



Commission on Improving the Status of Children in Indiana

Recommendation to the Commission

Party Submitting Recommendation: Mental Health and Substance Abuse Task Force, Workforce subcommittee

Date of Submission: 12/9/2020

Type of Action Requested:

Legislation Administrative Rule or Policy Resolution of Support or Endorsement Professional/skills development

Other: _____

Which of the Commission's Strategic Priorities does this Recommendation help advance (check all that apply):

Child Health and Safety Juvenile Justice and Cross-system Youth
 Mental Health and Substance Abuse Educational Outcomes

Summary of Recommendation:

Amend IC 25-23.6-10.5-6 Clinical addiction counselor educational requirements, Section 6. (a), (1) to not include Foundations of addiction counseling, as it is currently not included in the IAC or LCAC Information and Instructions and the content of the course topic is repetitive.

Amend IC 25-23.6-10.5-6 Clinical addiction counselor educational requirements, Section 6. (a), (3) to allow clinicians who have sufficiently met another behavioral health and human services license requirement to utilize that practicum, internship, or field experience to qualify for the LCAC and not have to complete additional hours. It keeps the original requirement of 700 hours for those applicants who do not meet another license requirement. The amendment also includes a change to indicate that the two hundred eighty face to face client contact hours and supervision hours are a component of the total hours required and not in addition to them.

Amend IC 25-23.6-10.5-6 Clinical addiction counselor educational requirements, Section 6. (a), (3) (A) and (B) to state under the supervision of a qualified supervisor, as determined by the board in order to be consistent with other sections of the Indiana Code.

Amend IC 25-23.6-10.5-6 Clinical addiction counselor educational requirements, Section 6. (a), (3) (B) to reduce the number of supervision hours from one hundred to thirty five. The reduction in supervision hours is equivalent to one hour of supervision per week for every twenty hours of practicum, internship, or field

experience or 5% of the students' practicum time. The original one hundred hours is equivalent to 2.9 hours of supervision for a 20 hour/week practicum or 5 hours for a 40 hour/week practicum, which is equivalent to 14% of the students' practicum time. Currently the LMFT requires 100 of its 500 practicum hours (20%) to be supervision hours while the LMHC is 66 of their 700 hours (9%) and the LCSW does not have a required number of practicum or supervision hours in the IC or IAC but instead states that it meets the requirements of an accredited institution. Indiana University School of Social Work (IUSSW) requires 640 hours for its advanced clinical practicum and one hour per week of this time dedicated to supervision.

The post-graduate experience for these licenses require the following supervision hours:

		Hours of post graduate experience	Supervision Requirements after graduation	% of time dedicated to supervision
LMFT	IC	1000	200	20%
LMHC	IC	3000	100	3%
LCSW	IC	2 years of experience	no indication in Indiana Code	
	IAC	3000	4 hours per month	2%

The practicum, internship, or field experience hourly supervision requirement is difficult to meet not only for the applicant but also for the qualified supervisor as it has implications on their workload capacity and ability to meet their own clients' needs.

Amend IC 25-23.6-10.5-7 (b) Addiction counselor counseling experience, to include master's practicum, internship, or field experience. This allows individuals with a Master's degree to apply immediately upon graduation for the LAC, which is consistent with other behavioral health and human services license requirements that have tiered licenses.

Amend IC 25-23.6-10.5-8 Clinical addiction counselor counseling experience Section 8. (a) to include "up to" one hundred hours and change the word "must" to "can" be under group supervision. This allows an applicant to have 100% of their supervision hours in an individual setting but gives the option for those where it is applicable to have up to 50% of the supervision in a group setting.

Background of Recommendation:

What is the need or problem, and how does it impact disparate populations?

There is a shortage of qualified, licensed addictions clinicians in Indiana to provide services to children and families. The current Indiana Code includes unnecessary barriers, restricting the number of applicants as well as qualified supervisors. These ultimately limit the ability for children and families to obtain services from licensed addictions practitioners.

Currently, the Indiana Code restricts the ability for graduates who have sufficiently met the requirements of another behavioral health and human services license from applying for the Licensed Clinical Addictions Counselor license as they did not meet the practicum, internship, or field experience requirements.

Also, as written there are inconsistencies between the Indiana Code, Indiana Administrative Code and the LAC and LCAC Information and Instructions documents. The suggested edits will assist in the alignment of these three documents.

The current requirement of the one hundred supervision hours during a practicum, internship, or field experience limits the availability of qualified supervisors as it significantly affects their ability to volunteer for this role. The qualified supervisors have clinical workload and productivity requirements for their positions and the supervision of students negatively impacts their ability to meet these demands. Therefore, it is a struggle to identify qualified supervisors who are willing to supervise students.

The ability for a master's level graduate to qualify immediately upon graduation for the LAC will have a positive impact on the number of addictions practitioners who are available to meet the needs of the children and families.

Finally, the restriction of having both individual and group supervision to meet the qualifications of the LCAC experience is limiting for smaller agencies who do not have the capacity to provide group supervision or for individuals who are obtaining their supervision from a contracted qualified supervisor. Allowing an individual to have up to 50% of their supervision in a group setting assists these individuals as well as larger agencies where this supports the applicant's learning as well as the qualified supervisors' workload and productivity.

What data, research or other information did the recommender consult to formulate this proposal?

The recommender reviewed the State of Indiana's Health Workforce 2019 report prepared by Indiana Professional Licensing Agency in collaboration with the Bowen Center for Health Workforce Research & Policy at the Indiana University School of Medicine as well as consulted the Indiana University School of Social Work (IUSSW), Community Health Network, Oaklawn Psychiatric Center, and the Department of Child Services.

The State of Indiana's Health Workforce 2019 report indicates that between 2016-2019 there was an increase in all behavioral health and human services licenses. The LMHC increased by 36%, LCSW by 22%, the LMFT by 17%, and the LCAC by 3%.

The report also states that there are 537 dual licensed LCACs within the state of which 39.9% hold a dual license with the LCSW, 24 % with LMHC, and 3.9% with the LMFT. An additional 59 are dual licensed LACs of which 2.9% are with the LCSW, 2.4% are LMHC, 1.1% with LSW, .8% with LMFT, .1% with Mental Health Associate, and .1% with LCAC.

This growth in active licenses for the LMHC, LMFT, and LCSW indicates a response to the growing need for mental health services within the State of Indiana. However, the minimal increase in the LCAC during the middle of an opioid crisis and the few dual licensed clinicians indicate that there are barriers for individuals to obtain their LAC and LCAC.

IUSSW shared their experiences of working with alumni who are having difficulty in applying for the LAC and LCAC due to the practicum hour requirement that exceeds the LSW and LCSW requirements.

Community Health Network is working on a project to upskill their current behavioral health professionals who primarily provide substance use disorders (SUD) treatment but do not currently hold an LCAC in order to enhance their competency and ability to provide evidence-based, co-occurring treatment to clients with substance use disorder. Without a change in Indiana Code, the caregivers are not able to earn their LCAC.

Oaklawn Psychiatric Center, in Elkhart and St Joseph Counties, has had a strong program of providing addictions internships to help increase the number of addictions providers in their region. With the decreased hours of internships that were a result of the pandemic, these students were able to meet graduation requirements for their Masters degrees and start their work. The problem is they do not have enough internship hours to meet the criteria for addictions licensure. Now they are in this difficult position where they do not have a way to do an internship and without doing an internship, they can't meet the criteria for licensure. The changes being proposed would address this situation.

DCS would benefit from these proposed changes, as it has been very difficult to find enough providers, particularly providers who can effectively treat SUD, which is a commonly occurring condition with DCS-involved families, to meet the clinical needs of families during the opioid epidemic and beyond. In addition, the COVID-19 pandemic has been documented to result in an increase in substance abuse, and DCS is encountering even more families where SUD is present, so, these changes would be timely and important for DCS. These proposed changes remove significant barriers that often keep people from obtaining their LCAC, which continues to be in demand.

What disproportionality did the data reveal?

The current requirements of the LCAC limit the ability for individuals who are licensed under another behavioral health and human services license to be dually licensed and meet the needs of the children and families of Indiana. The DCS data on race indicates that black children are 1.65 times more likely to have an open CHINS case than white children and that multiracial children are 2.34 times as likely as white children. This disparity is concerning as the State of Indiana's population is comprised of 84.8% white and 9.9% black. The Fitzhugh Mullan Institute for Health Workforce Equity at George Washington University released a report to the Council on Social Work Education and The National Association of Social Workers in August of 2020 titled *The Social Work Profession: Findings from Three Years of Surveys of New Social Workers**. Key findings from the report are that the cost to become a social worker is higher for Black students than White students and nearly half of the new social workers are first generation college students. The majority of MSWs were serving high-need populations with 35.1% indicating their client group having substance abuse disorders and 34.4% involved with the child welfare system. The statistics indicate that racial and ethnic minority communities have less access to the funding required to meet their educational needs, which also has similar ramifications to their ability to meet the additional criteria of licensure as currently written.

* <https://cswe.org/CSWE/media/Workforce-Study/The-Social-Work-Profession-Findings-from->

What is the current response to the problem by the State of Indiana?

The Professional Licensing Agency administers licensing of professionals according to Indiana Code. Without revisions to IC, the barriers to attaining sufficient numbers of LACs and LCACs will continue.

What solution is the recommender proposing, and how does it affect disparate populations?

Recommend that the IC be changed to reflect the above proposed amendments. Subsequently recommend that the IAC and LAC/LCAC Information and Instructions documents be updated so there is consistency among the three documents. These amendments and revisions will remove the barriers of qualifying for a LAC and/or LCAC license which will increase the number of licensed addictions counselors in the State of Indiana. This will result in meeting needs of additional children and families.

How does the solution address the disproportionality in the data?

There will be an increased number of licensed addictions counselors and licensed clinical addictions counselors to meet the needs of children and families. The amended licensing requirements will assist in removing financial barriers for racial and ethnic minority communities.

If a legislative request, cite the current relevant code and specify what change is being recommended.

Please reference the attached redlined Indiana Code document for specific changes.

If a policy request, cite the current relevant policy and specify what change is being recommended.

Not applicable

If the recommendation involves an endorsement or public promotion of a specific initiative or statement, attach the document of which you are seeking the Commission's support/endorsement/promotion.