BHWC

BEHAVIORAL HEALTH
WORKFORCE CENTER

Strategic Plan

FY26 -FY28

AFTON

Strategic Planning Team

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We also extend our sincere gratitude to the members of the BHWC Advisory Council and Executive Committee and the staff of the BHWC 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.

ILLINOIS FACES A **BEHAVIORAL HEALTH WORKFORCE SHORTAGE** AFFECTING EVERY COUNTY AND SETTING.

High turnover and unfilled vacancies —especially in rural areas—lead to long wait times across psychiatry, psychology, social work, counseling, occupational therapy, and substance use prevention.

Insufficient training and limited continuing education mean residents often lack access to evidence-based, cutting-edge care.

Illinois ranks 22nd in population-to-mental health professional ratio (349:1).

Only 22% of mental health needs are met with the current workforce.

The Behavioral Health Workforce Center (BHWC) was established in 2021 as part of the Health Care and Human Services Reform Act

[1] KFF State Fact Sheet, Illinois

Legislative Requirements

- In 2021, the Health Care & Human Services Reform Act established the Illinois Behavioral Health Workforce Center (BHWC) to recruit, educate, and retain a qualified, diverse behavioral health workforce.

- *Structure:* Hub and Spoke model with Southern Illinois University School of Medicine as the primary hub and University of Illinois Chicago as the secondary hub, working collaboratively.

- *Funding:* Provided by Illinois DHS Division of Behavioral Health & Recovery; administered by the Illinois Board of Higher Education, with support from the Illinois Community College Board and the Illinois Student Assistance Commission.

BHWC Objectives:

- Create pipelines and pathways to behavioral health careers.
- Support professional training and continuing education in evidence-based practices.
- Collect and analyze workforce data for planning and unmet needs assessment.
- Grow and advance peer and parent-peer workforce development.

[1] Illinois Public Act 102-0004

Strategic Planning Process

Afton Partners was selected by SIU School of Medicine via a competitive RFP process

Facilitation Selection

Stakeholder Engagement

Reviewed 20+ reports and engaged stakeholders through 3 interviews, 9 focus groups, and 53 survey responses

Four workshops aligned towards a practical vision, identified roadblocks, and outlined ideas for strategic directions and success measures

Strategic Planning Team Workshops

Leadership Prioritization

Refined the priorities and made final decisions from the input provided by the Strategic Planning Team

Put all the pieces together into a comprehensive 3 year strategic plan

Strategic Plan!

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
- 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 as key for Illinois to overcome in pursuit of the vision (presented in no particular order). 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.

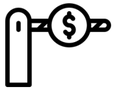
GOALS

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.

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 experience, 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)*, 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)

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 and skill building support. (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 BHWC 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.

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

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)*, the Behavioral Health Workforce Center will achieve the following two objectives related to Goal 2 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 stronger transfer pathways.
	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 opportnities at the local level to connect with learners. (FY26)
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 behavioral health 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 education. (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 an additional activity the BHWC can take to strengthen educational advancement if capacity and time allow.

- Addressing bias in licensing exams

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

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 BHWC will use data to help inform policy makers on behavioral health workforce needs and challenges.

Over the next 3 years (FY26-FY28)*, 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)
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 partners' 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)

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

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/CPRS/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 abuse, 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)*, 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 program 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 these 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)

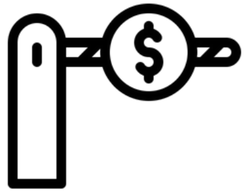
Objective 2 : Increase participation in behavioral health-focused career pathways

Activities	Initial Tasks
1. Establish and promote career pathways.	a. Create outreach strategy to underrepresented populations for 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 Team 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 targeted social media campaigns.
- Partner with local hospitals, clinics, and community-based centers to promote health careers regionally.

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



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)*, the Behavioral Health Workforce Center will achieve the following objective related to Goal 5 through specific activities 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)
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)

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

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 BHWC will identify evidence-based models to incentivize the retention and continued development of the current workforce.

To date, the BHWC 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)*, the Behavioral Health Workforce Center will achieve the following four objectives related to Goal 6 through 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

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)

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

Appendices

Appendix A: Process Details

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

Project Kickoff & Discovery (Sept 2024)

- Hosted kickoff with BHWC to:
  - Review scope, workplan, and timelines
  - Define roles, success measures, guiding principles, and values
  - Identify existing resources and roadblocks
- Regular BHWC team meetings to guide work to completion

Discovery Process

- Reviewed BHWC legislation, data, literature, survey results, agreements, community feedback, and other relevant materials
- Goals:
  a. Understand current supply & demand for behavioral health workforce in Illinois
  b. Identify workforce needs & barriers (recruitment, training, education, career progression, retention, job quality)
  c. Map BHWC's current disciplines, geographies, partners, providers, and networks

Stakeholder Engagement

- Conducted 1:1 interviews and small group discussions with:
  - BHWC leadership, executive committee, and advisory council
  - Focused on workforce needs, barriers, and effective current strategies
- Findings summarized in a feedback report shared with the Strategic Planning Team in Phase 2

Phase 2 | Strategic Plan Development

Strategic Planning Workshops

- *Built on discovery process outputs using Technology of Participation (ToP) facilitation method*
- *Four workshops to align on mission, vision, values, priorities, goals, objectives, milestones, and evaluation metrics*
- *Workshop 1 – Practical Visioning (Virtual)*
  - *Question: "What do we want to see in place in 3 years as a result of our actions?"*
  - *Reviewed Phase 1 feedback as inspiration*
  - *Established a collective vision within environmental constraints*
- *Workshop 2 – Underlying Contradictions (In - Person)*
  - *Identified blocks/barriers to achieving vision*
  - *Discussed negative patterns & issues hindering success*
  - *Brainstormed initial actions to address prioritized roadblocks*
- *Workshops 3 & 4 – Strategic Directions (Virtual)*
  - *Operationalized vision and addressed contradictions*
  - *Defined six broad goals and 100+ activities*
  - *Brainstormed success metrics to track progress toward the vision*

Appendix B: Engagement Analysis

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.

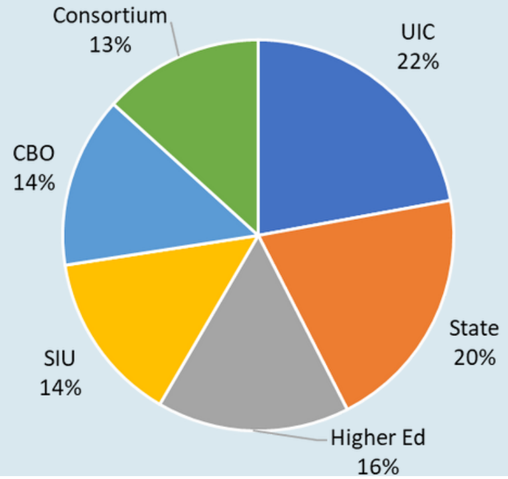
Results : Across all engagement methods, the process produced 113 touchpoints. Some participants engaged across multiple methods (for example, a survey and a focus group). In total, fifty-seven focus group participants, fifty-three survey respondents (forty-five executive and advisory members and eight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

Appendix B: Engagement Analysis

Quantitative Survey Results

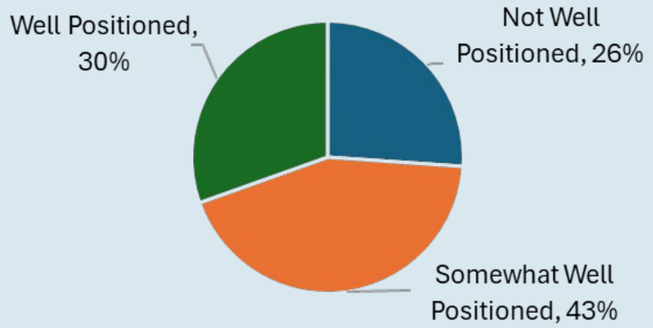
Two surveys were utilized in this process resulting in fifty-three total survey respondents: forty-five executive and advisory members and eight staff members from UIC and SIU. All qualitative data from both surveys is included in the finding's sections of this report, and quantitative data from both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

Total Responses by Stakeholder Group



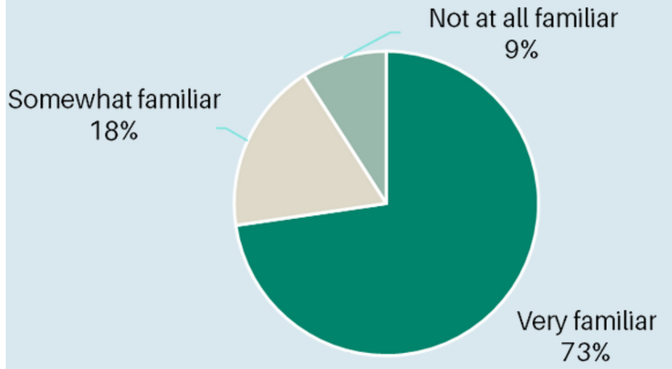
Executive Committee & Advisory Council Survey Results:

Rank of how well-positioned Executive and Advisory members think the BHWC currently is to accomplish structural or policy changes

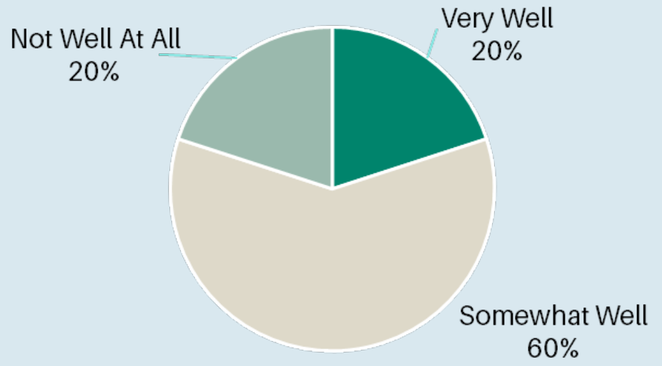


BHWC Staff Survey Results

How familiar are staff with the BHWC?



How well staff feel they understand the goals of the BHWC



Appendix C: Summary Index of Findings

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.

> *"State funded programs to ease the cost of training programs (CRSS Success, CADC workforce expansion program)."*

> *"IDHS funded programs that support behavioral health training and credentialing and regularly review and modify credentialing, education, and training requirements."*

> *"Community colleges and universities in Illinois are expanding behavioral health education offerings, including certificates, degree programs, and continuing education opportunities."*

Appendix C: Summary Index of Findings

Internal Strengths

We heard across multiple stakeholder groups a belief that:

1. The BHWC has dedicated, experienced, and diverse staff who are effective in setting the groundwork and vision to accomplish long-term solutions.
2. The BHWC 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 BHWC is intentional about (1) gatheringand using data and (2) involving stakeholders to support the center's specific activities to date.
4. The BHWC is effective at executing their current work, including successfully launching digital platforms and tools for communication, creating the BHWC job board, and developing training programs.

"The BHWC has strong connections to advisory committees and BH providers and the staff have strong and varied BH backgrounds/experiences."

"Good internal leadership who understand the 'political' landscape and are effective in setting the groundwork to accomplish long - term solutions."

"Established strong research frameworks, gathered data on biggest pain points of the BX health workforce."

"We have established strong conduits for provider and agency leadership voice in determining our priorities, with strong participation in our advisory committees."

"The BHWC hosts free trainings on their website as well as created a supervision training series with direct support from BH professionals in the field."

Appendix C: Summary Index of Findings

Internal Weaknesses

We heard across multiple stakeholder groups a belief that:

1. The current structure and capacity of the BHWC 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 BHWC, including the use of data to inform policy changes.
3. There is no standard practice in measuring the progress and impact of the center, making it difficult to evaluate the outcomes of the work.

"Competing interests and bureaucracy from state agencies and other stakeholders can lead to issues addressing the problems that may more broadly affect the workforce challenges by chasing specific targets/goals."

"Reporting challenges —how to measure the progress and impact of the center, does the executive committee know understand what we are working on? We do a lot of things and it is hard to know how to report what we are doing. We should have a standard document but we often rotate practices."

"[An optimized BH workforce is] more complex than the current iteration of BHWC will be able to tackle."

"I believe while well - intentioned, the actions seem to be mired in the theoretical. There needs to be real world application and systems created, implemented, and measured for improvement."

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Roadblocks Themes

Funding (for providers)

1. Funding is unstable and inflexible.
2. Low wages and cost of tuition are leading people to go into private practice or leave the field.
3. There are disparities in reimbursement rates and low reimbursement rates in general.

Preparation and Pathways

1. Training deficits including a lack of clinical placements and hands-on experience with evidence-based strategies hinder the development of a robust and skilled behavioral health workforce.
2. There are not enough paid internship opportunities.
3. There are not clear advancement paths or opportunities.

Access

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

Capacity

1. The licensure and verification processes are cumbersome for the BH workforce.
2. Administrative burden is a barrier to service delivery and efficiency.
3. There is burnout among professionals which has been perpetuated by the COVID-19 pandemic which also increased the demand of behavioral health services.

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Levers BHWC can consider for action planning

1. **Goal Alignment** : Ensure all stakeholders are aligned towards same North Star and prioritizing same 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 who 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.