



PLAYBOOK

FOR ENHANCING INDIANA'S MENTAL
AND BEHAVIORAL HEALTH WORKFORCE

BOWEN CENTER FOR HEALTH WORKFORCE
RESEARCH & POLICY



INDIANA UNIVERSITY
SCHOOL OF MEDICINE

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EXECUTIVE SUMMARY

Untreated mental illness threatens the vitality of Indiana's citizens and communities. Workforce shortages are among the many complex factors contributing to the burden of untreated mental illness. Shortages in Indiana's mental health workforce have worsened over recent years. As of 2023, all 92 counties in Indiana have federally designated workforce shortages.

Many healthcare and social services professionals play a role in supporting the mental health and well-being of Hoosiers. Licensed professionals specializing in mental and behavioral health care who are authorized to provide clinical services as independent practitioners are particularly important because of the services they provide, the workforce they supervise, and the referrals they accept. These professionals require graduate education and clinical experience to be licensed as independent practitioners in Indiana.

Indiana's pipeline to practice plays a vital role in developing the next generation of this workforce. It includes postsecondary institutions, related regulatory provisions, and clinical providers (individuals and organizations). A strong pipeline to practice is important to developing a strong workforce in the state. The Playbook for Enhancing Indiana's Mental and Behavioral Health Workforce (Playbook) project, funded by Lilly Endowment, Inc., was developed to understand where opportunities exist to strengthen Indiana's pipeline to practice for selected mental and behavioral health professionals.

A team of expert advisors were convened to guide the development of the Playbook. Research and engagement were conducted to understand the regulatory environment, education landscape, and perspectives on the workforce, including those of licensed professionals, those who educate them, and those who employ them. The identified opportunities to strengthen the pipeline to practice were transformed into recommendations with action-oriented implementation options that reflect the broad engagement of experts and advocates. Champions to "carry the ball" forward on these recommendations will be a critical part of solving the workforce shortage puzzle.

RECOMMENDATIONS

1

**SECURE THE
PIPELINE**

2

**STRENGTHEN
CLINICAL TRAINING**

3

**ALIGN EDUCATION,
POLICY & PRACTICE**

4

**ASSESS SCHOOL-
BASED BEHAVIORAL
HEALTH WORKFORCE**

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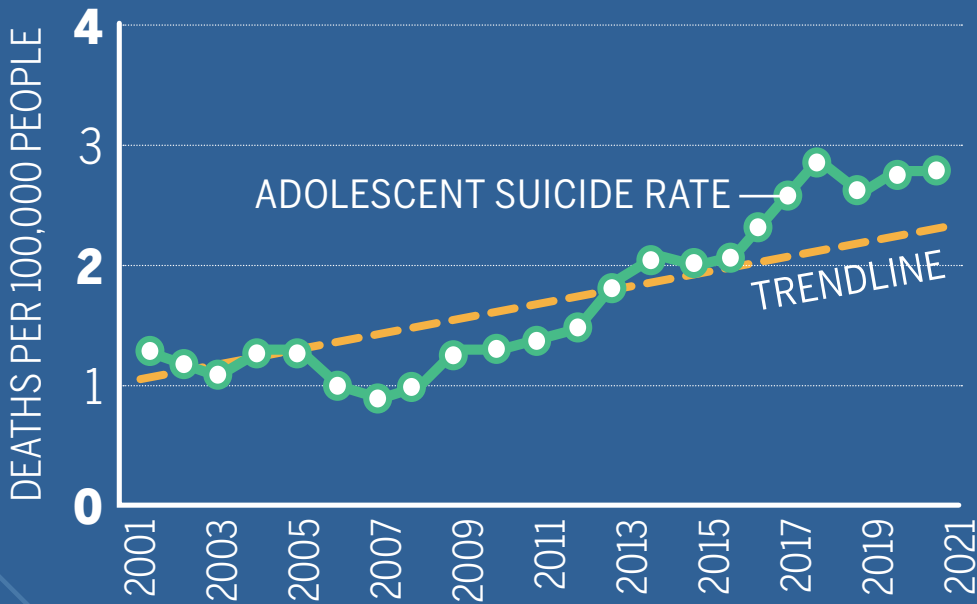
BACKGROUND

The Challenge

UNTREATED mental illness is threatening the vitality of Indiana communities. The impacts cannot be overstated. Recent estimates place **the societal costs of untreated mental illness in Indiana at \$4.2 billion annually.**¹ In reality, no monetary value is great enough to quantify the human impact. Every Hoosier is, knows or loves someone touched by mental illness. Mental illness is complex, its impacts wide-ranging. The youth that represent our future are suffering. Thousands of children that need care do not received it.² **Suicide is the leading cause of death among adolescents.**³ Adults are also struggling. Homelessness, poverty, incarceration, and other measures used to estimate economic impact, cannot account for the losses experienced within Hoosier homes and communities.⁴ The honored aging upon which many of our communities were built are also challenged to access mental health care.⁵

There is no silver bullet to address mental illness, but improving access to high-quality mental health care is critical for the thousands of Hoosiers currently suffering. Access to care hinges on the availability of mental and behavioral health professionals who are ready and willing to provide care. The shortage of such professionals has been documented for decades in Indiana. Instead of making progress over the last several years, shortages have worsened. **As of 2023, all 92 counties in Indiana have federally designated shortages of these professionals.** Identifying the root causes of these shortages and formulating strategies to strengthen the workforce across the state must be a top priority for any organization or advocate seeking to improve the health and well-being of Hoosiers.

SUICIDE LEADING CAUSE OF DEATH YOUTH AGES 10–14



\$

4.2

BILLION

ANNUAL SOCIETAL
COST OF UNTREATED
MENTAL ILLNESS IN
INDIANA

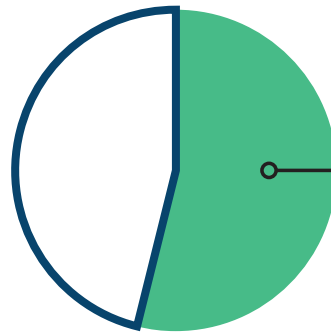


1,129,000

ADULTS IN INDIANA HAVE A MENTAL HEALTH CONDITION

345,000

ADULTS IN INDIANA WHO NEED MENTAL HEALTH CARE DO NOT RECEIVE IT

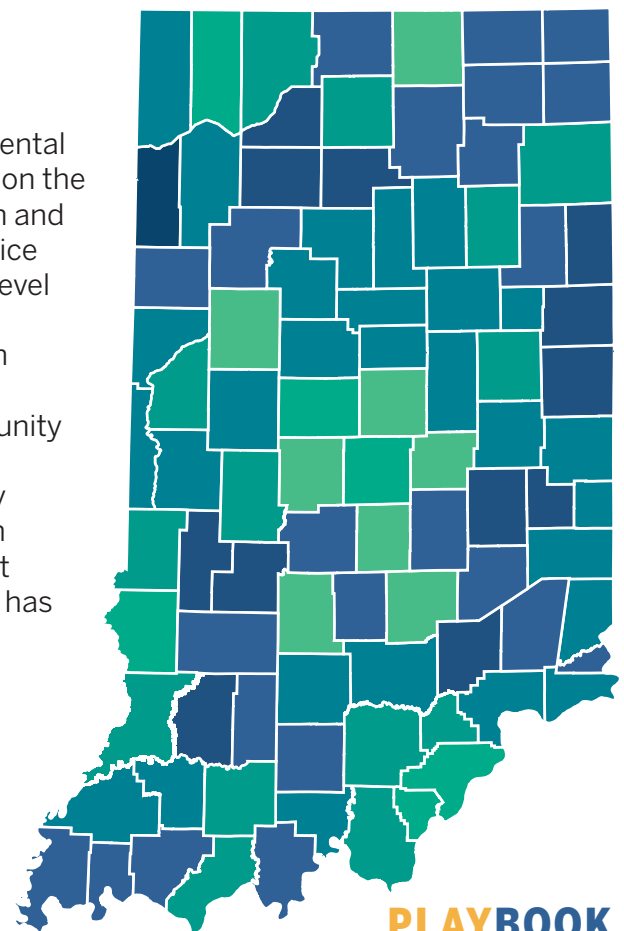


54%

OF HOOSIERS AGE 12-17 WHO HAVE DEPRESSION DID NOT RECEIVE ANY CARE IN THE LAST YEAR.

TARGETING WORKFORCE SOLUTIONS

Every Indiana county has a federally designated shortage of mental health professionals. Federal shortage designations are based on the national population-to-provider benchmarks. Other population and systemic factors provide a context for local mental health service needs. The Playbook Workforce Assessment includes county-level resources (workforce and delivery system), community needs (population demographics and risk factors), and mental health indicators. State averages and composite scores were used to rank the counties based on their resources for meeting community mental health needs. ([See here for additional details](#)). Above-average counties have more resources (workforce and delivery systems capacity) to meet their community needs (population factors). Below-average counties have fewer resources to meet their needs. [A new interactive dashboard](#) with this information has been created to support the targeting of workforce solutions.

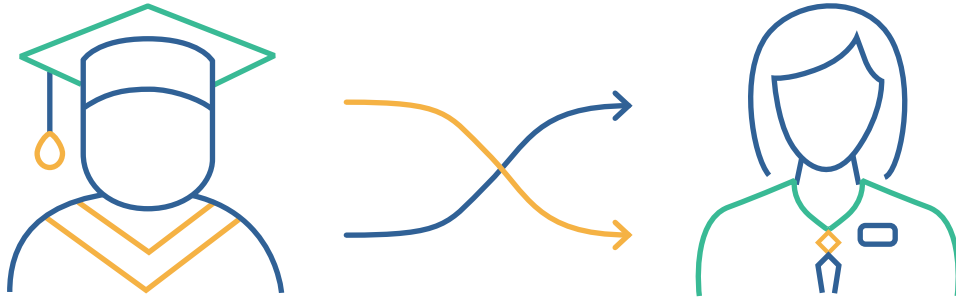


PLAYBOOK WORKFORCE ASSESSMENT



The Opportunity

MENTAL and behavioral professionals who provide clinical services require specialized knowledge and skills developed through years of education and clinical training. The preparation of these professionals includes a mix of postsecondary degree programs (master's and doctoral levels), postgraduate training (residencies and fellowships), and clinical experience requirements. Education and clinical experience are part of the pathway to licensure for professionals choosing to pursue clinical practice in mental and behavioral health care. Understanding the state's workforce **pipeline** from postsecondary education to postgraduate training and clinical experience through licensure for independent **practice** is critical for identifying opportunities to strengthen Indiana's workforce.



THE PLAN

Many organizations and individuals are actively engaged in strategies to train, recruit, and retain mental and behavioral health professionals in Indiana (see figure). Existing initiatives are generally focused on targeted workforce development strategies for specific professions (e.g., [psychologists](#)), within certain sectors (e.g., [Be Happy Program](#) for pediatric patients), or certain geographies (e.g., [Evansville Stone Center](#)). As of 2023, there is no platform to bring all these initiatives together to identify opportunities for information sharing and statewide coordination and planning.

SELECTED EXISTING INITIATIVES

- [Riley Children's Hospital: Racing to Respond](#)
- [Indiana Mental Health Roundtable](#)
- [Community Health Network Behavioral Health Academy](#)
- [Mary O'Daniel Stone and Bill Stone Center for Child and Adolescent Psychiatry at IU School of Medicine—Evansville](#)
- [Indiana Division of Mental Health and Addiction Recruitment and Retention Innovation Grant Program](#)

Recognizing a critical need for information and solutions, Lilly Endowment funded the Playbook Project for Enhancing Indiana's Mental and Behavioral Health Workforce (Playbook Project) to:



1 Identify the landscape and specific issues in the post-secondary pipeline to practice that are contributing to shortages.



2 Bring together organizations/individuals currently working on or towards solutions to share innovations and foster synergies.



3 Generate consensus recommendations for strengthening the workforce.

DEVELOPING THE PLAYBOOK

The Playbook focuses on identifying opportunities to strengthen Indiana's postsecondary pipeline to practice for licensed professions dedicated to the provision of clinical mental or behavioral health services (see figure).

It is important to note that other health care, social services, and school-based professionals also make significant contributions to mental and behavioral health services in Indiana, including, but not limited to, paraprofessionals, primary care providers, school counselors, and case managers. Their contributions are an important part of the systems that support Hoosier mental health and wellbeing. Future assessments should focus on information and solutions to strengthen and support these valued professionals.

SELECTED PROFESSIONS INCLUDED

- [Psychiatrists](#)
- [Psychologists with HSPP endorsement](#)
- [Psychiatric Advanced Practice Registered Nurses \(APRNs\)](#)
- [Behavioral Health and Human Services \(BHHS\) Professions](#)
 - [Licensed Clinical Social Workers \(LCSW\)](#)
 - [Licensed Mental Health Counselors \(LMHC\)](#)
 - [Licensed Marriage and Family Therapists \(LMFT\)](#)
 - [Licensed Clinical Addiction Counselors \(LCAC\)](#)

The Landscape

THE state's postsecondary pipeline to practice for mental and behavioral health professionals is shaped through regulatory policies, realized in the distribution and field strength of degree programs, and experienced by students, faculty, and employers. The identification of opportunities to strengthen the workforce requires an understanding of the unique and interrelated roles each of these factors has in the pipeline to practice.



WORKFORCE REGULATORY POLICY

The regulatory policy defines the educational and experience requirements for licensure, including specific degree programs. A review of [regulatory policy](#) for the workforce, including statutes and administrative codes in Indiana, as well as [other states](#), identified the complexity of the policy environment. Practice pathways vary across professions.



LEAST COMPLEX

For some professions, the pathway from education to licensure is straightforward. In Indiana, psychiatrists and psychiatric mental health nurse practitioners are licensed as physicians and registered nurses, respectively. No additional state licenses are required for clinical practice.



SOMEWHAT COMPLEX

The pathway from education to independent clinical licensure for psychologists is slightly different. Psychologists are first required to obtain a license and then apply for a separate endorsement as a Health Services Provider in Psychology.



COMPLEX

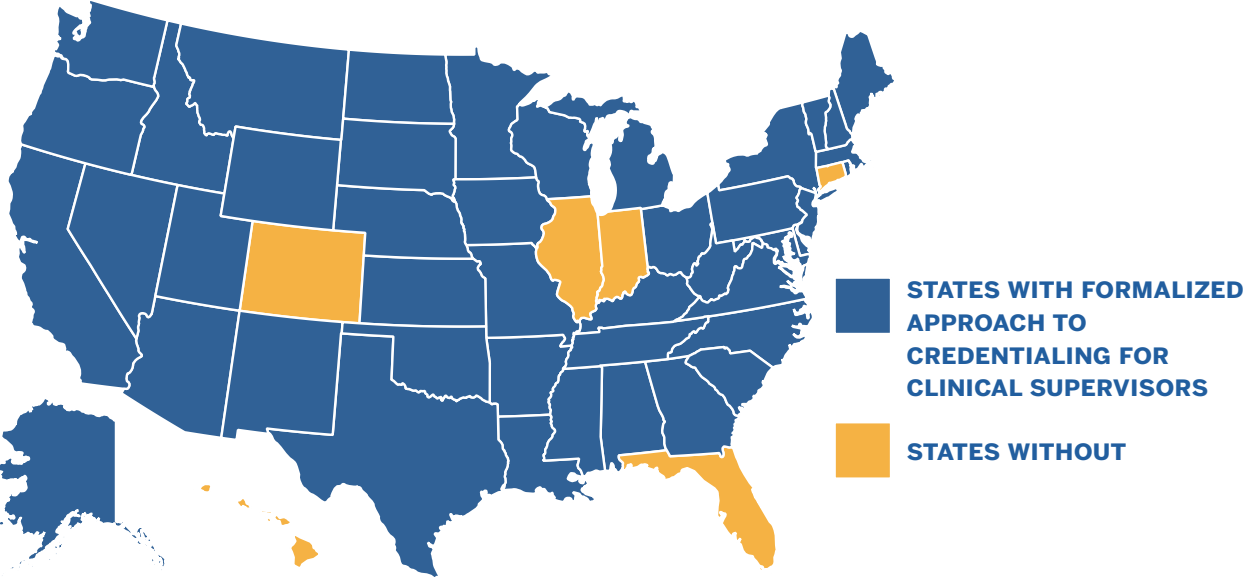
The pathways from education to clinical practice are much more complex for selected Indiana professions licensed by the BHHS board and in some cases, include specific provisions related to course content and overlapping requirements related to degree programs. For example, a masters in psychology potentially qualifies an individual for licensure application as a LMHC, LCAC, and LMFT, based on specific courses as outlined in statute.

BACKGROUND

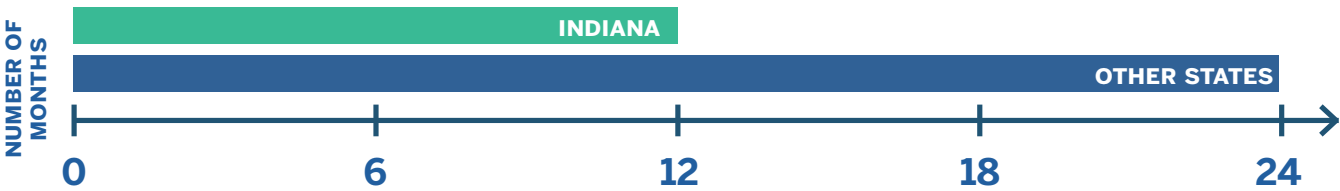
Workforce one-pagers, created as part of the Playbook Project, help clarify the pipeline to practice pathway for mental and behavioral health professions in Indiana.

A [national scan of 50-state policy reviews for mental and behavioral health professions](#) was completed to identify how Indiana policy compares. Information from the national scan helped to identify areas where Indiana might align with other states.

- **Indiana does not have a formalized approach to training or credentialing/designation for clinical supervisors of BHHS licensees. Most other (44) states have a formal process in place.**



- **Length of associate licenses (LMHCA, LCACA, LMFTA) in Indiana is 12 months, compared to 24 months in other states.**



- **Indiana has a two-level approach to psychology licensure, where the psychology license has a limited scope of practice without any indication of this in the title. In other states, the title “Psychology License” is used for a full-scope clinical psychology practice.**





EDUCATION LANDSCAPE BY THE NUMBERS

Key questions at the beginning of the Playbook Project included:



“How many degree programs does Indiana have currently training folks for these licensed professions?” “Where are these programs located?” “How many students are enrolled?” “How many are graduating?”

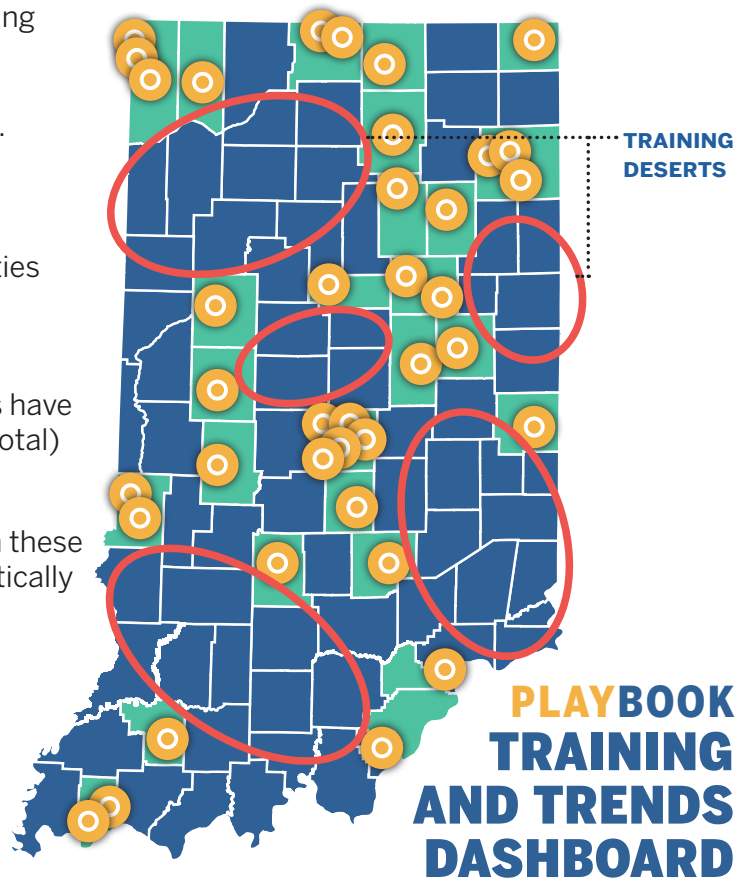
When the Playbook Project kicked off in April 2023, the above questions could not be answered. Without this information, any plan to strengthen or expand the pipeline would be a shot in the dark. Additionally, people who need this information, such as prospective students/licensees and academic/career counselors, have been on their own to identify training opportunities that align with licensure in their communities.

The [Indiana Training and Trends Dashboard](#) (dashboard) serves as a resource for support systems and individual planning in Indiana⁶. Developed through collaboration with the Indiana Commission for Higher Education (CHE) and the Indiana Professional Licensing Agency (and their respective boards), this dashboard includes information on Indiana-based degree programs and the Indiana mental/behavioral health licenses they may correspond to. The dashboard provides information on the locations of degree and residency programs across Indiana and the associated trends in enrollment and graduation. The BHHS dashboard can be customized according to the corresponding license type(s), program qualifying status,⁷ and programs with remote options.

Analysis of the information powering the dashboard identified several opportunities to strengthen the postsecondary workforce pipeline.

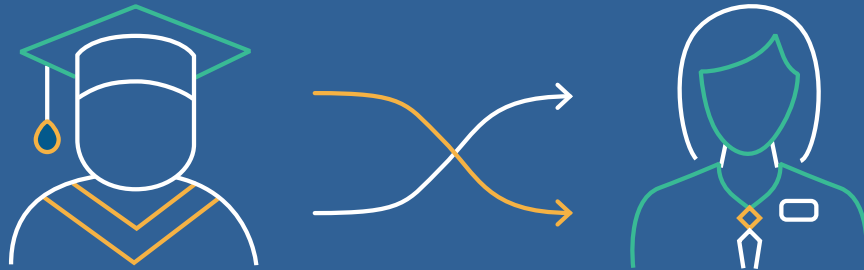
OPPORTUNITIES:

- There are several Indiana counties where no training programs are offered (“training deserts”).
- Several BHHS degree programs have been closed since 2000 (25 in total)
- The number of programs and students with remote options in these programs has increased dramatically over the past several years.



Perspective on the Education Environment

NUMBERS are helpful, but they do not tell the whole story. Academic leaders, employers, and licensees have first-hand knowledge of the challenges and opportunities in the postsecondary pipeline to practice. Representatives from each group were invited to share their experiences, provide perspectives, and recommend solutions.



ACADEMIC LEADERS

Indiana degree programs comprise the postsecondary pipeline. These programs educate the next generation of Indiana's workforce. Academic leaders from the programs included on the [dashboard](#) were invited to engage in the Playbook Project through various formats, including surveys, focus groups, and key informant interviews. More than 70 Indiana academic leaders provided insights into the state of their programs and where opportunities exist:

- **Decreased student interest has led to decreased enrollment in some BHHS programs.**
- **Expansion of psychiatry, psychiatric mental health nurse practitioner, and doctoral psychology programs is limited by resources and infrastructure.**
- **Faculty recruitment and retention challenges impact all programs.**
- **Cost of education and wages post-graduation have been reported as barriers for some students, especially among BHHS programs.**
- **Shortages of and competition for clinical training experiences and internships limit student opportunities.**

Detailed findings from Indiana academic leader engagement can be found in the [Landscape Assessment: Training Program Perceptions of the Postsecondary Pipeline to Practice](#).

EMPLOYERS

Indiana mental and behavioral health employers represent provider organizations and practices that deliver care to Hoosiers. These organizations hire licensed professionals, including new graduates, and have a perspective on where opportunities might exist to strengthen education and better prepare people for practice. Employers affiliated with the [Indiana Council of Community Mental Health Centers \(ICCMHC\)](#) and the [Indiana Hospital Association \(IHA\) Council on Behavioral Health](#) were engaged through a series of in-person and virtual meetings and invited to provide insights through surveys⁸. Employers have identified the following opportunities:

- **Newly graduated professionals frequently have gaps in their understanding and knowledge of mental illnesses, substance use disorders, and other areas.**
- **Clinical supervisors (BHHS) do not typically receive incentives to provide supervision.**
- **Reimbursement of services provided by BHHS licensees completing clinical supervision (LSW, LMFTA, LCACA, and LMHCA) and interns threatens employment and wages for these professionals.**

The findings from this survey are included in the [Landscape Assessment: Employer Perceptions of the Postsecondary Pipeline to Practice](#).

LICENSED PROFESSIONALS

Licensed professionals are a product of the postsecondary pipeline to practice. Those who have completed their education and clinical experience in Indiana have valuable insights into opportunities to strengthen this pathway for the future workforce. Indiana BHHS and psychology professionals were invited to share their experiences and insights through an electronic survey sent to all license holders in collaboration with the PLA⁹. More than 1,480 licensed BHHS and psychology professionals in Indiana responded to the survey, highlighting the following opportunities in Indiana:

- **Greater clinical focus in degree programs would increase preparedness post-graduate (BHHS).**
- **Lack of training, guidance, and incentives are reported to limit participation in clinical supervision among qualified licensees (BHHS).**
- **Challenges, confusion, complexity with licensure requirements and processes caused delays and frustration (BHHS and Psychology).**
- **Difficulty finding clinical internships close to home threatened in-state retention (Psychology).**
- **Low wages make pursuing practice difficult (BHHS and Psychology).**

Detailed findings from the survey administered to BHHS licensees can be accessed in the [Landscape Assessment: BHHS Licensee Perceptions of the Postsecondary Pipeline to Practice](#). Those from the survey of psychology licensees can be accessed at [Landscape Assessment: Licensed Psychologists Perceptions of the Postsecondary Pipeline to Practice](#).

EARLY WIN!

Issues with testing and virtual supervision were highlighted by employers and BHHS licensees. House Enrolled Act 1138 was directly informed by the Playbook Project research and spearheaded by Playbook Project Advisors and stakeholders. Indiana students may now test for licensure during their final semester of graduate school and 100% of supervision may now be virtual.

The PLAYBOOK: Information → Action

THE process of turning information on Indiana's postsecondary pipeline to practice into actionable recommendations involved the extensive engagement of stakeholders and subject matter experts. A running list of "opportunities" identified by project advisors, licensed professionals, employers, academic leaders, trade associations, community organizations, and others was generated from research and engagement activities from August 2023 through March 2024 (see slide bar for list of organizations engaged). The opportunities were transformed into working draft recommendations with action-oriented implementation options vetted by stakeholders in person on April 23 at the Playbook Draft event at Lucas Oil Stadium (see picture) and



Marriage and family therapist Megan Oed shares the licensee perspective at the Playbook Draft event prior to the panel discussion with state leaders at Lucas Oil Stadium.

through follow-up communications that continued through May 2024.

The final recommendations in the Playbook represent the input of many and have broad support. Implementation of these recommendations will be an important step toward strengthening the pipeline to practice for Indiana's mental and behavioral health workforce. Now, champions are needed to pick up the ball and carry these recommendations forward!

PERSPECTIVES ENGAGED

- AARP Indiana
- Affiliated Service Providers of Indiana
- Ascension St. Vincent
- Aspire Indiana Health
- Ball State University
- Behavioral Health and Human Services Board
- Bowen Center Health Clinic
- Butler University
- Calumet College of Saint Joseph
- Coalition of Advanced Practice Registered Nurses
- Christian Theological Seminary
- Community Health Network
- Community Health Network Foundation
- East 91st Street Counseling Center
- Edgewater Health
- Evansville Regional Economic Partnership

CONTINUED ON NEXT PAGE

PERSPECTIVES ENGAGED (CONT.)

Fight for Life Foundation	Indiana LEND	Psychiatry at IUSM-Evansville
Franklin College	Indiana Mental Health Roundtable	Memorial Hospital and Health Care Center
FSSA Division of Mental Health and Addiction	Indiana Primary Health Care Association	Mental Health America of Indiana
Goshen College	Indiana Professional Licensing Agency	National Association of Social Workers - Indiana
Governor's Office	Indiana Psychological Association	North Central Health Services
Grace College and Theological Seminary	Indiana State Senate	Oaklawn Psychiatric Center, Inc.
Hamilton Center Inc.	Indiana State University	Paramount Schools of Excellence
Hamilton County Community Foundation	Indiana University President's Office	Porter-Starke Services
Health Management Associates	Indiana University Columbus	Indiana Psychology Board
Huntington University	Indiana University East	Purdue Global
Independent Colleges of Indiana	Indiana University Indianapolis	Purdue University West Lafayette
Indiana Area Health Education Centers Network	Indiana University Kokomo	Purdue University Northwest
Indiana Association of Addiction Professionals	Indiana University School of Medicine	Radiant Health
Indiana Association of Marriage and Family Therapists	Indiana University School of Nursing	Reflections Christian Counseling
Indiana Association of School Psychologists	Indiana University School of Social Work	Riley Children's Foundation
Indiana Behavioral Health Commission	Indiana University Southeast	Riley Children's Hospital
Indiana Commission for Higher Education	Indiana Wesleyan University	Sagamore Institute
Indiana Council of Community Mental Health Centers	Inspire Success Indiana	Sandra Eskenazi Mental Health Center
Indiana Counseling Association	Irsay Institute	Silver Creek School Corporation
Indiana Department of Education	Indiana University Center for Rural Engagement	Southwestern Behavioral Healthcare, Inc.
Indiana Department of Health	Indiana University Fairbanks School of Public Health	Taylor University
Indiana Department of Workforce Development	KGR Law & Policy	University of Indianapolis Center for Aging & Community
Indiana Family and Social Services Administration	LifeSpring Health Systems	University of Evansville
Indiana Governor's Association	Maple Heights Behavioral Health	University of Indianapolis
Indiana Hospital Association	Marian University	University of Southern Indiana
	Mary O'Daniel Stone & Bill Stone Center for Child and Adolescent	Valley Oaks Health
		Youth First

Recommendations:



1 SECURE THE PIPELINE

- Keep a finger on the pulse of the pipeline to practice.
- Grow our own.
- Address training deserts.
- Expedite training pathways.
- Stabilize psychiatry residency.
- Expand psychology internships.
- Establish pipeline incentives.



2 STRENGTHEN CLINICAL TRAINING TO PRACTICE

- Expand clinical experiences.
- Elevate professional supervisors.
- Incentivize clinical training.



3 ALIGN EDUCATION, POLICY, AND PRACTICE

- Create staffing support for alignment.
- Ensure evidence-based practice.
- Align education with regulation.
- Reduce burden for associate licenses.



4 SCHOOL-BASED BEHAVIORAL HEALTH WORKFORCE

- Keep a finger on the pulse of school-based behavioral health.

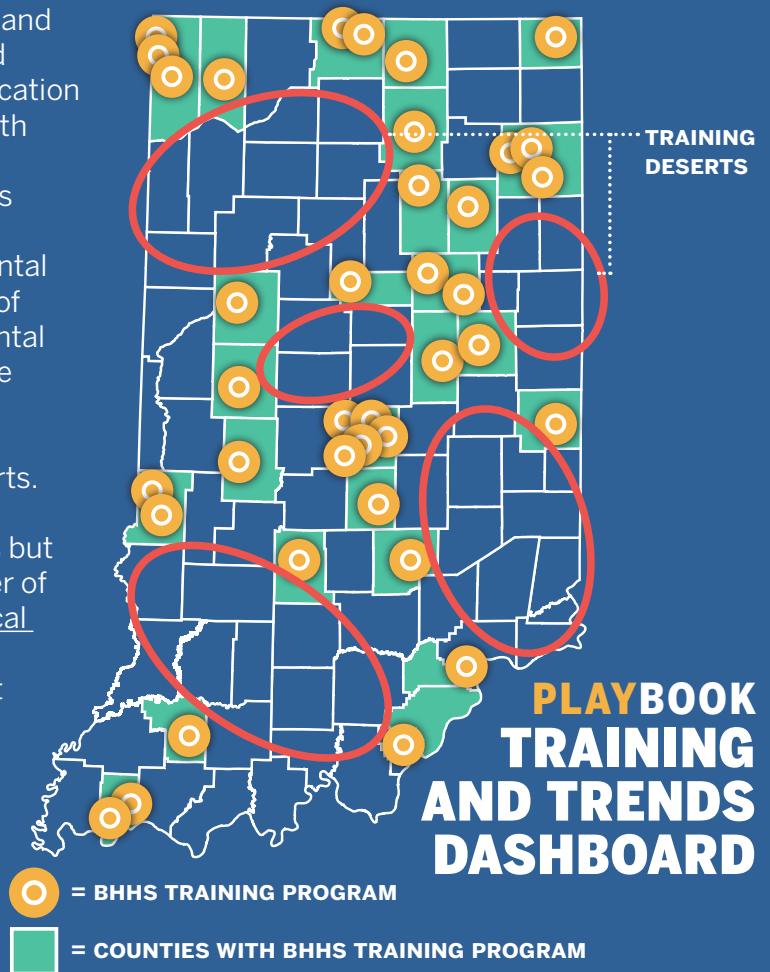


#1

SECURE THE PIPELINE

The Problem

INDIANA'S postsecondary pipeline includes public and private institutions offering degree programs and residencies that prepare individuals with the education required for licensure in mental and behavioral health professions. The [Dashboard](#) created as part of the Playbook Project enables viewing of these programs geographically and, therefore, identifies Indiana counties that are "training deserts" for selected mental and behavioral health professions. An examination of workforce capacity and population/community mental health indicators ([County Needs Assessment](#)) in the context of the state's training landscape revealed that some Indiana counties with less capacity to address mental health needs are also training deserts. Evaluating the distribution of programs across the state supports the targeting of expansion initiatives but offers no insights into the field strength (the number of individuals moving through) of the pipeline. [Historical trends](#) in enrollment and graduation have revealed that several Indiana programs have closed in recent years. Academic leaders in psychiatry reported a loss of grant funding for critical residency slots, while academic leaders in psychology reported limited in-state internship opportunities due to a lack of funding. Funding is not only an issue for psychiatry and psychology. Many [Indiana degree programs](#) have cited the critical need for financial support to recruit and retain faculty and students.



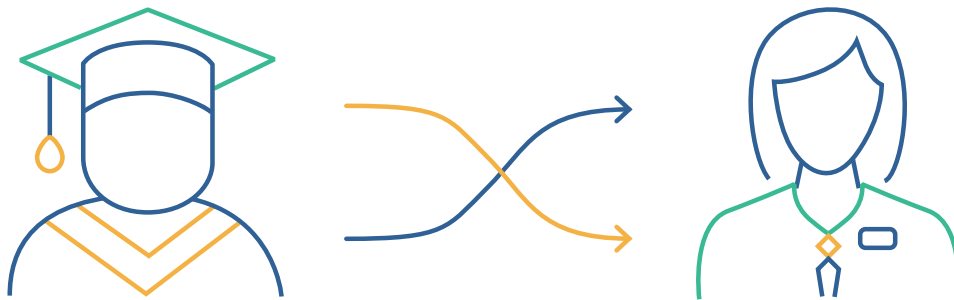
The Solutions

RECOMMENDATION ONE:

KEEP A FINGER ON THE PULSE OF THE PIPELINE TO PRACTICE

Ensure data are continually available to support assessment, planning and evaluation for Indiana's mental and behavioral health workforce pipeline to practice.

■ **Policymakers should ensure data are available for continued pipeline assessments.** The Indiana Commission for Higher Education maintains enrollment and graduation data. These data can be found in the training and trends dashboards created for the Playbook Project, but there is no mechanism in place for sustainable public reporting of this information. The education environment is dynamic, with programs opening or closing and enrollment growing or decreasing. Without dedicated resources to support upkeep and sustainability of information on the status of the pipeline to practice, Indiana will be back to where it was before the Playbook Project: Lacking data to support informed policy and program development and evaluation. Sustainable funding, through an appropriation or other source, and executive branch commitment is necessary to support some ongoing and public reporting mechanism.



RECOMMENDATION TWO:

GROW YOUR OWN

Increase awareness among Hoosier youth about mental and behavioral health careers and training pathways.

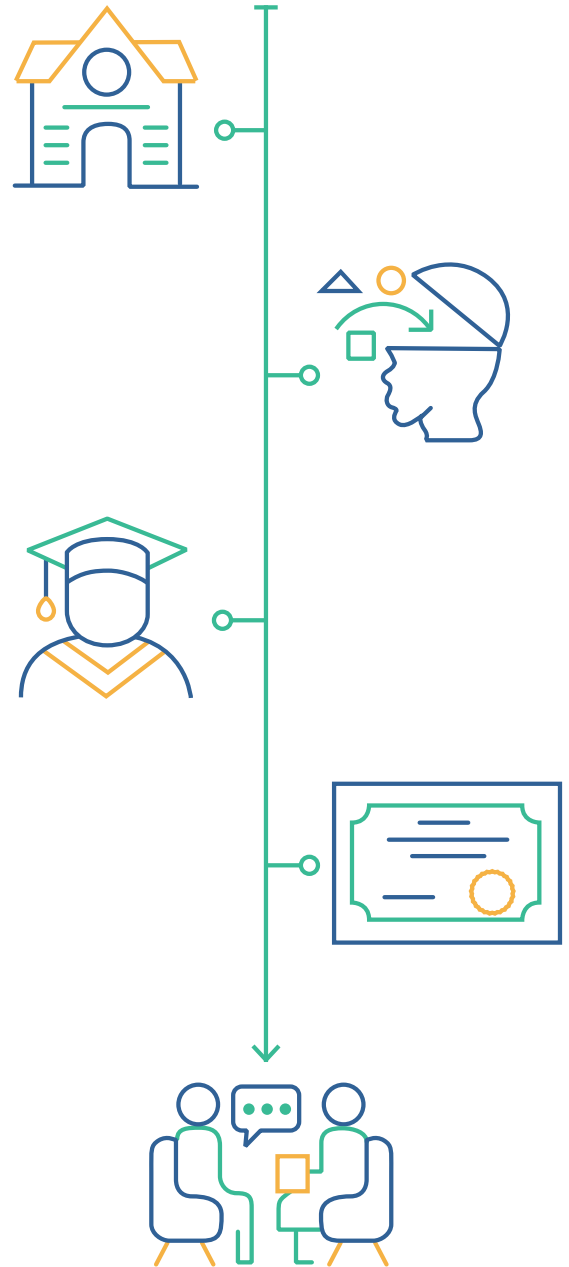
■ **Philanthropic and community organizations should seek to fund early pipeline development.** Training programs are interested in reaching out to local middle and high school students to share information about their careers and programs; however, they lack the resources required to do this work. Funding is required to help programs develop or expand early pipeline engagement. Local and/or statewide funding opportunities are needed to support this important work and help Indiana “grow our own” mental and behavioral health workforce.



■ **Licensed mental and behavioral health professionals should seek out opportunities to serve as “ambassadors” for their profession.** Everyone has a role to play in recruiting the next generation of mental and behavioral health professionals in Indiana. Hearing from professionals would help spread awareness of careers among Indiana youth. Licensees can reach out to local middle and high schools and offer to do career talks.



■ **Employers should develop or expand career exploration opportunities for local students to learn about mental and behavioral health service delivery.** These opportunities range from informal engagement (site visits and/or interviews) to more formalized experiences (internships, capstones, or work-based learning). Opportunities exist for these initiatives to help students fulfill the new graduation pathway requirements regarding work-based learning and postsecondary readiness established by the [Indiana Department of Education](#).



EXISTING PIPELINE RECRUITMENT EFFORTS:

INDIANA HOSA

A Direct Connection to Healthcare-Interested High School Students

Indiana HOSA's chapter focuses on providing opportunities for middle and high school students interested in becoming health care professionals. These opportunities include instructional workshops, leadership conferences, and networking events (including a statewide conference). There are many opportunities for members of the community and training program leadership to connect with potential students by attending conferences, connecting with local high school chapters, and more.

1 SECURE THE PIPELINE

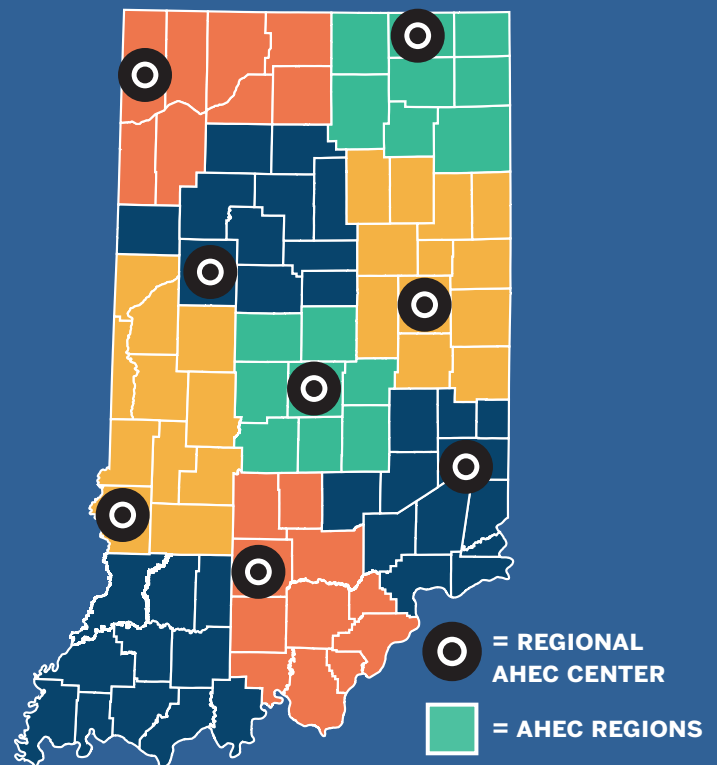
Academic program leaders should connect with and leverage existing pipeline recruitment efforts. Indiana academic program leaders interested in expanding or strengthening local “early pipeline” (middle and high school student) engagement should connect with existing statewide initiatives to support their local efforts, such as the Indiana chapter of Health Occupation Students of America (HOSA) and Indiana Area Health Education Center (AHEC).



INDIANA AHEC

Regional Early Pipeline Resource Hubs

Indiana AHEC is a network of nine regional centers housed under one central network office. AHECs are primarily focused on recruiting, training, and retaining health care professionals providing services to underserved populations. AHECs seek to introduce students and adults to health career options, develop new clinical training opportunities, and recruit professionals into underserved communities. AHECs connect with local high school students through career fairs, job shadowing, simulation labs, and more. Regional AHEC centers could be a meaningful resource to connect employers and training programs with interested high school or college students.



RECOMMENDATION THREE: ADDRESS TRAINING DESERTS

Strategic expansion of Indiana's postsecondary education pipeline for the mental and behavioral health workforce.

■ **Funding is needed to support postsecondary education expansion in Indiana.** Academic leaders reported that resources are needed to support the expansion of postsecondary degree programs within the state. Specifically, degree programs require funding for new or expanded training spaces and to hire additional faculty and support staff. Resources for postsecondary program expansion are needed from both the public and private sectors. Funders should ensure that their resources target areas with the greatest mental and behavioral health workforce needs.



FUNDERS

■ **Indiana academic institutions should ensure that efforts to expand the postsecondary pipeline are targeted to areas of greatest need.** [The Needs Assessment](#) can be used to identify Indiana communities lacking postsecondary education opportunities and having fewer resources to address community mental health needs. Postsecondary degree program expansion, as a result of increases in class size or the development of new programs, should align with strategic community mental and behavioral health workforce development needs.



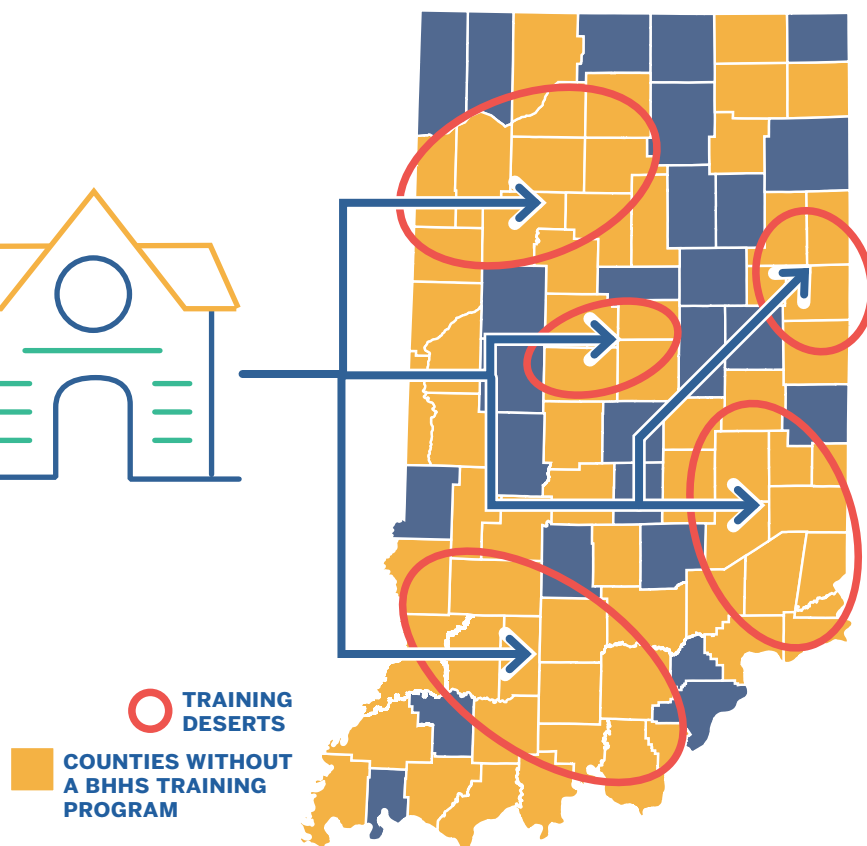
ACADEMIC LEADERS

■ **Employers should be prepared to support the expansion of clinical training.** Clinical training is a required component of postsecondary education for many mental and behavioral health professionals in Indiana. Most of this clinical training occurs in the community through employers. Employers in mental and behavioral health are critical to the successful expansion of postsecondary pipelines. There are opportunities available for peer learning in successful clinical training partnerships.



EMPLOYERS

IDENTIFYING TRAINING DESERTS



1 SECURE THE PIPELINE

RECOMMENDATION FOUR: EXPEDITE TRAINING PATHWAYS

Expand the number of 4+1 or accelerated degree programs to expedite learners through the education pipeline.

■ **Funding is needed to support curricular modifications within interested and qualifying degree programs.** Academic institutions require resources to pursue curriculum modifications and innovations. Many faculty leaders juggle their teaching and administrative responsibilities. Funding to protect faculty leaders' time for exploring and pursuing opportunities to expedite coursework is also required.



■ **Academic leaders should align courses with expedited training pathways.** Indiana has several advanced standing or accelerated bachelor's/master's programs preparing students for mental and behavioral health professions. Mental and behavioral health training programs that do not currently offer accelerated options should consider developing such options for their students.

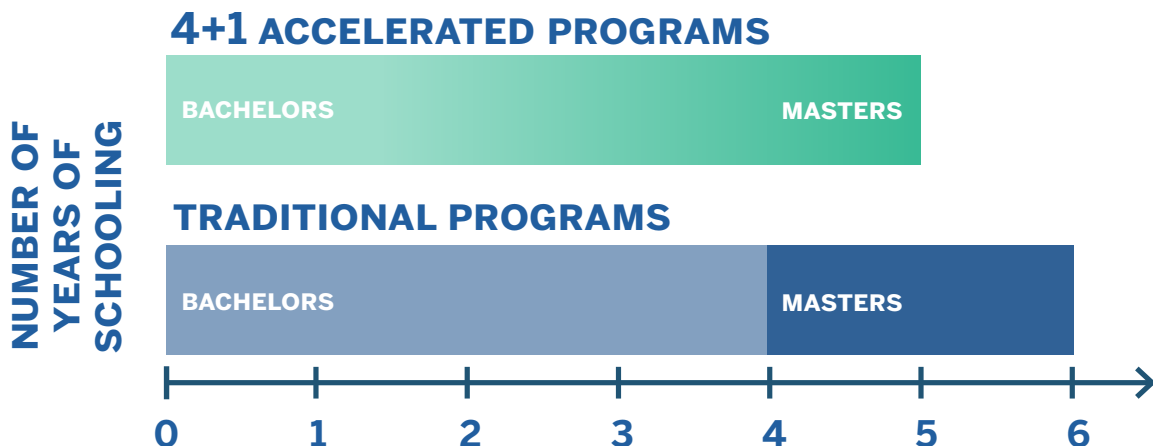


■ **Legislators can support the expansion of accelerated degree programs for mental and behavioral health professions.** In 2024, the Indiana legislature passed [Senate Enrolled Act No. 8](#), which requires Indiana academic institutions to develop expedited bachelor's degree programs. Legislators may also support the expansion of accelerated mental and behavioral health degree programs in Indiana through a targeted legislative initiative (such as adding specific language to require this among mental and behavioral health degree programs or providing an appropriation that is directed to support this build-out in the mental and behavioral health space).



EXPEDITED PATHWAY OPTIONS

Accelerated bachelor's/master's programs (commonly called 4+1 or advanced standing programs) enable students to complete both a bachelor's and master's degree in five years, rather than six. These programs not only expedite training the future workforce, but they can also reduce the cost of education for students.



RECOMMENDATION FIVE: STABILIZE PSYCHIATRY RESIDENCIES

Secure psychiatry residency slots that are currently reliant upon discretionary funding and expand existing residency slots.

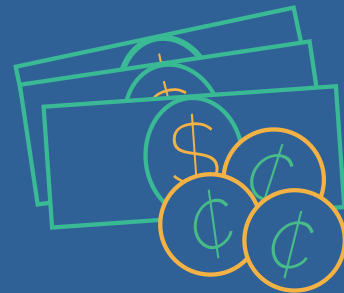
■ **Secure funding for lost psychiatry residency slots in Indiana.** As part of the Playbook Project, it was identified that funding for three of Indiana's psychiatry residency positions at [Indiana University](#) is being discontinued as of June 30, 2024. New funding sources are required to ensure that these residency slots can be filled in 2025. Indiana has several options for funding psychiatry residency slots, either through legislative action or private sources. A champion is required to secure funding for lost residency slots.



■ **Legislators can appropriate funds to expand psychiatry residency training in Indiana.** Indiana currently has several mechanisms for public support for graduate medical education and has previously directed appropriations toward psychiatry residency funding. Directed appropriations to the Graduate Medical Education (GME) Board or the Medical Residency Education Fund may be used to target the public expansion of psychiatry residencies in Indiana in a variety of institutions or settings.



SUSTAINABLE FUNDING



For those serving Hoosiers with the highest level of need.

Implementing a sustainable funding mechanism (such as legislative appropriation) for psychiatry residencies is integral to growing Indiana's psychiatrist workforce.

Other states have implemented similar mechanisms for securing residency slots. [Iowa](#) appropriated state funding for residency positions that is used to support only those candidates who have completed an undergraduate or medical degree in state (a known contributor to in-state retention).

[Nevada](#) established a grant program, funded by state appropriations, that awards grants to institutions. [New Mexico](#) created a new GME expansion fund supported by an \$1.1 million annual appropriation.

1 SECURE THE PIPELINE

RECOMMENDATION SIX:

EXPAND PSYCHOLOGY INTERNSHIPS

Increase the number of psychology doctoral internship opportunities in Indiana to keep students in state while they train and retain them into practice.

■ **Public or private sector funding is needed to support the expansion of existing or development of new psychology doctoral internships in Indiana.** Doctoral psychology students must complete an internship during their last year of training. [Academic leaders](#) reported internship availability as the most significant challenge to the pipeline of psychologists in Indiana, and [Indiana psychology licensees](#) reported a lack of internship opportunities close to home as a major barrier to completing their education in Indiana. Strategic expansion of doctoral psychology internships is required to train and retain talent in the state. Funding should be directed toward organizations that support the expansion or establishment of doctoral internship programs. These organizations may include doctoral psychology degree programs (school psychology, clinical psychology, and counseling psychology), community mental health centers, hospitals, other health care organizations, and other community organizations involved in mental and behavioral health service delivery.



POLICY MAKERS



FUNDERS

■ **Employers should explore opportunities to expand or develop new doctoral psychology internship programs.** Employers and providers of mental and behavioral health care who have clinical psychologists and/or are interested in expanding their psychology workforce should consider opportunities to expand existing internship programs or develop new ones. Doctoral interns contribute to service delivery while gaining experience. Hosting doctoral interns may support the extension of services and targeted recruitment.



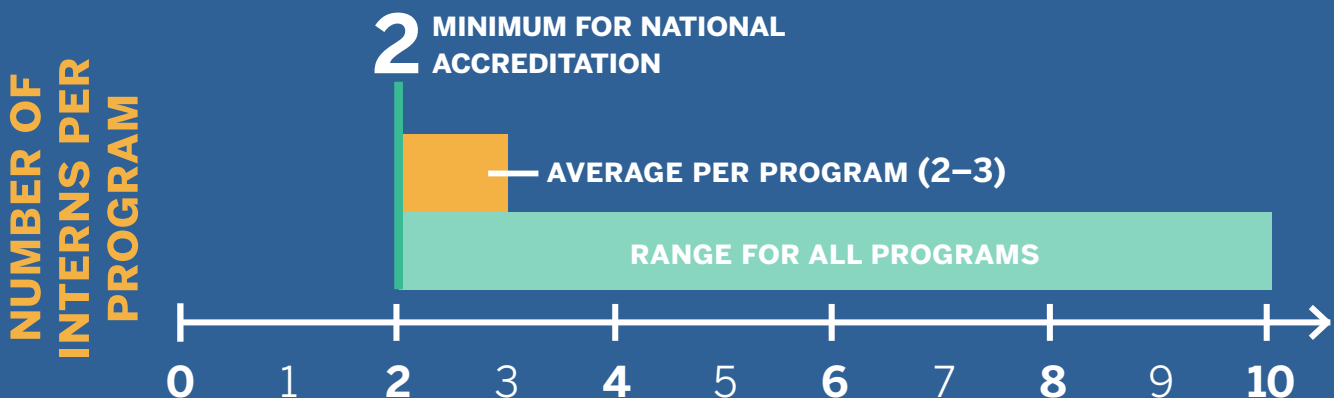
EMPLOYERS

SNAPSHOT OF CURRENT CAPACITY

Indiana Psychology Doctoral Internships

Indiana currently has 17 doctoral internship programs accredited by the [Association of Psychology Postdoctoral and Internship Centers \(APPIC\)](#). The number of interns varies by program, ranging from 2-10 (most have 2-3).

National accreditation requirements specify that programs must have a minimum of two doctoral interns and two supervising psychologists.



RECOMMENDATION SEVEN: **ESTABLISH PIPELINE INCENTIVES**

Secure funds to support strategic recruitment and retention of faculty and students.

■ **Private funders should prioritize the development of new scholarships for students pursuing clinical mental and behavioral health training programs in Indiana.** These opportunities should be directed toward students who commit to pursuing clinical practice and direct patient care in Indiana after graduation. Funders may use the [Needs Assessment](#) to target scholarships toward students from communities with lower workforce capacity.



■ **Legislators can establish state-based loan repayment opportunities for faculty of mental and behavioral health training programs.** Such programs are common strategies authorized by state legislatures to support targeted faculty recruitment. They are frequently administered by executive branch agencies, including Departments of Health or Human Services.



LEARNING FROM OTHER STATES

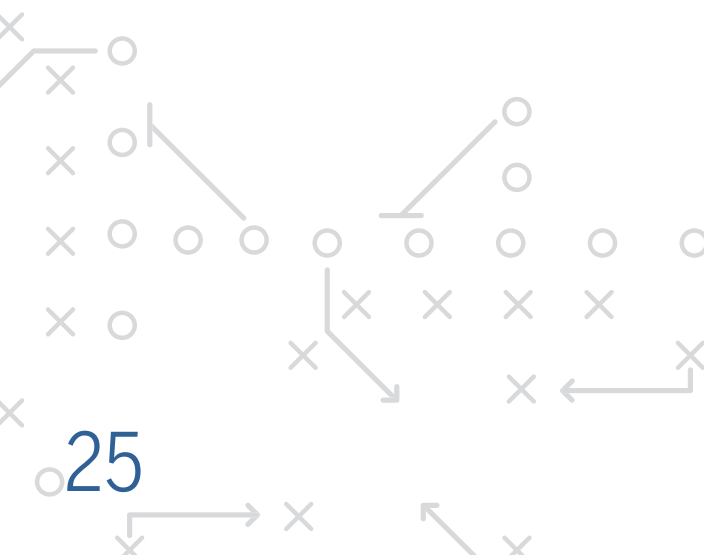
Pipeline Incentive Programs



Student Scholarships: Tennessee's Department of Mental Health and Substance Abuse Services has established a legislature-appropriated [Behavioral Health Pathways Scholarship](#) program to provide up to \$30,000 in scholarship to Tennessee residents enrolled in a behavioral health-related training program.



Faculty Loan Repayment: Texas has established a [Nursing Faculty Loan Repayment Assistance Program](#), which provides up to \$7,000 in loan repayment for faculty with a master's degree or higher serving in an institution-based faculty role. Although this program supports the nursing pipeline, this concept can be applied to other sectors, such as mental and behavioral health.



Potential Impacts

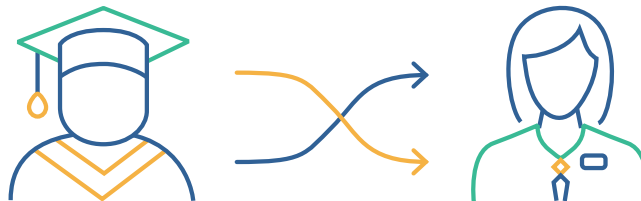
REDUCED COST BURDEN ON STUDENTS AND FACULTY

- Incentives to faculty stabilize and strengthen the education pipeline. Hoosier students pursuing mental and behavioral health professions can afford their education and return to their home communities to practice thanks to robust scholarship opportunities.



MORE INTEREST, MORE TRAINING, STRONGER WORKFORCE

- Because of robust early pipeline engagement, middle and high school students are more aware of the important role of mental and behavioral health careers.
- Full enrollment is achieved in existing degree programs across the state. Sustainable funding has been secured for critical training positions, and new degree programs, internships, and residencies have been developed in communities that previously lacked these opportunities.
- Students can now pursue degrees closer to home.



STREAMLINED TRAINING, LESS DEBT, GREATER CAPACITY

- Expansion of 4+1 and advanced standing degree programs helps qualified students complete schooling more quickly, with less debt at graduation. These students enter the workforce more quickly, gain the experience needed for full licensure, and provide care in Hoosier communities.

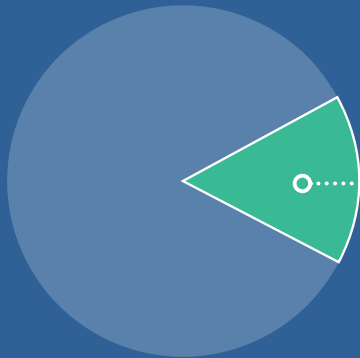


#2 STRENGTHEN CLINICAL TRAINING

The Problem

CLINICAL training and experience are key components of a mental and behavioral health professional's pathway from education to licensure. Clinical training generally refers to the training students receive while enrolled in degree programs. Clinical experience generally refers to practice-based clinical experience (including supervised experience) completed after graduation as part of the required pathway to clinical licensure and practice as an independent professional. [Indiana BHHS licensees](#) indicated that increased clinical training opportunities would be helpful and make them feel more prepared after graduation. The availability and accessibility of clinical supervisors are also important issues. Professionals indicated that they did not serve as supervisors for clinical experience opportunities because of a lack of financial incentives, confidence in their skills, and understanding of effective supervision. [Mental and behavioral health academic leaders](#) also highlighted the importance of clinical training and experience and identified the expansion of clinical opportunities as a top priority for Indiana.

ISSUES WITH CLINICAL TRAINING



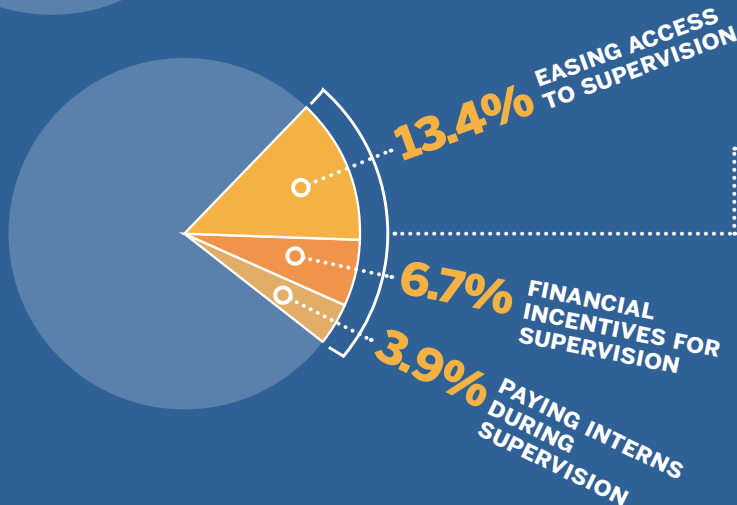
15.6%
of survey respondents cited difficulty obtaining clinical supervision as a major hurdle for obtaining licensure

CLINICAL SUPERVISION WAS THE #2 PROBLEM CITED AFTER PAY

#1 PAY

#2 SUPERVISION

#3 LICENSE ADMIN.



24%

of survey respondents indicated improvements to clinical supervision would make licensure easier to obtain

The Solutions

RECOMMENDATION ONE:

EXPAND CLINICAL EXPERIENCES

New and expanded opportunities for clinical training (interns) and clinical experience (postgraduate licensees) are desperately needed to ensure Indiana can develop the workforce it needs to serve the population.

■ **Academic institutions with multiple degree programs should coordinate clinical education and training to ensure equitable opportunities for all students.** Several Indiana academic institutions have more than one degree program for mental and behavioral health professionals (e.g., psychiatric nurse practitioner, social work, counseling, and psychology). Collaborative partnerships between programs and/or departments can support a unified approach to clinical training partnerships with employers/providers across institutions. Such coordination can also strengthen student opportunities.



■ **Employers/providers should develop or expand internal capacity to support clinical training and experience.** Opportunities should fit the organization and be manageable for licensed professionals who are actively involved in training and mentoring. Clinical training partnerships range from one student/postgraduate licensee to expanded options. There is no need for organizations to “reinvent the wheel.” Several solutions (highlighted below) serve as examples of scalable and replicable frameworks. For more information about other mental and behavioral health workforce and pipeline initiatives in Indiana, visit the [Inventory of Existing Initiatives](#).



■ **Legislators can consider directed appropriations to support clinical training networks.** There may be opportunities to leverage strengths and expertise of the Indiana AHEC to support employer connections and clinical placements. The AHEC receives a state appropriation to support the targeted development of the regional health care workforce. Future appropriations could be dedicated to further supporting and strengthening clinical training partnerships.



■ **Licensed mental and behavioral health professionals should consider opportunities to serve as clinical mentors to the next generation of the workforce.** The next generation of the workforce is dependent on existing professionals who are willing to serve as clinical supervisors and preceptors. The shortage of mental and behavioral health professionals makes it difficult for existing professionals to take time away from patient care and participate in clinical training activities.



INSTITUTIONAL COORDINATION OF CLINICAL TRAINING

Collaboration across degree programs and departments could take many forms, ranging from one or two shared elective courses to the development of a clinical track for students, including specific courses or shared clinical experiences. The University of Southern Indiana (USI) is

working to develop a shared clinical track for students from the Department of Social Work and the Department of Psychology intending to pursue clinical practice. It has submitted a funding request to support the development of this joint curricular solution.

COMMUNITY SOLUTION

Serving Community & Supporting Students

East 91st (E91) Street Christian Church Counseling Center: E91 is a faith-based organization that established a Counseling Center to support behavioral health needs and address access and affordability issues in the local community.

E91 Counseling Center partners with graduate programs to provide clinical training for current students.

It also offers clinical experience and supervision to postgraduate BHHS licensees. A key component of its approach for postgraduate licensees is increases in incentives to align with increases in experience. Once individuals receive their clinical/independent license, E91 supports their transition to private practice by enabling them to maintain the client base they've built.

This model may be scalable within many types of organizations. For more information on the E91 Counseling Center, please check out its [webpage](#).

ACADEMIC SOLUTION

Serving Students & Supporting Community

Christian Theological Seminary (CTS) Counseling Center: CTS is a faith-based institution with graduate programs and an in-house counseling center that prepares students for BHHS careers.

The CTS Counseling Center offers clinical experiences for students in CTS's School of Counseling

Programs (MACHC and MAMFT) and graduates completing clinical supervision while also providing affordable services to the local community.

A key component of CTS's approach is the support it provides to graduates to move them toward clinical independent licensure. CTS graduates can complete the required postgraduate supervised experience at the Counseling Center.

This all-in-one model may be replicable at other academic institutions. For more information on the CTS Counseling Center, please check out its [webpage](#).

EMPLOYER SOLUTION

Grow Our Own Workforce: Community Health Network Behavioral Health Academy

The Behavioral Health Academy was established to address critical skill gaps and support targeted workforce development for mental health and substance use services within the Community Health Network.

The Academy is operated in partnership with graduate degree programs and is designed for people who have a bachelor's degree. The Academy offers robust clinical training and stipends to offset program costs.

Academy graduates are eligible to apply for dual licensure as a clinical addiction counselor associate and licensed social worker (LSW) or mental health counselor associate.

The Academy model is replicable and has been successfully expanded to other educational and service providing organizations across the state of Indiana.

For more information on the Behavioral Health Academy, please check out its [webpage](#).

RECOMMENDATION TWO:

ELEVATE PROFESSIONAL SUPERVISORS

Actions are needed to support the professionals who provide clinical supervision and mentorship to Indiana graduates seeking to become part of the workforce.

■ **Policymakers should formalize clinical supervision by establishing an endorsement/credential or administrative process to recognize qualified supervisors.** BHHS licensees noted challenges in identifying qualified supervisors and a general lack of confidence in their skills and ability to supervise others. There are 44 states that have a provision for the formal identification of supervisors through a license/credential/endorsement or a defined administrative process (see the next page for selected contiguous state provisions). The two implementation options are presented below for consideration. Regardless of the approach, care should be taken to minimize the administrative and cost burden on licensees and the PLA. Ultimately, policymakers must decide which option is most appropriate for Indiana. It is also important to note that financial incentives for clinical supervision should be considered hand in hand with this recommendation. Incentives may include increased wage, tax credits, or foundation grants. There is a subsequent recommendation for these incentives.



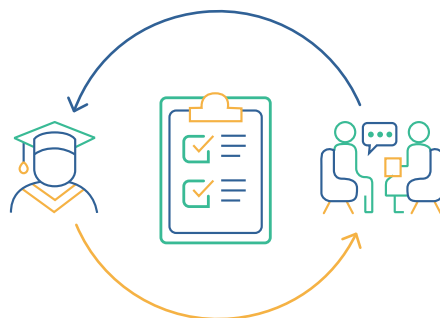
— OPTION ONE:

Supervisor Endorsement/Credential: Policymakers establish an endorsement or designation with related provisions for qualified supervisors (Ohio model). This should include provisions related to professional qualifications, training, and continuing education requirements (options are presented in below recommendations).

— OPTION TWO:

Administrative Process: Policymakers or the BHHS Board may establish supervisor qualification requirements and require licensees interested in providing supervision to submit documentation for such qualifications (Kentucky and Michigan models). This occurs before the delivery of any supervision hours.

■ **Policymakers should identify or solicit the development of training for clinical supervisors.** Most states require completion of training as part of the endorsement/credential or administrative processes to become a supervisor. Indiana licensees reported feeling unprepared to serve as supervisors owing to a lack of confidence in their supervision skills. Training provides licensees with foundational skills in supervision and may increase their confidence in serving this important role. Policymakers may identify existing training opportunities (such as those offered by national associations) or develop new training in alignment with Indiana's goals to increase access to high-quality supervision. The development of new training or support for Indiana supervisors to complete third-party training requires resources. These resources could come from public or private sources.



CLINICAL SUPERVISOR REQUIREMENTS

Indiana's Contiguous States, by Profession Category



Counseling

24 hours of academic preparation or continuing education

1 year and 1,500 clinical hours of clinical experience with 1 observation of a supervision experience included in the hours requirement.

Must supervise a licensed supervisor for 5 sessions with a review process.

Marriage and Family Therapy

2 years of post-licensure clinical experience

Completion of an American Association for Marriage and Family Therapy (AAMFT) 30-hour supervision course

Social Work

1 year of experience post-licensure

9 hours of continuing education in supervision post-licensure or completion of a graduate level supervision course



Social Work

Requires board-approved 6-credit-hour course, with renewal.

No disciplinary actions

Demonstrated knowledge of Kentucky social work regulations

Counseling

Completion of 15 continuing education units hours on supervision or a graduate-level supervision course

Practicing for **2 years** following licensure

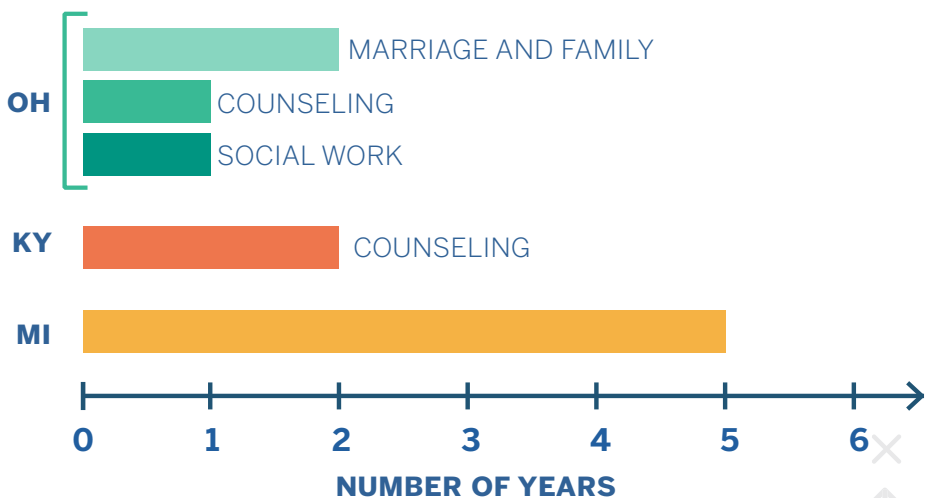


Supervisors as of May 5, 2022, must have **5 years of postmaster's practice.**

Completed specialized training (2 semester-hours of graduate training or 30 hours of workshop training) in effective supervision.

An alternative path for supervisors would be to hold a national credential (Approved Clinical Supervisor [ACS]) from Center for Credentialing and Education (CCE).

YEARS OF POST-LICENSURE EXPERIENCE REQUIRED OF CLINICAL SUPERVISORS BY NEIGHBORING STATES



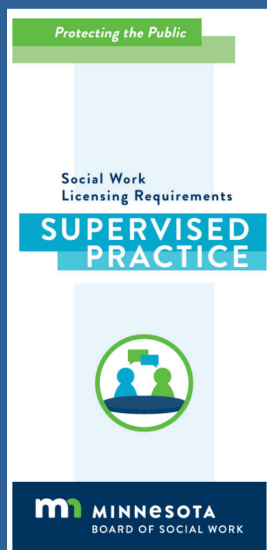
REC. TWO CONTINUED: ELEVATE PROFESSIONAL SUPERVISORS

■ **The BHHS Board should develop guidance documentation related to supervision.** Several states and national organizations (e.g., [National Association of Social Workers](#)) have developed guidance documents for individuals interested in or currently serving as supervisors. Guidance documents should be created or solicited by the BHHS Board. It is important to note that the BHHS Board currently does not have the capacity to produce such documents. Resources are required to produce guidance documents for Indiana. The resources that support the development of guidance documents can originate from public or private sources. Guidance documents should be made available on the PLA/BHHS Board website. Examples of these documents are provided below.



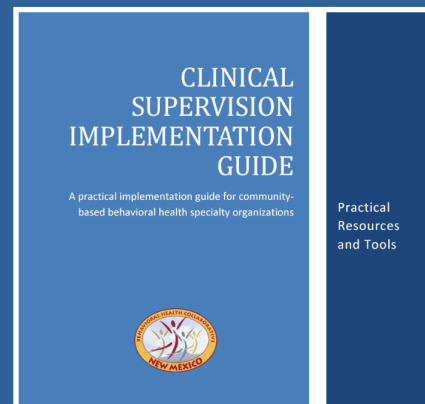
OPTION ONE:

The [Minnesota Board of Social Work](#) created a brochure with answers to commonly asked questions, including who can provide supervision, what is required of supervision, how to find a supervisor, and the importance of supervision. This document is short, user-friendly, and visually appealing.



OPTION TWO:

[New Mexico Behavioral Health Collaborative](#) created an implementation guide with practical advice for those serving as clinical supervisors, including practice models, the importance of clinical supervision, best practices, and tools for individuals. This document is much longer and more detailed but also provides resources and worksheets for an individual's use.



RECOMMENDATION THREE: INCENTIVIZE CLINICAL TRAINING

Resources are required to support the individuals and organizations engaged in clinical training and to promote expansion of clinical training opportunities.

■ **Public and private sector payers of mental and behavioral health services should explore reimbursement strategies that support clinical training and experience.** [Indiana employers](#)

cite concerns about reduced revenue or lack of reimbursement for services provided during clinical training (interns) and experience (postgraduate licensees). The loss of revenue associated with clinical training may impact mental health service capacity within Indiana's most vulnerable communities. Therefore, reimbursement strategies that support employer engagement in clinical training without threatening access to services are critical.

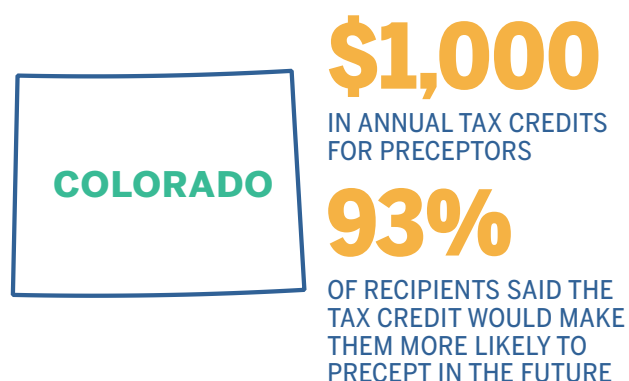
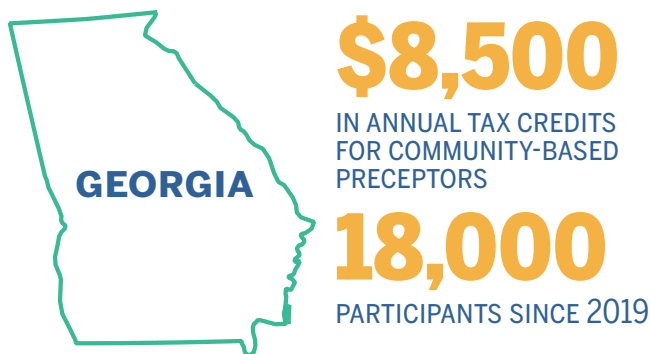


■ **Policymakers should consider recognizing and incentivizing the contributions of licensed mental and behavioral health professionals involved in clinical training and experiences.**

Indiana legislators should consider establishing a state income tax credit for qualified licensed mental and behavioral health professionals, including those who participate in clinical training with interns (individuals currently enrolled in graduate programs) and those who serve as clinical supervisors for individuals completing clinical experience hours required for an independent BHHS license. Other state legislatures have adopted similar approaches to support their mental and behavioral health workforce goals. Implementation may vary and could include requirements such as caps, a number of hours in supervision required to access credits, or applications only in certain setting types.



- In 2019, the [Georgia](#) state legislature created a tax credit for community-based preceptors who were not compensated for teaching. The tax credit provided up to \$8,500 in tax credits each calendar year for 160 hours of training per credit, with a three-credit maximum per year. Since its inception, there have been 18,000 participants in 511 regions, with 3,327 student rotations in clinical pursuits across Georgia and 1,139 professionals to mentor graduate students.
- [Colorado](#) has targeted rural workforce development in its Rural and Frontier Health Care Preceptor Tax Credit program. In Colorado, health care professionals who provide preceptorship during the applicable tax year may be eligible to receive a \$1,000 tax credit. The tax credit was capped at 300 primary health care provider recipients. Since its enactment in 2017, 540 students have been precepted; 93% of the preceptors reported that the credit made it more likely that they would precept in the future, and 38% reported hiring a student who rotated with their practice.



REC. THREE CONTINUED: INCENTIVIZE CLINICAL TRAINING

- **Public and private sector sponsors could consider investments to incentivize individual participation in clinical education and training.** Policymakers, private foundations, or community organizations may also consider awarding grants to those who participate in clinical training with interns (individuals currently enrolled in graduate programs) and those who serve as supervisors for individuals completing the clinical supervision and experience hours required for an independent BHHS license. Funding support could be provided in the form of direct awards to individuals recognizing their services or donations to provider organizations to support their clinical training initiatives.



Potential Impacts

MORE CLINICAL OPPORTUNITIES AND MORE SUPERVISORS FEEL BETTER SUPPORTED

- **Expansion of clinical training and experience opportunities will ensure Indiana has professionals qualified to provide high-quality services in the communities that need them.**
- **Formal identification of clinical supervisors benefits both employers and licensees by allowing them to identify individuals qualified to serve as supervisors. This makes the supervision process easier and allows the state to monitor supervisor supply. Tying the establishment of an endorsement/designation to training requirements would also improve the quality of individuals serving as supervisors while tying financial incentives to the endorsement/designation may help recruit and retain supervisors in the Hoosier state.**
- **Whether or not Indiana chooses to implement an endorsement or designation for individuals serving as supervisors, the development of a guidance document for supervision would align with the goal of increasing access to high-quality supervision. Individuals who may have not felt prepared for supervision before may gain confidence through the guidance document and begin providing supervision. This guidance document could also have the information necessary for high-quality supervision and direct individuals to training resources.**

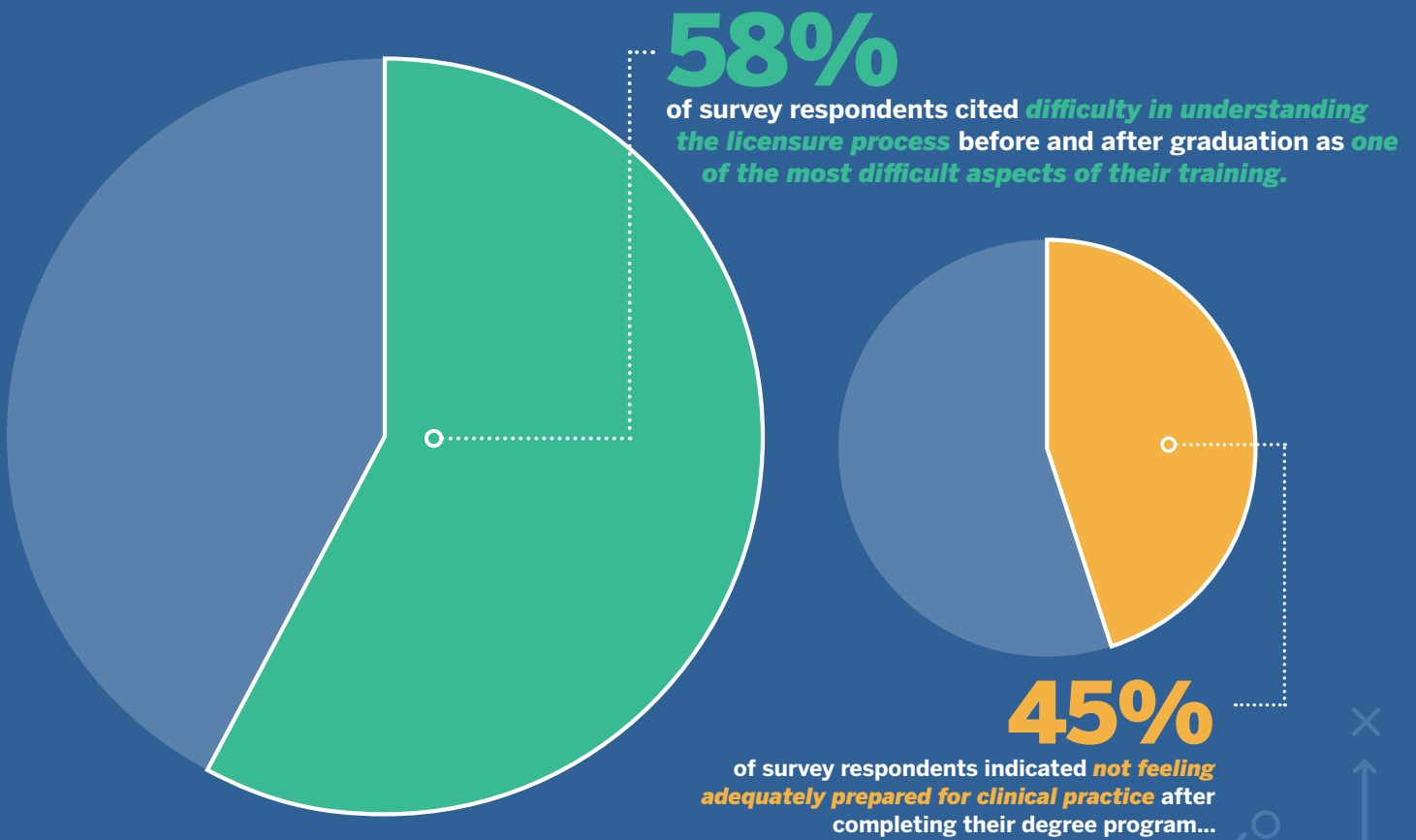




#3 ALIGN EDUCATION, POLICY, AND PRACTICE

The Problem

MULTIPLE opportunities for aligning education, policy, and practice for Indiana’s mental and behavioral health workforce were identified as part of the Playbook Project. Regarding education, many Indiana BHHS licenses require specific courses or course content to be completed, documented in a transcript, and submitted with a licensure application. Looking at **policy**, Indiana BHHS licensees reported challenges with regard to understanding licensing requirements and obtaining guidance. BHHS licensees noted that Indiana’s provisions related to educational requirements differ from those of other states, making it a challenge to quickly enter into practice. The skill and training gaps reported by employers and degree programs point to opportunities for greater alignment of education with **practice** to meet patient care needs. State-level initiatives related to evidence-based practice and skill development present strategic opportunities for enhancing education and upskilling the workforce.



The Solutions

RECOMMENDATION ONE:

REDUCE BURDEN FOR ASSOCIATE LICENSES

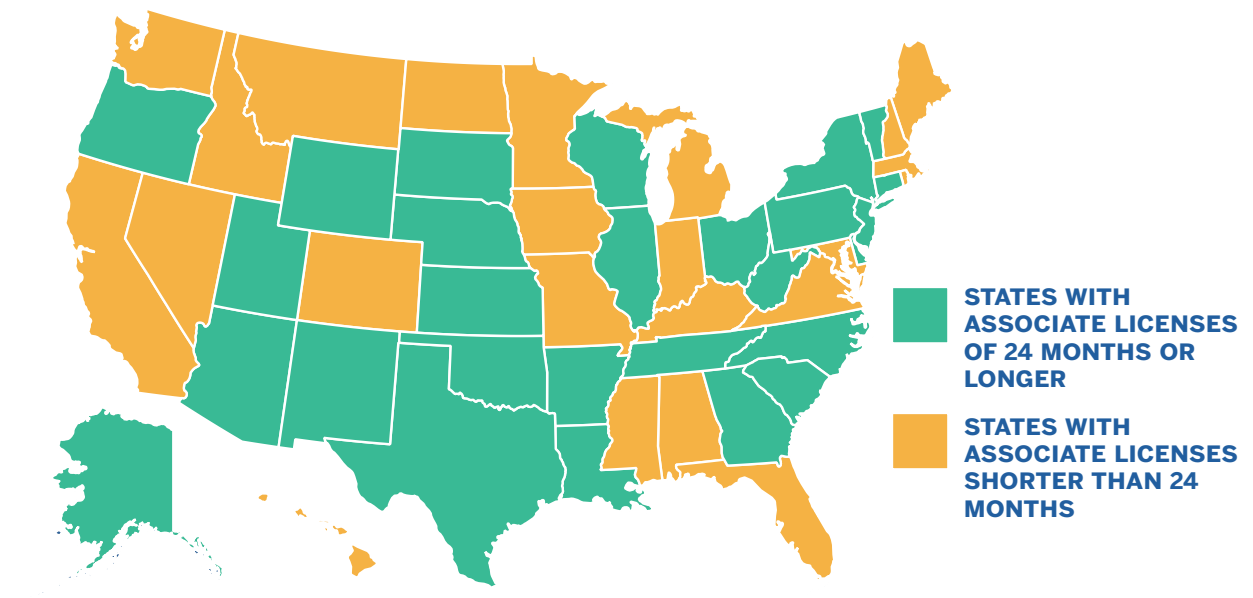
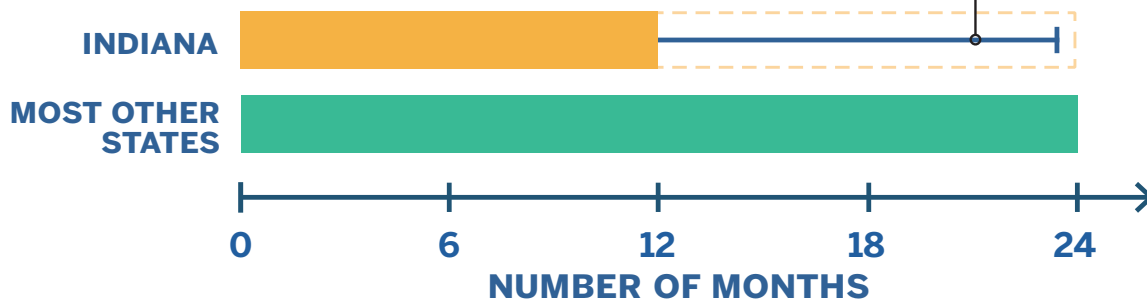
Extend the length of associate licenses from 12 months to 24 months (LMFTA, LMHCA, LCACA, and LACA).

■ **Legislators should consider extending the length of associate licenses to reduce administrative and financial barriers.** Currently, Indiana associate licenses require renewal every 12 months either due to statutory reference (LMHCA and LMFTA) or implementation by BHHS Board (LCACA and LACA). The independent clinical license for these professionals requires approximately 2 years (24 months) of clinical experience. At this time, requiring associate license holders to complete an annual licensure renewal (every 12 months) and pay associated renewal fees. Statutory clarification or modification to extend license length to 24 months would put Indiana on par with 30 other states and reduce barriers for individuals in the pipeline to practice.



LENGTH OF INDIANA ASSOCIATE LICENSES BEFORE RENEWAL

RECOMMENDATION: EXTEND TO 24 MONTHS



RECOMMENDATION TWO: **STAFFING SUPPORT FOR ALIGNMENT**

Establish a new Education and Reciprocity Coordinator position for the BHHS Board to liaise with academic programs and support streamlined licensing.

■ **Legislators should appropriate funding to support the creation of this new staff position within the BHHS Board.** PLA requires funding to create a new position. This can be achieved by increasing the current PLA appropriation. A precedent exists for the creation of this position, including similar roles at the [Indiana State Board of Nursing](#) and [Indiana Department of Education](#) (DOE). The potential duties for this position are as follows:



— **POSITION DUTIES ONE:**

Highlight opportunities for program alignment with licensure requirements.

- Complete a review of all degree programs determined by the BHHS Board as requiring specific courses or course content to qualify an individual for licensure application.
- Provide notices to these degree programs with information to support development of specific course pathways, streamlining their pathways to licensure application.
- [DOE](#) has a similar process for Indiana-approved educator programs that is published publicly.

— **POSITION DUTIES TWO:**

Spread accurate information through relationships and resources.

- Site visits to academic institutions and licensure seminar courses may help foster connections that support the transition from degree to license.
- Create resources, such as videos, explaining the licensure process and responding to frequently asked questions. These resources should include completion of the licensure application, a commonly cited issue by recent licensees.

— **POSITION DUTIES THREE:**

Expedite Board decisions.

- Prepare an annual “substantially similar” 50-state review to identify which out-of-state licenses could/should be automatically “endorsed” in Indiana. This would require the coordinator to review policies from other states, as well as previous Indiana BHHS Board decisions for applicants from other states, to determine which states are in alignment with Indiana’s requirements.
- This information would serve as a quick reference for the board and expedite reciprocal license review.

■ **Academic institutions/degree programs should be prepared to partner with the new BHHS Board Education and Reciprocity Coordinator to identify opportunities for alignment and streamlining in the transition from graduation to license.** This may include a review of the degree program curriculum in the context of state statutes and administrative codes to identify opportunities for greater alignment, modifications, and designation of the specific course pathways required for licensure. Graduates of Indiana degree programs with verified curricula or those who have completed specific course pathways should be expedited through the application process.



RECOMMENDATION THREE:

ENSURE EVIDENCE-BASED PRACTICE

Actions are needed to promote expanded education about and adoption of evidence-based practice among Indiana's mental and behavioral health workforce.

■ **Public or private sector funders should prioritize a curricular review across Indiana mental and behavioral health degree programs.** Evidence-based practice (EBP) is the use of treatments or interventions that have been shown to be effective through scientific evidence. A [preliminary assessment](#) of EBP training found that very few postsecondary programs reported integrating specific EBPs into their curricula. A more robust curricular review would help identify state-level opportunities for curriculum alignment with EBP. Funding should be dedicated to securing expertise to support the development and implementation of curricular reviews and associated state-level recommendations. Funded organizations must have experience in facilitating relationships between higher education leaders, state governments, employers, and community organizations. The Indiana Commission for Higher Education should be engaged as a key partner. The following offer considerations for the development of this project:



- **Identify goals and standards.** A group of subject matter experts must be convened to identify the skills required for high-quality practice, what experiences may be necessary to produce graduates with those skills, and all relevant national, state, and institutional accreditation requirements that may have implications for changes.
- **Gather resources.** A methodological collection of individual course resources and materials across all relevant programs is necessary. This will require extensive collaboration with dozens of degree programs housed at separate institutions and the meaningful engagement of program leadership to obtain buy-in.
- **Review curriculum and recommendation development.** In collaboration with subject matter experts/workgroups, researchers must review and provide recommendations for revisions based on the desired outcomes and relevant requirements.
- **Implement changes.** Depending on academic and program leader engagement and buy-in, institutional policies requiring change can be implemented. Another potential implementation lever could be legislation or rule-making, which requires institutions to implement specific program changes.
- **Evaluate and revise.** Tracking student outcomes will help identify areas for improvement and highlight Indiana's success.

INDIANA STATE EBP PRIORITIES

Expansion of EBP is a top priority in the state of Indiana. The list of EBPs below have been initially prioritized in state-level initiatives.

- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT)
- Trauma-Focused Cognitive Behavioral Therapy
- Integrated Dual Diagnosis Treatment
- Assertive Community Treatment (ACT)
- Parent Management Training (Children)
- Brief Strategic Family Therapy (Children and Adolescents)
- Behavior Management Strategies

REC. THREE CONTINUED: ENSURE EVIDENCE-BASED PRACTICE

■ **Policymakers should consider requiring two hours of continuing education dedicated to EBP for BHHS and psychology licensees each biennium.** Care should be taken to align the CE requirements with state-of-Indiana-prioritized EBP. This requirement will be particularly helpful in ensuring that the existing faculty, clinical preceptors, and supervisors are aware of these important practices. Additional training is required to support the mastery of EBPs; this recommendation serves as an initial step towards a larger expectation over time.



■ **Licensees should be prepared to learn about and integrate EBP into their practice.** Training opportunities in EBP will help licensees keep up to date on the latest and most effective treatment methodologies for mental and behavioral health care.



INTERSECTING INITIATIVE

Indiana University School of Medicine and Riley Children's Evidence-Based Practice Training Center

Training opportunities will be available through the evidence-based practice center that is being established by a partnership between Riley Children's Hospital and Indiana University School of Medicine.



3 EDUCATION, POLICY, AND PRACTICE

RECOMMENDATION FOUR:

ALIGN EDUCATION WITH REGULATION

Expand psychotherapy education and training for psychiatric nurse practitioners.

- **Academic leaders from Indiana psychiatric mental health nurse practitioner programs (including post-master's certification) should identify opportunities for developing or strengthening the psychotherapy skills of students.**



PMHNPs are authorized through statute to provide psychotherapy in Indiana. However, PMHNP program leaders identified that education primarily focuses on medication management. Strengthening the psychotherapy skills of PMHNPs will support their ability to provide critical services to Hoosiers. Opportunities exist for PMHNP programs to enhance psychotherapeutic skills in the education and training of students.

- **Private sector funders could prioritize funding to PMHNP programs to develop or expand psychotherapy training.**



This could include funding to “upskill” existing faculty through the attainment of new psychotherapy certifications or support recruitment of new faculty with these skills/certifications. Funding may also be dedicated to protecting faculty members’ time for curriculum development, adjustments, and associated materials.

- **Practicing PMHNPs could obtain training and certification in psychotherapeutic techniques.**



Practicing professionals who have not received education or training in psychotherapeutic techniques may pursue certifications to enhance their skills.

- **Employers should support PMHNPs in developing psychotherapy skills.** Employers may consider providing resources to PMHNPs to complete psychotherapy certifications as part of their professional development packages.



IU PMHNP PROGRAMS

After hearing discussion between the psychiatric NP degree programs in the focus group, Indiana University’s Psychiatric NP degree program has begun to explore integration of additional psychotherapy skills training. Check out its webpage here and watch for future developments.

OPPORTUNITY FOR PMHNP PROGRAMS:

A psychotherapy course, either aligning with a professional certification or standalone, may be developed and offered to students in Indiana PMHNP programs. This option would enhance students’ skills and provide them with a recognized credential.

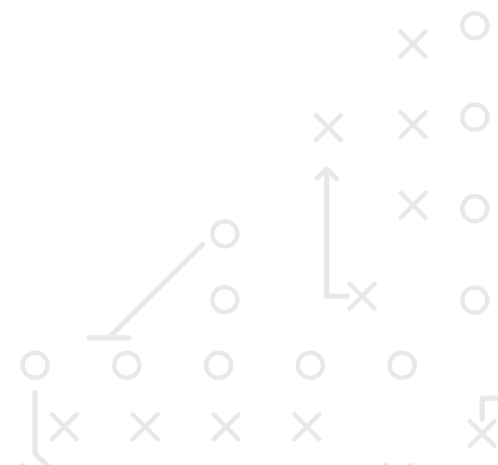
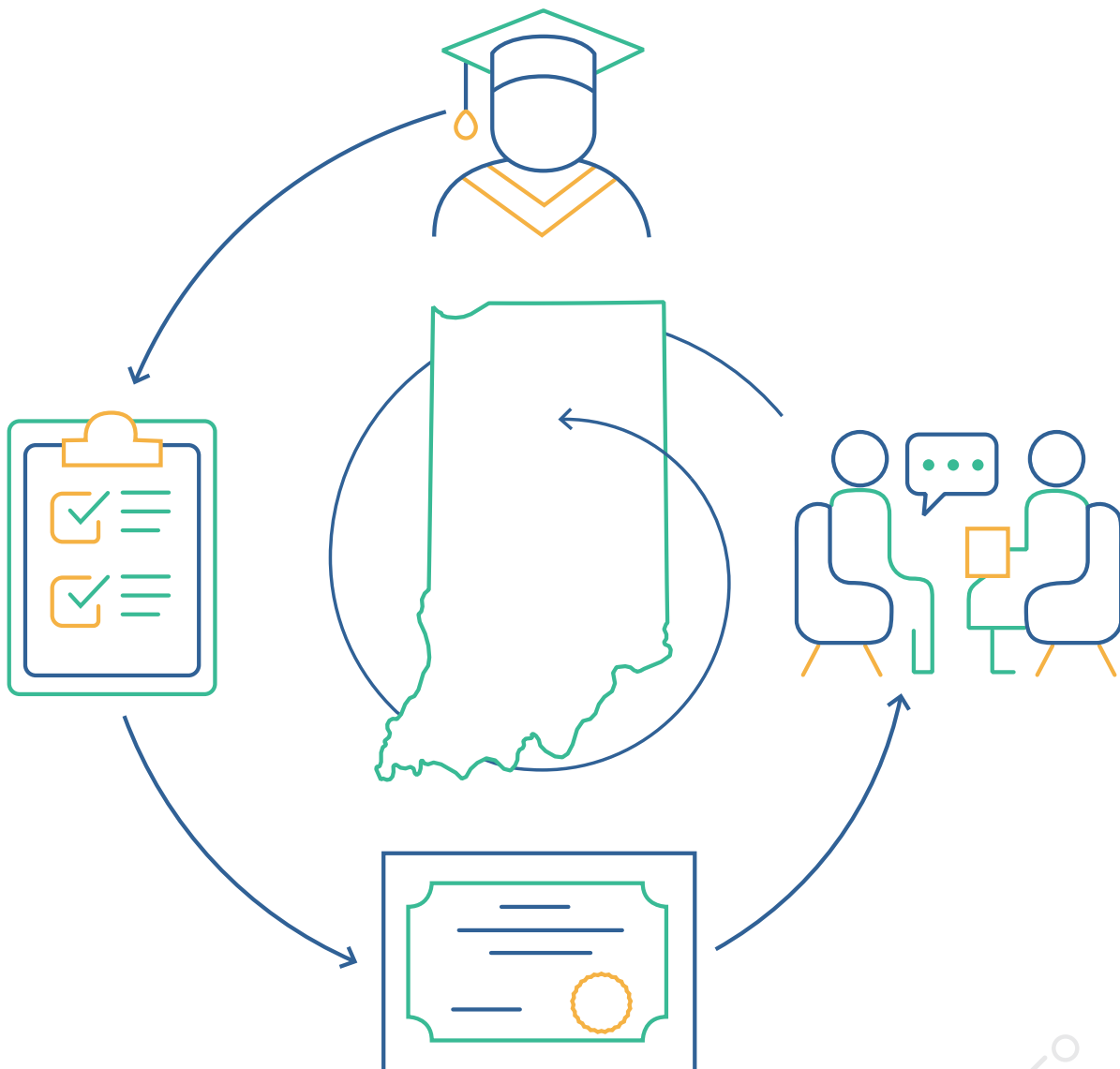
Potential Impacts

SEAMLESS LICENSING

- Students, graduates, and out-of-state professionals have a clear understanding of Indiana's behavioral health licensing processes and policies. Transition from education-to-practice and interstate licensing is accessible and expedited.

HIGH-QUALITY BEHAVIORAL HEALTH CARE

- With the deep integration of EBP and service-based training, professionals are prepared to deliver high-quality services at the top of the scope of their license in a manner that aligns with national best practices. Hoosiers receive top-tier care.





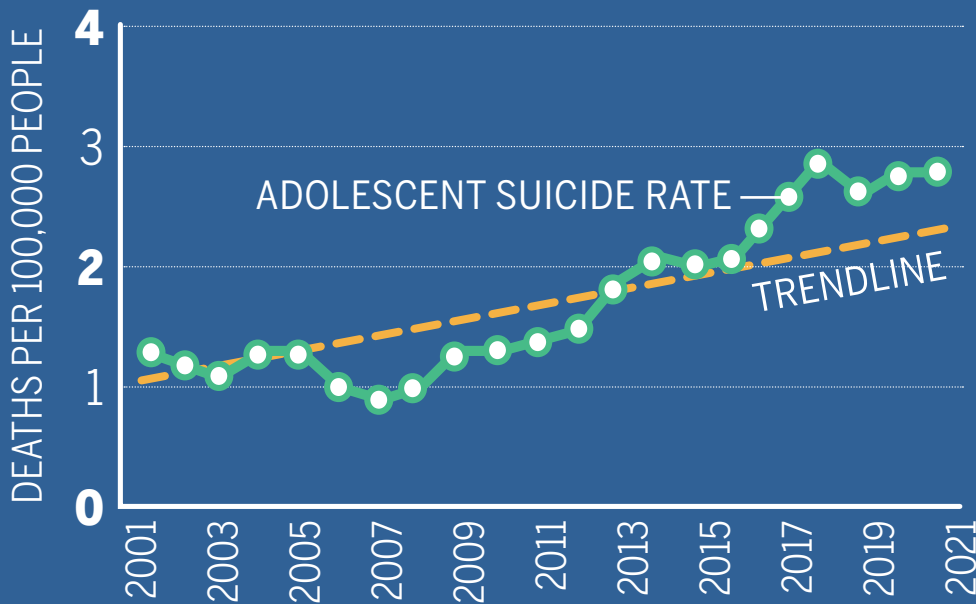
#4

ASSESS SCHOOL-BASED BEHAVIORAL HEALTH WORKFORCE

The Problem

THE number of Indiana youth struggling with untreated mental illness is staggering. Suicide is the leading cause of death among Hoosier teens. Ensuring youth services is a top priority of Indiana policymakers and stakeholders. The expansion of school-based behavioral health services is a key strategy to support the mental health and well-being of youth. Currently, there is limited information on the school-based behavioral health workforce in Indiana (license count, educational background, etc.) and no state-level information on school-based behavioral health services. Anecdotal reports suggest that school-based behavioral health professionals are experiencing challenges. To fully understand the landscape of school-based behavioral health services and how this critical workforce might be supported, elevated, and empowered to reach more youths, it is imperative that Indiana enhance state intelligence on school-based behavioral health professionals.

SUICIDE LEADING CAUSE OF DEATH HOOSIER YOUTH AGES 10-14



54%
OF HOOSIERS AGE 12-17
WHO HAVE DEPRESSION DID
NOT RECEIVE ANY CARE IN
THE PAST YEAR.

The Solutions

RECOMMENDATION ONE: KEEPING A FINGER ON THE PULSE OF SCHOOL-BASED BEHAVIORAL HEALTH

Collect information on Indiana's school-based behavioral health workforce to support policy and planning focused on expanding critical services for Indiana youth.

■ **Policymakers should prioritize the collection of workforce information from Indiana school-based behavioral health professionals licensed by the DOE.**

School-based behavioral health professionals interact with Hoosier youth daily. Understanding the services these professionals provide and the resources they need to support the mental and behavioral health of school-aged children is critical for informing future policies and planning. There is a precedent for the collection of workforce information at the time of license renewal for Indiana health professionals (Figure 1). The minimum information needed to keep a finger on the pulse of the Indiana school-based workforce and behavioral health services may be collected from DOE-licensed professionals.



■ **Public or private funding is needed to support school-based workforce data collection and reporting.**

DOE will require resources to support the development and implementation of a workforce-tracking mechanism. Funding is needed to initiate this work and support expert time for the development and implementation of a workforce data collection strategy (likely a survey) and administrative changes/updates to the current licensure system. Funding is required to support ongoing workforce data management and reporting. This funding can come from the public or private sector.



THE OPPORTUNITY

Indiana School Health Workforce

DOE licenses school-based health professionals, including school social workers, school counselors, and school psychologists, as well as other non-behavioral health roles, such as school nurses and speech language pathologists. These professionals renew their state licenses on a five- or 10-year cycle. The minimum information needed to keep a finger on the pulse of Indiana's school-based workforce and behavioral health services may be collected from DOE-licensed professionals. These data could support assessment and inform future policy and planning related to school-based services.



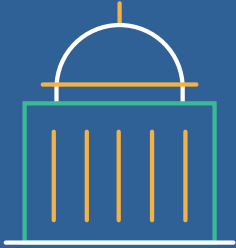
Potential Impacts

HEALTHY YOUTH. HEALTHIER FUTURE.

- Students in Indiana schools have access to behavioral health care services when they need it. Schools are sufficiently resourced to support the behavioral health needs of students and families. School behavioral health professionals focus on proactively identifying students in need and providing appropriate services at the school. Robust connections between the school-based and community-based behavioral health workforce result in seamless referral. Teachers and administrators focus on educating youth. Policymakers have the information they need to ensure informed decision-making.

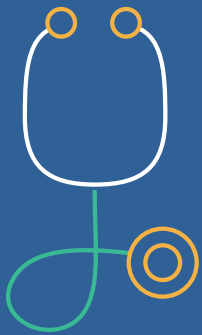


ADDITIONAL CONSIDERATIONS



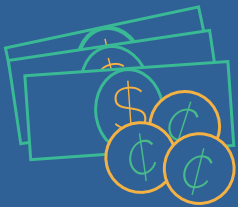
REVIEW MODEL LEGISLATION

- Stakeholders identified future opportunities to compare Indiana's statute and model legislation promoted by each mental and behavioral health profession (e.g., social work model legislation).



PLAYBOOK FOR OTHER WORKFORCES

- Stakeholders identified other health professions contributing to mental and behavioral health services that should be prioritized for future assessments and planning, including primary care providers, school-based professionals, pediatric providers, case managers, and other non-licensed and non-clinical professions.



AID AND WAGE STUDY

- High education debt, low reimbursements, and low wages were brought up by many stakeholders. An aid study is needed to fully understand the cost of education, state of student aid (scholarships, grants, etc.), and current wages across all levels of mental and behavioral health students to identify opportunities to strengthen reimbursable career pathways and align reimbursements with competitive wages.



EMERGING WORKFORCE MODELS

- Many states are exploring the formalization of the roles of behavioral health paraprofessional and technician roles. These roles support the delivery of behavioral health services and can serve as career pathways for licensed mental and behavioral health professions. Stakeholders indicated that Indiana should explore opportunities to develop or formalize these new and emerging workforce models in the state.

ADDITIONAL CONSIDERATIONS



ACCESS TO SUPERVISION

- Stakeholders indicated the need to support graduates of behavioral health degree programs seeking employment opportunities that also provide clinical supervision. Several strategies have been suggested for future consideration, including the following:
 - Development of a Retired Therapists Service Corps.
 - Inventory of employment opportunities that also provide supervision.



TRANSITIONS FROM DEGREE TO LICENSURE

- Stakeholders identified opportunities to improve the transition from postsecondary education to licensure for qualified individuals. It was suggested that transcript review processes are burdensome and contribute to lengthy processing times. Policymakers could consider modifying statutory requirements related to specific courses/coursework for graduates from degree programs that have received national accreditation(s) acknowledged by the state as aligning with licensure requirements in lieu of a course content review.



ALIGNING PSYCHOLOGY POLICY

- Indiana psychology licensees and Indiana psychology academic leaders reported that the current naming convention of licenses, reciprocity provisions, and the two-level approach to doctoral licensure are confusing and present challenges to recruitment into the state. Additionally, Indiana has no dedicated license for master's degree-prepared psychologists, although this exists or is emerging in other states (including Michigan and Kentucky). The American Psychological Association (APA) is currently working toward accrediting master's degree programs in health service psychology. Once APA accreditation becomes available, Indiana policymakers may consider reviewing psychology licensing strategies to address nomenclature issues with doctoral licenses and explore opportunities for streamlining.



IMPACT OF REMOTE LEARNING

- Many stakeholders identified the potential impact of remote learning on student outcomes and preparedness. Institutions that report to the Indiana Commission for Higher Education designate whether degree programs provide 80% or more of the instruction through remote mechanisms. Enrollment trends in Indiana degree programs with remote learning options have expanded significantly over the last five years. It is unclear what proportion of students in these programs plan to be Hoosier practitioners. A targeted assessment is necessary to evaluate the impact of remote learning on student preparedness and in-state retention.

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NOTES

- 1** Taylor, H. L., Menachemi, N., Gilbert, A., Chaudhary, J. L., & Blackburn, J. (2023). Economic burden associated with untreated mental illness in Indiana. *JAMA Health Forum*, 4(10), e233535. <https://doi.org/10.1001/jamahealthforum.2023.3535>
- 2** National Alliance on Mental Illness. (2021, February). Mental Health in Indiana. Retrieved April 8th from <https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/IndianaStateFactSheet.pdf>
- 3** Curtin, S. C., & Garnett, M. F. (2023, June). Suicide and homicide death rates among youth and young adults aged 10–24: United States, 2001–2021. <https://doi.org/10.15620/cdc.128423>
- 4** Taylor, H. L., Menachemi, N., Gilbert, A., Chaudhary, J. L., & Blackburn, J. (2023). Economic burden associated with untreated mental illness in Indiana. *JAMA Health Forum*, 4(10), e233535. <https://doi.org/10.1001/jamahealthforum.2023.3535>
- 5** Miller, J. (2022, May 18). How to Improve Access to Mental Health and Substance Use Care for Older Adults. The National Council on Aging. <https://www.ncoa.org/article/how-to-improve-access-to-mental-health-and-substance-use-care-for-older-adults>
- 6** A technical report detailing the methodology and findings from the creation of this dashboard is available here: [The Landscape Assessment: Inventory of Programs and Trends in the Postsecondary Pipeline to Practice](#)
- 7** Note: Indiana BHHS degree programs are categorized based on their board verified qualifying status for licensure application. Programs categorized “As-Is” satisfy educational requirements for license application. Those categorized as “Conditionally” may qualify if specified courses or course content has been completed. Additional details can be found here.
- 8** It is recognized that many mental and behavioral health services are delivered in private practice settings. No forum for engagement of private practices was identified; however, all licensed professionals, regardless of whether they are in private practice or employed, were invited to provide their perspective through separate engagement.
- 9** PMHNPs hold Indiana registered nurse licenses and Indiana psychiatrists hold Indiana physician licenses. Therefore, a survey could not be directly administered to these groups of professionals by the PLA using license information. The professional



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