



PLAYBOOK

FOR ENHANCING INDIANA'S MENTAL
& BEHAVIORAL HEALTH WORKFORCE

The Landscape Assessment: Employer Perceptions of the Postsecondary Pipeline to Practice TECHNICAL REPORT

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Key Findings

- Fifty-seven employers from hospitals and community mental health centers responded to the survey.
- Approximately 61% report professional skills gaps in licensees completing supervisory requirements.
- Employers reported that individuals lack general preparedness and professional knowledge.
- Approximately 70% of employers report supervision as a job requirement and is not incentivized.
- According to employers, the most desired skills for new graduates are assessment of and communication with people dealing with a variety of mental health concerns.

Background

Access to critical mental and behavioral health treatments depends on the workforce available and accessible to serve those in need of care. [The Playbook for Enhancing Indiana’s Mental and Behavioral Health Workforce](#) focuses on understanding Indiana’s postsecondary pipeline to practice for mental and behavioral health professionals ([selected professionals](#)) and identifying opportunities to strengthen the workforce by stopping “leaks” in the pipeline. Insights from Indiana’s current mental and behavioral health professionals on their postsecondary education and postgraduate licensure experiences, as well as perceived opportunities to strengthen this pipeline for future professionals, were gathered as part of this Playbook Project.

Methodology

Brief surveys were developed and electronically administered to employers participating in meetings with the [Indiana Council of Community Mental Health Centers \(ICCMHC\)](#) and [Indiana Hospital Association - Council of Behavioral Health \(IHA\)](#). The specific survey questions are provided in the Appendix. The surveys were designed to gather the following initial information:

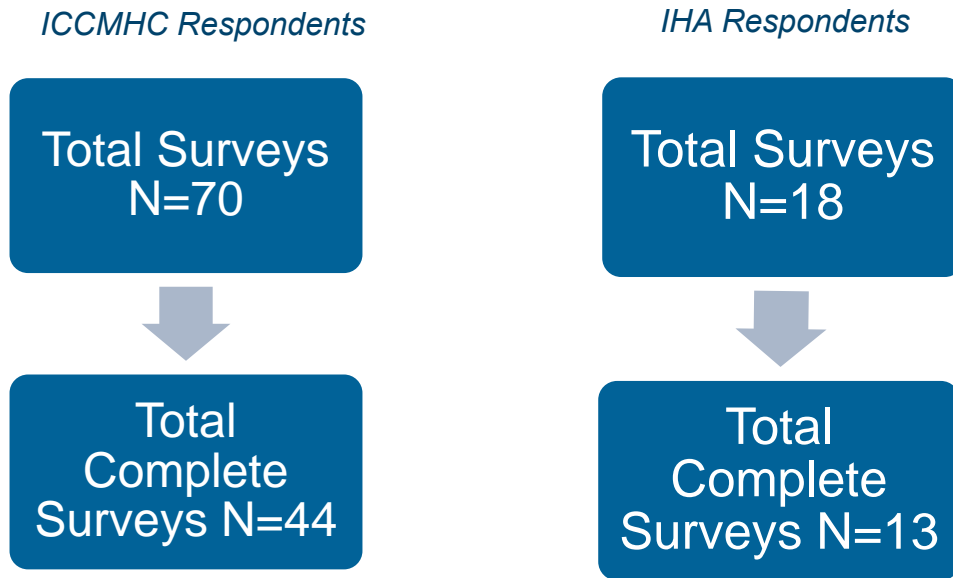
1. Employment of and experience with Indiana behavioral health board associate licensees or licensed social workers
2. Supervisor engagement
3. Training partnership
4. Retention of trainees/associate licensees.

Surveys were administered via Qualtrics to each group using presentations during meetings held on October 2 and 5, 2023. Attendees were allowed to participate in the survey as an opportunity to provide input for the Playbook for Enhancing Indiana’s Mental and Behavioral Health Workforce project.

Upon the conclusion of each event, the surveys were closed, and quantitative and qualitative data were extracted from Qualtrics and uploaded to an Excel spreadsheet, with each row representing a distinct response. The quantitative data were cleaned and prepared for descriptive analysis. The qualitative data were prepared for coding and analysis. Qualitative data coding was performed in three phases. In the initial phase, responses were labeled based on their inherent meaning, allowing for the identification of content and trends through assumptions. In the second phase, members of the Bowen Center convened to review the results of individual coding, identify incidents of discordance between individual results, and discuss recoding strategies. Discordant responses were recoded once the research team reached a consensus. The coding system was comprehensive, with codes carefully defined and designed to be mutually exclusive.

Once all codes were finalized, they were methodically organized into overarching themes, with related codes grouped together. Thematic analysis distilled the essence of the data and provided a comprehensive understanding of the underlying patterns and insights. After completion of the theming process, the qualitative data were succinctly summarized in a table format.

Results



Regarding Respondents

There were 57 respondents to the employer survey. Among the respondents, 27 unique organizations and 20 respondents chose not to report on their organizations. The represented organizations included community mental health centers, hospitals/health systems, and other health care organizations that provide mental and behavioral health services.

Associate Licensees: Employment and Experience

Among the 57 respondents, 49 (approximately 85%) reported that they currently employed individuals who completed their supervision periods for Behavioral Health and Human Services (BHHS)-licensed occupations. This included the following license types: licensed social worker, marriage and family therapy associate, mental health associate, clinical addiction counselor associate, and addiction counselor associate.

Among the 49 respondents who reported hiring BHHS licensees who completed the required supervision experience, 30 (61%) reported that they found these individuals insufficiently prepared with regard to professional skills. An additional six respondents reported that they were unsure about their level of preparedness. Thirteen (26%) respondents reported that they were sufficiently prepared. Of the 37 community mental health centers that reported hiring individuals with training licenses, 33 (89%) reported paying for these licenses. Further details are listed in Table 1.

Table 1: Employer reported employment of and experiences with associate licensees

	Yes	No	Unsure	Total Survey Responses
Do you hire associate licensees?	49	4	4	57
Do you pay associate licensees?*	33	1	3	37
Are individuals undergoing BHHS supervisory requirements sufficiently prepared for the work you expect them to do?	13	30	6	49

* This question was only asked to ICCMHC employers.

Respondents indicating that individuals were insufficiently prepared (n=30) were offered the opportunity to provide additional perspectives on the professional skills gap in an open text field. The qualitative research methods detailed above were used to review the text responses and determine themes. The common themes are presented in Table 2.

Table 2: Employer-reported professional skill gaps

Theme	Total Responses	Skills Missing - Selected Quotes
Lack of general preparedness	21	<p><i>"They often lack the healthcare fundamentals that one would hope they gained while studying in college."</i></p> <p><i>"Not ready to do all the tasks expected."</i></p> <p><i>"No actual experience."</i></p> <p><i>"Lack skill set and basic understanding of the scope of the work."</i></p>
Lack of professional knowledge	12	<p><i>"Understanding of the patient population, type of work they will encounter and basic intervention skills."</i></p> <p><i>"Basic understanding of mental illness and how individuals with mental illness respond."</i></p>
Lack of administrative skills	6	<p><i>"They are unprepared for the work, documentation, and acuity of clients we treat."</i></p> <p><i>"Report writing, professionalism, basic BH/Mental Health/SUD understanding."</i></p>
Lack of communication and interpersonal skills	5	<p><i>"Maintaining good boundaries, being professional, not being reactive toward behaviors by patients, willing to interact/talk with others, strong work ethic, asking questions rather than complaining."</i></p> <p><i>"De-escalation, soft skills, lived experience."</i></p> <p><i>"Sometimes lack interaction skills and have different expectations than what community mental provides."</i></p>

Lack of specialized behavioral health skills	5	"Basic BH/Mental Health/SUD understanding." "They often are unprepared for the level of services/high acuity that occurs at a CMHC. Not practiced with SMI diagnosis and active symptoms."
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Note: Total responses do not necessarily equal the number of respondents; in some cases, one response may correspond to multiple themes.

Among the four respondents who reported not hiring individuals to complete their supervision periods, financial barriers, supervisory requirements, and lack of general preparedness were cited as influencing factors. All 13 respondents at the Indiana Hospital Association were invited to share their insights on the barriers to hiring associate licenses; Table 3 presents the common themes.

Table 3: IHA-reported barriers to hiring individuals completing supervision

Theme	Total Responses	Barriers for Hiring – Selected Responses
Limited financial incentive	4	"Pay is not sufficient." "Reimbursement."
Limited capacity	1	"Level of need."
Lack of interest from associates	3	"Not too many applicants." "They are usually just wanting employed as a steppingstone to their ultimate career."

Note: Total responses do not necessarily equal the number of respondents; in some cases, one response may correspond to multiple themes.

Supervisor Engagement

Questions regarding supervisor engagement were posed only to the ICCMHC audience. Details of their responses are provided in Table 4. Of the 37 respondents who reported hiring individuals requiring supervision, 25 (68%) reported that the supervision of licensees was expected as a part of clinical staff duties. Only 10 respondents reported that their supervision was voluntary. Similarly, 26 (70%) respondents reported no incentive for supervision. About one-third of the respondents reported that supervisors received either financial or non-financial incentives.

Table 4: ICCMHC reported engagement of supervisors

	Yes	No	Unsure	Total Survey Responses
Do you hire associate licensees?	37	3	4	44
Is supervision of associate licensees expected as part of clinical staff duties?	25	10	2	37
Is supervision of associate licensees incentivized?	10	26	1	37

Note: These questions were only asked to ICCMHC employers.

Training Partnership Experience

When both audiences were asked about training partnerships, employers most often reported providing field experience for BHHS licensees (n=54), followed by psychiatric nurse practitioner students (n=35) and psychology students (n=35). Table 5 has more details.

Table 5: Employer-reported training institution partnerships

	N	%
None	2	1.6
Yes, BHHS students	54	42.9
Yes, psychiatric nurse practitioner students	35	27.8
Yes psychology	35	27.8
Total	126	100

Note: Total “n” does not necessarily equal the number of respondents; in some cases, one respondent may have indicated multiple institutional partnerships.

Regarding top skills expected that individuals should have upon graduation, employers most often reported specific professional skills including communication skills (8.1%), writing treatment plans (7.8%), and assessment skills (7.1%). More information about the skills employers expected of graduates can be found in Table 6.

Table 6: Employer-reported skills necessary for new graduates

What are the top skills new graduates should have upon degree program completion?	N	% of Unique Respondents (n=45)
Skills in communicating with clients with a variety of mental health concerns	32	72.7%
Writing specific and measurable treatment plan goals	31	70.5%
Assessment of individual mental health symptoms/disorders	28	63.6%
Care coordination	27	61.4%
Skills in communicating with clients from various racial/ethnic/social backgrounds	26	59.1%
Documentation skills in electronic medical records	26	59.1%
Assessing for risk thoughts and behaviors (e.g., self-harm behaviors; suicidal thoughts, plan, intent; homicidal thoughts, plan, intent)	24	54.6%
Skills in collaborating with team members in their company/agency	22	50.0%
Counseling/treatment of individual mental health symptoms/disorders	21	47.7%
Case management	20	45.5%

Table 6: Employer-reported skills necessary for new graduates

What are the top skills new graduates should have upon degree program completion?	N	% of Unique Respondents (n=45)
Creating and implementing an action plan to deal with client's risk thoughts and behaviors	19	43.2%
Skills in collaborating with key personnel outside of their company/agency	19	43.2%
Reviewing client progress toward treatment plan goals at regular intervals	18	40.9%
Assessment of relational concerns/dysfunction	17	38.6%
Counseling/treatment of relational concerns/dysfunction	16	36.4%
Leading and managing groups that include clients/family/community members	16	36.4%
Staffing cases with psychiatrists/prescribing providers	15	34.1%
Knowledge of billing/documentation using ICD codes	9	20.5%
Knowledge of billing with CPT codes	9	20.5%
Other	2	4.6%
Total	397	100%

Note: Total "n" does not necessarily equal the number of respondents; in some cases, one respondent may have indicated multiple skills. ICD stands for International Classification of Diseases. CPT stands for Current Procedural Terminology.

Retention of Trainees and Licensees

Both employers' audiences were asked about the percentage of individuals retained after completing training, after completing clinical field experiences while in their training program, or while holding a license and obtaining the required supervisory experience. For employers who reported hiring individuals requiring supervised practice, the average retention rate was approximately 60%, with responses ranging from 10% to 95%. For students currently enrolled in training programs, hospital providers reported an average retention rate of approximately 40%, and a range of 0% to 95% of students retained.

Conclusion

The majority of hospital and community mental health employer respondents reported professional skills gaps in BHHS graduates with a training license. The results of this survey should not be generalized to all Indiana training programs, as employers were not asked to narrow their responses to individuals trained only in Indiana and may be the observed skill gaps were in individuals trained outside Indiana. Nevertheless, the results indicate that there may be opportunities for enhanced alignment between educational training programs and the skill needs reported by employers. Additional opportunities should be explored to increase the incentivization of the supervision of these individuals, either financial or non-financial, as most employers report no current incentivization structures. Information on wages and reimbursement schedules, although highly important, was outside the scope of this project. However, additional research on reimbursement structures and employee wages would be beneficial for understanding the financial landscape of the workforce.

Appendix

ICCMHC Survey

Note: Questions in green were asked of both ICCMHC and IHA employers.

Organization Identifier

1. Please select the CMHC you represent.

Employment of and Experience with Associate Licensees

2. Do you hire associate-level licensed professionals?
 - a. No
 - b. Yes
 - c. Unsure
 - i. (If “no”) You indicated you do not hire associate-level professionals. Please check all that apply for why and provide any additional information in the other box.
 1. Not enough staff who want to supervise associate licensees
 2. Not enough staff who are qualified to supervise associate licensees
 3. Requirements for supervision prevent me from hiring associate licensee holders
 4. Associate-level professionals too often move into private practice
 5. Financial barriers
 6. I do not receive applications from associate-level professionals
 7. Other TEXT BOX
3. Are associate-level professionals paid?
 - a. No
 - b. Yes
 - c. Unsure
4. How prepared are associate-level professionals for the work you want them to do?
 - a. Insufficiently prepared
 - b. Sufficiently prepared
 - c. Unsure
 - i. (If “insufficiently prepared”) You selected insufficiently prepared. Please briefly explain why you selected this option. TEXT BOX

Supervisor Engagement

5. Is supervision of associate licensees an expectation?
 - a. Yes, fully licensed professionals are expected to supervise associate licensees as part of their duties
 - b. No, fully licensed professionals are not expected to supervise and only supervise on a volunteer basis
 - c. Unsure
6. Is supervision of associate licensees incentivized?
 - a. Yes, supervisors receive financial incentives
 - b. Yes, supervisors receive non-financial incentives
 - c. No, supervision is not incentivized
 - d. Unsure

Retention of Associate Licensees

7. Of the associate-level professionals that have been supervised at your site, approximately what percentage obtain a job at your agency immediately upon graduation?

Training Partnership Experience

8. Do you engage in clinical training/internships for current students (individuals that have not completed their graduate degree)?
 - a. Yes, social work
 - b. Yes, marriage and family therapy
 - c. Yes, mental health counseling
 - d. Yes, addiction counseling
 - e. Yes, psychiatric nurse practitioner
 - f. Yes, psychology
 - g. No
9. What are the top skills new graduates should have upon degree program completion? Please select all that apply.
 - a. Case management
 - b. Care coordination
 - c. Assessment of individual mental health symptoms/disorders
 - d. Assessment of relational concerns/dysfunction
 - e. Counseling/treatment of individual mental health symptoms/disorders
 - f. Counseling/treatment of relational concerns/dysfunction
 - g. Documentation skills in electronic medical record
 - h. Knowledge of billing with CPT codes
 - i. Knowledge of billing/documentation with ICD codes
 - j. Skills in communicating with clients with a variety of mental health concerns
 - k. Skills in communicating with clients from various racial/ethnic/social backgrounds
 - l. Staffing cases with psychiatrists/prescribing providers
 - m. Writing specific and measurable treatment plan goals
 - n. Reviewing client progress towards treatment plan goals at regular intervals
 - o. Assessing for risk thoughts and behaviors (e.g., self-harm behaviors; suicidal thoughts, plan, intent; homicidal thoughts, plan, intent)
 - p. Creating & implementing an action plan to deal with client's risk thoughts & behaviors
 - q. Skills in collaborating with team members in their company/agency
 - r. Skills in collaborating with key personnel outside of their company/agency
 - s. Leading and managing groups that include clients/family/community members
 - t. Other TEXT BOX

IHA Survey

Note: Questions in green were asked of both ICCMHC and IHA employers.

Organization Identifier

1. Please select the organization you represent.

Employment of and Experience with Associate Licensees

2. Do you hire associate-level professionals?
 - a) Yes
 - b) No
3. How prepared are associate-level professionals for the work that you want them to do?
 - a) Sufficiently prepared
 - b) Insufficiently prepared
 - c) Unsure
4. (If insufficiently prepared is selected): Please briefly explain what skills associate-level professionals are missing.
5. Please explain why you do not hire associate level professionals. Please select all that apply.
 - a) Not enough staff who want to supervise associate licensees
 - b) Not enough staff who are qualified to supervise associate licensees
 - c) Requirements for supervision prevent me from hiring associate licensee holders
 - d) Associate-level professionals too often move into private practice
 - e) Financial barriers
 - f) I do not receive applications from associate-level professionals
 - g) Associate-level professionals are not able to perform the tasks I need them to
 - h) Other TEXT BOX
6. Please explain any barriers you have to hiring associate-level professionals. Please type N/A if this does not apply or you have no thoughts.

Training Partnership Experience

7. Do you provide field experience/internships for currently enrolled students in any of the programs below? Please select all that apply.
 - a) None
 - b) Yes, psychology students
 - c) Yes, psychiatric NP students
 - d) Yes, BHHS students (social work, marriage and family therapist, mental health counselor, addiction counselor)
8. How prepared are current students for the work you want them to do?
 - a) Sufficiently prepared
 - b) Insufficiently prepared
 - c) Unsure
9. Please explain what skills currently enrolled students are missing.

Retention of Trainees and Associate Licensees

The following questions will help us understand retention for individuals who complete field or supervision experience at your location. Please select Not applicable if the statement does not apply.

10. Of the current students that you provide field experience/internship hours to, approximately what percentage obtain a job at your agency immediately upon graduation?

11. Of the associate-level professionals that you provide clinical supervision for at your site, approximately what percentage obtain a job at your agency immediately upon obtaining full licensure?

Acknowledgements

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Recommended Citation

The Landscape Assessment: Employer Perceptions of the Postsecondary Pipeline to Practice (2024). Bowen Center for Health Workforce Research and Policy. Indiana University School of Medicine.

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