1. **Require IDFPR to grant exam accommodations for people whose first language is not English and for people with disabilities.** Under the proposal, IDFPR will be required to ensure accommodations are available when entering into contracts with the relevant testing authorities. These accommodations will include giving students extra time on the exam and allowing ESL students to use a word-to-word dictionary to translate words. These accommodations may look slightly different for each profession because the major clinical professions have different options provided by the respective national accreditation board. No matter their form, however, these provisions are intended to ensure that every student, regardless of their proficiency in English or disability status, can successfully complete the licensing exam to become a behavioral health professional.

2. **Prohibit licensing boards from disciplining anyone based solely on an immigration violation.** United States Citizenship and Immigration Services (USCIS) faces substantial delays in issuing, renewing, and converting immigration applications. The vast majority of applications take well over a year to adjudicate, and there are situations where individuals face a lapse in status due to administrative delays through no fault of their own. Immigration violations are non-criminal violations, and no one should face professional discipline in addition to uncertainty about their immigration status.

3. **Clarify that an Individual Taxpayer Identification Number (ITIN) can be submitted in lieu of the Social Security Number (SSN) on social worker, counselor, and marriage and family therapist applications.** This is a clean-up provision intended to clarify current law. [P.A. 100-1078](https://www.ilga.gov/Bill_Status/Details/910/p100-1078) allowed the Department of Financial and Professional Regulation to accept an ITIN in place of the SSN, but the individual licensing statutes have not been updated to reflect this option. This means students who review the laws before becoming counselors, social workers, and marriage and family therapists might be unaware that they don’t need an SSN to get a license.

4. **Add language prohibiting immigration status discrimination to the individual licensing statutes.** Like above, this provision is a clean-up provision intended to clarify current law. Immigration status discrimination is already prohibited under [P.A. 100-1078](https://www.ilga.gov/Bill_Status/Details/910/p100-1078), but this language has not been added to the individual licensing statutes. By adding this language, interested individuals can have a clearer picture of their rights when reviewing the licensing statute of their chosen profession.
FACT SHEET

1. More than one-in-five Illinois households (23.2%) primarily speak a language other than English at home. The most common non-English languages spoken in Illinois are Spanish (1,627,789 or 13.5% of households), Polish (174,381 or 1.44% of households), and dialects of Chinese (including Mandarin and Cantonese at 105,919 or 0.877% of households).

2. An estimated 1.8 million people, or 14.1% of Illinois residents, were born outside the country. These individuals are more likely to face issues of discrimination, racism, and xenophobia, all of which are social determinants of health and can lead to negative behavioral health outcomes. Additionally, this population is likely to be uniquely traumatized due to sociopolitical turmoil in specific parts of the world, uncertainty about immigration status, and grief over family and homeland separation.

3. Illinois has a particularly high population of international students. Illinois has the fifth highest number of international students in the country, with over 55,000 students traveling to Illinois for its educational and vocational opportunities. In 2022, the University of Illinois system announced a record 11,548 international students enrolled in their programs. Additionally, with the recent influx of migrant children attending Chicago public schools, Chicago teachers have highlighted the severe need for bilingual social workers and counselors to address the needs of traumatized children.

4. Illinois faces an unprecedented mental health emergency. In 2022, 12.7% of Illinois adults reported 14 or more days of poor mental health per month. Even the needs of children, whose mental health conditions have been declared a national emergency, are unable to be met in Illinois.

5. Drug overdose deaths have reached crisis levels. In 2014, approximately 9.77 people died from drug poisoning per 100,000 people. In 2022, that number has risen to 23.8 people who die per population of 100,000. This represents a 243.6% increase in the number of overdose deaths in the last ten years.

6. The ability to express oneself, particularly when trying to explain emotions or analyze/interpret life events, is crucial to the successful provision of behavioral health services. Studies show that the delivery of services in a client’s language is crucial to the development of trust and the comfort of the client. The American Psychological Association’s official position is that, due to professional ethics and governmental guidelines, behavioral health services “should be provided in the preferred language of clients with limited English proficiency.” Every major behavioral health profession highlights the ethical need for practitioners to enhance cultural sensitivity and competency. However, bilingual clients often opt to receive services in English due to severe availability gaps of services in their language of origin, particularly in rural or underserved areas.

7. The shortage of bilingual therapists prevents communities from adequately addressing issues related to migrant trauma. The lack of bilingual professionals is particularly felt in rural areas. For example, although immigrants account for 7% of the population of McLean County, there are only a handful of clinical professionals who speak Spanish and an even smaller amount who speak other languages. This means clients must rely on translators, which take precious time from the client’s therapy session, or wait months and travel great distances for appointments with local bilingual therapists.
SOURCES

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