SPECIAL REPORT SERIES

A Longitudinal Assessment of Diversity in Indiana's Health Workforce

Behavioral Health and Human Services Professionals

SCHOOL OF MEDICINE
BOWEN CENTER FOR HEALTH
WORKFORCE RESEARCH & POLICY

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EXECUTIVE SUMMARY

The Behavioral Health and Human Services (BHHS) sector plays a critical role in addressing the mental and emotional well-being of individuals and communities. Professionals within this workforce are dedicated to promoting mental health, providing counseling and therapy, and offering specialized support services. Understanding the BHHS workforce's demographics, distribution, and characteristics is vital for identifying gaps and ensuring its effectiveness in delivering mental health and human services. This report provides an overview of historical data related to diversity within the BHHS workforce in the state of Indiana.

This report is part of the Indiana Health Workforce Diversity Brief Series and presents trends in racial and ethnic diversity among Indiana-licensed BHHS professionals. This report examines demographic measures (gender, race, ethnicity, and age) of addiction counselors, social workers, marriage and family therapists, and mental health counselors. The data were collected from Indiana Behavioral Health and Human Services License and Supplemental Data Elements between 2012-2020. For more information on the methodology used in this series, please see the first report of this series.

Indiana's BHHS workforce has undergone significant demographic changes, demonstrating greater gender diversity, younger professionals, and increased representation of minority groups. The percentage of Behavioral Health Professionals identifying as belonging to a racial or ethnic minority has more than doubled since 2010. Additionally, there has been a significant increase in the number of female professionals in the BHHS sector, with women now representing a higher proportion of the workforce compared to a decade ago.

Diversity and inclusion in the BHHS workforce are particularly important for ensuring cultural competence and health equity. Existing policies and programs directly related to racial and ethnic diversity in this workforce – at both the national and state levels – have aimed to support increased workforce diversity through scholarship programs. These and similar initiatives not only support increased diversity but also support increased access to care for underserved communities. Seeing the impact of these programs is essential for informing targeted recruitment and retention of diverse behavioral health professionals.

How is Underrepresented Minority Defined?

According to the Bureau of Health Workforce - HRSA, an underrepresented minority is defined as, **"someone from a racial or ethnic group considered inadequately represented in a specific profession relative to the representation of that racial or ethnic group in the general population."**

Bureau of Health Workforce (HRSA). Glossary. Cited from https://bhw.hrsa.gov/glossary#:~:text=Underrepresented%20Minority%20(URM),group%20in%20the%20general%20population

TOTAL INDIANA BHHS WORKFORCE

LONGITUDINAL TRENDS

The total number of BHHS workforce reported as actively practicing in Indiana has nearly doubled over the last decade, increasing from 4,950 in 2010 to 9,448 in 2022. Over the years, the strategy used to identify actively practicing BHHS in Indiana has been modified to align with changes in behavioral health counseling delivery and the modifications to questions being asked to the Indiana's BHHS workforce in the bi-annual license renewal supplemental survey. Additionally, the total number of non-respondents has also changed due to changes in requirements for completing license renewal surveys. More information on these changes can be found in the Diversity Report: Methodology and Introduction[1].

In addition to overall growth, the demographic characteristics of BHHS workforce have also changed significantly during the past decade. The percentage of females in BHHS workforce has consistently remained high, starting at 75.31% in 2010 and increasing to 83.13% in 2022. While the percentage of male professionals lowers, the count has shown some increase over time, from 1,142 in 2012 to 1,594 in 2022. Additionally, there is a noteworthy "Gender Not Available" category, which became more prevalent in 2016 and 2018; this is mostly likely attributable to the voluntary nature of the licensure survey during this time. The BHHS workforce has become relatively younger in recent years, Specifically, the percentage of BHHS professionals under the age of 35 has increased from 12.91% in 2010 to 23.6% in 2022, while the proportion of BHHS professionals aged 55 and older has decreased from 40.13% in 2020 to 26.74% in 2022.

Generally, The BHHS workforce is predominantly composed of individuals who identify as "Not Hispanic, Latino/a, Spanish," representing 93.82% in 2022. However, there has been a notable increase in professionals identifying as "Hispanic, Latino/a, Spanish" from 2.04% in 2010 to 6.18% in 2022. Similar increases are noted from BHHS professionals identifying as a racial minority group. Although the majority of BHHS professionals has also been those who identify as "White," there is an increase in the proportion of BHHS professionals identifying as "Black or African American" from 4.36% in 2010 to 8.10% in 2022. There's also an increase in BHHS professionals identifying as "Multiracial," which grew from 0.93% in 2010 to 1.89% in 2022.

POLICY CONTEXT

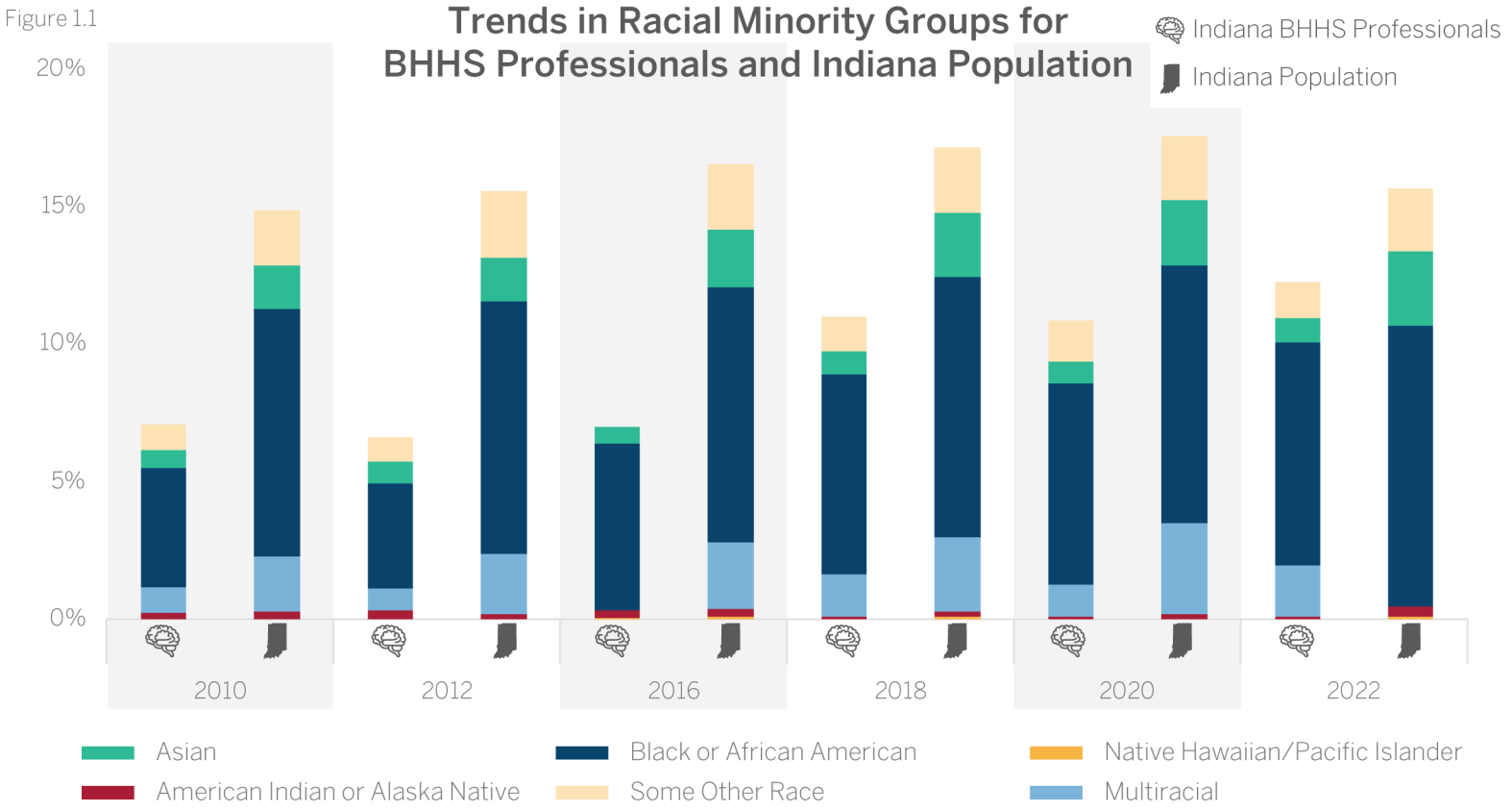
While increased diversity in the behavioral health and human services workforce is likely attributable to increased diversity in the U.S. population overall, there have also been intentional investments and targeted programming in recent decades aimed to increase workforce diversity. Diversity has been a longstanding priority for the BHHS workforce. There have been a broad range of diversity and inclusion-focused programs and initiatives within the BHHS community. National institutes and associations focus on commitments to cultivating diversity and harboring equitable work environments for BHHS professionals of all backgrounds. Each BHHS profession has their own leading membership and advocacy associations that will be explored in subsequent sections, alongside any profession-specific diversity-related initiatives.

At the national level, the Health Resources and Services Administration's Bureau of Health Workforce offers loan repayment, scholarship, and educational programming to support the BHHS workforce broadly. Although these programs do not specifically target diversity goals, they do generally support BHHS professionals seeking to further their education and experience by working in underserved communities.[2] A nationally directed state-based program also exists in Indiana: the Indiana State Loan Repayment Program (IN-SLRP) administered by the Indiana Department of Health. This program provides student loan repayment to encourage the full-time delivery of mental health services at practices located in federally designated shortage areas in Indiana. In exchange for a two-year commitment, recipients can receive up to $20,000 to repay their outstanding student loans. With an option for an additional two years of service, for a total of $40,000 for four-year commitment.[3]

Indiana BHHS Demographics Trends

Figure 1.1

Trends in Racial Minority Groups for BHHS Professionals and Indiana Population



Note:In years 2010-2012 Asian and Pacific Islander demographics are combined
Source: Indiana Behavioral Health and Human Services License and Supplemental Data Elements, 2012 - 2022
A breakdown of all racial demographic characteristics are located in the appendix of Longitudinal Assessment of Diversity in Indiana's Health Workforce: Indiana BHHS Professionals

Figure 1.2

Trends in Ethnicity for BHHS Professionals and Indiana Population

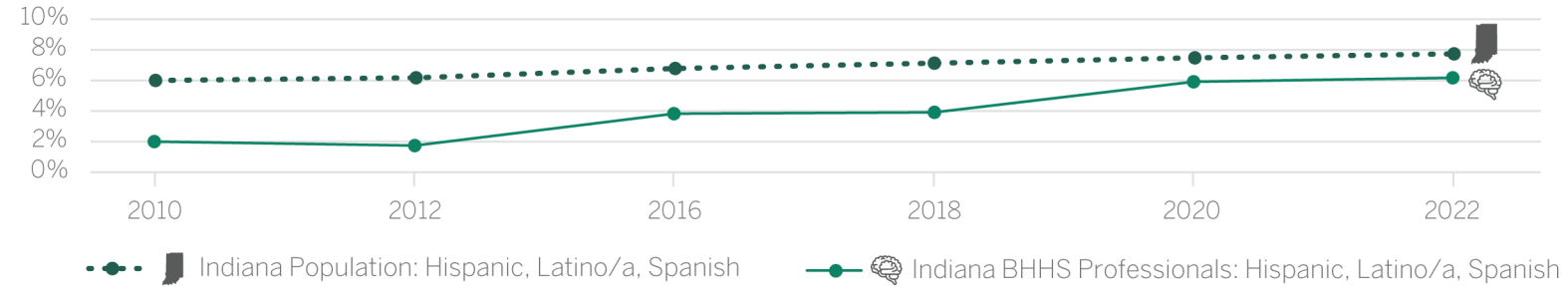


Figure 1.3

Trends in Age

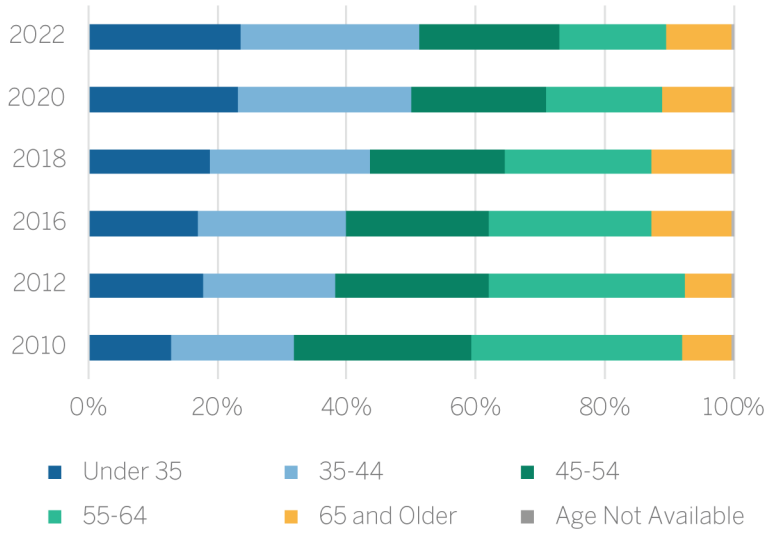
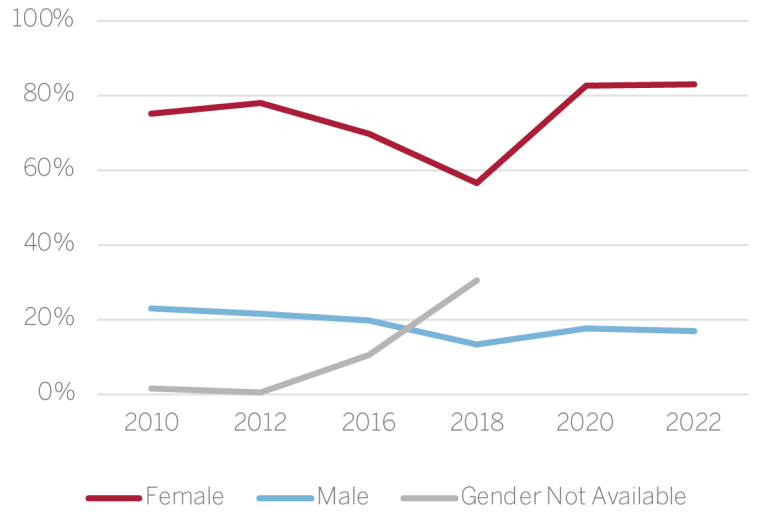


Figure 1.4

Trends in BHHS Gender



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INDIANA ADDICTION COUNSELORS

ADDICTION COUNSELORS

The total number of addiction counselors who reported actively practicing in Indiana has fluctuated between 2016 and 2022 (Table 2). The fluctuation in the number of addiction counselors and clinical addiction counselors is most likely attributable to changes in identifying BHHS professionals actively practicing in Indiana. More specifically, data management modifications accounted for individuals with more than one license type and counting them only once under a single license.

Women have consistently made up over half of the workforce. However, male representation has seen a slight increase over the years, rising from 35.14% in 2016 to 43.04% in 2022. The age distribution of addiction counselors indicates a trend toward an aging workforce. While the proportion of professionals under the age of 35 has increased slightly from 3.6% in 2016 to 5.06% in 2022, the percentage of addiction counselors aged 55 and older has grown from 48.65% in 2016 to 55.7% in 2022.

In general, Indiana addiction counselors have primarily specified their ethnicity as "Not Hispanic, Latino/a, Spanish" and has risen from 86.49% in 2016 to 96.20% in 2022. However, when examining the distribution of race, there is a notable increase in the proportion of addiction counselors identifying as "Black or African American," which has grown from 9.91% in 2016 to 15.19% in 2022.

CLINICAL ADDICTION COUNSELORS

As with addiction counselors, the total number of clinical addiction counselors in Indiana has also fluctuated over the years. It increased from 497 in 2016 to 769 in 2018, then decreased significantly to 216 in 2020 and further to 182 in 2022 (Table 3).

Over half of Indiana clinical addiction counselors have consistently been female, with a slightly increase in percentage from 60.56% in 2016 to 62.09% in 2022. The age distribution of addiction counselors shows a gradually aging workforce. Although the percentage of clinical addiction counselors under the age of 35 increased slightly from 3.62% in 2016 to 5.06% in 2022. The percentage of clinical addiction counselors aged 55 and older also increased from 49.10% in 2016 to 52.75%.

Generally, clinical addiction counselors have been predominantly not Hispanic, Latino/a, Spanish. However, the examination of the distribution of race shows more diversity. There is a notable increase in the proportion of clinical addiction counselors identifying as "Black or African American", growing from 11.47% in 2016 to 20.33% in 2022.

POLICY CONTEXT

Various diversity-focused programs and initiatives exist to advance addiction counselor diversity and the provision of culturally competent addiction counseling services. In 2010, the federal Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment commissioned a publication entitled "Minority Recruitment for the 21st Century: An Environmental Scan."[4] This report highlights promising recruitment strategies used in addiction counseling to recruit minority professionals to serve in the field.

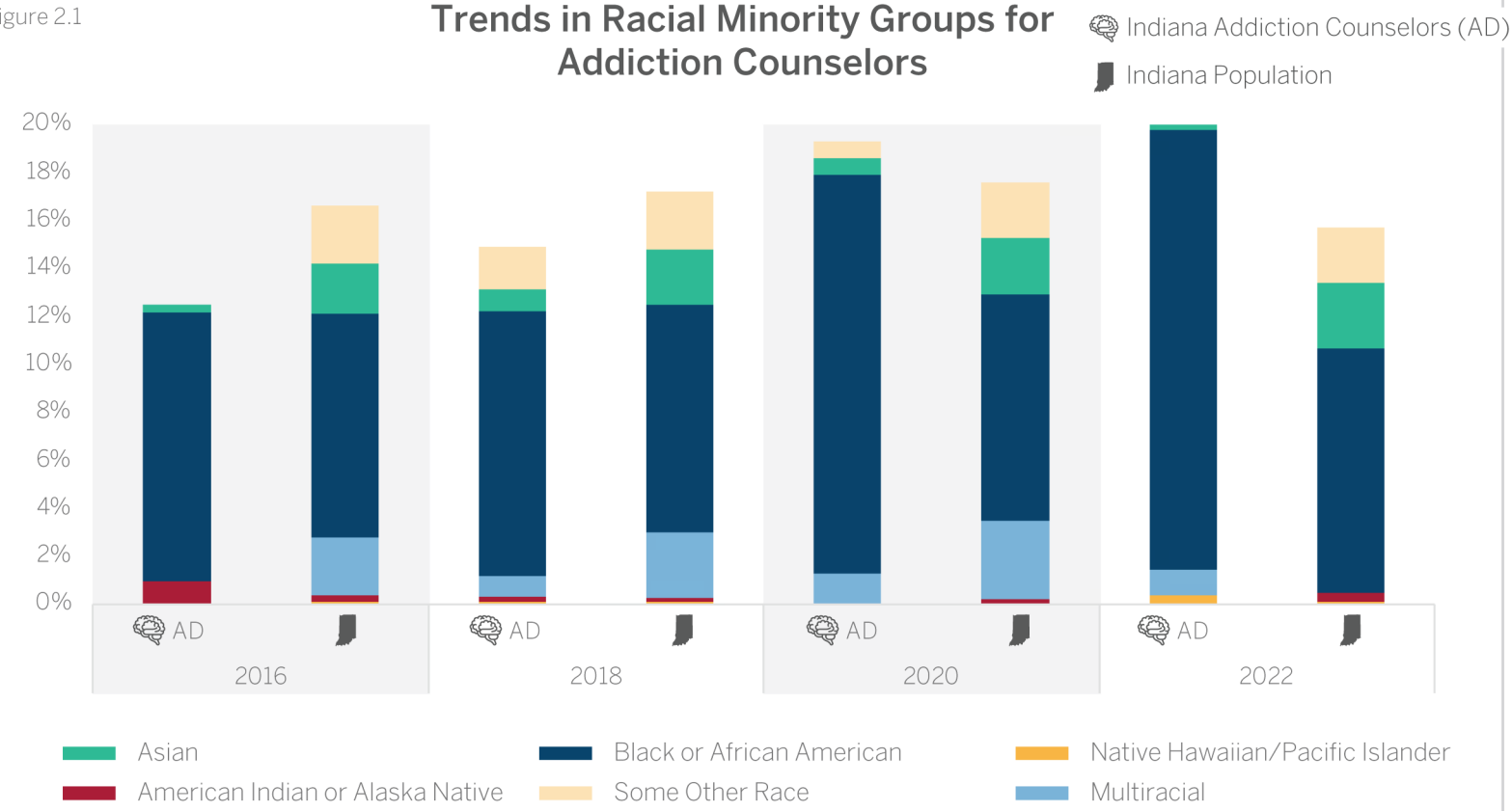
Another national strategy includes the Association for Addiction Professionals' Minority Fellowship Program.[5] This fellowship offers a $15,000 stipend to current minority master-level students who are willing to commit to providing addiction services to underserved communities.

Indiana Addiction Counselor* Demographics Trends

*Addiction Counselors include Licensed Addiction Counselor Associate, Licensed Addiction Counselor, Licensed Addiction Counselors, Licensed Clinical Addiction Counselor

Figure 2.1

Trends in Racial Minority Groups for Addiction Counselors



Source: Indiana Behavioral Health and Human Services License and Supplemental Data Elements, 2012 - 2022
A breakdown of all racial demographic characteristics are located in the appendix of Longitudinal Assessment of Diversity in Indiana's Health Workforce: Indiana BHHS Professionals

Figure 2.2

Trends in Ethnicity for Addiction Counselors and Indiana Population

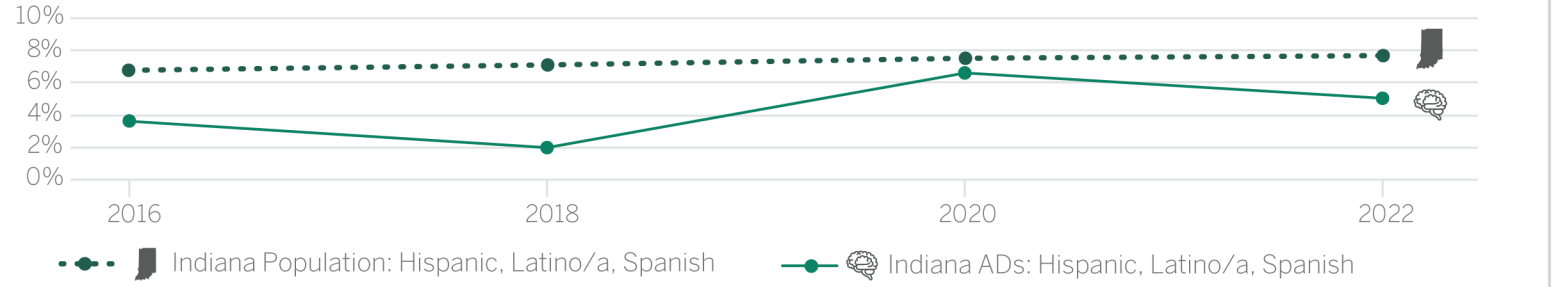


Figure 2.3

Trends in Addiction Counselor Age

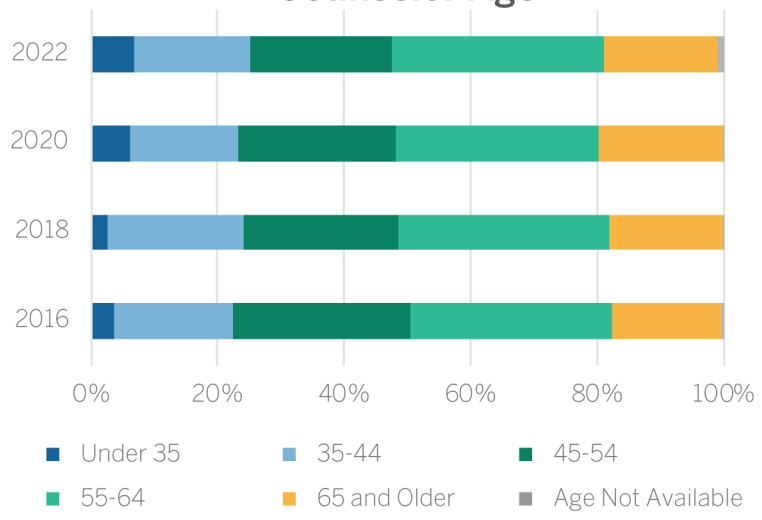
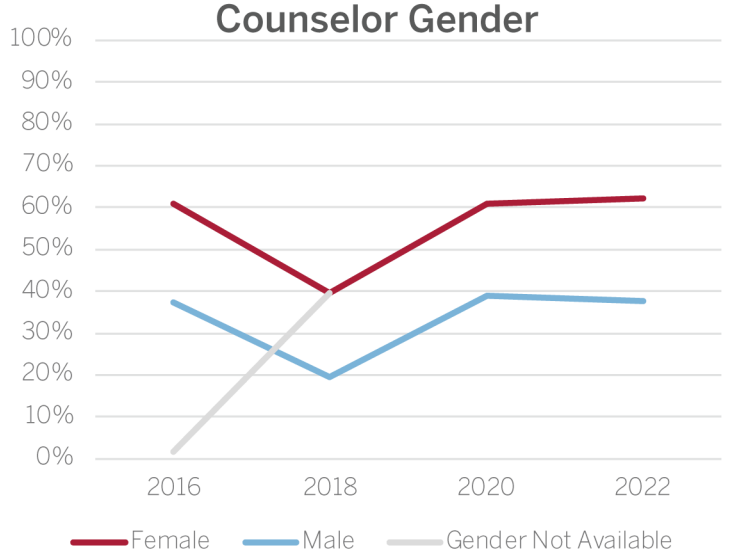


Figure 2.4

Trends in Addiction Counselor Gender



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TOTAL INDIANA SOCIAL WORKERS

LICENSED SOCIAL WORKERS

The total number of licensed social workers (LSWs) in Indiana has grown significantly, from 719 in 2016 to 1,700 in 2022 (Table 4). The majority of LSWs are females, with the percentage increasing from 82.34% in 2016 to 90.06% in 2022. The proportion of LSWs under the age of 45 has risen from 60.64% in 2016 to 68.47% in 2022, while the proportion of LSWs aged 55 and older has decreased from 21.7% in 2016 to 14.82% in 2022.

Generally, LSWs predominantly identify "Not Hispanic, Latino/a, Spanish," making up 92.88% in 2022. Notably, there has been an increase in professionals identifying as "Hispanic, Latino/a, Spanish," from 3.20% in 2016 to 7.12% in 2022. Similar increases are observed among LSWs identifying as a racial minority group. While most social workers still identify as "White," there is a rise in the proportion of LSWs identifying as "Asian," increasing from 0.56% in 2016 to 1.06% in 2022. Additionally, there is a slightly increase in LSWs identifying as "Native Hawaiian/Pacific Islander," "Multiracial," and "Other."

LICENSED CLINICAL SOCIAL WORKERS

The total number of licensed clinical social workers (LCSWs) has steadily increased over the years, from 2,389 in 2016 to 4,052 in 2022 (Table 5). Indiana LCSWs have consistently been mostly female, with the percentage increasing from 71.41% in 2020 to 85.37% in 2022.

The age composition of LCSWs reveals diverse representation across various age groups and indicates a trend toward a younger workforce from 2016 to 2022. The percentage under 55 has steadily increased since 2016. However, the percentage of LCSWs aged 55-64 has significantly decreased from 26.62% in 2016 to 19.35% in 2022.

In general, most LCSWs identify as "Not Hispanic, Latino/a, Spanish," with this percentage consistently exceeding 90% and showing a slight increase over the years. Conversely, the percentage of those in the "Hispanic, Latino/a, Spanish" category has remained relatively low. However, when examining the distribution of race, it reveals a more diverse pattern compared to ethnicity. Although the majority of LCSWs still identify as "White," in a consistent trend, there is a notable increase in the proportion identifying as "Black or African American," which has risen from 4.23% in 2016 to 7.08% in 2022.

LICENSED BACHELOR SOCIAL WORKERS

The bachelor of social work (LBSW) license is a relatively new behavioral health license in Indiana and has seen little growth between 2020 (n=78) and 2022 (n=79) (Table 6). The majority of LBSWs are female, and the age distribution is predominantly under 35 and between 35-44. Generally, the majority identify as "Not Hispanic, Latino/a, Spanish and most identify as "White."

POLICY CONTEXT

Social Workers provide essential services which support individuals, marriages, couples, families, groups, and communities. Many times, this includes meeting the client in vulnerable situations. Because of this, it is critical that social workers can provide culturally competent care, including demonstrating knowledge of and respect for the community they serve. Diversity among social workers supports this goal and enhances the quality of culturally competent social services. At the national and state-levels, various diversity-focused programs and initiatives exist to advance diversity among social workers.

The Council on Social Work Education (CSWE) is the national association representing social work education in the United States. CSWE publishes the Educational Policy and Accreditation (EPA)Standards for Baccalaureate and Master's Social Work Programs. The EPA published by CSWE includes diversity and inclusion standards that all accredited programs must include[6]. The National Association of Social Workers has demonstrated their commitment to Diversity Equity & Inclusion (DEI) on website, where they publish resources related to diversity. Resources includes a report "Undoing Racism Through Social Work: NASW Report to the Profession on Racial Justice Priorities and Action" which outlines a two-year action plan for the profession, with specific annual goals

and strategies to train social workers on anti-racist training, guidance for state chapter leadership toward racial equity, and a national advocacy plan for the profession to advance DEI goals.[6]

At the state level, the National Association of Social Workers has an Indiana chapter that maintains a Committee on Racial and Ethnic Diversity (CORED).[7] The committee's purpose is "to promote, value, and honor diversity within Indiana NASW through education, policy development, and collaboration with other programs and committees. CORED shall address those issues affecting racially and ethnically diverse persons with whom we work including those institutions/agencies that serve them. A particular focus is on those groups that have historically been subject to racism." The CORED committee has regular meetings and aims to increase racial diversity within the social work workforce in Indiana.

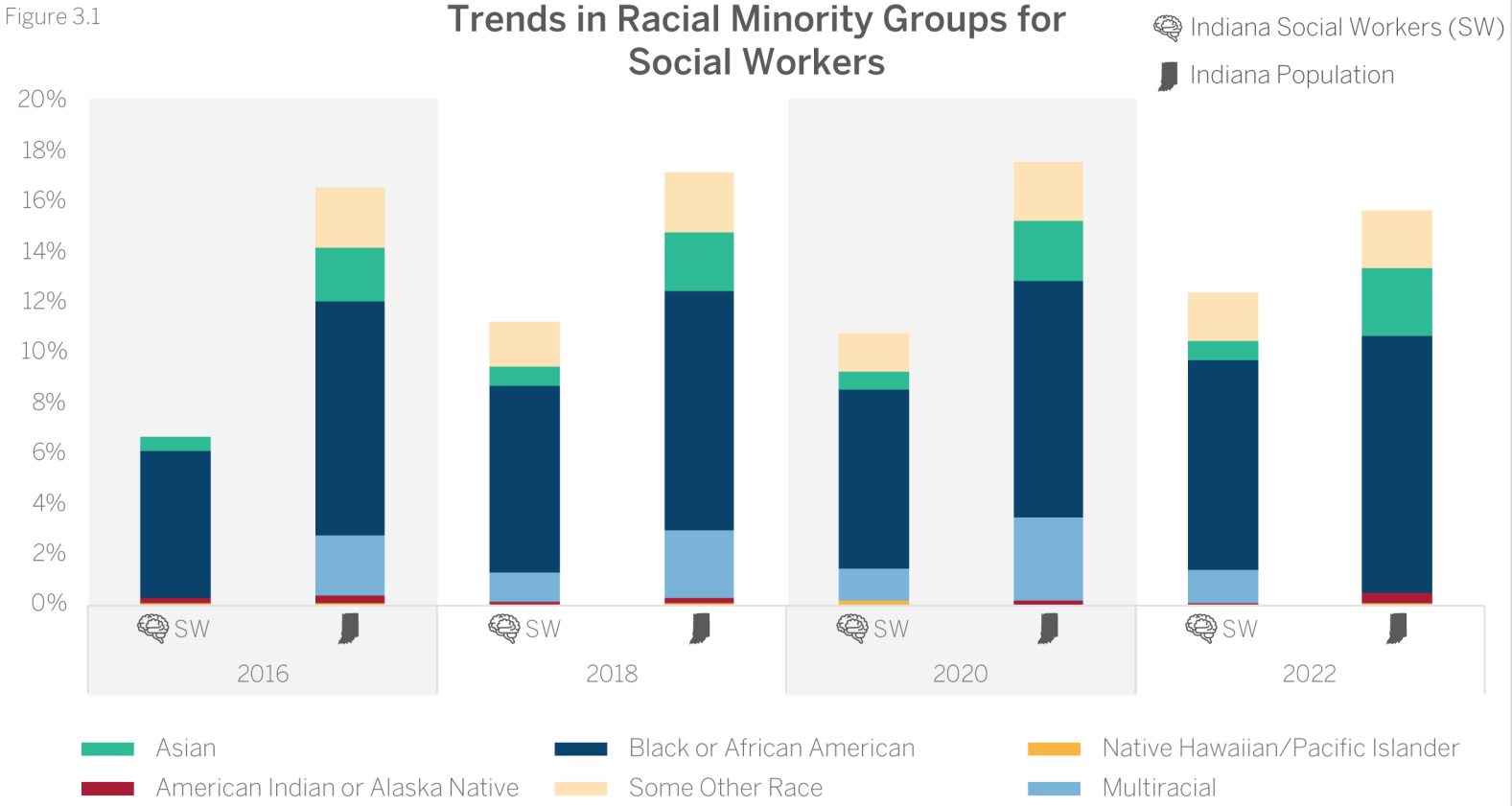
Additionally, the Indiana University School of Social Work-Fort Wayne has established the Diversity and Equity Scholarship to promote diversity, equity, and inclusion by providing financial assistance to social work students who are often underrepresented in academic institutions.[8] The faculty of the School of Social work created this scholarship in response to data demonstrating that students of minority groups are more likely to encounter hardships that impact their education and are more likely to graduate with larger amounts of debt. The creation of this scholarship has an aim to alleviate some of those hardships facing minority students entering the field of Social Work in Indiana and ultimately further diversify the profession.

Indiana Total Social Worker* Demographics Trends

* Social Workers includes Licensed Bachelor Social Worker, Licensed Social Worker, Licensed Clinical Social Worker

Figure 3.1

Trends in Racial Minority Groups for Social Workers



Source: Indiana Behavioral Health and Human Services License and Supplemental Data Elements, 2012 - 2022
A breakdown of all racial demographic characteristics are located in the appendix of Longitudinal Assessment of Diversity in Indiana's Health Workforce: Indiana BHHS Professionals

Figure 3.2

Trends in Ethnicity for Social Workers and Indiana Population

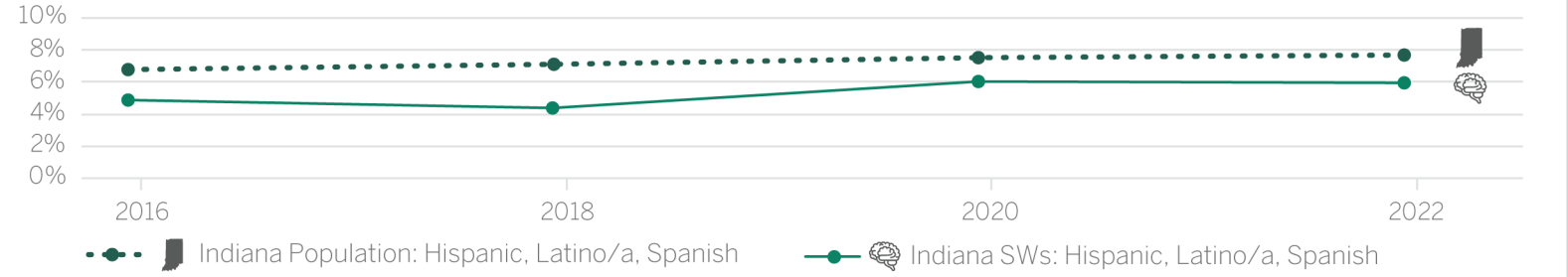


Figure 3.3

Trends in Social Workers Age

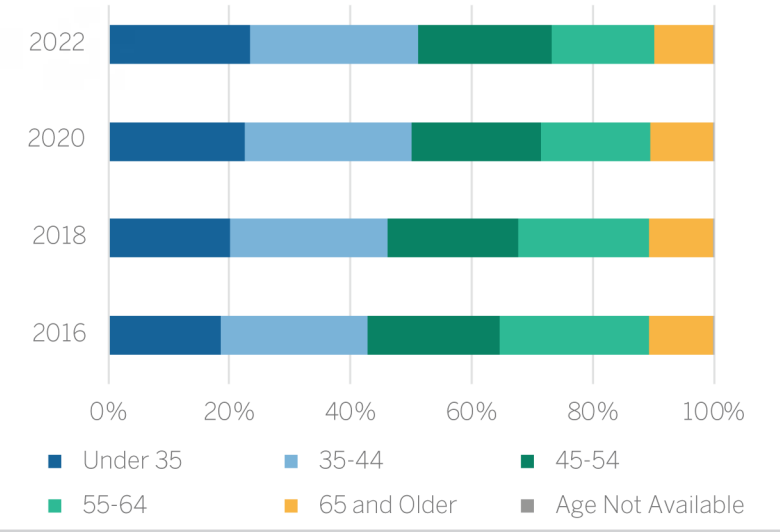
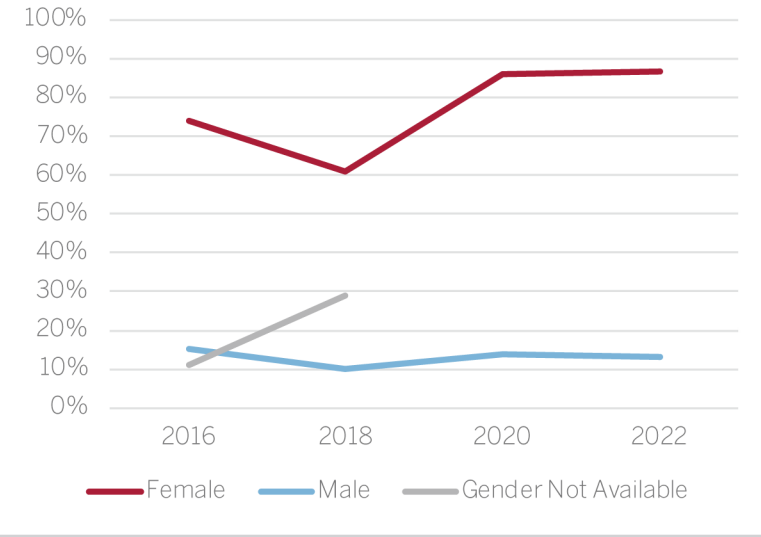


Figure 3.4

Trends in Social Workers Gender



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TOTAL INDIANA MARRIAGE & FAMILY THERAPISTS

LONGITUDINAL TRENDS

The total number of licensed marriage & family therapists in Indiana has shown an increasing trend over the years, from 528 in 2016 to 651 in 2022. Most are consistently female, and representation has increased from 60.80% in 2016 to 74.4% in 2022. The percentage of marriage & family therapists aged 35-54 has increased significantly from 30.68% in 2016 to 46.70% in 2022. In contrast, the percentage of professionals aged 55 and older has decreased from 50.94% to 35.64%.

Generally, most marriage and family therapists identify as "Not Hispanic, Latino/a, Spanish", with this percentage consistently hovering around 95% over the years. However, there has been a noteworthy increase in professionals identifying as "Hispanic, Latino/a, Spanish", rising from 1.89% in 2016 to 5.22% in 2022. Similar increases are noted from marriage and family therapists identifying as a racial minority group. Racial distribution has revealed a more diverse representation in the racial groups "Asian," "Black or African American," "Multiracial," and "other."

POLICY CONTEXT

Building a culturally diverse workforce in the field of marriage & family therapy leads to well-rounded providers able to support individuals and families of all communities and backgrounds. Various diversity-focused programs and initiatives exist to advance marriage and family therapists diversity and the provision of culturally competent marriage and family therapy services.

The American Association for Marriage and Family Therapy (AAMFT) has developed a Diversity and Inclusivity Statement that resides on their website. Part of their Diversity and Inclusivity Statement reads "By appreciating the importance of inclusion, we acknowledge that the collective and individual talents, skills, and perspectives of members, constituent groups, and partners foster a culture of belonging, collaborative practice, innovation, and mutual respect. Diversity of thought and inclusion of new ideas and perspectives can help us increase creativity, generate new ideas, enhance problem solving, and increase flexibility, productivity, and effectiveness."[9] This missional commitment to inclusion and diversity demonstrates the value placed on these principles by this profession.

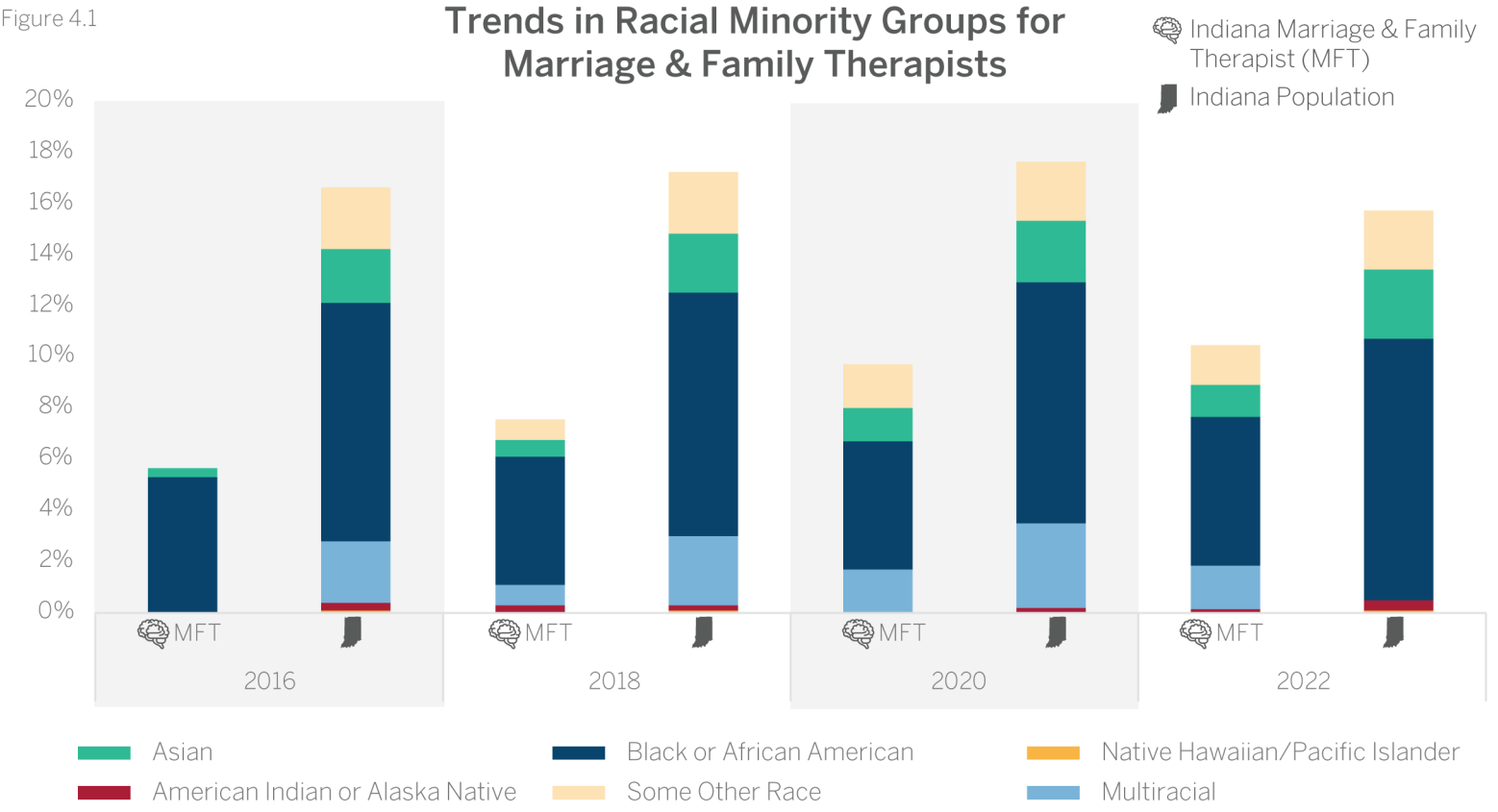
In alignment with their Diversity and Inclusivity Statement, AAMFT offers their Minority Fellowship Program through their Research and Education Foundation. The Minority Fellowship Program (MFP) was created to increase the number of culturally competent marriage and family therapist, researchers, teachers, and practitioners who will increase mental health services to ethnic minority, and underrepresented populations.[10] The MFP fellowship requires 2 years of service after completion of their academic training.[11]

Indiana Marriage & Family Therapist Demographics Trends

*Licensed Marriage & Family Therapist Associate, Licensed Marriage & Family Therapist

Figure 4.1

Trends in Racial Minority Groups for Marriage & Family Therapists



Source: Indiana Behavioral Health and Human Services License and Supplemental Data Elements, 2012 - 2022
A breakdown of all racial demographic characteristics are located in the appendix of Longitudinal Assessment of Diversity in Indiana's Health Workforce: Indiana BHHS Professionals

Figure 4.2

Trends in Ethnicity for Marriage & Family Therapists and Indiana Population

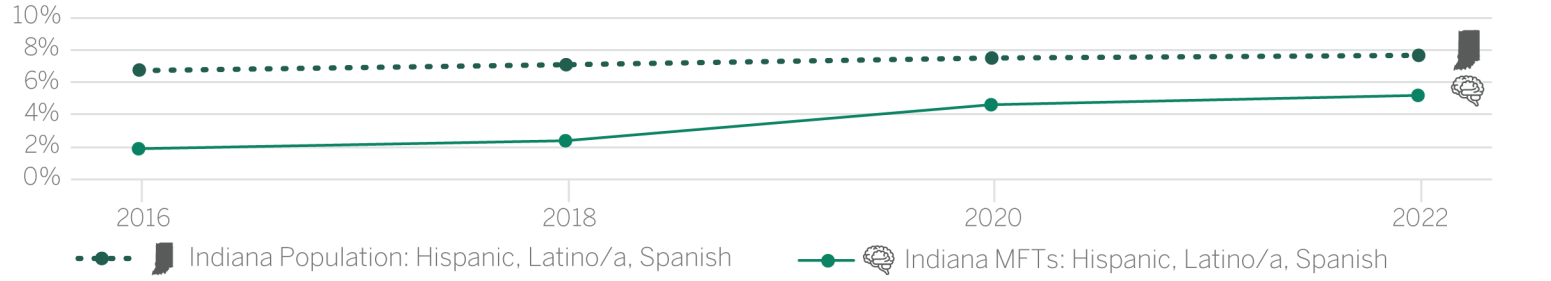


Figure 4.3

Trends in Marriage & Family Therapist Age

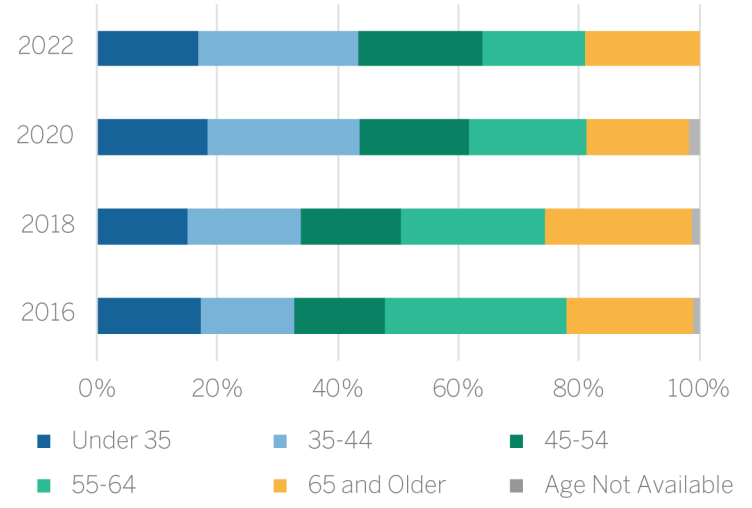
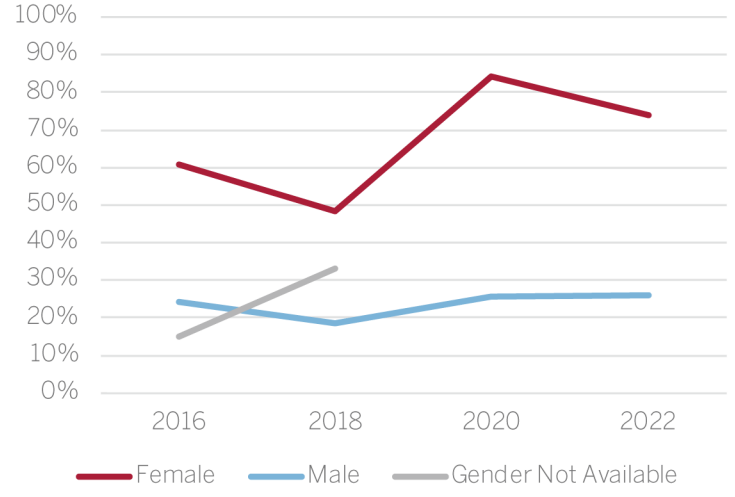


Figure 4.4

Trends in Marriage & Family Therapist Gender



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TOTAL INDIANA MENTAL HEALTH COUNSELORS

LONGITUDINAL TRENDS

From 2016 to 2022, there has been a consistent increase in the total number of mental health counselors actively practicing in Indiana, rising from 1,158 in 2016 to 2,688 in 2022.The percentage of females in this profession has consistently remained high, starting at 68.13% in 2016 and increasing to 79.43% in 2022. The mental health counselors have become relatively younger in recent years. Specifically, the percentage under the age of 35 has risen from 19.78% in 2016 to 27.31% in 2022, while the proportion of counselors aged 55 and older has decreased from 31.78% in 2016 to 14.88% in 2022.

In terms of ethnicity, the majority of Mental Health Counselors have consistently identified as "Not Hispanic, Latino/a, Spanish," accounting for over 90% of the workforce over the years. However, there has been a noticeable increase in professionals identifying as "Hispanic, Latino/a, Spanish," growing from 1.99% in 2016 to 7.07% in 2022. Similar increases have been observed in the representation of racial minority groups within the profession. While the majority of Mental Health Counselors identify as "White," with this percentage consistently remaining high, there has been a notable increase in the proportion of counselors identifying as "Black or African American," rising from 4.40% in 2016 to 7.11% in 2022.

POLICY CONTEXT

Mental Health Counselors provide services using counseling and psychotherapeutic techniques that assist people in identifying and resolving personal, social, and interpersonal concerns. Various diversity-focused programs and initiatives exist in the Mental Health Counselor profession to enhance diversity of the workforce and promote the provision of culturally competent mental health counseling services.

The National Board for Certified Counselors, an organization that administers licensure exams for mental health counselors across the nation, offers a Minority Fellowship Scholarship. The program supports 50 doctoral and master's-level counseling fellowships of $10,000-$20,000 per each awardee.[12] The Fellowship allows for 30 master's level fellowships for mental health counseling students, and 20 doctoral level fellowships for counselor education and supervision students.

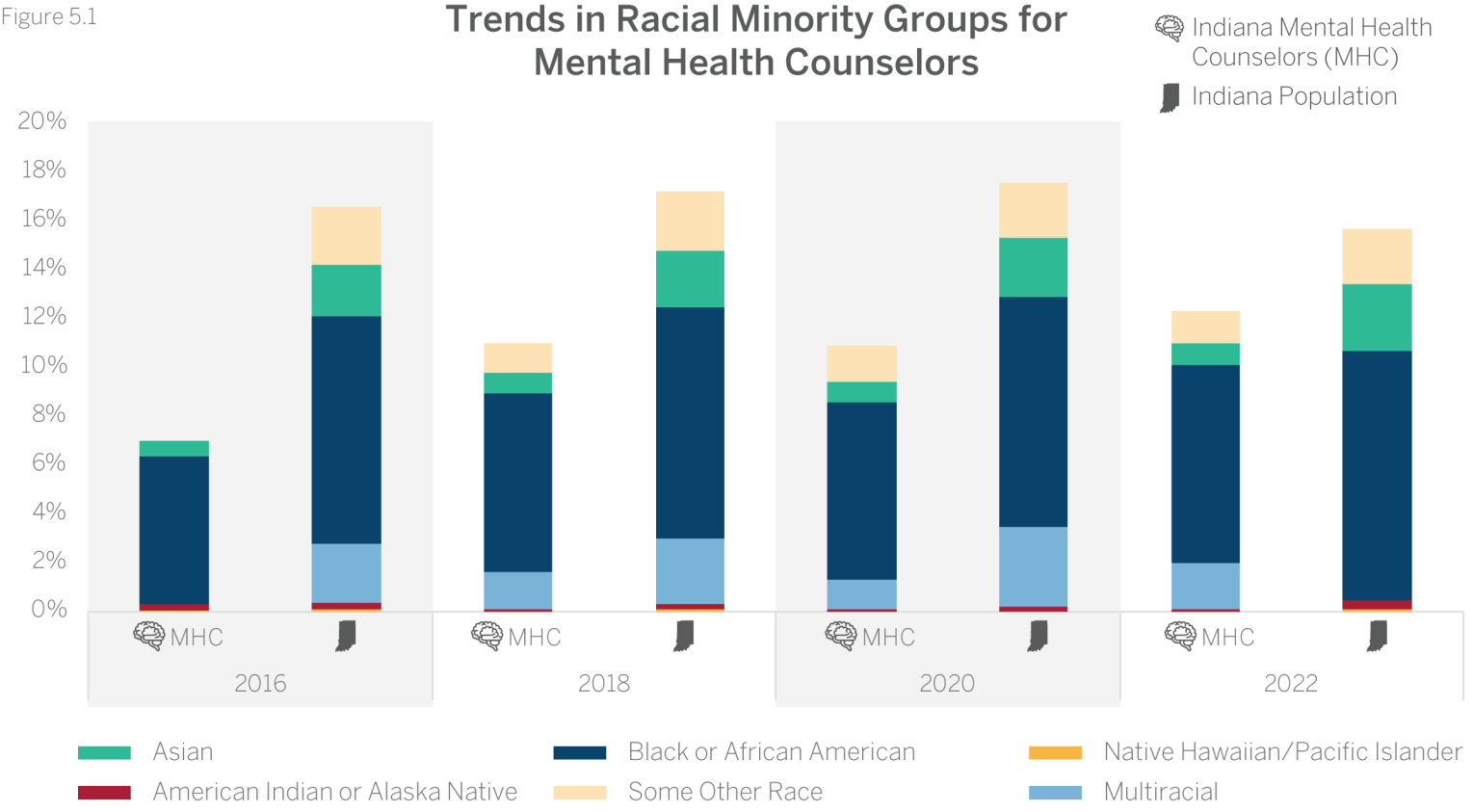
The American Mental Health Counselors Association has developed a Continuing Education track that is dedicated to the diversity initiative within the AMHCA.[13] Indiana has recently joined the Counseling Compact. The Counseling Compact is an interstate compact that allows professional counselors to practice in other compact states under their home state license. By joining the Counseling Compact, Indiana has the potential to diversity their mental health counselor workforce by highlighting all the benefits of practicing in Indiana and leveraging this opportunity to recruit diverse talent to serve Indiana's communities.

Indiana Mental Health Counselor Demographics Trends

*Licensed Mental Health Counselor Associate, Licensed Mental Health Counselor

Figure 5.1

Trends in Racial Minority Groups for Mental Health Counselors



Source: Indiana Behavioral Health and Human Services License and Supplemental Data Elements, 2012 - 2022
A breakdown of all racial demographic characteristics are located in the appendix of Longitudinal Assessment of Diversity in Indiana's Health Workforce: Indiana BHHS Professionals

Figure 5.2

Trends in Ethnicity for Mental Health Counselors and Indiana Population

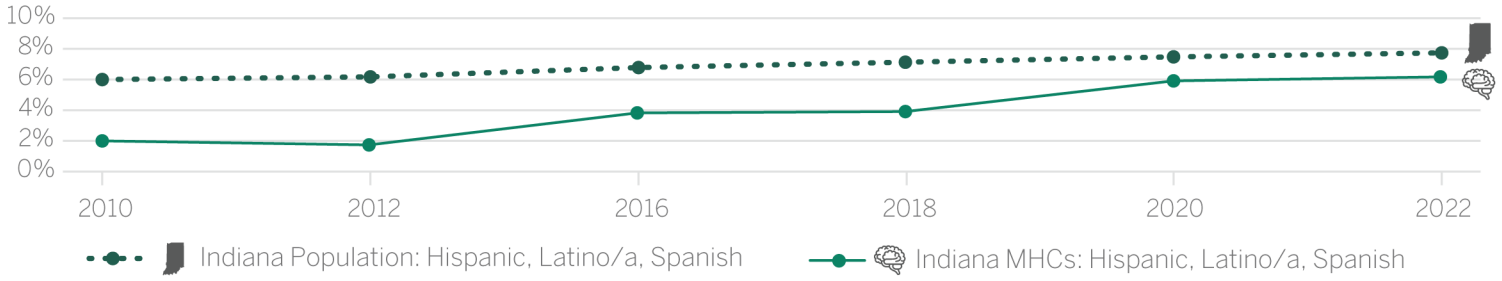


Figure 5.3

Trends in Mental Health Counselor Age

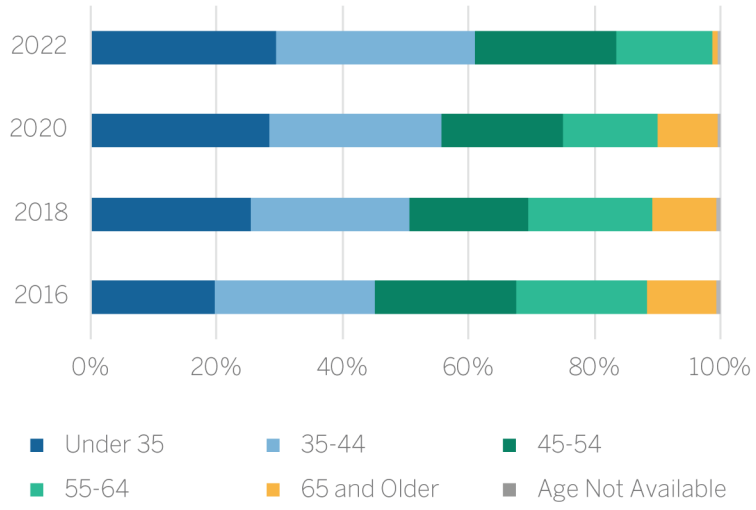
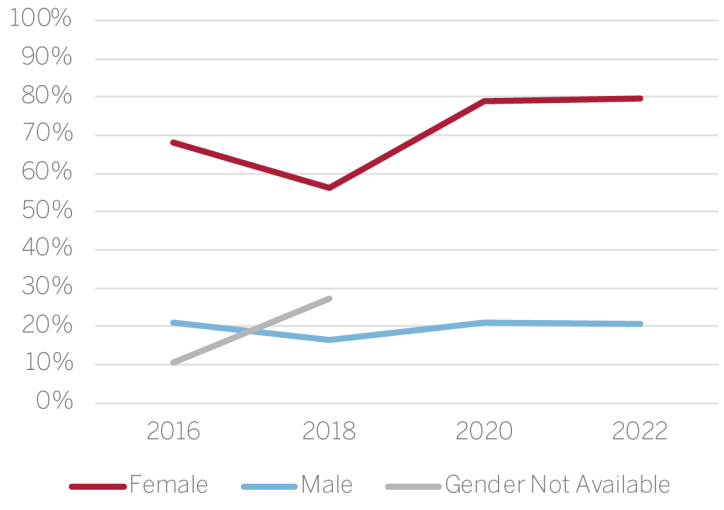


Figure 5.4

Trends in Mental Health Counselor Gender



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APPENDIX

Table 1. Indiana Behavioral Health and Human Services Workforce, Demographic Characteristics

	2010		2012		2016		2018		2020		2022	
	N	%	N	%	N	%	N	%	N	%	N	%
Total	4,950		3,687		5,402		7,878		7,881		9,448	
Sex												
Female	3,728	75.31	2,829	78.00	3,778	69.94	4,449	56.47	6,503	82.50	7,854	83.13
Male	1,142	23.07	782	21.56	1,069	19.79	1,038	13.18	1,378	17.50	1,594	16.87
Gender Not Available	80	1.62	16	0.44	555	10.27	2,391	30.35	-	-	-	-
Age												
Under 35	639	12.91	656	17.79	921	17.05	1,487	18.88	1,832	23.20	2,230	23.60
35-44	936	18.91	751	20.37	1,239	22.94	1,947	24.71	2,110	26.80	2,617	27.70
45-54	1,363	27.54	882	23.92	1,190	22.03	1,646	20.89	1,643	20.80	2,036	21.55
55-64	1,613	32.59	1,115	30.24	1,360	25.18	1,784	22.65	1,410	17.90	1,568	16.60
65 and Older	373	7.54	268	7.27	667	12.35	982	12.47	853	10.80	958	10.14
Age Not Available	26	0.53	15	0.41	25	0.46	32	0.41	33	0.40	39	0.41
Ethnicity												
Hispanic, Latino/a, Spanish	101	2.04	68	1.84	208	3.85	288	3.66	472	6.00	584	6.18
Not Hispanic, Latino/a, Spanish	4,829	97.56	3,606	97.80	5,049	93.47	7,575	96.15	7,409	94.00	8,864	93.82
Non-Respondents	20	0.40	13	0.35	145	2.68	15	0.19	-	-	-	-
Race												
White	4,283	86.53	3,418	92.70	4,907	90.84	6,951	88.23	7,007	89.00	8,283	87.67
Asian	33	0.67	28	0.76	34	0.63	65	0.83	64	0.80	83	0.88
Black or African American	216	4.36	150	4.07	328	6.07	572	7.26	570	7.30	765	8.10
Native Hawaiian/Pacific Islander	*	*	*	*	3	0.06	3	0.04	2	0.00	3	0.03
American Indian or Alaska Native	12	0.24	10	0.27	15	0.28	11	0.14	11	0.10	8	0.08
Other	46	0.93	33	0.90	-	-	91	1.16	127	1.50	127	1.34
Multiracial	46	0.93	30	0.81	0	0.00	126	1.60	100	1.20	179	1.89
Non-Respondents	314	6.34	18	0.49	115	2.13	59	0.75	-	-	-	-

Note: * indicates Asian and Pacific Islander demographics combined

Source: Indiana Behavioral Health Board License and Supplemental Data Survey, 2010-2020

Table 2. Addiction Counselors Demographic Characteristics

	2016		2018		2020		2022	
	N	%	N	%	N	%	N	%
Total	111		137		74		79	
Sex								
Female	69	62.16	54	39.42	42	56.76	45	56.96
Male	39	35.14	29	21.17	32	43.24	34	43.04
Gender Not Available	3	2.70	54	39.42	-	-	-	-
Age								
Under 35	4	3.60	3	2.19	2	2.70	4	5.06
35-44	23	20.72	31	22.63	14	18.92	12	15.19
45-54	29	26.13	38	27.74	18	24.32	18	22.78
55-64	37	33.33	45	32.85	25	33.78	31	39.24
65 and Older	17	15.32	19	13.87	15	20.27	13	16.46
Age Not Available	1	0.90	1	0.73	-	-	1	1.27
Ethnicity								
Hispanic, Latino/a, Spanish	4	3.60	2	1.46	6	8.11	3	3.80
Not Hispanic, Latino/a, Spanish	96	86.49	135	98.54	68	91.89	76	96.20
Non-Respondents	11	9.91	0	0.00	-	-	-	-
Race								
White	95	85.59	120	87.59	61	82.43	65	82.28
Asian	1	0.90	2	1.46	1	1.35	1	1.27
Black or African American	11	9.91	12	8.76	10	13.51	12	15.19
Native Hawaiian/Pacific Islander	0	0.00	0	0.00	0	0.00	1	1.27
American Indian or Alaska Native	2	1.80	0	0.00	0	0.00	0	0.00
Other	-	-	1	0.73	0	0.00	0	0.00
Multiracial	-	-	1	0.73	2	2.70	0	0.00
Non-Respondents	2	1.80	1	0.73	-	-	-	-

Note: * indicates Asian and Pacific Islander demographics combined

Source: Indiana Behavioral Health Board License and Supplemental Data Survey, 2012-2020

Table 3 Indiana Clinical Addiction Counselors Demographic Characteristics

	2016		2018		2020		2022	
	N	%	N	%	N	%	N	%
Total	497		769		216		182	
Sex								
Female	301	60.56	305	39.66	131	60.65	113	62.09
Male	189	38.03	149	19.38	85	39.35	69	37.91
Gender Not Available	7	1.41	315	40.96	-	-	-	-
Age								
Under 35	18	3.62	21	2.73	10	4.63	7	3.85
35-44	91	18.31	163	21.20	36	16.67	36	19.78
45-54	142	28.57	184	23.93	55	25.46	41	22.53
55-64	156	31.39	257	33.42	71	32.87	59	32.42
65 and Older	88	17.71	143	18.60	44	20.37	37	20.33
Age Not Available	2	0.40	1	0.13		0.00	2	1.10
Ethnicity								
Hispanic, Latino/a, Spanish	18	3.62	16	2.08	14	6.48	7	3.85
Not Hispanic, Latino/a, Spanish	431	86.72	751	97.66	202	93.52	175	96.15
Non-Respondents	48	9.66	2	0.26	-	-	-	-
Race								
White	418	84.10	644	83.75	171	79.17	139	76.37
Asian	1	0.20	6	0.78	1	0.46	0	0.00
Black or African American	57	11.47	88	11.44	40	18.52	37	20.33
Native Hawaiian/Pacific Islander	0	0.00	1	0.13	0	0.00	0	0.00
American Indian or Alaska Native	4	0.80	2	0.26	0	0.00	0	0.00
Other	-	-	7	0.91	4	1.85	2	1.10
Multiracial	-	-	15	1.95	0	0.00	4	2.20
Non-Respondents	17	3.42	6	0.78	-	-	-	-

Note: * indicates Asian and Pacific Islander demographics combined

Source: Indiana Behavioral Health Board License and Supplemental Data Survey, 2012-2020

Table 4. Indiana Social Workers Demographic Characteristics

	2016		2018		2020		2022	
	N	%	N	%	N	%	N	%
Total	719		1,500		1,430		1,700	
Sex								
Female	592	82.34	965	64.33	1,289	90.14	1,531	90.06
Male	78	10.85	129	8.60	141	9.86	169	9.94
Gender Not Available	49	6.82	406	27.07	-	-	-	-
Age								
Under 35	297	41.31	576	38.40	560	39.16	753	44.29
35-44	139	19.33	336	22.40	323	22.59	411	24.18
45-54	126	17.52	259	17.27	209	14.62	277	16.29
55-64	131	18.22	248	16.53	162	11.33	192	11.29
65 and Older	25	3.48	78	5.20	35	2.45	60	3.53
Age Not Available	1	0.14	3	0.20	-	-	7	0.41
Ethnicity								
Hispanic, Latino/a, Spanish	23	3.20	58	3.87	103	7.20	121	7.12
Not Hispanic, Latino/a, Spanish	678	94.30	1,434	95.60	1,186	82.94	1579	92.88
Non-Respondents	18	2.50	8	0.53	-	-	-	-
Race								
White	614	85.40	1,237	82.47	1,216	85.03	1,414	83.18
Asian	4	0.56	10	0.67	12	0.84	18	1.06
Black or African American	80	11.13	174	11.60	151	10.56	192	11.29
Native Hawaiian/Pacific Islander	0	0.00	0	0.00	0	0.00	1	0.06
American Indian or Alaska Native	4	0.56	1	0.07	3	0.21	1	0.06
Other	-	-	29	1.93	24	1.68	29	1.71
Multiracial	-	-	38	2.53	24	1.68	45	2.65
Non-Respondents	17	2.36	11	0.73	-	-	-	-

Note: * indicates Asian and Pacific Islander demographics combined

Source: Indiana Behavioral Health Board License and Supplemental Data Survey, 2012-2020

Table 5 Indiana Clinical Social Workers Demographic Characteristics

	2016		2018		2020		2022	
	N	%	N	%	N	%	N	%
Total	2,389		3,155		3,490		4,052	
Sex								
Female	1,706	71.41	1,873	59.37	2,946	84.41	3,459	85.37
Male	390	16.32	338	10.71	544	15.59	593	14.63
Gender Not Available	293	12.26	944	29.92	-	-		
Age								
Under 35	282	11.80	361	11.44	500	14.33	587	14.49
35-44	611	25.58	874	27.70	979	28.05	1,173	28.95
45-54	553	23.15	744	23.58	832	23.84	996	24.58
55-64	636	26.62	751	23.80	711	20.37	784	19.35
65 and Older	300	12.56	416	13.19	468	13.41	504	12.44
Age Not Available	7	0.29	9	0.29	-	-	8	0.20
Ethnicity								
Hispanic, Latino/a, Spanish	130	5.44	146	4.63	177	5.07	221	5.45
Not Hispanic, Latino/a, Spanish	2,235	93.55	3,009	95.37	3,313	94.93	3831	94.55
Non-Respondents	24	1.00	0	0.00	-	-		0.00
Race								
White	2,226	93.18	2,860	90.65	3,177	91.03	3,621	89.36
Asian	13	0.54	25	0.79	23	0.66	26	0.64
Black or African American	101	4.23	171	5.42	195	5.59	287	7.08
Native Hawaiian/Pacific Islander	3	0.13	2	0.06	2	0.06	1	0.02
American Indian or Alaska Native	3	0.13	4	0.13	4	0.11	2	0.05
Other	-	-	27	0.86	37	1.06	47	1.16
Multiracial	-	-	43	1.36	52	1.49	68	1.68
Non-Respondents	43	1.80	23	0.73	-	-	-	-

Note: * indicates Asian and Pacific Islander demographics combined

Source: Indiana Behavioral Health Board License and Supplemental Data Survey, 2012-2020

Table 6 Indiana Bachelor Social Workers Demographic Characteristics

	2016		2018		2020		2022	
	N	%	N	%	N	%	N	%
Total	-		-		78		79	
Sex								
Female	-	-	-	-	72	92.31	74	93.67
Male	-	-	-	-	6	7.69	5	6.33
Gender Not Available	-	-	-	-	-	-	-	-
Age								
Under 35	-	-	-	-	41	52.56	29	36.71
35-44	-	-	-	-	16	20.51	24	30.38
45-54	-	-	-	-	12	15.38	14	17.72
55-64	-	-	-	-	9	11.54	11	13.92
65 and Older	-	-	-	-	0	0.00	0	0.00
Age Not Available	-	-	-	-	-	-	1	1.27
Ethnicity								
Hispanic, Latino/a, Spanish	-	-	-	-	8	10.26	4	5.06
Not Hispanic, Latino/a, Spanish	-	-	-	-	64	82.05	75	94.94
Non-Respondents	-	-	-	-	-	-	-	-
Race								
White	-	-	-	-	66	84.62	71	89.87
Asian	-	-	-	-	0	0.00	0	0.00
Black or African American	-	-	-	-	9	11.54	6	7.59
Native Hawaiian/Pacific Islander	-	-	-	-	0	0.00	0	0.00
American Indian or Alaska Native	-	-	-	-	1	1.28	1	1.27
Other	-	-	-	-	2	2.56	1	1.27
Multiracial	-	-	-	-	0	0.00	0	0.00
Non-Respondents	-	-	-	-	-	-	-	-

Note: * indicates Asian and Pacific Islander demographics combined

Source: Indiana Behavioral Health Board License and Supplemental Data Survey, 2012-2020

Table 7 Indiana Marriage & Family Therapists Demographic Characteristics

	2016		2018		2020		2022	
	N	%	N	%	N	%	N	%
Total	528		623		524		651	
Sex								
Female	321	60.80	301	48.31	389	84.20	482	74.04
Male	128	24.24	115	18.46	135	25.80	169	25.96
Gender Not Available	79	14.96	207	33.23			-	-
Age								
Under 35	91	17.23	94	15.09	96	18.30	108	16.59
35-44	82	15.53	117	18.78	133	25.40	171	26.27
45-54	80	15.15	103	16.53	95	18.10	133	20.43
55-64	158	29.92	150	24.08	102	19.50	110	16.90
65 and Older	111	21.02	151	24.24	89	17.00	122	18.74
Age Not Available	6	1.14	8	1.28	9	1.70	-	-
Ethnicity								
Hispanic, Latino/a, Spanish	10	1.89	15	2.41	24	4.60	34	5.22
Not Hispanic, Latino/a, Spanish	502	95.08	605	97.11	500	95.40	617	94.78
Non-Respondents	16	3.03	3	0.48	-	-	-	-
Race								
White	487	92.23	571	97.65	473	90.30	583	89.55
Asian	2	0.38	4	0.64	26	5.00	8	1.23
Black or African American	28	5.30	31	4.98	7	1.30	38	5.84
Native Hawaiian/Pacific Islander	-	-	0	0.00	0	0.00	0	0.00
American Indian or Alaska Native	-	-	2	0.32	0	0.00	1	0.15
Other	-	-	5	0.80	9	1.70	11	1.69
Multiracial	-	-	5	0.80	9	1.70	10	1.54
Non-Respondents	11	2.08	5	0.80	-	-	-	-

Note: * indicates Asian and Pacific Islander demographics combined

Source: Indiana Behavioral Health Board License and Supplemental Data Survey, 2012-2020

Table 8 Indiana Mental Health Counselors Demographic Characteristics

	2016		2018		2020		2022	
	N	%	N	%	N	%	N	%
Total	1,158		1,694		2,057		2,688	
Sex								
Female	789	68.13	951	56.14	1,623	78.90	2,135	79.43
Male	245	21.16	278	16.41	434	21.10	553	20.57
Gender Not Available	124	10.71	465	27.45			-	-
Age								
Under 35	229	19.78	432	25.50	586	28.50	734	27.31
35-44	293	25.30	426	25.15	861	27.30	787	29.28
45-54	260	22.45	318	18.77	397	19.30	554	20.61
55-64	242	20.90	333	19.66	309	15.00	378	14.06
65 and Older	126	10.88	175	10.33	194	9.40	22	0.82
Age Not Available	8	0.69	10	0.59	10	0.50	13	0.48
Ethnicity								
Hispanic, Latino/a, Spanish	23	1.99	51	3.01	127	6.20	190	7.07
Not Hispanic, Latino/a, Spanish	1,107	95.60	1,637	96.64	1,930	93.80	2,498	92.93
Non-Respondents	28	2.42	6	0.35	-	-	-	-
Race								
White	1,067	92.14	1,519	89.67	1,831	89.00	2,376	88.39
Asian	13	1.12	18	1.06	139	6.80	30	1.12
Black or African American	51	4.40	96	5.67	20	1.00	191	7.11
Native Hawaiian/Pacific Islander	0	0.00	0	0.00	3	0.10	0	0.00
American Indian or Alaska Native	2	0.17	2	0.12	0	0.00	3	0.11
Other	-	-	22	1.12	24	1.20	36	1.34
Multiracial	-	-	23	1.36	40	1.90	52	1.93
Non-Respondents	25	2.16	14	0.83	-	-	-	-

Note: * indicates Asian and Pacific Islander demographics combined

Source: Indiana Behavioral Health Board License and Supplemental Data Survey, 2012-2020

ENDNOTES

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