communities they serve. In this survey, Mental Health Professionals (MHP) credential had a higher likelihood of leaving the field relative to other providers, as did those with 2-5 years of experience in the field and fewer years at their agency. This suggests that newer providers require additional support potentially through supervision, mentorships, or training to improve retention. MHPs and below, compared to higher-credentialed providers, indicated low pay as a particularly important factor that could cause them to leave their positions.

African American/ Black providers were also at significantly higher risk to leave their positions than other providers, with over a quarter reporting they were likely to leave as compared to just over one in 10 white providers. As was the case for MHPs, low pay was identified as the most prevalent reason for thinking of leaving a position, with two thirds

who were at risk for strongly agreeing low pay was factor. Unfortunately, the survey did not collect information about compensation, so it is not possible to understand the extent that pay disparities are relevant. Agencies in communities that employ a higher proportion of Black providers (Chicago and suburban Cook) may have fewer resources and lower pay scales. Black providers' educational levels were high, with more holding master's degrees than the overall sample, and a desire for a higher pay scale may be correlated with higher educational attainment. Graduate education may also come with a higher average loan burden for Black providers. Additionally, in earlier analyses, Black and multiracial providers with master's degrees were found to be less likely than other providers to be licensed. This licensure gap could correspond to pay discrepancies that should be further investigated.

Overall, low pay was the most endorsed reason for leaving their current position across all types of providers. Addressing pay disparities and offering competitive compensation packages is critical to retaining qualified providers and a diverse workforce. Loan forgiveness programs also could play a critical role in supporting retention and lessening the financial needs of a workforce that is underpaid relative to other professionals with comparable education levels.

Despite concerns about low pay, most providers still expressed a desire to stay within the community mental health field. Providers are not necessarily seeking higher pay by transitioning into more traditionally lucrative careers; rather, they are committed to their work in community mental health and wish to remain in the field. However, many are driven to seek positions at different agencies for better financial stability. Frequent turnover and shifting of providers between agencies can disrupt continuity of care, strain resources, and decrease overall efficiency within the behavioral health workforce. This movement is a concern as it not only burdens individual agencies but also creates systemic challenges, impacting the stability and effectiveness of mental health services across the entire field. Additionally, master's level providers indicated a preference for establishing or joining a private practice, resulting in the loss of licensed providers and further exacerbating workforce shortages and decreasing the availability of services for underserved populations who rely on community-based care.

While low pay was the most often cited reason for considering leaving, support for professional development, a positive work environment, appreciation for the provider's work, and strong supervision were also identified as critical factors to support retention. Productivity/caseload and documentation requirements were also cited as factors for many providers, with 40% who were at risk to leave citing productivity as a factor and over 20% citing documentation. The level of billable sessions directly relates to agency financial resources in most community mental health settings, providing the resources needed to

increase pay, but at the same time a focus on maintaining high caseloads increases provider stress and decreases time for professional development. Provision of supervision, which cannot be directly billed in most settings, is also likely to be underemphasized. Deficits in supervision have multiple negative effects for providers at all levels, but particularly for newer providers may lead to lower quality care, provider stress, and thoughts of leaving a position or direct practice. Payment structures that incentivize supervision and professional development rather than solely billable client hours could shift agency practices and better support providers.

Overall, the majority of providers in community mental health are committed to staying in this field. However, it is imperative to look at the one-third of providers who are thinking about leaving their current position and potentially the field. Low pay was identified as the most important factor contributing to potential attrition across all groups, but other factors are also essential to address, as the combination of low professional and interpersonal support and low pay are likely to be particularly demoralizing. Providers want more relief from the many demands of their positions, opportunities for professional development, and more effective supervision to stay in their current roles. Targeted efforts to support providers in these areas is key to ensuring a strong workforce and consistent mental health care across the state.

Appendices

Appendix A Current Position Attrition Probability

Appendix A details providers' likelihood of leaving their current position within the next year by license status, years of experience in the field, and years of experience at current agency. Likelihood of leaving current position within the next year by years of experience in the field was significant. License status and years of experience at current agency were not significant.

Table A1. Percentage Likely to Leave Position and Practice

	How likely are you to quit your current position within the next year?
Unlikely	63.4
Not Sure	23.0
Likely	13.6

Table A2. Percentage Likely to Quit Current Position Within Next Year by Education Level

	High school /GED	AA/some college	BA	MA	Doctoral degree	MD	Total
Very Unlikely	62.5	61.3	29.9	37.5	57.1	100.0	38.3
Unlikely	18.8	12.9	29.9	24.4	28.6	0.0	25.1
Not Sure	18.8	22.6	21.4	24.8	14.3	0.0	22.8
Likely	0.0	3.2	9.7	6.8	0.0	0.0	7.0
Very Likely	0.0	0.0	9.1	6.5	0.0	0.0	6.8
Likelihood Ratio $X^2(24, N = 530) = 41.9, p = 0.013$							

Table A3. Percentage Likely to Leave Current Position Within Next Year by License Status

	No License	Has License	Total
Very Unlikely	36.8	39.5	38.2
Unlikely	24.1	26.2	25.1
Not Sure	22.9	23.2	23.1
Likely	9.8	4.2	7.0
Very Likely	6.4	6.8	6.6
Likelihood Ratio $X^2(4, N = 529) = 6.638, p = 0.156$			

Table A4. Percentage Likely to Quit Current Job Within Next Year by Years of Experience In The Field Categorized

	0-2 Years	2-5 Years	5-9 Years	10+ years	Total
Very Unlikely	35.7	28.3	37.4	48.3	38.0
Unlikely	27.0	24.3	27.5	23.3	25.2
Not Sure	24.3	30.3	17.6	18.6	22.9
Likely	8.7	8.6	9.9	2.9	7.0
Very Likely	4.3	8.6	7.7	7.0	7.0

Likelihood Ratio X^2 (16, $N = 532$) = 26.392, $p = 0.049$

Table A5. Percentage Likely to Quit Current Job Within Next Year by Years at Agency Categorized

	0-1 Year	1-2 Years	2-4 Years	4-6 Years	6-10 Years	10+	Total
Very Unlikely	37.5	35.6	29.6	30.2	48.2	55.8	38.2
Unlikely	24.5	29.9	30.9	24.5	19.6	19.2	25.3
Not Sure	25.5	18.4	24.7	22.6	25.0	15.4	22.9
Likely	8.5	6.9	6.2	11.3	1.8	3.8	7.0
Very Likely	4.0	9.2	8.6	11.3	5.4	5.8	6.6

Likelihood Ratio X^2 (20, $N = 529$) = 25.370, $p = 0.188$

Table A6. Providers Likely to Leave Current Position: Percentage Likely to Quit Current Job Within Next Year by Years of Experience in the Field Categorized

	0-2 Years	2-5 Years	5-9 Years	10+ years	Total
Not Likely	62.6	52.7	65.6	71.5	63.2
More Likely	37.4	47.3	34.4	28.5	36.8

Likelihood Ratio X^2 (3, $N = 527$) = 12.477, $p = 0.006$

Appendix B

Direct Practice Attrition Probability

Appendix B details the likelihood of leaving direct practice within the next year looking at several factors including race/ethnicity, education level, license status, and years of experience in the field. None of these variables demonstrated statistical significance but were examined to identify potential needs to develop targeted retention strategies.

Table B1. Percentage Likely to Leave Position and Practice

	How likely are you to leave direct practice in the next year?
Unlikely	73.9
Not Sure	19.9
Likely	6.2

Table B2. Percentage Likely to Leave Direct Practice Within Next Year by Race/Ethnicity

	African American / Black	American Indian, Native America, and/or Alaskan Native	Asian	Hispanic / Latinx	Multiracial	White (non-Hispanic)	Total
Very Unlikely	39.3	100.0	28.0	38.6	57.9	54.1	49.0
Unlikely	23.2	0.0	28.0	25.0	26.3	24.9	24.9
Not Sure	26.8	0.0	36.0	27.3	15.8	16.0	19.9
Likely	3.6	0.0	4.0	2.3	0.0	3.6	3.2
Very Likely	7.1	0.0	4.0	6.8	0.0	1.5	3.0

Likelihood Ratio $X^2(20, N = 527) = 30.039, p = 0.069$

Table B3. Percentage Likely to Leave Direct Practice Within Next Year by Education Level

	High school /GED	AS/some college	BA	MA	Doctoral degree	MD	Other	Total
Very Unlikely	56.3	61.3	40.1	50.3	85.7	100.0	50.0	49.1
Unlikely	25.0	16.1	26.3	25.8	0.0	0.0	30.0	24.9
Not Sure	18.8	22.6	23.0	18.3	14.3	0.0	20.0	19.7
Likely	0.0	0.0	5.9	2.6	0.0	0.0	0.0	3.2
Very Likely	0.0	0.0	4.6	2.9	0.0	0.0	0.0	3.0

Likelihood Ratio $X^2(24, N = 527) = 30.923, p = 0.156$

Table B4. Percentage Likely to Leave Direct Practice Within Next Year by License Status

	No License	Has License	Total
Very Unlikely	44.9	53.2	49.1
Unlikely	26.0	23.6	24.8
Not Sure	22.3	17.5	19.9
Likely	3.8	2.7	3.2
Very Likely	3.0	3.0	3.0
Likelihood Ratio $\chi^2(4, N = 528) = 4.217, p = 0.377$			

Table B5. Percentage Likely to Leave Direct Practice Within Next Year by Years of Experience in the Field Categorized

	0-2 Years	2-5 Years	5-9 Years	10+ years	Total
Very Unlikely	52.6	45.6	46.7	50.6	49.0
Unlikely	19.0	28.2	31.1	22.1	24.8
Not Sure	23.3	21.5	12.2	20.9	20.0
Likely	4.3	2.7	5.6	2.3	3.4
Very Likely	0.9	2.0	4.4	4.1	2.8
Likelihood Ratio $\chi^2(16, N = 529) = 16.823, p = 0.397$					

Table B6. Percentage Likely to Leave Direct Practice: By Medicaid Credential

	Below MHP	MHP	QMHP	LPHA	Total
Not likely	59.9	66.4	77.2	79.8	73.8
More likely	30.1	33.6	22.8	20.2	26.2
Likelihood Ratio $\chi^2(3, N = 527) = 7.819, p = 0.050$					

Appendix C Reasons for Leaving

Providers were asked to rate their agreement with various statements prefaced with "I would leave my current position because of..." followed by specific reasons. Respondents rated their agreement on a scale from strongly disagree to strongly agree. Examining the interaction of race/ethnicity with reasons for leaving demonstrated significant differences for not feeling appreciated and unsupportive agency culture, as detailed in [Factors Contributing to Turnover](#). Reasons such as documentation requirements and not enough opportunities for professional development were not significantly difference based on race/ethnicity.

Table C1. Percentage Agreement with Leaving Current Position Due to Not Feeling Appreciated by Race/Ethnicity

	African American/ Black	Asian	Hispanic/ Latinx	White (Non-Hispanic)	Multiracial	Overall
Strongly Disagree	19.6	12.5	20.0	25.1	5.6	22.4
Disagree	35.7	12.5	24.4	26.6	27.8	26.6
Neutral	17.9	20.8	20.0	14.2	16.7	16.0
Agree	10.7	50.0	21.1	21.9	44.4	22.6
Strongly Agree	16.1	4.2	14.4	12.1	5.6	12.4

Likelihood Ratio X^2 (16, $N = 526$) = 28.907, $p = 0.025$

Table C2. Percentage Agreement with Leaving Current Position Due to Unsupportive Agency Culture by Race/Ethnicity

	African American/ Black	Asian	Hispanic/ Latinx	White (Non-Hispanic)	Multiracial	Overall
Strongly Disagree	23.2	8.3	23.6	24.9	23.3	23.8
Disagree	26.8	16.7	34.8	21.4	5.3	29.8
Neutral	16.1	41.7	9.0	13.3	15.8	14.3
Agree	14.3	29.2	19.1	15.7	47.4	17.9
Strongly Agree	13.5	4.2	13.5	14.8	5.3	14.3

Likelihood Ratio X^2 (16, $N = 526$) = 36.933, $p = 0.002$

Table C3. Providers Likely to Leave Current Position: Percentage Agreement With Reasons For Leaving Current Position

	Low Pay	Documentation Requirements	Productivity requirements/caseload
Disagree	12.4	45.2	31.2
Neutral	15.1	34.4	25.3
Agree	72.6	20.4	43.5

Table C4. Providers Likely to Leave Current Position: Percentage Agreement with Reasons for Leaving Current Position

	Not feeling appreciated	Unsupportive agency culture	Not enough opportunities for professional development
Disagree	36.7	42.4	27.2
Neutral	15.7	16.4	22.3
Agree	37.4	41.2	49.5

For providers that are more likely to leave direct practice in the next year, an unsupportive agency culture based on Medicaid credentials approached statistical significance at the $p=0.1$ level. Just over half of LPHAs (60.8%) agreed or strongly agreed that an unsupportive agency culture would cause them to leave their current position.

Table C5. Providers Likely to Leave Direct Practice: Percentage Unsupportive Agency Culture by Medicaid Credential

	Below MHP	MHP	QMHP	LPHA	Total
Strongly Disagree	9.5	12.2	13.3	13.0	12.3
Disagree	33.3	38.8	26.7	17.4	30.4
Neutral	14.3	12.2	31.1	8.7	18.1
Agree	28.6	16.3	8.9	47.8	21.0
Strongly Agree	14.3	20.4	20.0	13.0	18.1

Likelihood Ratio $X^2(12, N = 138) = 20.723, p = 0.055$

Appendix D Ideal New Job Setting

Appendix D details ideal new job settings, demonstrating preferences across Illinois regions and demographic groups. These variables were not significant in their identification of an ideal new job setting but were examined in order to identify needs to develop targeted retention strategies.

Table D1. Ideal New Job Setting Percentage by Region

	1 (Chi.)	1 (Sub. Cook)	2	3	4	5	Total
Another community mental health or substance use agency	33.6	30.1	36.1	30.3	43.5	31.9	33.8
Start my own private practice	5.9	11.0	6.7	7.9	6.5	5.8	7.2
Primary care behavioral health/integrated care setting	5.9	8.2	3.4	2.2	8.7	5.8	5.2
Join a private practice	17.6	19.2	24.4	16.9	6.5	15.9	18.1
Hospital-based behavioral health clinic	10.1	12.3	12.6	5.6	8.7	10.1	10.1
A different field other than mental health or substance use	12.6	9.6	11.8	16.9	21.7	20.3	14.6
Something else	14.3	9.6	5.0	20.2	4.3	10.1	11.1
Likelihood Ratio $X^2(30, N = 515) = 38.749, p = 0.131$							

Table D2. Ideal New Job Setting Percentage by Race/Ethnicity

	African American/Black	American Indian, Native America, and/or Alaskan Native	Asian	Hispanic/Latinx	Multi-racial	White (non-Hispanic)	Total
Another community mental health or substance use agency	27.8	100.0	36.0	38.6	15.0	34.7	34.0
Start my own private practice	16.7	0.0	4.0	5.7	5.0	6.4	7.2
Primary care behavioral health/integrated care setting	3.7	0.0	12.0	5.7	5.0	4.6	5.0
Join a private practice	14.8	0.0	12.0	19.3	20.0	17.9	17.6
Hospital-based behavioral health clinic	18.5	0.0	16.0	11.4	5.0	8.5	10.3

A different field other than mental health or substance use	11.1	0.0	12.0	9.1	20.0	16.4	14.5
Something else	7.4	0.0	8.0	10.2	30.0	11.6	11.4
Likelihood Ratio $X^2(30, N = 517) = 29.944, p = 0.469$							

Table D3. Ideal New Job Setting by Education Level (%)

	High school /GED	AS/ some college	BA	MA	Doctoral degree	MD	Total
Another community mental health or substance use agency	53.3	56.0	41.8	28.1	12.5	50.0	34.0
Start my own private practice	0.0	4.0	1.3	10.9	12.5	0.0	7.2
Primary care behavioral health/integrated care setting	0.0	4.0	5.9	5.3	0.0	0.0	5.0
Join a private practice	6.7	0.0	9.2	24.5	12.5	0.0	18.1
Hospital-based behavioral health clinic	6.7	16.0	4.6	12.6	12.5	0.0	10.1
A different field other than mental health or substance use	20.0	12.0	24.8	8.3	37.5	25.0	14.6
Something else	13.3	8.0	12.4	10.3	12.5	25.0	11.1
Likelihood Ratio $X^2(36, N = 515) = 98.340, p < .001$							

Figure D1. Ideal Job Setting: Providers Likely to Leave Current Position Compared to Unlikely to Leave (%)

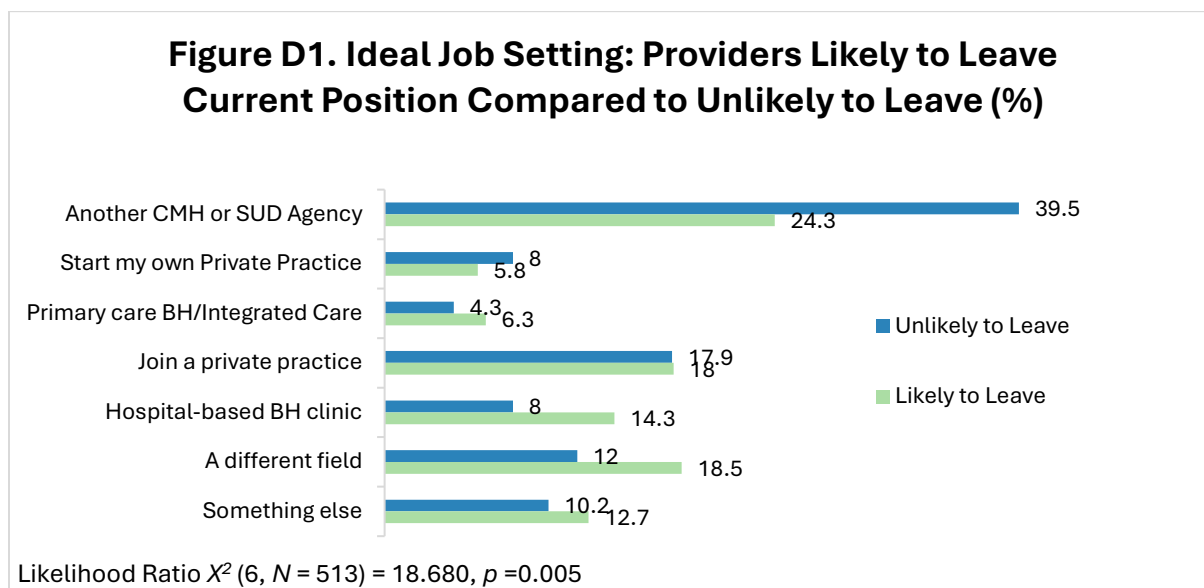
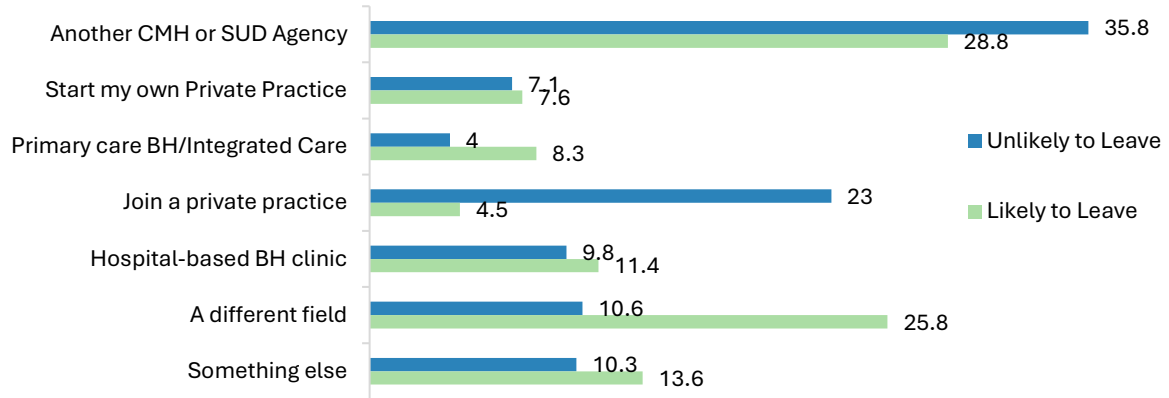


Figure D2. Ideal Job Setting: Providers Likely to Leave Direct Practice Compared to Unlikely to Leave (%)



Likelihood Ratio $X^2(6, N = 511) = 43.421, p < .001$

Appendix E Additional Support

A qualitative thematic analysis was conducted to understand patterns among training and support needs reported in the open-response portion of the survey. Following a close reading of all responses, the team discussed and developed codes in alignment with themes from both the qualitative and quantitative survey data. To organize and analyze the data, the team utilized Qualtrics' Text iQ software, a text analysis feature designed to process and analyze unstructured data using natural language processing (NLP) techniques. All responses were manually assigned codes and subcodes using Text iQ topic functionality, and any uncertain responses were discussed and addressed between team members. Once coded, categorical data was extracted for inclusion in the final report.

What types of support do you need to stay in your current position?

Table E1. Provider Feedback on Additional Support, Categories and Sub-Categories Overview

Category	Sub-Category	Frequency
Financial		128
	Low Pay	101
	Financial Resources – Not salary specific	27
Agency Culture		68
	Not feeling appreciated	24
	Team communication	14
	Cultural Connection	2
	Agency Culture - unspecified	28
Productivity Requirements		62
	Productivity Requirements - unspecified	30
	Documentation Requirements	13
	Scheduling & Flexibility	11
	Caseload	8

Professional Development		59
	Professional Development - unspecified	45
	Strategies to Prevent Burnout	10
	Therapeutic Techniques	4
Effective Supervision		45
	Supervision - unspecified	26
	Per Supervisee	14
	Per Supervisor	4
	Technical Support	1
Understaffing		8