

IL Behavioral Health Workforce Center Strategic Plan

FY26–FY28



BHWC

BEHAVIORAL HEALTH
WORKFORCE CENTER

Acknowledgements

We owe immense gratitude to the members of the Strategic Planning Team, who dedicated hours of time and expertise to this process.

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We also extend our sincere gratitude to the members of the BHCW [Advisory Council](#) and [Executive Committee](#) and the [staff of the BHCW at SIU and UIC](#) for generously contributing their time and expertise through participation in our focus groups. Their insights were invaluable in shaping the stakeholder engagement findings and guiding this strategic planning effort.

This report was produced by Afton Partners, with support from Daniel Brown at DB40 Enterprises, LLC.

Dear Colleagues, Partners, and Stakeholders,

On behalf of the Illinois Behavioral Health Workforce Center, we are proud to present our **Strategic Plan for FY26–FY28**, a roadmap designed to strengthen and sustain a diverse, skilled, and resilient behavioral health workforce across our state.

Illinois faces both urgent challenges and unprecedented opportunities in behavioral health. The growing demand for mental health and substance use services has highlighted critical workforce shortages, disparities in access to care, and barriers to recruitment and retention. At the same time, new investments, innovative models of care, and strong statewide partnerships have created the momentum to transform how we educate, support, and empower the professionals who deliver these essential services.

This strategic plan represents months of collaborative work informed by behavioral health providers, educators, and policymakers. It reflects a shared vision: **an Illinois whose behavioral health workforce will have the capacity and skills to meet the needs of all state residents.**

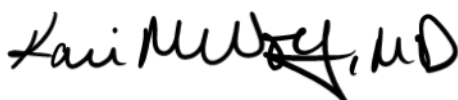
Over the next several years, we will focus on:

- **Enhancing access** to a diverse, prepared, and robust behavioral health workforce;
- Developing **clear, accessible, and expanded career pathways** for behavioral health utilizing existing career pathways for health professions as well as pathways specific to behavioral health;
- Providing **effective and accessible clinical training** and professional development;
- **Reducing administrative burden** and **recommending policy improvements** for behavioral health workers;
- Ensuring **adequate and substantial supports** and reimbursement rates for behavioral health services and providers; and
- Tracking Illinois behavioral health **workforce data and trends.**

This plan is not a static document; it is a living framework that will evolve as we learn from implementation and respond to emerging needs. Its success will depend on the commitment and collaboration of all of us—state agencies, providers, academic institutions, advocates, and community partners.

We invite you to join us in advancing this work. Together, we can build the behavioral health workforce Illinois needs and deserves. Thank you for your partnership and dedication to this mission.

Sincerely,



Kari M. Wolf, M.D.

Chief Executive Officer
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Table of Contents

IL Behavioral Health Workforce Center Strategic Plan.....	1
Acknowledgements.....	2
Executive Summary	5
Section 1: Introduction	8
History and Context	8
Legislative Requirement.....	8
Strategic Planning Process.....	9
Section 2: Vision, Mission, and Goals.....	11
Vision.....	11
Mission.....	11
Priorities.....	11
Prioritized Roadblocks	11
Goals	12
Section 3: Goals, Objectives, and Activities	13
Goal 1: Strengthen and expand behavioral health curriculum and clinical training experiences.....	14
Goal 2: Strengthen educational advancement across systems.	16
Goal 3: Build and utilize evidence to develop policy recommendations.....	18
Goal 4: Strengthen pre-career programs and awareness.....	20
Goal 5: Address financial barriers to behavioral health education and workforce entry.	21
Goal 6: Support and retain the incumbent workforce in providing high quality care.....	22
Appendix A: Process Details	25
Appendix B: Engagement Analysis	27

Executive Summary

The Illinois Behavioral Health Workforce Center (BHWc) Strategic Plan for Fiscal Years 2026 through 2028 lays out a bold and collaborative vision to expand, diversify, and strengthen the state's behavioral health workforce. Amid rising demand for mental health and substance use services, Illinois continues to face critical shortages in behavioral health professionals across all regions—particularly in rural and underserved areas. Only 22% of mental health needs and 20% of substance use needs are currently being met in Illinois.¹ Over one-third of adults with co-occurring mental health and substance use disorders have not received treatment, thus the urgent need for transformative action.

Established by the 2021 Health Care and Human Services Reform Act, the BHWc operates through a hub-and-spoke model led by Southern Illinois University School of Medicine (SIU) and the University of Illinois Chicago (UIC). In partnership with state agencies, academic institutions, and providers, the BHWc leads initiatives in workforce planning, training, and retention to ensure equitable access to quality behavioral health services. This strategic plan is the result of extensive collaboration among state leaders, educators, providers, and people with lived experience. It builds on over 100 stakeholder touchpoints, review of more than 20 sector reports, and input from surveys, focus groups, and interviews.

Vision

Illinois's behavioral health workforce will have the capacity and skills to meet the needs of all state residents.

Mission

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

Priorities

In 3–5 years, the BHWc will have leveraged its subject matter expertise and collaborative partnerships to contribute to:

- **Enhancing access** to a diverse, prepared, and robust behavioral health workforce

¹ Substance Abuse and Mental Health Services Administration. (2023). *2022 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>

- Developing **clear, accessible, and expanded career pathways** for behavioral health utilizing existing career pathways for health professions as well as pathways specific to behavioral health
- Providing **effective and accessible clinical training** and professional development
- **Reducing administrative burden** and **recommending policy improvements** for behavioral health workers
- Ensuring **adequate and substantial supports** and reimbursement rates for behavioral health services and providers
- Tracking Illinois behavioral health **workforce and data trends**

Prioritized Roadblocks

The Strategic Planning Team brainstormed a comprehensive list of roadblocks they understood as preventing the BHWC's vision from being actualized. From that list, the team prioritized the following six roadblocks (presented in no particular order) as key for Illinois to overcome in pursuit of the vision. These prioritized roadblocks provided the backbone from which the Goals, Objectives, and Activities were developed.

1. There is **not enough diversity** in the workforce, particularly beyond entry-level and lower-paying positions.
2. There is a **lack of exposure** to behavioral health careers for young people.
3. There are **not enough paid internship** opportunities.
4. There are **not clear advancement paths** or opportunities.
5. There are **disparities in reimbursement rates** ranking Illinois below other states
6. **Training gaps**, including a lack of clinical placements, hands-on experience, curriculum on evidence-based strategies, and integrated substance use and mental health training, hinder the development of a robust and skilled behavioral health workforce.

Goals

1. Strengthen and expand behavioral health curriculum and clinical training experiences.
2. Strengthen educational advancement across systems.
3. Build and utilize evidence to develop policy recommendations.
4. Strengthen pre-career programs and awareness.
5. Address financial barriers to behavioral health education and workforce entry.
6. Support and retain the incumbent workforce in providing high quality care.

The plan recognizes that BHWC alone cannot resolve the workforce crisis. Its success depends on strong, ongoing collaboration with state agencies, community providers,

higher education, and advocacy organizations. The BHWC will serve as a convener, capacity builder, data repository, and strategic driver—aligned around the vision that all Illinois residents have access to a behavioral health workforce that reflects their communities and meets their needs.

This plan is a living document that will evolve through regular review and adjustment. Its execution will include assigning clear responsibilities, engaging new and existing partners, and establishing measurable progress indicators. Together, we aim to create a future where behavioral health professionals are adequately trained, fairly compensated, and empowered to deliver high-quality, culturally responsive care throughout Illinois.

Section 1: Introduction

History and Context

Illinois has a behavioral health workforce shortage, impacting every county and setting across the state. Due to high turnover and unfilled vacancies, particularly in rural areas, individuals are subject to long wait times across nearly every professional setting, including psychiatry, psychology, social work, counseling, occupational therapy, and substance use services. In fact, Illinois ranks 22nd in the country for its population to mental health professional ratio (349:1).² According to the Kaiser Family Foundation, the state's workforce can meet only 22% of existing mental health needs.³ The gap is equally concerning in substance use care, where just 20% of residents in need are accessing care. Even more concerning, over one-third of Illinois adults with co-occurring mental health and substance use disorders are not receiving essential services.⁴

Additionally, opportunities exist to enhance curricular and clinical components of educational programs, as well as continuing professional development activities to ensure clinicians are utilizing evidence-based practices and working at the top of their license.

Beginning in 2018, the Illinois General Assembly began discussing and studying this crisis. Inspired by the Behavioral Health Education Center of Nebraska, which was established in 2009 to increase the pipeline of behavioral health professionals in the state, it became obvious to policymakers that identifying the optimal number, type, and location of behavioral health professionals to meet the differing needs of diverse regions and populations in Illinois was a difficult logistical problem, requiring coordinated efforts in research, education, service delivery, and policy.⁵

Legislative Requirement

To address this acute need, the Illinois Behavioral Health Workforce Center (BHWC) was established in 2021 through the signing of the Health Care and Human Services Reform Act.

² [America's Health Rankings 2024](#)

³ [KFF State Fact Sheet, Illinois](#)

⁴ Substance Abuse and Mental Health Services Administration. (2023). *2022 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.

Retrieved from <https://www.samhsa.gov/data/report/2022-nsduh-detailed-tables>

⁵ [110 ILCS 185 Behavioral Health Workforce Education Center of Illinois Act](#)

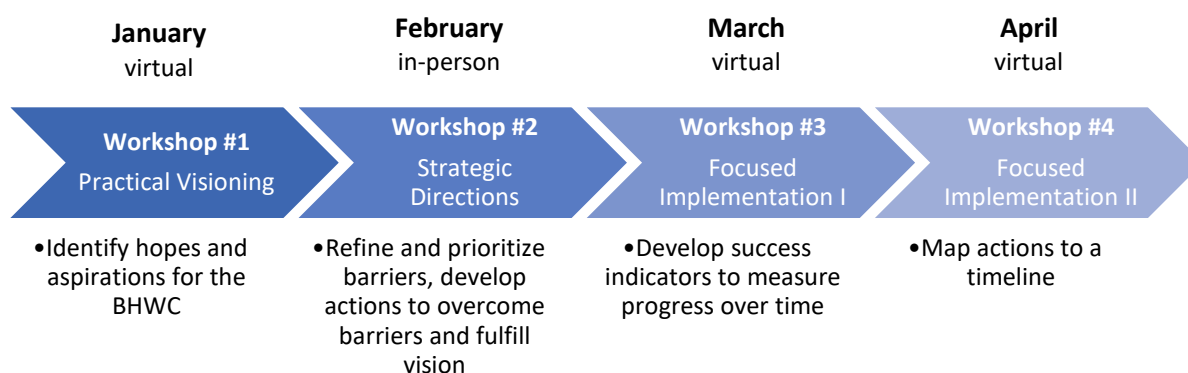
The main goal of the BHWC is to create and coordinate initiatives for the recruitment, education, and retention of a qualified, diverse, and evolving behavioral health workforce in Illinois. As broadly stated in legislation, the BHWC shall:

- Create pipelines and pathways to behavioral health careers
- Support professional training and continuing education programs that provide effective training in evidence-based behavioral health practices
- Collect and analyze data on the behavioral health workforce in Illinois to support workforce planning and improve estimates of unmet need
- Grow and advance peer and parent-peer workforce development

Using a hub and spoke model, the BHWC is physically structured with Southern Illinois University School of Medicine (SIU SOM) contracted as the primary hub and the University of Illinois Chicago (UIC) contracted as the secondary hub. While each hub provides specific functions for the BHWC, hub leadership works closely and collaboratively together.⁶ Funding is provided by the Division of Behavioral Health and Recovery (DBHR) at the Illinois Department of Human Services and administered by the Illinois Board of Higher Education, in partnership with the Illinois Community College Board and the Illinois Student Assistance Commission.

Strategic Planning Process

To guide the strategic planning process, the BHWC procured an external consultant, Afton Partners, and convened a 12-person Strategic Planning Team comprised of hub leadership, BHWC staff, state agency representatives, and related researchers and faculty. This group met four times between January and April 2025.



Prior to the workshops, Afton conducted thorough desk research and a larger stakeholder engagement process to better understand current behavioral health workforce needs,

⁶ [Behavioral Health Workforce Center website](#). Accessed July 2, 2025.

identify strategies currently working to address the needs, and outline current strengths and challenges of the BHWC. This included assessing over 20 reports and synthesizing feedback from 3 individual interviews, 9 focus groups, and 53 survey respondents across two survey instruments.⁷

The Strategic Planning Team provided a wealth of perspectives for how the BHWC could focus their attention, aligning towards a practical vision, identifying roadblocks, and outlining ideas for strategic directions and success measures. Throughout the process, Afton met regularly with BHWC leadership to refine the priorities and make final decisions from the input provided by the Strategic Planning Team.

⁷ See Appendix for additional details on the engagement process.

Section 2: Vision, Mission, and Goals

Vision

Illinois's behavioral health workforce will have the capacity and skills to meet the needs of all state residents.

Mission

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

Priorities

In 3–5 years, the BHCW will have leveraged its subject matter expertise and collaborative partnerships to contribute to:

- **Enhancing access** to a diverse, prepared, and robust behavioral health workforce
- Developing **clear, accessible, and expanded career pathways** for behavioral health utilizing existing career pathways for health professions as well as pathways specific to behavioral health
- Providing **effective and accessible clinical training** and professional development
- **Reducing administrative burden** and **recommending policy improvements** for behavioral health workers
- Ensuring **adequate and substantial supports** and reimbursement rates for behavioral health services and providers
- Tracking Illinois behavioral health **workforce data and trends**

Prioritized Roadblocks

The Strategic Planning Team brainstormed a comprehensive list of roadblocks they understood as preventing the vision from being actualized. From that list, the team prioritized the following six roadblocks (presented in no particular order) as key for Illinois to overcome in pursuit of the vision. These prioritized roadblocks provided the backbone from which the Goals, Objectives, and Activities were developed.

1. There is **not enough diversity** in the workforce, particularly beyond entry-level and lower-paying positions.
2. There is a **lack of exposure** to behavioral health careers for young people.
3. There are **not enough paid internship** opportunities.

4. There are **not clear advancement paths** or opportunities.
5. There are **disparities in reimbursement rates** and low reimbursement rates in general.
6. **Training gaps**, including a lack of clinical placements, hands-on experience, curriculum on evidence-based strategies, and integrated substance use and mental health training, hinder the development of a robust and skilled behavioral health workforce.

Goals

1. Strengthen and expand behavioral health curriculum and clinical training experiences.
2. Strengthen educational advancement across systems.
3. Build and utilize evidence to develop policy recommendations.
4. Strengthen pre-career programs and awareness.
5. Address financial barriers to behavioral health education and workforce entry.
6. Support and retain the incumbent workforce in providing high quality care.

Section 3: Goals, Objectives, and Activities

The Behavioral Health Workforce Center is well-positioned to overcome many of its identified roadblocks and reach its vision for the state's behavioral health workforce: to have the capacity and skills to meet the needs of all state residents. Through a robust process described above, the BHCW has identified six strategic goals to pursue over the next three years. Within each of these goals, they have also named specific objectives, activities, and critical tasks to complete within estimated timeframes. Because the BHCW intends to address short- and long-term goals, it must begin working on both immediately in order to see the impact of its long-term work in the years to come. The tables below provide a clear roadmap for the BHCW's work over the next three years and beyond.

However, as one entity with finite capacity and resources, they cannot address the full scope of Illinois' behavioral health workforce challenges alone. As such, part of the BHCW's role will be to engage other relevant stakeholders including state agencies, providers, higher education institutions, legislators, residents with lived experience within the behavioral health system, and others as relevant to accomplish tasks and make progress towards goals and objectives. Some general actions they can take with these other groups include:

- Involving residents with lived experience and providers in decision making to build community buy-in for BHCW strategies;
- Ensuring all stakeholders are aligned towards the same goals and prioritizing the same actions; and
- Collaborating and partnering with other institutions who have influence in the field.

It is expected that the BHCW will assign specific roles and responsibilities across regional spokes and assign specific center staff as liaisons. Additionally, an early task should be to identify baseline metrics for these goals and objectives in order to strategically measure progress over the three years. The strategic plan should be revisited annually to measure progress and adjust tasks and activities as needed. Progress on the strategic plan should be shared broadly – with members of the strategic planning team, state agencies, legislators, and the public.

Goal 1: Strengthen and expand behavioral health curriculum and clinical training experiences.

As identified in the roadblocks above, there are significant training gaps in the behavioral health sector including lack of clinical placements, hands-on experiences, curriculum on evidence-based strategies, and integrated substance use and mental health training. The current lack of these significant educational opportunities hinders the development of a robust and skilled behavioral health workforce in Illinois.

The Behavioral Health Workforce Center is well positioned to make significant progress towards this goal as they are operated by two higher education institutions with the historical skillset, knowledge, and resources to identify, develop, and deliver evidence-based behavioral health curriculum and support creation of additional clinical training experiences.

Over the next 3 years (FY26–FY28)⁸, the Behavioral Health Workforce Center will achieve the following three objectives related to Goal 1 through specific activities and initial tasks:

Objective 1: Reduce the identified skill gaps in the workforce.

Activities	Initial Tasks
1. Assess and analyze core curriculum requirements.	a. Collect and assess curriculum requirements by profession. (FY25–FY27)
2. Develop recommendations to strengthen learning outcomes in educational programs and internships.	a. Create curriculum workgroup including educational partners, provider groups, and internship supervisors. (FY25)
	b. Create recommendations for competency-based student learning goals and standard data collection points related to skills gaps. (FY25–FY26)
3. Expand the use of evidence-based education and practice skill development into curriculum design and behavioral health training programs.	a. Develop guidelines and curriculum materials to support skills training in evidence-based practices into curriculum and training. (FY26)
	b. Create educational project teams with IBHE to support dissemination and implementation of evidence-based behavioral health training. (FY26–FY27)

⁸ Some activities began before the strategic plan was finalized and may include year ranges that pre-date the scope of this plan.

Objective 2: Increase the number of clinical placements in rural and underserved regions.

Activities	Initial Tasks
1. Create new or expand existing clinical training sites in rural and small urban regions of the State.	a. Identify existing clinical placements and field locations by profession and region. (FY26)
2. Provide supervision training and ongoing support prioritizing the most underserved regions.	a. Identify underserved regions and develop statewide plan for remote supervision. (FY25-FY26)
	b. Provide ECHO trainings to provide supervision skill building. (FY25-FY26).
	c. Create toolkit for supervisors. (FY25)
	d. Develop recommendations to create new or expand existing locations by region. (FY26)

Objective 3: Increase the number of Illinois students who stay in the state for post graduate residency and internship training.

Activities	Initial Tasks
1. Create new or expand existing clinical training sites in rural and small urban regions of the State.	a. Identify existing clinical placements and field locations by region. (FY25)
	b. Develop recommendations to create new or expand existing sites by region. (FY26-FY27)
2. Establish Psychiatry Rural Residency Program.	a. Develop pilot program in rural region. (FY26-FY28)

The Behavioral Health Workforce Center Strategic Planning Team identified additional, more specific activities the BHCW can implement related to strengthening and expanding behavioral health curriculum and clinical training experiences if capacity and time allows. These include:

- Develop curriculum and credentialing requirements for a new certification/Associate's degree focused on work with children and parents.
- Create accredited Psychology internships (as part of doctoral-level psychology training).
- Develop a statewide strategy to provide remote supervision to LCSWs specifically.
- Develop curriculum, training, and internship programs for integrated substance use and mental health professional credentialing, education, and training.

Goal 2: Strengthen educational advancement across systems.

This goal is meant to address two prioritized roadblocks: 1) There are not enough clear advancement paths or opportunities and 2) There is not enough diversity in the workforce, particularly beyond lower paying positions.

The objectives, activities, and tasks of the BHWC towards this goal will not only help to recruit candidates who more closely represent residents served by the behavioral health system in Illinois, but also help those with entry level education or in entry level positions advance in the field through further education and training. Many of the tasks in this goal will require new or expanded initiatives by higher education institutions in Illinois.

Over the next 3 years (FY26–FY28)⁹, the Behavioral Health Workforce Center will achieve the following two objectives through specific activities and initial tasks:

Objective 1: Increase the number of students pursuing a degree in behavioral health programming.

Activities	Initial Tasks
1. Create early admissions process into behavioral health fields.	a. Create new or expand existing early admissions programs in Illinois. (FY25–FY28)
	b. Pilot early admission programs with high schools and regional institutions of higher education. (FY28)
2. Create strong transfer pathways and early/guaranteed admissions programs for community colleges, 4-year institutions, graduate and post-graduate programs (AA>BA/BS, BA/BS>PhD/PsyD/EdPsych, BA/BS>MD/DO, MD/DO>Psych residency).	a. Assess existing pathways and identify areas where learners leave the pathways. (FY26)
	b. Develop toolkits to support expansion of strong transfer pathways. (FY26)
	c. Identify evidence-based interventions to maintain learners on the pathways. (FY27)
3. Design programming and support for underrepresented and high need students.	a. Identify and implement models for outreach to underrepresented and high need students. (FY27)
	b. Create engagement opportunities at the local level to connect with learners. (FY26)

⁹ Some activities began before the strategic plan was finalized and may include year ranges that pre-date the scope of this plan.

4. Expand internship and apprenticeship opportunities.	a. Identify existing programs with capacity to expand. (FY26)
	b. Identify public and private funding to support expansion, including state/federal agencies and private foundations. (FY27)
5. Identify stackable credential opportunities within BH careers.	a. Assess stackable credential programs in Illinois and other states and regions. (FY27)
	b. Identify evidence-based models to promote and expand stackable credential programs through regional higher education hubs. (FY27)
	c. Create ECHOs to train higher education institutions on the creation of successful stackable credential programs. (FY28)

Objective 2: Address recruitment and retention of underrepresented candidates across professions.

Activities	Initial Tasks
1. Create or enhance existing toolkits for colleges and universities to improve recruitment and retention of underrepresented and high need students.	a. Assess existing recruitment and retention data & identify evidence-based interventions to support outreach to underrepresented learners. (FY25)
2. Increase mentorship programs in higher education.	a. Create new or expand existing mentorship programs in higher ed. (FY26)
3. Identify and address “high drop out points” in educational and training journeys.	a. Develop pilot interventions to reduce gaps and challenges in each pathway. (FY26)
4. Develop and disseminate toolkit to teach and help implement holistic review of applications into behavioral health professions’ schools.	a. Assess existing review processes and identify model application programs. (FY27)

The Behavioral Health Workforce Center Strategic Planning Team identified one additional activity the BHCW can take to strengthen educational advancement if capacity and time allow. These include:

- Addressing bias in licensing exam

Goal 3: Build and utilize evidence to develop policy recommendations.

This goal addresses a prioritized roadblock: disparities in reimbursement rates across types and settings of behavioral health services (i.e. private insurance, Medicaid, and Medicare; mental health and substance use disorder) and low reimbursement rates for providers in general. These low reimbursement rates contribute to low wages for behavioral health roles, leading staff to go into private practice or leave the sector altogether. Additionally, through the stakeholder engagement process, additional, related challenges for providers were identified including unstable and inflexible funding for providers; a cumbersome licensure and verification process; and administrative burden. These are also likely causing recruitment and retention challenges.

Many of these challenges are systemic, indicating policy change is needed. The Behavioral Health Workforce Center will provide ongoing assessment of the challenges that can be addressed through policy changes at the local, state, and federal levels. The BHCW will use data to help inform policy makers on behavioral health workforce needs and challenges.

Over the next 3 years (FY26–FY28)¹⁰, the Behavioral Health Workforce Center will achieve the following two objectives related to Goal 3 through specific activities and initial tasks:

Objective 1: Utilize data to drive policy.

Activities	Initial Tasks
1. Engage with policymakers on parity, administrative rules, and behavioral health workforce trend data.	a. Develop a data collection plan to track behavioral health workforce needs and trends over time. (FY25–FY26)
	b. Provide regular communications and reports to policymakers. (FY25–FY28)
	c. Create and implement data collection tools to benchmark progress. (FY25–FY26)
	d. Create predictive analytics to assess future workforce trends and needs. (FY26)
	e. Develop a mechanism to integrate the voice of the consumer. (FY26)

¹⁰ Some activities began before the strategic plan was finalized and may include year ranges that pre-date the scope of this plan.

2. Eliminate administrative burdens that interfere with provision of quality behavioral health services in Illinois.	a. Participate in statewide administrative burdens task force to evaluate ongoing administrative burdens and elevate recommendations to policy makers. (FY25-FY28)
	b. Explore state licensure compacts to allow providers in nearby states to practice in Illinois. (FY26)
3. Audit existing rates and analyze payment gaps.	a. Partner with public and private payors to assess and monitor disparities in reimbursement rates. (FY26)
4. Partner with health systems and practitioners to share BHWC workforce data.	a. Develop plan to integrate BHWC data with partner's reports & data sets to establish a more comprehensive view. (FY26)
5. Create systems and mechanisms for appropriate data collection across behavioral health professions.	a. Develop policy briefs based on workforce data trends and needs. (FY27)

Objective 2: Provide data to support the State's investment in increasing the behavioral health workforce.

Activities	Initial Tasks
1. Collect & analyze data for all behavioral health professions from peer support to physician.	a. Conduct curriculum evaluation (ongoing) and assess CRSS/SPRS/CADC outcomes. (FY25-FY27)
	b. Work with DBHR and ICB to continue to grow the CADC Workforce Expansion Program. (FY26)
	c. Assess regional professional development needs. (FY26)
	d. Identify opportunities to expand workforce development programs based on regional needs. (FY26)

The Behavioral Health Workforce Center Strategic Planning Team identified additional, more specific activities the BHWC can implement related to building and utilizing evidence for policymaking, if capacity and time allows. These include:

- Create a supervision billing code.

- Collect data at the intersection of mental health, substance use, and higher education, with an eye toward coordinated training opportunities.

Goal 4: Strengthen pre-career programs and awareness.

There is not enough capacity in the workforce to meet the needs of residents, indicating additional recruitment strategies are required. One of the causes contributing to these capacity issues is the lack of exposure to behavioral health careers for young people. Without exposure, fewer individuals are pursuing behavioral health career pathways.

Additionally, as identified in the stakeholder engagement, there is a stigma associated with behavioral health services that could be deterring young people from pursuing this field. Behavioral Health Workforce Center strategies in this area focus on exposing young people to the range of opportunities in the sector in a positive light.

Over the next 3 years (FY26–FY28)¹¹, the Behavioral Health Workforce Center will achieve the following two objectives related to Goal 4 through specific activities and initial tasks:

Objective 1: Increase awareness of behavioral health careers.

Activities	Initial Tasks
1. Develop career awareness programs for learners in middle and high schools.	a. Create curriculum, toolkits, and teacher trainings for middle and high schools in collaboration with subject matter experts from education, behavioral health professions, DBHR, and adolescent young adult programs. (FY28)
	b. Provide access to programming to all middle and high school learners in Illinois for use in the classroom. (FY28)
2. Develop regional behavioral health summer camps and training programs.	a. Identify and assess current models (e.g., Saturday Schools) to promote behavioral health careers. (FY26–FY27)

Objective 2: Increase participation in behavioral health-focused career pathways.

Activities	Initial Tasks
1. Establish and promote career pathways.	a. Create outreach strategy to underrepresented populations for

¹¹ Some activities began before the strategic plan was finalized and may include year ranges that pre-date the scope of this plan.

	behavioral health workforce recruitment utilizing course curriculum, engagement with schools, and social media. (FY27)
2. Promote education entry points for learners.	a. Identify education points of entry. (FY27)
	b. Provide outreach to community-based organizations and schools. (FY27)
	c. Connect high school programs with regional higher education hubs. (FY27)

The Behavioral Health Workforce Center Strategic Planning Committee identified additional, more specific activities the BHWC can implement related to pre-career awareness if capacity and time allows:

- Create positive messaging around behavioral health workforce through local and targeted social media campaigns.
- Partner with local hospitals, clinics, and community-based centers to promote health careers regionally.

Goal 5: Address financial barriers to behavioral health education and workforce entry.

Financial obstacles, including student loan burdens and lack of paid internships, serve as barriers to entry and advancement in the behavioral health field. These barriers can particularly prevent low-income individuals from entering the field. The strategies in this goal focus on reducing student debt and expanding access to financial supports for behavioral health students.

Over the next 3 years (FY26–FY28)¹², the Behavioral Health Workforce Center will achieve the following objective related to Goal 5 through this specific activity and initial tasks:

Objective 1: Reduce student loan burden for students graduating from behavioral health education and training programs.

Activities	Initial Tasks
1. Map funding sources for learners.	a. Identify, expand, and promote financial assistance resources on website and on career awareness materials. (FY25–FY26)

¹² Some activities began before the strategic plan was finalized and may include year ranges that pre-date the scope of this plan.

2. Expand existing public and private scholarships and loan repayment programs, especially for historically underrepresented and high need learners.	a. Assess gaps in existing scholarship and loan repayment programs. (FY25–FY26)
	b. Identify public sector funding opportunities to support learner needs through ISAC, HRSA, and others. (FY27)
	c. Identify and connect learners to private sector funding for behavioral health education and training, such as local, regional, and national health care workforce organizations and foundations. (FY26–FY28)
	d. Create/expand programs to fund schooling with service requirements upon graduation. (FY27–FY28)

Goal 6: Support and retain the incumbent workforce in providing high quality care.

In order to build capacity in the workforce, Illinois not only needs to recruit new individuals to the sector but retain the existing workforce. The Behavioral Health Workforce Center will assess existing retention challenges across all provider groups and develop supports for organizations to retain their talent. The BHCW will identify evidence-based models to incentivize the retention and continued development of the current workforce.

To date, the BHCW has assessed the needs of community-based mental health centers and developed retention resources to support their needs. The goal over the next three years will be to assess the retention challenges and needs for other behavioral health professions (psychiatrists, psychologists, bedside nurses, etc.) in other settings (inpatient, private practice, residential, etc.).

Over the next 3 years (FY26–FY28)¹³, the Behavioral Health Workforce Center will achieve the following 4 objectives related to Goal 6 through these specific activities and initial tasks:

Objective 1: Increase capacity to promote effective behavioral health services in high-need areas shown to have significant training gaps.

¹³ Some activities began before the strategic plan was finalized and may include year ranges that pre-date the scope of this plan.

Activities	Initial Tasks
1. Provide training based on needs assessment.	a. Identify and disseminate specific evidence-based trainings to address skill gaps (e.g., parenting support and telehealth as required by legislation, and areas identified in needs assessments such as work with people with psychosis). (FY26)
2. Increase efficiency and effectiveness of behavioral health services provided in integrated care settings.	a. Provide training in solution-based therapy interventions, with increased emphasis on dissemination. (FY26)
	b. Provide ECHOs for integrated behavioral health for medical providers. (FY26)

Objective 2: Support retention of behavioral health providers through targeted programs.

Activities	Initial Tasks
1. Identify and provide programs effective in supporting the early career workforce and others at risk of leaving the field.	a. Pilot mentoring programs and ECHO Trainings to increase incumbent worker retention. (FY26)
	b. Develop ECHOs or other programs to help isolated practitioners feel connected to others across the state by building a sense of community. (FY26)
2. Create and disseminate a toolkit for organizations to support the retention of the existing workforce.	a. Provide ongoing learning collaboratives for agency administrators to support the use of the retention toolkit. (FY25-FY28)
	b. Provide in-person and on-line events to support retention program/toolkit uptake. (FY25-FY28)

Objective 3: Implement a framework for a culturally responsive behavioral health workforce.

Activities	Initial Tasks
1. Identify and disseminate training, educational materials, and outreach strategies to improve access to culturally responsive behavioral health providers.	a. Identify and expand training programs. (FY27)
	b. Create and disseminate toolkit for providers and organizations to improve cultural responsiveness in service delivery. (FY27)

	c. Provide BHWC-sponsored retention events that support culturally responsive practices. (FY27)
	d. Disseminate and promote culturally responsive models that focus on the recruitment and retention of underrepresented and high-need populations in the workforce. (FY27)

Objective 4: Support primary care providers in the delivery of behavioral health services.

Activities	Initial Tasks
1. Develop and deliver training for primary care providers	a. Provide ECHOs for primary care providers to diagnose and manage behavioral health patients in their communities. (FY26)

Appendix A: Process Details

Afton's approach to the strategic planning process was broken into distinct phases:

1. Phase 1 | Project Launch, Discovery, Background Research, Data Collection & Analysis
2. Phase 2 | Strategic Plan Development

Phase 1 | Project Launch, Discovery, Background Research, Data Collection & Analysis

To ensure project success, Afton hosted an initial kickoff with the BHWC team in September 2024 to review the proposed scope and workplan, align on timelines, discuss project roles, define what project success looks like, identify existing resources and roadblocks to achieving success, and co-create guiding principles and values for the process. The BHWC team then met regularly to frame and guide this work to completion.

During this phase, Afton also conducted an extensive discovery process to better understand the BHWC's work to date, existing challenges and successes, and the current needs of the state's behavioral workforce. Afton reviewed existing resources including BHWC legislation, data and analytics, literature reviews, survey data, intergovernmental agreements, feedback BHWC had collected from its community, as well as any other existing collateral deemed relevant to this process. This information allowed Afton to: (1) Develop an understanding of the current supply and demand for behavioral workforce staff across the state; (2) Develop an understanding of the current workforce needs of behavioral health staff including barriers to recruitment, access to training and education, career progression and retention, and job quality issues; and (3) Understand the BHWC's current behavioral health disciplines, geographies, academic partners, providers, and network.

Afton also facilitated a stakeholder engagement process to listen and learn. Specifically, Afton conducted 1:1 interviews and small group conversations with key stakeholders, including BHWC leadership, executive committee members, and advisory council members to understand the current workforce needs of behavioral health staff including barriers to recruitment, access to training and education, career progression and retention, and job quality issues, as well as to identify what strategies are currently

working to address the needs of the behavioral workforce. Details on the outputs are included in the Engagement Analysis appendix.

The result of this discovery and stakeholder engagement process was synthesized into a feedback summary document shared with the Strategic Planning Team in Phase 2.

Phase 2 | Strategic Plan Development

Using the outputs of the discovery process as a foundation and the Technology of Participation (ToP) facilitation method, Afton engaged the Strategic Planning Team in a series of four facilitated workshops to align on BHWC's mission, vision, values, and priorities, as well as to develop ideas on goals, objectives, milestones, and evaluation metrics to track progress over time.

Workshop 1: "Practical Visioning" (virtual)

This was an opportunity for Strategic Planning Team members to share their hopes and aspirations for the future of BHWC by answering the question: "What do we want to see in place in 3 years as a result of our actions?" As input and inspiration for this brainstorming session, the summary feedback document from Phase 1 was reviewed. The result of this workshop was the establishment of a collective vision that reflects a statement of hope within given environmental constraints.

Workshop 2: "Underlying Contradictions" (in-person)

This workshop identified the blocks and barriers preventing the BHWC from achieving its vision, as identified in Workshop 1. This was an important step in the strategic planning process as it allowed the group to objectively identify negative patterns and issues that may prevent successful strategic initiatives from being implemented. The team also brainstormed an initial list of actions that could be taken to address the prioritized roadblocks.

Workshops 3 & 4: "Strategic Directions" (virtual)

The team discussed various ways to operationalize the practical vision developed in Workshop 1 and address the contradictions identified in Workshop 2. By the end of these brainstorming sessions, the group narrowed in on six broad goals and over one hundred associated activities, and brainstormed various success metrics that could help the BHWC and the state of Illinois understand progress towards the vision.

Appendix B: Engagement Analysis

INTRODUCTION

Afton Partners, in collaboration with the Behavioral Health Workforce Center, conducted a comprehensive stakeholder engagement process to collect insights from key leaders and stakeholders closely involved in the work of the BHWC.

Objectives: To inform the strategic planning process with valuable perspectives on the BHWC's internal strengths and weaknesses, systemic challenges the Center is trying to solve for, and key levers to guide the BHWC's strategic planning efforts. Stakeholders who had the most knowledge about the BHWC and its activities were prioritized, including state agency representatives, higher education leaders, public and private direct service providers, behavioral health educators, community-based organizations, intermediaries, and associations.

Methodology: The team provided multiple engagement opportunities for stakeholders throughout the process, including one-on-one interviews with select BHWC leadership and original champions, focus groups held at the standing monthly December 2024 Executive Committee meeting and January 2025 Advisory Council meeting, a survey to the Executive and Advisory members, and a survey to the BHWC staff at both BHWC hubs, SIU and UIC.

Results: Across all engagement methods, the process produced 113 touchpoints. Some participants engaged across multiple methods (for example, a survey and a focus group). In total, fifty-seven focus group participants, fifty-three survey respondents (forty-five executive and advisory members and eight staff members), and three one-on-one interviews were conducted.

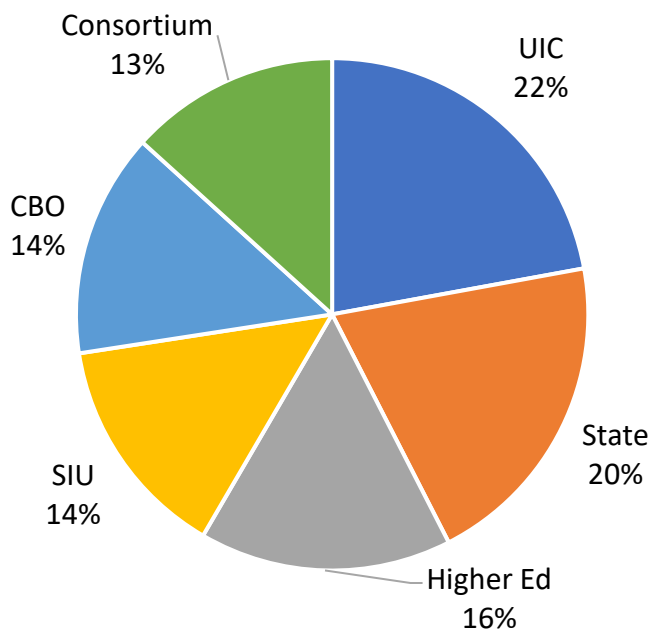
QUANTITATIVE SURVEY RESULTS

Two surveys were utilized in this process resulting in fifty-three total survey respondents: forty-five executive and advisory members and eight staff members from UIC and SIU. All qualitative data from both surveys is included in the finding's sections of this report, and quantitative data from both surveys is shown in charts below.

Note that the survey was intended to understand the current academic and staff perspectives, not the broader experience of providers with the BHWC.

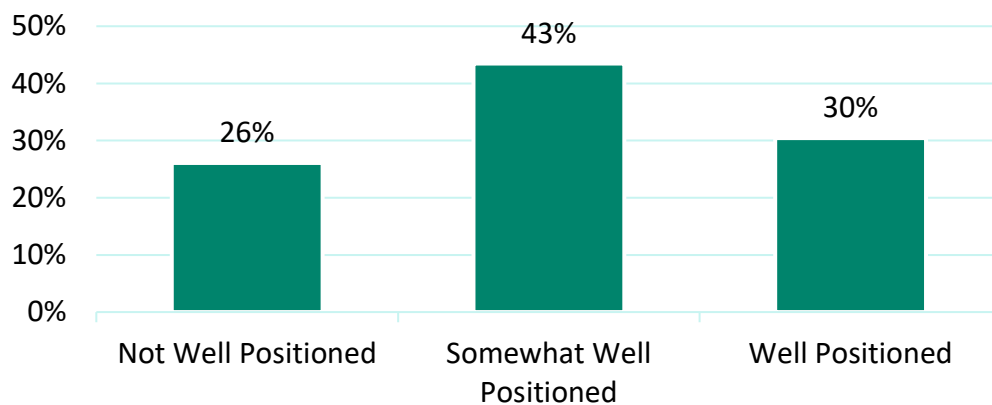
TOTAL RESPONSES

Total Responses by Stakeholder Group



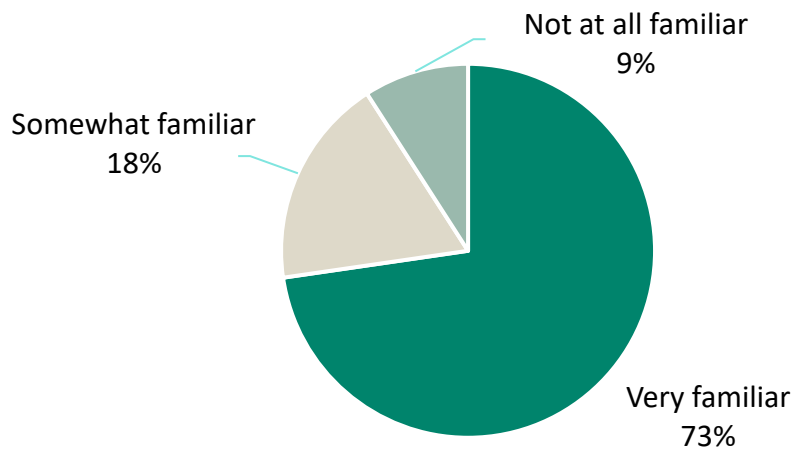
EXECUTIVE COMMITTEE & ADVISORY COUNCIL SURVEY RESULTS:

Ranking: How well-positioned Executive and Advisory members think the BHWC currently is to accomplish structural or policy changes

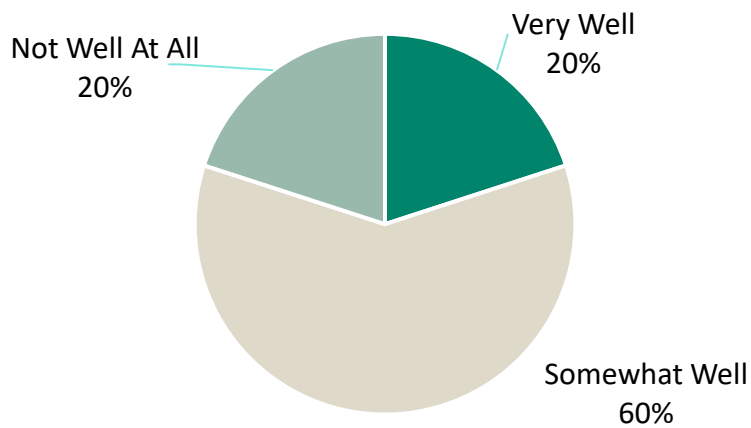


BHWC STAFF SURVEY RESULTS:

How familiar are staff with the BHWC?



How well staff feel they understand the goals of the BHWC



SUMMARY INDEX OF FINDINGS

A. Environment and Context

We heard across multiple stakeholder groups a belief that:

1. The **state is moving forward many initiatives** that support the accessibility and inclusivity of behavioral health field, such as CRSS Success, the CADC workforce expansion program, and legislative fixes for salary and administrative burden.
2. The **behavioral health ecosystem has been expanding** based on increased demand.
3. **Stigma for behavioral health services has decreased overall, despite still existing.**

B. Strengths of the BHCW

We heard across multiple stakeholder groups a belief that:

1. The BHCW has **dedicated, experienced, and diverse staff** who are **effective in setting the groundwork and vision** to accomplish long-term solutions.
2. The BHCW is **well positioned to (1) share best practices and (2) support the development of training programs, curricula, career pathways, and policy frameworks** that address workforce needs.
3. The BHCW **is intentional about (1) gathering and using data and (2) involving stakeholders** to support the center's specific activities to date.
4. The BHCW is **effective at executing their current work**, including successfully launching digital platforms and tools for communication, creating the BHCW job board, and developing training programs.

C. Weaknesses of the BHCW

We heard across multiple stakeholder groups a belief that:

1. The current **structure and capacity of the BHCW may not be sufficient** to address the full scope of behavioral health workforce challenges.
2. There is not **alignment with staff and partners on the goals and work of the BHCW**, including the use of data to inform policy changes.
3. There is **no standard practice in measuring the progress and impact** of the BHCW, making it difficult to evaluate the outcomes of the work.

D. Roadblocks in the current system

1. Funding (for providers)

- a. Funding is unstable and inflexible.
- b. Low wages and cost of tuition are leading people to go into private practice or leave the field.

- c. There are disparities in reimbursement rates and low reimbursement rates in general.

2. Access

- a. Services are not accessible to families due to silos.
- b. There is not enough diversity in the workforce, particularly beyond lower-paying positions.
- c. Rural communities lack resources and accessibility to behavioral health services.
- d. There is a stigma associated with behavioral health needs.

3. Preparation and Pathways

- a. Training gaps including a lack of clinical placements and hands-on experience, curriculum on evidence-based strategies, and integrated substance use and mental health training hinder the development of a robust and skilled behavioral health workforce.
- b. There are not enough paid internship opportunities.
- c. There are not clear advancement paths or opportunities.

4. Capacity

- a. The licensure and verification processes are cumbersome for the behavioral health workforce.
- b. Administrative burden is a barrier to service delivery and efficiency.
- c. There is burnout among professionals, perpetuated by the COVID-19 pandemic, which also increased the demand for behavioral health services.

E. Levers BHWC can consider for action planning

- 1. Goal Alignment:** Ensure all stakeholders are aligned towards the same vision and prioritizing collaborative actions.
- 2. Marketing:** Increase awareness and visibility of the BHWC's role and career opportunities through outreach and targeted marketing strategies with an emphasis on building a diverse workforce.
- 3. Stakeholder Engagement:** Engage with stakeholders and involve them in higher-level decision making to understand lived experience and build community buy in.
- 4. Convening Power:** Collaborate and/or partner with institutions that have influence within the field.
- 5. Policy Research and Development:** Research and leverage data to influence behavioral health workforce policies, including labor market trends, skills gaps, roadblocks, risks and implementation challenges.