BOWEN POLICY BRIEF

Understanding Supervision in Indiana's Behavioral Health Workforce

SUPPLY DATA AND RECENT POLICY CHANGES

BACKGROUND

While terminology varies across stakeholder groups, all behavioral health and human services (BHHS) professionals must complete two types of supervised clinical experiences as part of their pathway to licensed practice in Indiana. Students completing BHHS degree programs need hands-on experience with direct patient services prior to graduation, and graduates must complete supervised clinical practice hours to obtain clinical licensure. This report uses the following terms to distinguish between these requirements:

- **Field supervision:** Clinical experience completed during degree programs
- **Clinical supervision:** Post-graduation clinical experience, including supervised clinical experience, required for licensure

Both experiences hinge upon the availability of currently licensed professionals willing to serve as supervisors for these experiences. Because both experiences are mandatory for entry into the licensed clinical workforce, ensuring the availability of supervisors is a critical component of strengthening the behavioral health pipeline and workforce.

*This brief covers individuals with **behavioral health licenses issued by the Indiana Behavioral Health and Human Services board.** Clinical social worker (LCSW), Social worker (LSW), Bachelor of social work (LBSW), Marriage and family therapist (LMFT), Mental health counselor (LMHC), Clinical addiction counselor (LCAC), Addiction counselor (LAC)*

THE PROBLEM

A recent evaluation, Playbook for Enhancing Indiana's Mental and Behavioral Health Workforce, revealed significant gaps in supervision availability. Of 1200 licensed professionals surveyed about barriers during their training:

- **44.2% experienced problems with fulfilling the supervised practicum components of their degree program**, including limited high-quality clinical experience options and inadequate supervision
- **35.3% reported difficulty finding a supervisor** for post-graduation hours

> *"Limited field experience and minimal clinical courses – without fantastic clinical supervision, **I would not have been able to ethically practice**"*
>
> —Indiana BHHS licensed professional

Shortages of supervision experiences have impacts that reach beyond individual licensees. Training programs and employers also reported significant concerns during the Playbook Project.

- **Training program (n=52):** 13% identified availability of clinical training partnerships and associated experiences as a threat to program continuity and expansion
- **Employers (n=49):** 61% felt graduates lacked sufficient preparation in essential clinical skills, including treatment planning and assessment.

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In summary, students/graduates report challenges with availability of clinical experiences during their degree and post graduate supervision, while training programs face shortages of clinical training partners and employers identify gaps in graduate preparation. Understanding the shortages of qualified supervisors is critical to strengthening the workforce. To better understand this environment, Indiana's biennial survey of licensed behavioral health workers was expanded to include questions about supervision provision. This report summarizes Indiana's regulatory environment and presents data from licensed professionals currently serving as clinical supervisors. Each section addresses field supervision first, followed by clinical supervision.

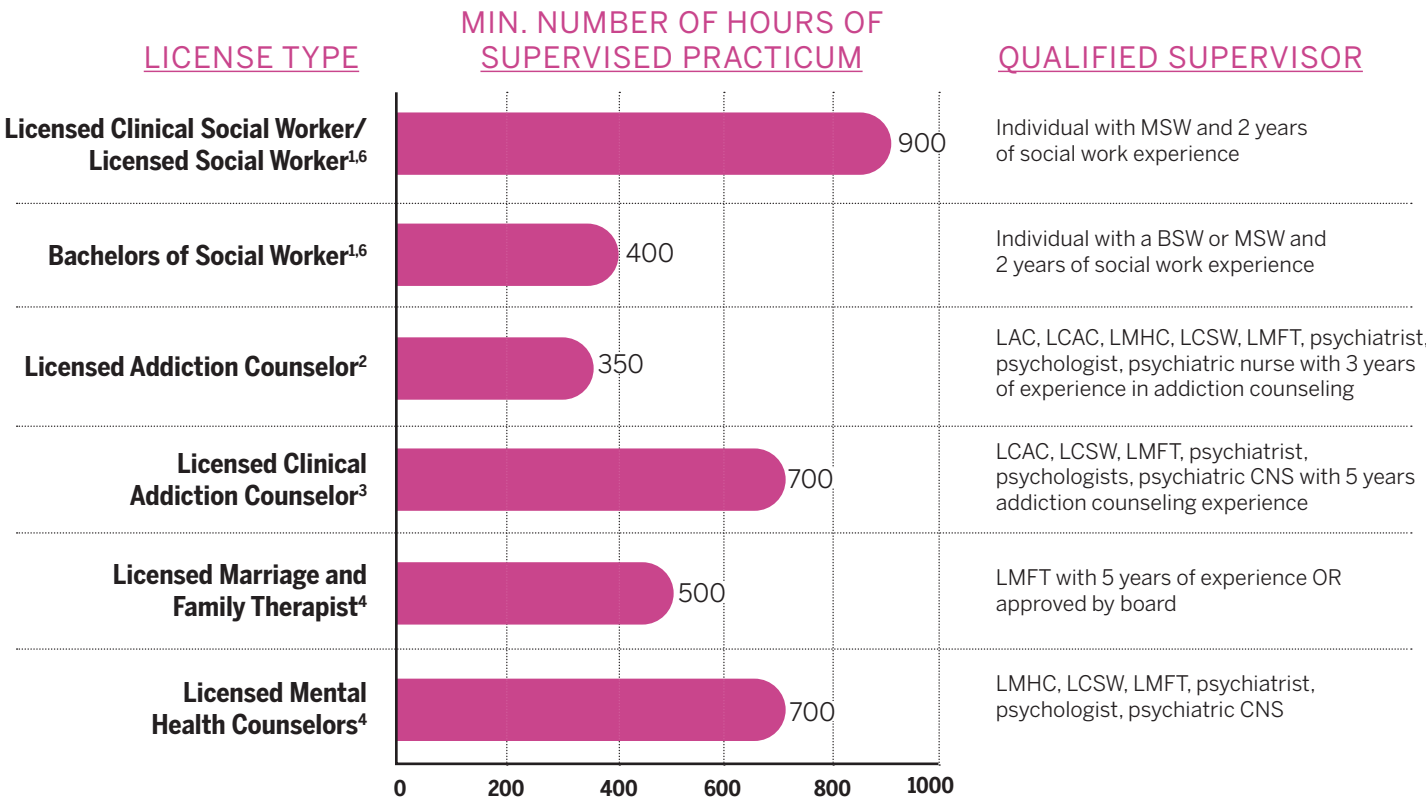
> *"They often lack the healthcare fundamentals that one would hope they gained while studying in college."*
> — Indiana Employer
>
> *"More clinical training experiences. This would be the opportunity for our students to provide assessment or therapy in the community with supervision"*
> — Indiana Training Program

INDIANA'S REGULATORY ENVIRONMENT

SUPERVISED PRACTICUM

In Indiana, students interested in licensed clinical BHHS careers are required to complete a "supervised curricular experience" providing direct services to clients. These practicums allow students to integrate classroom theory with real-world and ensure basic counseling skills[1]. While the number of hours required for field supervision varies by license type (see Table 1), the average for roles requiring graduate level education is 700 hours while for bachelor's level roles it is 375 hours.

Table 1: Hours of supervised practicum required by degree level in Indiana



Source: **1:** Council on Social Work Education Educational Policy and Accreditation Standards. **2:** IC 25-23.6-10.5-5. **3:** IC 25-23.6-10.5-6. **4:** 839 IAC 1-4-3.1. **5:** 839 IAC 1-5-1 ***Note**: A practicum is not required if an individual has completed practicum requirements for another Indiana BHHS license.

1 839 IAC 1-4-3.1

RECENT POLICY PROGRESS

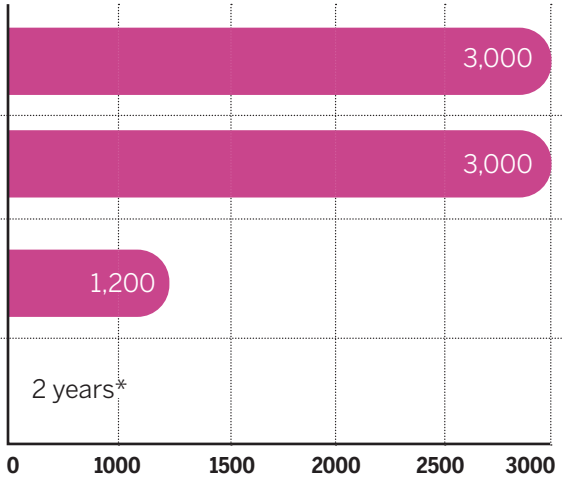
Since the Playbook launch, stakeholders have advanced key clinical training recommendations. In 2024, the Indiana legislature passed Senate Enrolled Act 216 (SEA 216) allowing behavioral health professionals to complete 100% of their clinical supervision virtually. This policy change directly supports access to supervision, especially in Indiana's rural communities.

CLINICAL SUPERVISION

Indiana requires individuals interested in obtaining several behavioral health licenses (LCSW, LMHC, LMFT, LCAC) to complete clinical supervision after graduating from their degree program. Requirements for clinical supervision vary by license type (see Table 2 below). There are additional regulatory requirements for completing these clinical supervision hours, specifically individuals must obtain certain licenses before beginning to earn clinical supervision hours.

Table 2: Clinical experience and supervision regulatory requirements by license type

LICENSE TYPE	MIN. NUMBER OF HOURS OF CLINICAL SUPERVISION	MIN. TIME TO COMPLETE HOURS FOR LICENSURE	QUALIFIED SUPERVISOR
Licensed Clinical Social Worker[1]	3,000	24 months	Individual with MSW and 2 years of social work experience
Licensed Mental Health Counselor[2]	3,000	21 months	Individual with a BSW or MSW and 2 years of social work experience
Licensed Marriage and Family Therapist[3]	1,200	24 months	LAC, LCAC, LMHC, LCSW, LMFT, psychiatrist, psychologist, psychiatric nurse with 3 years of experience in addiction counseling
Licensed Clinical Addiction Counselor[4]	2 years*	21 months	LCAC, LCSW, LMFT, psychiatrist, psychologists, psychiatric CNS with 5 years addiction counseling experience



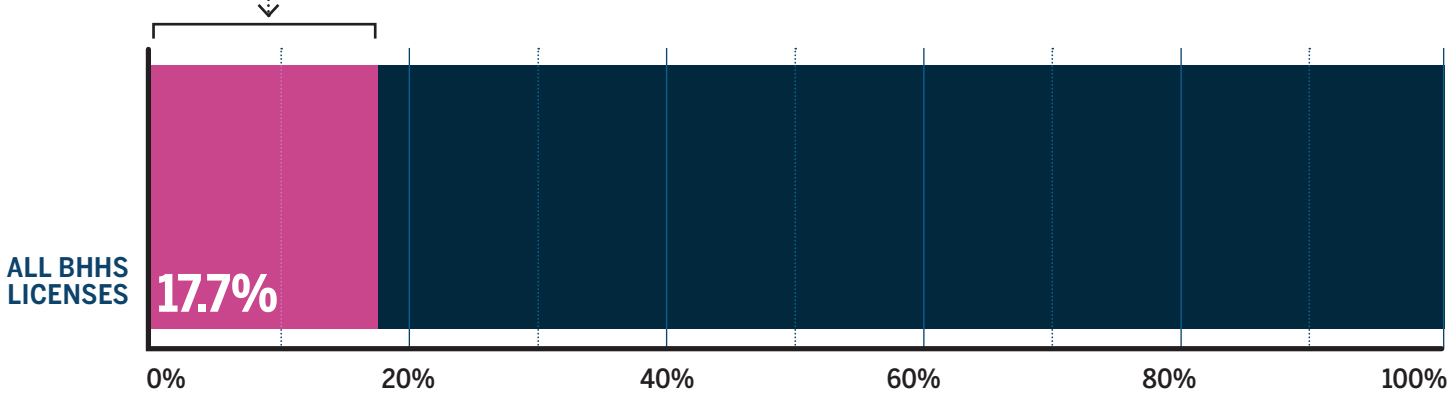
Source: 1. 839 IAC 1-3-2, 2. 839 IAC 1-5-1.5, 3. 839 IAC 1-4-3.2, 4. 839 IAC 1-5.5-4, ***Note:** No hours requirement is given for clinical addiction counselors in statute or rules. It is instead listed in a years format.

CURRENT SUPERVISION SUPPLY

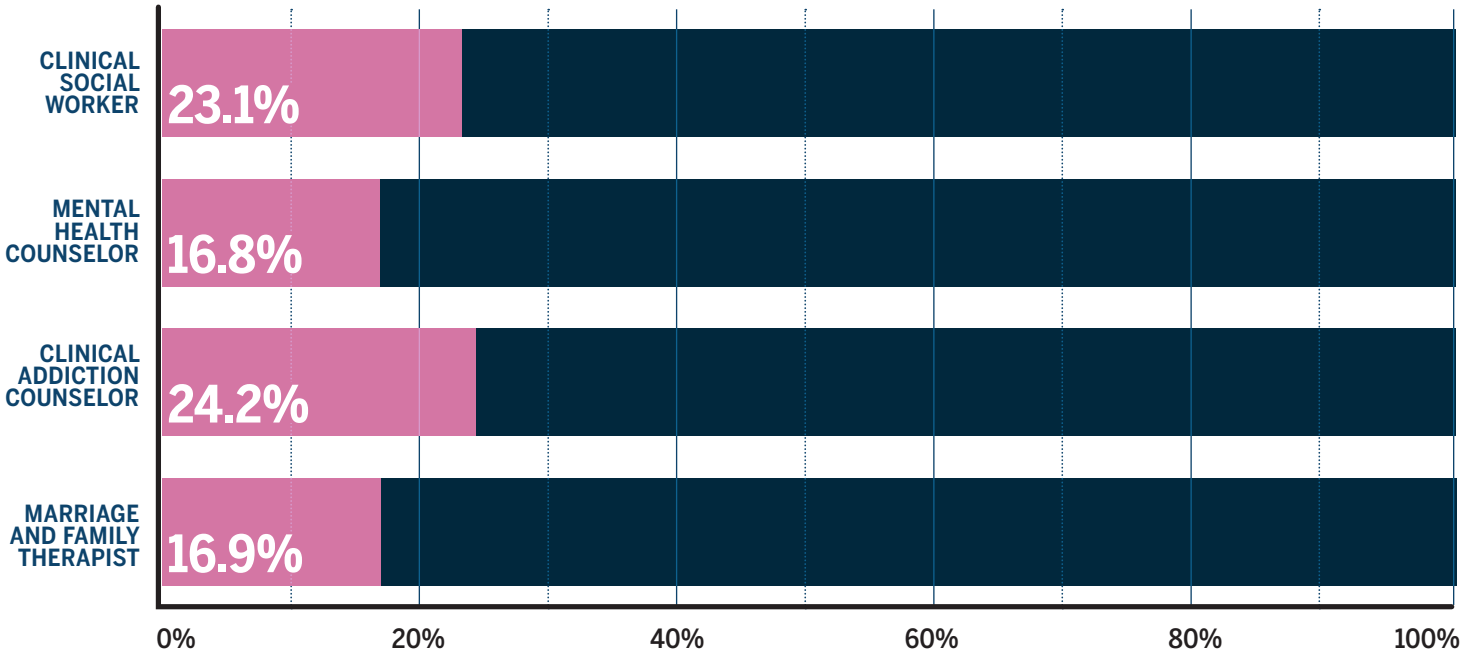
Overall, 15,921 BHHS licenses were renewed with 10,419 unique individuals indicating they were actively practicing in Indiana.

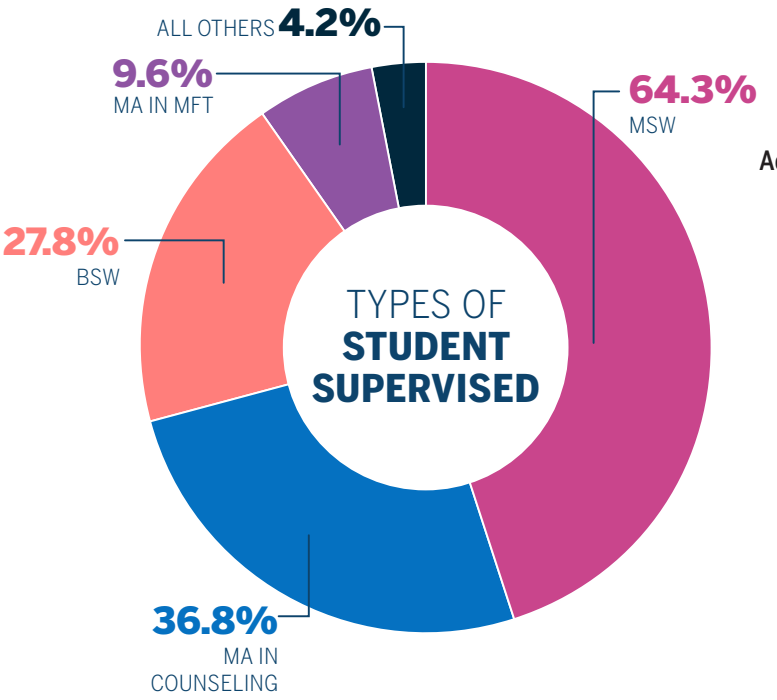
PRACTICUM SUPERVISORS

OUT OF **10,419** TOTAL BHHS LICENSES... → **1,843** INDICATED THEY SERVE AS A FIELD SUPERVISOR TO BHHS STUDENTS

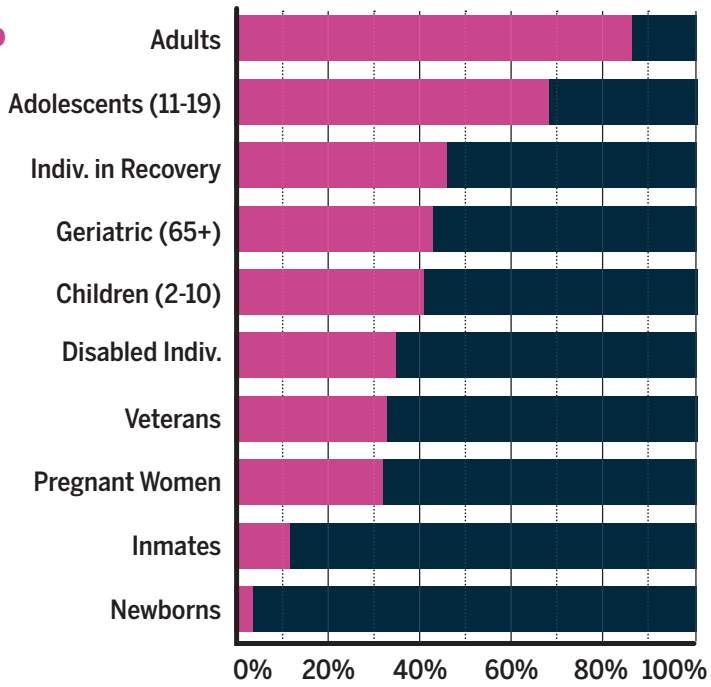


FIELD SUPERVISION BY LICENSE TYPE

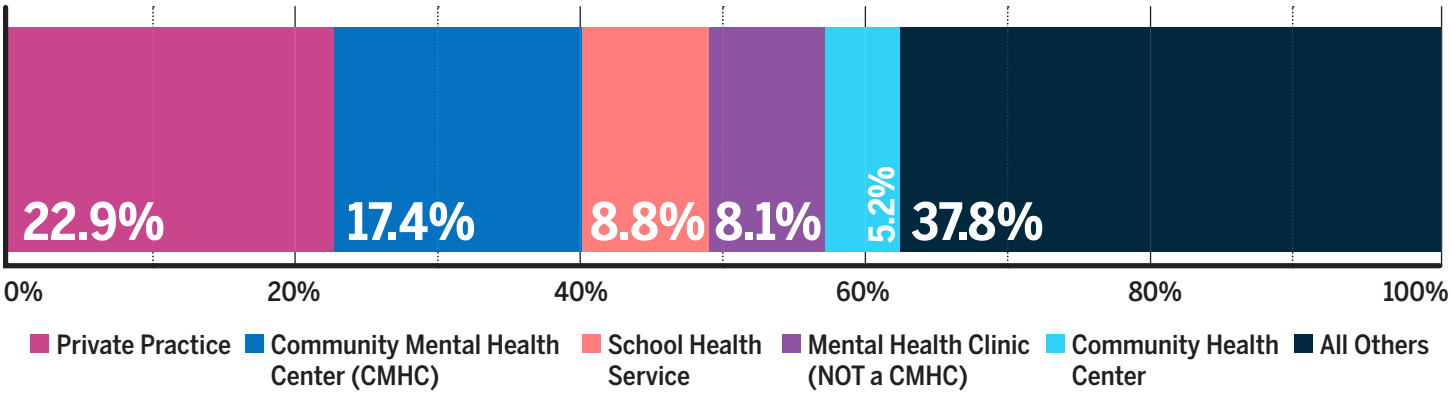




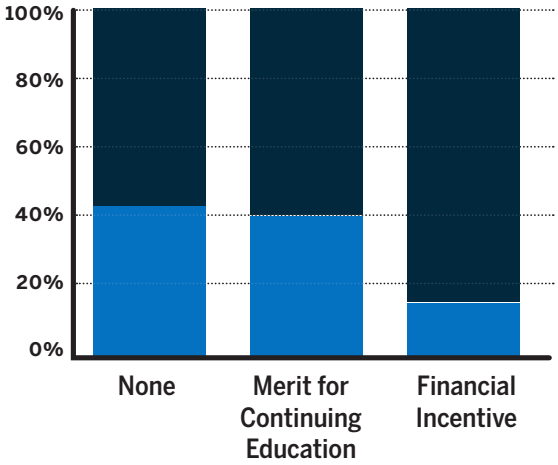
POPULATIONS SERVED



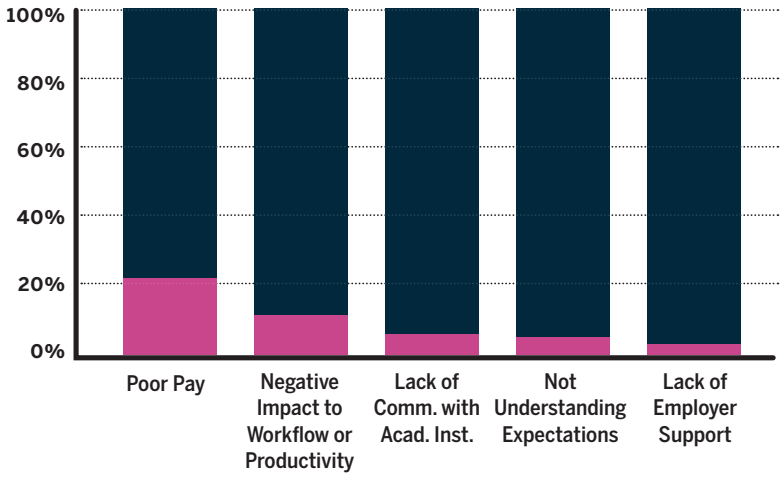
PRIMARY WORK SETTING



INCENTIVES RECEIVED



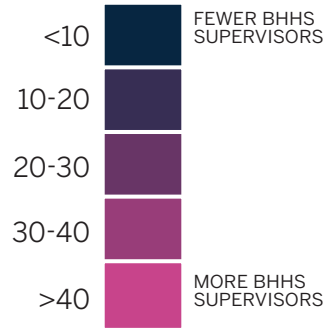
CHALLENGES FACED

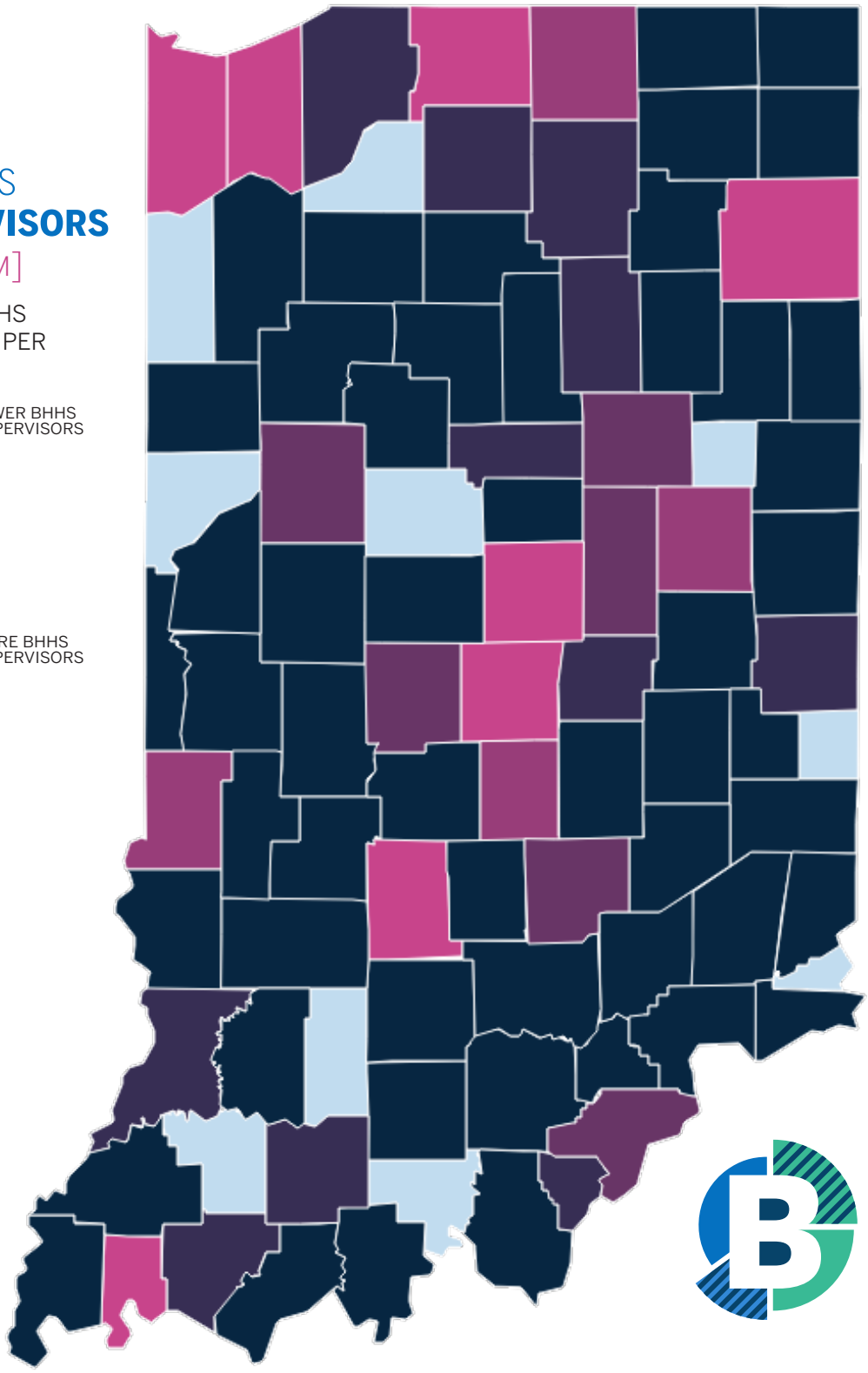


GEOGRAPHIC DISTRIBUTION

INDIANA'S
BHHS SUPERVISORS
[PRACTICUM]

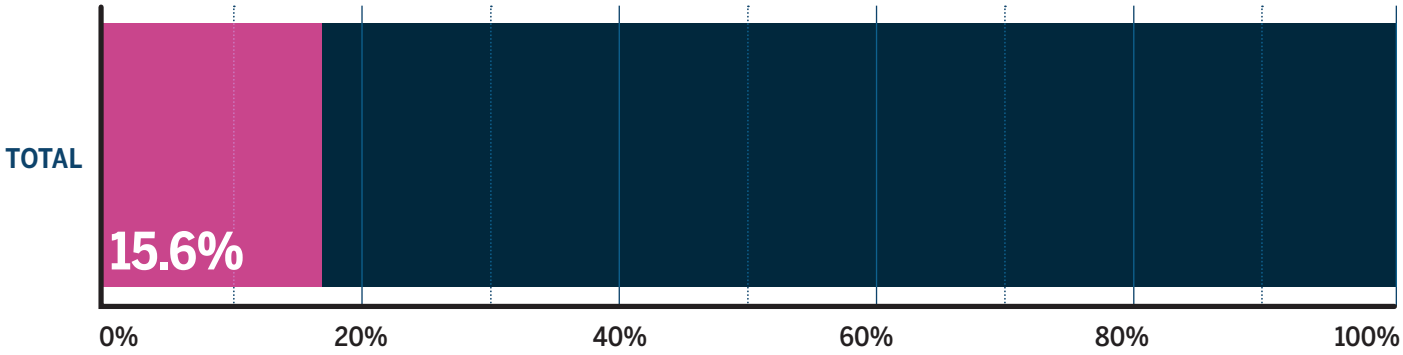
NUMBER OF BHHS SUPERVISORS OF PER COUNTY



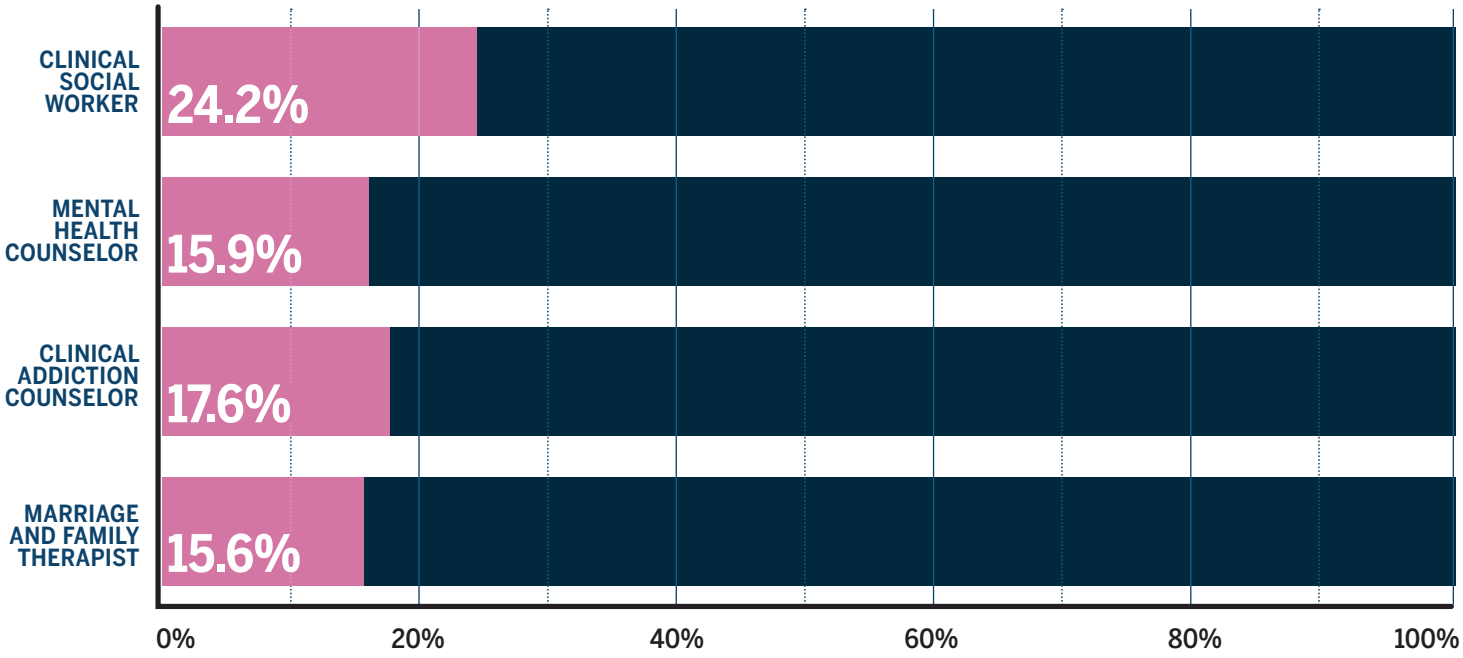


CLINICAL SUPERVISION

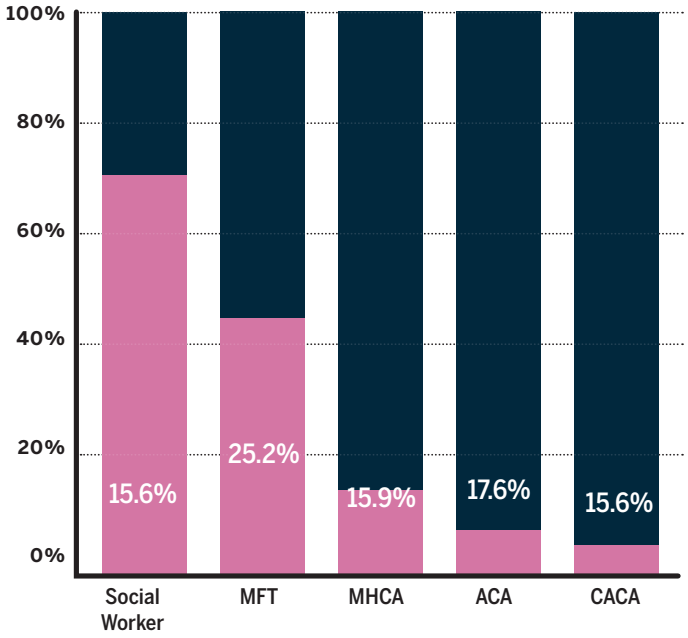
OUT OF **9,567** LICENSES... → **1,626** INDICATED THEY SERVE AS A CLINICAL SUPERVISOR TO ASSOCIATE LEVEL LICENSES



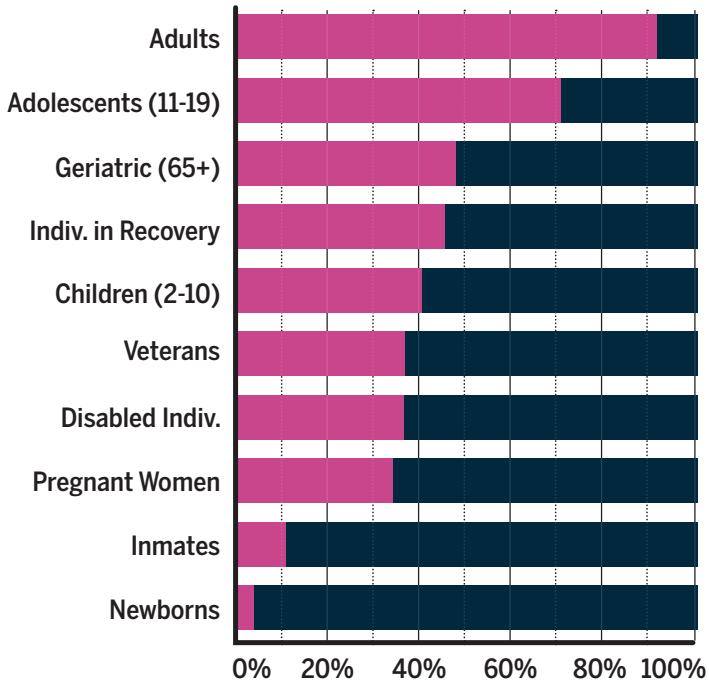
CLINICAL SUPERVISION BY LICENSE TYPE



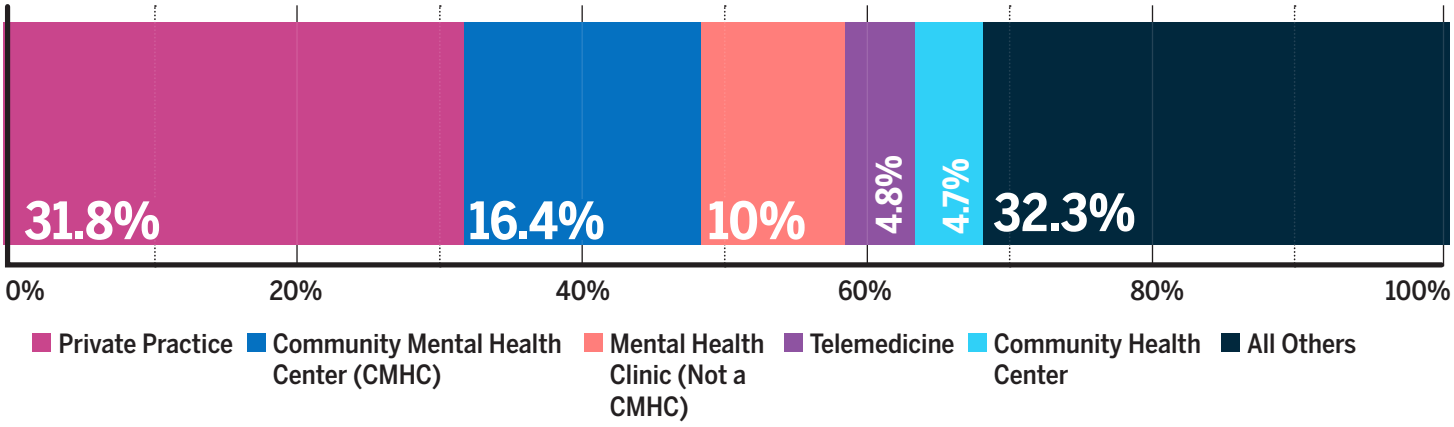
TYPES OF ASSOCIATES SUPERVISED



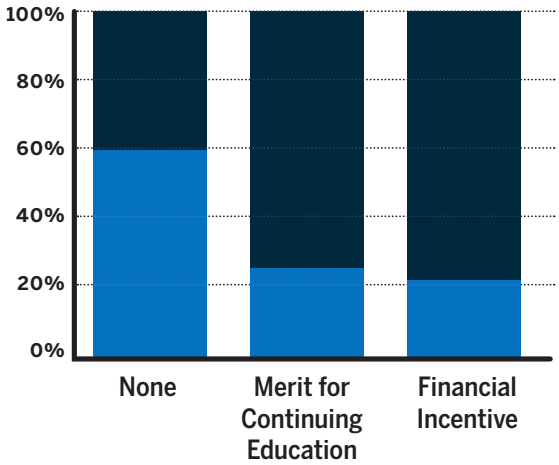
POPULATIONS SERVED



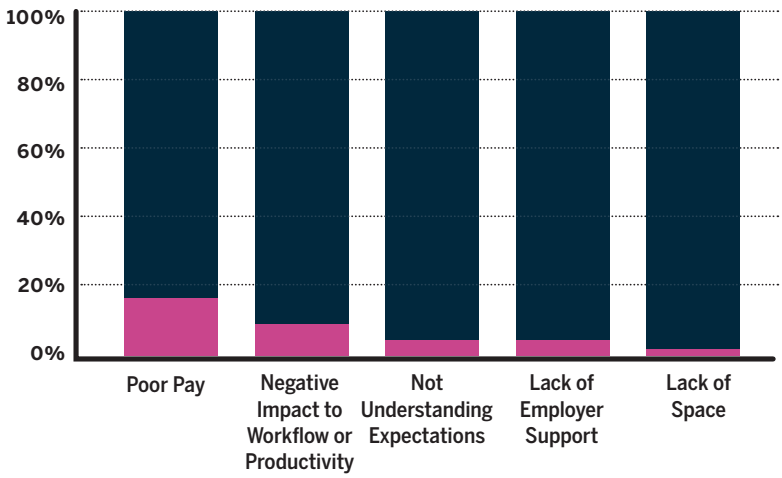
PRIMARY WORK SETTING



INCENTIVES RECEIVED



CHALLENGES FACED

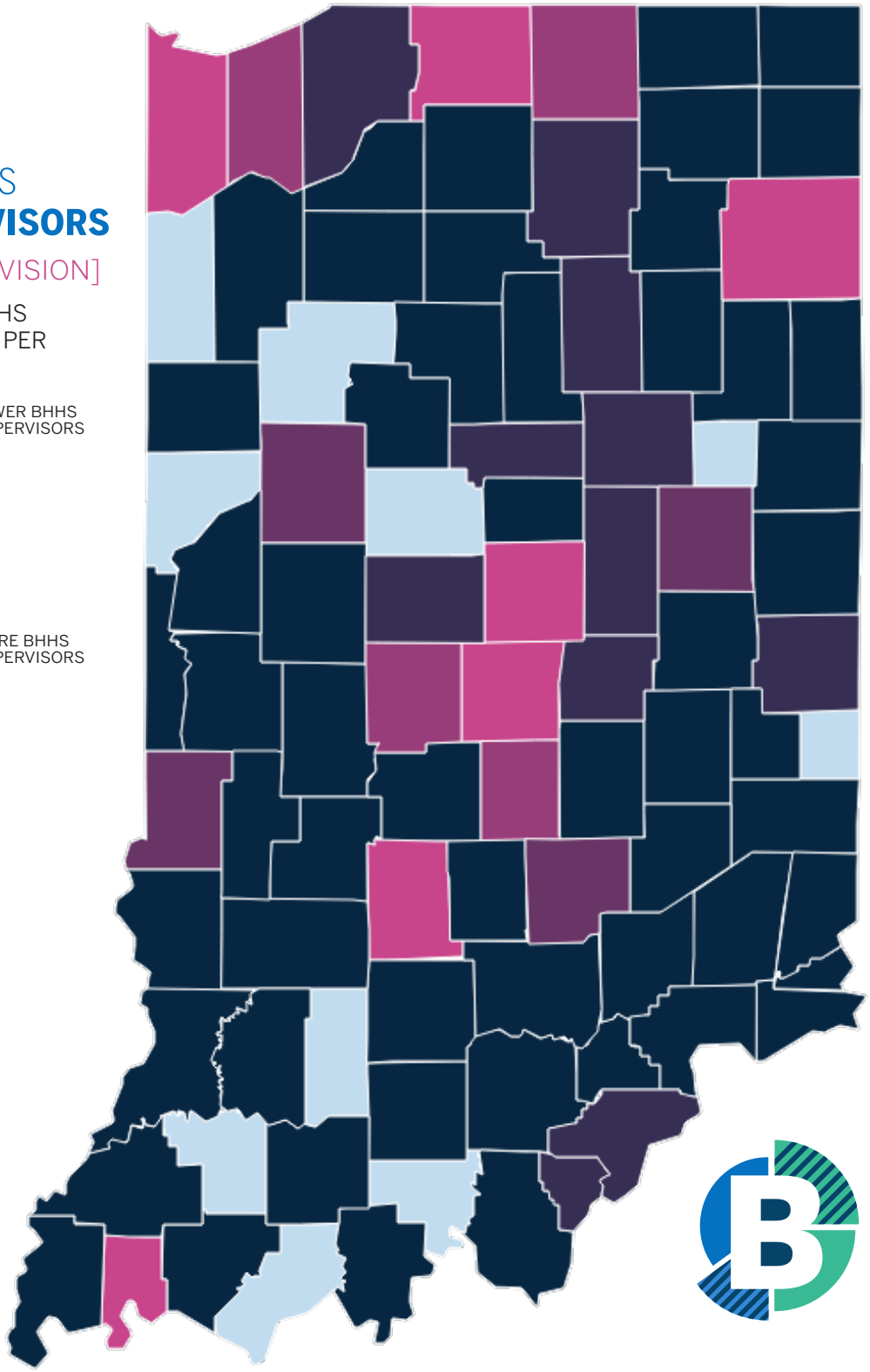


GEOGRAPHIC DISTRIBUTION

INDIANA'S
BHHS SUPERVISORS
[CLINICAL SUPERVISION]

NUMBER OF BHHS SUPERVISORS OF PER COUNTY

<10 — FEWER BHHS SUPERVISORS
10-20
20-30
30-40
>40 — MORE BHHS SUPERVISORS



These data reveal very low levels of participation in either supervised practicums or clinical supervision, with rates fairly consistent across the behavioral health license types. There are several economic and operational barriers that might limit an individual's participation. Most supervisors receive no financial incentives and report challenges such as productivity disruptions and lack of employer support. Others report difficulty understanding the expectations associated with high-quality supervision or coordinating with academic programs. Looking at geographic distribution, it is also clear that availability is spread unevenly across Indiana's counties with rural counties having less capacity.

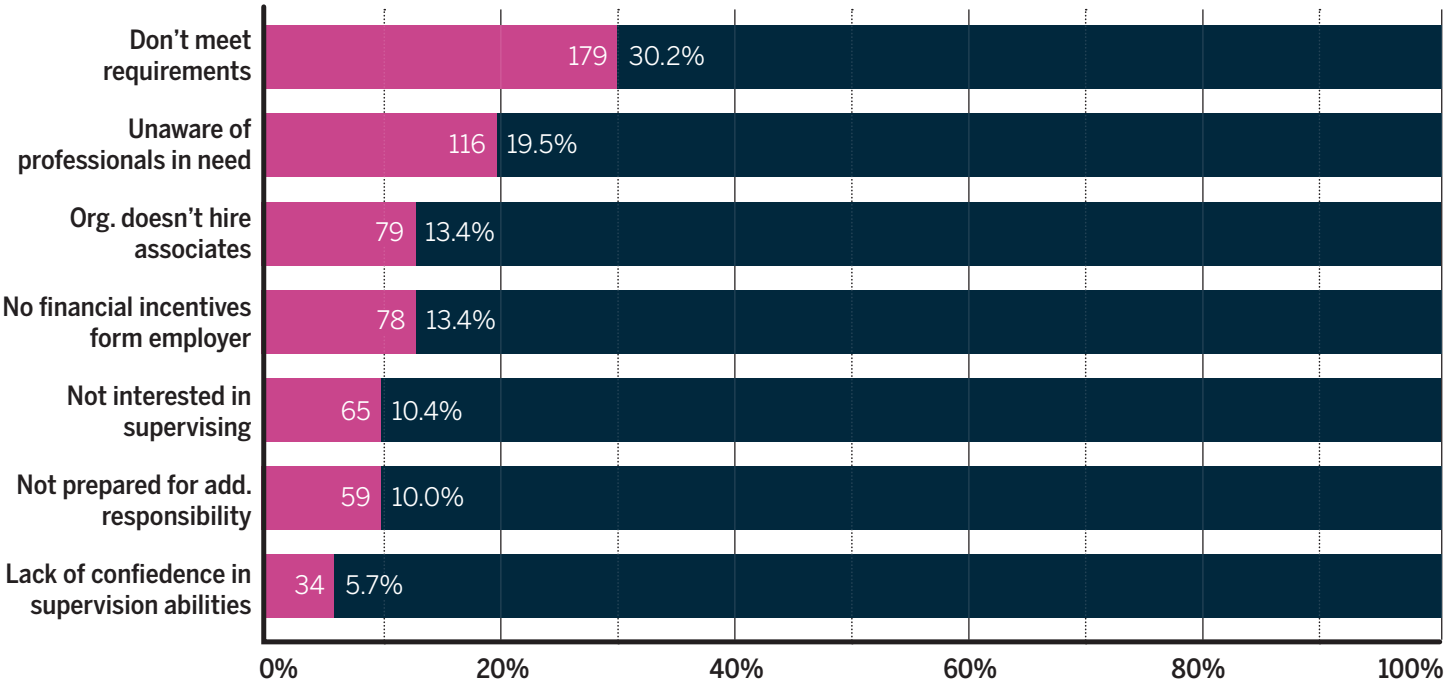
WHY PROFESSIONALS DON'T PARTICIPATE AS A SUPERVISOR

INSIGHTS FROM THE PLAYBOOK PROJECT

Understanding who provides supervision is only part of the equation. It is just as important to understand why professionals who may be qualified choose not to participate in providing supervision. Among 1,200 licensed professionals that participated in a survey administered as part of the Playbook Project, 445 recently licensed and Indiana educated professionals provided insights on why they choose to not serve as clinical supervisors to early career professionals.

Beyond feeling that they did not meet requirements, the most common reasons were lack of awareness (19.5% didn't know of any professionals needing supervision), followed by organizational barriers (13.4% worked at organizations that don't hire new graduates/associates) and insufficient financial incentives (13.4% cited lack of employer-provided incentives).

Table 3: Reported reasons for not providing supervisions to other professionals



Note: Participants were able to select multiple options, meaning the total number in this table differs from the total number of participants not providing supervision

CONCLUSION AND CONSIDERATIONS

Indiana's behavioral health workforce faces persistent supervision shortages across both field and clinical settings, with less than 20% of licensed professionals participating in supervision and many reporting economic, operational, and institutional barriers. Supervisors frequently cite lack of financial compensation, workflow disruptions, and poor communication with academic programs as deterrents, while rural areas experience particularly limited availability. Several themes emerge from these findings that lead to key areas for policy action and workforce planning.

1. **Explore opportunities to address economic and practice challenges.** Economic factors seem to be contributing to Indiana's clinical training challenges, with a significant portion of supervisors reporting receiving no incentive and financial compensation as the most frequently cited challenge. To support recruitment and retention of supervisors, Indiana policymakers should explore financial strategies such as stipends, tax credits, or loan repayment programs. Some states have implemented these financial incentive strategies to support behavioral health clinical training and may offer useful guidance.
2. **Build supervision into practice workflow.** Supervision responsibilities often disrupt productivity which may make it difficult for professionals to take on these roles. Organizations should consider integrating supervision into clinical operations by allocating protected time and adjusting productivity expectations. This might help normalize supervision as part of routine practice and reduce the burden on individual providers.
3. **Strengthen communication infrastructure between education programs and providers/supervisors.** Poor communication between academic programs and field sites contributes to confusion around supervision expectations and responsibilities. Indiana should establish clearer protocols and explore centralized platforms to connect students, supervisors, and training programs more effectively. Improved coordination may help clarify roles and streamline the supervision process.
4. **Make information on supervision accessible and understandable.** Many professionals feel unprepared or lack confidence in their ability to supervise. The State may consider developing accessible guidance documents outlining supervision best practices and competencies. Clear, user-friendly resources could empower more professionals to participate in supervision and support consistency in quality.
5. **Prioritize addressing rural supervisor shortages.** Supervision availability varies significantly across Indiana, with rural counties facing significant gaps and unique recruitment challenges. Targeted recruitment strategies or rural-specific incentives could help expand supervision capacity in underserved areas.