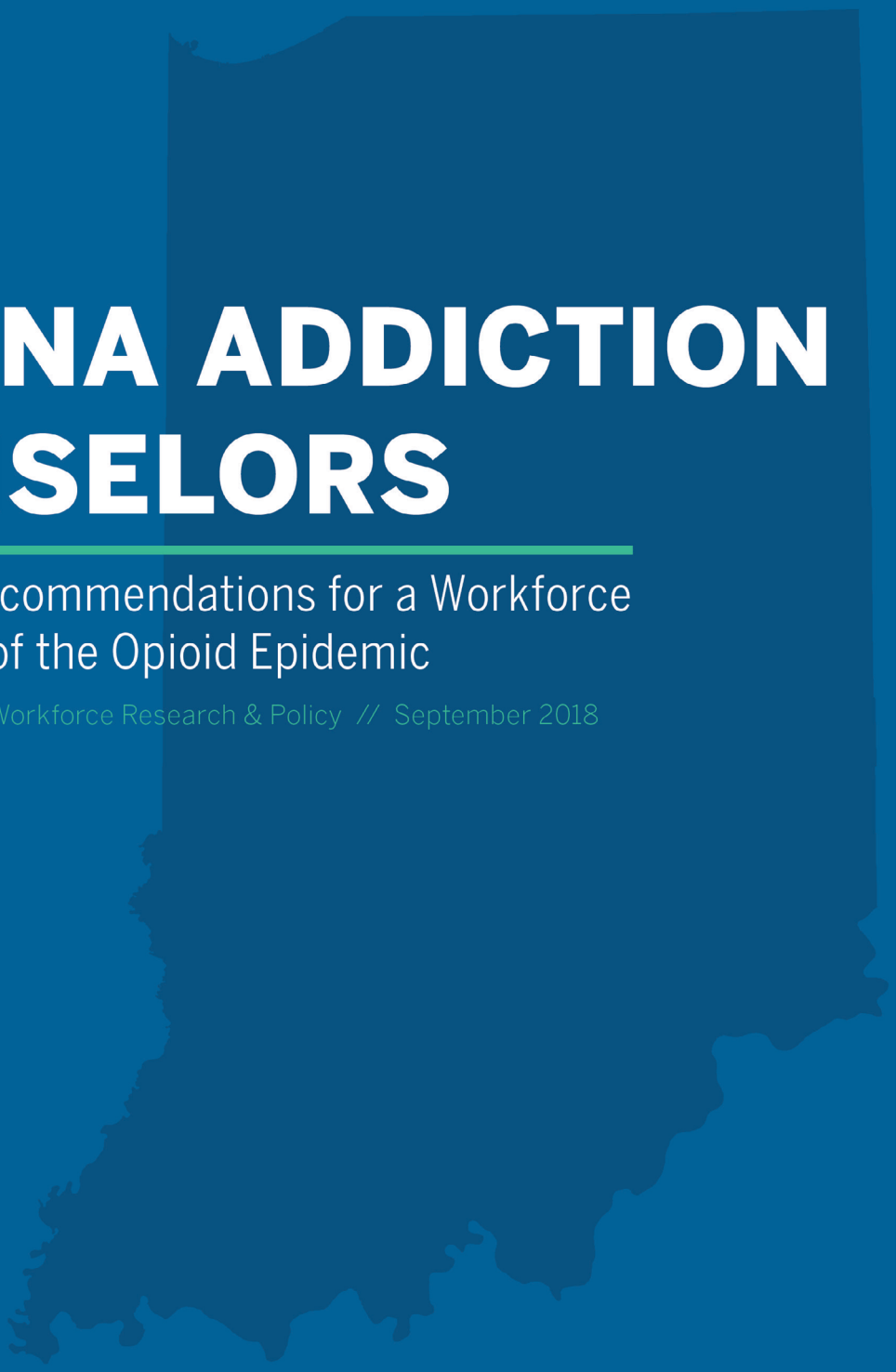
INDIANA ADDICTION COUNSELORS

A Review and Recommendations for a Workforce at the Frontline of the Opioid Epidemic

Bowen Center for Health Workforce Research & Policy // September 2018



SCHOOL OF MEDICINE
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WORKFORCE RESEARCH & POLICY

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RECOMMENDATIONS

SUMMARY

The following recommendations for Indiana's Addiction Counselor Workforce were generated as a result of findings within this report, including: review and analysis of licensure data, state statute & rules, a literature review on occupational regulation, stakeholder engagement, and national environmental scan. Recommendations represent the synthesis of the information presented throughout the report.

VALUES

Additional research is recommended to further inform policy initiatives in this area; however, it is recommended that the following **values** be considered alongside any policy initiatives:

- All Hoosiers should have access to **high quality addiction counseling services.**
- **Occupational regulation** for addiction counseling should **balance the safeguarding of public safety with individual economic opportunity.**[1]
- **Government initiatives** relating to addiction counseling services must be **aligned** in order to best meet the needs of Hoosiers and enhance government efficiency.
- **Stakeholder engagement is critical** to the development and implementation of effective workforce policy (including but not limited to: patient/consumer, government, employers, healthcare payers, educators, professional associations, and employed individuals).

RECOMMENDATIONS

RECOMMENDATION #1

Implement tiered reimbursement structure within Indiana Health Coverage Programs for addiction counseling services such that rates are associated with various credentials (from peer recovery specialists to doctoral trained providers) in order to enhance the delivery of addiction counseling and related supportive services in Indiana communities

RECOMMENDATION #2

SkillUP the current workforce through enhancing accessibility of training, education, and credentialing programs that support Indiana's all-hands-on-deck-approach to tackling the opioid epidemic (including: 1. training required to provide medication assisted treatment and 2. training to enhance delivery of addiction counseling and supportive services).

RECOMMENDATION #3

Consider deferring occupational regulation of Licensed Addiction Counselor (LAC) from a state license to state-approved certification(s) as an appropriate regulatory mechanism for an occupation that operates in an environment with multiple levels of existing regulation (occupational certification/licensing, supervisor licensing, and facility regulation/license).

RECOMMENDATION #4

Explore re-design of occupational regulation as related to clinical counseling professionals, including clinical addiction counselors, in order to streamline regulatory processes and support mental/behavioral health service integration.

POTENTIAL OUTCOMES

STATE OF INDIANA

Reimbursement mechanism that aligns with ensuring the right care at the right time in the right places by the right person.

CLINICAL COUNSELOR WORKFORCE AND BHHS BOARD

Decreasing costs and administrative burden associated with multiple, overlapping BHHS licenses.

ADDICTION COUNSELORS

Appropriate credentials and sustainable reimbursement support enhanced marketability and employability.

EMPLOYERS

Sustainable reimbursement that supports flexibility and enables better alignment between employment and community health care needs.

Rationale and considerations for each recommendation are provided on the following pages.

1. M Kleiner. Reforming Occupational Licensing Policies. 2015. Available at: https://www.brookings.edu/wp-content/uploads/2016/06/THP_KleinerDiscPaper_final.pdf

RECOMMENDATION 1

Implement tiered reimbursement structure within Indiana Health Coverage Programs for addiction counseling services such that rates are associated with various credentials (from peer recovery specialists to doctoral trained providers) in order to enhance the delivery of addiction counseling and related supportive services in Indiana communities

RATIONALE

- Reimbursement is critical to sustainability of service delivery and likely associated with employment decisions/ employability.

- Indiana Health Coverage Programs offers reimbursement for addiction counseling services delivered by selected providers and in selected settings, but there is not currently a tiered strategy which provides reimbursement for (varying levels) certified individuals

- Recent studies suggest the efficacy of peer recovery workers and other certified individuals in supporting recovery from substance use disorders.[2]

IMPLEMENTATION CONSIDERATIONS

- Review models from other states that have implemented a tiered rate structure (ex: Ohio Behavioral Health Redesign Project)

- Identify and convene appropriate stakeholders to align tiered reimbursement strategy across all relevant perspectives (including: Office of Medicaid Policy & Planning, Division of Mental Health and Addiction, and employer forum including Community Mental Health Centers, Opioid Treatment Programs, Acute Care Facilities, Outpatient Facilities, etc.).

- Generate reimbursement tiers for addiction counseling and related supportive services that account for varying levels of credentials (ex: CADAC II, CADAC IV, ICAC II, etc.) to be considered for state plan amendment.

RECOMMENDATION 2

SkillUP existing workforce by enhancing accessibility of appropriate training, education, and credentialing programs to increase capacity for treatment response to the opioid epidemic in Indiana in two interconnected areas: Medication-Assisted Treatment (MAT) and Addiction Counseling.

RATIONALE

- The opioid epidemic requires an "all-hands-on-deck" approach to support prevention, treatment, and rehabilitation for citizens battling related addictive disorders.

- Effectively supporting recovery requires that all members of the health workforce work in concert to facilitate the appropriate level of "core" addiction treatment services as well as critical wraparound services.[3] "Some of the boundaries that have traditionally separated specialty addictions and generalist medicine need to become substantially more porous in order to permit the development of strong workforces and truly responsive care systems."[4]

- MAT is defined as "the use of FDA- approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders."[5]

- The two critical components of successful MAT are: 1.) medication prescribing and dispensing and 2.) addiction counseling.

  - Medication prescribing and dispensing: In order to prescribe or dispense buprenorphine (one of the most commonly used medications in MAT), prescribers must complete an eight-hour training and apply for a waiver.

2. Substance Abuse and Mental Health Services Administration. Peers Supporting Recovery from Substance Use Disorders. Available from: https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-substance-use-disorders-2017.pdf

3. Etheridge RM, Hubbard RL. Conceptualizing and assessing treatment structure and process in community-based drug dependency treatment programs. Substance Use & Misuse. 2000 Jan 1; 35(12-14):1757-95.

4. Substance Abuse and Mental Health Services Administration. Report to Congress: Addictions Treatment Workforce Development. Available from: https://www.samhsa.gov/sites/default/files/partnersforrecovery/docs/Report_to_Congress.pdf

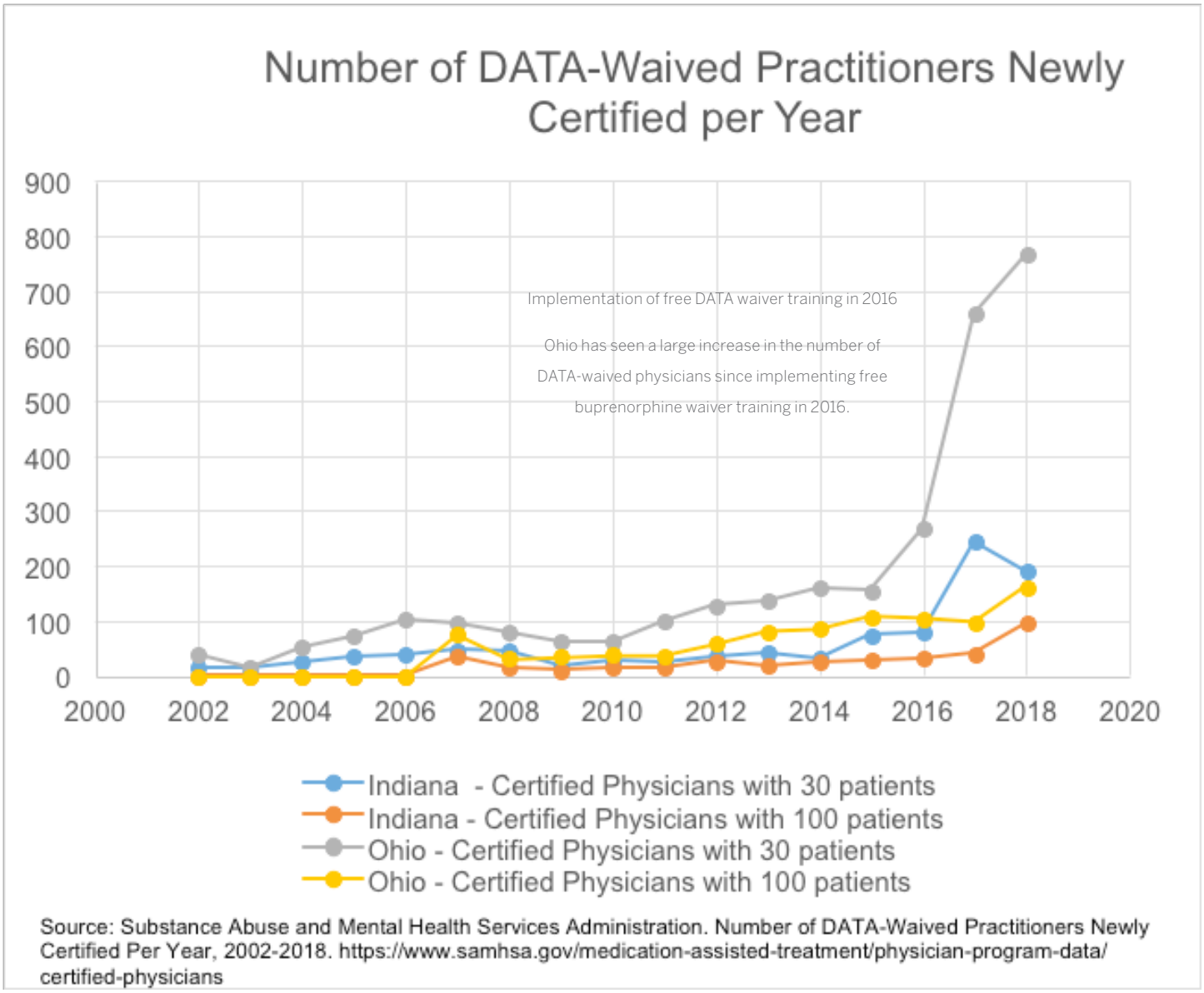
5. Substance Abuse and Mental Health Services Administration. Medication-Assisted Treatment. Available from: https://www.samhsa.gov/medication-assisted-treatment

The training is currently available online through a number of sources (as an example, the American Society of Addiction Medicine offers the training for $199 per person). [6]

- **Addiction counseling:** Under federal law, MAT patients must receive substance abuse (addiction) counseling.[7] Counseling can be provided in a variety of formats and at various levels (inpatient, intensive outpatient, group counseling, recovery support services, etc.). Enhancing the capacity for professionals to provide these counseling services is a key strategy to enhancing efficacy of MAT.

6. https://www.asam.org/education/live-online-cme/waiver-training

7. 42 CFR §8.12 (f)(5)



Source: Substance Abuse and Mental Health Services Administration. Number of DATA-Waived Practitioners Newly Certified Per Year, 2002-2018. https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/certified-physicians

IMPLEMENTATION CONSIDERATIONS:

Enhancing accessibility of training, education, and credentialing for medication prescribing and dispensing:

- Incentivize appropriate prescribers to become qualified to offer MAT (and buprenorphine management) by providing no-cost training opportunities for the DATA 2000 Waiver.

- Identify funding sources to cover cost of training and, in addition, consider reimbursing providers for time spent in training (similar to model implemented in Ohio[8]).

- Enhancing accessibility of appropriate training, education, and credentialing for addiction counseling:

  - Implement a coordinated approach to 1) identify existing and/or 2) consider development of appropriate addiction counseling training, education, and credentialing programs for professionals at varying levels (i.e. individuals with lived experience, associate degree in behavioral health field, nursing, social work, physicians [generalists and non-behavioral specialists], etc.)

  - Consider leveraging federal funding to cover the costs of addiction counseling training to "SkillUP" individuals/professionals currently authorized to provide addiction counseling services (p. 24 of the report).

RECOMMENDATION 3

Consider deferring occupational regulation of Licensed Addiction Counselor (LAC) from a state license to state-approved certification(s) as an appropriate regulatory mechanism for an occupation that operates in an environment with multiple levels of existing regulation (occupational certification/licensing, supervisor licensing, and facility regulation/license).

RATIONALE

- State-recognized certifications for addiction counseling exist (and are approved by the Division of Mental Health and Addiction). These include, in addition to the LAC:

  - Indiana Credentialing Association on Alcohol & Drug Abuse (ICAADA),

  - Indiana Association for Addiction Professionals (IAAP),

  - Indiana Addictions Issues Coalition (IAIC),

  - National Association for Alcoholism and Drug Abuse Counselors (NAADAC), and

  - International Certification & Reciprocity Consortium (IC&RC).

- The LAC is similar in education, experience, and examination requirements to levels of counselors recognized by state certifications (including but not limited to 1. Advanced-level Certified Alcohol and Drug Abuse Counselor [CADAC II] through ICAADA, and 2. Indiana Certified Addiction Counselor Level II [ICAC II] through IAAP).

- State-approved addiction counseling certifications can align with federal requirements for Opioid Treatment Programs staff credentialing.[9]

- Addiction counselor licenses in the state of Indiana offer title protection but do not afford these licensees with scope of practice protection.[10]

Currently, individuals holding state recognized addiction counseling certifications are prohibited from calling themselves addiction counselors unless they concurrently hold an LAC or LCAC. Therefore, while they are trained and legally permitted to provide the same services they are unable to be dually recognized.

8. Data 2000 Prescriber Training for Medication-Assisted Treatment. Available from: https://workforce.mha.ohio.gov/Workforce-Development/Health-Professionals/Cures-Act-Prescriber-MAT-Training

9. Substance Abuse and Mental Health Services Administration. 2015. Federal Guidelines For Opioid Treatment Programs. Available from: https://store.samhsa.gov/shin/content/PEP15-FEDGUIDEOTP/PEP15-FEDGUIDEOTP.pdf

10. Title protection for LAC/LCAC per IC 25-23.6-10.1-1. Practice of addiction counseling (described in IC 25-23.6-1-5.7) and clinical addiction counseling (described in IC 25-23.6-1-5.9) also offered to other license types (per IC 25-23.6-10.1-2) and other individuals/settings (per IC 25-23.6-10.1-3).

IMPLEMENTATION CONSIDERATIONS

- Identify and/or designate state-approved credentialing entity(ies) for addiction counseling services that satisfies public safety and health service quality requirements.

- The Division of Mental Health and Addiction may convene appropriate entities to develop oversight strategies for state-approved certifications, including provisions for disciplinary actions.

- Identify and/or create a state registry of individuals satisfying state-approved addiction counseling certifications.

- Align state-approved certifications with reimbursement reforms to ensure sustainability/employability.

RECOMMENDATION 4

Explore re-design of occupational regulation as related to clinical counseling professionals, including clinical addiction counselors, in order to streamline regulatory processes and support mental/behavioral health service integration.

RATIONALE

- Substance use disorder, commonly referred to as addiction, is classified as a mental disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).[11] Therefore, clinical counseling services focused on substance use disorder/addiction (addiction counseling) may be considered a specialized form of clinical counseling.

- In other state-regulated occupations, specialty is not regulated as a separate and unique occupation. For example, Indiana physicians hold a medical license and their specialty certification is administered by a national credentialing body.

- While other professionals regulated by the Behavioral Health and Human Services (BHHS) Board are able to provide clinical addiction counseling services as a part of their scope of practice, individuals who hold the LCAC are unable to serve as substitutes for the broader scope of clinical counseling services afforded to these other professionals,[2] potentially impacting employability of LCACs.

- The LCAC and other behavioral health and human services professions in Indiana that provide clinical counseling services (ex: psychotherapeutic services and psychosocial evaluations using classifications from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders/DSM) have similar education and experience requirements.

- The majority of individuals that hold an LCAC also hold other BHHS-licenses with similar education, experience, and practice (per Table 1).

- Maintaining separate licenses for clinical counselors based on specialty propagate siloes in behavioral health and addiction services.

- Streamline licensing of professionals that provide clinical counseling services (potentially a "Licensed Clinical Professional Counselor/LCPC") would support mental/behavioral health service integration while still affording flexibility for specialties in clinical counseling.

- Onerous for acting and maintaining an awareness of personal and professional limitations within ones training is the ethical responsibility of a licensed professional.

IMPLEMENTATION CONSIDERATIONS:

- A summer study committee could be established to explore potential redesign of occupational regulation for behavioral health and human services professions that provide clinical counseling services.

- Appropriate licensing requirements for a unified clinical counseling license will need to be considered: including, qualifying education program(s), experience requirements, fees, reciprocity, etc.

- Special considerations may need to be made for previously grandfathered individuals (ex: LCAC-holders) to determine appropriate licensing scheme

- Employers may rely on appropriate specialty credentials (such as those offered by affiliated national associations) to inform their employment decisions.

11. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

BACKGROUND

The human and economic costs of the addiction epidemic sweeping our nation and state are high. In 2016, the average rate of deaths attributable to opioid use was 19.7 per 100,000 nationally and 11.8 per 100,000 in Indiana.[12] Although Indiana's death rate due to opioid use falls below the national average, the rate of non-fatal emergency department visits due to opioid overdose in Indiana far out paces the national averages. Nationally, the rate of non-fatal emergency department (ED) visits due to any opioid overdose is 28.4 per 100,000 persons. Indiana's rate is more than quadruple the national average with 125.1 visits per 100,000. High rates of ED visits suggest that the Indiana residents are struggling with addiction and access to addiction services. Contributing to the opioid epidemic is the rate of opioid prescriptions per person. In 2016, the Centers for Disease Control and Prevention reported the overall opioid prescribing rate in the United States at 66.5 prescriptions per 100 people. Indiana outpaced the national average with 84 prescriptions per 100 people.[13] In addition to negative health impacts, Indiana has experienced economic burden related to the opioid epidemic as well, with an estimated annual loss of $1.5 billion.[14]

Attacking the drug epidemic is one of five strategic priorities in Governor Eric Holcomb's NextLevel Indiana initiative. NextLevel Recovery is a multipronged approach aimed at attacking the epidemic on multiple fronts with response in prevention, treatment, enforcement.[15] While each area of response is critical to supporting and securing public health and safeguarding Indiana's future, ensuring availability of treatment for people struggling with addiction/substance use disorder is perhaps the most acute issue at this time. Medication-assisted treatment, or MAT, is considered a best practice and is a key strategy in the NextLevel Recovery initiative.[16] Enhancing the number of providers with a Drug Addiction Treatment Act of 2000 (also known as DATA 2000) waiver is a strategy to enhance access to MAT.

Addiction counseling services are a critical component of successful MAT. Understanding characteristics of Indiana's workforce that provides addiction counseling services is critical to ensuring an adequate treatment response.

Addictive/substance use disorders are classified as mental health disorders in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).[17] Therefore, counseling services focused on changing substance use or addictive behavior may be considered a specialized form of counseling. A number of health professions/occupations are involved in providing addiction counseling, and in fact, are authorized to provide such services under Indiana State code. This report includes a detailed analysis of Licensed Addiction Counselors (LAC) and Clinical Addiction Counselor (LCAC) in Indiana for the purpose of informing workforce initiatives related to NextLevel Recovery.

IN THIS REPORT

The current document offers:

- A comparison of the federal definition of addiction counselors to Indiana's,
- An exploration of factors affecting the supply of LACs and LCACs,
- An analysis of Indiana policies related to LACs and LCACs, and
- Proposed areas for consideration and/or additional research.

12. Stats Explorer. Epidemiology Resource Center; Indiana State Department of Health. (2016). County Opioid Profile. Deaths from Drug Poisoning Involving any Opioid; Indiana State Department of Health. (2016). County Opioid Profile. Non-Fatal Emergency Department Visits due to Any Opioid Overdose. https://gis.in.gov/apps/isdh/meta/stats_layers.htm
13. Based on data maintained and reported by the Indiana Management and Performance Hub. Available at: https://www.in.gov/mph/930.htm
14. Indiana Business Research Center, Indiana Business Review, Winter 2017 (Volume 92, No. 4) available at: http://www.ibrc.indiana.edu/ibr/2017/outlook/opioid.html
15. https://www.in.gov/recovery/1041.htm
16. Strategic Approach to Addressing Substance Abuse in Indiana. Available from: https://www.in.gov/gov/files/A%20Strategic%20Approach%20to%20Addressing%20Substance%20Abuse%20in%20Indiana.pdf
17. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

DEFINING ADDICTION COUNSELORS

WHO ARE WE TALKING ABOUT?

The United States Department of Labor (DOL) Bureau of Labor Statistics (BLS) classifies Addiction Counselors as Substance Abuse, Behavioral Disorder, and Mental Health Counselors (occupation code 21-1011).[18] The BLS reports the primary role of this occupation is to provide treatment and support to help clients recover from addiction or modify problem behaviors. Educational requirements vary by state and employer from high school diploma and certification to master's degree, but most counselor positions require at least a bachelor's degree. Licensing requirements also vary by state and setting. Not surprisingly, this occupation is projected to experience substantial growth (+23%) at the national level between 2016 and 2026.

Whereas the BLS groups Addiction Counselors and Mental Health Counselors together in one occupational category, Indiana licenses LAC and LCAC separately from Licensed Mental Health Counselors (LMHC).[19] Educational requirements for addiction counselors include, but are not limited to, a bachelor's degree for the LAC and master's degree for the LCAC (in addiction counseling or related area, as defined in Indiana code).[20],[21] Both LACs and LCACs have experience requirements that are also outlined in code.

The bottom line: How you define a workforce matters. Nationally, addiction counselors may include individuals with diverse education, experience, and credentials (from high school graduates with relevant addiction experience to doctorally-trained professionals). In Indiana, addiction counselors are required to have completed specific education and experience (at minimum a bachelor's degree) and be licensed in order to use the title "addiction counselor."

CONSIDERATION

Currently, state-approved certifications and credentials for addiction counseling (apart from the license for LAC and LCAC) are available through various credentialing bodies (such as Indiana Credentialing Association on Alcohol and Drug Abuse (ICAADA), Indiana Association for Addiction Professionals (IAAP), Indiana Addictions Issues Coalition (IAIC), National Association for Alcoholism and Drug Abuse Counselors (NAADAC), International Certification & Reciprocity Consortium (IC&RC), etc.). Individuals who are certified by credentialing bodies approved by the Division of Mental Health and Addiction may also provide addiction counseling services but are prohibited from using the title "Addiction Counselor" unless they hold the LAC/LCAC. Additional research is needed to obtain employer perspective on skill and quality associated with various credentialing mechanisms for addiction counseling.

INDIANA ADDICTION COUNSELOR SUPPLY

MEASUREMENT MATTERS

The 2016 BLS Occupational Employment Statistics (OES)22 employment estimate for Addiction Counselors in Indiana was 900.23 During the same timeframe, Indiana had 1,594 individuals licensed as either LACs or LCACs (258 LACs and 1,336 LCACs).24 There are a number of potential reasons for the discrepancy between the BLS estimate and the total license count:

18. Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, Substance Abuse, Behavioral Disorder, and Mental Health Counselors, on the Internet at https://www.bls.gov/ooh/community-and-social-service/substance-abuse-behavioral-disorder-and-mental-health-counselors.htm (visited June 01, 2018).
19. https://www.in.gov/pla/files/2014_Behavioral_Health_and_Human_Services_Licensing_Board(1).pdf
20. 839 IAC 1-5.5-1 Educational requirements for addiction counselors
21. 839 IAC 1-5.5-3 Educational requirements for clinical addiction counselors
22. OES estimates are based on data collected through mail survey administered to establishments (employers) identified by State Workforce Agencies (SWA). The collected data are used to produce occupational estimates at the National, State, and sub-State levels. Information obtained at: https://www.bls.gov/oes/oes_ques.htm#overview
23. https://www.bls.gov/oes/2016/may/oes_in.htm#otherlinks
24. https://scholarworks.iupui.edu/handle/1805/13295

- Discrepancy in terminology between addiction counselors at the national and state levels,
- BLS estimates are based on data gathered through employer surveys and are subject to associated biases, potentially resulting in an underestimate of the true supply; and,
- Licensed individuals may or may not be employed in the field associated with their credential.

Regardless of discrepancies in reporting, license data provide the most complete "picture" of the supply of LACs and LCACs in Indiana.

Indiana LACs and LCACs are regulated by the Behavioral Health and Human Services (BHHS) Board at the Indiana Professional Licensing Agency (PLA). Behavioral health licenses are administered on a rolling basis and renewed each biennium (generally February 1st through April 1st during even years). As part of a statewide initiative to enhance the availability of data to inform health workforce policy, surveys collecting information on selected demographic and practice characteristics are administered to licensees in conjunction with their biennial renewal. These data are reported as part of a biennial report on Indiana's Behavioral Health Workforce. As such, Indiana is strategically positioned to have a complete picture of the Addiction Counselor workforce beginning in 2020.[25]

The bottom-line: How you measure workforce supply matters. Employer surveys are frequently used as a source of supply information for occupations. As a sector, health care includes a number of professionals that may be self-employed or contracted. These individuals may not be reported in employer surveys. Therefore, among licensed occupations, licensing information offers the best source of workforce supply information.

CONSIDERATION

Administering surveys in conjunction with license renewal is a best practice for collecting and maintaining supply data on licensed health occupations. This best practice ensures information availability and supports cross-sector collaboration between health, workforce and regulatory agencies at the state level.

CURRENT INDIANA WORKFORCE SUPPLY

In 2016, 258 LAC and 1,336 LCAC licenses were renewed/issued with the BHHS Board. Of these, 111 (43%) LACs and 497 (37%) LCACs had an active license, completed their renewal online, reported actively practicing in Indiana, and reported the number of hours they provide patient care (where 1.0 Full Time Equivalent is 40 hours per week). [26] Figure 1 presents the distribution of total licenses relative to LAC/LCAC survey respondents and full time equivalency (FTE) to show the magnitude of differences between licenses and self-reported workforce supply.

There are a number of factors that potentially contribute to the difference between count of licenses and (self-reported) supply of practicing professions: 1) the elective nature of the license renewal survey and 2) addiction counselors with multiple behavioral health licenses practicing under another license.

LICENSE RENEWAL SURVEYS

Bottom line: License renewal surveys provide a strategic opportunity to gather information on an occupation; however, non-response to elective (not required) surveys threatens the quality of data.

CONSIDERATION

Until recently, license renewal surveys in Indiana were voluntary, meaning a LAC/LCAC or other licensed health professional could elect to either complete or not complete the survey. Senate Enrolled Act 223,[27] from the 2018 legislative session, requires that licensees from selected occupations provide certain information on the license survey beginning in 2019.

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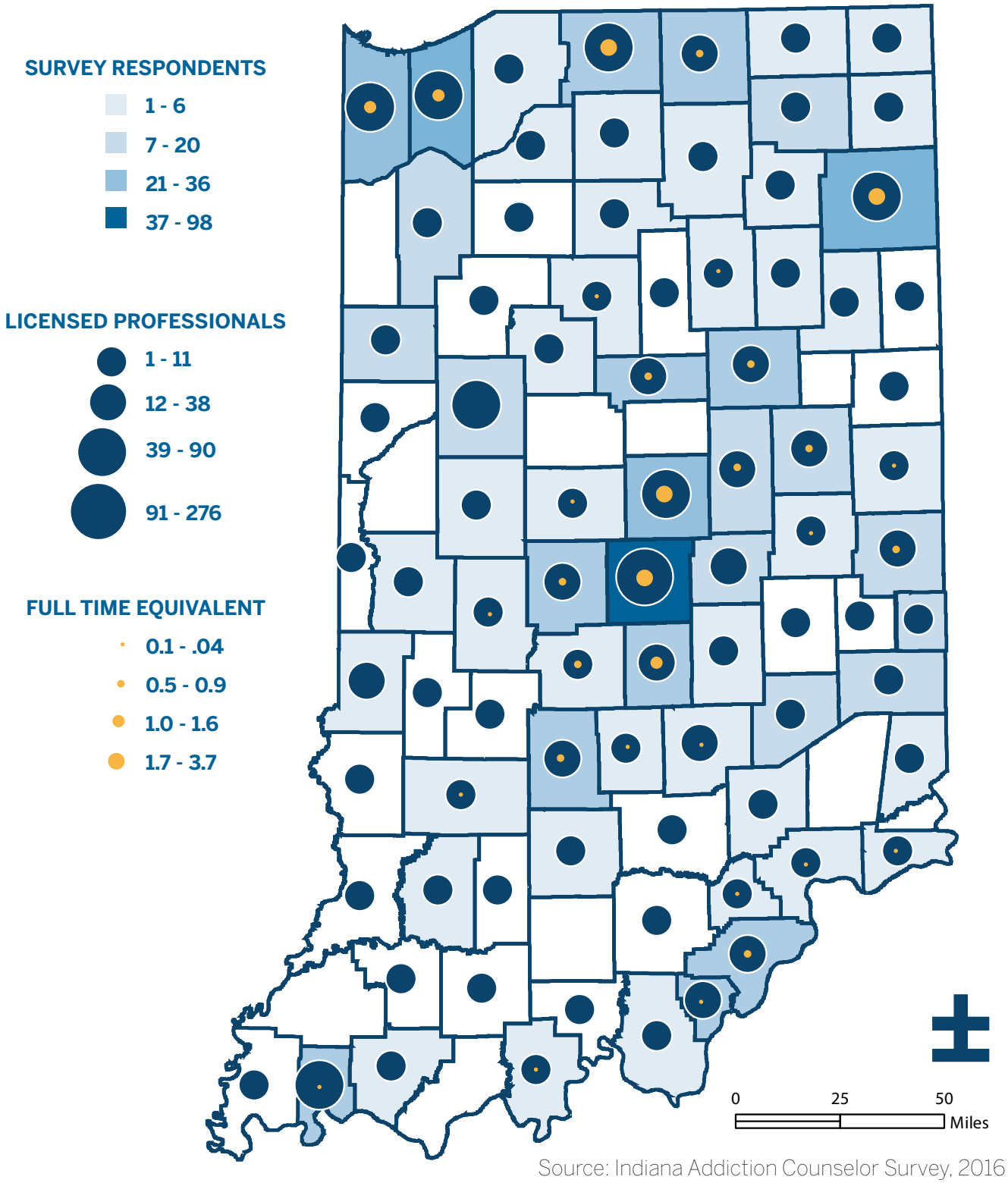
26. Complete information on addiction counselor and clinical addiction counselor license renewals and survey completion rates can be found in the 2016 Indiana Mental Health Workforce Data Report available for download at: https://scholarworks.iupui.edu/handle/1805/13295

27. http://iga.in.gov/legislative/2018/bills/senate/223

INDIANA ADDICTION COUNSELOR WORKFORCE



Source: Indiana Addiction Counselor Survey, 2016

THE ISSUE OF MULTIPLE LICENSES

Professionals licensed by the BHHS Board renew all of their licenses during the same period: generally February 1- April 1 of even years. A large number of counselors hold multiple licenses with the BHHS Board. For example, one person may hold a license as both a LCAC and Licensed Clinical Social Worker (LCSW). The issue of an individual holding multiple licenses with a specific board is largely unique to behavioral health occupations. (There are a few instances where individuals hold multiple licenses when they are associated with occupational pathway. Example: Dental Hygiene and Dentist licenses.) The majority (79%) of individuals that hold an LCAC also hold other licenses regulated by the BHHS board. The issue of multiple licenses has (potentially) important implications for addiction counselor supply in Indiana.

Addiction Counselor and Clinical Addiction Counselors licenses were initially codified in Indiana in 2009. Up until July 1, 2011, Indiana offered "Grandfathering" provisions for individuals with certain education or experience to obtain the LAC or LCAC.[28] Table 1 presents a summary of multiple licenses held by LAC and LCACs.

TABLE 1: FREQUENCY OF MULTIPLE BEHAVIORAL HEALTH LICENSES AMONG LACS AND LCACS

Total Count of Behavioral Health Licenses	LAC		LCAC	
	N	%	N	%
1 license	155	60%	279	21%
2 licenses	95	37%	925	69%
3 licenses	7	3%	111	8%
4 licenses	1	0%	21	2%
Total	258	100%	1336	100%

EXPLORING OTHER BEHAVIORAL HEALTH LICENSES

An examination of which other behavioral health licenses are most common among LACs and LCACs provides insight into the characteristics and diverse skillset of Indiana's Addiction Counselor workforce. Of the LACs and LCACs that hold multiple licenses, the most common other license was Licensed Clinical Social Worker (LCSW). Mental Health Counselor (MHC) was the second most common license.

TABLE 2: MOST COMMON BEHAVIORAL HEALTH LICENSES AMONG LACS AND LCACS WITH MULTIPLE LICENSES

	Social Worker (LSW)	Clinical Social Worker (LCSW)	Mental Health Counselor (LMHC, including Associate)	Marriage Family Therapist (LMFT, including Associate)
LACs	19	45	32	16
LCACs	56	647	370	140

TIMING OF LICENSE ISSUANCE

The timing of issuance of license(s) for Addiction Counselors provides insight into the order in which they obtained their professional credentials. When exploring the timing of licensing issuance across individuals with multiple licenses, we found that the majority of individuals initially obtained their LCAC at least one year after having initially obtained their other behavioral health license(s). However, this was not the case among LACs. The majority of LACs obtained their LAC license before obtaining any other license. (Table 3 presents the timing of issuance for LACs and LCACs.)

TABLE 3: TIMING OF LICENSE ISSUANCE AMONG ADDICTION COUNSELORS WITH MULTIPLE LICENSES: WHICH LICENSE DID THEY RECEIVE FIRST?

	Addiction Counselors (LAC)	Clinical Addiction Counselor (LCAC)
License Issued First	N	N
Addiction Counselor (LAC/LCAC)	165	376
Other BHHS License (LSW/LCSW/LMHC/LMFT)	76	905
Both Addiction license and Other BHHS license were issued within the same year	17	54

28. Grandfathering provisions for LAC and LCAC are found in archived Indiana code from 2009 and available at: https://iga.in.gov/legislative/laws/acts/2009

ACTIVELY WORKING UNDER OTHER LICENSES

The issue of multiple licenses likely contributes to survey non-response among selected BHHS-licensees. License renewal surveys are administered separately for each BHHS license at time of license renewal. This means that an individual with multiple licenses has the opportunity to complete the survey and report the practice characteristics associated with each license they hold. Holding a professional license does not necessarily mean an individual is employed in a position requiring that license. Many non-respondents to the license renewal survey for LAC and LCAC hold other active licenses with the BHHS. Among the LAC and LCACs with multiple licenses, the majority of those that concurrently hold LCSWs and LMHCs licenses reported actively working in counseling when they renewed these licenses.[29] (See Table 4.) Whether these individuals provide addiction services is unknown. What is known is that they hold also licenses (LAC and LCAC) that qualify them to provide addiction services.

TABLE 4: LAC AND LCACS SELF-REPORTING EMPLOYMENT AS LCSW AND LMHC

Addiction License	Licensed Clinical Social Worker (LCSW)		Licensed Mental Health Counselor (LMHC)	
	No	Yes	No	Yes
Addiction Counselor	32%	68%	25%	75%
Clinical Addiction Counselor	29%	71%	24%	76%

Bottom line: The majority of Indiana's Addiction Counselors (LAC and LCAC) hold multiple licenses with the BHHS licensing board. In 2016, there were a significant number of LACs and LCACs that either did not respond to the license renewal survey or responded that they were not working as an addiction counselor. Multiple licenses was identified as a potential contributor to LAC and LCAC either not responding to the survey or reporting not actively working. For individuals with multiple licenses, specific contributions under each license type is not currently quantifiable. To address this issue, a new question has been added to the BHHS license renewal survey to better understand the contributions of individuals with multiple licenses.[30]

CONSIDERATION

Additional research is needed to determine the extent to which license count is an accurate estimate of behavioral health workforce capacity.

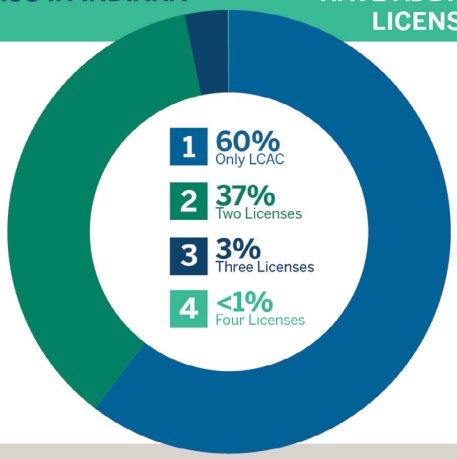
29. Calculated using self-reported information for LAC and LCAS that completed the LCSW and MHC license renewal survey during the 2016 license renewal cycle.

30. BHHS survey available at: https://scholarworks.iupui.edu/handle/1805/16611

LAC
(addiction counselor)

258 LACS IN INDIANA → **103** HAVE ADDITIONAL LICENSES

Prevalence of Multiple Licenses

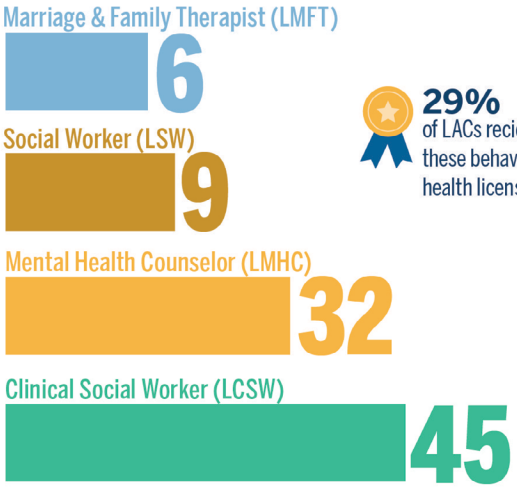


64% of LACs got their LAC first.

7% of LACs got an additional behavioral health license the same year.

HOW MANY OF LACs HAVE ADDITIONAL BEHAVIORAL HEALTH LICENSES?

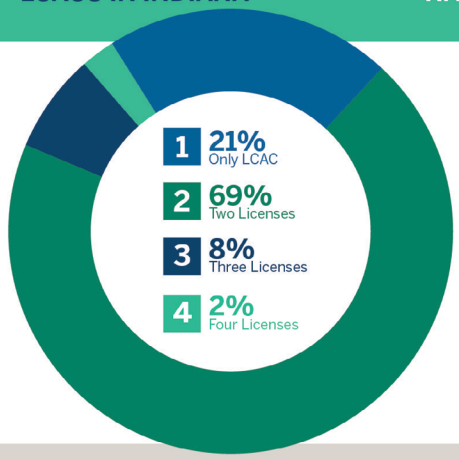
Most Common Additional Licenses



29% of LACs recieved one of these behavioral health licenses first.

LCAC
(clinical addiction counselor)

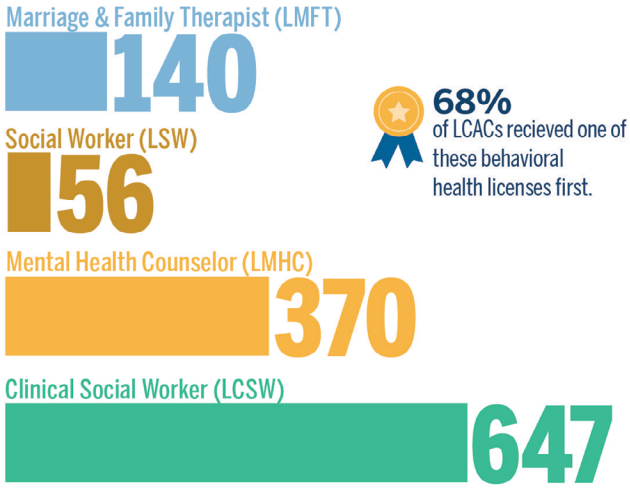
1,336 LCACS IN INDIANA → **1,196** HAVE ADDITIONAL LICENSES



28% of LCACs got their LCAC first.

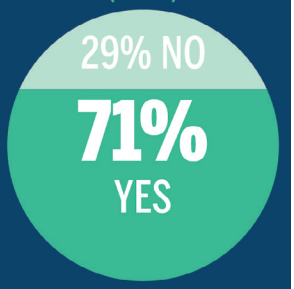
4% of LCACs got an additional behavioral health license the same year.

HOW MANY OF LCACs HAVE ADDITIONAL BEHAVIORAL HEALTH LICENSES?



68% of LCACs recieved one of these behavioral health licenses first.

Self-reporting Employment as LMHC or LCSW



INDIANA ADDICTION COUNSELOR WORKFORCE POLICY

OCCUPATIONAL REGULATION 101

Occupational regulation refers to a regulatory intervention applied to an occupation which balances individual economic opportunity with ensuring public health and safety. The regulation of an occupation can occur through government or non-governmental interventions at varying levels.[31] The regulatory options for an occupation are broad and vary from non-regulation (market competition) to licensure (the most restrictive form of regulation which protects occupational title and scope of practice).

In 1889, the U.S. Supreme Court ruled that it was a within a state's right to regulate health care professionals to ensure the welfare of the people and protect them from impaired or incompetent professionals.[32] Since that time, states have grappled with finding appropriate levels of regulation for occupations that protect "the public's health and safety by increasing the quality of professional's services through mandatory entry requirements, such as education."[33] While occupational regulation occurs in many sectors, health care occupations experience a greater prevalence of certification or licensure as compared to other sectors.[34],[35]

Unfortunately, variations in terminology make defining and comparing regulatory schema within and across states difficult. For the purposes of this report, the following definitions will be utilized to describe varying levels of regulation (Note: only the most frequent regulatory options for health care occupations are described in this report). Additional regulatory options exist and may be found at: http://ij.org/wp-content/uploads/2017/11/Inverted-Pyramid_FINAL_cover.pdf).

LICENSE

A form of **state governmental regulation** that **restricts the title and practice of an occupation** to only those individuals who receive licensure. Licensed individuals are held accountable by a state-appointed regulatory body to meet established standards. **"The main rationales for occupational licensing are to protect the health and safety of consumers and to ensure a sufficiently high level of service quality."**[36] Licensing has been upheld as a mechanism for administering and enforcing standards among the health professionals within a state. Licensing defines the educational and experiential requirements for entry into the profession and outlines the scope of services/practice associated with professional practice.

"Licensure is considered the most appropriate form of regulation when four conditions are present:

- There is sufficient potential harm to the public to justify state restricted entry,
- When practitioners are highly independent and cannot be closely supervised,
- When the scope of practice can be clearly and succinctly defined enough so that its action are easily distinguishable from those of other regulated professions, and
- When the acts constituting the scope of practice are not predominantly functions that are generally considered part of the public domain."[37]

Current examples of Indiana health occupations that fall under this level of regulation: Physicians, nurses, dentists, dental hygienists, etc.

31. Ross JK. (2017). The Inverted Pyramid: 10 Less Restrictive Alternatives to Occupational Licensing
32. Dent v. West Virginia, 129 U.S. 114, 122 (1889).
33. Cox C, Foster S. (1990). The Costs and Benefits of Occupational Regulation. Available at: https://www.ftc.gov/system/files/documents/reports/costs-benefits-occupational-regulation/cox_foster_-_occupational_licensing.pdf
34. Department of Labor, Bureau of Labor Statistics. (2017). Household Data, Annual Averages, Certification and licensing status of the employed by occupation, 2017 annual averages. Available from: https://www.bls.gov/cps/cpsaat53.pdf
35. Note: the Department of Labor defines the categories of "certification" vs. "licensure" as: "Certifications are issued by a non-governmental certification body and convey that an individual has the knowledge or skill to perform a specific job. A license is awarded by a government agency and conveys a legal authority to work in an occupation." per https://www.bls.gov/cps/cpsaat53.pdf
36. Kleiner MK. (2015). Reforming Occupational Licensing Policies. Available at: https://www.brookings.edu/wp-content/uploads/2016/06/THP_KleinerDiscPaper_final.pdf
37. Nebraska Credentialing Review Program. Available at: http://dhhs.ne.gov/publichealth/licensure/documents/LevelsOfStateRegulation.pdf

CERTIFICATION

Certifications are always voluntary and are not required to engage in practice. However, only an individual receiving a certification may use the title of "Certified [occupation title]." Certification is frequently utilized in one of two forms: state certification and industry certification. These certification options are described below:

STATE CERTIFICATION

A form of **state governmental regulation** that **restricts the title of an occupation but not the practice.** State certification is voluntary for individuals to engage in practice associated with this occupation. However, only a state certified practitioner may use the title of "certified" practitioner. This form of regulation is generally appropriate when:31

- There is some level of potential harm to the public (although less serious than the potential harm which results in licensure, as if an individual's state certification is revoked, he/she would not lose practice privileges).
- The employer is able to make an informed choice of employee/provider based on certification status. In general, health sector employers are aware of the value of a state certification and set employment standards based on certain credentials.

Current examples of Indiana health occupations that fall under this level of regulation: Certified Nurse Aides (CNA), Certified Dieticians, etc. For example, in Indiana, an individual is permitted to perform the duties of a nurse aide without certification. However, in order to use the title of "Certified" Nurse Aide, an individual must meet state requirements.

INDUSTRY CERTIFICATION:

A form of **non-governmental** regulation in which a non-governmental entity offers certification based on education, experience, and/or membership. "Industry" certification is a regulatory option where credentials are driven by the skill needs within an industry/group of employers.

Current examples of Indiana health occupations that fall under this level of regulation: Certified Medical Assistants, Certified Phlebotomy Technicians, etc.

NOTE

Industry certifications may be used in combination with another form of regulation, such as the case of physicians in Indiana. While Indiana physicians receive a medical license from the state, they generally also maintain the board certifications associated with their specialty (industry), which are valued by their employer or contracting organization.

REGISTRATION

A form of **governmental** regulation where an individual has to simply notify the government of their name, address, and services provided before they can work.18,21 This creates a list of individuals that provide certain services, but does not require the individual provide any type of proof of training/credentials in order to be on the list.

Current examples of Indiana occupations that fall under this level of regulation (no health-related occupations are currently regulated through registration in Indiana): registered interior designers

In addition to occupational regulation, health practitioners frequently practice under other types of regulatory policy. For example, physician assistants (licensed) generally work under the supervision of a physician (licensed) and may practice in acute care hospitals (nationally-accredited) which are state-regulated (facility license).

NOTE

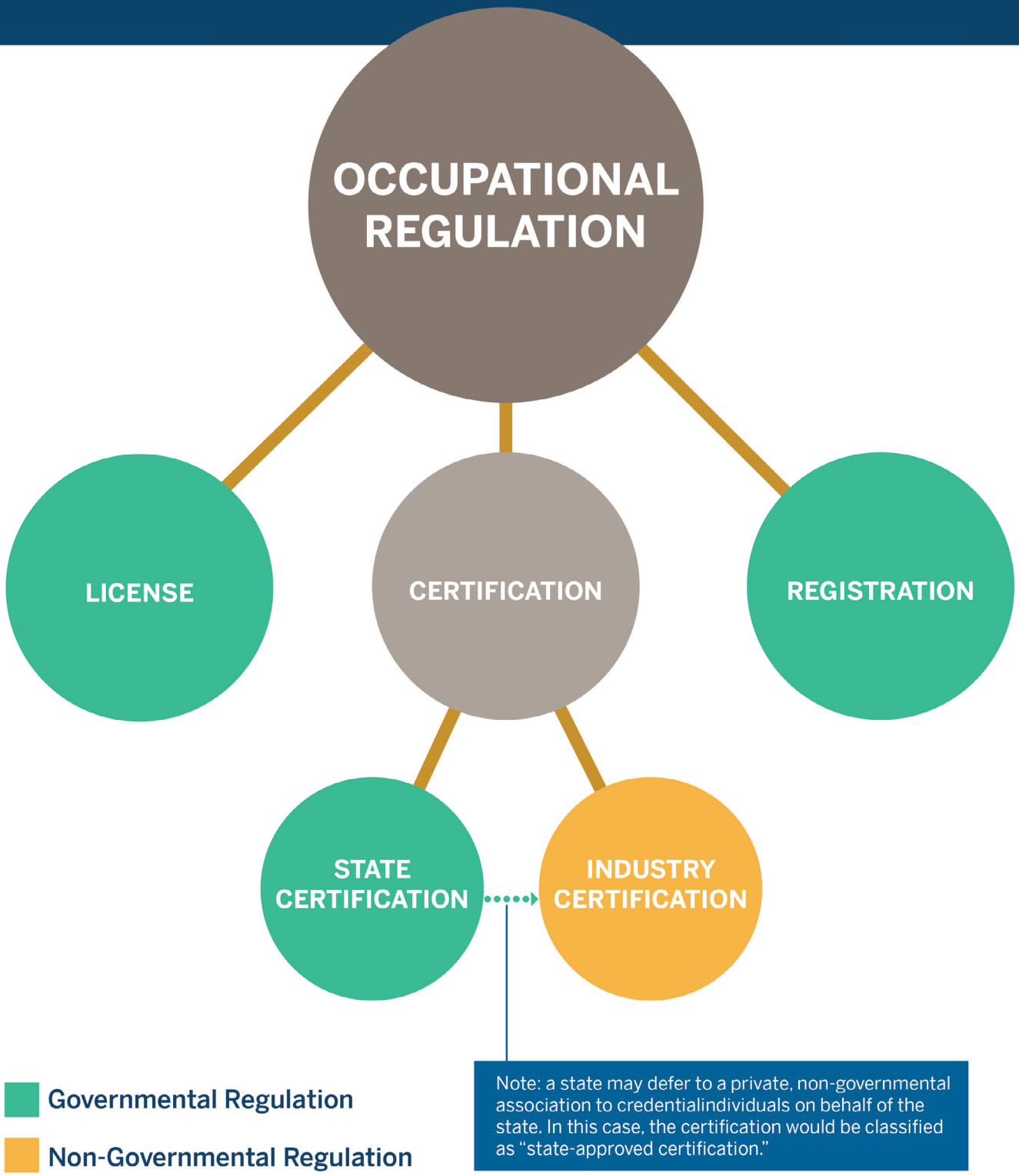
A state may defer to a private, non-governmental association to credential individuals on behalf of the state. In this case, the certification would be classified as "state-approved certification."

REGISTRATION VS. REGISTRY

"Registration" is not synonymous with **"registry."** "Registration" is a level of occupational regulation that simply requires individuals engaging in a certain practice (or providing certain services) to maintain their name on a list. In contrast, a "registry" refers to a list of individuals.

Many levels of regulation require that a registry be maintained for individuals. For example, physicians, while regulated at the level of "licensure" are also added to the Indiana Professional Licensing Agency's (IPLA) "Search and Verify" feature, where their information is maintained on a registry of active physicians. Also, Certified Nurse Aides are regulated at the level of "state certification" (by the Indiana State Department of Health), but a list or "registry" of active CNAs are administratively maintained by the IPLA.

REGULATORY OPTIONS FOR OCCUPATIONS



POLICY REVIEW

METHODS

For this report, a policy review was performed that included relevant 2018 Indiana Code (IC) and 2018 Indiana Administrative Code (IAC; Title 839: Behavioral Health and Human Services Licensing Board). Key aspects of occupational regulation were used as a framework for the review: education, examination, experience, and scope of practice. Findings are organized by license type.

LAC and LCACs are two of the licenses overseen by the BHHS licensing board. (Table 5 presents the other occupations regulated by BHHS Board). Given the prevalence of multiple BHHS licenses, a review of Indiana statute and rules defining and regulating all BHHS licenses was performed.

TABLE 5: LICENSES ISSUED BY BEHAVIORAL HEALTH AND HUMAN SERVICES BOARD[38]

- Social Workers and Clinical Social Workers
- Marriage and Family Therapist Associates and Marriage and Family Therapists
- Mental Health Counselor Associates and Mental Health Counselors
- Addiction Counselors and Clinical Addiction Counselors

POLICY REVIEW: FINDINGS

EDUCATIONAL AND EXPERIENCE REQUIREMENTS

Table 6: Educational and Experience Requirements for Licensed Occupations under BHHS BoardWith the exception of LAC, LBSW, and LSW, the BHHS licenses require a master's degree as the minimum educational requirement (LCAC, LMHC/Associate, LMFT/Associate, & LCSW). These master's-trained professions are sometimes collectively referred to as the Licensed (Clinical) Professional Counselors in other states. Indiana Administrative Code defines the educational requirement for BHHS licenses and specifies educational content area aligning with each occupation's respective approach to the provision of health services. This being said, an individual's degree many qualify him/her for multiple licenses with the same degree so long as educational content areas are satisfied (see highlighted text in Table 6). For example, if a BHHS license applicant completed a master's degree in social work, he/she may qualify for LCSW, LMFT, LMHC, and/or LCAC depending on the coursework completed. Each of these occupations have minimum experience requirements specifying 2 years of practice and the number of hours that are required to be supervised (see highlighted text in Table 6).

The LAC, LBSW, and LSW have a bachelor's degree minimum educational requirement. A bachelor's degree in Social Work is specified as a potential qualifying degree for each of these licenses. For the LAC, educational content areas specific to addiction are outlined in code. Two years of clinical experience and supervision requirements are outlined for the LAC and LSW. No clinical experience is specified for the LBSW.

Bottom line: LACs, LCACs and other BHHS-regulated occupations have similar education and experience requirements. Similarities in requirements enhance accessibility of multiple BHHS licenses. The differences between requirements are related to specific services or populations. (Example: Addiction counseling is a specialized service focused on treating a disease state).

CONSIDERATION

Additional research (qualitative and quantitative) is needed to understand how variations in education and experience requirements impact quality of addiction counseling service delivery.

38. Full listing of occupations regulated by the Behavioral Health and Human Service Licensing Board available at: https://www.in.gov/pla/social.htm

TABLE 6: EDUCATIONAL AND EXPERIENCE REQUIREMENTS FOR LICENSED OCCUPATIONS UNDER BHHS BOARD

TABLE 6, PART ONE: EDUCATION REQUIREMENTS

Bachelor of Social Work (LBSW)	Social Worker (LSW)	Clinical Social Workers (LCSW)	Marriage and Family Therapists (LMFT)	Mental Health Counselors (LMHC)	Addiction Counselors (LAC)	Clinical Addiction Counselors (LCAC)
An individual with a master's degree in social work is not eligible to apply for a license as a **bachelor's degree social worker** (IC 25-23.6-5-1.5)	Must have: (A) before July 1, 2019, has received at least a **bachelor's degree in social work** + required experience OR (B) has a master's degree in social work (IC 25-23.6-5-1)	A doctoral degree in social work or at least a **master's degree in social work** (IC 25-23.6-5-2)	**Master's degree** or doctor's degree in an area related to marriage and family therapy + a practicum/internship (IC 25-23.6-8-1) A degree earned in: (1) **Clinical social work.** (2) Psychology. (3) Counseling. (4) Pastoral counseling. (5) Programs accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). (6) Another degree area as determined by the board) (839 IAC 1-4-3.1)	**Master's degree** or a doctor's degree in counseling + practicum/internship (a degree earned in: (1) **Clinical social work.** (2) Psychology. (3) Human services. (4) Human development. (5) Family relations. (6) Counseling. (7) Programs accredited by the Council for Accreditation of Counseling and Related Education Programs (CACREP) or the Council on Rehabilitation Education (CORE)) (839 IAC 1-5-1) IC 25-23.6-8.5-1	**Baccalaureate** or higher degree in a related area (addiction studies, chemical dependency, **social work**, psychology, human services, human development, family relations, or counseling) (839 IAC 1-5.5-1) Authority: IC 25-23.6-2-8 Affected: IC 25-23.6-10.5	Received a **master's** or doctor's degree in addiction counseling, or in a related area as determined by the board + practicum/internship/field experience (1. Addiction studies. (2) Chemical dependency. (3) **Social work.** (4) Psychology. (5) Human services. (6) Human development. (7) Family relations. (8) Counseling) (839 IAC 1-5.5-3) Authority: IC 25-23.6-2-8 Affected: IC 25-23.6-10.5

TABLE 6, PART TWO: REQUIRED CONTENT AREAS

Bachelor of Social Work (LBSW)	Social Worker (LSW)	Clinical Social Workers (LCSW)	Marriage and Family Therapists (LMFT)	Mental Health Counselors (LMHC)	Addiction Counselors (LAC)	Clinical Addiction Counselors (LCAC)
			Theoretical foundations of marriage and family therapy; major models of marriage and family therapy; individual development; family development and family relationships; clinical problems; collaboration with other disciplines; sexuality; gender and sexual orientation; issues of ethnicity, race, socioeconomic status, and culture; therapy techniques; behavioral research that focuses on the interpretation and application of research data as it applies to clinical practice (IC 25-23.6-8-2.5)	Human growth and development; social and cultural foundations of counseling; helping relationship, including counseling theory and practice; group dynamics, processes, counseling, and consultation; lifestyle and career development; assessment and appraisal of individuals; research and program evaluation; professional orientation and ethics; foundations of mental health counseling; contextual dimensions of mental health counseling; knowledge and skills for the practice of mental health counselling and psychotherapy; clinical instructions (IC 25-23.6-8.5-3)	Addictions theory; psychoactive drugs; addictions counseling skills; theories of personality; developmental psychology; abnormal psychology; treatment planning; cultural competency; ethics and professional development; family education; areas of content as approved by the board (IC 25-23.6-10.5-5)	Addiction counseling theories and techniques; clinical problems; psychopharmacology; psychopathology; clinical appraisal and assessment; theory and practice of group addiction counseling; counseling addicted family systems; multicultural counseling; research methods in addictions; areas of content as approved by the board (IC 25-23.6-10.5-6)

TABLE 6, PART THREE: CLINICAL EXPERIENCE REQUIREMENTS

Bachelor of Social Work (LBSW)	Social Worker (LSW)	Clinical Social Workers (LCSW)	Marriage and Family Therapists (LMFT)	Mental Health Counselors (LMHC)	Addiction Counselors (LAC)	Clinical Addiction Counselors (LCAC)
	If qualifying with a bachelor's degree: **2 years** full-time experience (at 1,500+ hours per year) or if part-time, must be 4,500 hours (3,000 of these hours must take place after receiving the graduate degree); supervision must be face-to-face contact for a minimum of four hours per month (839 IAC 1-3-2, IC 25-23.6-5-1 and IC 25-23.6-5-3.5)	**Two years** of clinical social work experience after receiving a graduate degree in social work and under the supervision of a qualified supervisor (IC 25-23.6-5-3.5)	1,000 hours of post-graduate clinical experience acquired over not less than **24 months** (IC 25-23.6-8-2.7)	3,000 hours of post-graduate clinical experience over a **two (2) year period** (including 100 hours of face to face supervision) (IC 25-23.6-8.5-4)	**2+ years** of addiction counseling experience (must include at least 150 hours under supervision, 100 of which must be under individual supervision, and 50 of which must be under group supervision) (IC 25-23.6-10.5-7)	**2+ years** of clinical addiction counseling experience (must include at least 200 hours under supervision, 100 of which must be under individual supervision and 100 of which must be under group supervision) (IC 25-23.6-10.5-8)

EXAMINATION REQUIREMENTS

Each of the occupations licensed by the BHHS board have examinations that are required in order to obtain licensure. Indiana Administrative Code specifies language deferring to national examinations for all licenses with the exception of LBSW, LAC and LCAC. For these licenses, state statue specifies an examination "provided by a testing service selected by the board."

Bottom line: The majority of BHHS-regulated occupations defer to national examinations.

CONSIDERATION

State statute and rules do not specify whether the BHHS licensing board defers to national examinations for LAC and LCACs licensure.

TABLE 7: EXAMINATION REQUIREMENTS FOR LICENSED OCCUPATIONS UNDER BHHS BOARD

Bachelor of Social Work	Social Worker	Clinical Social Workers	Marriage and Family Therapists	Mental Health Counselors	Addiction Counselors	Clinical Addiction Counselors
Examination provided by board (839 IAC 1-2-1) Authority: IC 25-23.6-2-8 Affected: IC 25-23.6	Intermediate level of the **national** examination (839 IAC 1-2-1) 2b Authority: IC 25-23.6-2-8 Affected: IC 25-23.6	Clinical level of the **national** examination provided by the Association of Social Work Boards (839 IAC 1-2-1) Authority: IC 25-23.6-2-8 Affected: IC 25-23.6	**National** examination as provided by the Association of Marital and Family Therapy Regulatory Boards (839 IAC 1-2-1) Authority: IC 25-23.6-2-8 Affected: IC 25-23.6	**National** Clinical Mental Health Counselor Examination as provided by the National Board for Certified Counselors (839 IAC 1-2-1) Authority: IC 25-23.6-2-8 Affected: IC 25-23.6	Examination provided by a testing service selected by the board (839 IAC 1-2-1) Authority: IC 25-23.6-2-8 Affected: IC 25-23.6	Examination provided by a testing service selected by the board (839 IAC 1-2-1) Authority: IC 25-23.6-2-8 Affected: IC 25-23.6

SCOPE OF PRACTICE AND PRACTICE SETTINGS

TABLE 8: SCOPE OF PRACTICE FOR LICENSED OCCUPATIONS UNDER BHHS BOARD

Bachelor of Social Work	Social Worker	Clinical Social Workers	Marriage and Family Therapists	Mental Health Counselors	Addiction Counselors	Clinical Addiction Counselors
"the level of knowledge expected upon completion of a bachelor's degree in social work...including planning, administration, and research for community social services delivery systems at a generalist level." (IC 25-23.6-1-8)	"Practice of social work" means professional services that are designed to effect change in human behavior, emotional responses, and social conditions of individuals, couples, families, groups, and communities and that involve specialized knowledge and skill related to human development, including an understanding of unconscious motivation, the potential for human growth, the availability of social resources, and knowledge of social systems. The term includes planning, administration, and research for community social services delivery systems. (IC 25-23.6-1-8) The term does not include the use of psychotherapy or diagnosis (as described in the section of IN code relating to physician diagnoses) (IC 25-22.5-1-1.1)	"Practice of clinical social work" means professional services that are designed to help individuals, marriages, couples, families, groups, and communities to enhance or restore their capacity for functioning by: (1) assisting in the obtaining or improving of tangible social and health services; (2) **providing psychosocial evaluations using accepted classifications, including classifications from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)** as amended and supplemented, but only to the extent of the counselor's education, training, experience, and scope of practice as established by this article;	Practice of marriage and family therapy, means a specialty that: (1) uses an applied understanding of the dynamics of marital, relational, and family systems, and individual psychodynamics; (2) **uses counseling and psychotherapeutic techniques;**	(1) Uses counseling and psychotherapeutic techniques based on principles, methods, and procedures of counseling that assist people in identifying and resolving personal, social, vocational, intrapersonal, and interpersonal concerns; (2) uses counseling to evaluate and treat emotional and mental problems and conditions in a variety of settings, including mental and physical health facilities, child and family service agencies, or private practice, and including the use of **accepted evaluation classifications, including classifications from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)** as amended and supplemented, but only to the extent of the counselor's education, training, experience, and scope of practice	"Practice of addiction counseling" means the providing of professional services that are delivered by a licensed addiction counselor, that are designed to change substance use or addictive behavior, and that involve specialized knowledge and skill related to addictions and addictive behaviors, including understanding addiction, knowledge of the treatment process, application to practice, and professional readiness. (1) gathering information through structured interview screens using routine protocols; (2) reviewing assessment findings to assist in the development of a plan individualized for treatment services and to coordinate services;	"Practice of clinical addiction counseling" means the providing of professional services that are delivered by a licensed clinical addiction counselor, that are designed to change substance use or addictive behavior, and that involve specialized knowledge and skill related to addictions and addictive behaviors, including understanding addiction, knowledge of the treatment process, application to practice, and professional readiness. (1) gathering information through structured interview screens using routine protocols and standardized clinical instruments; (2) using appraisal instruments as an aid in individualized treatment planning that the licensed clinical addiction counselor is qualified to employ because of: (A) education; (B) training; and (C) experience;

TABLE 8: CONTINUED (EMPTY COLUMNS HAVE BEEN DROPPED, IE: 1&2)

Clinical Social Workers	Marriage and Family Therapists	Mental Health Counselors	Addiction Counselors	Clinical Addiction Counselors
(3) using appraisal instruments as an aid in treatment planning that the clinical social worker is qualified to employ by virtue of the counselor's education, training, and experience; and (4) **counseling and psychotherapeutic techniques**, casework social work advocacy, and treatment in a variety of settings that include mental and physical health facilities, child and family service agencies, or private practice. (IC 25-23.6-1-6) (b) The term does not include diagnosis (as described in the section of IN code relating to physician diagnoses) (IC 25-22.5-1-1.1(c))	(3) evaluates and treats mental and emotional conditions, resolves intrapersonal and interpersonal conflict, and changes perceptions, attitudes, and behavior, all within the context of family, marital, and relational systems, including the use of accepted evaluation classifications, including **classifications from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)** as amended and supplemented, but only to the extent of the counselor's education, training, experience, and scope of practice as established by this article; (4) uses individual, group, couple, sexual, family, and divorce therapy; and (5) uses appraisal instruments that evaluate individual, marital, relational, communicational, parent and child, and family functioning that the marriage and family therapist is qualified to employ by virtue of the counselor's education, training, and experience. (IC 25-23.6-1-7) The term does not include diagnosis (as described in the section of IN code relating to physician diagnoses) (IC 25-22.5-1-1.1(c))	(3) administers and interprets appraisal instruments that the mental health counselor is qualified to employ by virtue of the counselor's education, training, and experience; (4) uses information and community resources for personal, social, or vocational development; (5) uses individual and group techniques for facilitating problem solving, decision making, and behavioral change; (6) uses functional assessment and vocational planning guidance for persons requesting assistance in adjustment to a disability or disabling condition; (7) uses referrals for individuals who request counseling services; and (8) uses and interprets counseling research. (IC 25-23.6-1-7.5) The term does not include diagnosis (as described in the section of IN code relating to physician diagnoses) (IC 25-22.5-1-1.1(c))	(3) referring for assessment, diagnosis, evaluation, and mental health therapy; (4) providing client and family education related to addictions; (5) providing information on social networks and community systems for referrals and discharge planning; (6) participating in multidisciplinary treatment team meetings or consulting with clinical addiction professionals; (7) counseling, through individual and group counseling, as well as group and family education, to treat addiction and substance abuse in a variety of settings, including: (A) mental and physical health facilities; and (B) child and family service agencies; and (8) maintaining the highest level of professionalism and ethical responsibility (IC 25-23.6-1-5.7) (b) The term does not include the use of psychotherapy or diagnosis (IC 25-22.5-1-1.1(c))	(3) providing psychosocial evaluations using **accepted classifications, including classifications from the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders,** as amended and supplemented, to the extent of the licensed clinical addiction counselor's education, training, experience, and scope of practice as established by this article; (4) reviewing assessment findings to: (A) develop a plan for individualized addiction treatment; (B) coordinate services; and (C) provide subsequent assessment updates; (5) **using counseling and psychotherapeutic techniques** through individual, group, and family counseling to treat addiction and other substance related problems and conditions in a variety of settings, including: (A) mental and physical health facilities; (B) child and family service agencies; and (C) private practice; (6) providing client and family education related to addictions; (7) providing information on social networks and community systems for referrals and discharge planning; (8) participating in multidisciplinary treatment team meetings or consulting with clinical addiction professionals; and (9) maintaining the highest level of professionalism and ethical responsibility. (IC 25-23.6-1-5.9) (b) The term does not include diagnosis (as described in the section of IN code relating to physician diagnoses) (IC 25-22.5-1-1.1(c))

EXAMPLES OF SIMILIAR LICENSE ENTRY REQUIREMENTS

EDUCATION

Master's Degree or higher

- ☐ Clinical Social Worker (LCSW)
- ☐ Mental Health Counselor (LMHC)
- ☐ Marriage Family Therapist (LMFT)
- ☐ Clinical Addiction Counselors (LCAC)

Bachelor's Degree or higher

- ☐ Social Worker (LSW)
- ☐ Bachelor of Social Work (LBSW)
- ☐ Addiction Counselors (LAC)

Note: One degree may fulfill educational requirements of many licenses (ex: Master's degree in social work may qualify an individual for LCSW, LMFT, LMHC, or LCAC, depending on coursework completed.)

EXAMINATION

National Examination

- ☐ Clinical Social Worker (LCSW)
- ☐ Mental Health Counselor (LMHC)
- ☐ Marriage Family Therapist (LMFT)
- ☐ Social Worker (LSW)

Examination Provided by the Board

- ☐ Bachelor of Social Work (LBSW)

Examination Provided by a Testing Service

- ☐ Clinical Addiction Counselors (LCAC)
- ☐ Addiction Counselors (LAC)

EXPERIENCE

Two Years (or more) of Experience

- ☐ Clinical Social Worker (LCSW)
- ☐ Mental Health Counselor (LMHC)
- ☐ Marriage Family Therapist (LMFT)
- ☐ Clinical Addiction Counselors (LCAC)
- ☐ Social Worker (LSW)
- ☐ Addiction Counselors (LAC)

PRACTICE

Use of Counseling and Psychotherapeutic Techniques

- ☐ Marriage Family Therapist (LMFT)
- ☐ Mental Health Counselor (LMHC)
- ☐ Clinical Addiction Counselors (LCAC)
- ☐ Clinical Social Worker (LCSW)

Classifications from Psychosocial Evaluations (DSM-IV)

- ☐ Clinical Social Worker (LCSW)
- ☐ Marriage Family Therapist (LMFT)
- ☐ Mental Health Counselor (LMHC)
- ☐ Clinical Addiction Counselors (LCAC)

WHO IS AUTHORIZED TO PROVIDE ADDICTION COUNSELING SERVICES IN INDIANA?

Scope of practice can be defined as the services/tasks a licensed occupation can engage in under specified conditions. The scope of practice for LAC and LCACs is outlined in Indiana Code and provided in Table 8. Both the LAC and LCAC provide services designed to change substance use or addictive behavior. The major differences between the defined scopes for LAC and the LCAC are in the types of services they are permitted to provide. Based on their education and experience requirements, LCACs are able to perform psychosocial evaluations, develop treatment plans, and provide psychotherapy, whereas LACs assist in treatment planning and provide counseling (not psychotherapy).

It is important to note that the delivery of addiction counseling services in Indiana is not limited to LAC and LCACs. Under IC 25-23.6-10.1-2 and IC 25-23.6-10.1-3, individuals that hold other licenses are also able to provide addiction services as well as people working within specified facilities meeting credentialing requirements (see Figure 3 for full list of permitted individuals/settings). Therefore, while other individuals are able to substitute for an LAC or LCAC in providing addiction counseling or clinical addiction counseling services, LACs and LCACs are unable to provide and be reimbursed for broader behavioral health counseling services.[39]

In addition to outlining services permitted by each license type, Indiana statute and rules also defines practice settings for some license types. The only difference between practice settings defined for LACs and LCACs is that private practice is a defined setting for LCACs but not for LAC. Self-reported data on the practice settings of LAC and LCACs reflect this policy.[40] LACs most commonly report being employed in criminal justice, whereas LCACs most commonly report being employed in private practice.

Bottom line: Although the state issues licenses for addiction counselors, LACs and LCACs are not the only occupations that can provide addiction counseling services under Indiana Code. Other licensed professionals are able to deliver addiction services under their respective licenses as are individuals who provide addiction counseling services in selected settings under alternative credentials.[41] **Licensing offers title protection for addiction counselors, but Indiana Code does not prohibit other occupations from providing addiction counseling services**. The extent of individuals and occupations providing addiction counseling services in Indiana is currently unknown.

CONSIDERATION

The extent to which addiction providers/organizations employ professionals other than LACs and LCACs to deliver addiction counseling services is currently not known. Research is needed to determine whether and to what extent addiction providers employ LAC, LCAC, other BHHS licensed occupations, and other individuals to provide addiction counseling services.

REIMBURSEMENT POLICY

Reimbursement is critical to the sustainable delivery of health services. Indiana Health Coverage Programs (IHCP) administers health coverage programs that include reimbursement of addiction counseling services.

A review of the Provider Reference Module for Mental Health and Addictions identified that a number of mid-level practitioners are eligible to provide outpatient mental health services.[42] However, LACs and LCACs are not included as eligible providers, nor is the master's degree in addiction counseling recognized.

A review of the Provider Reference Module for the Medicaid Rehabilitation Option (MRO)[43] identified language regarding Addiction Counseling (Individual or Group Setting) which identified that LCACs are eligible to provide addiction counseling, as well as other licensed professionals (physicians, psychologist, health service provider in psychology, LCSW, LMHC, LMFT) and Qualified Behavioral Health Practitioners (including: physician assistants, nurse practitioner, clinical nurse specialists, licensed school psychologists, associate-level BHHS licensees, masters or higher nurses with training in psychiatric/mental health, pastoral counselors, and rehabilitation counselors). However, LACs and LCAC-associates are not included as eligible providers.

39. Indiana Health Coverage Programs. Provider Reference Module: Mental Health and Addiction Services. Published January 23, 2018. Available at: http://provider.indianamedicaid.com/media/155556/mental%20health%20and%20addiction%20services.pdf

40. Bowen Center for Health Workforce Research & Policy. 2016. Data Report: 2016 Indiana Mental Health Professionals. Available at: https://scholarworks.iupui.edu/handle/1805/13295

41. IC 25-23.6-10.1-3

42. Indiana Health Coverage Programs. Provider Reference Module: Mental Health and Addiction Services. Published January 23, 2018. Available at: http://provider.indianamedicaid.com/media/155556/mental%20health%20and%20addiction%20services.pdf

43. Indiana Health Coverage Programs. Provider Reference Module: Medicaid Rehabilitation Option Services. Published December 14, 2017. Available at: http://provider.indianamedicaid.com/media/155553/medicaid%20rehabilitation%20option%20services.pdf

LACs are classified as "Other Behavioral Health Professionals," along with individuals with an associate or bachelor's degree or equivalent experience meeting standards set forth by the MRO provider agency, and may provide select services under direct supervision.

Indiana Medicaid defines addiction counseling as **"a planned and organized service with the member and/or the member's family or nonprofessional caregivers, where addiction professionals and clinicians provide counseling intervention that works toward the goals identified in the IICP [individualized integrated care plan]. Addiction Counseling is designed to be a less intensive alternative to IOT [Intensive Outpatient Treatment]."** [44]

Indiana Medicaid describes program standards for addiction counseling services as (selected): [45]

- Addiction Counseling requires face-to-face contact with the member and/or the member's family or nonprofessional caregivers.
- Addiction Counseling consists of regularly scheduled sessions.
- Addiction Counseling is intended to be a less intensive alternative to IOT.
- Addiction Counseling may include the following:
- Education on addiction disorders
- Skills training in communication, anger management, stress management, and relapse prevention
- Addiction Counseling must demonstrate progress toward and achievement of member treatment goals identified in the IICP.
- Addiction Counseling goals are rehabilitative in nature.
- Addiction Counseling must be provided in an age-appropriate setting for members less than 18 years of age receiving services.
- Addiction Counseling must be individualized.
- Referral to available community-based support services is expected.

The Division of Mental Health and Addiction at Indiana Family and Social Services maintains a list of state-approved credentialing bodies for addiction counseling.[46] However, with the exception of the LAC and LCAC, these credentials are not referenced in IHCP Provider Manuals that were reviewed as part of this analysis and described previously.

Bottom line: LCACs are recognized as eligible providers for addiction counseling under the MRO; however, they are not recognized as eligible providers for outpatient mental health services. LACs are recognized as an Other Behavioral Health Professional (OBHP) and are not recognized as eligible providers for addiction counseling services.

CONSIDERATION

Efforts to enhance the availability of addiction counseling services in Indiana cannot be successful without consideration to reimbursement and provider eligibility. Aligning IHCP reimbursement with DMHA credentialing and considering tiered levels for addiction counseling services may increase availability of needed services to members. Additional research is needed to determine the feasibility of potential strategies.

44. Indiana Health Coverage Programs. Provider Reference Module: Medicaid Rehabilitation Option Services. Published December 14, 2017. Available at: http://provider.indianamedicaid.com/media/155553/medicaid%20rehabilitation%20option%20services.pdf

45. Indiana Health Coverage Programs. Provider Reference Module: Medicaid Rehabilitation Option Services. Published December 14, 2017. Available at: http://provider.indianamedicaid.com/media/155553/medicaid%20rehabilitation%20option%20services.pdf

46. Available at: https://www.in.gov/fssa/dmha/files/DMHA_Approved_Addiction_Counseling_Credentials_July15.pdf

WHO IS AUTHORIZED TO PROVIDE ADDICTION COUNSELING SERVICES IN INDIANA?

OTHER HEALTH OCCUPATIONS ALSO AUTHORIZED TO PROVIDE ADDICTION OF CLINICAL ADDICTION COUNSELING SERVICES

ALSO AUTHORIZED TO PROVIDE ADDICTION COUNSELING SERVICES.

- Any individual meeting requirements established by a credentialing agency approved by DMHA (providing addiction counseling services in a licensed facility) (per IC 25-23.6-10.1-3)
- Employee or volunteer for an organization performing charitable, religious, or educational functions or providing pastoral counseling or other assistance (per IC 25-23.6-10.1-2)
- A governmental employee who remains in the same job classification or job family of that job classification (per IC 25-23.6-10.1-2)
- Rabbi, priest, Christian Science practitioner, minister, or other member of the clergy (per IC 25-23.6-10.1-2)
- A person who provides school counseling practice of addiction counseling (per IC 25-23.6-10.1-2)
- An employee of a court alcohol and drug program, a drug court, or a reentry court certified by the office of judicial administration when performing assigned job duties (per IC 25-23.6-10.1-2)
- A probation officer when performing assigned job duties (per IC 25-23.6-10.1-2)

CONSIDERATIONS

This report presents information on Indiana's licensed workforce (LACs and LCACs) dedicated to "attacking addiction" for the purpose of contributing to policy and programming discussions. The information contained herein offers important considerations regarding the way in which Indiana defines, measures, regulates, and reimburses the addiction workforce. The following brings together policy considerations referenced throughout the report.

DEFINING THE WORKFORCE

Is Addiction Counseling a unique occupation or a specialty?

The bottom line: How you define a workforce matters. Nationally, the Bureau of Labor Statistics describes addiction counselors as individuals with diverse education and experience (from high school graduates with relevant addiction experience to doctorally trained professionals). In Indiana, addiction counselors are required to have completed specific education and experience (at minimum a bachelor's degree) and be licensed to practice in the state.

CONSIDERATION:

Currently, state-approved certifications and credentials for addiction counseling (apart from the license for LAC and LCAC) are available through various credentialing bodies (such as Indiana Credentialing Association on Alcohol and Drug Abuse (ICAADA), Indiana Association for Addiction Professionals (IAAP), Indiana Addictions Issues Coalition (IAIC), National Association for Alcoholism and Drug Abuse Counselors (NAADAC), International Certification & Reciprocity Consortium (IC&RC), etc.). **Individuals who are certified by credentialing bodies approved by the Division of Mental Health and Addiction may also provide addiction counseling services but are prohibited from using the title "Addiction Counselor" unless they hold the LAC/LCAC.** Additional research is needed to obtain employer perspective on skill and quality associated with various credentialing mechanisms for addiction counseling.

MEASURING THE WORKFORCE

How does Indiana measure Addiction Counselor Workforce supply?

The bottom-line: How you measure workforce supply matters. Employer surveys are frequently used as a source of supply information for occupations. As a sector, health care includes a number of professionals that may be self-employed or contracted. These individuals would not be reported in employer surveys. Among licensed occupations, licensing information offers the best source of supply information. License renewal surveys provide a strategic opportunity to gather information from an occupation; however, non-response to elective (not required) surveys threatens the quality of data.

CONSIDERATION

Collecting information from surveys administered in conjunction with application/license renewal is a best practice for collecting and maintaining supply data on licensed health occupations. This best practice ensures information availability and supports cross-sector collaboration between health, workforce and regulatory agencies at the state level.

The majority of Indiana's Addiction Counselors concurrently hold other licenses: How do multiple licenses influence workforce supply?

Bottom line: The majority of Indiana's Addiction Counselors (LAC and LCAC) hold multiple licenses with the BHHS licensing board. In 2016, there were a significant number of LACs and LCACs that either did not respond to the license renewal survey or responded that they were not working as an addiction counselor. Multiple licenses was identified as a potential contributor to LAC and LCAC either not responding to the survey or reporting not actively working. For individuals with multiple licenses, specific contributions under each license type is not currently quantifiable. To address this issue, a new question has been added to the BHHS license renewal survey to better understand the contributions of individuals with multiple licenses.[47]

CONSIDERATION

Additional research is needed to determine the extent to which license count is an accurate estimate of behavioral health workforce capacity.

OCCUPATIONAL REGULATION

How do addiction counselors training requirements compare to other licensed occupations?

Bottom line: LACs, LCACs and other BHHS-regulated occupations have similar education and experience

47. BHHS survey available at: https://scholarworks.iupui.edu/handle/1805/16611

requirements. Similarities in requirements enhance accessibility of multiple BHHS licenses. The differences between requirements are related to specific services or populations. (Example: Addiction counseling is a specialized service focused on treating a disease state).

CONSIDERATION

Additional research (qualitative and quantitative) is needed to understand how variations in education and experience requirements impact quality of addiction counseling service delivery.

Who is providing addiction counseling services in Indiana?

Bottom line: Although the state issues licenses for addiction counselors, LACs and LCACs are not the only occupations that can provide addiction counseling services under Indiana Code. Other licensed professionals are able to deliver addiction services under their respective licenses as are individuals who provide addiction counseling services in selected settings under alternative credentials.[48] Licensing offers title protection for addiction counselors, but Indiana Code does not prohibit other occupations from providing addiction counseling services. The extent of individuals and occupations providing addiction counseling services in Indiana is currently unknown.

CONSIDERATION

The extent to which addiction providers/organizations employ professionals other than LACs and LCACs to deliver addiction counseling services is currently not known. Research is needed to determine whether and to what extent addiction providers employ LAC, LCAC, other BHHS licensed occupations, and other individuals to provide addiction counseling services.

What does reimbursement look like for LACs and LCACs through the Indiana Health Coverage Programs?

Bottom line: LCACs are recognized as eligible providers for addiction counseling under the MRO; however, they are not recognized as eligible providers for outpatient mental health services. LACs are recognized as an Other Behavioral Health Professional (OBHP) and are not recognized as eligible providers for addiction counseling services.

CONSIDERATION

Efforts to enhance the availability of addiction counseling services in Indiana cannot be successful without consideration to reimbursement and provider eligibility. Aligning IHCP reimbursement with DMHA credentialing and considering tiered levels for addiction counseling services may increase availability of needed services to members. Additional research is needed to determine the feasibility of potential strategies.

48. IC 25-23.6-10.1-3

CONCLUSION

Indiana has a significant need for addiction services and a workforce skilled and ready to provide those services. As a state, Indiana has two licensed occupations dedicated to providing addiction counseling services: the LAC and LCAC. Established in 2009, the LAC and LCACs represent a highly skilled workforce specializing in addiction counseling services.

Exploration into the LAC and LCAC workforces in Indiana identified a number of issues impacting the supply of these professionals in practice throughout the state. The majority of LACs and LCACs hold multiple professional licenses under the BHHS Licensing Board. Because of the extent of multiple licenses among LACs and LCACs, their contribution to addiction counseling services is unclear (it is uncertain which license they practice under). Also unclear is the extent to which other licensed professionals are engaged in providing addiction counseling services, as permitted in Indiana Code. Currently, Indiana Code offers title protection for LAC and LCAC but does not limit the practice of addiction counseling services to these licenses. Efforts to enhance the availability of addiction counseling services in Indiana cannot be successful without consideration to reimbursement and provider eligibility. Aligning IHCP reimbursement with DMHA credentialing and considering tiered levels for addiction counseling services may increase availability of needed services to members.

This report highlights the complexity of 1) defining, 2) measuring, 3) regulating, and 4) reimbursing the workforce that provides addiction counseling services. The recommendations presented in this report represent a synthesis of the information presented throughout. Additional research is recommended to further inform policy initiatives in this area; however, it is recommended that the following values be considered alongside any policy initiatives:

- All Hoosiers should have access to high quality addiction counseling services.
- Occupational regulation for addiction counseling should balance the safeguarding of public safety with individual economic opportunity.
- Government initiatives relating to addiction counseling services must be aligned in order to best meet the needs of Hoosiers and enhance government efficiency.

QUESTIONS?

For inquiries or feedback on this report, please email the Bowen Center for Health Workforce Research and Policy at bowenctr@iu.edu

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