



Bowen Center for
Health Workforce
Research & Policy
Indiana University School of Medicine

Data Report

2016 Indiana Mental Health Professionals Licensure Survey



Acknowledgements

The Bowen Center for Health Workforce Research and Policy (Bowen Center) would like to extend its gratitude to all the dedicated individuals who provided valuable and timely assistance during the development of the Indiana Mental Health Professionals Survey Data Report. Preparing this report required the assistance, cooperation, and effort of many individuals and agency staff. The survey data and additional data elements were provided by the Indiana Professional Licensing Agency through the Indiana State Department of Health. An advisory committee comprised of individuals from the organizations listed below provided direction and insights regarding data needs and report generation.

Affiliated Service Providers of Indiana (ASPIN)
Behavioral Health and Human Services Licensing Board
Community Health Network – Behavioral Health
Indiana Council of Community Mental Health Centers
Indiana Hospital Association
Indiana Psychology Association
Indiana State Nurses Association
Indiana Wesleyan University
Indiana University School of Medicine
Indiana University School of Social Work
Midtown Mental Health
National Alliance on Mental Illness (NAMI)

The Bowen Center is also grateful to the Division of Mental Health and Addiction at the Family and Social Services Administration, and Department of Workforce Development for the financial commitment which supported this health workforce data reporting project. The Bowen Center also recognizes the collaborative support provided by the Department of Biostatistics at Indiana University Richard M. Fairbanks School of Public Health.

Copyright:

© 2017 Bowen Center for Health Workforce Research and Policy
Department of Family Medicine
Indiana University School of Medicine
1110 W. Michigan Street, LO200
Indianapolis, IN 46202

Recommended Citation:

Data Report: Indiana Mental Health Professionals Survey. (2017). The Bowen Center for Health Workforce Research and Policy. Indiana University School of Medicine, <http://hdl.handle.net/1805/12737>

Correspondence:

Please address any correspondence regarding this document to the Bowen Center for Health Workforce Research and Policy via email at bowenctr@iu.edu or by phone at 317.278.4818.

Authored By:
Sierra Vaughn
Laura Gano
Hannah Maxey

Contributions By:
Greg Puetz
Yumin Wang
Lacy Foy



Table of Contents

Acknowledgements	i
Executive Summary.....	vii
Introduction	1
General Procedures.....	1
Survey Administration	2
Dataset Construction	2
FTE Assignment	3
<i>Table 1.1: FTE Calculation for Reported Based on Hours per Week in Patient Care.....</i>	3
Rurality	3
Limitations.....	4
Supplemental Data Tables	4

Overall Mental Health Professional Workforce

<i>Figure 2.1: Overall Mental Health Professional Distribution.....</i>	5
Demographics Characteristics.....	5
<i>Table 2.1: Demographic Characteristics by Gender</i>	6
Workforce Supply.....	7
<i>Table 2.2: All Mental Health Professions FTE by Indiana County</i>	7
Workforce Capacity.....	10
<i>Table 2.3: Population-to-Provider FTE Ratios and HPSA Qualification by County.....</i>	11

Psychiatry Workforce

Highlights	14
Demographics.....	15
<i>Table 3.1: Psychiatrist Demographic Characteristics by Gender</i>	15
Education and Training	16
<i>Table 3.2: Psychiatry Education Characteristics</i>	16
Practice Characteristics	16
<i>Table 3.3: Psychiatry Practice Settings and Locations</i>	17



Psychology Workforce

Highlights	18
Demographic Characteristics.....	19
<i>Table 4.1: Psychologist Demographic Characteristics by Gender</i>	19
Education and Training.....	20
<i>Table 4.2: Psychologist Qualifying Education</i>	20
<i>Table 4.3: Psychologist Highest Education</i>	20
Employment Characteristics.....	21
<i>Table 4.4: Psychologist Employment Plans</i>	21
<i>Table 4.5: Psychologist Primary Activity</i>	21
Practice Characteristics.....	22
<i>Table 4.6: Psychologist Practice Specialty</i>	22
<i>Table 4.7: Psychologist Practice Setting</i>	23

Psychiatric APN Workforce

Highlights	24
Demographic Characteristics.....	25
<i>Table 5.1: Psychiatric APN Demographic Characteristics by Gender</i>	25
Education and Training.....	26
<i>Table 5.2: Psychiatric APN Qualifying Education</i>	26
<i>Table 5.3: Psychiatric APN Highest Education</i>	26
Practice Characteristics.....	27
<i>Table 5.4: Primary Practice Setting</i>	27

Addiction Counselor Workforce: Part A

Highlights	28
Demographic Characteristics.....	29
<i>Table 6.1a: Addiction Counselor Demographic Characteristics by Gender</i>	29
Education and Training.....	30
<i>Table 6.2a: Addiction Counselor Qualifying Education</i>	30
<i>Table 6.3a: Addiction Counselor Highest Education</i>	31
<i>Table 6.4a: Addiction Counselor Certifications</i>	31
Practice Characteristics.....	32
<i>Table 6.5a: Addiction Counselor Practice Characteristics</i>	32



Clinical Addiction Counselor Workforce: Part B

Highlights	33
Demographic Characteristics	34
<i>Table 6.1b: Clinical Addiction Counselor Demographic Characteristics by Gender</i>	34
Education and Training	34
<i>Table 6.2b: Clinical Addiction Counselor Qualifying Education</i>	35
<i>Table 6.3b: Clinical Addiction Counselor Highest Education</i>	35
Certifications	36
<i>Table 6.4b: Clinical Addiction Counselor Certifications</i>	36
Practice Characteristics	37
<i>Table 6.5b: Clinical Addiction Counselor Practice Characteristics</i>	37

Social Worker Workforce: Part A

Highlights	38
Demographic Characteristics	39
<i>Table 7.1a: Social Worker Demographic Characteristics by Gender</i>	39
Education and Training	40
<i>Table 7.2a: Social Worker Qualifying Education</i>	40
<i>Table 7.3a: Social Worker Highest Education</i>	41
Certifications	41
<i>Table 7.4a: Social Worker Certifications</i>	41
Practice Characteristics	42
<i>Table 7.5a: Social Worker Practice Characteristics</i>	42

Clinical Social Worker Workforce: Part B

Highlights	43
Demographic Characteristics	44
<i>Table 7.1b: Clinical Social Worker Demographic Characteristics by Gender</i>	44
Education and Training	45
<i>Table 7.2b: Clinical Social Worker Qualifying Education</i>	45
<i>Table 7.3b: Clinical Social Worker Highest Education</i>	46
Certifications	46
<i>Table 7.4b: Clinical Social Worker Certifications</i>	46
Practice Characteristics	47
<i>Table 7.5b: Clinical Social Worker Practice Characteristics</i>	47



Marriage and Family Therapist Workforce: Part A

Highlights	48
Demographic Characteristics.....	49
<i>Table 8.1a: Marriage and Family Therapist Demographic Characteristics by Gender</i>	49
Education and Training.....	50
<i>Table 8.2a: Marriage and Family Therapist Qualifying Education</i>	50
<i>Table 8.3a: Marriage and Family Therapist Highest Education</i>	50
Certifications.....	51
<i>Table 8.4a: Marriage and Family Therapist Certifications</i>	51
Practice Setting.....	51
<i>Table 8.5a: Marriage and Family Therapist Practice Characteristics.....</i>	51

Marriage and Family Associate Workforce: Part B

Highlights	52
Demographic Characteristics.....	53
<i>Table 8.1b: Marriage and Family Associate Demographic Characteristics by Gender.....</i>	53
Education and Training.....	54
<i>Table 8.2b: Marriage and Family Associate Qualifying Education</i>	54
<i>Table 8.3b: Marriage and Family Associate Highest Education</i>	55
Certifications.....	55
<i>Table 8.4b: Marriage and Family Associate Certifications</i>	55
Practice Characteristics.....	56
<i>Table 8.5b: Marriage and Family Associate Practice Characteristics</i>	56

Mental Health Counselor Workforce: Part A

Highlights	57
Demographic Characteristics.....	58
<i>Table 9.1a: Mental Health Counselor Demographic Characteristics by Gender</i>	58
Education and Training.....	59
<i>Table 9.2a: Mental Health Counselor Qualifying Education.....</i>	59
<i>Table 9.3a: Mental Health Counselor Highest Education.....</i>	60
Certifications.....	60
<i>Table 9.4a: Mental Health Counselor Certifications</i>	60
Practice Characteristics.....	61
<i>Table 9.5a: Mental Health Counselor Practice Characteristics</i>	61



Mental Health Associate Workforce: Part B

Highlights	62
Demographic Characteristics.....	63
<i>Table 9.1b: Mental Health Associate Demographic Characteristics by Gender</i>	63
Education and Training.....	64
<i>Table 9.2b: Mental Health Associate Qualifying Education</i>	64
<i>Table 9.3b: Mental Health Associate Highest Education</i>	65
Certifications.....	65
<i>Table 9.4b: Mental Health Associate Certifications</i>	65
Practice Characteristics.....	66
<i>Table 9.5b: Mental Health Associate Practice Characteristics</i>	66
Closing Summary.....	67



Executive Summary

Indiana's mental health workforce is comprised of licensed providers from various professional and educational backgrounds including psychiatrists, psychologists, psychiatric advanced practice nurses (APNs), addictions counselors, social workers, marriage & family therapists and mental health counselors. The data included in this report represent a sample of the 20,101 mental health professionals who applied for re-licensure in Indiana within the past two years; 7,020 responses are included for consideration herein (403 psychiatrists; 998 psychologists; 217 psychiatric APNs; 608 addiction counselors; 3,108 social workers; 528 marriage and family therapists; 1,158 mental health counselors).

Most (70.5%) mental health providers are between ages 35 and 64, yet social workers, marriage and family associates and mental health associates have the highest percentage of professionals who are under age 35 (41%, 57.1% and 81.8%, respectively). Conversely, marriage and family therapists have the largest proportion (23.9%) of professionals who are ages 65 and older. A large majority (89.8%) of the total mental health workforce identified as White; however, the psychiatry workforce shows the greatest diversity with 31.3% identifying as non-White. Only 3.4% of the mental health workforce identified as Hispanic or Latino. With the exception of psychiatry, women dominate the mental health workforce, with the proportion of female mental health professionals ranging from 57.1% for psychologists to 92.2% for psychiatric APNs.

Regarding access to care, mental health services are most readily available in Indiana through social workers and mental health counselors. Over one-half of Indiana counties lack access to psychiatry (at both the MD and APN levels), psychology, addiction counseling or marriage and family therapy. Consistent with national trends, mental health providers are found most often in populous, urban areas. With this disproportionate distribution of mental health professionals, 68 counties, 45 of which are rural, meet the minimum qualifications for mental health professions shortage area designation per US Health Resources and Services Administration guidelines.¹ These shortage areas affect 2,669,719 Indiana citizens. Geographic and racial/ethnic disparities in Indiana's mental health workforce point to the need not only to recruit and retain mental health professionals in areas of greatest need but also diversify the mental health professional workforce to better serve Indiana's underserved populations.

¹<https://bhw.hrsa.gov/shortage-designation/hpsa-process>

Introduction

The Bowen Center for Health Workforce Research and Policy (Bowen Center) aims to improve population health by contributing to informed health workforce policy through data management, community engagement, and original research. Understanding the status of Indiana's health care workforce is critical to ensuring that Indiana residents have access to high quality care, to developing programs that will train practitioners to meet future needs, and to recruiting and retaining health care professionals in Indiana. Furthermore, the mental health workforce may be regarded as a key component of Indiana's health care system, providing care to ensure emotional, psychological and social well-being at every stage of life for Indiana residents.² Collecting and disseminating timely data on the supply and distribution of Indiana's mental health workforce is critical to informing health workforce policy and planning efforts.

Indiana's mental health workforce is comprised of psychiatrists, psychologists, psychiatric advanced practice nurses (APNs), addiction counselors, social workers, marriage and family therapists and mental health counselors. The Mental Health Professionals Survey Data Report presents fundamental information and data collected from re-licensure surveys administered by the Indiana Professional Licensing Agency (IPLA) during the biennial license renewal period for the professional mental health workforce. Re-licensure surveys for psychiatrists and psychiatric APNs were completed in 2015 while re-licensure surveys for psychologists and licensed professional counselors were completed in 2016.

Based on the fact that these surveys have undergone change since the last survey period, data collected from previous iterations are not comparable. Therefore, trend data are not presented in this report. The report focuses on mental health workforce data that may be used to promote meaningful policy discussion and to inform evidence-based health workforce policy development. Because many respondents did not answer every question in their respective re-licensure survey, missing data are imputed in this report.

The data in this report are presented first in aggregate form and then by specific profession with the following order:

- Section 2: All Mental Health Professions
- Section 3: Psychiatry
- Section 4: Psychology
- Section 5: Psychiatric APNs
- Section 6: Addiction Counselors
- Section 7: Social Workers
- Section 8: Marriage & Family Therapists
- Section 9: Mental Health Counselors

General Procedures

The following procedures apply to all mental health professions described in this report with each section having a profession-specific, full description of survey administration and dataset construction procedures, including graphic illustration of the sampling procedure.

²United States Department of Health and Human Services, <https://www.mentalhealth.gov/basics/what-is-mental-health/>



Survey Administration

Indiana's mental health re-licensure surveys were adapted from the Health Resources and Services Administration (HRSA) National Center for Health Workforce Analysis Minimum Data Set (MDS) for each applicable profession (licensed professional counselors, nurses, physicians, psychologists and addiction counselors)³. HRSA has established MDS tools for many licensed health professions to facilitate the establishment of national databases with consistent core data elements covering demographic, education, credentialing, and practice characteristics of the health professions. Indiana's mental health professional re-licensure surveys were administered by the IPLA during the biennial licensure renewal period.

Dataset Construction

The data used for this report were extracted from the mental health professions base license and the mental health professionals survey data files provided by the IPLA through the Indiana State Department of Health (ISDH). The base license file contains administrative data such as license status, expiration date, license number and date of birth. These data are not only important for calculating additional demographic variables such as age, but also for applying the inclusion and exclusion criteria used for this report. The base license file was merged with the survey file by license number.

Inclusion and exclusion criteria were applied to the dataset to determine the sample of mental health professionals actively practicing in Indiana. Inclusion criteria were:

1. Mental health professional renewed license online in 2015 and 2016.
2. Mental health professional responded to the 2015 and 2016 re-licensure surveys.
3. Mental health professional active, valid to practice or under review or probationary license.⁴
4. Mental health professional reported actively working in mental health profession.
5. Mental health professional reported an Indiana practice address.

A graphic inclusion criteria algorithm is included within each subsection of this report to illustrate how the reported sample was derived for that particular mental health profession..

³"Health Workforce Data." Health Resources and Services Administration, <https://bhw.hrsa.gov/health-workforce-analysis/data>

⁴Regarding the physician sample, only those respondents having active or probationary license status were included.



FTE Assignment

A full-time equivalent (FTE) was assigned to each individual based on the survey response indicating the average number of hours per week spent in direct patient care. FTEs were assigned to each individual for the purpose of accurate illustration of the statewide mental health professional workforce distribution. Individuals in each hourly category were assigned an FTE as shown in Table 1.1.

Table 1.1: FTE Calculation for Reported Based on Hours per Week in Patient Care

Hours per Week in Patient Care	Assigned FTE
0	0.0
1 – 4	0.1
5 – 8	0.2
9 – 12	0.3
13 – 16	0.4
17 – 20	0.5
21 – 24	0.6
25 – 28	0.7
29 – 32	0.8
33 – 36	0.9
37 – 40	1.0
41 or more	1.0

Rurality

Rurality is determined based upon whether an area is considered “urban” or “rural”. The Office of Management and Budget (OMB) defines an area as a Metropolitan Statistical Area (MSA) according to the following criteria:

- one city with a population of 50,000 or more; or
- an urbanized area (as defined by the Bureau of the Census) with a population of at least 50,000 and a total MSA population of at least 100,000.⁵

Each MSA must include the county in which the central city is located and additional contiguous counties (fringe counties), if they are economically and socially integrated with the central county. Counties included within an MSA are considered metro or “urban”. Any county not included in an MSA is considered non-metro or “rural.” Metro and non-metro county designations were derived from the 2013 OMB delineation files.

⁵United States Census Bureau, <https://www.census.gov/programs-surveys/metro-micro.html>



Limitations

The analyses and data presented in this report have several key limitations that should be taken into account when utilizing and interpreting these data. Data included in this report were gathered as self-reported responses to a voluntary survey. Survey questions varied by profession therefore survey responses may not be comparable across professions. As is the case with all survey research, it is likely there is some level of response bias. In this case, it is possible that responses to a question do not reflect the absolute practice characteristics of a provider. Although these self-reported data may not be considered absolute they provide a best estimate of providers' practice characteristics and should only be used to inform policy discussion.

Additionally, the data presented in this report only represent a sample of the entire mental health professional workforce. Due to missing data and the voluntary nature of the survey, many mental health professionals are not represented in the final sample of this report. Although only a sample is present in these data, it represents over one-third (34.9%) of the mental health professions workforce and may be valuable in informing health workforce policy planning.

Supplemental Data Tables

The primary purpose of the Mental Health Professionals Survey Data Report is to provide a snapshot of key information pertaining to the mental health professional workforce in Indiana. This report only presents highlights of the 2015 and 2016 mental health professions survey data. Additional data tables are available online through the Bowen Center website.⁶

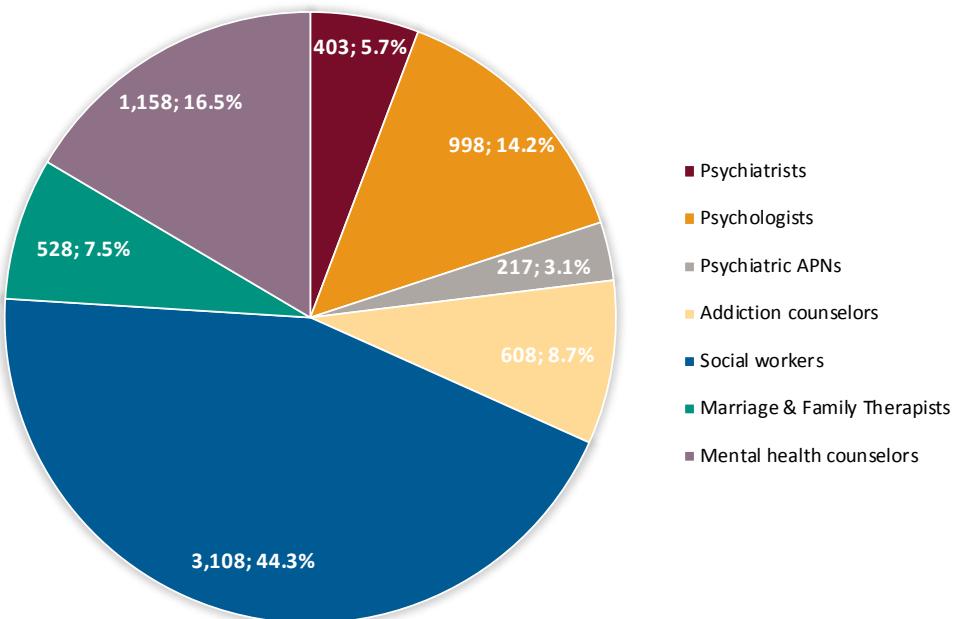
⁶ Requests can be made at <https://medicine.iu.edu/research/centers-institutes/bowen-health-workforce>



Overall Mental Health Professional Workforce

The greatest proportion (44.3%) of Indiana's mental health professional workforce are trained as social workers or clinical social workers (see individual profession sections for details by profession). The lowest proportion of professionals is found in the realm of psychiatry: psychiatrists (5.7%) and psychiatric APNs (3.1%). Figure 1 illustrates the proportional distribution of the seven mental health professions. See individual profession sections for details by profession.

Figure 2.1. Overall mental health professional distribution



Demographics

Demographically, marriage and family therapists (MFTs) have the highest percentage (56.8%) of professionals who are aged 55 years or older, followed by psychiatrists at 49.6%. The high proportion of older MFTs is offset by the fact that 27.1% of their workforce are less than 35 years old (compared to 25.6% of psychiatrists). However, mental health associates have the youngest workforce, with 81.8% under 35 years old. Regarding race and ethnicity, the mental health professional workforce mirrors the lack of diversity seen throughout Indiana, with 89.8% of professionals identifying as White. Psychiatrists exhibit the greatest diversity, with 68.5% identifying as White, 6.5% Black or African American, 19.1% Asian and 4.5% Other race. Of the 237 mental health professionals who identified as Hispanic or Latino, 130 are clinical social workers. Women make up 67% of the mental health professional workforce and Psychiatric APNs have the highest proportion of professionals who are female (92.2%). Table 2.1 illustrates demographic data for all mental health professions.



Demographics: Table 2.1: All Mental Health Professions Demographics

	Psychiatrist		Psychologist		Psychiatric APN		Addiction Counselor		Clinical Addiction Counselor		Social Worker		Clinical Social Worker		Marriage and Family Therapist		Marriage and Family Associate		Mental Health Counselor		Mental Health Associate		Total Mental Health	
Gender	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Male	237	58.8	423	42.4	15	6.9	39	35.1	189	38.0	78	10.9	390	16.3	120	25.8	8	16.7	234	21.4	11	16.7	1,744	24.8
Female	152	37.7	570	57.1	200	92.2	69	62.2	301	60.6	592	82.3	1,706	71.4	269	57.9	52	80.3	736	67.4	53	80.3	4,700	67.0
Non-Respondents	14	3.5	5	0.5	2	0.9	3	2.7	7	1.4	49	6.8	293	12.3	76	16.3	3	3.0	122	11.2	2	3.0	576	8.2
Total	403	100	998	100	217	100	111	100	497	100	719	100	2,389	100	465	100	63	100	1,092	100	66	100	7,020	100
Age Group																								
Under 35	25	6.2	118	11.8	22	10.1	4	3.6	18	3.6	297	41.0	282	11.8	55	11.8	36	57.1	175	16.0	54	81.8	1,086	15.5
35 - 44	78	19.4	216	21.6	42	19.4	23	20.7	91	18.3	139	19.3	611	25.6	71	15.3	11	17.5	288	26.4	5	7.6	1,575	22.4
45 - 54	100	24.8	220	22.0	51	23.5	29	26.1	142	28.6	126	17.5	553	23.2	69	14.8	11	17.5	254	23.3	6	9.1	1,561	22.2
55 - 64	129	32.0	254	25.5	74	34.1	37	33.3	156	31.4	131	18.2	636	26.6	153	32.9	5	7.9	241	22.1	1	1.5	1,817	25.9
65 and Older	71	17.6	190	19.0	28	12.9	17	15.3	88	17.7	25	3.5	300	12.6	111	23.9	0	0.0	126	11.5	0	0.0	956	13.6
Non-Respondents	0	0.0	0	0.0	0	0.0	1	0.9	2	0.4	1	0.1	7	0.3	6	1.3	0	0.0	8	0.7	0	0.0	25	0.4
Total	403	100	998	100	217	100	111	100	497	100	719	100	2,389	100	465	100	63	100	1,092	100	66	100	7,020	100
Race																								
White	276	68.5	920	92.2	198	91.2	95	85.6	418	84.1	614	85.4	2,226	93.2	432	92.9	55	87.3	1,006	92.1	61	92.4	6,301	89.8
Black or African American	26	6.5	31	3.1	10	4.6	11	9.9	57	11.5	80	11.1	101	4.2	21	4.5	7	11.1	50	4.6	1	1.5	395	5.6
Asian	77	19.1	28	2.8	4	1.8	1	0.9	1	0.2	4	0.6	13	0.5	2	0.4	0	0.0	13	1.2	0	0.0	143	2.0
American Indian or Alaska Native	0	0.0	2	0.2	0	0.0	2	1.8	4	0.8	4	0.6	3	0.1	0	0.0	0	0.0	2	0.2	0	0.0	17	0.2
Native Hawaiian/Pacific Islander	2	0.5	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	3	0.1	0	0.0	0	0.0	0	0.0	0	0.0	6	0.1
Other	0	0.0	0	0.0	0	0.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Multiracial	3	0.7	8	0.8	3	1.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	14	0.2
Non-Respondents	1	0.2	8	0.8	1	0.5	2	1.8	17	3.4	17	2.4	43	1.8	10	2.2	1	1.6	21	1.9	4	6.1	125	1.8
Total	403	100	998	100	217	100	111	100	497	100	719	100	2,389	100	465	100	63	100	1,092	100	66	100	7,020	100
Ethnicity																								
Hispanic or Latino	14	3.5	13	1.3	2	0.9	4	3.6	18	3.6	23	3.3	130	5.4	9	1.9	1	1.6	21	1.9	2	3.0	237	3.4
Not Hispanic or Latino	388	96.3	885	88.7	211	97.2	96	86.5	431	86.7	678	94.1	2,235	93.6	442	95.1	60	95.2	1,047	95.9	60	90.9	6,533	93.1
Non-Respondents	1	0.2	100	10.0	4	1.8	11	9.9	48	9.7	18	2.5	24	1.0	14	3.0	2	3.2	24	2.2	4	6.1	250	3.6
Total	403	100	998	100	217	100	111	100	497	100	719	100	2,389	100	465	100	63	100	1,092	100	66	100	7,020	100

Source: 2016 Indiana Licensed Professional Counselor Re-Licensure Survey, 2016 Indiana Addiction Counselor Re-Licensure Survey, 2015 Indiana Nursing Re-Licensure Survey, 2015 Indiana Physician Re-Licensure Survey

Notes: 'Other' race category was not an available choice in the 2016 Licensed Professional Counselor Re-Licensure Survey and 2016 Addiction Counselor Re-Licensure Survey. Age was calculated by measuring the difference between the date of birth and survey completion date.



Workforce Supply

When examining the supply of the mental health professional workforce, the scarcity of practicing professionals is brought into sharp focus. Overall, two counties (Ohio and Warren) had no mental health professionals reporting working in those counties. Thirty-seven (37) counties have no reported psychiatric coverage (including psychiatrist or psychiatric APN), and 24 (64.9%) of those are designated as rural counties. The supply of psychologists is similar: 31 counties do not have any reported psychologist FTE, and 22 (71%) of those counties are rural counties. Half (46) of Indiana counties have no reported addiction counselor FTE (including clinical addiction counselors), and 30 (65.2%) of those counties are rural. With social work being the largest mental health profession, it is no surprise that a greater number of counties have social work coverage. Twenty-five (25) counties had no reported social worker FTE, and only seven (7) counties have no reported FTE for clinical social workers. Additionally, clinical social workers had the highest reported total county FTE (383.6 FTE in Marion) than any other mental health profession. Mental health counselors are the next most common practicing profession, with 76 counties having reported mental health counselor FTE; 39 (51.3%) of these counties are rural. Thirty-seven (37) counties have no reported marriage and family therapist (MFT) FTE, and 27 (73%) of those counties are designated as rural. FTE-specific data are available in Table 2.2.

Table 2.2: All Mental Health Professions FTE by Indiana County

County	Rurality	Psychiatrist	Psychologist	Psychiatric APN	Addiction Counselor	Clinical Addiction Counselor	Social Worker	Clinical Social Worker	Marriage and Family Therapist	Marriage and Family Associate	Mental Health Counselor	Mental Health Associate	Total Mental Health Workforce
Adams	Rural	1.0	1.2	0.0	0.0	0.0	1.6	3.7	0.0	0.0	1.8	0.0	9.3
Allen	Urban	13.5	38.2	14.6	2.7	1.9	21.6	64.1	33.8	4.3	51.0	1.3	247.0
Bartholomew	Urban	2.3	5.9	1.5	0.5	0.3	4.4	21.6	3.0	0.0	5.9	0.0	45.4
Benton	Urban	0.0	0.4	0.0	0.0	0.0	0.0	0.5	0.0	0.0	1.9	0.0	2.8
Blackford	Rural	0.0	0.1	0.0	0.0	0.4	0.0	1.8	0.0	0.0	0.0	0.0	2.3
Boone	Urban	3.4	1.5	4.0	0.0	0.2	0.0	7.9	1.6	0.0	2.3	1.3	22.2
Brown	Urban	0.0	0.0	0.0	0.0	0.4	0.8	1.7	0.0	0.0	0.0	0.0	2.9
Carroll	Urban	0.0	0.0	0.0	0.0	0.0	1.0	1.6	0.5	0.7	0.0	0.0	3.8
Cass	Rural	1.1	3.0	2.0	3.3	0.4	1.4	4.1	0.0	0.7	1.7	0.2	17.9
Clark	Urban	11.4	3.7	2.9	0.6	0.6	12.1	26.3	4.2	1.1	4.5	0.0	67.4
Clay	Urban	0.0	2.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	3.0
Clinton	Rural	0.0	0.6	0.0	0.7	0.0	2.0	2.0	1.7	0.0	3.3	0.0	10.3
Crawford	Rural	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.0	0.6
Daviess	Rural	1.0	0.0	1.5	0.0	0.0	1.9	6.4	1.6	0.0	0.7	0.0	13.1
Dearborn	Urban	1.2	3.3	0.7	0.0	0.2	1.0	4.6	1.2	0.0	9.0	0.8	22.0
Decatur	Rural	0.0	0.0	0.0	0.0	0.0	2.3	4.0	0.7	0.0	0.7	1.4	9.1
DeKalb	Rural	1.0	1.8	1.3	0.0	0.0	2.3	4.0	3.2	0.7	2.5	0.0	16.8
Delaware	Urban	7.8	21.8	1.0	1.0	0.7	6.9	21.2	3.7	0.0	15.3	0.7	80.1
Dubois	Rural	1.8	2.8	0.0	0.0	0.0	2.9	12.0	1.1	0.0	2.7	0.0	23.3
Elkhart	Urban	9.3	8.1	2.0	1.9	0.8	12.8	45.9	6.4	0.0	9.1	1.4	97.7
Fayette	Rural	0.0	0.6	0.5	0.0z	0.0	1.3	4.7	0.4	0.0	1.0	0.0	8.5
Floyd	Urban	2.9	5.2	1.0	0.6	0.6	2.7	16.7	5.7	0.0	6.8	0.0	42.2
Fountain	Rural	0.0	1.0	0.0	0.0	0.4	1.6	2.3	0.4	0.0	0.3	0.0	6.0
Franklin	Rural	0.0	0.0	0.0	0.0	0.0	0.0	1.7	0.0	0.0	1.8	0.0	3.5
Fulton	Rural	0.0	0.0	2.8	0.0	0.0	0.0	2.1	0.0	0.0	1.0	0.0	5.9



Table 2.2: All Mental Health Professions FTE by Indiana County

County	Rurality	Psychiatrist	Psychologist	Psychiatric APN	Addiction Counselor	Clinical Addiction Counselor	Social Worker	Clinical Social Worker	Marriage and Family Therapist	Marriage and Family Associate	Mental Health Counselor	Mental Health Associate	Total Mental Health Workforce
Gibson	Rural	0.0	0.0	0.0	0.0	0.0	1.3	1.7	0.8	0.0	0.4	0.0	4.2
Grant	Rural	2.9	11.4	2.0	0.7	0.6	4.8	20.9	3.0	0.3	8.1	1.4	56.1
Greene	Rural	0.0	0.3	1.0	0.0	0.0	2.6	3.7	0.0	0.0	0.7	0.0	8.3
Hamilton	Urban	12.2	38.1	20.0	3.4	1.1	15.5	71.7	12.0	3.0	37.0	0.6	214.6
Hancock	Urban	2.9	2.1	2.4	0.0	0.0	4.2	5.4	1.6	0.0	3.4	0.0	22.0
Harrison	Urban	0.0	1.0	0.0	0.0	0.0	0.6	3.4	1.5	0.0	0.0	0.0	6.5
Hendricks	Urban	5.3	4.8	5.8	1.0	0.0	7.3	33.3	7.8	0.2	15.1	0.0	80.6
Henry	Rural	0.0	3.9	0.0	1.1	0.1	2.6	5.7	0.6	0.0	3.2	0.7	17.9
Howard	Urban	5.9	4.0	2.2	1.3	0.5	5.6	28.7	5.5	0.0	11.5	0.0	65.2
Huntington	Rural	0.0	0.5	0.0	1.0	0.0	0.9	1.2	1.0	0.0	5.6	0.0	10.2
Jackson	Rural	0.7	2.7	0.9	1.8	0.5	3.7	6.0	0.0	0.0	4.9	0.0	21.2
Jasper	Urban	0.0	0.0	0.0	0.0	0.0	0.0	1.2	1.0	0.0	3.3	0.0	5.5
Jay	Rural	0.0	0.0	0.0	0.0	0.0	0.6	2.9	0.0	0.0	1.2	0.0	4.7
Jefferson	Rural	0.0	2.0	0.0	0.0	0.3	1.7	6.2	0.0	0.0	2.6	0.0	12.8
Jennings	Rural	0.0	1.3	1.0	0.0	0.0	0.4	1.0	0.0	0.0	0.4	0.0	4.1
Johnson	Urban	4.3	9.4	4.9	2.3	1.3	7.9	33.5	4.5	1.1	8.1	2.9	80.2
Knox	Rural	0.6	1.5	0.0	0.0	0.0	9.2	13.1	0.0	0.0	0.0	0.0	24.4
Kosciusko	Rural	2.1	2.8	1.4	0.9	0.3	3.0	6.6	1.2	1.0	10.4	0.0	29.7
LaGrange	Rural	0.0	0.0	0.0	0.0	0.0	0.9	2.3	1.0	0.0	0.7	0.0	4.9
Lake	Urban	26.4	39.4	8.4	5.5	2.1	28.7	84.5	11.9	0.0	39.1	4.1	250.1
LaPorte	Urban	3.5	7.4	3.8	2.8	0.0	4.6	18.4	1.7	0.0	7.5	0.0	49.7
Lawrence	Rural	0.4	0.9	2.3	0.0	0.0	0.9	7.2	0.0	0.0	2.4	0.0	14.1
Madison	Urban	6.5	9.5	2.0	0.7	0.5	8.1	40.5	5.5	0.6	13.4	1.0	88.3
Marion	Urban	75.9	141.0	34.5	15.2	6.5	164.5	383.6	46.7	13.4	149.7	13.8	1044.8
Marshall	Rural	1.0	1.3	0.0	0.7	0.0	1.5	8.6	0.0	0.0	10.6	0.0	23.7
Martin	Rural	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.0	0.0	0.0	0.7
Miami	Rural	0.0	0.6	1.0	0.7	0.0	0.4	1.9	0.9	0.0	1.8	0.0	7.3
Monroe	Urban	11.8	28.0	6.6	0.4	0.6	15.3	58.0	6.2	0.0	20.5	4.1	151.5
Montgomery	Rural	1.0	0.4	0.0	0.0	0.0	2.6	2.0	0.2	0.5	4.3	1.8	12.8
Morgan	Urban	0.0	2.0	0.0	0.0	0.0	2.7	5.0	0.5	0.0	2.8	0.0	13.0
Newton	Urban	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1
Noble	Rural	1.0	0.0	0.0	0.0	0.7	1.0	4.2	0.6	0.0	2.3	0.0	9.8
Ohio	Urban	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Orange	Rural	1.0	0.6	0.0	0.0	0.0	0.0	1.9	0.0	0.0	1.0	0.0	4.5
Owen	Urban	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	0.0	0.5	0.0	1.2
Parke	Rural	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	2.5	0.0	3.5
Perry	Rural	0.0	0.0	0.0	2.4	0.0	2.5	4.8	0.0	0.0	0.0	0.0	9.7
Pike	Rural	0.0	0.0	0.0	0.0	0.0	0.8	0.7	1.0	0.0	0.0	0.0	2.5
Porter	Urban	5.0	18.2	0.9	4.6	1.2	20.8	31.0	7.0	1.2	18.7	3.4	112.0
Posey	Urban	0.0	0.0	1.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	2.0
Pulaski	Rural	0.0	0.0	0.0	0.0	0.0	0.6	0.8	0.0	0.0	0.7	0.0	2.1

Table 2.2: All Mental Health Professions FTE by Indiana County

County	Rurality	Psychiatrist	Psychologist	Psychiatric APN	Addiction Counselor	Clinical Addiction Counselor	Social Worker	Clinical Social Worker	Marriage and Family Therapist	Marriage and Family Associate	Mental Health Counselor	Mental Health Associate	Total Mental Health Workforce
Putnam	Urban	0.0	2.1	0.0	1.7	0.3	2.1	2.5	0.0	0.8	4.5	0.0	14.0
Randolph	Rural	0.0	0.0	0.0	0.0	0.0	0.2	1.5	0.0	0.0	2.3	0.0	4.0
Ripley	Rural	0.0	0.0	0.0	0.0	0.2	3.0	3.0	0.4	0.0	2.4	0.0	9.0
Rush	Rural	0.0	0.0	0.0	0.0	0.0	0.0	1.9	1.0	0.0	0.0	0.0	2.9
Scott	Urban	0.0	0.0	0.0	0.6	0.0	3.1	4.3	1.0	0.5	0.0	0.0	9.5
St. Joseph	Urban	15.3	39.6	2.8	4.3	2.2	17.9	77.7	9.1	1.1	29.1	0.8	199.9
Shelby	Urban	0.0	2.6	2.0	0.0	0.0	1.4	3.2	1.0	0.0	0.6	0.0	10.8
Spencer	Rural	0.0	0.8	0.0	0.0	0.0	0.0	0.5	0.0	0.0	1.0	0.0	2.3
Starke	Rural	0.0	1.0	0.0	0.8	0.0	1.6	0.8	0.0	0.0	1.7	0.0	5.9
Steuben	Rural	0.8	0.3	0.0	0.0	0.0	1.4	3.1	2.9	1.4	5.6	0.0	15.5
Sullivan	Urban	0.9	0.7	1.0	1.1	0.0	0.0	0.0	0.6	0.0	4.1	0.0	8.4
Switzerland	Rural	0.0	0.0	0.0	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.4	1.0
Tippecanoe	Urban	8.4	18.1	5.5	3.4	0.2	18.8	20.5	6.6	0.0	14.1	0.0	95.6
Tipton	Rural	0.0	0.0	1.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.5
Union	Rural	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	1.1
Vanderburgh	Urban	13.8	22.6	2.2	1.5	0.2	27.2	92.4	7.9	0.0	10.7	0.8	179.3
Vermillion	Urban	0.0	0.4	0.0	0.0	0.0	0.0	1.4	0.0	0.0	0.4	0.0	2.2
Vigo	Urban	9.3	14.0	5.9	0.8	0.1	3.7	15.7	4.2	0.0	16.9	1.6	72.2
Wabash	Rural	0.0	0.1	0.9	0.0	0.1	0.6	2.1	0.6	0.2	6.1	0.1	10.8
Warren	Rural	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Warrick	Urban	0.7	1.9	6.4	1.2	0.1	2.6	12.2	0.5	0.0	0.2	0.0	25.8
Washington	Urban	1.0	0.0	0.0	0.0	0.0	0.0	3.0	0.4	0.0	0.7	0.0	5.1
Wayne	Rural	3.9	3.6	7.1	2.8	0.6	9.8	20.8	4.4	0.0	3.0	0.0	56.0
Wells	Urban	0.0	1.2	0.7	0.0	0.0	0.2	2.2	0.0	0.0	2.9	0.0	7.2
White	Rural	0.7	0.0	0.0	0.0	0.0	1.7	1.2	0.0	0.0	1.0	0.0	4.6
Whitley	Urban	0.0	0.4	1.0	0.0	0.0	0.0	0.7	0.5	0.0	1.7	0.0	4.3

Source: 2016 Indiana Licensed Professional Counselor Re-Licensure Survey, 2016 Indiana Addiction Counselor Re-Licensure Survey, 2015 Indiana Nursing Re-Licensure Survey, 2015 Indiana Physician Re-Licensure Survey

Notes: Population to provider ratios cannot be calculated for counties with no provider FTE.

Workforce Capacity

Regarding mental health workforce capacity, the ratio of provider supply to county population and whether that ratio results in a county-wide Health Professional Shortage Area (HPSA) designation is telling. Mental health HPSAs are defined by HRSA based upon seven scored components: population-to-provider ratio; percentage of population below 100% of the federal poverty level; elderly ratio; youth ratio; alcohol abuse prevalence; substance abuse prevalence; travel time to the nearest source of care (NSC). When only psychiatrists are included in the HPSA scoring, a population-to-provider ratio of 30,000:1 must be met to qualify for a designation. When including only the core mental health professionals (Psychologists, Psychiatric APNs and all licensed professional counselors), an area must have a population-to-provider ratio of at least 9,000:1 to qualify for a HPSA designation. When including all mental health professionals (Psychiatrists and Core Mental Health professionals) in the HPSA scoring, an area must have a population-to-provider ratio of at least 20,000:1 to qualify for a designation.⁷

Indiana mental health professional data show that 73.9% of counties meet the minimum qualifications for a mental HPSA designation when considering the psychiatry profession. Two-thirds (45/68) of those psychiatry-HPSA designations are in rural counties. When examining all other mental health professions excluding psychiatry, only 10.9% of Indiana counties meet the minimum qualifications for a mental HPSA designation with 50.0% of those being rural counties. Overall, 22.8% of Indiana counties meet the minimum qualifications for a mental HPSA designation (including psychiatrists and all other mental health professionals); 13 of those counties are rural. Table 2.3 displays population-to-provider data and HPSA designation information. It is important to note that, though a county may meet the minimum requirements for a HPSA designation, this does not guarantee that a designation will be granted. As was previously mentioned, several other factors are taken into consideration when determining qualifications.

⁷Shortage Designation Management System (SDMS): Manual for Policies and Procedures. Health Resources and Services Administration (2017).

Table 2.3: Population-to-Provider FTE Ratios and HPSA Qualification by County

County	Rurality	Population	Population-to-Psychiatrists only FTE	Meets HPSA Qualification (Psychiatrist Only)	Population-to-Core Mental Health only FTE	Meets HPSA Qualification (Core Mental Health Only)	Meets HPSA Qualifications (Psychiatrist and Core Mental Health)
Adams	Rural	33,877	33,877.0	Yes	4,081.6	No	No
Allen	Urban	351w,858	26,063.6	No	1,607.4	No	No
Bartholomew	Urban	76,484	33,253.9	Yes	1,838.6	No	No
Benton	Urban	8,671	-	Yes	3,096.8	No	No
Blackford	Rural	12,324	-	Yes	5,358.3	No	No
Boone	Urban	57,377	16,875.6	No	3,876.8	No	No
Brown	Urban	14,957	-	Yes	5,157.6	No	No
Carroll	Urban	19,825	-	Yes	5,217.1	No	No
Cass	Rural	37,824	34,385.5	Yes	2,555.7	No	No
Clark	Urban	109,554	9,610.0	No	2,063.2	No	No
Clay	Urban	26,347	-	Yes	8,782.3	No	Yes
Clinton	Rural	32,267	-	Yes	3,132.7	No	No
Crawford	Rural	10,518	-	Yes	17,530.0	Yes	Yes
Daviess	Rural	31,280	31,280.0	Yes	2,950.9	No	No
Dearborn	Urban	49,175	40,979.2	Yes	2,446.5	No	No
Decatur	Rural	25,523	-	Yes	2,804.7	No	No
DeKalb	Rural	41,786	41,786.0	Yes	2,881.8	No	No
Delaware	Urban	109,269	14,008.9	No	1,532.5	No	No
Dubois	Rural	41,189	22,882.8	No	1,915.8	No	No
Elkhart	Urban	194,894	20,956.3	No	2,255.7	No	No
Fayette	Rural	23,592	-	Yes	2,949.0	No	No
Floyd	Urban	73,947	25,499.0	No	1,930.7	No	No
Fountain	Rural	16,782	-	Yes	2,797.0	No	No
Franklin	Rural	22,910	-	Yes	6,545.7	No	Yes
Fulton	Rural	20,469	-	Yes	6,602.9	No	No
Gibson	Rural	32,607	-	Yes	7,763.6	No	Yes
Grant	Rural	64,182	22,131.7	No	1,253.6	No	No
Greene	Rural	32,606	-	Yes	4,466.6	No	No
Hamilton	Urban	280,874	23,022.5	No	1,539.9	No	No
Hancock	Urban	69,510	23,969.0	No	4,162.3	No	No
Harrison	Urban	38,589	-	Yes	5,936.8	No	No
Hendricks	Urban	145,169	27,390.4	No	2,088.8	No	No
Henry	Rural	45,961	-	Yes	2,567.7	No	No
Howard	Urban	81,267	13,774.1	No	1,423.2	No	No
Huntington	Rural	35,629	-	Yes	3,493.0	No	No
Jackson	Rural	41,667	59,524.3	Yes	2,125.9	No	No
Jasper	Urban	32,334	-	Yes	5,878.9	No	No
Jay	Rural	20,944	-	Yes	4,456.2	No	No

Table 2.3: Population-to-Provider FTE Ratios and HPSA Qualification by County

County	Rurality	Population	Population-to-Psychiatrists only FTE	Meets HPSA Qualification (Psychiatrist Only)	Population-to-Core Mental Health only FTE	Meets HPSA Qualification (Core Mental Health Only)	Meets HPSA Qualifications (Psychiatrist and Core Mental Health)
Jefferson	Rural	30,247	-	Yes	2,363.0	No	No
Jennings	Rural	27,866	-	Yes	8,989.0	No	Yes
Johnson	Urban	138,325	32,168.6	Yes	1,948.2	No	No
Knox	Rural	35,387	58,978.3	Yes	1,486.8	No	No
Kosciusko	Rural	76,026	36,202.9	Yes	2,901.8	No	No
LaGrange	Rural	37,027	-	Yes	7,556.5	No	Yes
Lake	Urban	102,734	3,891.4	No	477.2	No	No
LaPorte	Urban	488,224	139,492.6	Yes	11,514.7	Yes	Yes
Lawrence	Rural	45,269	113,172.5	Yes	3,971.0	No	No
Madison	Urban	124,001	19,077.1	No	1,553.9	No	No
Marion	Urban	893,154	11,767.5	No	955.9	No	No
Marshall	Rural	46,293	46,293.0	Yes	2,039.3	No	No
Martin	Rural	10,151	-	Yes	14,501.4	Yes	Yes
Miami	Rural	34,532	-	Yes	5,481.3	No	No
Monroe	Urban	125,069	10,599.1	No	939.7	No	No
Montgomery	Rural	36,753	36,753.0	Yes	3,114.7	No	No
Morgan	Urban	68,406	-	Yes	5,262.0	No	No
Newton	Urban	13,958	-	Yes	139,580.0	Yes	Yes
Noble	Rural	46,458	46,458.0	Yes	5,279.3	No	No
Ohio	Urban	5,946	-	Yes	-	Yes	Yes
Orange	Rural	19,370	19,370.0	No	5,534.3	No	No
Owen	Urban	21,004	-	Yes	17,503.3	Yes	Yes
Parke	Rural	15,626	-	Yes	4,464.6	No	No
Perry	Rural	17,689	-	Yes	1,823.6	No	No
Pike	Rural	12,536	-	Yes	5,014.4	No	No
Porter	Urban	161,251	32,250.2	Yes	1,519.8	No	No
Posey	Urban	25,426	-	Yes	25,426.0	Yes	Yes
Pulaski	Rural	12,936	-	Yes	6,160.0	No	Yes
Putnam	Urban	32,146	-	Yes	2,296.1	No	No
Randolph	Rural	25,531	-	Yes	6,382.8	No	Yes
Ripley	Rural	28,148	-	Yes	3,127.6	No	No
Rush	Rural	16,981	-	Yes	5,855.5	No	No
Scott	Urban	23,587	-	Yes	2,482.8	No	No
Shelby	Urban	43,594	-	Yes	4,953.9	No	No
Spencer	Rural	20,618	-	Yes	8,964.3	No	Yes
St. Joseph	Urban	254,374	16,625.8	No	1,399.2	No	No
Starke	Rural	23,093	-	Yes	3,914.1	No	No
Steuben	Rural	32,773	40,966.3	Yes	2,229.5	No	No

Table 2.3: Population-to-Provider FTE Ratios and HPSA Qualification by County

County	Rurality	Population	Population-to-Psychiatrists only FTE	Meets HPSA Qualification (Psychiatrist Only)	Population-to-Core Mental Health only FTE	Meets HPSA Qualification (Core Mental Health Only)	Meets HPSA Qualifications (Psychiatrist and Core Mental Health)
Sullivan	Urban	19,040	21,155.6	No	2,929.2	No	No
Switzerland	Rural	10,397	-	Yes	10,397.0	Yes	Yes
Tippecanoe	Urban	161,705	19,250.6	No	1,979.3	No	No
Tipton	Rural	15,622	-	Yes	31,244.0	Yes	Yes
Union	Rural	7,326	-	Yes	73,260.0	No	Yes
Vanderburgh	Urban	173,200	12,550.7	No	1,060.6	No	No
Vermillion	Urban	15,717	-	Yes	7,144.1	No	Yes
Vigo	Urban	98,481	10,589.4	No	1,727.7	No	No
Wabash	Rural	30,709	-	Yes	3,101.9	No	No
Warren	Rural	8,341	-	Yes	-	Yes	Yes
Warrick	Urban	58,974	84,248.6	Yes	3,153.7	No	No
Washington	Urban	27,563	27,563.0	No	6,722.7	No	No
Wayne	Rural	65,815	16,875.6	No	1,462.6	No	No
Wells	Urban	27,007	-	Yes	4,154.9	No	No
White	Rural	24,123	34,461.4	Yes	6,185.4	No	No
Whitley	Urban	32,748	-	Yes	9,923.6	No	Yes

Source: 2016 Indiana Licensed Professional Counselor Re-Licensure Survey, 2016 Indiana Addiction Counselor Re-Licensure Survey, 2015 Indiana Nursing Re-Licensure Survey, 2015 Physician Re-Licensure Survey

Notes: Population-to-provider ratios cannot be calculated for counties with no provider FTE.

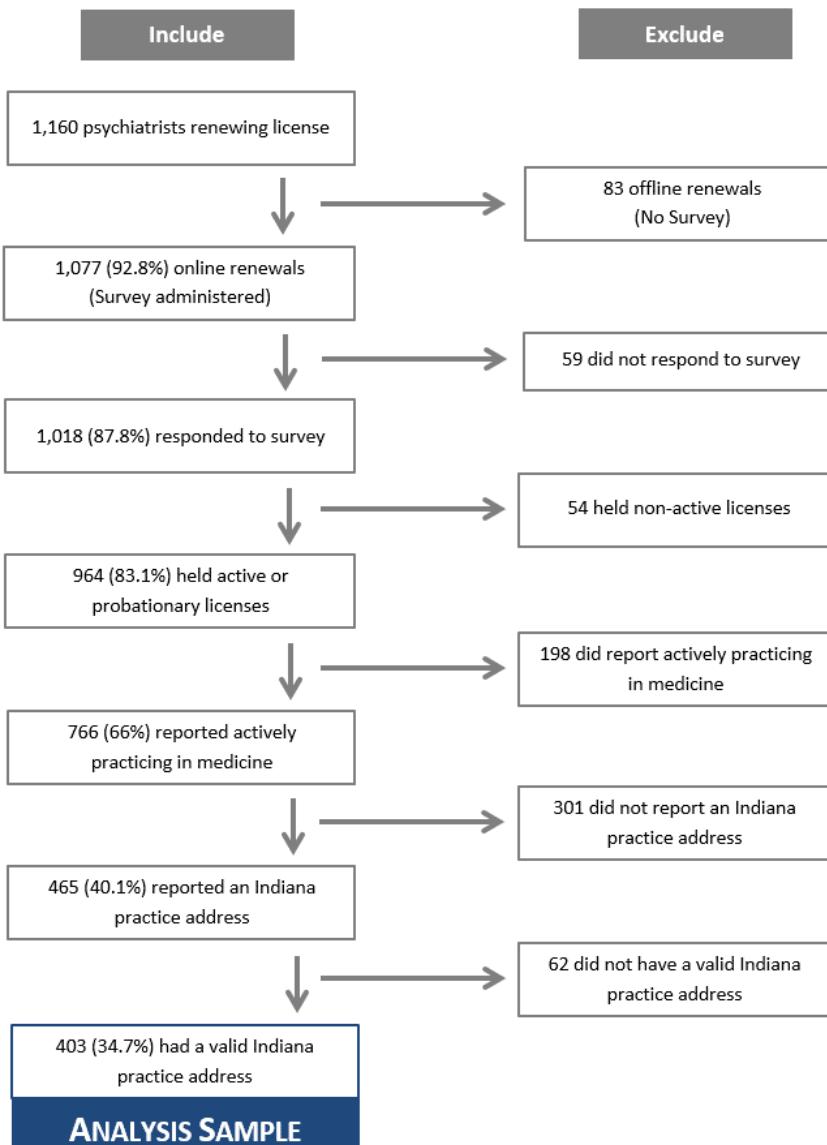
Psychiatrists

Inclusion criteria applied to the mental health professional dataset to determine the sample of psychiatrists actively practicing in Indiana were:

1. Psychiatrist renewed license online in 2015.
2. Psychiatrist responded to the 2015 re-licensure survey.
3. Psychiatrist holds an active or probationary license.
4. Psychiatrist reported actively working in mental health profession.
5. Psychiatrist reported an Indiana practice address.

Figure 3.1 illustrates how the reported sample was derived for psychiatrists in Indiana.

Figure 3.1 Psychiatrist survey sample selection criteria



Demographics

The mean age for psychiatry workforce is 49.5 years. The female psychiatry workforce is slightly younger, with 29.6% being less than 45 years of age in comparison with 21.9% of males. Of psychiatrists aged 65 years or more, 9.2% are females compared to 23.6% of males. Over twice as many males (4.6%) identified Hispanic or Latino ethnicity as females (2.0%). On the other hand, twice as many female psychiatrists (9.2%) identified as Black or African American when compared to males (4.6%). Table 3.1 illustrates demographic data.

Table 3.1: Psychiatrist Demographic

	Female		Male		Non-Respondents		Total	
Mean Age	50.1		50.3		48.0		49.5	
Age Groups	N	%	N	%	N	%	N	%
Under 35	11	7.2	10	4.2	0	0.0	21	5.2
35-44	34	22.4	42	17.7	2	14.3	78	19.4
45-54	43	28.3	53	22.4	4	28.6	100	24.8
55-64	47	30.9	75	31.6	7	50.0	129	32.0
65 and older	14	9.2	56	23.6	1	7.1	71	17.6
Non-Respondents	3	2.0	1	0.4	0	0.0	4	1.0
Total	152	100.0	237	100.0	14	100.0	403	100.0
Race								
White	103	67.8	164	69.2	9	64.3	276	68.5
Asian	27	17.8	47	19.8	3	21.4	77	19.1
Black or African American	14	9.2	11	4.6	1	7.1	26	6.5
Native Hawaiian/Pacific Islander	1	0.7	1	0.4	0	0.0	2	0.5
American Indian or Alaska Native	0	0.0	0	0.0	0	0.0	0	0.0
Other	6	3.9	11	4.6	1	7.1	18	4.5
Multiracial	0	0.0	3	1.3	0	0.0	3	0.7
Non-Respondents	1	0.7	0	0.0	0	0.0	1	0.2
Total	152	100.0	237	100.0	14	100.0	403	100.0
Ethnicity								
Hispanic or Latino	3	2.0	11	4.6	0	0.0	14	2.6
Not Hispanic or Latino	148	97.4	226	95.4	14	100.0	388	96.6
Non-Respondents	1	0.7	0	0.0	0	0.0	1	0.8
Total	152	100.0	237	100.0	14	100.0	403	100.0

Source: 2015 Indiana Physician Re-Licensure Survey

Notes: Data on gender was not provided for every respondent by Indiana Professional Licensing Agency (IPLA). Age was calculated by measuring the difference between the date of birth and survey completion date.

Education and Training

More psychiatrists completed medical school in Indiana (33.5%) or a foreign country (28.3%) than in either a contiguous state (19.5%) or other US state (18.8%). A negligible proportion (1.0%) completed their psychiatric residency in a foreign country; most completed their residency in another US state (39.4%), followed by Indiana (34.1%) and a contiguous state (25.6%). Table 3.2 provides education characteristics.

Table 3.2: Psychiatry Education Characteristics

Education and Training	Indiana		Contiguous States		Other US State (not listed)		Another Country (not U.S.)		Non-Respondents		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Medical School	134	33.3	78	19.4	75	18.6	113	28.0	3	0.7	403	100.0
Residency	136	33.7	102	25.3	157	39.0	4	1.0	4	1.0	403	100.0

Source: Indiana Physician Re-Licensure Survey, 2015

Notes: Contiguous States include Illinois, Kentucky, Michigan and Ohio.

Practice Characteristics

The type of primary practice is nearly evenly divided between an inpatient hospital setting (20.1%) and a single specialty group office/clinic setting (18.1%). A solo practice is the next most common practice type (13.9%). Federal/state/community health centers are the primary practice site for 10.2% of psychiatrists. Less than one-tenth of psychiatrists practice in hospital outpatient settings (9.9%) or multi-specialty group office/clinics (8.9%). A small proportion of psychiatrists operate in partnership office/clinics (2.7%), medical schools (2.2%), federal government hospitals (1.7%) or telemedicine (1.2%). Less than 1% of psychiatrists practice in home health settings, ambulatory care centers, hospital emergency departments, nursing homes or volunteer in free clinics. Over three-quarters (77.4%) of psychiatrists operate from one practice location, 16.4% from two locations and 6.2% from three locations. Table 3.3 provides practice setting characteristics.

Table 3.3: Psychiatrist Practice Settings and Locations

Primary Practice Setting	N	%
Hospital - Inpatient	81	20.1
Office/Clinic - Single Specialty Group	73	18.1
Office/Clinic - Solo Practice	56	13.9
Federal/State/Community Health Center(s)	41	10.2
Hospital - Outpatient	40	9.9
Office/Clinic - Multi Specialty Group	36	8.9
Other	33	8.2
Office/Clinic - Partnership	11	2.7
Medical School	9	2.2
Federal Government Hospital	7	1.7
Telemedicine	5	1.2
Home Health Setting	1	0.2
Hospital - Ambulatory Care Center	1	0.2
Hospital - Emergency Department	1	0.2
Nursing Home or Extended Care Facility	1	0.2
Volunteer in a Free Clinic	1	0.2
Hospice Care	0	0.0
Local Health Department	0	0.0
Research Laboratory	0	0.0
Non-Respondents	6	1.5
Total	403	100.0
Number of Practice Locations		
One	312	77.4
Two	66	16.4
Three	25	6.2
Non-Respondents	0	0.0
Total	403	100.0

Source: 2015 Indiana Physician Re-Licensure Survey

Notes: Data on primary practice type was not provided by every respondent. Not every respondent had a primary practice address in Indiana.

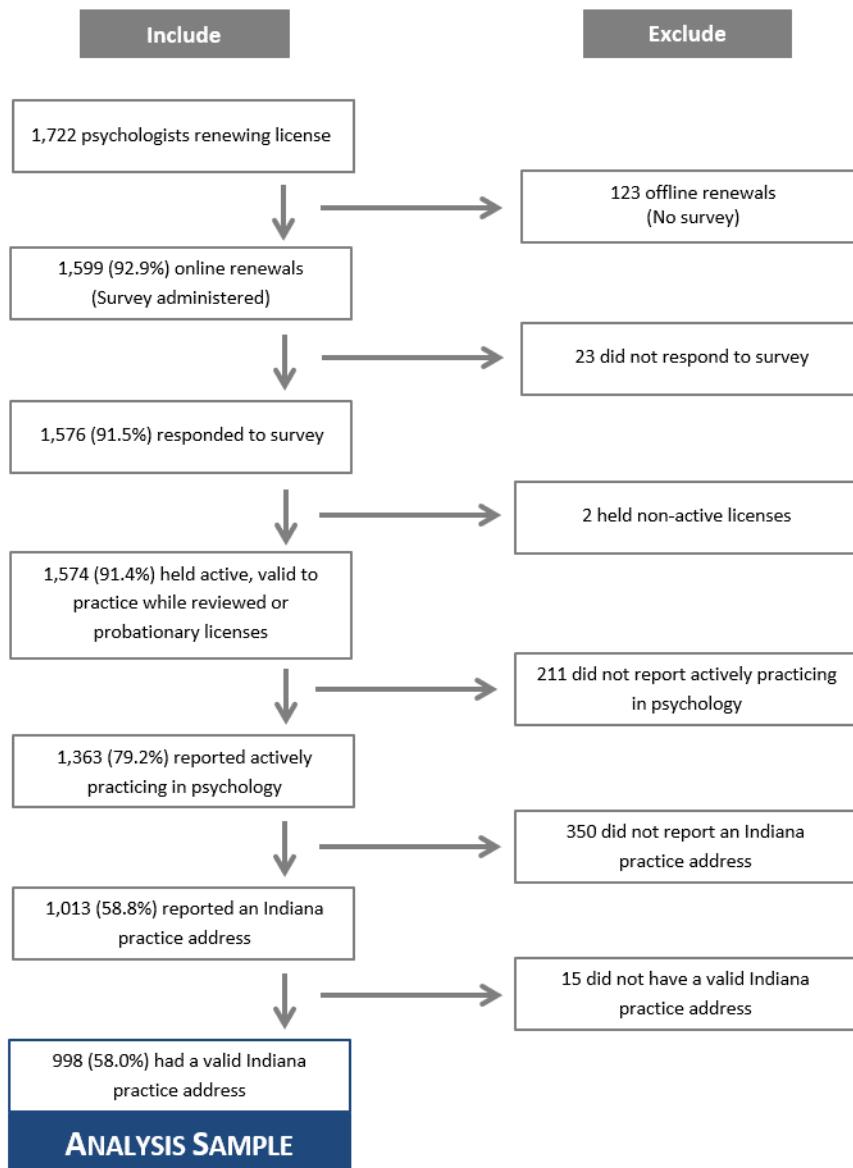
Psychologists

Inclusion criteria applied to the mental health professional dataset to determine the sample of psychologists actively practicing in Indiana were:

1. Psychologist renewed license online in 2016.
2. Psychologist responded to the 2016 re-licensure survey.
3. Psychologist held active, valid to practice while under review or probationary license.
4. Psychologist reported actively working in mental health profession.
5. Psychologist reported an Indiana practice address.

Figure 4.1 illustrates how the reported sample was derived for psychologists in Indiana.

Figure 4.1 Psychologist survey sample selection criteria



Demographics

The female psychologist workforce in Indiana is much younger (44.5% under 44 years of age) than the male psychologist workforce (18.9% under 44 years of age). The proportion of males aged 65 years or older (27.9%) is more than double the proportion of females (12.3%) in this age group. The population of female psychologists shows greater racial diversity (3.9% Black or African American; 4.2% Asian) than is found among male psychologists (2.1% Black or African American; 1.5% Asian). Hispanic or Latino ethnicity was uncommon in both male and female respondents (1.0% and 1.6%, respectively). Table 4.1 illustrates demographic detail.

Table 4.1: Psychologist Demographics

	Male		Female		Non-Respondents		Total	
	N	%	N	%	N	%	N	%
Age Group								
Under 35	22	5.2	96	16.8	0	0.0	118	11.8
35 - 44	58	13.7	158	27.7	0	0.0	216	21.6
45 - 54	87	20.6	133	23.3	0	0.0	220	22.0
55 - 64	138	32.6	113	19.8	3	60.0	254	25.5
65 and Older	118	27.9	70	12.3	2	40.0	190	19.0
Non-Respondents	0	0.0	0	0.0	0	0.0	0	0.0
Total	423	100.0	570	100.0	5	100.0	998	100.0
Race	N	%	N	%	N	%	N	%
White	405	95.7	511	89.7	4	80.0	920	92.2
Black or African American	9	2.1	22	3.9	0	0.0	31	3.1
Asian	4	1.0	24	4.2	0	0.0	28	2.8
American Indian or Alaska Native	0	0.0	2	0.4	0	0.0	2	0.2
Native Hawaiian/Pacific Islander	0	0.0	1	0.2	0	0.0	1	0.1
Multiracial	2	0.5	6	1.1	0	0.0	8	0.8
Non-Respondents	3	0.7	4	0.7	1	20.0	8	0.8
Total	423	100.0	570	100.0	5	100.0	998	100.0
Ethnicity	N	%	N	%	N	%	N	%
Hispanic or Latino	4	1.0	9	1.6	0	0.0	13	1.3
Not Hispanic or Latino	369	87.2	515	90.4	1	20.0	885	88.7
Non-Respondents	50	11.8	46	8.1	4	80.0	100	10.0
Total	423	100.0	570	100.0	5	100.0	998	100.0

Source: 2016 Psychologist Re-Licensure Survey

Notes: Age was calculated by measuring the difference between the date of birth and survey completion date.

Education and Training

In Indiana, as in most states, psychology licensure requires a doctoral degree with accrued supervised hours and completion of the Examination for Professional Practice in Psychology. However, those with a master's level education may receive licensure to practice in settings such as school counseling.⁸

Survey data related to education show that no practicing Indiana psychologists were trained outside the United States. A doctoral degree was the most common qualifying credential, as nearly all (97.2%) reported this degree as the education that qualified them for their first license. Nearly half earned a doctoral degree in Indiana. Fifteen (1.5%) reported a master's degree as their qualifying credential, with just over half having earned this degree in Indiana. Table 4.2 provides detail in reference to qualifying education.

Table 4.2: Psychologist Qualifying Education

	Indiana		Contiguous States		Other State (not listed)		Another Country (not U.S.)		Non-Respondents		Total	
Qualifying Degree	N	%	N	%	N	%	N	%	N	%	N	%
Bachelor's Degree	0	0.0	0	0.0	1	0.4	0	0.0	0	0.0	1	0.1
Master's Degree	8	1.7	6	2.3	1	0.4	0	0.0	0	0.0	15	1.5
Doctoral Degree	460	97.7	247	96.5	259	97.4	0	0.0	4	80.0	970	97.2
Military training certification	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Non-Respondents	3	0.6	3	1.2	5	1.9	0	0.0	1	20.0	12	1.2
Total	471	100.0	256	100.0	266	100.0	0	0.0	5	100.0	998	100.0

Source: 2016 Psychologist Re-Licensure Survey

Notes: Contiguous States include Illinois, Kentucky, Michigan and Ohio

Nearly all (97.6%) respondents reported a doctoral degree (PhD or PsyD) as their highest earned psychology degree. Table 4.3 provides further detail concerning highest level of education.

Table 4.3: Psychologist Highest Education

Highest Education	N	%
Masters Degree (MA, MS, MED)	2	0.2
Specialist degree/Certificate of Advanced Graduate Study (e.g. EdS, PsyS, SSP, CAGS)	1	0.1
PhD	626	62.7
PsyD	348	34.9
Other	18	1.8
Non-Respondents	3	0.3
Total	998	100.0

Source: 2016 Psychologist Re-Licensure Survey

⁸Psychologist Licensure Requirements in Indiana,
<http://www.psychologist-license.com/states/indiana-psychologist-license.html#context/api/listings/prefilter>

Employment Characteristics

A large majority of psychologists (83.9%) report no planned vocational changes. More (8.3%) plan to increase hours spent working in psychology than plan to decrease these hours (6.7%). Table 4.4 details changes planned for employment.

Table 4.4: Psychologist Employment Plans

Employment Plans	N	%
No planned change	837	83.9
Increase hours in the field of psychology	47	4.7
Decrease hours in the field of psychology	42	4.2
Increase hours in direct patient care	36	3.6
Decrease hours in direct patient care	25	2.5
Leave employment in the field of psychology	6	0.6
Non-Respondents	5	0.5
Total	998	100.0

Source: 2016 Psychologist Re-Licensure Survey

Over two-thirds (67.4%) of practicing psychologists report their primary activity as direct patient care or health care services. The next highest proportion (10%) report their primary activity as teaching/education/research; 5.6% report working primarily in an administrative capacity. Fewer than 5% report their primary work activity as clinical supervision, other human services, clinical/community consultation and prevention or non-clinical consultation. Table 4.5 provides details concerning primary activity.

Table 4.5: Psychologist Primary Activity

Primary Activity	N	%
Direct Patient Care/Health Care Services	673	67.4
Teaching/Education/Research	100	10.0
Administration Management	56	5.6
Clinical Supervision	49	4.9
Other	24	2.4
Other Human Services	21	2.1
Clinical/Community Consultation & Prevention	17	1.7
Non-Clinical Consultation	5	0.5
Non-Respondents	53	5.3
Total	998	100.0

Source: 2016 Psychologist Re-Licensure Survey

Practice Characteristics

The greatest proportion of Indiana psychologists work in counseling psychology (14.3%) or in clinical child and adolescent psychology (12.4%). Less than 10% of psychologists practice in other fields such as cognitive behavioral psychology. Over one-quarter (25.9%) work in independent solo practice and 17.5% work in an independent group practice. The proportional frequency for psychologists working in other settings such as a community health center is less than 10%. Tables 4.6 and 4.7 gives detailed information related to primary specialty and primary work setting.

Table 4.6: Psychologist Practice Specialty

Primary Specialty	N	%
Counseling Psychology	143	14.3
Clinical Child and Adolescent Psychology	124	12.4
Clinical Neuropsychology	62	6.2
Rehabilitation Psychology	51	5.1
Clinical Health Psychology	49	4.9
Cognitive Behavioral Psychology	33	3.3
Forensic Psychology	27	2.7
Policy and Public Safety Psychology	11	1.1
Psychoanalytic Psychology	7	0.7
Couple and Family Psychology	6	0.6
Professional Geopsychology	6	0.6
Organizational and Business Consulting Psychology	4	0.4
Other	4	0.4
Group Psychology	1	0.1
Clinical Psychology	0	0.0
Non-Respondents	470	47.1
Total	998	100.0

Source: 2016 Psychologist Re-Licensure Survey

Table 4.7: Psychologist Practice Setting

Primary Work Setting	N	%
Independent solo practice	258	25.9
Independent group practice	175	17.5
Mental Health clinic	89	8.9
College/University Counseling/Health Center	86	8.6
Community health center	57	5.7
Other	55	5.5
Non-federal hospital: General Medical	53	5.3
Primary or specialist medical care	47	4.7
Federal Government hospital	30	3.0
Non-federal hospital: Psychiatric	20	2.0
Correctional Facility	19	1.9
Rehabilitation	18	1.8
Residential setting	13	1.3
Organization/Business setting	12	1.2
School-based mental health service	10	1.0
Criminal Justice Facility	5	0.5
Child welfare facility	1	0.1
Hospice	0	0.0
Long-term care facility	0	0.0
Veterans Facility	0	0.0
Non-Respondents	50	5.0
Total	998	100.0

Source: 2016 Psychologist Re-Licensure Survey

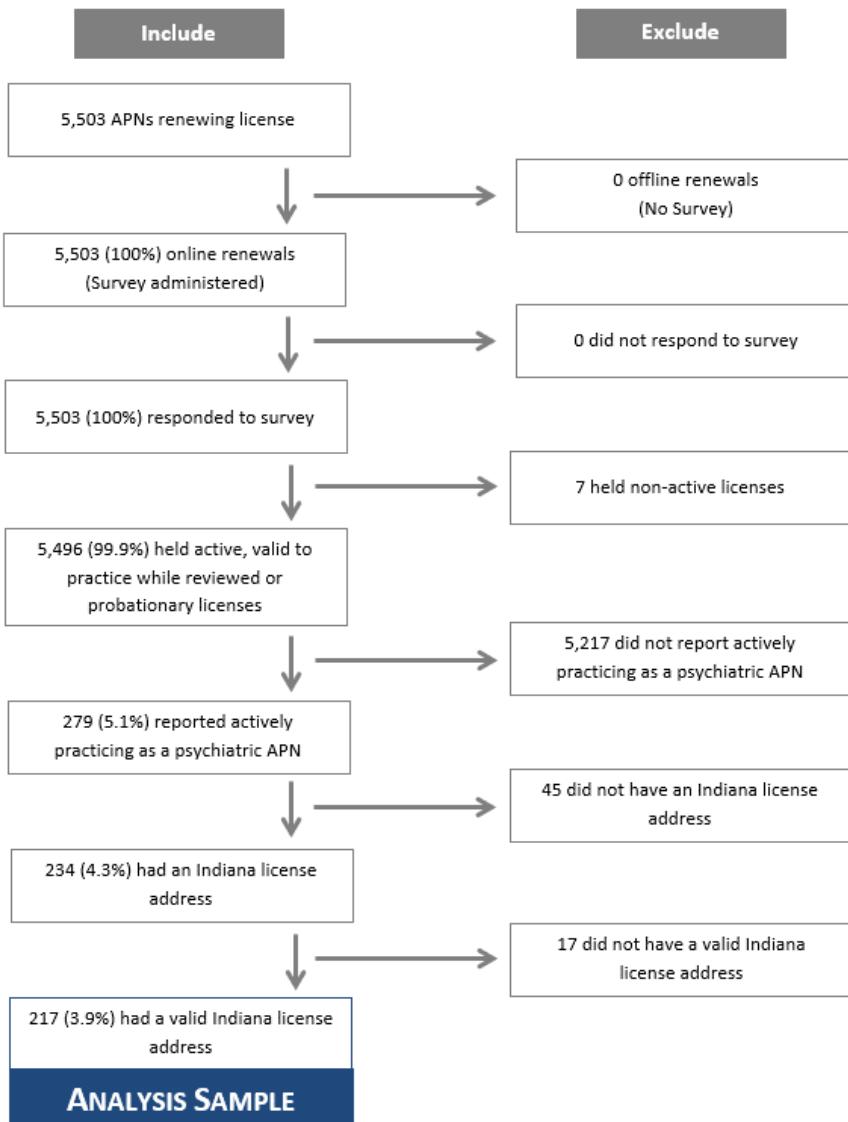
Psychiatric APNs

Inclusion criteria applied to the mental health professional dataset to determine the sample of psychiatric APNs actively practicing in Indiana were:

1. Psychiatric APN renewed license online in 2015.
2. Psychiatric APN responded to the 2015 re-licensure survey.
3. Psychiatric APN held active, valid to practice while under review or probationary license.
4. Psychiatric APN reported actively working in mental health profession.
5. Psychiatric APN reported an Indiana practice address.

Figure 5.1 illustrates how the reported sample was derived for psychiatric APNs in Indiana.

Figure 5.1 Psychiatric APN survey sample selection criteria



Demographics

Most of the psychiatric APN workforce are female (92.1%, 200). Of the 15 reported male psychiatric APNs, all were ages 35 to 64 years old while 11.0% (22) of females reported being less than 35 years of age and 14.0% reported being 65 years and older. Greater racial and ethnic diversity are seen in the male workforce: 92.5% of females identified as White race, compared to 80.0% of males. Less than 1% of female psychiatric APN providers identified as Hispanic or Latino, compared to 6.7% of the male workforce. Table 5.1 provides further data.

Table 5.1: Psychiatric APN Demographics

	Female		Male		Non-Respondents		Total	
	N	%	N	%	N	%	N	%
Age Group								
Under 35	22	11.0	0	0.0	0	0.0	22	10.1
35 - 44	40	20.0	2	13.3	0	0.0	42	19.4
45 - 54	43	21.5	8	53.3	0	0.0	51	23.5
55 - 64	67	33.5	5	33.3	2	100.0	74	34.1
65 and Older	28	14.0	0	0.0	0	0.0	28	12.9
Non-Respondents	0	0.0	0	0.0	0	0.0	0	0.0
Total	200	100.0	15	100.0	2	100.0	217	100.0
Race	N	%	N	%	N	%	N	%
White	185	92.5	12	80.0	1	50.0	198	91.2
Multiracial	2	1.0	1	6.7	0	0.0	3	1.4
Asian	4	2.0	0	0.0	0	0.0	4	1.8
Other	0	0.0	1	6.7	0	0.0	1	0.5
Black or African American	8	4.0	1	6.7	1	50.0	10	4.6
Non-Respondents	1	0.5	0	0.0	0	0.0	1	0.5
Total	200	100.0	15	100.0	2	100.0	217	100.0
Ethnicity	N	%	N	%	N	%	N	%
Hispanic or Latino	1	0.5	1	6.7	0	0.0	2	0.9
Not Hispanic or Latino	196	98.0	13	86.7	2	100.0	211	97.2
Non-Respondents	3	1.5	1	6.7	0	0.0	4	1.8
Total	200	100.0	15	100.0	2	100.0	217	100.0

Source: 2015 Indiana Nursing Re-Licensure Survey

Notes: Age was calculated by measuring the difference between the date of birth and survey completion date.

Education and Training

The most common education credential that was reported by psychiatric APNs to qualify them for their first nursing license was the bachelor's degree (38.7%) followed by a master's degree in nursing (28.1%). Just over twenty percent (20.3%) noted an associate degree as the qualifying degree. Most actively working psychiatric APNs reported having earned a master's degree (84.3%) as their highest education. This is in agreement with requirements that psychiatric APNs complete at least a master's degree in order to practice in psychiatry. Tables 5.2 and 5.3 provides greater detail regarding psychiatric APN education.

Table 5.2: Psychiatric APN Qualifying Education

Qualifying Education	N	%
Vocational/Practical Certificate -Nursing	13	6.0
Diploma - Nursing	10	4.6
Associate Degree - Nursing	44	20.3
Bachelor's Degree - Nursing	84	38.7
Master's Degree - Nursing	61	28.1
Doctoral Degree - Nursing	1	0.5
Non-Respondents	4	1.8
Total	217	100.0

Source: 2015 Indiana Nursing Re-Licensure Survey

Table 5.3: Psychiatric APN Highest Education

Highest Education	N	%
Vocational/Practical Certificate - Nursing	0	0.0
Diploma - Nursing	1	0.5
Associate Degree - Nursing	0	0.0
Associate Degree - Other Field	1	0.5
Bachelor's Degree - Nursing	0	0.0
Bachelor's Degree - Other Field	0	0.0
Master's Degree - Nursing	183	84.3
Master's Degree -Other Field	5	2.3
Doctoral Degree - Nursing	11	5.1
Doctoral Degree - Other Field	1	0.5
Non-Respondents	15	6.9
Total	217	100.0

Source: 2015 Indiana Nursing Re-Licensure Survey

Practice Characteristics

The primary practice setting for psychiatric APNs is nearly evenly divided among community health (25.4%), hospital (24.0%), 'other' (22.6%) and ambulatory care settings (21.7%). Table 5.4 gives more detail on practice settings.

Table 5.4: Primary Practice Setting

Primary Practice Setting	N	%
Community Health	55	25.4
Hospital	52	24.0
Other	49	22.6
Ambulatory Care Setting	47	21.7
Nursing Home/Extended Care Facility/Assisted Living Facility	9	4.2
Correctional Facility	3	1.4
Home Health	1	0.5
Occupational Health	1	0.5
Academic Setting	0	0.0
Insurance Claims/Benefits	0	0.0
Policy/Planning/Licensing Agency	0	0.0
Public Health	0	0.0
School Health Service	0	0.0
Non-Respondents	0	0.0
Total	217	100.0

Source: 2015 Indiana Nursing Re-Licensure Survey

Addiction Counselors

Data presented in this section relate to addiction counseling. Part A provides information on addiction counselors while Part B reports on clinical addiction counselors.

These two professions differ by education and professional experience requirements for licensure. Addictions counselors require a bachelor's degree, 350 hours of education in an addiction counseling field experience, and two years of clinical experience. Clinical addictions counselors require a master's degree, 700 hours of field experience education, and at least two years of addiction counseling experience.¹

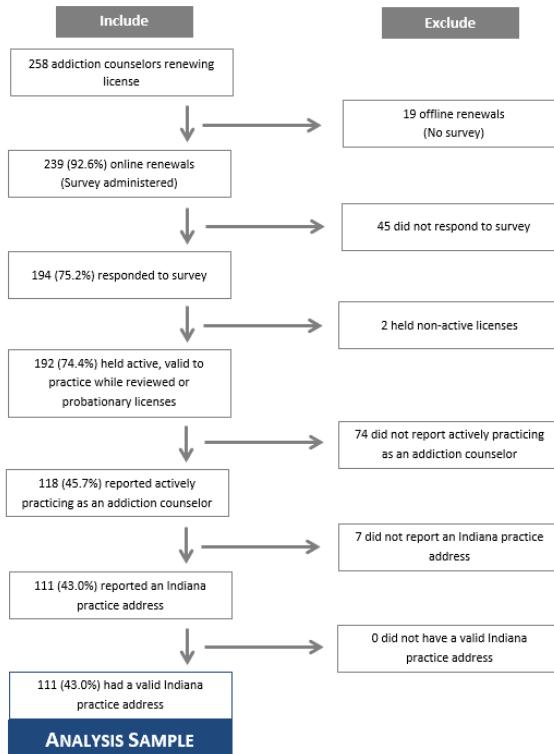
Part A. Addiction Counselors

Inclusion criteria applied to the mental health professional dataset to determine the sample of addiction counselors actively practicing in Indiana were:

1. Addiction counselor renewed license online in 2016.
2. Addiction counselor responded to the 2016 re-licensure survey.
3. Addiction counselor held active, valid to practice while under review or probationary license.
4. Addiction counselor reported actively working in mental health profession.
5. Addiction counselor reported an Indiana practice address.

Figure 6.1a illustrates how the reported sample was derived for addiction counselors in Indiana.

Figure 6.1a Addiction counselor survey sample selection criteria



¹ Indiana Professional Licensing Agency, [http://www.in.gov/pla/files/2014_Behavioral_Health_and_Human_Services_Licensing_Board\(1\).pdf](http://www.in.gov/pla/files/2014_Behavioral_Health_and_Human_Services_Licensing_Board(1).pdf)

Demographics

Females make up most of the addiction counselor workforce (69 females, compared to 39 males). The age distribution of practicing addiction counselors is similar among males and females, with the majority being ages 35 to 64 years old. Greater racial diversity is seen among male addiction counselors. Nearly all female addiction counselors identified as White or Black or African American race (88.4% and 8.7%, respectively) while male addiction counselors identified as Asian (2.6%) and American Indian or Alaska Native (5.1%) in addition to White (82.1%) and Black or African American (10.3%). Females, however, more frequently identified Hispanic or Latino ethnicity (4.4%) in comparison with males (2.6%). Table 6.1a present addiction counselors' demographic data.

Table 6.1a: Addiction Counselor Demographics

	Female		Male		Non-Respondents		Total	
	N	%	N	%	N	%	N	%
Age Group								
Under 35	3	4.4	1	2.6	0	0.0	4	3.6
35 - 44	16	23.2	7	18.0	0	0.0	23	20.7
45 - 54	17	24.6	12	30.8	0	0.0	29	26.1
55 - 64	23	33.3	13	33.3	1	33.3	37	33.3
65 and Older	10	14.5	5	12.8	2	66.7	17	15.3
Non-Respondents	0	0.0	1	2.6	0	0.0	1	0.9
Total	69	100.0	39	100.0	3	100.0	111	100.0
Race								
White	61	88.4	32	82.1	2	66.7	95	85.6
Black or African American	6	8.7	4	10.3	1	33.3	11	9.9
Asian	0	0.0	1	2.6	0	0.0	1	0.9
American Indian or Alaska Native	0	0.0	2	5.1	0	0.0	2	1.8
Native Hawaiian/Pacific Islander	0	0.0	0	0.0	0	0.0	0	0.0
Non-Respondents	2	2.9	0	0.0	0	0.0	2	1.8
Total	69	100.0	39	100.0	3	100.0	111	100.0
Ethnicity								
Hispanic or Latino	3	4.4	1	2.6	0	0.0	4	3.6
Not Hispanic or Latino	61	88.4	34	87.2	1	33.3	96	86.5
Non-Respondents	5	7.3	4	10.3	2	66.7	11	9.9
Total	69	100.0	39	100.0	3	100.0	111	100.0

Source: 2016 Addiction Counselor Re-Licensure Survey

Notes: Age was calculated by measuring the difference between the date of birth and survey completion date.

Education and Training

Survey data related to education show that all practicing addiction counselors were trained in either Indiana or a contiguous state. Overall, more than half (53.1%) of addiction counselors reported a bachelor's degree in any field as the credential that qualified them for their addiction counseling license; 28.8% reported a master's degree in any field as their qualifying credential; and only 1.8% reported a doctoral degree in any field as their qualifying credential. Of the addiction counselors trained in Indiana, 13.3% reported a high school diploma/GED as their qualifying credential; more than half (55.4%) reported a bachelor's degree as their qualifying credential; 28.9% reported a master's degree as their qualifying credential; and only (1.1%) reported a doctoral degree as their qualifying credential.

Table 6.2a: Addiction Counselor Qualifying Education

Qualifying Degree	Indiana		Contiguous States		Other State (not listed)		Another Country (not U.S.)		Non-Respondents		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
High School diploma/GED	11	13.3	0	0.0	0	0.0	0	0.0	2	13.3	13	11.7
Associate degree	1	1.2	3	23.1	0	0.0	0	0.0	1	6.7	5	4.5
Bachelor's degree - addiction counseling, addiction therapy, or related area	21	25.3	2	15.4	0	0.0	0	0.0	5	33.3	28	25.2
Bachelor's degree - other	25	30.1	4	30.8	0	0.0	0	0.0	2	13.3	31	27.9
Master's Degree - addiction counseling, addiction therapy, or related area	19	22.9	1	7.7	0	0.0	0	0.0	2	13.3	22	19.8
Master's Degree - other	5	6.0	2	15.4	0	0.0	0	0.0	3	20.0	10	9.0
Doctoral Degree - addiction counseling, addiction therapy, or related area	1	1.1	0	0.0	0	0.0	0	0.0	0	0.0	1	0.9
Doctoral Degree - other	0	0.0	1	7.7	0	0.0	0	0.0	0	0.0	1	0.9
Non-Respondents	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	83	100.0	13	100.0	0	0.0	0	0.0	15	100.0	111	100.0

Source: 2016 Addiction Counselor Re-Licensure Survey

Notes: Contiguous states include Illinois, Kentucky, Ohio, and Michigan.

Nearly half (49.5%) of addiction counselors reported a bachelor's degree as the highest degree they have attained. However, the remaining half of this sample did not respond to the question regarding highest education.

Table 6.3a: Addiction Counselors Highest Education

Highest Education	N	%
Bachelor's degree - counseling or related field	38	34.2
Bachelor's degree - other field	17	15.3
Master's degree - counseling or related field	0	0.0
Master's degree - other field	0	0.0
Doctoral degree - counseling or related field	0	0.0
Doctoral degreee - other field	0	0.0
Non-Respondents	56	50.5
Total	111	100.0

Source: 2016 Addiction Counselor Re-Licensure Survey

Certifications

Addiction counselors practicing in Indiana have obtained a number of different certifications. The most frequent certification is Certified Alcohol and Drug Counselor (CADA) (33.3%). Thirty-two (28.8%) reported having another certification not listed while just over one-fifth (21.6%) reporting having no certification. Table 6.4a provides more data on certifications.

Table 6.4a: Addiction Counselors Certifications

Counseling Certifications	N	%
Certified Alcohol and Drug Counselor (CADC)	37	33.3%
Other	32	28.8%
None	24	21.6%
Certified Advanced Alcohol and Drug Counselor (CAADC)	10	9.0%
Certified Criminal Justice Addictions Professional (CCJP)	9	8.1%
National Certified Addiction Counselor I	9	8.1%
National Certified Addiction Counselor II	6	5.4%
Master Addictions Counselor (MAC)	2	1.8%
Certified Co-Occurring Disorders Professional (CCDP)	1	0.9%
Certified Co-Occurring Disorders Professional Diplomate (CCDPD)	1	0.9%
National Certified Counselor (NCC)	1	0.9%
Certified Clinical Mental Health Counselor (CCMHC)	1	0.9%
Certified Clinical Supervisor (CCS)	0	0.0%
Certified Prevention Specialist (CPS)	0	0.0%
National Certified School Counselor (NCSC)	0	0.0%

Source: 2016 Addiction Counselor Re-Licensure Survey

Notes: Respondents were able to select more than one certification. Overall percentages are presented in table.

Practice Characteristics

The greatest proportion of clinical addiction counselors in Indiana work in private practice (21.7%); 10.9% work in a specialized substance abuse outpatient treatment facility. The proportional frequency for clinical addiction counselors working in other settings such as a community health center is less than 6%. Table 6.5b shows primary work settings responses.

Table 6.5a: Addiction Counselors Practice Characteristics

Primary Work Setting	N	%
Criminal Justice	20	18.0
Private Practice	17	15.3
Specialized Substance Abuse Outpatient Treatment Facility	17	15.3
Methadone Clinic	9	8.1
Residential Setting	5	4.5
Hospital	3	2.7
Non-Federal Hospital: Psychiatric	3	2.7
Other	2	1.8
Child Welfare	1	0.9
Detox	1	0.9
Community Health Center	0	0.0
Community Mental Health Center/Mental health clinic	0	0.0
Faith-Based Setting	0	0.0
Federal Government Hospital	0	0.0
Non-Federal Hospital: General Medical	0	0.0
Non-Federal Hospital: Inpatient	0	0.0
Non-Federal Hospital: Other	0	0.0
Primary or Specialist Medical Care	0	0.0
Recovery Support Services	0	0.0
Rehabilitation	0	0.0
School Health Services	0	0.0
Non-Respondents	33	29.7
Total	111	100.0

Source: 2016 Addiction Counselor Re-Licensure Survey

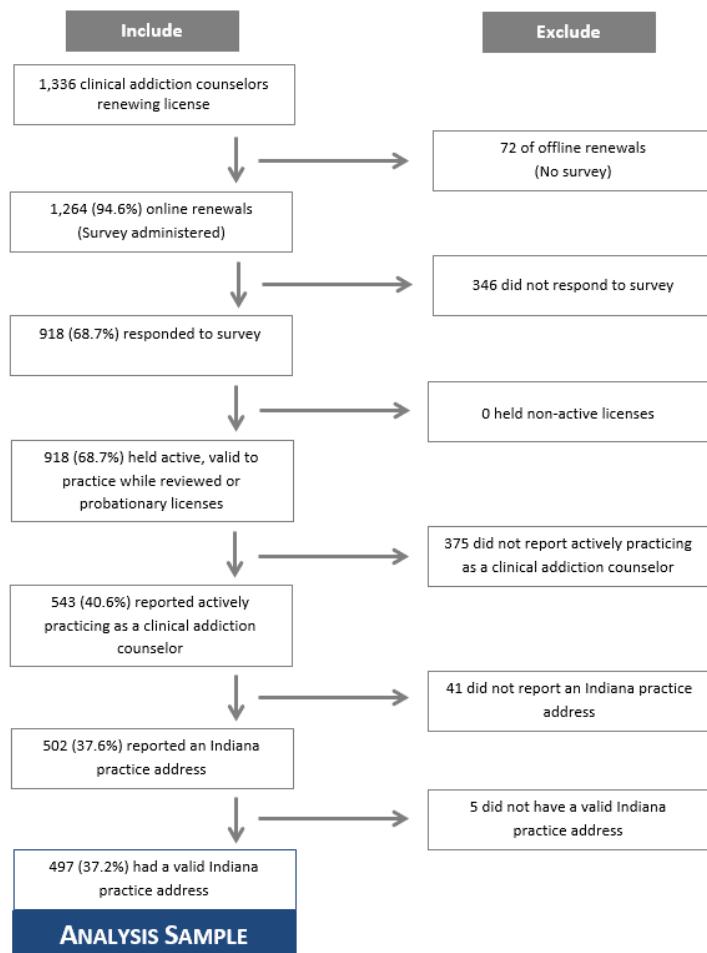
Part B. Clinical Addiction Counselors

Inclusion criteria applied to the mental health professional dataset to determine the sample of clinical addiction counselors actively practicing in Indiana were:

1. Clinical addiction counselor renewed license online in 2016.
2. Clinical addiction counselor responded to the 2016 re-licensure survey.
3. Clinical addiction counselor held active, valid to practice while under review or probationary license
4. Clinical addiction counselor reported actively working in mental health profession.
5. Clinical addiction counselor reported an Indiana practice address..

Figure 6.1b illustrates how the reported sample was derived for clinical addiction counselors in Indiana.

Figure 6.1b Clinical addiction counselor survey sample selection criteria



Demographics

There are more female clinical addiction counselors practicing in Indiana, yet proportionally the age distribution as well as racial and ethnic diversity are quite similar. The largest proportion of males and female practitioners are in ages 55 to 64 years old (33.3% and 29.9%, respectively). Majority of both males and females (85.2% and 83.7%, respectively) identified as White; 3.7% of both males and females identified as Hispanic or Latino. Table 6.1b provides further demographic detail.

Table 6.1b: Clinical Addiction Counselor Demographics

Age Group	Female		Male		Non-Respondents		Total	
	N	%	N	%	N	%	N	%
Under 35	17	5.7	1	0.5	0	0.0	18	3.6
35 - 44	61	20.3	29	15.3	1	14.3	91	18.3
45 - 54	84	27.9	58	30.7	0	0.0	142	28.6
55 - 64	90	29.9	63	33.3	3	42.9	156	31.4
65 and Older	48	16.0	37	19.6	3	42.9	88	17.7
Non-Respondents	1	0.3	1	0.5	0	0.0	2	0.4
Total	301	100.0	189	100.0	7	100.0	497	100.0
Race								
White	252	83.7	161	85.2	5	71.4	418	84.1
Black or African American	38	12.6	19	10.1	0	0.0	57	11.5
Asian	1	0.3	0	0.0	0	0.0	1	0.2
American Indian or Alaska Native	2	0.7	2	1.1	0	0.0	4	0.8
Native Hawaiian/Pacific Islander	0	0.0	0	0.0	0	0.0	0	0.0
Non-Respondents	8	2.7	7	3.7	2	28.6	17	3.4
Total	301	100.0	189	100.0	7	100.0	497	100.0
Ethnicity								
Hispanic or Latino	11	3.7	7	3.7	0	0.0	18	3.6
Not Hispanic or Latino	265	88.0	166	87.8	0	0.0	431	86.7
Non-Respondents	25	8.3	16	8.5	7	100.0	48	9.7
Total	301	100.0	189	100.0	7	100.0	497	100.0

Source: 2016 Addiction Counselor Re-Licensure Survey

Notes: Age was calculated by measuring the difference between the date of birth and survey completion date.

Education and Training

The greatest proportion of clinical addiction counselors practicing in Indiana reported a master's degree as the qualifying credential to enter the profession. This was reported by 78.0% of those trained in Indiana; 89.8% of those trained in a contiguous state; 78.9% of those trained in another state; 100% of those trained outside the U.S. Table 6.2b gives more information regarding qualifying education.

Table 6.2b: Clinical Addiction Counselor Qualifying Education

	Indiana		Contiguous States		Other State (not listed)		Another Country (not U.S.)		Non-Respondents		Total	
Qualifying Degree	N	%	N	%	N	%	N	%	N	%	N	%
High School Diploma/GED	1	0.3	0	0.0	0	0.0	0	0.0	0	0.0	1	0.2
Associate Degree	1	0.3	0	0.0	0	0.0	0	0.0	0	0.0	1	0.2
Bachelor's Degree - Addiction Counseling, Addiction Therapy, or Related Area	19	5.3	2	2.6	2	3.9	0	0.0	0	0.0	23	4.6
Bachelor's Degree - Other	13	3.6	1	1.3	1	1.9	0	0.0	1	16.7	16	3.2
Master's Degree - Addiction Counseling, Addiction Therapy, or Related Area	196	54.6	41	52.6	29	55.8	2	100.0	2	33.3	270	54.3
Master's Degree - Other	120	33.4	29	37.2	12	23.1	0	0.0	2	33.3	163	32.8
Doctoral Degree - Addiction Counseling, Addiction Therapy, or Related Area	5	1.4	2	2.6	4	7.7	0	0.0	1	16.7	12	2.4
Doctoral Degree - Other	4	1.1	3	3.9	4	7.7	0	0.0	0	0.0	11	2.2
Non-Respondents	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	359	100.0	78	100.0	52	100.0	2	100.0	6	100.0	497	100.0

Source: 2016 Addiction Counselor Re-Licensure Survey

Notes: Contiguous States include Michigan, Illinois, Kentucky and Ohio

In alignment the qualifying required credential being a master's degree, the largest proportion (84.4%) of practicing clinical addiction counselors report having earned a master's degree. Table 6.3b provides more information on highest educational level attained.

Table 6.3b: Clinical Addiction Counselor Highest Education

Highest Education	N	%
Bachelor's Degree - Counseling or Related Field	16	3.2
Bachelor's Degree - Other Field	5	1.0
Master's Degree - Counseling or Related Field	381	76.7
Master's Degree - Other Field	38	7.7
Doctoral Degree - Counseling or Related Field	33	6.6
Doctoral Degree - Other Field	4	0.8
Non-Respondents	20	4.0
Total	497	100.0

Source: 2016 Addiction Counselor Re-Licensure Survey



Certifications

The most frequently earned certification for this profession is the Certified Alcohol and Drug Counselor (CADC), with 90.7% reporting having this certificate. Similar to addiction counselors, 27.2% of clinical addiction counselors reported having another certificate not listed. Table 6.4b details other certifications.

Table 6.4b: Clinical Addiction Counselor Certifications

Counseling Certifications	N	%
Certified Alcohol and Drug Counselor (CADC)	451	90.7%
Other	135	27.2%
None	125	25.2%
Certified Advanced Alcohol and Drug Counselor (CAADC)	95	19.1%
Certified Criminal Justice Addictions Professional (CCJP)	56	11.3%
Master Addictions Counselor (MAC)	35	7.0%
National Certified Counselor (NCC)	33	6.6%
National Certified Addiction Counselor I	29	5.8%
National Certified Addiction Counselor II	22	4.4%
Certified Clinical Mental Health Counselor (CCMHC)	5	1.0%
Certified Co-Occurring Disorders Professional Diplomate (CCDPD)	3	0.6%
Certified Co-Occurring Disorders Professional (CCDP)	2	0.4%
Certified Clinical Supervisor (CCS)	0	0.0%
Certified Prevention Specialist (CPS)	0	0.0%
National Certified School Counselor (NCSC)	0	0.0%

Source: 2016 Addiction Counselor Re-Licensure Survey

Notes: Respondents were able to select more than one certification. Overall percentages are presented in table.

Practice Characteristics

The greatest proportion of clinical addiction counselors in Indiana work in private practice (21.7%); 10.9% work in a specialized substance abuse outpatient treatment facility. The proportional frequency for clinical addiction counselors working in other settings such as a community health center is less than 6%. Table 6.5b shows primary work settings responses.

Table 6.5b: Clinical Addiction Counselor Practice Characteristics

Primary Work Setting	N	%
Private Practice	108	21.7
Specialized Substance Abuse Outpatient Treatment Facility	54	10.9
Criminal Justice	28	5.6
Other	26	5.2
Non-Federal Hospital: Psychiatric	23	4.6
Residential Setting	21	4.2
Community Health Center	19	3.8
Federal Government Hospital	13	2.6
Hospital	13	2.6
Child Welfare	11	2.2
School Health Services	11	2.2
Non-Federal Hospital: General Medical	9	1.8
Detox	6	1.2
Methadone Clinic	6	1.2
Non-Federal Hospital: Inpatient	4	0.8
Faith-based Setting	3	0.6
Primary or Specialist Medical Care	3	0.6
Rehabilitation	3	0.6
Community Mental Health Center/Mental Health Clinic	0	0.0
Non-federal Hospital: Other	0	0.0
Recovery Support Services	0	0.0
Non-Respondents	136	27.4
Total	497	100.0

Source: 2016 Addiction Counselor Re-Licensure Survey

Social Workers

Data presented in this section pertain to social work professionals. Part A provides information on social workers while Part B reports on clinical social workers. These professions differ by educational and experience requirements for licensure. Social workers require a bachelor's degree for certification while clinical social workers require a master's degree and two years clinical experience.¹⁰

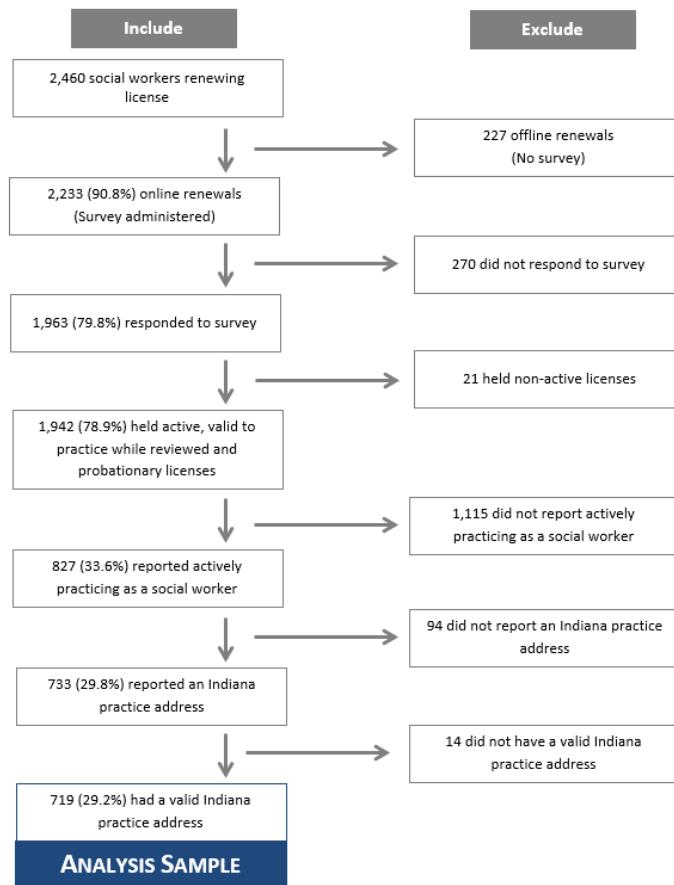
Part A. Social Workers

Inclusion criteria applied to the mental health professional dataset to determine the sample of social workers actively practicing in Indiana were:

1. Social worker renewed license online in 2016.
2. Social worker responded to the 2016 re-licensure survey.
3. Social worker held active, valid to practice while under review or probationary license.
4. Social worker reported actively working in mental health profession.
5. Social worker reported an Indiana practice address.

Figure 7.1a illustrates how the reported sample was derived for social workers in Indiana

Figure 7.1a: Social worker survey sample selection criteria



¹⁰ Indiana Professional Licensing Agency, [http://www.in.gov/pla/files/2014_Behavioral_Health_and_Human_Services_Licensing_Board\(1\).pdf](http://www.in.gov/pla/files/2014_Behavioral_Health_and_Human_Services_Licensing_Board(1).pdf)

Demographics

In Indiana, the field of social work is dominated by women. Seventy-eight (78) survey respondents were male compared with 592 females. Demographically, there are few differences between women and men. Regarding age, the female workforce is much younger, with 64.9% of respondents reporting being under 44 years of age compared to 39.6% of men. However, women and men are nearly equally diverse with regards to race: 11.2% of females identified as Black or African American compared to 9.0% of males; 0.5% of females identified as American Indian or Alaska Native compared to 1.3% of males. Slight differences are seen in regard to ethnicity: 3.4% of females identified Hispanic or Latino ethnicity in comparison with 3.9% of males. Table 7.1a gives further demographic detail.

Table 7.1a: Social Worker Demographics

Age Group	Female		Male		Non-Respondents		Total	
	N	%	N	%	N	%	N	%
Under 35	266	44.6	23	29.5	8	16.3	297	41.3
35 - 44	120	20.3	14	17.9	5	10.2	139	19.3
45 - 54	105	17.7	11	14.1	10	20.4	126	17.5
55 - 64	84	14.2	27	34.6	20	40.8	131	18.2
65 and Older	16	2.7	3	3.9	6	12.2	25	3.5
Non-Respondents	1	0.2	0	0.0	0	0.0	1	0.1
Total	592	100.0	78	100.0	49	100.0	719	100.0
Race								
White	507	85.6	65	83.3	42	85.7	614	85.4
Black or African American	66	11.2	7	9.0	7	14.3	80	11.1
Asian	4	0.7	0	0.0	0	0.0	4	0.6
American Indian or Alaska Native	3	0.5	1	1.3	0	0.0	4	0.6
Native Hawaiian/Pacific Islander	0	0.0	0	0.0	0	0.0	0	0.0
Non-Respondents	12	2.0	5	6.4	0	0.0	17	2.4
Total	592	100.0	78	100.0	49	100.0	719	100.0
Ethnicity								
Hispanic or Latino	20	3.4	3	3.9	0	0.0	23	3.2
Not Hispanic or Latino	559	94.4	72	92.3	47	95.9	678	94.3
Non-Respondents	13	2.2	3	3.9	2	4.1	18	2.5
Total	592	100.0	78	100.0	49	100.0	719	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Notes: Age was calculated by measuring the difference between the date of birth and survey completion date.

Education and Training

Though a bachelor's degree is required for licensure as a social worker, a master's degree was the most common qualifying degree for entry into this profession. Of those trained in Indiana, 85.4% claimed this as the qualifying credential along with 86.0% of those trained in contiguous states and 78.1% of those trained in another state. Table 7.2a gives more information on qualifying education.

Table 7.2a: Social Worker Qualifying Education

	Indiana		Contiguous States		Other State (not listed)		Another Country (not U.S.)		Non-Respondents		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Qualifying Degree												
Vocational/Practical certificate - counseling or other field	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Diploma - counseling or other field	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Associate Degree - counseling or other field	1	0.2	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1
Bachelor's Degree - counseling or other field	77	13.3	11	11.8	6	14.6	0	0.0	1	14.3	95	13.2
Master's Degree - counseling or other field	493	85.4	80	86.0	32	78.1	1	100.0	6	85.7	612	85.1
Doctoral Degree - counseling or other field	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Non-Respondents	6	1.0	2	2.2	3	7.3	0	0.0	0	0.0	11	1.5
Total	577	100.0	93	100.0	41	100.0	1	100.0	7	100.0	719	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Notes: Contiguous states include Michigan, Illinois, Kentucky and Ohio

Similar to the distribution of qualifying credentials, 84.8% of practicing social workers hold a master's degree as their highest level of education. Table 7.3a provides greater detail regarding highest level of education achieved.

7.3a Social Worker Highest Education

Highest Education	N	%
Bachelor's Degree -Counseling or Related Field	50	7.0
Bachelor's Degree - Other Field	6	0.8
Master's Degree - Counseling or Related Field	610	84.8
Master's Degree - Other Field	30	4.2
Doctoral Degree - Counseling or Related Field	10	1.4
Doctoral Degree - Other Field	1	0.1
Non-Respondents	12	1.7
Total	719	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Certifications

Thirteen social workers (1.8%) have received National Certified Counselor (NCC) certification while 329 (45.8%) reported having another certification not listed. Table 7.4a shows certification detail.

Table 7.4a: Social Worker Certifications

Counseling Certifications	N	%
National Certified Counselor (NCC)	13	1.8
Approved Clinical Supervisor (ACS)	0	0.0
Other	329	45.8

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Notes: Respondents were able to select more than one certification. Overall percentages are presented in table.

Practice Setting

The greatest proportion of social workers are employed by school health services (17.9%) followed by a community mental health center/mental health clinic (12.0%). Table 7.5a provides a breakout of primary work settings reported in survey responses.

Table 7.5a: Social Worker Practice Characteristics

Primary Work Setting	N	%
School Health Service	129	17.9
Other	121	16.8
Ambulatory Care Facility - Community Mental Health Center/Mental Health Clinic	86	12.0
Hospital - Non-Federal Government: General Medical	63	8.8
In-Home Setting	59	8.2
Hospital - Non-Federal Government: Psychiatric	52	7.2
Private Practice	39	5.4
Residential setting	31	4.3
Child Welfare	35	4.9
Ambulatory Care Facility - Primary or Specialist Medical Care	25	3.5
Ambulatory Care Facility - Community Health Center	18	2.5
Hospital - Federal Government	18	2.5
Criminal Justice	11	1.5
Ambulatory Care Facility - Specialized Substance Abuse Treatment Facility	10	1.4
Rehabilitation	4	0.6
Ambulatory Care Facility - Methadone Clinic	3	0.4
Hospital - Non-Federal Government: Other	3	0.4
Non-Respondents	12	1.7
Total	719	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

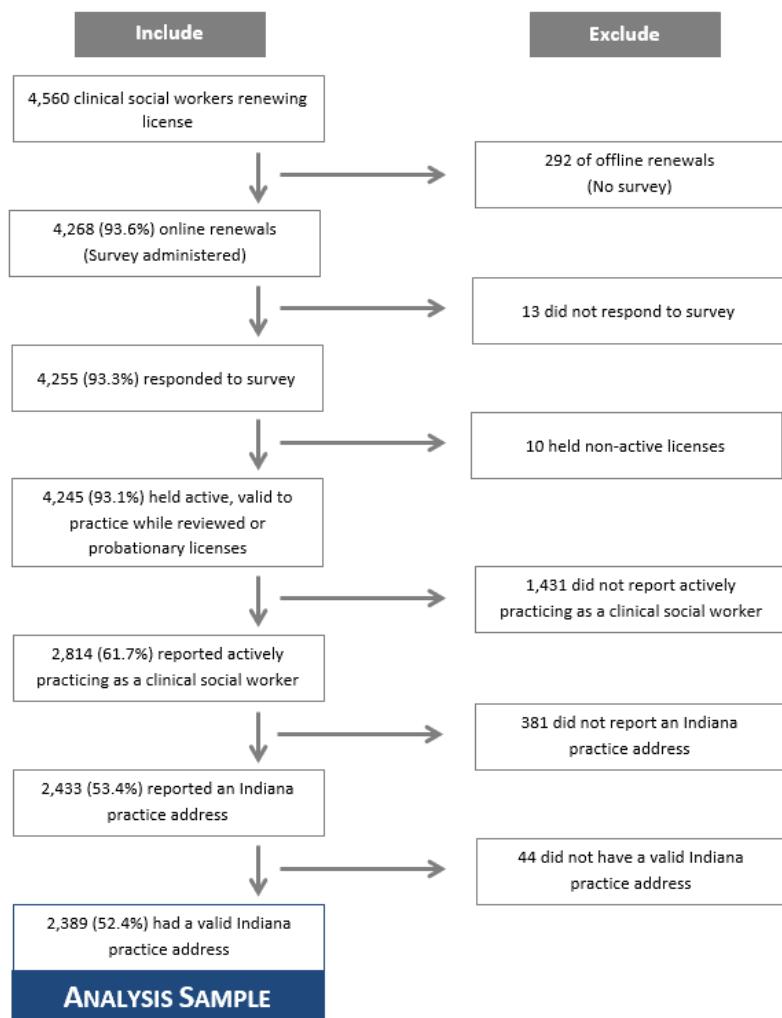
Part B. Clinical Social Workers

Inclusion criteria applied to the mental health professional dataset to determine the sample of clinical social workers actively practicing in Indiana were:

1. Clinical social worker renewed license online in 2016.
2. Clinical social worker responded to the 2016 re-licensure survey.
3. Clinical social worker held active, valid to practice while under review or probationary license.
4. Clinical social worker reported actively working in mental health profession.
5. Clinical social worker reported an Indiana practice address.

Figure 7.1b illustrates how the reported sample was derived for clinical social workers in Indiana.

Figure 7.1b Clinical social worker survey sample selection criteria



Demographics

As in social work, the field of clinical social work in Indiana is dominated by women: 1,706 survey respondents were female compared with 390 males. With the exception of age, there are few demographic differences between women and men. The female workforce is much younger, with 15.5% of women reporting age less than 35 years, compared with 4.1 of men; 9.3% of female respondents reported being \geq 65 years of age in comparison with 22.6% of males. Men are slightly more diverse racially: 4.9% of males identified as Black or African American compared to 3.7% of females. Slight differences are seen in regard to ethnicity: 5.6% of females identified as Hispanic or Latino in comparison with 5.4% of males. Table 7.1b gives further demographic detail.

Table 7.1b: Clinical Social Worker Demographics

Age Group	Female		Male		Non-Respondents		Total	
	N	%	N	%	N	%	N	%
Under 35	264	15.5	16	4.1	2	0.7	282	11.8
35 - 44	509	29.8	55	14.1	47	16.0	611	25.6
45 - 54	390	22.9	90	23.1	73	24.9	553	23.2
55 - 64	378	22.2	141	36.2	117	39.9	636	26.6
65 and Older	159	9.3	88	22.6	53	18.1	300	12.6
Non-Respondents	6	0.4	0	0.0	1	0.3	7	0.3
Total	1,706	100.0	390	100.0	293	100.0	2,389	100.0
Race								
White	1,605	94.1	361	92.6	260	88.7	2,226	93.2
Black or African American	63	3.7	19	4.9	19	6.5	101	4.2
Asian	11	0.6	1	0.3	1	0.3	13	0.5
American Indian or Alaska Native	0	0.0	1	0.3	2	0.7	3	0.1
Native Hawaiian/Pacific Islander	3	0.2	0	0.0	0	0.0	3	0.1
Non-Respondents	24	1.4	8	2.1	11	3.8	43	1.8
Total	1,706	100.0	390	100.0	293	100.0	2,389	100.0
Ethnicity								
Hispanic or Latino	96	5.6	21	5.4	13	4.4	130	5.4
Not Hispanic or Latino	1,595	93.5	363	93.1	277	94.5	2,235	93.6
Non-Respondents	15	0.9	6	1.5	3	1.0	24	1.0
Total	1,706	100.0	390	100.0	293	100.0	2,389	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Notes: Age was calculated by measuring the difference between the date of birth and survey completion date.

Education and Training

In alignment with the requirements for clinical social worker licensure, the master's degree was nearly universally proclaimed as the qualifying degree. A similar trend is observed when looking at location of training. Of those trained in Indiana, 95.7% claimed this as the qualifying credential along with 97.2% of those trained in contiguous states. Table 7.2b gives more information on qualifying education.

Table 7.2b: Clinical Social Worker Qualifying Education

	Indiana		Contiguous States		Other State (not listed)		Another Country (not U.S.)		Non-Respondents		Total	
Qualifying Degree	N	%	N	%	N	%	N	%	N	%	N	%
Vocational/Practical certificate - counseling or other field	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Diploma - counseling or other field	1	0.1	1	0.2	0	0.0	0	0.0	0	0.0	2	0.1
Associate Degree - counseling or other field	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	1	0.04
Bachelor's Degree - counseling or other field	54	3.2	6	1.4	0	0.0	0	0.0	5	2.0	65	2.7
Master's Degree - counseling or other field	1,637	95.7	413	97.2	0	0.0	0	0.0	242	95.7	2,292	95.9
Doctoral Degree - counseling or other field	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Non-Respondents	18	1.1	5	1.2	0	0.0	0	0.0	6	2.4	29	1.2
Total	1,711	100.0	425	100.0	0	0.0	0	0.0	253	100.0	2,389	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Notes: Contiguous States include Illinois, Kentucky, Michigan and Ohio.

In alignment with the required qualifying credential, 94.6% of practicing clinical social workers hold a master's degree as their highest level of educational attainment. Table 7.3b provides greater detail regarding highest level of education achieved.

Table 7.3b: Clinical Social Worker Highest Education

Highest Education	N	%
Bachelor's Degree - Counseling or Related Field	0	0.0
Bachelor's Degree - Other Field	1	0.0
Master's Degree - Counseling or Related Field	2,151	90.0
Master's Degree - Other Field	109	4.6
Doctoral Degree - Counseling or Related Field	60	2.5
Doctoral Degree - Other Field	18	0.8
Non-Respondents	50	2.1
Total	2,389	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Certifications

Nearly equal proportions of clinical social workers have obtained the National Certified Counselor (NCC) certification (1.6%) and the Approved Clinical Supervisor (ACS) certification (1.7%). Almost half (47.3%) reported having another certificate not listed. Table 7.4b gives certification detail.

Table 7.4b: Clinical Social Worker Certifications

Counseling Certifications	N	%
National Certified Counselor (NCC)	38	1.6%
Approved Clinical Supervisor (ACS)	40	1.7%
Other	1,129	47.3%

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Notes: Respondents were able to select more than one certification. Overall percentages are presented in table.

Practice Setting

The greatest proportion of clinical social workers are employed in private practice (25.6%) followed by employment in a community mental health center/mental health clinic (16.8%). Table 7.5b provides a breakout of primary work settings reported in survey responses.

Table 7.5b: Clinical Social Worker Practice Characteristics

Primary Work Setting	N	%
Private Practice	612	25.6
Ambulatory Care Facility - Community Mental Health Center/Mental Health Clinic	402	16.8
Other	332	13.9
School Health Service	157	6.6
In-Home Setting	85	3.6
Ambulatory Care Facility - Community Health enter	75	3.1
Child Welfare	68	2.9
Residential Setting	64	2.7
Ambulatory Care Facility - Primary or Specialist Medical Care	63	2.6
Hospital - Federal Government	49	2.1
Criminal Justice	21	0.9
Ambulatory Care Facility - Specialized Substance Abuse Treatment Facility	17	0.7
Rehabilitation	15	0.6
Ambulatory Care Facility - Methadone Clinic	2	0.1
Hospital - Non-Federal Government: General Medical	0	0.0
Hospital - Non-Federal Government: Psychiatric	0	0.0
Hospital - Non-Federal Government: Other	0	0.0
Non-Respondents	427	17.9
Total	2,389	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Marriage and Family Counselors

Data presented in this section pertain to marriage and family therapists. Part A provides information on marriage and family therapists while Part B reports on marriage and family associates. These professions differ by educational and experience requirements for licensure. Marriage and family therapists must have earned a master's degree with evidence of fulfilling clinical requirements provided and 2 years of post-degree experience. Marriage and family associates must have a master's degree and be in progress to complete the clinical experience necessary for licensure as a marriage and family therapist.¹¹

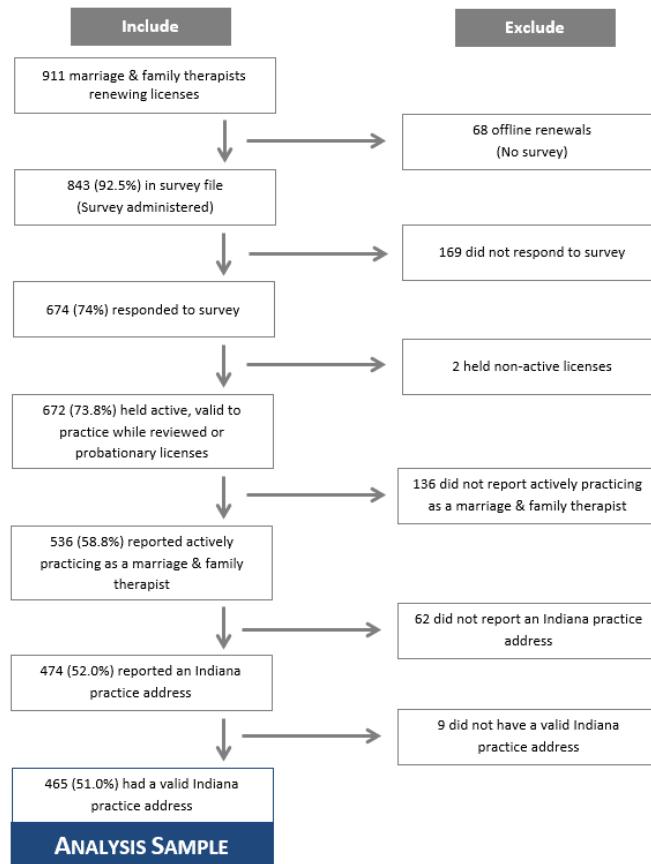
Part A. Marriage and Family Therapists (MFTs)

Inclusion criteria applied to the mental health professional dataset to determine the sample of MFTs actively practicing in Indiana were:

1. MFT renewed license online in 2016.
2. MFT responded to the 2016 re-licensure survey.
3. MFT held active, valid to practice while under review or probationary license.
4. MFT reported actively working in mental health profession.
5. MFT reported an Indiana practice address.

Figure 8.1a illustrates how the reported sample was derived for MFTs in Indiana.

Figure 8.1a Marriage and family therapist survey sample selection criteria



¹¹ Indiana Professional Licensing Agency, [http://www.in.gov/pla/files/2014_Behavioral_Health_and_Human_Services_Licensing_Board\(1\).pdf](http://www.in.gov/pla/files/2014_Behavioral_Health_and_Human_Services_Licensing_Board(1).pdf)

Demographics

The number of female MFTs (269) working in Indiana is more than double the number of male MFTs (120). The female MFT workforce is much younger than the male workforce. More than twice as many female MFTs (37.6%) are less than 45 years of age compared to 16.7% of males while 14.9% of female MFTs report being 65 years or older in comparison with males (25.8%). Both males and females lack in diversity as most identified as White (95.8% and 92.6%, respectively). Table 8.1a gives more detail on demographic data.

Table 8.1a: Marriage and Family Therapist Demographics

Age Group	Female		Male		Non-Respondents		Total	
	N	%	N	%	N	%	N	%
Under 35	43	16.0	9	7.5	3	4.0	55	11.8
35 - 44	58	21.6	11	9.2	2	2.6	71	15.3
45 - 54	46	17.1	17	14.2	6	7.9	69	14.8
55 - 64	78	29.0	52	43.3	23	30.3	153	32.9
65 and Older	40	14.9	31	25.8	40	52.6	111	23.9
Non-Respondents	4	1.5	0	0.0	2	2.6	6	1.3
Total	269	100.0	120	100.0	76	100.0	465	100.0
Race								
White	249	92.6	115	95.8	68	89.5	432	92.9
Black or African American	14	5.2	2	1.7	5	6.6	21	4.5
Asian	1	0.4	0	0.0	1	1.3	2	0.4
American Indian or Alaska Native	0	0.0	0	0.0	0	0.0	0	0.0
Native Hawaiian/Pacific Islander	0	0.0	0	0.0	0	0.0	0	0.0
Non-Respondents	5	1.9	3	2.5	2	2.6	10	2.2
Total	269	100.0	120	100.0	76	100.0	465	100.0
Ethnicity								
Hispanic or Latino	7	2.6	1	0.8	1	1.3	9	1.9
Not Hispanic or Latino	258	95.9	113	94.2	71	93.4	442	95.1
Non-Respondents	4	1.5	6	5.0	4	5.3	14	3.0
Total	269	100.0	120	100.0	76	100.0	465	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Notes: Age was calculated by measuring the difference between the date of birth and survey completion date.

Education and Training

In alignment with the requirements for licensure as a MFT, the greatest proportion of respondents stated that a master's degree was the credential that qualified them for their license. A similar trend is observed when looking at location of training. Almost all (92.2%) MFTs trained in Indiana reported qualifying with a master's degree while 88.6% of those trained in a contiguous state reported having this qualification. Table 8.2a provides further qualifying education information.

Table 8.2a: Marriage and Family Therapist Qualifying Education

Qualifying Degree	Indiana		Contiguous States		Other State (not listed)		Another Country (not U.S.)		Non-Respondents		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Vocational/Practical certificate - counseling or other field	0	0.0	1	2.9	0	0.0	0	0.0	0	0.0	1	0.2
Diploma - counseling or other field	1	0.3	0	0.0	0	0.0	0	0.0	1	0.9	2	0.4
Associate Degree - counseling or other field	1	0.3	0	0.0	0	0.0	0	0.0	0	0.0	1	0.2
Bachelor's Degree - counseling or other field	4	1.3	0	0.0	0	0.0	0	0.0	1	0.9	5	1.1
Master's Degree - counseling or other field	294	92.2	31	88.6	0	0.0	0	0.0	95	85.6	420	90.3
Doctoral Degree - counseling or other field	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Non-Respondents	19	6.0	3	8.6	0	0.0	0	0.0	14	12.6	36	7.7
Total	319	100.0	35	100.0	0	0.0	0	0.0	111	100.0	465	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Notes: Contiguous States include Illinois, Kentucky, Michigan and Ohio.

Most MFTs (81.6%) report a master's degree as their highest education. Table 8.3a shows detailed information on highest educational level achieved by respondents.

Table 8.3a: Marriage and Family Therapist Highest Education

Highest Education	N	%
Bachelor's Degree - Counseling or Related Field	0	0.0
Bachelor's Degree - Other Field	0	0.0
Master's Degree - Counseling or Related Field	362	77.9
Master's Degree - Other Field	17	3.7
Doctoral Degree - Counseling or Related Field	68	14.6
Doctoral Degree - Other Field	7	1.5
Non-Respondents	11	2.4
Total	465	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey



Certifications

A greater proportion of MFTs have earned National Certified Counselor (NCC) certification (7.7%) than Approved Clinical Supervisor (ACS) certification (4.3%). However, the greatest proportion (43.7%) reported having another certificate not listed. Table 8.4a shows certification details.

Table 8.4a: Marriage and Family Therapist Certifications

Counseling Certifications	N	%
National Certified Counselor (NCC)	36	7.7
Approved Clinical Supervisor (ACS)	20	4.3
Other	203	43.7

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Notes: Respondents were able to select more than one certification.

Overall percentages are presented in table.

Practice Setting

Over one-half (52.3%) of MFTs work in private practice. Table 8.5a gives further detail on primary work settings noted by respondents.

Table 8.5a: Marriage and Family Therapist Practice Characteristics

Primary Work Setting	N	%
Private Practice	243	52.3
Ambulatory Care Facility - Community Mental Health Center/Mental Health Clinic	57	12.3
Other	48	10.3
In-Home Setting	18	3.9
School Health Service	17	3.7
Hospital - Non-Federal Government: Psychiatric	13	2.8
Residential Setting	11	2.4
Ambulatory Care Facility - Community Health Center	9	1.9
Hospital - Non-Federal Government: General Medical	9	1.9
Ambulatory Care Facility - Primary or Specialist Medical Care	8	1.7
Child Welfare	7	1.5
Criminal Justice	3	0.7
Ambulatory Care Facility - Specialized Substance Abuse Treatment Facility	2	0.4
Hospital - Federal Government	2	0.4
Rehabilitation	2	0.4
Ambulatory Care Facility - Methadone Clinic	0	0.0
Hospital - Non-Federal Government: Other	0	0.0
Non-Respondents	16	3.4
Total	465	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey



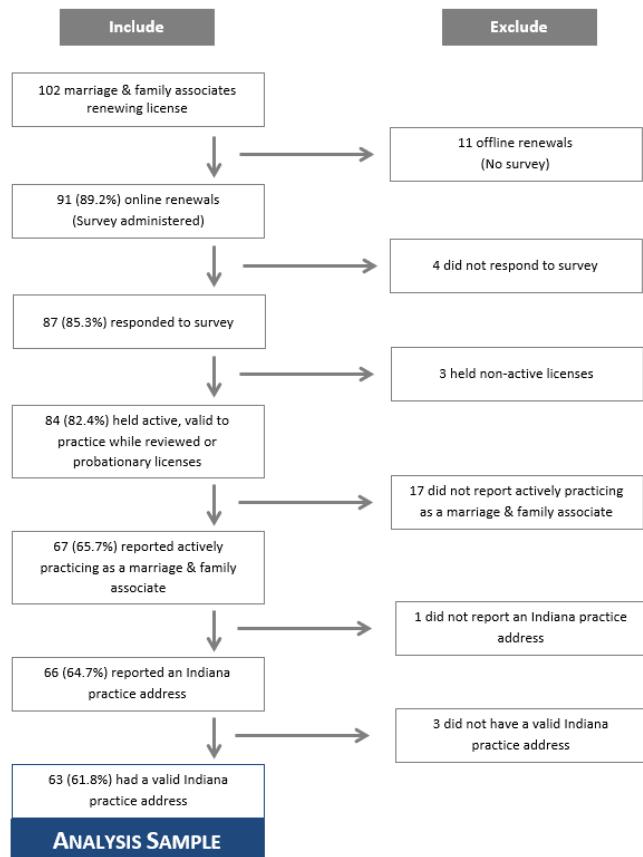
Part B. Marriage and Family Associates (MFAs)

Inclusion criteria applied to the mental health professional dataset to determine the sample of MFAs actively practicing in Indiana were:

1. MFA renewed license online in 2016.
2. MFA responded to the 2016 re-licensure survey.
3. MFA held active, valid to practice while under review or probationary license.
4. MFA reported actively working in mental health profession.
5. MFA reported an Indiana practice address.

Figure 8.1B illustrates how the reported sample was derived for MFAs in Indiana.

Figure 8.1B Marriage and family associate survey sample selection criteria



Demographics

The number of female MFAs (52) working in Indiana is more than six times the number of male MFAs (8). Though female MFAs have a greater proportion under 35 years old (59.6% compared to 37.5% of males), only women are older than 54 years of age.

Greater racial diversity is seen in the male MFA population (25.0% of males identified as Black or African American compared to 9.6% of females). No male respondents identified as Hispanic or Latino, while 1.9% of females identified as Hispanic or Latino. Table 8.1b gives more detail on demographic data.

Table 8.1b: Marriage and Family Associate Demographics

	Female		Male		Non-Respondents		Total	
	N	%	N	%	N	%	N	%
Age Group								
Under 35	31	59.6	3	37.5	2	66.7	36	57.1
35 - 44	9	17.3	2	25.0	0	0.0	11	17.5
45 - 54	7	13.5	3	37.5	1	33.3	11	17.5
55 - 64	5	9.6	0	0.0	0	0.0	5	7.9
65 and Older	0	0.0	0	0.0	0	0.0	0	0.0
Non-Respondents	0	0.0	0	0.0	0	0.0	0	0.0
Total	52	100.0	8	100.0	3	100.0	63	87.3
Race								
White	46	88.5	6	75.0	3	100.0	55	87.3
Black or African American	5	9.6	2	25.0	0	0.0	7	11.1
Asian	0	0.0	0	0.0	0	0.0	0	0.0
American Indian or Alaska Native	0	0.0	0	0.0	0	0.0	0	0.0
Native Hawaiian/Pacific Islander	0	0.0	0	0.0	0	0.0	0	0.0
Non-Respondents	1	1.9	0	0.0	0	0.0	1	1.6
Total	52	100.0	8	100.0	3	100.0	63	100.0
Ethnicity								
Hispanic or Latino	1	1.9	0	0.0	0	0.0	1	1.6
Not Hispanic or Latino	49	94.2	8	100.0	3	100.0	60	95.2
Non-Respondents	2	3.9	0	0.0	0	0.0	2	3.2
Total	52	100.0	8	100.0	3	100.0	63	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Notes: Age was calculated by measuring the difference between the date of birth and survey completion date.

Education and Training

In alignment with the requirements for licensure as a MFA, the greatest proportion of MFAs stated that a master's degree is the credential that qualified them for their license. Almost all (97.8%) of MFAs trained in Indiana claimed this while 100.0% of those trained in a contiguous state or other states agreed. Table 8.2b provides further qualifying education information.

Table 8.2b : Marriage and Family Associate Qualifying Education

Qualifying Degree	Indiana		Contiguous States		Other State (not listed)		Another Country (not U.S.)		Non-Respondents		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Vocational/Practical certificate - counseling or other field	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Diploma - counseling or other field	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Associate Degree - counseling or other field	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Bachelor's Degree - counseling or other field	1	2.2	0	0.0	0	0.0	0	0.0	0	0.0	1	1.6
Master's Degree - counseling or other field	44	97.8	9	100.0	9	100.0	0	0.0	0	0.0	62	98.4
Doctoral Degree - counseling or other field	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Non-Respondents	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	45	100.0	9	100.0	9	100.0	0	0.0	0	0.0	63	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Notes: Contiguous States include Illinois, Kentucky, Michigan and Ohio.

Nearly all (98.2%) respondents have obtained a master's degree as their highest education. Table 8.3b shows detailed information highest educational level achieved by respondents

Table 8.3b: Marriage and Family Associate Highest Education

Highest Education	N	%
Bachelor's Degree - Counseling or Related Field	0	0.0
Bachelor's Degree - Other Field	0	0.0
Master's Degree - Counseling or Related Field	60	95.2
Master's Degree - Other Field	2	3.2
Doctoral Degree - Counseling or Related Field	0	0.0
Doctoral Degree - Other Field	0	0.0
Non-Respondents	1	1.6
Total	63	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Certifications

Five (5) MFAs have earned National Certified Counselor (NCC). However, it is difficult to judge whether or not this is representational as less than one-half of respondents answered this question. Table 8.4b shows certification details.

Table 8.4b: Marriage and Family Associate Certifications

Counseling Certifications	N	%
National Certified Counselor (NCC)	5	7.9
Approved Clinical Supervisor (ACS)	0	0.0
Other	24	38.1

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Notes: Respondents were able to select more than one certification. Overall percentages are presented in table.

Practice Setting

The greatest proportion of MFAs work in private practice (27.0%). The second-highest proportion (22.2%) work in a setting identified as 'Other' while the third-highest proportion (14.3%) are employed in an in-home setting. Table 8.5b gives further detail on primary work settings noted by respondents.

Table 8.5b: Marriage and Family Associate Practice Characteristics

Primary Work Setting	N	%
Private Practice	17	27.0
Other	14	22.2
In-Home Setting	9	14.3
Ambulatory Care Facility - Community Mental Health Center/Mental Health Clinic	7	11.1
Residential Setting	5	7.9
Ambulatory Care Facility - Community Health Center	4	6.4
School Health Service	4	6.4
Child Welfare	3	4.8
Ambulatory Care Facility - Methadone Clinic	0	0.0
Ambulatory Care Facility - Primary or Specialist Medical Care	0	0.0
Ambulatory Care Facility - Specialized Substance Abuse Treatment Facility	0	0.0
Criminal Justice	0	0.0
Hospital - Federal Government	0	0.0
Hospital - Non-Federal Government: General Medical	0	0.0
Hospital - Non-Federal Government: Psychiatric	0	0.0
Hospital - Non-Federal Government: Other	0	0.0
Rehabilitation	0	0.0
Non-Respondents	0	0.0
Total	63	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Mental Health Counselors

Data presented in this report on mental health counselor professionals. Part A provides information on mental health counselors while Part B reports on mental health associates. These professions differ by educational and experience requirements for licensure. Mental health counselors must have a master's degree and 3,000 hours of post-graduate clinical experience. Mental Health associates must also have a master's degree and be in progress to complete the post-graduate clinical experience required for licensure as a mental health counselor.¹²

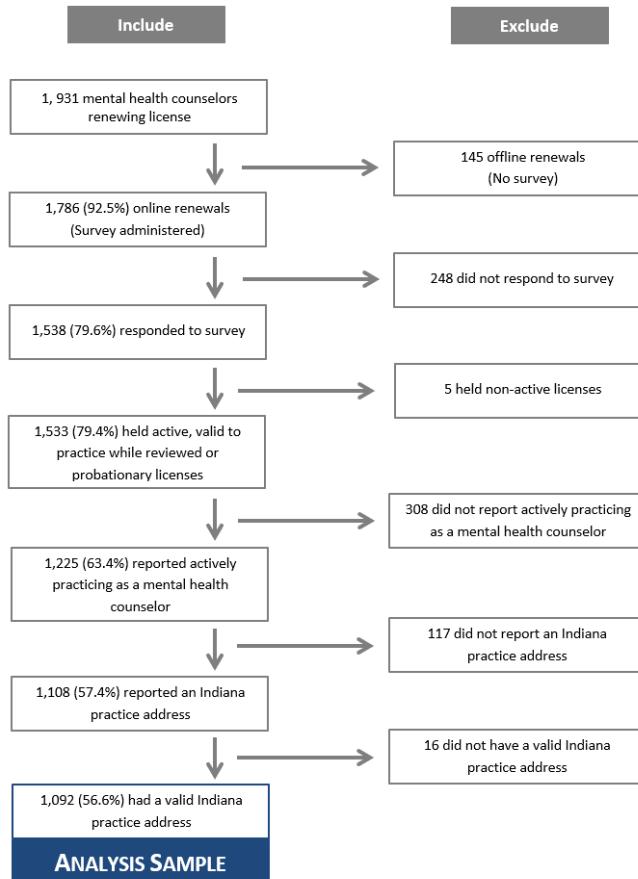
Part A. Mental Health Counselors (MHCs)

Inclusion criteria applied to the mental health professional dataset to determine the sample of MHCs actively practicing in Indiana were:

1. MHC renewed license online in 2016.
2. MHC responded to the 2016 re-licensure survey.
3. MHC held active, valid to practice while under review or probationary license.
4. MHC reported actively working in mental health profession.
5. MHC reported an Indiana practice address.

Figure 9.1a illustrates how the reported sample was derived for MHCs in Indiana.

Figure 9.1a: Mental Health Counselor survey sample selection criteria



¹² Indiana Professional Licensing Agency, [http://www.in.gov/pla/files/2014_Behavioral_Health_and_Human_Services_Licensing_Board\(1\).pdf](http://www.in.gov/pla/files/2014_Behavioral_Health_and_Human_Services_Licensing_Board(1).pdf)

Demographics

Female MHCs in Indiana far outnumber male MHCs (736 and 234, respectively). Women MHCs are also younger than their male counterparts, with 20.7% under the age of 35 in comparison with 6.8% of men; 9.0% of female MHCs are 65 years of age or older compared to 11.5% of men. Male and female MHC populations are nearly identical racially and ethnically, with women showing slightly increased diversity. Three percent (3.0%) of male MHCs identified as Black or African American, compared to 4.4% of females. Regarding ethnicity, 1.3% of males identified as Hispanic or Latino compared to 1.9% of females. Table 9.1a gives greater demographic detail.

Table 9.1a: Mental Health Counselor Demographics

	Female		Male		Non-Respondents		Total	
	N	%	N	%	N	%	N	%
Age Group								
Under 35	152	20.7	16	6.8	7	5.7	175	16.0
35 - 44	207	28.1	69	29.5	12	9.8	288	26.4
45 - 54	155	21.1	65	27.8	34	27.9	254	23.3
55 - 64	152	20.7	54	23.1	35	28.7	241	22.1
65 and Older	66	9.0	27	11.5	33	27.1	126	11.5
Non-Respondents	4	0.5	3	1.3	1	0.8	8	0.7
Total	736	100.0	234	100.0	122	100.0	1,092	100.0
Race								
White	679	92.3	218	93.2	109	89.3	1006	92.1
Black or African American	32	4.4	7	3.0	11	9.0	50	4.6
Asian	10	1.4	2	0.9	1	0.8	13	1.2
American Indian or Alaska Native	0	0.0	2	0.9	0	0.0	2	0.2
Native Hawaiian/Pacific Islander	0	0.0	0	0.0	0	0.0	0	0.0
Non-Respondents	15	2.0	5	2.1	1	0.8	21	1.9
Total	736	100.0	234	100.0	122	100.0	1,092	100.0
Ethnicity								
Hispanic or Latino	14	1.9	3	1.3	4	3.3	21	1.9
Not Hispanic or Latino	709	96.3	224	95.7	114	93.4	1047	95.9
Non-Respondents	13	1.8	7	3.0	4	3.3	24	2.2
Total	736	100.0	234	100.0	122	100.0	1,092	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Notes: Age was calculated by measuring the difference between the date of birth and survey completion date.

Education and Training

The majority of respondents reported being trained in either Indiana or the contiguous states. In alignment with the requirements for licensure as a MHC, nearly all (95.1%) of respondents reported a master's degree as the credential that qualified them for their license. This trend is also observed when considering location of training: 96.6% of those trained in Indiana qualified with a master's degree and 93.9% of those who trained in a contiguous state qualified with a master's degree. Table 9.2a gives more detailed information regarding qualifying education.

Table 9.2a: Mental Health Counselor Qualifying Education

	Indiana		Contiguous States		Other State (not listed)		Another Country (not U.S.)		Non-Respondents		Total	
Qualifying Degree	N	%	N	%	N	%	N	%	N	%	N	%
Vocational/Practical certificate - counseling or other field	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Diploma - counseling or other field	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1
Associate Degree - counseling or other field	1	0.1	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1
Bachelor's Degree - counseling or other field	2	0.3	0	0.0	0	0.0	0	0.0	0	0.0	2	0.2
Master's Degree - counseling or other field	747	96.6	154	93.9	0	0.0	0	0.0	137	88.4	1,038	95.1
Doctoral Degree - counseling or other field	18	2.3	9	5.5	0	0.0	0	0.0	17	11.0	44	4.0
Non-Respondents	4	0.5	1	0.6	0	0.0	0	0.0	1	0.7	6	0.6
Total	773	100.0	164	100.0	0	0.0	0	0.0	155	100.0	1,092	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Notes: Contiguous States include Illinois, Kentucky, Michigan and Ohio.

As with the qualifying education, 88.6% of MHCs reported a master's degree as their highest education. Less than 10% have earned a doctoral degree. Table 9.3a provides a breakout of highest educational level attained by survey respondents.

Table 9.3a: Mental Health Counselor Highest Education

Highest Education	N	%
Bachelor's Degree - Counseling or Related Field	1	0.1
Bachelor's Degree - Other Field	0	0.0
Master's Degree - Counseling or Related Field	936	85.7
Master's Degree - Other Field	32	2.9
Doctoral Degree - Counseling or Related Field	87	8.0
Doctoral Degree - Other Field	7	0.6
Non-Respondents	29	2.7
Total	1,092	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Certifications

Nearly one-quarter (24.5%) of MHCs have obtained National Certified Counselor (NCC) certification. Table 9.4a gives further detail regarding certifications.

Table 9.4a: Mental Health Counselor Certifications

Counseling Certifications	N	%
National Certified Counselor (NCC)	268	24.5
Approved Clinical Supervisor (ACS)	0	0.0
Other	392	35.9

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Notes: Respondents were able to select more than one certification.

Overall percentages are presented in table.

Practice Setting

Nearly one-quarter (24.5%) of MHCs have obtained National Certified Counselor (NCC) certification. Table 9.4a gives further detail regarding certifications.

Table 9.5a: Mental Health Counselor Practice Characteristics

Primary Work Setting	N	%
Private Practice	406	37.2
Ambulatory Care Facility - Community Mental Health Center/Mental Health Clinic	204	18.7
Other	125	11.5
School Health Service	69	6.3
Residential Setting	36	3.3
Ambulatory Care Facility - Community Health Center	32	2.9
Criminal Justice	30	2.8
In-Home Setting	28	2.6
Child Welfare	17	1.6
Rehabilitation	12	1.1
Ambulatory Care Facility - Primary or Specialist Medical Care	6	0.6
Ambulatory Care Facility - Specialized Substance Abuse Treatment Facility	4	0.4
Ambulatory Care Facility - Methadone Clinic	3	0.3
Hospital - Federal Government	2	0.2
Hospital - Non-Federal Government: General Medical	0	0.0
Hospital - Non-Federal Government: Psychiatric	0	0.0
Hospital - Non-Federal Government: Other	0	0.0
Non-Respondents	118	10.8
Total	1,092	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

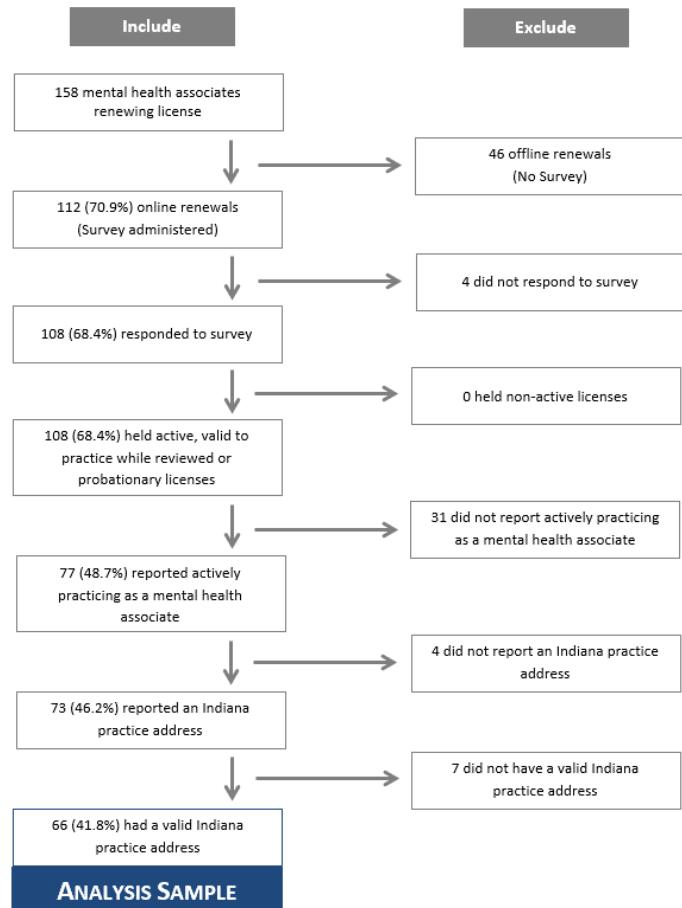
Part B. Mental Health Associates (MHAs)

Inclusion criteria applied to the mental health professional dataset to determine the sample of MHAs actively practicing in Indiana were:

1. MHA renewed license online in 2016.
2. MHA responded to the 2016 re-licensure survey.
3. MHA held active, valid to practice while under review or probationary license.
4. MHA reported actively working in mental health profession.
5. MHA reported an Indiana practice address.

Figure 9.1b illustrates how the reported sample was derived for MHAs in Indiana.

Figure 9.1b: Mental Health Associate survey sample selection criteria



Demographics

Mental health associates practicing in Indiana are a younger group overall, with 90.9% of males and 79.3% of females under the age of 35; no MHAs report being at least 65 years or older. Of the 11 male MHAs, all identified as White and not Hispanic or Latino; 3.8% of women claim Hispanic or Latino ethnicity with 90.6% identifying as White. Table 9.1b provides greater demographic detail.

Table 9.1b: Mental Health Associate Demographics

	Female		Male		Non-Respondents		Total	
	N	%	N	%	N	%	N	%
Age Group								
Under 35	42	79.3	10	90.9	2	100.0	54	81.8
35 - 44	5	9.4	0	0.0	0	0.0	5	7.6
45 - 54	5	9.4	1	9.1	0	0.0	6	9.1
55 - 64	1	1.9	0	0.0	0	0.0	1	1.5
65 and Older	0	0.0	0	0.0	0	0.0	0	0.0
Non-Respondents	0	0.0	0	0.0	0	0.0	0	0.0
Total	53	100.0	11	100.0	2	100.0	66	100.0
Race								
White	48	90.6	11	100.0	2	100.0	61	92.4
Black or African American	1	1.9	0	0.0	0	0.0	1	1.5
Asian	0	0.0	0	0.0	0	0.0	0	0.0
American Indian or Alaska Native	0	0.0	0	0.0	0	0.0	0	0.0
Native Hawaiian/Pacific Islander	0	0.0	0	0.0	0	0.0	0	0.0
Non-Respondents	4	7.5	0	0.0	0	0.0	4	6.1
Total	53	100.0	11	100.0	2	100.0	66	100.0
Ethnicity								
Hispanic or Latino	2	3.8	0	0.0	0	0.0	2	3.0
Not Hispanic or Latino	47	88.7	11	100.0	2	100.0	60	90.9
Non-Respondents	4	7.6	0	0.0	0	0.0	4	6.1
Total	53	100.0	11	100.0	2	100.0	66	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Notes: Age was calculated by measuring the difference between the date of birth and survey completion date.

Education and Training

In alignment with the requirement for licensure as a mental health associate, all MHAs noted that a master's degree was the credential that qualified them for their license. This is also true for MHAs trained in Indiana (100.0%) as well as in a contiguous state (100.0%). Table 9.2b provides a breakout of survey responses related to qualifying education.

Table 9.2b: Mental Health Associate Qualifying Education

	Indiana		Contiguous States		Other State (not listed)		Another Country (not U.S.)		Non-Respondents		Total	
Qualifying Degree	N	%	N	%	N	%	N	%	N	%	N	%
Vocational/Practical certificate - counseling or other field	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Diploma - counseling or other field	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Associate Degree - counseling or other field	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Bachelor's Degree - counseling or other field	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Master's Degree - counseling or other field	51	100.0	7	100.0	0	0.0	0	0.0	8	100.0	66	100.0
Doctoral Degree - counseling or other field	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Non-Respondents	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	51	100.0	7	100.0	0	0.0	0	0.0	8	100.0	66	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Notes: Contiguous States include Illinois, Kentucky, Michigan and Ohio.

Nearly all (97.0%) of MHAs practicing in Indiana a master's degree as their highest education. Table 9.3b provides further data related to highest level of education attained.

Table 9.3b: Mental Health Associate Highest Education

Highest Education	N	%
Bachelor's Degree - Counseling or Related Field	0	0.0
Bachelor's Degree - Other Field	0	0.0
Master's Degree - Counseling or Related Field	63	95.5
Master's Degree - Other Field	1	1.5
Doctoral Degree - Counseling or Related Field	1	1.5
Doctoral Degree - Other Field	0	0.0
Non-Respondents	1	1.5
Total	66	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Certifications

National Certified Counselor (NCC) certification has been obtained by 56.1% of Indiana MHAs. Table 9.4b gives further detail related to certification.

Table 9.4b: Mental Health Associate Certifications

Counseling Certifications	N	%
National Certified Counselor (NCC)	37	56.1
Approved Clinical Supervisor (ACS)	0	0.0
Other	10	15.2

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Notes: Respondents were able to select more than one certification. Overall percentages are presented in table.

Practice Setting

The greatest proportion (21.2%) of MHAs define their work setting as 'Other'. MHAs tend to work in a community mental health center/mental health clinic setting (18.2%), in private practice (16.7%) or in a school health service setting (13.6%). Table 9.5b shows greater detail related to primary work setting.

Table 9.5b: Mental Health Associate Practice Characteristics

Primary Work Setting	N	%
Other	14	21.2
Ambulatory Care Facility - Community Mental Health Center/Mental Health Clinic	12	18.2
Private Practice	11	16.7
School Health Service	9	13.6
In-Home Setting	6	9.1
Criminal Justice	3	4.6
Hospital - Non-Federal Government: Psychiatric	3	4.6
Ambulatory Care Facility - Community Health Center	2	3.0
Child Welfare	1	1.5
Hospital - Federal Government	1	1.5
Rehabilitation	1	1.5
Residential Setting	1	1.5
Ambulatory Care Facility - Methadone Clinic	0	0.0
Ambulatory Care Facility - Primary or Specialist Medical Care	0	0.0
Ambulatory Care Facility - Specialized Substance Abuse Treatment Facility	0	0.0
Hospital - Non-Federal Government: General Medical	0	0.0
Hospital - Non-Federal Government: Other	0	0.0
Non-Respondents	2	3.0
Total	66	100.0

Source: 2016 Licensed Professional Counselor Re-Licensure Survey

Closing Summary

This report provides detailed information related to demographics, education and practice characteristics of 7,020 mental health providers in Indiana (psychiatrists, psychologists, psychiatric/mental health advanced practice nurses, addictions counselors, social workers, marriage & family therapists and mental health counselors) who responded to biannual professional licensure surveys. In general, the Indiana mental health workforce is primarily comprised of middle-aged White women who are not Hispanic or Latino. By far the majority of these professionals work in the social work and mental health counseling fields.

Though Indiana has the greatest mental health workforce capacity in social work and mental health counseling, only psychiatrist capacity is taken into consideration when determining mental health professional shortage areas (HPSAs) in Indiana. Using only psychiatry workforce capacity data, 68 counties meet the minimum qualifications for mental health professions shortage area designation per US Health Resources & Services Administration guidelines.¹³ The data presented in this report point to the need to direct recruitment and retention efforts to increase workforce diversity and provide greater service capacity for Indiana's underserved populations.

¹³ "Health Professional Shortage Are (HPSA) Application and Scoring Process." Health Resources and Services Administration, <https://bhw.hrsa.gov/shortage-designation/hpsa-process>