

Study of Licensing Requirements as Barrier Contributing to the Shortage of Child Care & Child Abuse Providers (Legislative Council Resolution 17-01)

Prepared for: Mental Health & Substance Abuse Task Force, Service Access & Availability Committee, of the Commission on Improving the Status of Children in Indiana

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Response from Providers: Over 100 providers had an opportunity to respond to a survey regarding this topic. Fifty-five (55) responses were received from 54 agencies (one agency had two regional offices respond). Responding providers offer home-based family services, foster family services, and residential treatment services to abused/neglected and delinquent children and their families. Given the response rate of about 55%, the numbers and problems reported below can be effectively doubled to represent the broader array of these providers.

Number of staff affected: The 54 agencies reported that a combined 715 Master's level therapists, 255 case managers, and 166 other staff members in administrative roles are required to be licensed under Indiana Code. Total number = 1,136 staff members.

Factors that delayed licensure: Reported below by percentage of respondents who selected the particular response (selected all that applied):

1. Applicant had to wait more than 2 weeks to take the licensing exam – 69%
2. Applicant had to submit a syllabus for a class/classes to verify coursework – 67%
3. Applicant had to submit additional paperwork to verify internship hours – 49%
4. Applicant had to complete additional classes to meet requirements for LMHC licensure – 47%
5. Applicant had to submit additional paperwork to verify clinical supervision hours – 40%
6. Indiana Professional Licensing Agency (IPLA) phones were not answered/callers were placed on hold for several minutes – 40%
7. License application was lost within IPLA and had to be resubmitted – 38%
8. Other – 35% - themes were that there is a backlog of applications at IPLA, variation in response time from IPLA, delays regarding determination of needed information to complete the process, lost documents (other than applications) and test results, supervision requirements for clinicians when the clinician is not supervised by the corresponding licensed person (LCSW applicant not supervised by LCSW, for example).
9. Applicant had to complete additional internship hours for LMHC license – 25%
10. Applicant had to complete additional classes to meet requirements for another type of license – 20%
11. Applicant had an issue that was scheduled for the Board's action, but was delayed when the Board ran out of time at its meeting – 20%
12. Applicant had to complete additional internship hours for another type of license – 11%

Average wait time for temporary licenses: Applicants can apply for a temporary license while waiting to take the test and for other reasons (failed the test and waiting to take it again). The

most common average wait time for a temporary license to be issued was reported at 30-60 days, followed by 60-90 days. (Twelve respondents reported that this does not apply to their staff.)

Average wait time to take the test following approval of application: Times reported below do not include responses that indicated “not applicable to our agency’s staff.”

- For the LCSW – 30-60 days was the most common response, followed by more than 90 days.
- For the LSW – 30-60 days, followed by 60-90 days
- For the LMHC and LMHCA– 30-60 days, followed by more than 90 days
- For the LMFT – 30-60 days, followed by more than 90 days
- For the LMFTA – 30-60 days, followed by 60-90 days
- For the LCAC – more than 90 days, with other respondents equally reporting 15-30 days, 30-60 days, and 60-90 days (Note that this category and the LAC had the smallest numbers of respondents reporting.)
- For the LAC – respondents equally reported more than 90 days, 15-30 days, and 30-60 days.

Average amount of time to receive initial 2-year license: Times were reported from the point of application to receipt of notice that the license had been issued:

- 30-60 days was the most common response – 15 respondents
- Less than 30 days – 10 respondents
- 60-90 days and 90-120 days – each 7 respondents
- 120-150 days – 6 respondents
- 150-180 days and more than 180 days – each 5 respondents

Examples of situations which took longer than 180 days to achieve licensure:

- Some did not pass the test and had to take it again, or they renewed their temporary license for more time to study.
- Portions of an application were lost, reviews were delayed, then a syllabus had to be provided.
- License holders from KY and OH were delayed for endorsement to practice in Indiana, or the applicant had to take an additional class and complete a practicum.
- LMHCA applicant was notified that the Board ran out of time to review documentation and syllabus and that it would be reviewed at the next Board meeting.
- One therapist began the process of licensure in October 2015, had to resubmit supervision hours, take additional classes, get additional internship hours, and re-submit her application, which she did in June 2017. Her application is still pending with the Board.
- One applicant had difficulty getting the university to send transcripts; then the Board asked for syllabi for some classes. She had to submit her application twice, because the first application was pending for so long while she worked to get the required information and the Board’s review. The Board then determined that she needed additional classes upon their review of her second application.

Obtainment of supervision hours for certain licenses: Forty-five respondents (82%) reported that statutory approval to use virtual supervision for part of the required face-to-face supervision

hours (up to 50% of hours) would be helpful to their staff in achieving clinical licensure. Ten respondents offered other suggestions, including the ability to use other licensed professionals for supervision, ability to use professionals with differently named licenses from bordering states, and working with universities to educate students about the licensing requirements.

Comments: Respondents offered a variety of additional suggestions, among them:

- more frequent meetings of the licensing Board,
- greater congruency between the Indiana licensing requirements and the graduation requirements for certain degrees,
- issuance of temporary license more quickly after an applicant fails a test,
- ability to acquire temporary licenses upon graduation, and
- broader exemptions for providers serving DCS children.

Other respondents identified additional issues:

- It's difficult for post-graduate practitioners to obtain practice hours while awaiting licensure as they may be practicing without a license.
- The difficulty of the licensing process has made it harder to retain therapists, given the shortage of therapists in Indiana.
- Applicants who fail a test have to wait 90 days to reapply for a temporary license.
- Applicants may go through a long process of submitting documents, taking additional classes and obtaining more internship hours, only to fail the test.
- Applicants from other states requesting endorsement in Indiana have had to wait up to 90 days for a response to their application; providers are reluctant to hire these candidates because they are not able to provide billable services during that time.

Conclusion: It can take more than two months for therapists, case managers, and others to obtain a 2-year license, and 30-60 days to obtain a temporary license. For some licenses, the wait is longer; and staff members have to complete other requirements in order to be approved to take the test for licensure.

The recommendations of the Service Access & Availability Committee to amend the licensure requirements for the Licensed Mental Health Counselor (LMHC) and LMHCA will address some of the barriers. The recommendation to permit supervision hours to be gained through virtual supervision will also assist license applicants to achieve clinical licensure, particularly those applicants in rural areas and those who receive supervision by persons outside of their agency.

It will be helpful if IPLA can increase the number of staff of the Behavioral Health & Human Services section to assist with the processing of applications and response to customers who are applicants. Finally, the Behavioral Health & Human Services Licensing Board may want to examine the frequency of its meetings related to peak times of application review.