



2020 Indiana Behavioral Health and Human Services Workforce Brief

Bowen Center for Health Workforce Research and Policy // June 2021

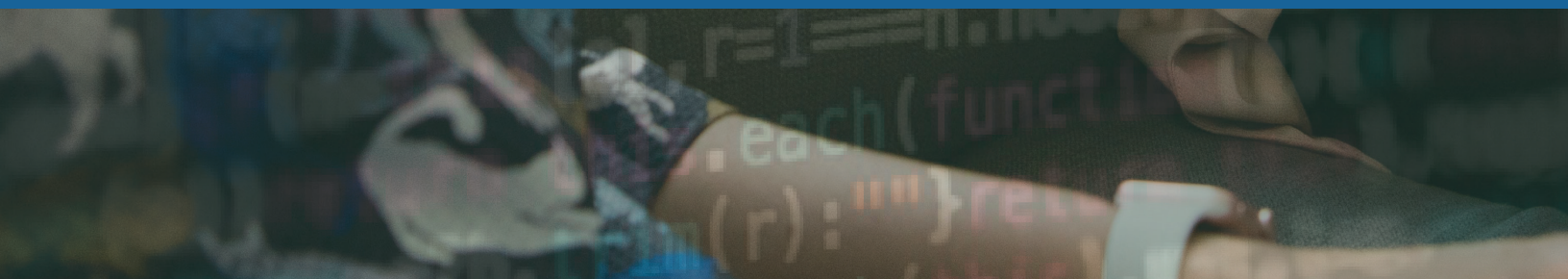


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QUESTIONS?

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2020 INDIANA BEHAVIORALHEALTH WORKFORCE BRIEF

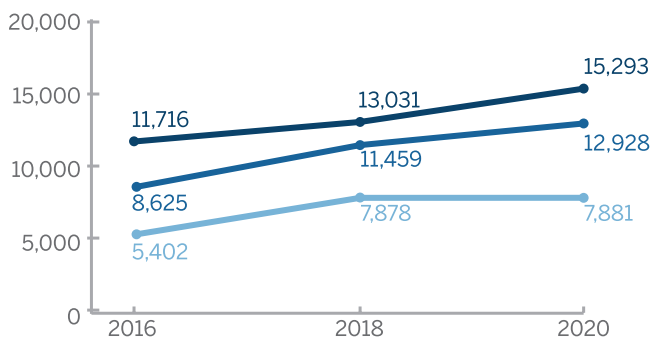
Indiana is fortunate to have a robust mechanism to identify, quantify, and describe the behavioral health workforce throughout the state. In Indiana, many behavioral health professions are licensed and regulated by the Indiana Behavioral Health & Human Services Board and psychologists are licensed regulated by the Indiana State Board of Psychology, both of which reside under the Indiana Professional Licensing Agency (PLA). The PLA is responsible for administering numerous health professions licenses, including behavioral health licenses. For the past few decades, Indiana behavioral health professionals have provided information on their demographic, education, and practice characteristics through a series of supplemental questions embedded within the license renewal process. In 2018, a law was enacted that requires all behavioral health licensees (and other selected health professions) who were completing license renewal online to provide key information in order to inform State policy and planning (Senate Enrolled Act/SEA 223-2018¹). This law went into effect for behavioral health professions for their 2020 license renewals.²

A total of 15,293 Behavioral Health & Human Services (BHHS) licenses were renewed and 1,834 psychologist licenses were renewed during the 2020 renewal period. The majority of these licenses were (84.5% BHHS and 92.5% of psychologists) renewed online and therefore completed the supplemental questions.

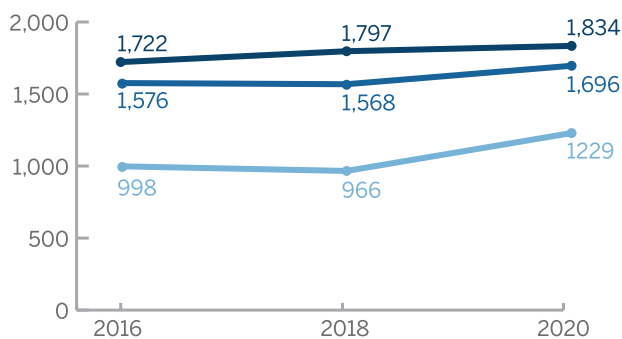
A NOTE ABOUT METHODOLOGY AND HOW IT IMPACTS TRENDS ANALYSIS

Before 2020, workforce capacity reports for behavioral health professionals did not account for individuals holding multiple licenses with the BHHS board. This lead to overcounting of the number of unique BHHS professionals in the state. In 2020, professionals holding multiple BHHS licenses were asked which license they consider to be their “primary license”. Professionals were then assigned to their primary license to ensure more accurate workforce capacity reporting. Therefore, caution must be taken in comparing data from 2020 to previous years due to changes in methodology.

Indiana BHHS Professionals Supply Trends



Indiana Psychologists Supply Trends

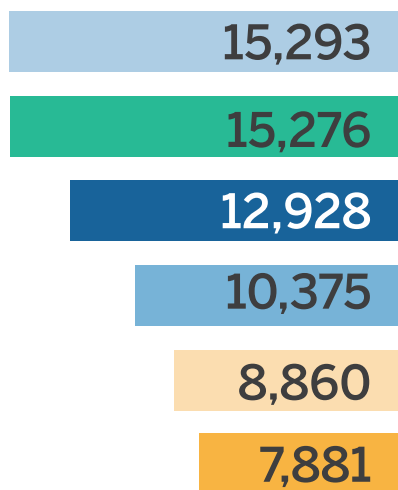


— Total License Renewals

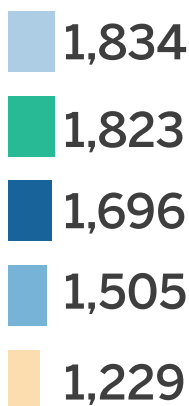
— Survey Respondents

— Reporting Sample

Indiana BHHS Professionals



Indiana Psychologists



■ License Renewal

■ Active License

■ Online Renewal

■ Actively Practicing

■ Indiana Practice/ Telemedicine services in Indiana

■ Unique Individuals

INCLUSION

- Active license status
- Renewed license online
- Actively practicing
- Practice located in Indiana or provide telemedicine to Hoosiers

EXCLUSION

- Inactive license status
- Renewed license offline
- Not actively practicing
- Not providing services in Indiana

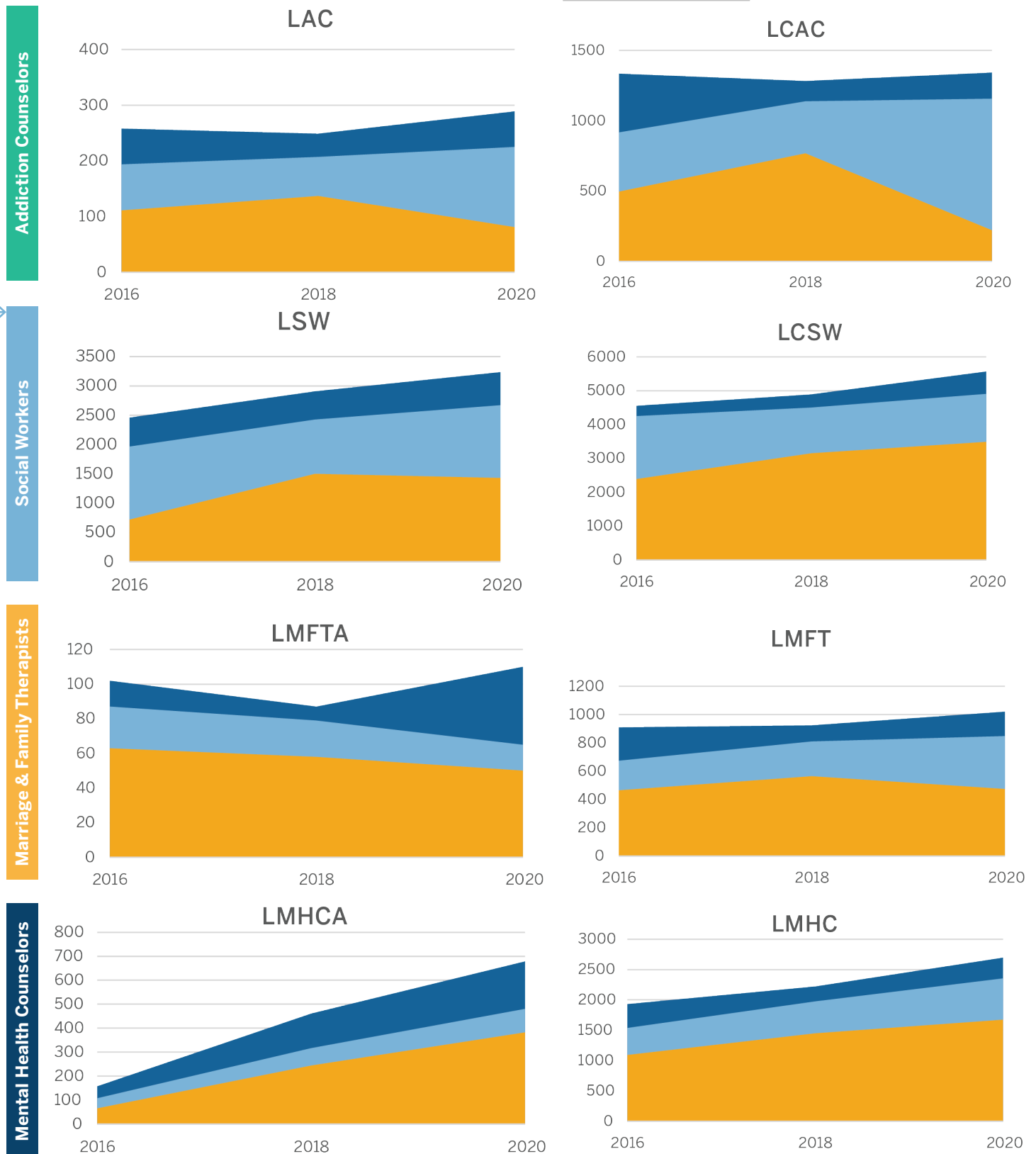
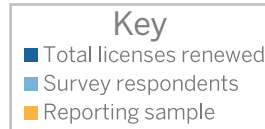
1. Indiana Senate Enrolled Act 223-2018. Available at: <http://iga.in.gov/legislative/2018/bills/senate/223#document-b0603ddf>

2. Questions administered to BHHS professionals and psychologists can be found at: <https://scholarworks.iupui.edu/bitstream/handle/1805/21744/2020%20Behavioral%20Health%20Board%20Survey.pdf?sequence=1&isAllowed=y>; <https://scholarworks.iupui.edu/bitstream/handle/1805/24586/2020%20Psychologists%20Re-Licensure%20Survey.pdf?sequence=1&isAllowed=y>


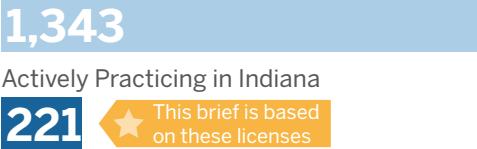
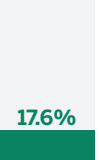

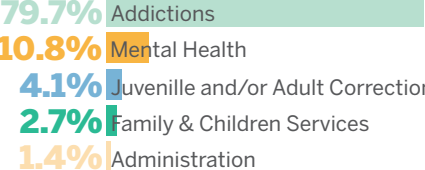
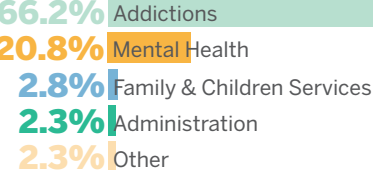


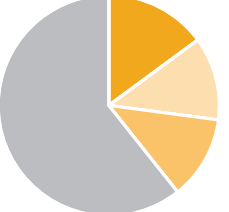



TRENDS IN LICENSES AND REPORTING SAMPLE BY PROFESSION

The following graphs demonstrate the biennial differences in total license renewals, survey respondents, and the reporting sample. Note in 2020, after the implementation of SEA 223-2018, survey respondents represent 100% of licensees completing renewal online. Those that completed their license renewals manually (paper renewal) represent the remaining non-respondents.

NOTE: The LBSW license was implemented in 2019. Therefore, historical data does not exist.



ADDICTION COUNSELORS

	LACs LICENSED ADDICTION COUNSELORS	LCACs LICENSED CLINICAL ADDICTION COUNSELORS
Workforce Policy Review	EDUCATION Bachelor's degree in addiction counseling or related area 1. (839 IAC 1-5.5-1) ¹	Master's or doctor's degree in addiction counseling, addiction therapy, or related area 1. (839 IAC 1-5.5-3) ¹
	TRAINING 2 years of addiction counseling experience (150 supervised hours) 1. (IC 25-23.6-10.5-7) ²	2 years of clinical addiction counseling experience (200 supervised hours) 1. (IC 25-23.6-10.5-8) ²
	PRACTICE Structured interviewing, assist in treatment planning, refer for assessment/diagnosis/evaluation/therapy, provide education, participate in team-based treatments, provide counseling. NO psychotherapy or diagnosis. 1. (IC 25-23.6-1-5.7) ²	Structured interviewing, assist in treatment planning, refer for assessment/diagnosis/evaluation/therapy, provide education, participate in team-based treatments, provide counseling, psychotherapeutic techniques. NO diagnosis. 1. (IC 25-23.6-1-5.7) ²
Workforce Characteristics	LICENSE RENEWALS VS. ACTIVELY PRACTICING  License Renewals in 2020: 289 Actively Practicing in Indiana: 81	LICENSE RENEWALS VS. ACTIVELY PRACTICING  License Renewals in 2020: 1,343 Actively Practicing in Indiana: 221
	EDUCATION  Although educational requirements for an LAC license are a bachelor's degree, 17.6% report having a master's degree or higher.	EDUCATION  76.0% report having a master's degree or higher in counseling or a related field.
	PRIMARY FIELD OF PRACTICE  Addictions: 79.7% Mental Health: 10.8% Juvenile and/or Adult Corrections: 4.1% Family & Children Services: 2.7% Administration: 1.4%	PRIMARY FIELD OF PRACTICE  Addictions: 66.2% Mental Health: 20.8% Family & Children Services: 2.8% Administration: 2.3% Other: 2.3%
	LABOR MARKET INDICATORS  17.6% desire to increase their hours in direct patient care 2.7% desire to decrease their hours in direct patient care	LABOR MARKET INDICATORS  12.0% desire to increase their hours in direct patient care 4.2% desire to decrease their hours in direct patient care
	PRIMARY PRACTICE SETTING  Criminal Justice: 14.9% Methadone Clinic: 12.2% Private Practice: 12.2% All Other Settings: 60.7%	PRIMARY PRACTICE SETTING  Criminal Justice: 23.6% Methadone Clinic: 18.5% Private Practice: 12.0% All Other Settings: 45.9%
	OVER 55  44.4% are 55 years old or older Mean age: 53.8	OVER 55  48.0% are 55 years old or older Mean age: 53.7

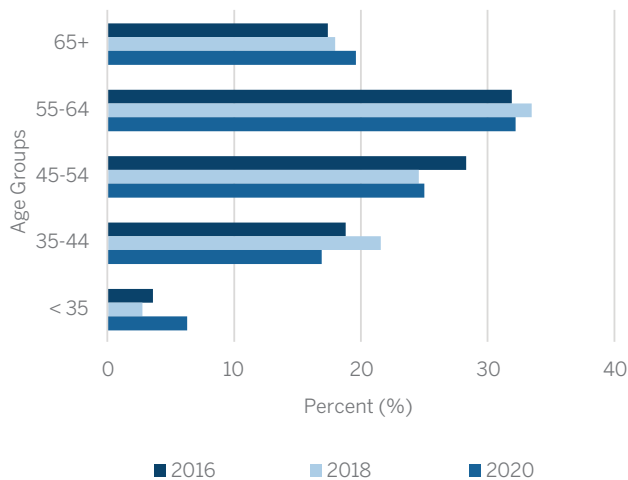
1. Indiana Administrative Code (IAC): <http://iac.iga.in.gov/iac/>

2. Indiana Code (IC): <http://iga.in.gov/legislative/laws/2020/ic/titles/>

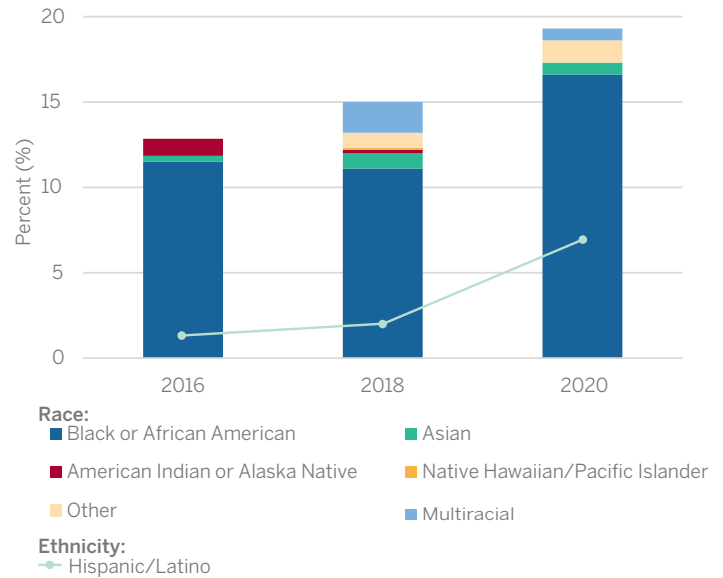
ADDICTION COUNSELOR TRENDS

Demographic Characteristics

Age Trends

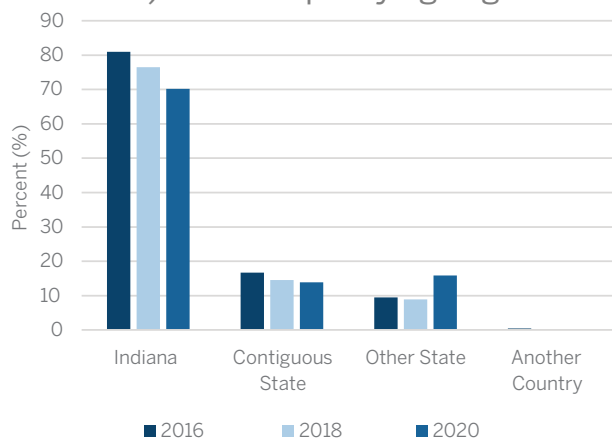


Race & Ethnicity Trends



Education Characteristics

Where do addiction counselors (LAC & LCAC) obtain a qualifying degree?



ADDICTION COUNSELOR TRENDS

Demographics

Demographically, addiction counselors are trending older with 44.4% of LACs and 48.0% of LCACs ages 55 and older.

Diversity

The reported diversity among the the addiction workforce is incrementally increasing from under 15% in 2016 to nearly 20% of counselors identifying as a race other than white in 2020. Addiction counselors are the most racially diverse of all the BHHS professionals. Ethnic diversity among addiction counselors has also followed this trend.

Addiction

Addiction counselors are increasingly reporting having received their education out of state.

Patient Hours

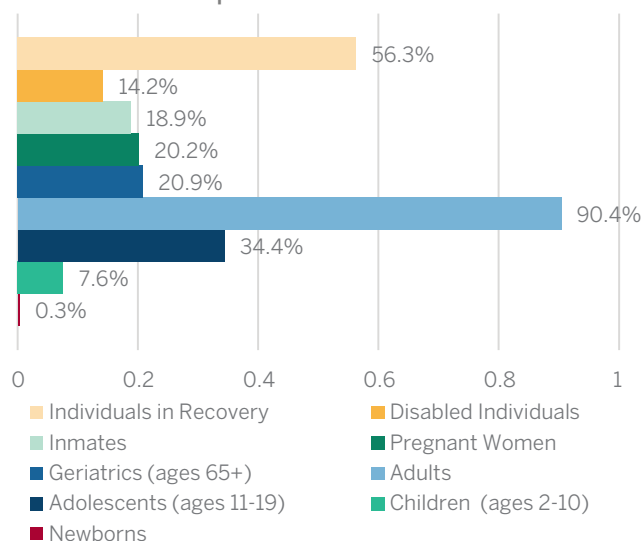
A large proportion of LACs and LCACs wish to increase their patient hours (17.6% and 12.0%), respectively, which could in part be attributed to the time period of license renewal in 2020 which was during the first surge of COVID-19 in Indiana when many in-person services were stopped.

Practice

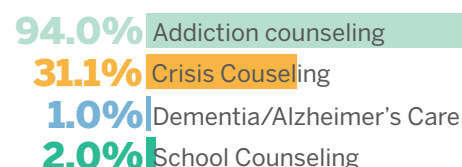
The majority of addiction counselors report practicing primarily in the field of addictions (LAC 79.7%, LCAC 66.2%). Other top fields of primary practice include: mental health (LAC 10.8%, LCAC 20.8%), family and children services (LAC 2.7%, LCAC 2.8%) and juvenile and/or adult corrections (LAC 2.7%).

Practice Characteristics

Populations Served



Services Provided



SOCIAL WORKERS

LSWs

LICENSED SOCIAL WORKERS

LCSWs

LICENSED CLINICAL SOCIAL WORKERS

Workforce Policy Review



EDUCATION

Master's degree in social work or a bachelor's degree or higher in social work before 7/1/2019
1. (IC 25-23.6-5-1)²



TRAINING

Individuals with a bachelor's degree, 2 years of experience post-degree under a LSW, LCSW, or equivalent supervisor.



PRACTICE

Planning, administration, and research for community social services delivery systems. NO psychotherapy or diagnosis.
1. (IC 25-23.6-1-8)²

Master's degree or higher in social work
1. (839 IAC 1-5.5-3)¹

2 years of supervised clinical social work experience
1. (IC 25-23.6-5-3.5)²

Providing psychosocial evaluations (DSM-IV), using appraisal instruments, counseling and psychotherapeutic techniques, casework social work advocacy, treatment. NO diagnosis.
1. (IC 25-23.6-1-6)²



LICENSE RENEWALS VS. ACTIVELY PRACTICING

License Renewals in 2020

3,235

Actively Practicing in Indiana

1,430

This brief is based on these licenses

License Renewals in 2020

5,567

Actively Practicing in Indiana

3,490

This brief is based on these licenses



EDUCATION



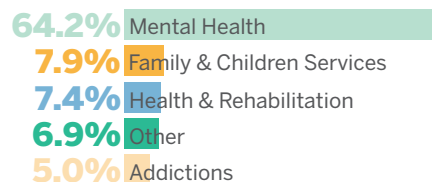
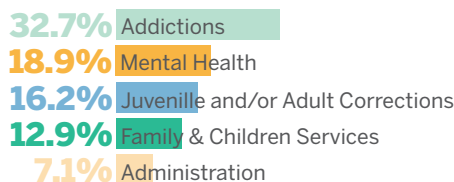
89.2% 89.2% report having a master's degree or higher.



76.0% 76.0% report having a master's degree or higher in counseling or a related field.



PRIMARY FIELD OF PRACTICE



LABOR MARKET INDICATORS



7.7% desire to increase their hours in direct patient care



1.1% desire to decrease their hours in direct patient care



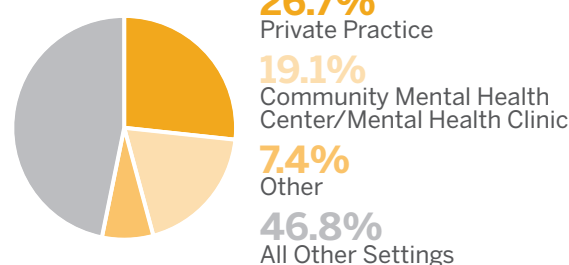
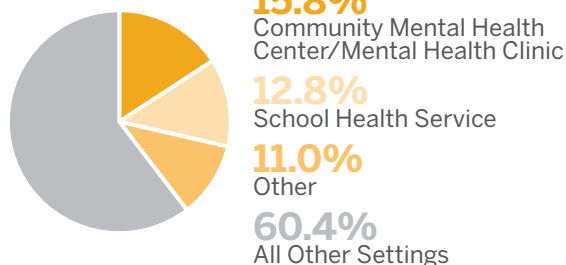
7.8% desire to increase their hours in direct patient care



3.2% desire to decrease their hours in direct patient care



PRIMARY PRACTICE SETTING



OVER 55



14.3% are 55 years old or older

Mean age: **39.9**



32.2% are 55 years old or older

Mean age: **48.8**

1. Indiana Administrative Code (IAC): <http://iac.iga.in.gov/iac/>

2. Indiana Code (IC): <http://iga.in.gov/legislative/laws/2020/ic/titles/>

BACHELOR'S OF SOCIAL WORK

Workforce Policy Review



EDUCATION

Bachelor's degree in social work from a Council on Social Work Education accredited post-secondary educational institution or a from foreign school approved by the Foreign Equivalency Determination Service
1. (IC 25-23.6-5-1.5)²



TRAINING

Has completed 2 years of experience of social work practice under the supervision of a licensed social worker, licensed clinical social worker, or an equivalent supervisor determined by the board after receiving the bachelor's degree.
1. (IC 25-23.6-5-1)²



PRACTICE

Planning, administration, and research for community social services delivery systems.
NO psychotherapy or diagnosis.
1. (IC 25-23.6-1--8)²

Workforce Characteristics



LICENSE RENEWALS VS. ACTIVELY PRACTICING

License Renewals in 2018

351

Actively Practicing in Indiana

78

★ This brief is based on these licenses



EDUCATION

100.0% 100.0% have a bachelor's degree as their qualifying degree



PRIMARY FIELD OF PRACTICE

48.7% Addictions
15.4% Mental Health
11.5% Family & Children Services
9.0% Administration



LABOR MARKET INDICATORS

+ 5.1% desire to increase their hours in direct patient care
- 1.3% desire to decrease their hours in direct patient care



PRIMARY PRACTICE SETTING

28.2% Child Welfare
12.8% In-home Setting
12.0% Private Practice
46.2% All Other Settings



OVER 55

11.5% are 55 years old or older
Mean age: **37.4**

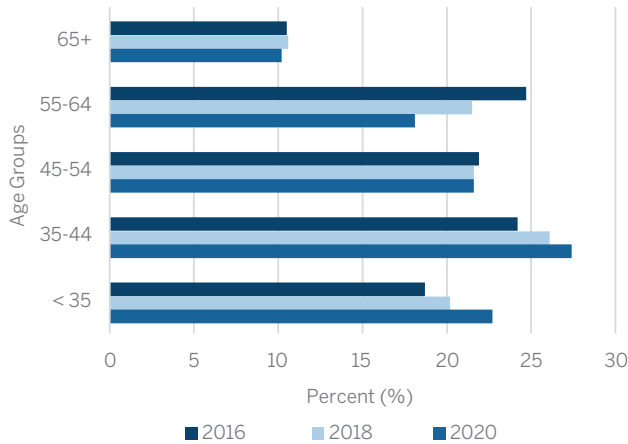
1. Indiana Administrative Code (IAC): <http://iac.iga.in.gov/iac/>

2. Indiana Code (IC): <http://iga.in.gov/legislative/laws/2020/ic/titles/>

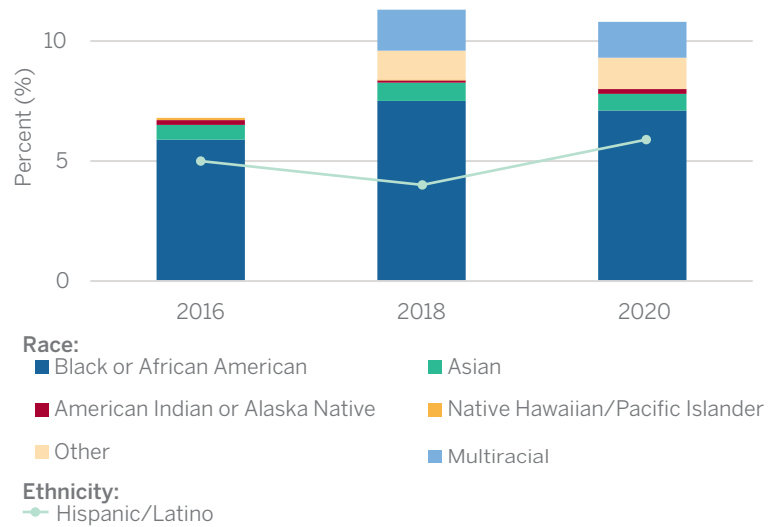
SOCIAL WORKERS TRENDS

Demographic Characteristics

Age Trends

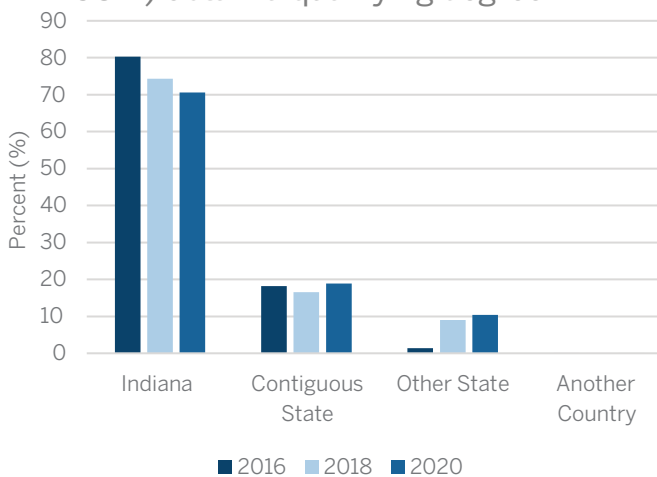


Race & Ethnicity Trends

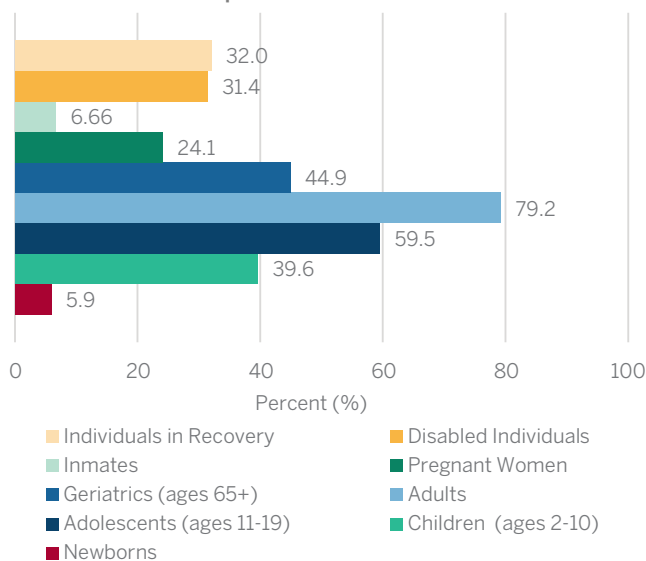


Education Characteristics

Where do social workers (BSW, LSW, LCSW) obtain a qualifying degree?



Populations Served



Practice Characteristics

SOCIAL WORKER TRENDS

Demographics

Social workers seem to be trending younger, with greater proportions of social workers in the younger age categories.

Diversity

Reported racial diversity of social workers has increased in recent years with less than 7% of social workers reporting a non-white racial group in 2016 to over 10% in 2018 and 2020. Ethnic diversity among social workers has followed the same trend.

Education

Social workers are increasingly reporting having received their education out-of-state.

Patient Hours

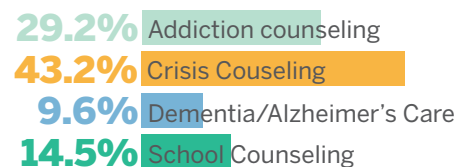
In terms of employment plans, 7.7% of LSWs and 7.8% of LCSWs wish to increase their patient hours (which could in part be attributed to the time period of license renewal in 2020 which was during the first surge of COVID in Indiana when many in-person services were stopped).

Practice
























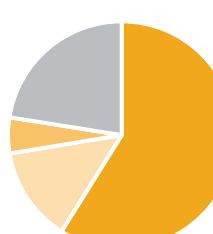




The majority of social workers report practicing primarily in the field of mental health (LSW 32.7%, LCSW 64.2%) with fewer social workers practicing in other related fields such as family and children services (LSW 16.2%, LCSW 7.9%) and health & rehabilitation services (LSW 18.9%, LCSW 7.4%).

Notably, private practice was the top practice setting for LCSW (26.7%).

Services Provided



MARRIAGE AND FAMILY THERAPISTS

	LMFTAs <small>LICENSED MARRIAGE & FAMILY THERAPIST ASSOCIATES</small>	LMFTs <small>LICENSED MARRIAGE & FAMILY THERAPISTS</small>
Workforce Policy Review	 EDUCATION Master's or doctor's degree in marriage and family therapy or a related area 1. (IC 25-23.6-8-1/1.5) ²	 EDUCATION Master's or doctor's degree in marriage and family therapy or a related area 1. (IC 25-23.6-8-1/1.5) ²
	 TRAINING None other than training obtained in coursework 1. (IC 25-23.6-8-2.5) ²	 TRAINING 2 years post degree clinical experience 1. (IC 25-23.6-8-2.7) ²
	 PRACTICE Counseling and psychotherapeutic techniques, classifications using DMS-IV, appraisal instruments, therapy. Does not include diagnosis. 1. (IC 25-23.6-1-7) ²	 PRACTICE Counseling and psychotherapeutic techniques, classifications using DSM-IV, appraisal instruments, therapy. Does not include diagnosis. 1. (IC 25-23.6-1-7) ²
Workforce Characteristics	 LICENSE RENEWALS VS. ACTIVELY PRACTICING License Renewals in 2020 110 Actively Practicing in Indiana 50  This brief is based on these licenses	 LICENSE RENEWALS VS. ACTIVELY PRACTICING License Renewals in 2020 1,022 Actively Practicing in Indiana 474  This brief is based on these licenses
	 EDUCATION 100% 100% report having a master's degree or higher in marriage and family therapy.	 EDUCATION 97.9% 97.9% report having a master's degree or higher in marriage and family therapy.
	 PRIMARY FIELD OF PRACTICE 60.0% Mental Health 28.0% Family & Children Services 4.0% Not Applicable 2.0% Addiction 2.0% Violence and Abuse Services	 PRIMARY FIELD OF PRACTICE 77.4% Mental Health 9.3% Family & Children Services 4.2% Health & Rehabilitation 3.6% Other 1.7% Addictions
	 LABOR MARKET INDICATORS  38.0% desire to increase their hours in direct patient care  2.0% desire to decrease their hours in direct patient care	 LABOR MARKET INDICATORS  12.2% desire to increase their hours in direct patient care  4.2% desire to decrease their hours in direct patient care
	 PRIMARY PRACTICE SETTING  40.0% Private Practice 16.0% Community Mental Health Center/Mental Health Clinic 8.0% Other 36.0% All Other Settings	 PRIMARY PRACTICE SETTING  58.9% Private Practice 13.5% Community Mental Health Center/Mental Health Clinic 5.1% Faith-based setting 22.5% All Other Settings
	 OVER 55  36.4% are 55 years old or older Mean age: 36.4	 OVER 55  35.9% are 55 years old or older Mean age: 50.1

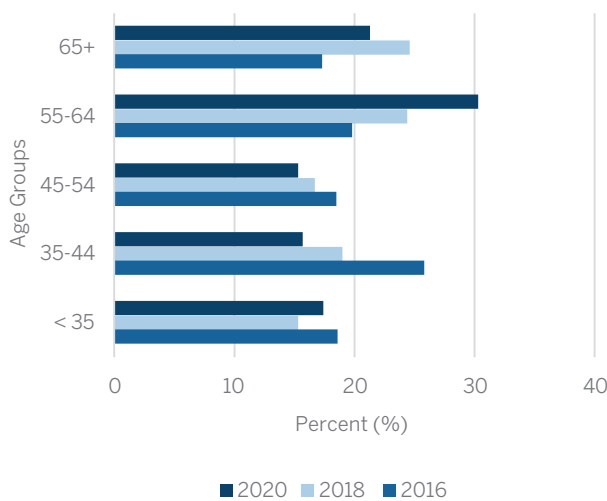
1. Indiana Administrative Code (IAC): <http://iac.iga.in.gov/iac/>

2. Indiana Code (IC): <http://iga.in.gov/legislative/laws/2020/ic/titles/>

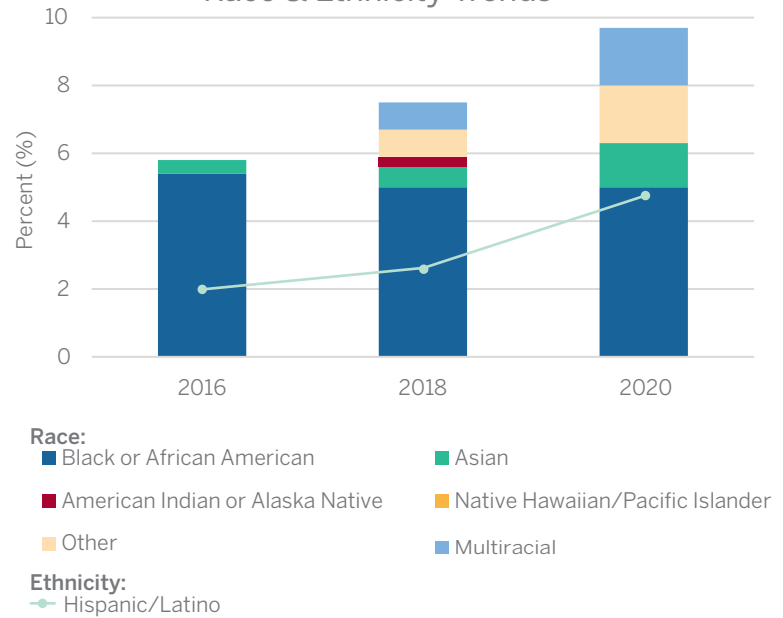
MARRIAGE & FAMILY THERAPISTS TRENDS

Demographic Characteristics

Age Trends

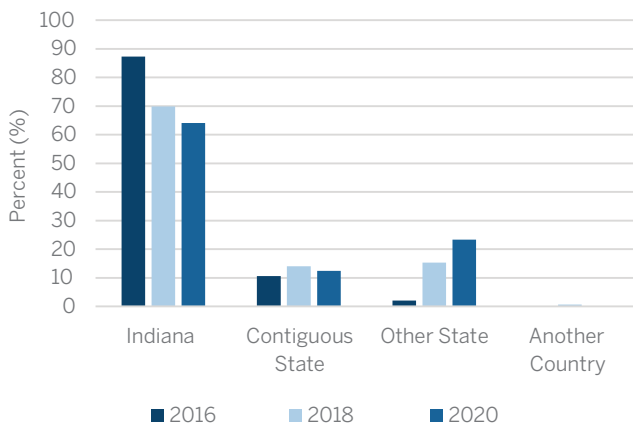


Race & Ethnicity Trends



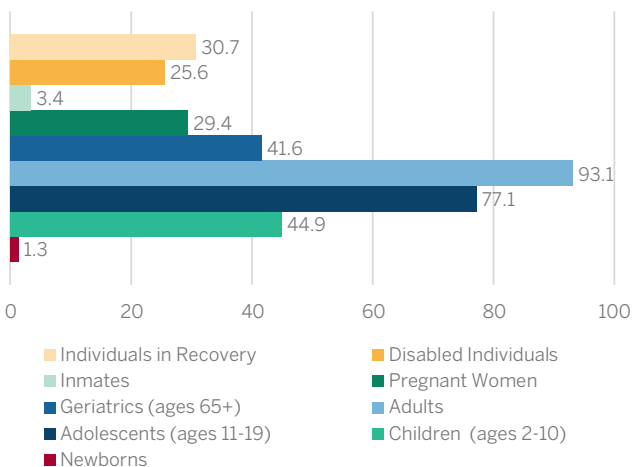
Education Characteristics

Where do Marriage & Family Therapists obtain their qualifying degree?



Practice Characteristics

Populations Served



MARRIAGE AND FAMILY THERAPIST TRENDS

Demographics

Marriage & family therapists seem to be trending younger, with greater proportions of therapists in the younger age categories.

Diversity

Reported racial diversity of marriage & family therapists has increased in recent years from nearly 6% in 2016 to almost 10% in 2020 of counselors reporting a race other than white. Ethnic diversity among marriage & family therapists has followed the same trend.

Education

Marriage and family therapists are increasingly reporting having received their education out of state.

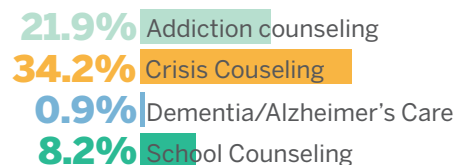
Patient Hours

A large proportion of marriage and family therapists reported desiring to increase their patient hours (38.0% of LMFTAs, and 12.2% of LMFTs; which could in part be attributed to the time period of license renewal in 2020 which was during the first surge of COVID-19 in Indiana when many in-person services and likely clinical training were stopped).






















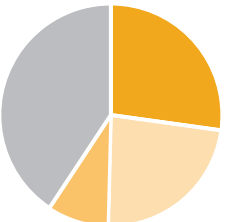

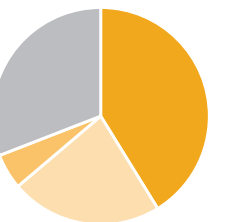




Practice

The majority of marriage & family therapists report practicing primarily in mental health fields (LMFTA 60.0%, LMFT 77.4%) as well as practicing in other related fields such as family and children services (LMFTA 28.0%, LMFT 9.3%). The top practice setting for LMFTs is private practice (58.9%).

Services Provided



MENTAL HEALTH COUNSELORS

	LMHCAs LICENSED MENTAL HEALTH COUNSELORS ASSOCIATES	LMHCs LICENSED MENTAL HEALTH COUNSELORS
Workforce Policy Review	 EDUCATION Master's or doctor's degree in an area related to mental health counseling 1. (IC 25-23.6-8.5-1.5) ²	 EDUCATION Master's or doctor's degree in an area related to mental health counseling 1. (IC 25-23.6-8.5-1.5) ²
	 TRAINING None other than that obtained in coursework 1. (IC 25-23.6-8.5-3) ²	 TRAINING 3,000 hours of post-graduate clinical experience over a 2-year period (with 100 hours of supervision) 1. (IC 25-23.6-8.5-4) ²
	 PRACTICE Counseling and psychotherapeutic techniques, classifications using DSM-IV, appraisal instruments, therapy. Does not include diagnosis. 1. (IC 25-23.6-1-7) ²	 PRACTICE Counseling and psychotherapeutic techniques, classifications using DSM-IV, appraisal instruments, therapy. Does not include diagnosis. 1. (IC 25-23.6-1-7) ²
Workforce Characteristics	 LICENSE RENEWALS VS. ACTIVELY PRACTICING License Renewals in 2020 679 Actively Practicing in Indiana 383  This brief is based on these licenses	 LICENSE RENEWALS VS. ACTIVELY PRACTICING License Renewals in 2020 2,698 Actively Practicing in Indiana 1,674  This brief is based on these licenses
	 EDUCATION 99.2% 99.2% report having a master's degree or higher in counseling or a related field.	 EDUCATION 98.9% 98.9% report having a master's degree or higher in counseling or a related field.
	 PRIMARY FIELD OF PRACTICE 70.5% Mental Health 13.8% Family & Children Services 7.8% Addictions 1.8% Developmental & Other Disabilities 1.8% Other	 PRIMARY FIELD OF PRACTICE 80.3% Mental Health 7.5% Family & Children Services 3.2% Addictions 2.0% Other 1.6% Juvenile and/or Adult Corrections
	 LABOR MARKET INDICATORS  19.3% desire to increase their hours in direct patient care  1.3% desire to decrease their hours in direct patient care	 LABOR MARKET INDICATORS  9.7% desire to increase their hours in direct patient care  3.1% desire to decrease their hours in direct patient care
	 PRIMARY PRACTICE SETTING  27.2% Community Mental Center/ Mental Health Clinic 23.2% Private Practice 8.9% School Health Service 40.7% All Other Settings	 PRIMARY PRACTICE SETTING  41.2% Private Practice 22.6% Community Mental Health Center/ Mental Health Clinic 5.3% Other 30.9% All Other Settings
	 OVER 55  7.6% are 55 years old or older Mean age: 35.6	 OVER 55  26.5% are 55 years old or older Mean age: 46.4

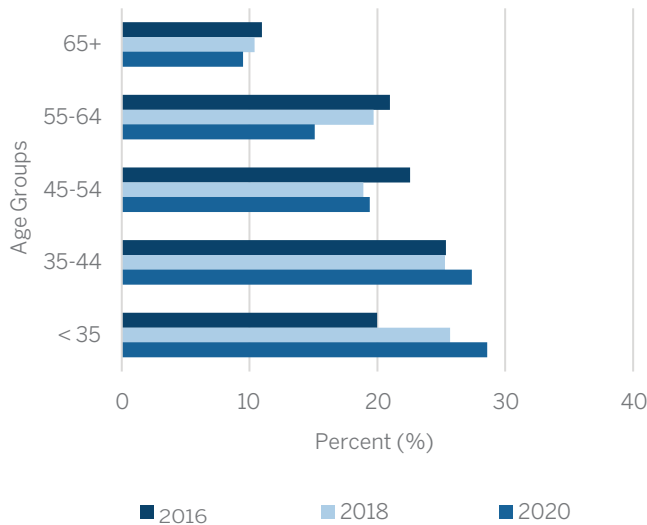
1. Indiana Administrative Code (IAC): <http://iac.iga.in.gov/iac/>

2. Indiana Code (IC): <http://iga.in.gov/legislative/laws/2020/ic/titles/>

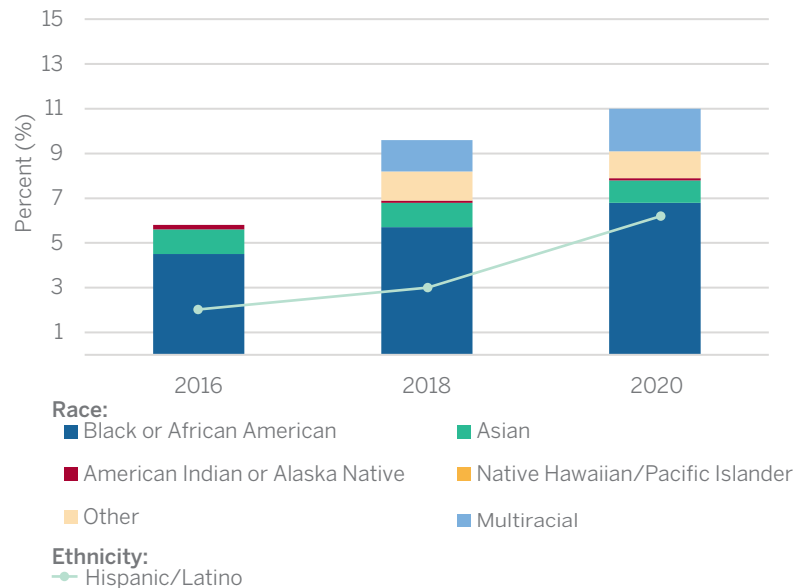
MENTAL HEALTH COUNSELORS TRENDS

Demographic Characteristics

Age Trends

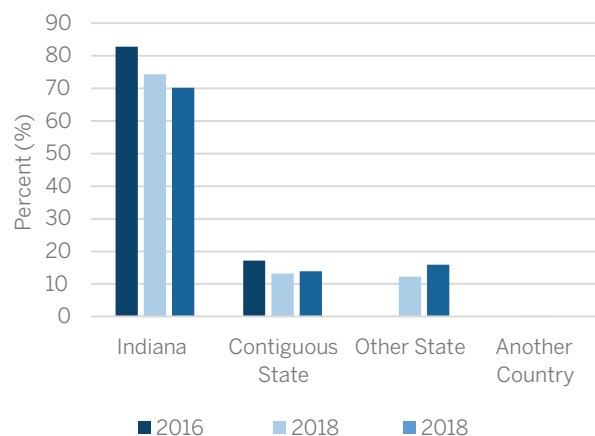


Race & Ethnicity Trends



Education Characteristics

Where do Mental Health Counselors obtain a qualifying degree?



MENTAL HEALTH COUSELOR TRENDS

Demographics

Mental health counselors seem to be trending younger, with greater proportions of counselors in the younger age categories.

Diversity

The reported racial diversity of mental health counselors has increased in recent years from nearly 6% in 2016 to over 10% in 2020 of counselors reporting a race other than white. Ethnic diversity among mental health counselors has followed the same trend.

Education

Mental health counselors are increasingly reporting having received their education out of state.

Patient Hours

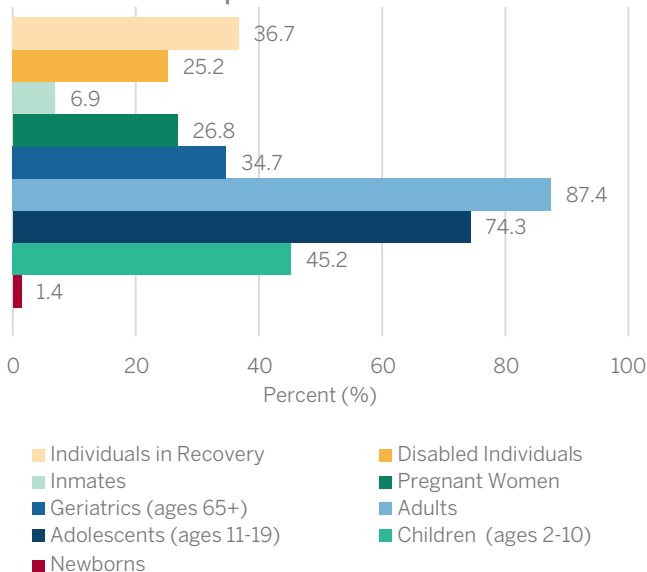
A large proportion of mental health counselors reported desiring to increase their patient hours (19.3% of LMHCAs, and 9.7% of LMHCs; which could in part be attributed to the time period of license renewal in 2020 which was during the first surge of COVID in Indiana when many in-person services and likely clinical training were stopped).

Practice

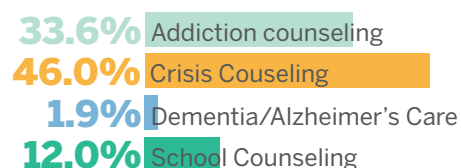
The majority of mental health counselors report practicing primarily in mental health (LMHCA 70.5%, LMHC 80.3%) with fewer counselors reporting practicing in other related fields such as family and children services (LMHCA 13.8%, LMHC 7.5%), and addictions (LMHCA 7.2%, LMHC 3.2%). The top practice setting for LMHCs is private practice (41.2%).

Practice Characteristics

Populations Served

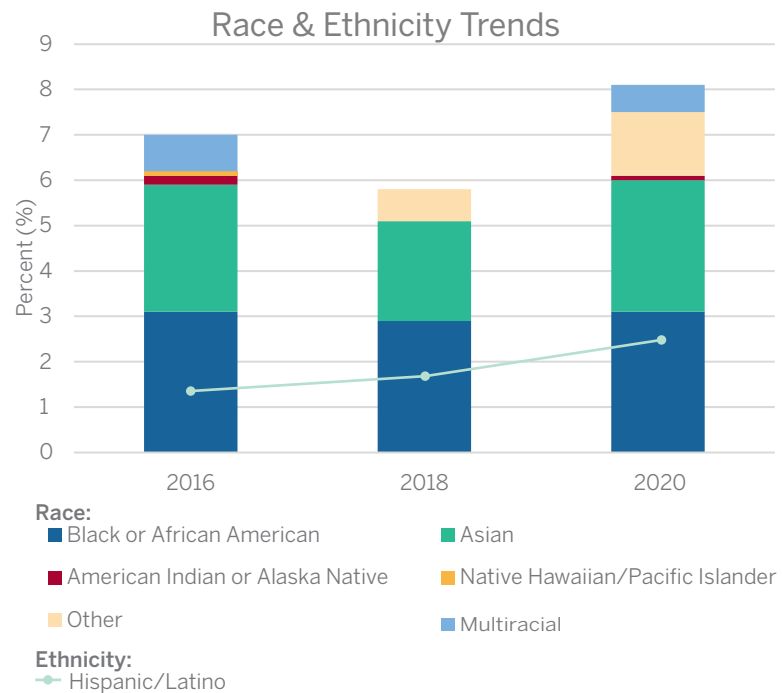
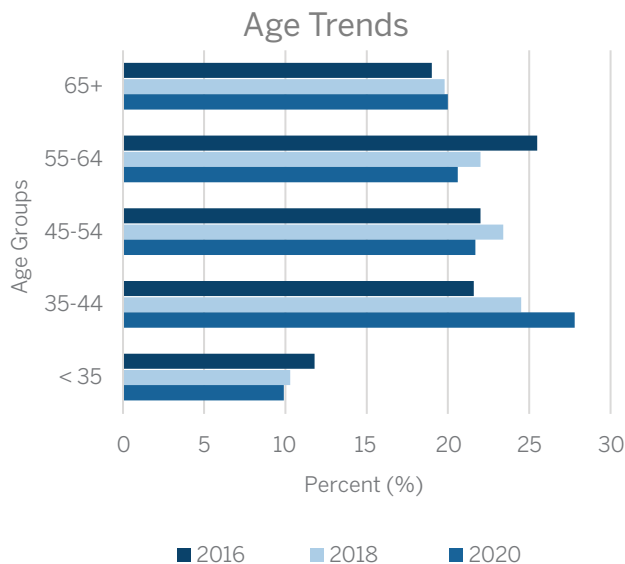


Services Provided



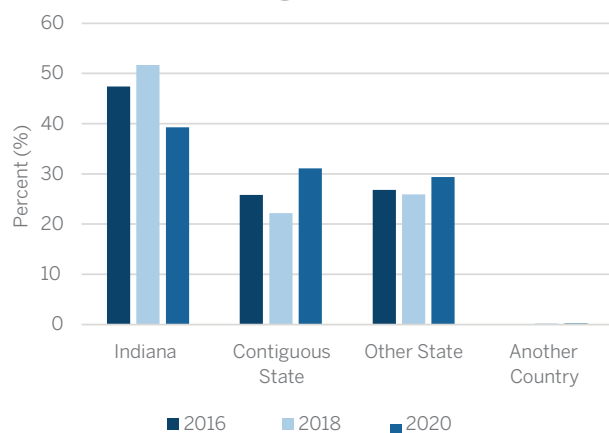
PSYCHOLOGISTS TRENDS

Demographic Characteristics



Education Characteristics

Where do Psychologists obtain a qualifying degree?



PSYCHOLOGISTS TRENDS

Demographics

Psychologists seem to be trending younger, with the greatest proportion of psychologists in the 35-44 age category.

Diversity

Reported racial diversity of psychologists was at its highest in 2020 with over 8% in of psychologists reporting a race other than white. Ethnic diversity among psychologists has been increasing over time.

Education

Psychologists are increasingly reporting having received their education out of state.

Patient Hours

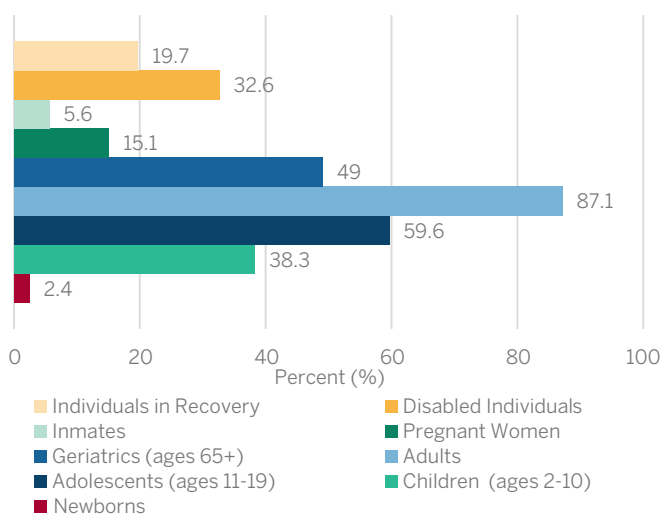
In regards to employment plans, 6.0% of psychologists reported desiring to increase their patient hours and 4.0% reported desiring to decrease their patient hours.

Practice

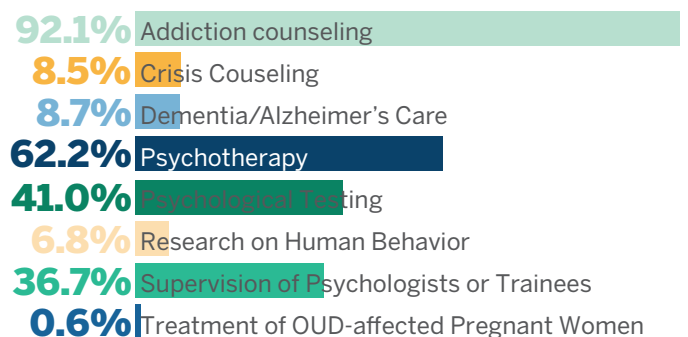
The top reported primary field of practice for psychologists is clinical psychology (47.4%). The top practice setting for psychologists is Independent/Solo Practice at 22.5%, followed by Independent Group Practice at 17.3%.

Practice Characteristics

Populations Served



Services Provided



MENTAL HEALTH PROFESSIONAL SHORTAGE AREA DESIGNATIONS

Health Professional Shortage Areas (HPSA) are federal designations to describe shortages of primary, dental, or mental health care providers. For an area to be designated as a HPSA, it must meet specific criteria. One of the measures considered for HPSA designation is the population-to-provider ratio. In assessing the population-to-provider ratios, smaller numbers indicate a higher availability of providers in the community, and larger numbers indicate a lesser availability of providers (or a higher number of community members who have to “share” a provider).

HOW TO CALCULATE POPULATION-TO-PROVIDER RATIOS FOR MENTAL HPSAS: OPTIONS FOR STATES

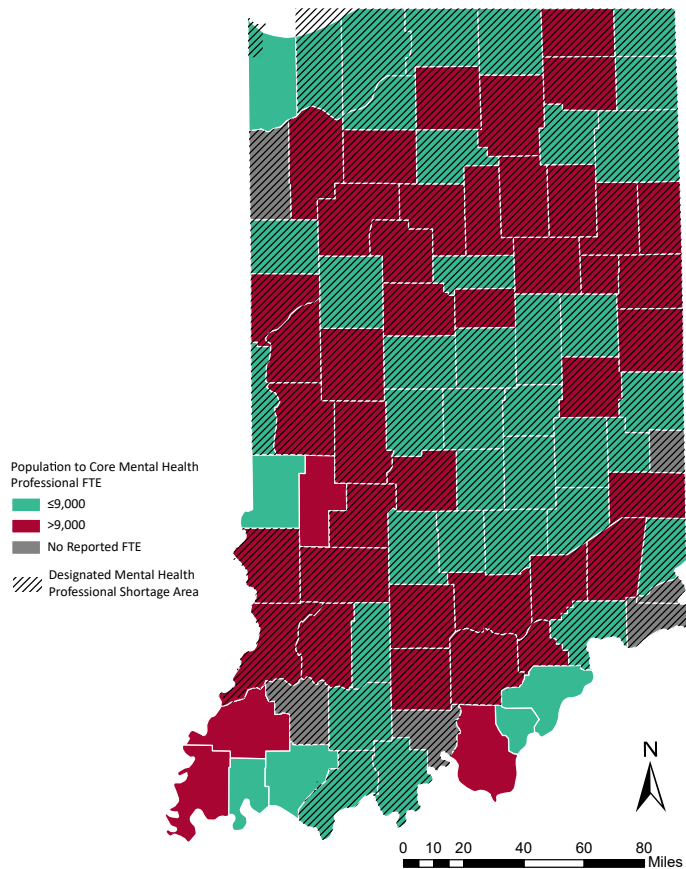
To assess for mental health professional shortage areas (MHPSAs), there are two general population-to-provider ratio calculation strategies: 1) population-to-psychiatrist ratio (utilizing just the psychiatrists in a community) and 2) population-to-core mental health professionals ratio (including psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists). For each strategy, a separate population-to-provider ratio is used as a benchmark: 30,000:1 for population-to-psychiatrist ratio and 9,000:1 for population-to-core mental health professionals ratio.

The federal government has established certain criteria as to whether or not they can be counted (and to what extent) toward the population-to-provider ratios. These criteria include those non-federal professionals that are actively providing mental health patient care (direct or other) in short-term or ambulatory care settings. Adjustments will be made for part-time practitioners, those in a residency program (0.5 FTE), hours spent on non-patient care (research, teaching, or other services unrelated to mental health), or those practitioners with a practice setting that is not accessible to the general population (ex: correctional institutions, school systems, etc.).

Even though Indiana has robust information available on all licensed behavioral health professionals, generally the psychiatrist ratios are used in shortage assessments. As demonstrated by the comparison maps below, the population-to-psychiatrist ratio demonstrates a greater shortage of professionals, which enables the state to obtain additional designations for communities in need. (It is important to note that workforce capacity is only one of many variables used to qualify for HPSA designation. Other variables include poverty level, travel time to care sites, prevalence of substance/alcohol use, etc.).

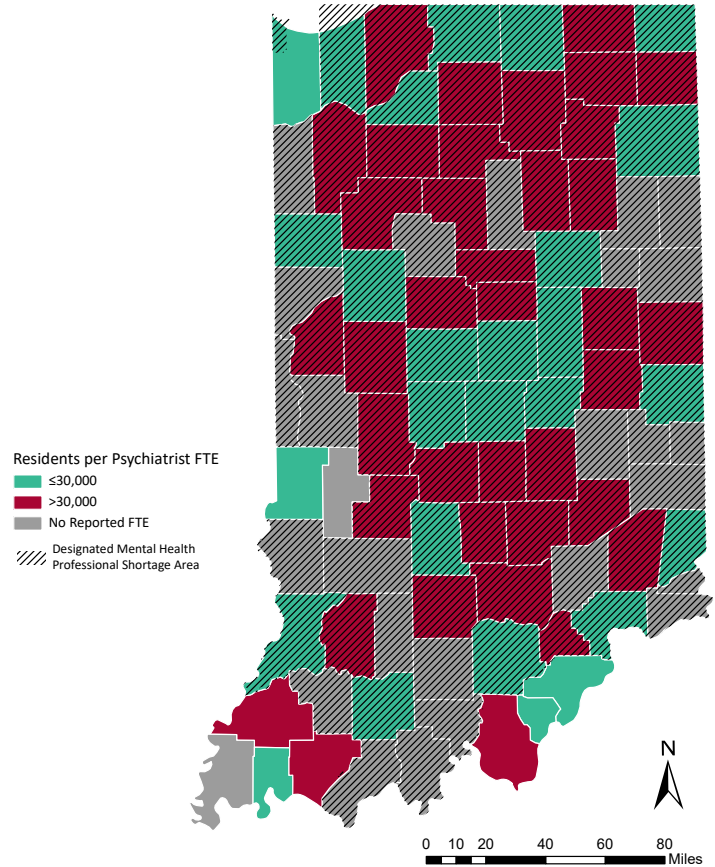
Indiana Workforce Capacity of Core Mental Health Professionals

Based on Criteria Provided by the
Health Resources & Services Administration



Indiana Workforce Capacity of Psychiatrists

Based on Criteria Provided by the
Health Resources & Services Administration



BEHAVIORAL HEALTH AND PRIMARY CARE INTEGRATION

The integration of behavioral health and primary care services is widely known as a strategy to support more comprehensive health care and enhance health outcomes for patients.¹ The Center for Integrated Health Solutions (CIHS) is a center under the Substance Abuse and Mental Health Services Administration (SAMHSA) that “promotes the development of integrated primary and behavioral health services.”² Integration is not a binary occurrence, but rather it exists on a continuum. The CIHS has developed a framework³ to define the various levels of collaborative/integrative care. These levels are defined below:

Coordinated, using communication	<ul style="list-style-type: none"> • Level 1: Minimal Collaboration <ul style="list-style-type: none"> - Key Features: Separate facilities, separate healthcare delivery except under rare and compelling circumstances, minimal coordination between providers/practice • Level 2: Basic Collaboration at a Distance <ul style="list-style-type: none"> - Key Features: Separate facilities, providers communicate periodically about shared patients, screenings may be integrated through information-sharing practices
Co-located; using physical proximity	<ul style="list-style-type: none"> • Level 3: Basic Collaboration Onsite <ul style="list-style-type: none"> - Key Features: Same facility (not necessarily same offices), providers communicate regularly about shared patients, more extensive collaboration, providers may agree on shared screening tools and process for in-house referral • Level 4: Close Collaboration Onsite with Some System Integration <ul style="list-style-type: none"> - Key Features: Same space in same facility, providers have regular face-to-face interactions, collaborative treatment planning for some patients, patient needs are treated separately but at the same site (potentially including warm hand-offs between providers)
Integrated; using practice change	<ul style="list-style-type: none"> • Level 5: Close Collaboration Approaching an Integrated Practice <ul style="list-style-type: none"> - Key Features: Same space in same facility (some shared space), providers seek solutions for patients together and have regular team meetings to discuss patient care, collaborative treatment planning for all patients • Level 6: Full Collaboration in a Transformed/Merged Integrated Practice <ul style="list-style-type: none"> - Key Features: Provider share same practice space and function as an integrated system, provider roles blur or blend, patients experience a seamless response to all healthcare needs, integrated funding and shared resources

HOW MIGHT INDIANA WORKFORCE DATA BE LEVERAGED TO ASSESS INTEGRATION?

Information collected from BHHS professionals at time of license renewal may be leveraged, to a small extent, to quantify and describe some levels of integration (defined above). For example, BHHS professionals practicing at Levels 5-6 would be practicing in the same space within the same facility as primary care providers to achieve integrated care. As such, BHHS professionals that report practicing in a practice setting associated with “Primary or Specialist Medical Care” (question 19 on the licensure survey⁴). Additionally, given that both behavioral health and primary care services are required to be delivered at community health centers, BHHS professionals practicing in these settings are also assumed to be providing integrated care at Level 3 or above. Assessing and quantifying other levels of integration is not currently feasible using license renewal survey response alone. However, this may be able to be achieved using a more complex analysis of provider address, health care claims data, etc

1. Balasubramanian, B. A., Cohen, D. J., Jetelina, K. K., Dickinson, L. M., Davis, M., Gunn, R., ... & Green, L. A. (2017). Outcomes of integrated behavioral health with primary care. *The Journal of the American Board of Family Medicine*, 30(2), 130-139.

2. SAMHSA-HRSA Center for Integrated Health Solutions. Available at: <https://www.samhsa.gov/integrated-health-solutions>

3. CIHS' Standard Framework for Levels of Integrated Healthcare. Available at: https://www.thenationalcouncil.org/wp-content/uploads/2020/01/CIHS_Framework_Final_charts.pdf?daf=375ateTbd56

4. 2020 BHHS License Renewal Survey. Available at: <https://scholarworks.iupui.edu/bitstream/handle/1805/21744/2020%20Behavioral%20Health%20Board%20Survey.pdf?sequence=1&isAllowed=y>

BEHAVIORAL HEALTH WORKFORCE POLICY

HIGHLIGHTS POLICY HIGHLIGHTS

LEGISLATION

MEDICAID

HEA 1092-2020¹

State Medicaid plan amendments

Requires the Office of Medicaid Policy & Planning to apply for a state Medicaid amendment to include BHHS professionals as eligible providers for outpatient mental health or substance abuse treatment services.

DELIVERY IMPLICATIONS

HEA 1326-2020²

Community Mental Health Centers

Provides that certain LCSWs, LMHCs, LMFTs, and LCACs that meet requirements are eligible as supervisors for addiction based intensive outpatient treatments under Medicaid.

Defines a community mental health center as a governmental unit for purposes of the required nonfederal share of medical assistance payments under Medicaid.

Provides that a provider in an intensive outpatient treatment program is not required to be a licensed addiction counselor or clinical addiction counselor if specified conditions are met.

Allows the division of mental health and addiction to grant a waiver of staffing requirements for community mental health center applicants.

Provides that a licensed prescriber with prescriptive authority shall be counted when determining whether a community mental health center applicant meets certain staffing requirements for community mental health center certification.

Requires a licensed clinical addiction counselor to be counted for certain staffing requirements of community mental health centers.

Provides advanced practice nurses with all of the supervisory rights and responsibilities of licensed physicians and health service provider in psychology (HSPP) psychologists in certain instances if specified requirements are met.

LICENSING/REGULATORY CHANGES

SB 82-2021⁴

Mental health diagnosis

Defines “mental health diagnosis” which does not include a physical diagnosis. Changes the practice definitions for a number of BHHS professions to allow for mental health diagnosis (LCACs, LCSWs, LMFTs, LMHCs). Sets requirements to be met for certain licensed professionals who provide mental health diagnoses (60 hours of graduate studies in mental health diagnosis and training from the latest DSM and ICD categories, 1,000 hours supervised experiences, and licensure). Establishes required referrals when a mental health practitioner identifies that a patient has not been examined by a physician/APRN in preceding 12 months or if the patient has a physical condition.

SEA 273-2020⁵

Indiana Behavioral Health Commission

Establishes the Indiana Behavioral Health Commission. The Commission will produce reports assessing a number of behavioral health issues in Indiana, including access to mental health systems and mental health providers.

SB 36-2021⁶

Psychology Interjurisdictional Compact

This bill would have established the psychology interjurisdictional compact (PSYPACT) which would provide temporary authorization for psychologists to practice psychology in other compact states (for telepsychology or in-person services). This bill moved to the second chamber but was referred to Ways and Means. A brief⁷ on PSYPACT was recently created for the purposes of providing objective information to inform Compact-related discussions.

TELEHEALTH

Executive Order 20-05

In response to COVID, on March 19th, 2020, Governor Holcomb signed Executive Order 20-05⁸ that allowed flexibilities for telehealth delivery in Indiana. This order permitted healthcare services for mental health and substance use disorder treatment and prescribing over telehealth without face-to-face requirements.

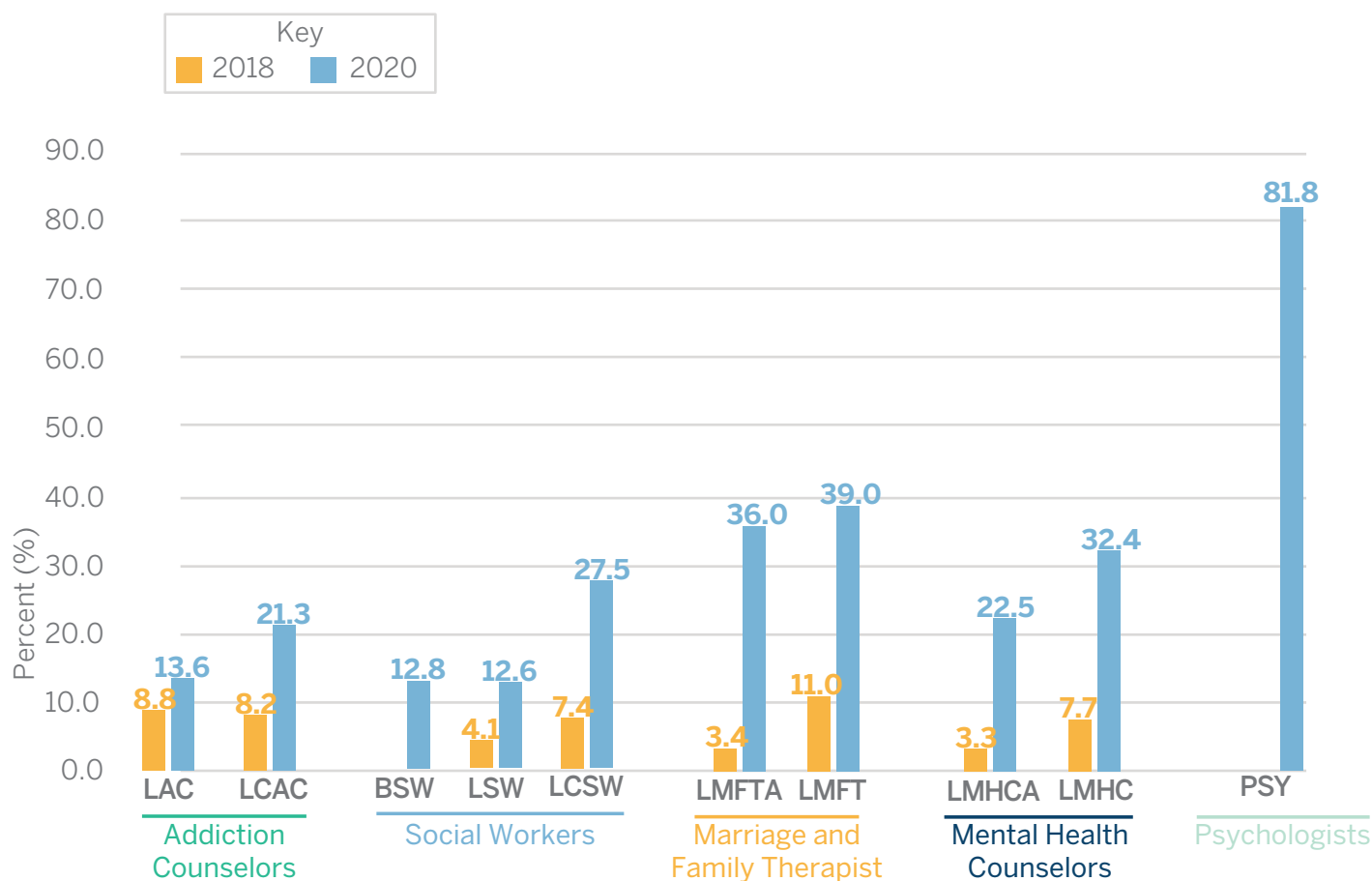
Tracking Telehealth Engagement Among BHHS Providers

BHHS professionals renewed their license at the height of the first COVID surge in Indiana. Given that renewal likely occurred after the implementation of EO 20-05, professionals' response to telehealth engagement may have been influenced by their increased ability to provide telehealth services under this provision.

Making Some Telehealth Flexibilities Permanent: SEA 3-2021³ Telehealth matters

In the 2021 legislative session, a telehealth bill was signed into law that expands the definition and implementation of telehealth in Indiana. This bill allows additional practitioners, including licensed behavioral health and human services professionals (among others) to provide telehealth services. This bill also allows some electronic communications if a relationship with the patient is established. It will be important to monitor telehealth engagement among BHHS professionals to evaluate the impact of telehealth policies on BHHS professionals' practice.

Percent of BHHS Professionals who provide services via telehealth



1. Indiana General Assembly. 2020 House Enrolled Act 1092. Available at: <http://iga.in.gov/legislative/2020/bills/house/1092>

2. Indiana General Assembly. 2020 House Enrolled Act 1326. Available at: <http://iga.in.gov/legislative/2020/bills/house/1326>

3. Indiana General Assembly. 2021 Senate Enrolled Act 3. Available at: <http://iga.in.gov/legislative/2021/bills/senate/3>

4. Indiana General Assembly. 2021 Senate Bill 82. Available at: <http://iga.in.gov/legislative/2021/bills/senate/82>

5. Indiana General Assembly. 2020 Senate Enrolled Act 273. Available at: <http://iga.in.gov/legislative/2020/bills/senate/273>

6. Indiana General Assembly. 2021 Senate Bill 36. Available at: <http://iga.in.gov/legislative/2021/bills/senate/36>

7. Bowen Center for Health Workforce Research & Policy. PSYPACT Brief. 2021. Available at: <https://scholarworks.iupui.edu/bitstream/handle/1805/25080/PSyPact.pdf?sequence=3&isAllowed=y>

8. Executive Order 20-05. Available at: https://www.in.gov/gov/files/EO_20-05.pdf