2025

BEHAVIORAL HEALTHCARE WORKFORCE

COMPARISON REPORT

MHC insight

www.mhc.org

Executive Summary

Recognizing the need for additional certified school-based behavioral health (BH) professionals to provide essential mental health services to K-12 students, the Michigan Department of Education (MDE) contracted with the nonprofit Michigan Health Council (MHC) to develop strategies to increase the number of School Psychologists, School Social Workers, and School Counselors.

To that end, MHC Insight led the creation of the Behavioral Healthcare Workforce Comparison Report to support government, education, and workforce stakeholders in making informed decisions and strategic investments to grow and retain Michigan's school-based BH workforce.

The Behavioral Healthcare Workforce Comparison Report is a national and regional comparison of workforce variables, demographics, and environmental conditions that impact the school psychology, school social work, and school counseling workforces. To determine where Michigan's BH workforce stands across various workforce variables, MHC Insight ranked the growth, shortages, wages, and turnover for School Psychologists, School Social Workers, and School Counselors by state and nationally. MHC Insight further analyzed demographic workforce data (race/ethnicity, sex, and working-age percentages and cost-of-living-adjusted wages) between the top- and bottom-performing states and the Midwest states (Illinois, Indiana, Minnesota, Ohio, and Wisconsin). Finally, to identify promising practices and supportive environmental conditions that could strengthen Michigan's school-based BH workforce, MHC Insight compared the Midwest states' school Medicaid expansion statuses, BH policies, BH-related Career and Technical Education courses, financial aid and loan repayment programs, licensure requirements, and BH interstate compact participation.

Key Findings

- Of 51 states, Michigan's overall workforce variable rankings for all three BH occupations fell into the bottom half of the U.S.: 42nd for School Psychologists, 37th for School Social Workers, and 41st for School Counselors.
- Of 51 states, Michigan has notably low projected growth across all three occupations (45th for School Psychologists, 50th for School Social Workers, and 49th for School Counselors).
- Michigan is an early adopter of school Medicaid expansion and provides many BH-specific financial aid and loan repayment programs.
- Michigan is tied for the Midwest state with the most school social work post-graduate licensure requirements.
- Michigan is tied for the Midwest state with the fewest BH-related Career and Technical Education (CTE) courses.
- Michigan has low participation in BH interstate compacts compared to its Midwest neighbors.

About MHC Insight

Michigan Health Council (MHC) is a solutions-oriented nonprofit with an eight-decade track record of developing sustainable programming for healthcare employers, educators, and professionals. A partner in building healthcare workforce capacity, MHC is the force behind MHC Insight — Michigan's preeminent resource for data, analysis, and labor market intelligence on critical issues facing Michigan's healthcare workforce.

MHC Insight collects and disseminates healthcare workforce data and research to support stakeholders' efforts to develop systems-level approaches to building healthcare workforce capacity. MHC Insight can help organizations address their specific issues, but prioritizes solutions to societal needs that cannot be solved in silos — like bolstering access to care, reducing health inequities, and increasing Michigan's healthcare workforce diversity. The first step in this process is creating a shared understanding of what current data tells us about our workforce.

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Methodology

Workforce Variables | Labor Market Data Collection

This report presents information on the nationwide and Midwestern behavioral healthcare labor markets. It provides a detailed view of three healthcare occupations using Standard Occupational Classification (SOC) codes to ensure a standardized and comparable dataset. The report utilizes a core quantitative data source:

Lightcast: Lightcast gathers and integrates economic, labor market, demographic, education, profile, and job posting data from dozens of government and private-sector sources, creating a comprehensive and current dataset that includes published and detailed estimates with full United States coverage. Occupation data presents employment and wage information, categorized by worker type — Registered Nurses, Welders, Web Developers, etc. Occupation job counts are generated by taking industry job counts from the Bureau of Labor Statistics (BLS)'s Quarterly Census of Employment and Wages (QCEW) and combining them with staffing patterns from the BLS *Occupational Employment Statistics* (OES) dataset. Staffing patterns are unique to industries and show the percentage breakdown of each industry into its component occupations. Lightcast regionalizes OES staffing patterns, creating location-specific staffing patterns considering the region's particular industry mix. The result is tailored staffing patterns that generate location-specific occupation employment data.

Basic occupation earnings data come from OES as well. Lightcast unsuppresses earnings data where necessary and models the Metropolitan Statistical Area (MSA)-level earnings native to OES down to the county level. Although OES is not published as a time series, Lightcast has developed one using historical OES data. This time series offers several benefits, including historical occupation earnings back to 2005, reduced volatility between years of published OES data, and the ability to use historical years of OES to unsuppress the latest year of OES data.

Like industry employment data, occupation employment data goes back to 2001 and is also projected ten years into the future. Projections are generated by applying projected staffing patterns to Lightcast's projected industry employment data.

Finally, Lightcast provides data on college enrollments and graduates, as reported in the National Center for Education Statistics (NCES)'s *Integrated Postsecondary Education Data System* (IPEDS) dataset. This includes sex and race/ethnicity data for enrollees and graduates by school, Classification of Instructional Program (CIP) code, award level, data on distance completions, and information on tuition and other student fees.

Workforce Variables Analysis

The behavioral healthcare workforce analysis was constructed using a rankings methodology that combines multiple quantitative indicators into a composite score for each occupation. Each state was evaluated based on four key variables:

1. **Growth**: The projected percentage increase in employment between 2025 and 2035.
2. **Wage**: The percentage increase in median wages from 2015 to 2025.[1]
3. **Turnover**: The 2024 turnover rate, calculated as the ratio of separations to total employment.
4. **Shortage**: A calculated ratio representing the estimated workforce shortage or surplus based on projected openings versus the expected ten-year educational completions.

To develop the **Shortage** measure, Lightcast's "Openings" figure was used, which accounts for both new growth in the occupation and replacements for individuals exiting the workforce. This ten-year projected demand was compared to educational supply by multiplying the most recent IPEDS completions data by ten. The resulting completions estimate was subtracted from projected openings, and the difference was divided by the projected number of 2035 jobs, resulting in a shortage ratio.

All educational completion data for Social Workers (SWs) in this analysis corresponds to the general Social Work CIP code (44.0701). This approach was necessary because there is no distinct CIP code for school social work. Additionally, the methods used to isolate education programs for School Psychologists and School Counselors—based on more specific program listings—were not applicable, as school social work programs are not separately identifiable in the data. To maintain consistency, job openings data also reflects the general social work SOC code (21-1020), rather than the specific SOC code for School Social Workers (21-1021).

Each occupation was ranked from 1 to 51—one for each state, including the District of Columbia—for each applicable variable (*with a lower rank number indicating better performance and vice versa*), and the rankings were summed. The occupation with the lowest total score was considered the "healthiest," and ties were broken by prioritizing the **Shortage** rank. The methodology was tested for different weighting scenarios (e.g., placing more emphasis on Shortage or Turnover), but results were consistent across approaches, indicating strong stability in the relative rankings. This exercise aimed to determine how each state's School Psychologists, School Counselors, and School Social Workers fared compared to other states.

Demographic Data | Labor Market Data Collection

Lightcast uses a combination of Industry Demographics, staffing patterns, and the Census Bureau's American Community Survey (ACS) to determine sex, racial/ethnic, and age breakdowns of BH professionals in each state.[2] Sex is defined as male or female. Races and ethnicities are Hispanic or Latino, White, Black or African American, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, and Two or More Races. Workforce stability was determined as the percentage of working-age (between the ages of 25 and 54) professionals in the workforce. Demographic information comes from the ACS. The ACS collects information such as age, race, income, and a range of other demographic, social, economic, and housing characteristics through ongoing monthly surveys. Conducted by the U.S. Census Bureau, the ACS samples approximately 3.5 million households annually and provides detailed, reliable data that supports local, state, and federal decision-making. Unlike the decennial census, which aims to count every individual in the U.S. every ten years, the ACS is a continuous survey designed to capture up-to-date population trends between census years. This exercise aimed to determine the diversity and workforce stability of the three BH occupations in each state.

Cost-of-living-adjusted wage data also came from Lightcast. The Cost of Living Index (COLI) adjusts wages to account for regional variations in consumer expenses, enabling more accurate comparisons of real purchasing power across geographies. COLI values are calculated at the county level by Lightcast using data licensed from the Council for Community and Economic Research (C2ER), and benchmarked to a U.S. national average of 1.00. Values above 1.00 indicate a higher-than-average cost of living, while values below 1.00 indicate relatively more affordable regions. The index incorporates a broad range of expenditure categories—including housing, groceries, healthcare, utilities, and transportation.[3] This analysis uses COLI to adjust nominal wages for geographic cost differences, allowing for more equitable comparisons of compensation and economic opportunity across regions.

Workforce Environment Conditions | Dynamic Data Collection

MHC Insight also compared Michigan to five neighboring Midwest states: Illinois, Indiana, Minnesota, Ohio, and Wisconsin, on six workforce environment conditions that impact the BH workforce, including:

1. State status of school Medicaid expansion
2. State-level BH workforce policies
3. BH-related Career and Technical Education programs
4. State-level financial aid and loan repayment programs
5. State licensure requirements and processes for school-based BH providers
6. State status of BH interstate compact participation

MHC Insight analyzed the environmental conditions to determine whether Michigan's status would make the state more or less appealing and/or competitive across the Midwest. Promising practices were also collected and included as possible strategies to improve Michigan's BH workforce environment.

Workforce Environment Condition Specifics

Condition #1 - State status of school Medicaid expansion:
The status of school Medicaid expansion in each state was determined using Healthy Students, Promising Futures' State Efforts to Expand School Medicaid Activity Tracker, which is accurate as of June 2025.

Condition #2 - State-level BH workforce policies focused on the BH workforce:
State-level policies and budgetary commitments were identified through web searches using the name of the state and the keywords "behavioral health workforce," "policies," "legislation," "funding supports," "workforce initiatives," and "workforce growth." For data comparison, MHC Insight only included those policies currently active as of June 2025 and those that will come into effect beginning later in 2025. Policies that pertained to any BH occupation–not only those working in schools–were included in the analysis. MHC Insight created five categories: Licensure, Service Delivery, Budgetary/Financial Incentives, Educational Supports/Incentives, and Licensure, Budgetary/Financial Incentives, and Educational Supports/Incentives to label, describe, and compare the different policy initiatives state-to-state. A table explaining how policies were categorized can be found in Appendix 1.

Condition #3 - BH-related Career and Technical Education courses:
BH-related Career and Technical Education (CTE) courses were identified by searching each Midwest state's Department of Education CTE webpages and the most recently available approved course catalogs. Since Michigan does not have a publicly available list of courses online, state-approved CTE credentials were used as a proxy for courses. Any course that included a title, description, competencies, or training towards a BH feeder occupation listed in one of MHC's three BH Career Navigator Guides was included (e.g., Community Health Worker), as well as the overarching pathway/subject area/CIP code under which the state approves the course. MHC Insight's analysis considered the diversity of courses, which pathway/subject area/CIP code houses each course, which states had the highest absolute number of courses, and which states had diverse or unique course offerings.

Condition #4 - State-level financial aid and loan repayment programs:
To ensure an equitable comparison of financial aid and loan repayment programs, MHC Insight only included financial aid and loan repayment programs offered or funded by state governments and omitted opportunities available through postsecondary education institutions, private companies, community organizations, etc. All state-provided financial aid programs, including scholarships, grants, and tuition payment/reimbursement, were analyzed. Financial aid programs were not limited to a specific BH workforce focus, education level, or aid amount. For the analysis, MHC Insight compared each state based on the total number of financial aid programs and the number of those programs (if any) specific to the BH workforce. When comparing loan repayment programs, MHC Insight only collected information on programs for which a BH professional would be eligible. State-to-state comparison was based on the absolute number of programs each state provides for BH professionals.

Condition #5 - State licensure requirements and processes for school-based BH providers:
MHC Insight compared the licensure processes for school-based BH professionals in Midwest states by determining each state's minimum education requirements, post-graduation licensure requirements, availability of lifetime licensure, and which state agencies manage the licensure process.

Condition #6 - State status of BH interstate compact participation:
State participation status in BH interstate compacts was first determined by identifying all the active BH interstate compacts through the National Center for Interstate Compacts' Occupational Licensure Compacts list and then looking at each compact's map of participating states to determine which states have enacted legislation, pending legislation, or no active legislation to join.

Michigan's Behavioral Healthcare Workforce Variables Compared to Other States

Introduction

Knowing where Michigan's BH workforce stands compared to other U.S. states is key to starting discussions regarding what could be improved to build a stronger workforce. MHC Insight systematically ranked the workforce variables of Growth, Shortage, Wage, and Turnover across all U.S. states to determine the top- and worst-performing states and where specifically the Midwest states (Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin) ranked for the School Psychologist, School Social Worker, and School Counselor occupations.

Further analysis and discussion of occupational demographics (race/ethnicity, sex, age, and COL-adjusted wage) among the states were conducted to understand the extent to which demographic information was influential in a state's ranking.

BH Workforce Variables Analysis

Top- and Worst- Performing States Across Each BH Occupation

Table 1: Workforce Variable Ranking by Top- and Worst-Performing States for Each BH Occupation

BH Occupation	Performance	Rank Turnover	Rank Growth	Rank Wage	Rank Shortage	Overall Ranking
School Psychology	Top Performing	Washington	Utah	New Mexico	Wisconsin	Washington
	Worst Performing	Colorado	Alaska	Louisiana	Hawaii	Hawaii
School Social Work	Top Performing	California	Utah	Vermont	Kentucky	Maryland
	Worst Performing	Colorado	Maine	Connecticut	South Dakota	North Carolina
School Counseling	Top Performing	Nevada	Utah	Washington	Arkansas	New Mexico
	Worst Performing	Colorado	Maine	Alaska	Illinois	Arkansas

While most states' rankings vary across the three occupations, some consistencies emerged. Utah ranks first in Growth across all three occupations. Washington ranks first overall and in Growth for School Psychologists and first in Wage for School Counselors. New Mexico also ranks generally high; the state is first overall for School Counselors and first in Wage for School Psychologists. Despite high overall rankings (tenth for School Psychologists and School Social Workers and 24th for School Counselors), Colorado ranks last in Turnover across all three occupations. Maine ranks last in Growth for the School Counselor and School Social Worker occupations.

Complete rankings tables with absolute values and demographic data for each state and occupation are available here: School Psychologists, School Counselors, and Social Workers.

Workforce Variable Analysis of Michigan and Midwest Neighbors

Midwest States' Workforce Variable Rankings Compared to All Other U.S. States
Rankings for each Midwest State differ across workforce variables and BH occupations (Tables 2-4).

Table 2: School Psychology Workforce Variable Rankings by Midwest State as Compared to All States

State	Rank Turnover	Rank Growth	Rank Wage	Rank Shortage	Overall Ranking
Ohio	18	9	10	7	3
Indiana	25	40	21	2	19
Illinois	19	31	28	24	26
Wisconsin	41	41	36	1	35
Minnesota	40	25	29	25	36
Michigan	24	48	31	33	42

There is great diversity in how the Midwest states rank overall and by workforce variable for school psychology (Table 2). Wisconsin and Indiana have the top two rankings for Shortage (first and second), and Ohio ranks third overall for the occupation. Meanwhile, Michigan ranks 48th for Growth, and Wisconsin ranks 41st for Turnover and Growth. Illinois, Indiana, and Ohio have overall rankings in the top half of U.S. states (26th, 19th, and 3rd, respectively).

Table 3: School Social Work Workforce Variable Rankings by Midwest State as Compared to All States

State	Rank Turnover	Rank Growth	Rank Wage	Rank Shortage	Overall Ranking
Illinois	19	35	46	5	27
Indiana	34	47	11	14	28
Minnesota	41	24	11	4	30
Michigan	23	50	33	18	37
Ohio	29	43	34	26	43
Wisconsin	44	32	44	34	49

None of the Midwest states appear in the top half of the school social work overall rankings (Table 3). Moreover, school social work Wage rankings are generally low in the Midwest, except for Indiana, which ranks 11th (Michigan is the next highest at 33rd). Growth rankings in school social work are also low among Midwest states, with only Minnesota ranking in the top half at 24th. Illinois and Michigan are the only states ranking in the top half for school social work Turnover, ranking 19th and 23rd, respectively. However, compared to the generally low rankings for School Social Workers, Minnesota and Illinois have high rankings for Shortage, ranking fourth and fifth out of 51, respectively.

Table 4: School Counseling Workforce Variable Rankings by Midwest State as Compared to All States

State	Rank Turnover	Rank Growth	Rank Wage	Rank Shortage	Overall Ranking
Wisconsin	34	26	9	17	13
Minnesota	39	28	16	4	14
Ohio	25	48	14	36	36
Michigan	14	49	26	38	41
Illinois	23	38	32	51	47
Indiana	29	43	48	29	49

Overall, the Midwest also fared poorly in their rankings for School Counselors (Table 4), with only Minnesota and Wisconsin ranking in the top half of U.S. states in overall ranking (14th and 13th, respectively). Similarly to School Psychologists, individual variable rankings in this occupation are more varied. Minnesota ranks fourth in Shortage, Wisconsin ranks ninth in Wage, and Michigan ranks 14th in Turnover. In contrast, Illinois ranks last (51st) in Shortage, Michigan and Ohio rank 49th and 48th, respectively, in Growth, and Indiana ranks 48th in Wage.

Michigan's BH Workforce Variable Rankings Compared to All Other States

Michigan has low overall rankings across all three BH occupations: 42nd for School Psychologists, 37th for School Social Workers, and 41st for School Counselors. Analyzing the individual workforce variables, Michigan rarely ranks in the top half of U.S. states, regardless of occupation. The exceptions lie in Turnover for all three BH occupations (24th for School Psychologists, 23rd for School Social Workers, and 14th for School Counselors), and 18th for school social work Shortage.

Workforce Variable Rankings Between Michigan and the Midwest States

To further analyze how Michigan's workforce variables rank for each BH occupation, MHC Insight conducted a smaller ranking focused only on Midwest states: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. The individual occupation rankings provide a more nuanced look at workforce variation by state, indicating Michigan's strengths and weaknesses in its immediate geographic region. Each occupation was ranked from 1 to 6—one for each state—for each applicable variable (with a lower rank number indicating better performance and vice versa), and was assigned an overall ranking. The results are found in Tables 5–7.

Table 5: School Psychology Workforce Rankings Among Midwest States

State	Rank Turnover	Rank Growth	Rank Wage	Rank Shortage	Overall Ranking
Ohio	1	1	1	3	1
Indiana	4	4	2	2	2
Illinois	2	3	3	4	3
Minnesota	5	2	4	5	4
Wisconsin	6	5	6	1	5
Michigan	3	6	5	6	6

Table 6: School Social Work Workforce Rankings Among Midwest States

State	Rank Turnover	Rank Growth	Rank Wage	Rank Shortage	Overall Ranking
Minnesota	5	1	4	1	1
Illinois	1	3	6	2	2
Indiana	4	5	1	3	3
Michigan	2	6	2	4	4
Ohio	3	4	3	5	5
Wisconsin	6	2	5	6	6

Table 7: School Counseling Workforce Rankings Among Midwest States

State	Rank Turnover	Rank Growth	Rank Wage	Rank Shortage	Overall Ranking
Wisconsin	5	1	1	2	1
Minnesota	6	2	3	1	2
Ohio	3	5	2	4	3
Michigan	1	6	4	5	4
Illinois	2	3	5	6	5
Indiana	4	4	6	3	6

Minnesota has the best overall rankings of all the Midwest states, with first overall for school social work and second for school counseling. Indiana and Ohio also frequently appear in the top three highest rankings across the BH occupations.

Michigan did not have an overall rank in the top half of the Midwest in any BH occupation, ranking sixth for school psychology, and fourth for school social work and school counseling. Michigan also ranks last in Growth for each occupation, bringing its overall rankings down.

Demographic Data Comparison

State Comparison of BH Occupations by Racial/Ethnic Diversity (Percentage White)

MHC Insight analyzed racial/ethnic diversity by percentage of an occupation's workforce that identifies solely as white, such that diversity is inversely related to the percentage of white professionals (i.e., the higher the percentage of white individuals, the less racially/ethnically diverse an occupation is, and vice versa). Of all Midwest states, Illinois' BH workforce is the most diverse across all three occupations— 59.3 percent, 75.9 percent, and 49.0 percent white for School Counselors, School Psychologists, and School SWs, respectively. Michigan ranks second in diversity for School Counselors (72.9 percent white) and School SWs (64.7 percent white), and third for School Psychologists (86.4 percent white). Wisconsin is the least diverse Midwest state for School Counselors (75.7 percent white), Ohio for School Psychologists (91.4 percent white), and Indiana for School SWs (71.5 percent white). Nationally, the School Counselor and School Psychologist workforces are most diverse in Hawaii (25.9 percent and 45.7 percent white, respectively). The School SW occupation is most diverse in D.C. (18.8 percent white). Vermont has the least racially/ethnically diverse School Counselors (88.7 percent white) and School SWs (90.0 percent white) among all U.S. states, and Iowa has the least racially/ethnically diverse School Psychologists (95.1 percent white).

Overall, the Midwest (with the exception of Illinois) tends to have a higher percentage of white professionals and thus a less racially/ethnically diverse BH workforce. **Even more, compared to other Midwest states, Michigan has a higher percentage of white professionals**, with the second-highest percentages of white School Psychologists and School Social Workers, and the highest percentage of white School Counselors.

Figure 1: School Psychologist Racial/Ethnic Diversity by Most & Least Diverse States and Midwest Neighbors

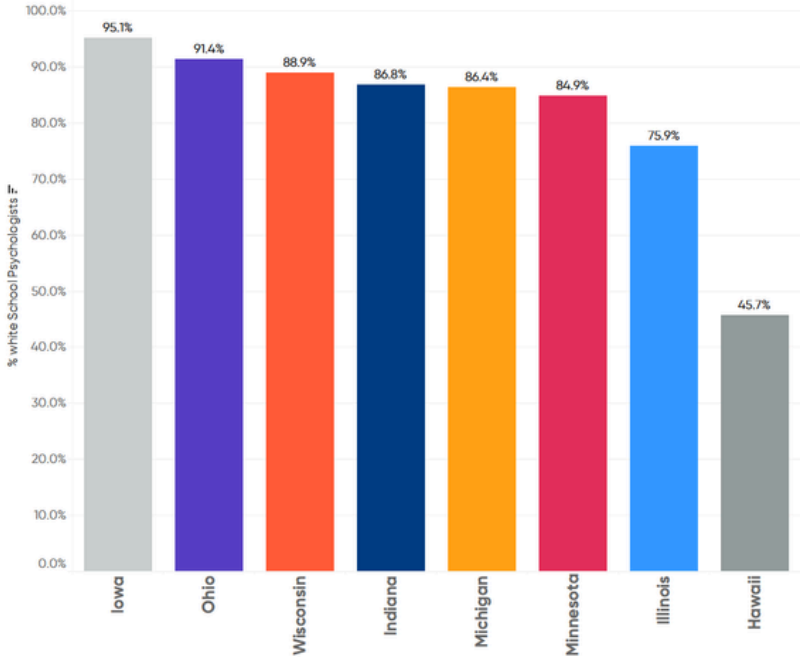


Figure 2: School Social Worker Racial/Ethnic Diversity by Most & Least Diverse States and Midwest Neighbors

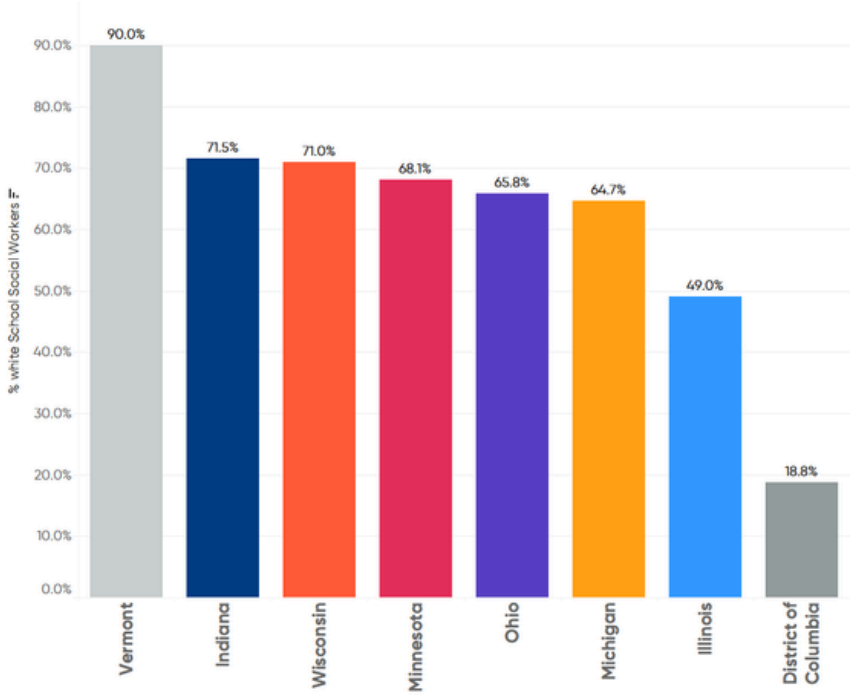
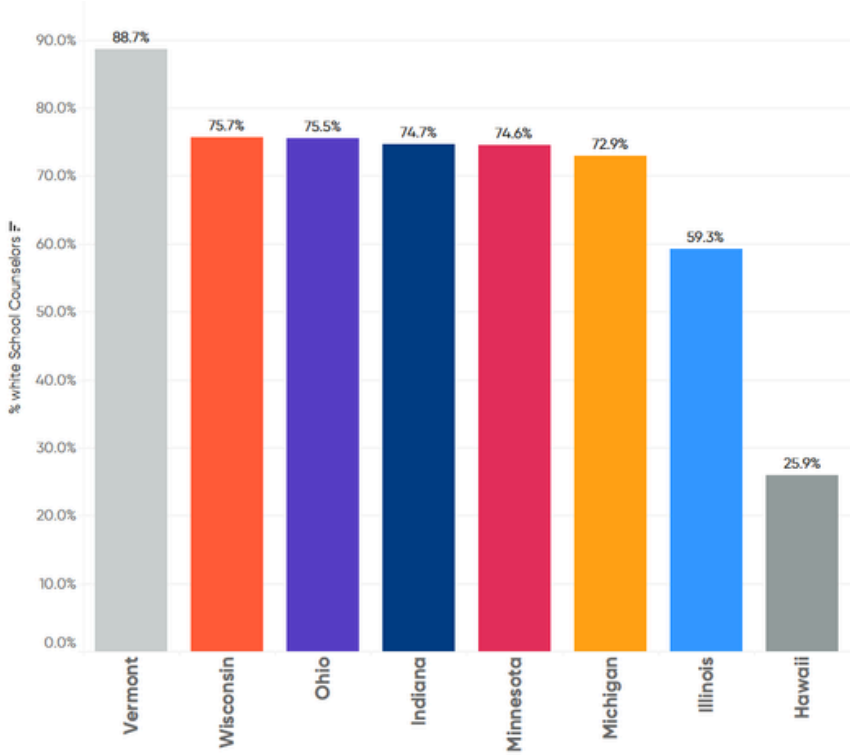


Figure 3: School Counselor Racial/Ethnic Diversity by Most & Least Diverse States and Midwest Neighbors



State Comparison of BH Occupations by Percentage Male Workforce

Female professionals dominate most BH occupations, but it is important for these occupations to have an adequate representation of males. MHC Insight analyzed states by the percentage of each occupation's male workforce, such that the higher the percentage of male professionals, the more diverse an occupation is. The School Counselor occupation generally has higher percentages of males in Midwest states than School Psychologists and School SWs.

In the Midwest, Wisconsin has the highest percentages of male School Counselors (25.8 percent) and School Psychologists (23.3 percent). Minnesota has the highest percentage of male School SWs (17.8) in the Midwest. Indiana has the lowest percentage of male professionals in all three occupations among Midwest states—24.7 percent, 17.5 percent, and 14.5 percent for School Counselors, School Psychologists, and School SWs, respectively. Of the Midwest states, Michigan has the third highest percentage (25.5) of male School Counselors and the second lowest for School Psychologists (18.5 percent) and School SWs (15.5 percent). Nationally, Oregon has the highest percentage of male professionals in school counseling. Alaska has the highest percentage in school psychology (28.8 percent male) and school social work (22.4 percent male). Iowa, South Carolina, and Louisiana have the lowest percentages for School Counselors (24.1 percent male), School Psychologists (12.3 percent male), and School SWs (11.8 percent male), respectively.

Figure 4: Percentage Male School Psychologists: Most & Least Diverse States and Midwest Neighbors

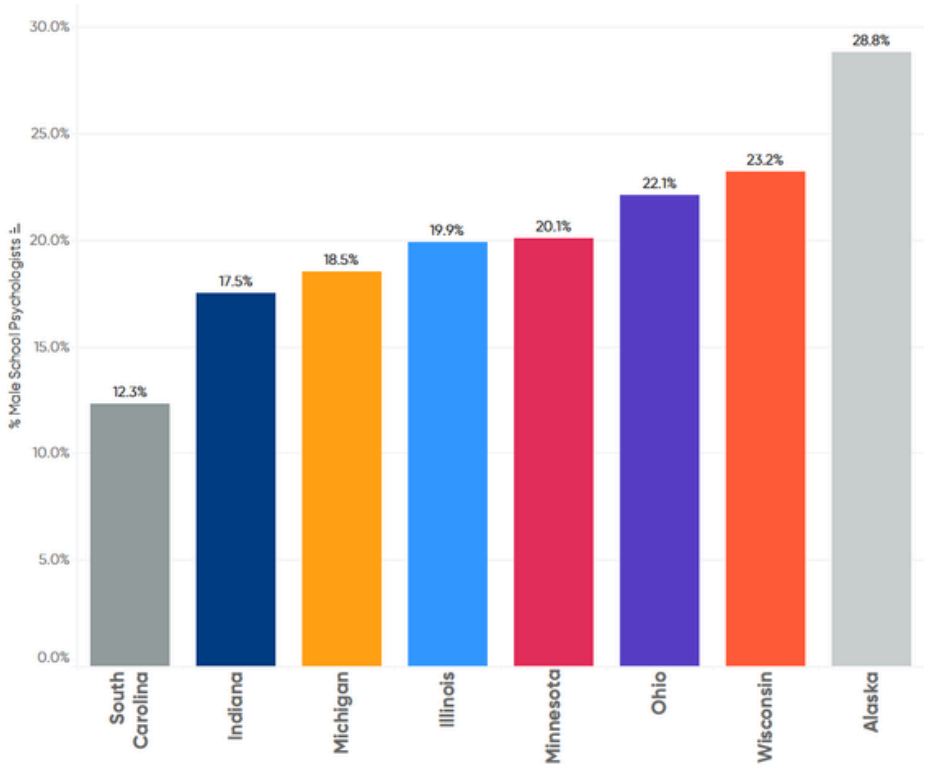


Figure 5: Percentage Male School Social Workers: Most & Least Diverse States and Midwest Neighbors

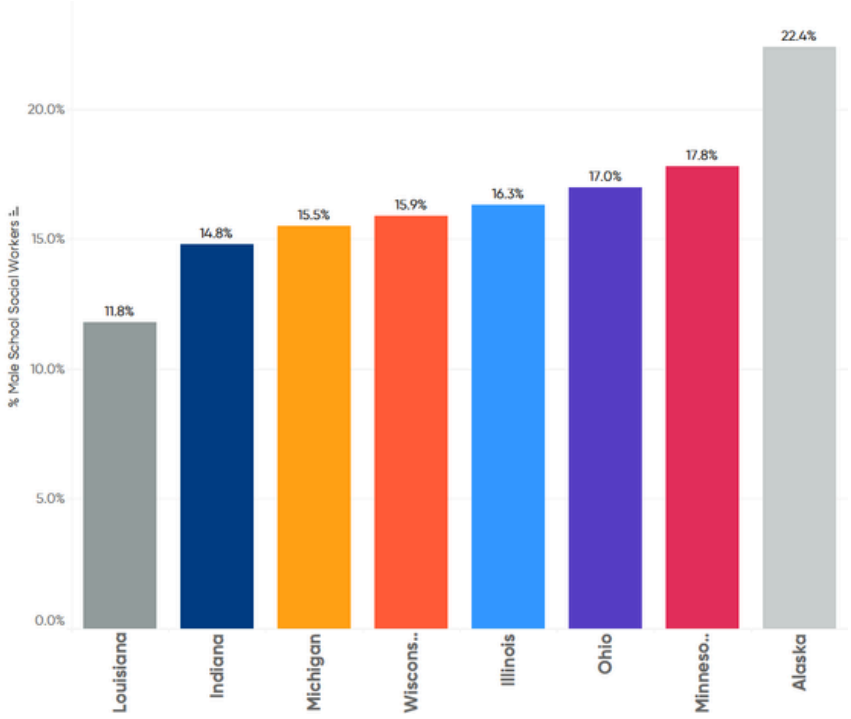
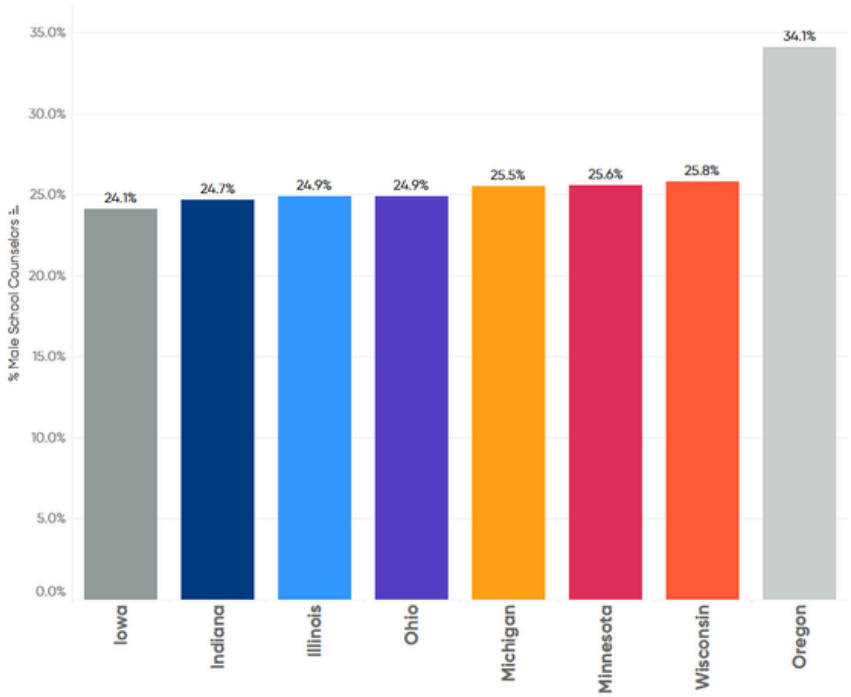


Figure 6: Percentage Male School Counselors: Most & Least Diverse States and Midwest Neighbors



State Comparison of BH Occupations by Percentage Working-Age Professionals

The percentage of working-age professionals (between the ages of 25 and 54) is a metric MHC Insight uses to help determine the overall "health" of a workforce. A high percentage of working-age professionals indicates a "healthier," more stable workforce, comprised of individuals at different ages and stages in their careers. Conversely, a lower percentage *may* indicate a less stable workforce, comprised of older adults nearing retirement age or young adults who may not be solidified in their careers.

Michigan has the second-highest percentage of working-age School Psychologists (77.0 percent) and School SWs (73.4 percent), but the third-lowest percentage of School Counselors (69.4 percent). Ohio has the lowest percentage of working-age School Psychologists (68.4 percent) and School SWs (71.4 percent), and Indiana has the lowest percentage of working-age School Counselors (66.8 percent). A different Midwest state has the highest percentage for each occupation—Wisconsin for School Counselors (72.8 percent), Illinois for School Psychologists (77.5 percent), and Minnesota for School SWs (73.7 percent). Nationally, the District of Columbia has the highest percentage of working-age School Psychologists (82.8 percent) and School SWs (80.0 percent). Alaska has the highest percentage of School Counselors (76.0 percent). Oregon, Maine, and New Hampshire have the lowest percentages for School Counselors (60.1 percent), School Psychologists (67.9 percent), and School SWs (67.7 percent), respectively.

Across the U.S., BH occupations are generally "healthy," with high percentages of working-age professionals in their workforces. The lowest percentage of working-age professionals in a BH occupation was School Counselors in Oregon, with 60.1 percent. As a whole, the Midwest has similar percentages of working-age adults within all three BH occupations. The largest discrepancy within the Midwest is in School Psychologists, where Ohio's percentage of working-age professionals is 68.4 percent, almost ten percent below Illinois' (77.5 percent).

Figure 7: Percentage Working-Age School Psychologists: Most & Least Diverse States and Midwest Neighbors

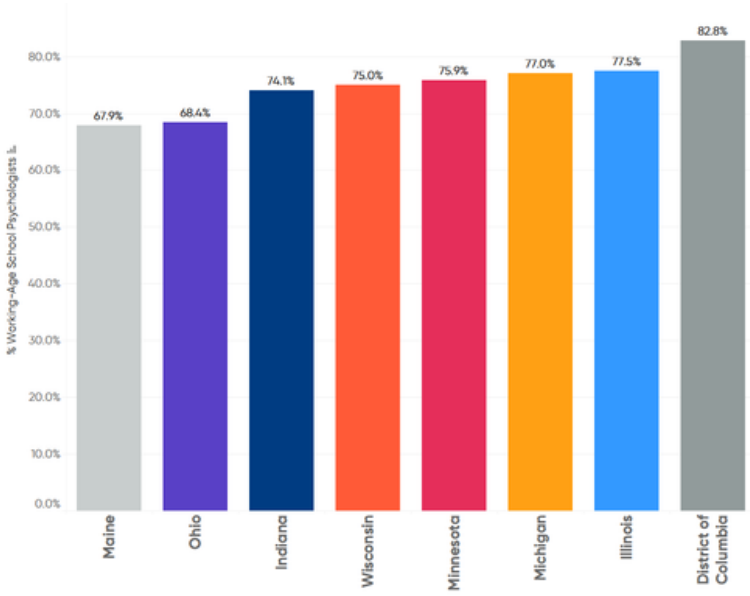


Figure 8: Percentage Working-Age School Social Workers: Most & Least Diverse States and Midwest Neighbors

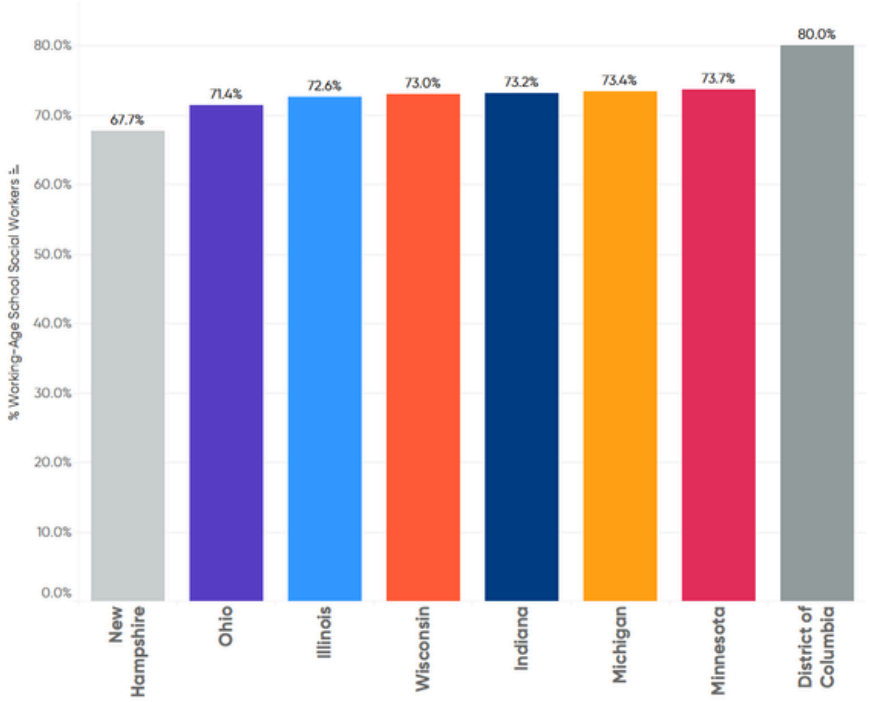
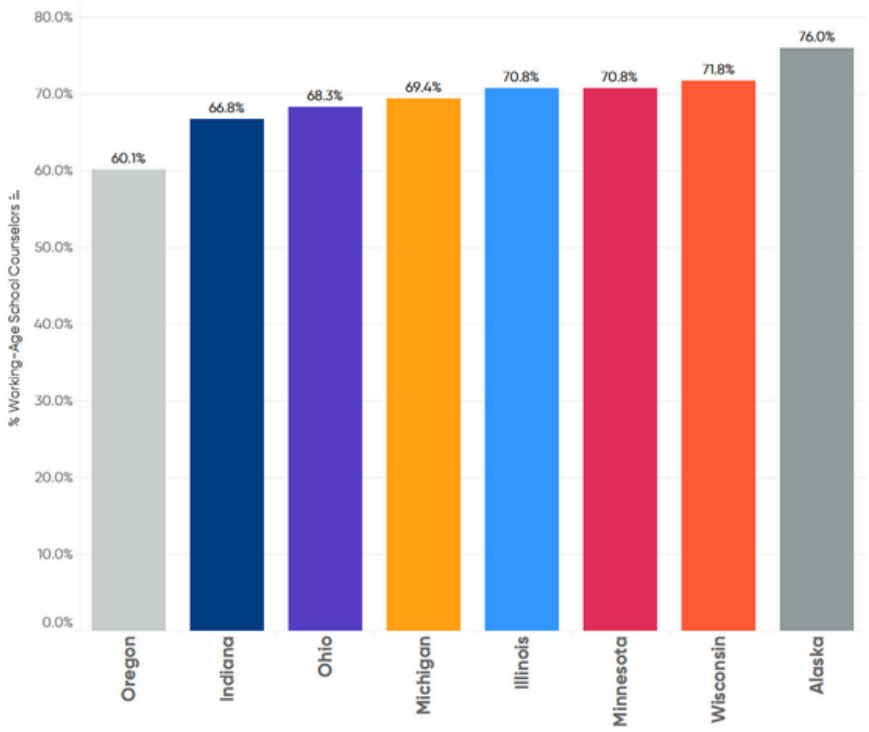


Figure 9: Percentage Working-Age School Counselors: Most & Least Diverse States and Midwest Neighbors



State Comparison of BH Occupations by Cost-of-Living-Adjusted Wages

Cost-of-living (COL)-adjusted wages calculate a professional's actual earnings in the context of a region's cost of living. COL-adjusted wages standardize earnings across states, allowing for more accurate comparisons of states that compensate more or less for an occupation. For the purposes of this report, MHC Insight utilized COL-adjusted wages (median hourly) for each BH occupation to provide more context, determine if the highest- and lowest-paying states changed, and see how the Midwest states rank in comparison.

Figure 10: School Psychologist COL Hourly Wages: Highest- & Lowest-Paying States and Midwest Neighbors

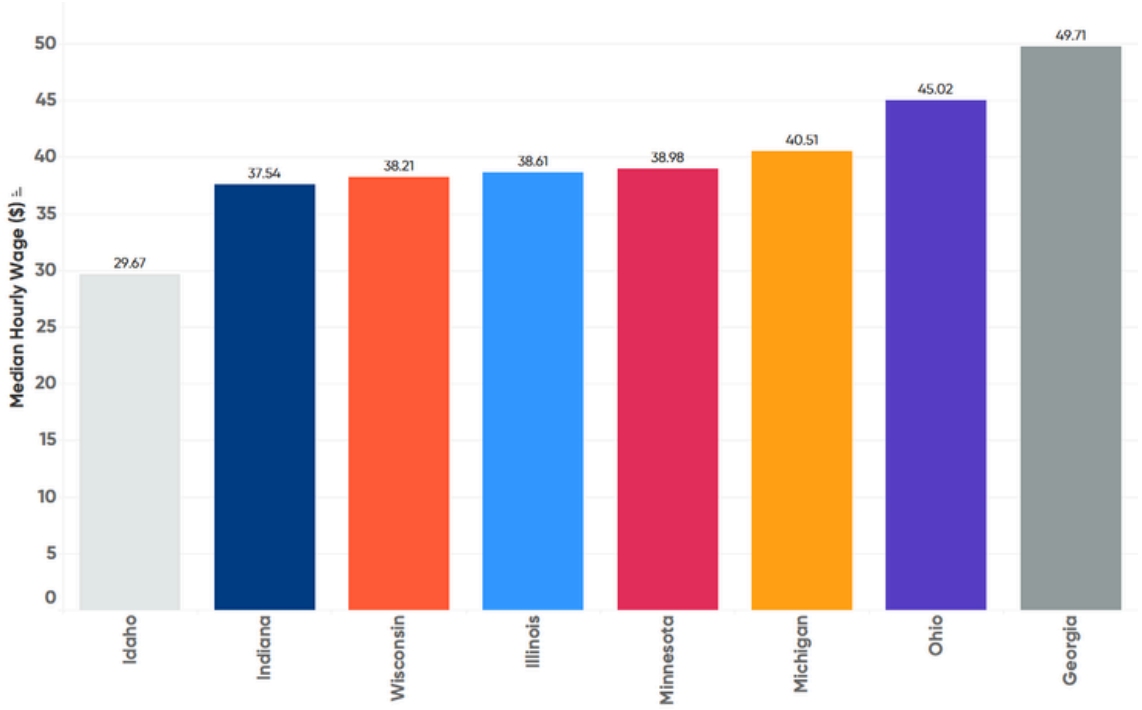


Figure 11: School Social Worker COL Hourly Wages: Highest- & Lowest-Paying States and Midwest Neighbors

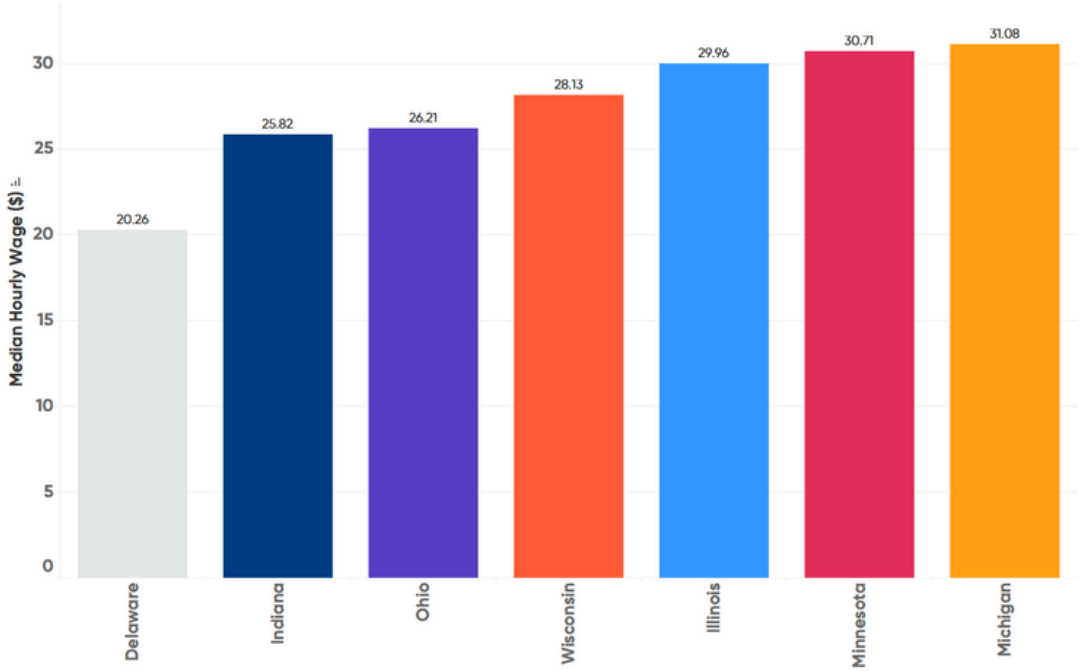
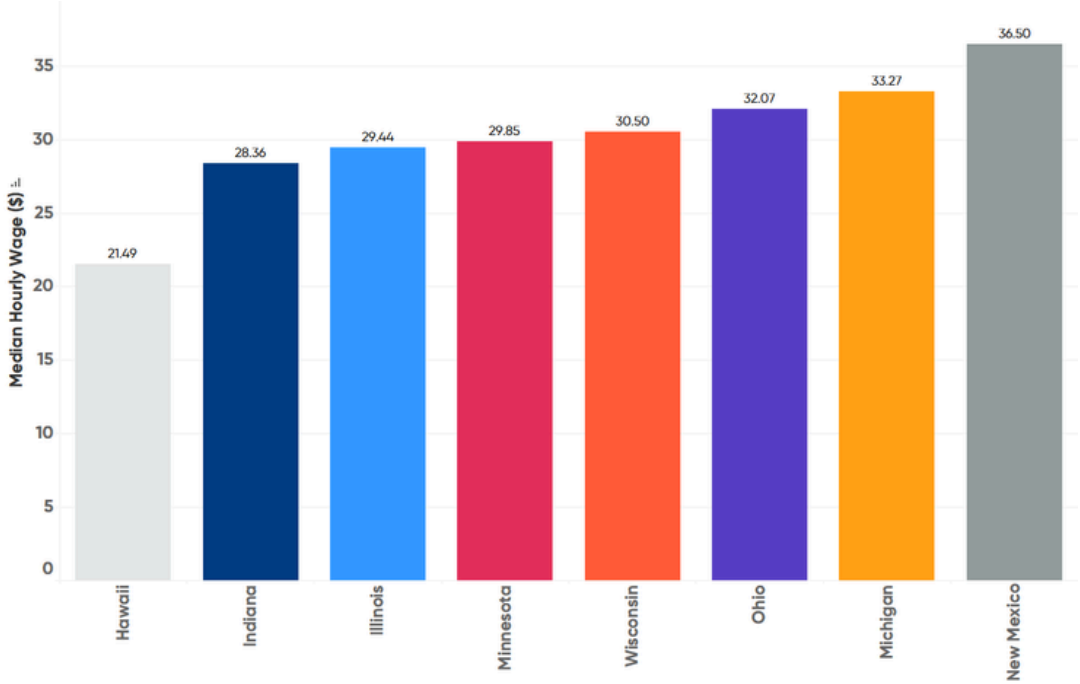


Figure 12: School Counselor COL Hourly Wages: Highest- & Lowest-Paying States and Midwest Neighbors



The highest- and lowest-paying states for each BH occupation changed when using COL-adjusted wages. For School Psychologists, the highest-paying state changed from Colorado ($52.57) to Georgia ($49.71), and the lowest-paying state changed from Arkansas ($27.49) to Idaho ($29.67). The highest-paying state for School Social Workers changed from the District of Columbia ($35.37) to Michigan ($31.08), and the lowest-paying state changed from Mississippi/Missouri (both $20.01) to Delaware ($20.26). New Mexico ($36.50) replaced Washington ($38.49) as the highest-paying state for School Counselors, and Hawaii became the lowest-paying state ($21.49) instead of South Dakota ($23.39).

Within the Midwest, state rankings also changed with the COL-adjusted wages. Michigan went from being the third-highest paying state for School Psychologists to the second-highest paying state ($40.51), behind Ohio ($45.02). Within the School Social Worker occupation, Michigan became the highest-paying state in the Midwest and nationally, although it was the third-highest paying before COL adjustments. Michigan also saw a significant ranking jump for School Counselors, moving from the second-lowest paying state to the highest-paying Midwest state ($33.27). Other Midwest states showed some movement in rankings for each occupation, but there were no jumps or drops greater than two ranks for those states.

Overall, trends in the COL-adjusted wage data were positive for Michigan, increasing its ranking in all three BH occupations compared to the other Midwest states. In contrast, COL-adjusted wages did not improve Indiana's rankings for the three occupations, as Indiana remained near or at the bottom before COL-adjustment and solidified its place at the bottom after COL-adjustment.

Table 8: 2025 School Psychologist Median Hourly Wages by State (non-COL)

Arkansas	$27.49
Indiana	$36.73
Illinois	$37.67
Wisconsin	$38.43
Michigan	$38.69
Minnesota	$39.70
Ohio	$45.21
Colorado	$52.57

Table 9: 2025 School SW Median Hourly Wages by State (non-COL)

Mississippi/Missouri	$20.01
Ohio	$23.20
Indiana	$23.70
Wisconsin	$25.01
Michigan	$27.51
Illinois	$28.47
Minnesota	$32.25
District of Columbia	$35.37

Table 10: 2025 School Counselor Median Hourly Wages by State (non-COL)

South Dakota	$23.39
Indiana	$24.36
Michigan	$28.20
Illinois	$28.82
Wisconsin	$29.04
Minnesota	$29.15
Ohio	$30.26
Washington	$38.49

Workforce Variables & Demographics Summary | Where Michigan Stands

Workforce Variables

Michigan falls behind most U.S. states regarding the workforce variable rankings that impact school-based BH occupations. Out of the 51 states included in the analysis, Michigan had an overall ranking of 42 for School Psychologists, 37 for School Social Workers, and 41 for School Counselors. Michigan's best rankings (ranking in the top half of US states) are in Turnover for all three occupations, indicating that the state provides some positive incentive or attribute that encourages professionals to remain in their careers once employed. However, getting individuals to that point appears to be where Michigan struggles the most. Michigan's lowest rankings came from its workforce Growth, where it ranked 45th for School Psychologists, 50th for School Social Workers, and 49th for School Counselors.

Michigan also largely falls behind its Midwest neighbors (Illinois, Indiana, Minnesota, Ohio, and Wisconsin). When Turnover, Growth, Wage, and Shortage rankings were compared between the Midwest states, Michigan did not earn a ranking higher than a four out of six in any category across all three BH occupations.

Demographics

Michigan varied between high and low rankings within the demographic comparisons. Michigan's percentages of working-age School Psychologists and School SWs are better than average, but School Counselors are in the bottom half. Across the three BH occupations–and in alignment with the Midwest–Michigan's BH workforce lacks racial/ethnic diversity, and males are underrepresented, with most working BH professionals identifying as white and female. Considering Michigan's low BH workforce Growth, targeting diverse and underutilized populations for recruitment is an avenue for the state to grow its workforce.

Michigan's highest demographic rankings are in the cost-of-living-adjusted wages for each BH occupation. Michigan provides the highest COL-adjusted compensation of any U.S. state for School Social Workers. It also has the highest and second-highest COL-adjusted compensation of the Midwest states for School Counselors and School Psychologists, respectively. High COL-adjusted wages could partly explain the relatively low turnover in the BH occupations in Michigan.

In Summary

The results of the workforce variable rankings and demographic comparisons underscore the necessity for Michigan to further support School Counselors, School Social Workers, and School Psychologists. While challenges with the BH workforce are not unique to the Midwest (most states have overall rankings in the bottom half nationally), Michigan ranks near the bottom when comparing the Midwest states alone, showing that the state lacks competitiveness with its regional neighbors.

The next section of this report analyzes Michigan's working environment compared to other Midwest states and highlights promising practices that will make Michigan more attractive to current BH professionals and supportive of those entering the workforce.

Table 11 summarizes Michigan's workforce variable and demographic data rankings.

Table 11: Summary of Michigan's Workforce Variable and Demographic Data Rankings

	School Psychologists	School Social Workers	School Counselors
Workforce Variables			
Turnover	24	23	14
Growth	45	50	49
Wage	31	33	26
Shortage	33	18	38
Overall	42	37	41
Demographic Comparison			
Racial/Ethnic Diversity (Percentage White)	• 86.4% white professionals • Ranks closer to the least diverse state (Iowa, 95.1%) than the most diverse state (Hawaii, 45.7%) • Ranks third-highest in the Midwest	• 64.7% white professionals • Ranks closer to the least diverse state (Vermont, 90%) than the most diverse state (District of Columbia, 18.8%) • Ranks second-highest in the Midwest	• 72.9% white professionals • Ranks closer to the least diverse state (Vermont, 88.7%) than the most diverse state (Hawaii, 25.9%) • Ranks second-highest in the Midwest

Continues on next page

	School Psychologists	School Social Workers	School Counselors
Demographic Comparison			
Percentage Male	• 18.5% male professionals • Ranks closer to the least diverse state (South Carolina, 12.3%) than the most diverse state (Alaska, 28.8%) • Ranks second-to-last in the Midwest	• 15.5% male professionals • Ranks closer to the least diverse state (Louisiana, 11.8%) than the most diverse state (Alaska, 22.4%) • Ranks second-to-last in the Midwest	• 25.5% male professionals • Ranks closer to the least diverse state (Iowa, 24.1%) than the most diverse state (Oregon, 34.1%) • Ranks third-highest in the Midwest
Percentage Working-Age	• 77.0% working age • Ranks closer to the highest percentage state (District of Columbia, 82.8%) than the lowest percentage state (Maine, 67.9%) • Ranks second-highest in the Midwest	• 73.4% working age • Ranks closer to the lowest percentage state (New Hampshire, 67.7%) than the highest percentage state (District of Columbia, 80.0%) • Ranks second-highest in the Midwest	• 69.4% working age • Ranks in the middle of the highest and lowest percentage states, being slightly closer to the highest (Alaska, 76.0%) than the lowest (Oregon, 60.1%) • Ranks third-lowest in the Midwest
COL-Adjusted Wage	• $40.51 COL-adjusted hourly wage • Ranks closer to the highest-paying state (Georgia, $49.71) than the lowest-paying state (Idaho, $29.67) • Increased Midwest ranking from second-lowest to second-highest paying	• $31.08 COL-adjusted hourly wage • Michigan became the highest-paying state across all U.S. states • Increased Midwest ranking from second-highest paying to highest-paying	• $33.27 COL-adjusted hourly wage • Ranks closer to the highest-paying state (New Mexico, $36.50) than the lowest-paying state (Hawaii, $21.49) • Increased Midwest ranking from third-lowest to highest-paying

Michigan's BH Environment Compared to the Midwest

Introduction

To understand what environmental conditions may support or inhibit the growth and retention of the school-based behavioral healthcare (BH) workforce within Michigan, MHC Insight compared the following workforce and career variables with Midwest neighbors Illinois, Indiana, Minnesota, Ohio, and Wisconsin:

1. State status of school Medicaid expansion
2. State-level BH workforce policies
3. BH-related Career and Technical Education (CTE) courses
4. State-level financial aid and loan repayment programs
5. State licensure requirements and processes for school-based providers
6. State status of BH interstate compact participation

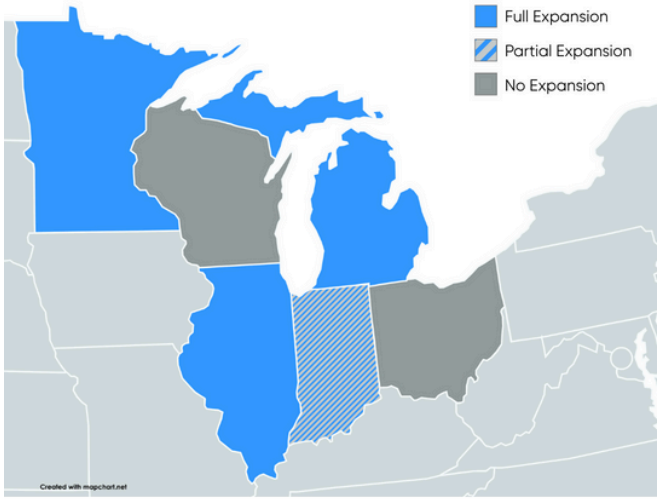
While it's impossible to definitively say which variable or combination of variables may ultimately improve the state of Michigan's school-based BH workforce, MHC Insight highlights the opportunities and promising practices that may contribute to growing and retaining school-based BH professionals later in the report (see Workforce Data Summary | Promising Practices for Michigan).

State School Medicaid Expansion Status

Historically, school Medicaid programs only served students within the special education population, i.e., those with an Individualized Education Plan (IEP) or Individual Family Service Plan (IFSP). In 2014, the Centers for Medicare & Medicaid Services (CMS) issued a letter to states allowing them to expand their school-based Medicaid programs to provide services to any student who qualified for Medicaid.[4] Under an expanded Medicaid program, schools could offer all Medicaid-eligible students (with or without an IEP/IFSP) Medicaid-covered behavioral health services.[5] Even though the "Free Care" letter was released in 2014, most states did not immediately take advantage of it. However, many states, including Michigan in 2019,[6] were able to do so through a state plan amendment.[7]
Since school Medicaid expansion began in 2014, 25 states have enacted an expansion program.[8]

As of the release of this report (August 2025), Illinois, Michigan, and Minnesota have enacted school Medicaid expansion programs that provide many BH services. Indiana also enacted a school Medicaid expansion program; however, MHC Insight considers their program a partial expansion, as only School Psychologists can provide services to non-IEP/IFSP students. Neither Ohio nor Wisconsin has implemented an expanded school Medicaid program, and services remain limited to IEP/IFSP students.

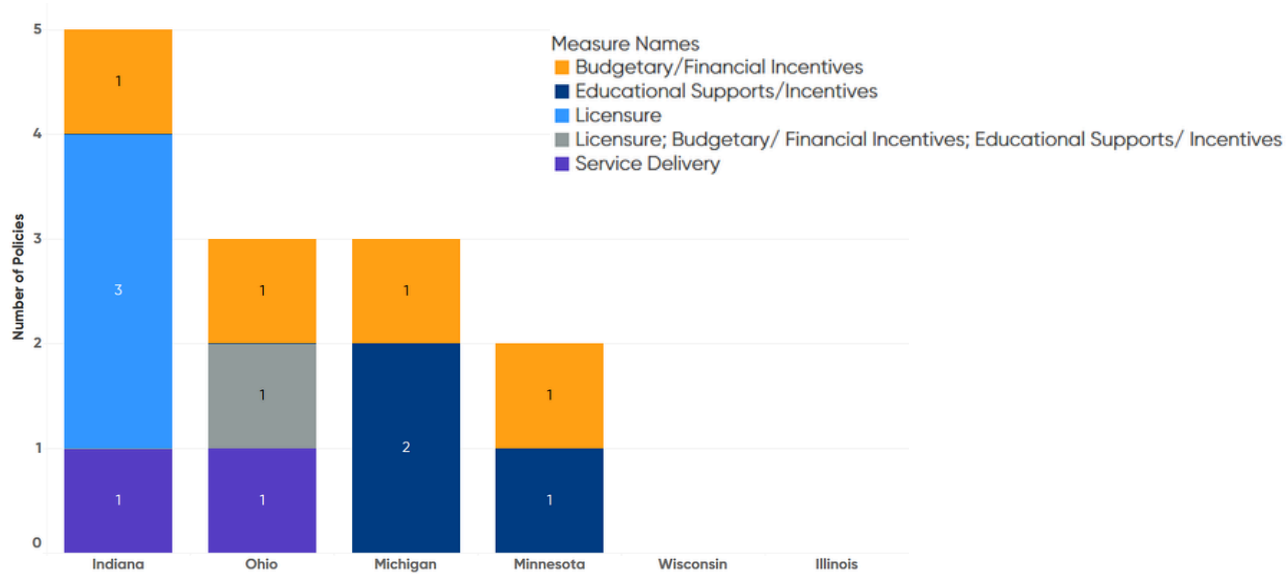
Figure 13: School Medicaid Expansion Statuses of Midwest States



State-Level Behavioral Healthcare Workforce Policies

Several Midwest states have at least one state policy that supports the growth, expansion, and/or funding of their BH workforce. Wisconsin and Illinois lack any policies, while Indiana has the most (five). Of all the Midwest states, Indiana and Ohio have the most policy diversity, with active policies from three different categories. Compared to the other states, Michigan ranks in the middle in terms of the absolute number and diversity of its policies. However, with one of its Budgetary/Financial Incentives policies expiring in September 2025, Michigan's policy number rank will drop (and tie with Minnesota). MHC Insight did not include 31n funding or an update to 31aa funding in Michigan's policy count because, at the time of writing the report, the state's FY 2026 Budget had not been signed.

Figure 14: Number and Type of Behavioral Healthcare Workforce Policies in the Midwest by State



Overall, the Midwest states implemented Budgetary/Financial Incentives policies most frequently, with four states having at least one active policy. Conversely, the least frequently implemented policy type is Licensure, Budgetary/Financial Incentives, Educational Supports/Incentives, with only Ohio having an active policy in this category. According to the descriptions and goals of the policies, the majority aim to grow the workforce instead of retaining current professionals. This is especially true of Licensure policies, which focus on increasing the number and types of professionals eligible for licensure.

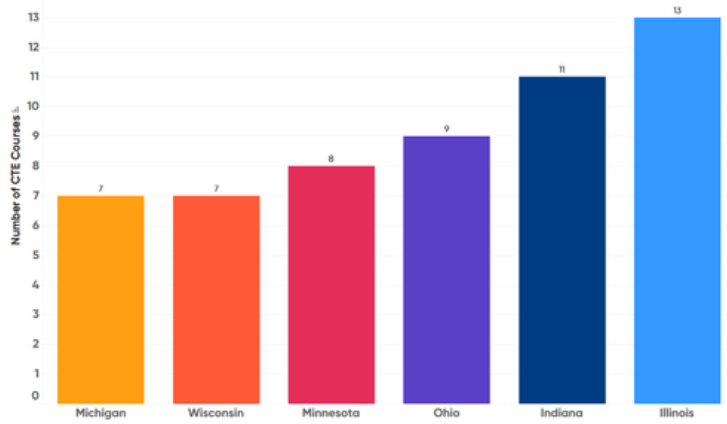
Furthermore, Ohio and Indiana have active policies attempting to make extensive improvements to behavioral health care across their states (Ohio's Comprehensive Behavioral Health Workforce Roadmap and the Indiana Primary Care and Behavioral Health Integration Initiative, respectively). If implemented fully, these multifaceted policies could likely have a greater impact on the BH workforce in Ohio and Indiana in the long run.

Appendix 1 provides a full description of how policies were sorted into each category. Appendix 2 provides an overview of and links to each policy included in the analysis. Other proposed, pending, and recently ended policies from 2025 are also included in Appendix 2 but are not counted toward the total number of active policies.

Behavioral Health-Related Career and Technical Education Courses

Career and Technical Education (CTE) programs allow high school students to explore and prepare for future careers. CTE programs include four components: classroom instruction, technical skills training, work-based learning, and leadership opportunities. CTE programs comprise a sequence of courses, each focusing on teaching specific skills or knowledge. As CTE programs can lead to participants earning an industry-recognized certificate, receiving college credit, and connecting with local employers,[9] CTE offers a promising strategy for growing the number of BH professionals ready to enter entry-level BH careers and supporting and encouraging students to enroll in postsecondary BH programs. MHC Insight analyzed CTE by courses. Michigan is the only one of the six Midwest states that does not provide an online CTE course catalog; therefore, state-approved CTE credentials served as a proxy for courses. Importantly, not every course is offered by every CTE entity (school district, consortium, career center) in a state – this analysis is meant to be an overview of available and approved offerings.

Figure 15: Number of Behavioral Health-Related CTE Courses by State



Of the Midwest states, Michigan and Wisconsin have the fewest BH-related CTE courses, with seven each. In contrast, Illinois has the most, with thirteen courses, followed closely by Indiana, which offers eleven.

Some of the CTE courses available in the Midwest prepare students to enter the workforce in a career that supports or interacts with clients/patients with mental or behavioral health needs. These courses include, but are not limited to:

1. Community Health Worker
2. Direct Support Person
3. Home Health Aide
4. Registered Behavior Technician
5. Healthcare Specialist: CNA

Most available BH CTE courses introduce students to the fundamentals of BH careers and their associated therapies, and include titles such as:

1. Survey of Psychiatric Rehabilitation
2. Counseling and Mental Health
3. Early Childhood Education
4. Child Psychology
5. Behavioral Health and Human Services
6. Mental Health
7. Integrated Behavioral Health

When analyzing which CTE pathways/subject areas/CIP codes the BH CTE courses fell under, most states classified their programs under Health Sciences, Education, or Human Services. Appendix 3 lists CTE courses and their pathway/subject area/CIP code by state.

Financial Aid and Loan Repayment Programs

Financial Aid Programs

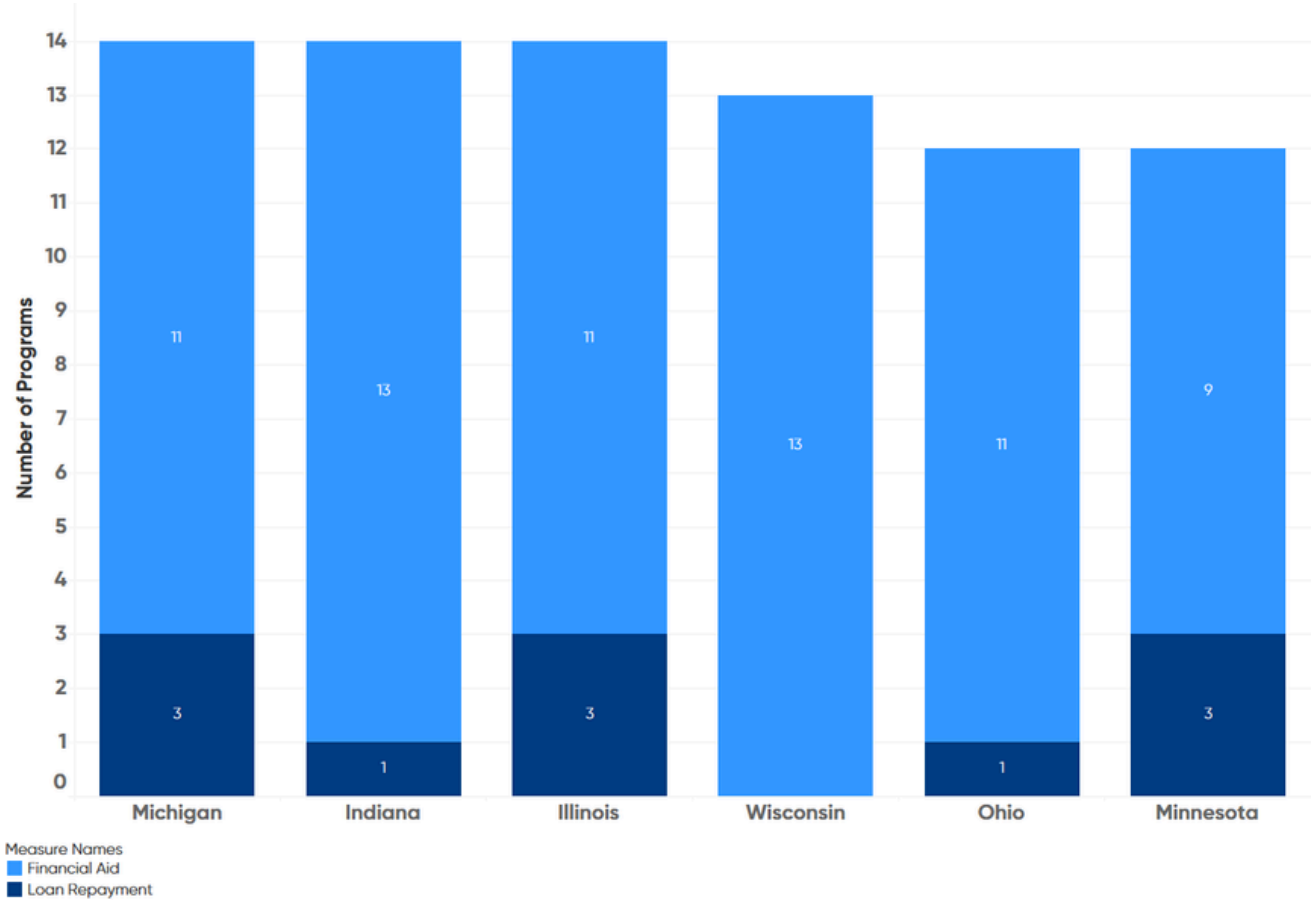
Some variance exists between the Midwest states in the number of state-funded financial aid programs that BH students or professionals are potentially eligible for. Indiana and Wisconsin offer the most financial aid programs (13 each), followed closely by Michigan, Illinois, and Ohio (11 each). Minnesota offers the fewest, with nine state-funded financial aid programs. Of the total financial aid programs available in each state, MHC Insight examined how many are explicitly targeted at the BH workforce. Half of the Midwest states–Illinois, Michigan, and Minnesota–offer at least one financial aid program directly supporting the BH workforce. Michigan has the most programs (three), Illinois has two, and Minnesota has one.

Loan Repayment Programs

When comparing state loan repayment programs, MHC Insight only considered those in which a BH professional would be eligible. Illinois, Michigan, and Minnesota have the most BH loan repayment programs (three). Indiana and Ohio have one each. Wisconsin has the fewest, with none.

Appendix 4 lists all financial aid and loan repayment programs by Midwest state.

Figure 16: Number of Financial Aid and Loan Repayment Programs by State



Licensure Requirements by State for School-Based Behavioral Health Professionals

To determine how Michigan's licensure processes for School Psychologists, School Social Workers, and School Counselors compare to those of other Midwest states, MHC Insight analyzed the variable aspects of the processes, which included the minimum education level, post-graduation licensure requirements, which agency(s) oversee the process, and whether the state offers a lifetime license.

MHC Insight listed post-graduation licensure requirements for individuals who completed a state-approved and accredited program. MHC omitted licensure application as a requirement if a state only required professionals to hold one type of license and did not require temporary/initial licensure as a step along the way. MHC included licensure requirements necessary for an individual to achieve the most basic level/tier of full licensure beyond a temporary or preliminary license. Finally, MHC excluded any requirements about providing documentation related to criminal offenses.

When comparing the licensure processes between states, it is impossible to provide a ranking based on which individual or combination of licensure requirements would pose the most or least difficulty for individuals to complete. First, each state has different licensure requirements based on its standards for working professionals, application systems/technology, state licensure personnel, and internal processes. Moreover, it is beyond the scope of this report to gauge and rank individuals' perceptions of how difficult it is to navigate one licensure requirement over another. Completing specific licensure requirements, such as passing an examination or obtaining dual licensure, may pose a comparable or greater subjective difficulty. Thus, the absolute number of licensure requirements an individual must complete cannot determine a licensure process's difficulty.

While unable to conclusively compare and rank the licensure processes state-to-state, MHC Insight reviewed the total number of requirements for each profession and which requirements may add length to the licensure process to determine, by state and occupation, which professionals may have an easier time applying for licensure.

School Psychology

Most Midwest states require School Psychologists to earn a minimum of a master's degree in school psychology to practice. However, Michigan and Wisconsin require School Psychologists to hold a minimum of a specialist or specialist equivalent degree, adding an additional year of schooling for professionals in those states compared to the rest of the Midwest.

Indiana requires School Psychologists to apply for an Initial Practitioner license and complete a two-year post-graduation residency program before applying for a Proficient Practitioner (five-year) license. Illinois and Ohio require applicants to pass a school psychology-focused exam. Some states require additional training (Indiana), documentation (Ohio), or recommendations from the degree-granting institution (Ohio). If school psychology license applicants in Wisconsin do not graduate with a cumulative GPA of at least 3.0 in their content-specific courses, they may have to complete an additional requirement.

Every Midwest state only has one state agency managing licensure; most states utilize their Department of Education.

Indiana has the most post-graduation school psychology licensure requirements (six), while Michigan and Minnesota have the fewest (zero). Additionally, unlike every other Midwest state, Wisconsin offers a "Tier-III Lifetime License," which allows individuals to continually practice without needing to reapply for licensure from their state licensing body.

Table 12: Midwest State Post-Graduation Licensure Requirements for School Psychologists

State	Minimum Degree Required	Post Graduation Licensure Requirements*	State Agencies Managing Licensure	Lifetime Licensure Available?
IL	Master's	• Passing score on the ILTS School Psychologist exam	State Department of Education	No
IN	Master's	• Apply for a 2-year Initial Practitioner license • Complete Suicide Prevention Training • Complete Human Trafficking Training • Complete Child Abuse and Neglect Training • Hold valid CPR and AED certification • Complete two years in schools under the Indiana Mentor and Assessment Program (IMAP)	State Department of Education	No
MI	Specialist/Specialist Equivalent	None	State Department of Education	No
MN	Master's	None	State Professional Educator Licensing and Standards Board (entity of the Minnesota Department of Ed)	No
OH	Master's	• Pass the Praxis school psychology specialty exam • Pass a criminal background check	Ohio Board of Psychology	No

WI	Master's	• Receive institutional endorsement
		• *Meet the content knowledge requirement*
		  ◦ *Have a cumulative GPA of 3.0/4.0 in subject area courses*
		  ◦ *Pass the standardized test approved by the state superintendent*
		  ◦ *Complete a content-based portfolio designed by the educator preparation program*
			State Department of Education	Yes

*Assumes graduates have met their state's standards for educational program accreditation or approvals

School Social Work

Like School Psychologists, most Midwest states require School Social Workers to hold a master's degree to practice. The exception is Minnesota, where bachelor's-trained Social Workers can hold full licensure to practice in school settings.

In analyzing the post-graduation licensure requirements, several requirements adopted across the Midwest likely add length to the school social work licensure process. Indiana and Illinois require School Social Workers to complete a certain number of hours/length of time under supervision before they can apply for full licensure (4,000 hours in Michigan, two years in Indiana), which adds significant length to the timeline compared to states that do not have a supervision requirement. Because the Limited License Master of Social Work (LLMSW) license is only valid for one calendar year, and it is impossible for a School Social Worker to complete 4,000 supervised hours in one year, they must go through another step of renewing their LLMSW at least one more time along the way.

School Social Workers in Indiana, Michigan, Minnesota, and Ohio must hold dual licenses: one through their state licensing agency or social work board, and one through their state Department of Education. Applying for and receiving an additional license also likely adds length to the licensure process for School Social Workers in these states. Moreover, every state except for Wisconsin requires School Social Workers to pass an examination, which, in addition to their other requirements, adds both to the length of licensure and the absolute number of requirements for each state.

Of the Midwest states, Illinois and Wisconsin have the fewest licensure requirements (one), passing an exam and receiving an institutional endorsement, respectively. Indiana and Michigan have the most post-graduation requirements (ten), and both require a certain amount of time or number of hours spent under supervision. Limited-licensed Social Workers in Michigan can accrue a maximum of 2,080 supervised hours in one calendar year,[10] such that it is possible for Michigan School Social Workers to complete their 4,000 hours in two years. However, they must also take and pass an exam before earning an LMSW license and then a Professional School Social Worker Certificate (PSWC). On the other hand, once Indiana School Social Workers complete their IMAP after two school years, they are qualified to earn their final, Proficient Practitioner license. Therefore, Michigan's post-graduation requirements likely make it the Midwest state with the longest time to earn full licensure. Wisconsin is the only state that offers a "lifetime license" to its School Social Workers.

Table 13: Midwest State Post-Graduation Licensure Requirements for School Social Workers

State	Minimum Degree Required	Post Graduation Licensure Requirements*	State Agencies Managing Licensure	Lifetime Licensure Available?
IL	Master's	• Pass the Illinois Licensure Testing System (ILTS) School Social Worker Exam	State Department of Education	No
IN	Master's	• Pass a criminal background check • Pass the ASWB Master-level exam • Apply for a valid Social Worker or Clinical Social Worker License from the Indiana Professional Licensing Agency • Receive a recommendation from the program licensing advisor for an Initial Practitioner license • Apply for a 2-year Initial Practitioner license • Complete Suicide Prevention Training • Complete Human Trafficking Training • Complete Child Abuse and Neglect Training • Hold valid CPR and AED certification • Complete two years in schools under the Indiana Mentor and Assessment Program (IMAP)	• Indiana Professional Licensing Agency • State Department of Education	No
MI	Master's	• Pass a criminal background check • Complete one-time Human Trafficking training • Complete two hours of Implicit Bias training • Apply for a one-year limited license (LLMSW) from LARA • Apply for temporary approval for an initial year of service • Complete one full school year as a School SW, providing social work services under supervision • Renew LLMSW license • Complete 4,000 hours of post-degree supervised work experience (school year counts towards hours) • Pass the ASWB Advanced Generalist or Clinical exam • Apply for LMSW license	• Michigan Department of Licensure and Regulatory Affairs (LARA) • State Department of Education	No

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State	Minimum Degree Required	Post Graduation Licensure Requirements*	State Agencies Managing Licensure	Lifetime Licensure Available?
MN	Bachelor's	• Pass the ASWB Bachelor's exam • Complete criminal background check • Apply for Standard License (Licensed Social Worker/LSW) through the Minnesota Board of Social Work	• Minnesota Board of Social Work • State Professional Educator Licensing and Standards Board (Entity of the Minnesota Department of Ed)	No
OH	Master's	• Pass the ASWB Master-level exam • Complete BCI and FBI background checks • Apply for a Licensed Social Worker (LSW) license from the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board	• Ohio Counselor, Social Worker, and Marriage and Family Therapist Board • State Board of Education	No

WI	Master's	• Receive institutional endorsement
		• *Meet the content knowledge requirement*
		  ◦ *Have a cumulative GPA of 3.0/4.0 in subject area courses*
		  ◦ *Pass the standardized test approved by the state superintendent*
		  ◦ *Complete a content-based portfolio designed by the educator preparation program*
			• Minnesota Board of Social Work
			• State Professional Educator Licensing and Standards Board (Entity of the Minnesota Department of Ed)
				Yes

*Assumes graduates have met their state's standards for educational program accreditation or approvals

School Counseling

Uniformly across every Midwest state, School Counselors must obtain a master's degree in school counseling to be eligible for licensure. Two states (Michigan and Minnesota) do not have any post-graduation requirements, Illinois and Wisconsin have one requirement each, and Ohio has two requirements. Again, Indiana has the most requirements (seven), including an exam, four trainings/certifications, applying for an Initial Practitioner license, and completing the two-year IMAP while working under the Initial license. The most common licensure requirement by the Midwest states is passing a state-approved School Counselor examination (required by Illinois, Indiana, and Ohio). Wisconsin's only requirement regards receiving institutional endorsement.

Again, unique to Wisconsin, School Counselors are eligible to obtain a Lifetime License to practice in the state.

Table 14: Midwest State Post-Graduation Licensure Requirements for School Counselors

State	Minimum Degree Required	Post Graduation Licensure Requirements*	State Agencies Managing Licensure	Lifetime Licensure Available?
IL	Master's	• Pass the Illinois School Counselor exam	State Department of Education	No
IN	Master's	• Pass the School Counselor Praxis Content Area exam • Apply for a 2-year Initial Practitioner license • Complete Suicide Prevention Training • Complete Human Trafficking Training • Complete Child Abuse and Neglect Training • Hold valid CPR and AED certification • Complete two years in schools under the Indiana Mentor and Assessment Program (IMAP)	State Department of Education	No
MI	Master's	None	State Department of Education	No
MN	Master's	None	State Professional Educator Licensing and Standards Board (Entity of the Minnesota Department of Ed)	No

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State	Minimum Degree Required	Post Graduation Licensure Requirements*	State Agencies Managing Licensure	Lifetime Licensure Available?
OH	Master's	• Pass the Ohio Assessment for Educators • Complete a criminal background check	State Board of Education	No

WI	Master's	• Receive institutional endorsement
		• *Meet the content knowledge requirement*
		  ◦ *Have a cumulative GPA of 3.0/4.0 in subject area courses*
		  ◦ *Pass the standardized test approved by the state superintendent*
		  ◦ *Complete a content-based portfolio designed by the educator preparation program*
			State Department of Education	Yes

*Assumes graduates have met their state's standards for educational program accreditation or approvals

School-Based BH Licensure Summary

Occupations

Of the three school-based BH occupation licensure processes, the Midwest states have the most requirements for School Social Workers. More than half of the Midwest states (Indiana, Michigan, Minnesota, and Ohio) require individuals to hold dual licensure: one that licenses them as a trained Social Worker and a second that allows them to practice as a School Social Worker. Every Midwest state tied for or had the fewest licensure requirements for School Psychologists, with only Indiana having more than two requirements (six), one fewer than for they have for School Counselors (seven).

The top two most frequently held licensure requirements across all three BH occupations are tied for passing a state-approved occupation examination (ten total instances) and applying for a license/approval (ten total instances). Passing a state-approved occupation examination was the most common licensure requirement for School Psychologists (two instances) and School Counselors (three instances), and applying for a license/approval was the most common licensure requirement for School Social Workers (seven instances).

State-to-State

Comparing licensure processes among Midwest states, Illinois and Wisconsin consistently have the fewest requirements (one).[11] Wisconsin licensure likely takes the shortest amount of time to obtain, considering that institutional endorsement may only require a transcript and a letter from the institution. In contrast, exams require studying, registration, actually taking the exam, waiting for results, and potentially having to retake it if one fails. Wisconsin is also the only Midwest state that offers a Lifetime License, which allows the holder to continuously work under the same license, dependent on passing a background check every five years.

In comparison, Indiana has the highest absolute number of licensure requirements of the Midwest states, with six, ten, and seven requirements for School Psychologists, School Social Workers, and School Counselors, respectively. Indiana also has length-adding requirements, requiring two years of post-graduate work in schools before professionals become eligible for full licensure for all three occupations. However, Michigan's pathway to full school social work licensure likely takes the longest to complete out of all school-based BH licensure processes in the Midwest states.

Behavioral Health Interstate Compact Status

Interstate or multistate compacts are legal agreements between states that allow them to address common problems. While there are many types of interstate compacts, states can choose to join occupational licensure compacts, which aim to increase professional license portability between participating states. Occupational licensure compacts are touted as a workforce shortage solution,[12] as they can reduce costs and streamline the process for practitioners to work in other compact states. The compact states, in turn, have access to a larger pool of licensed professionals.

Several occupational licensure compacts exist for BH occupations, including the Psychology Interjurisdictional Compact, School Psychology Compact, Counseling Compact, and Social Work Licensure Compact.

Figure 17: Midwest States' BH Interstate Compact Statuses

As part of the BH workforce environment scan, MHC Insight compared the legislative statuses of these compacts in the Midwest states.

Of the four BH compacts, Michigan only participates in one compact: the Psychology Interjurisdictional Compact, which the state joined in 2022.[13] As of the release of this report (July 2025), Michigan has pending legislation to join the Counselor Compact (H.B. 4591, introduced on June 10, 2025).[14]

In comparison, the other Midwest states have enacted more than one compact. Minnesota and Ohio participate in every compact except for the School Psychology Compact, in which none of the Midwest states participate. Wisconsin and Indiana also participate in the Psychology Interjurisdictional Compact and Counseling Compact, and both have pending legislation to join the Social Work Licensure Compact.

Workforce Data Summary | Promising Practices for Michigan

Below is a summary of Michigan's BH workforce environment in comparison to Midwest neighbors Illinois, Indiana, Minnesota, Ohio, and Wisconsin for the following workforce variables: school Medicaid expansion, BH workforce policies, BH-related CTE programs, state financial aid and loan repayment programs, state licensure requirements and processes for school-based providers, and interstate compact statuses. For each variable, MHC Insight highlights and summarizes potential promising practices.

School Medicaid Expansion

Michigan was one of the first states to adopt a school Medicaid expansion program when it became available in 2014. While Midwest neighbors Minnesota, Illinois, and Indiana have also enacted Medicaid expansion programs, Michigan's is one of the top in the Midwest for services covered. Both Michigan and Illinois offer expansion programs covering most medically necessary medical and behavioral health services for Medicaid-eligible students who do not have an IEP/ISFP. Although Michigan and Illinois both operate under a cost-based reimbursement methodology, the reimbursement rates for billable services to each state's local education agencies (LEAs) or districts are likely different, which was not factored into this analysis.

The Bottom Line
Michigan's efforts to broaden access to school behavioral health services for Medicaid-eligible students may make it more competitive than other Midwest states in attracting and retaining school-based BH talent.

Behavioral Healthcare Workforce Policies

Michigan ranks in the middle of the Midwest states in the number and diversity of enacted policies supporting the BH workforce. Michigan currently offers funding through three programs: the Student Mental Health Apprenticeship Program for Retention and Training (SMART) Public Act, the Michigan Behavioral Health Internship Stipend Program (MI-BHISP), and Public Act 120, of which Public Act 120 is set to expire in September 2025. However, Michigan lacks policies regarding Service Delivery and Licensure that bolster the effects of state workforce funding.

Promising Practices

Other states have implemented (or are close to implementing) policies that could be promising if adapted and applied to a Michigan context:

1. **Illinois' Behavioral Health Workforce Data Collection Act (HB 3487):** *This act requires the Department of Financial and Professional Regulation to collect detailed workforce data at licensure and renewal to support workforce planning and policy. The governor still needs to sign the bill before it can be enacted.*
2. **Ohio's Comprehensive Behavioral Health Workforce Roadmap:** *Developed by the Department of Mental Health & Addiction Services, the Behavioral Health Workforce Roadmap outlines the plan for implementing initiatives to address Ohio's workforce challenges and extends into 2027. Grounded on the four pillars of Increasing Career Awareness, Supporting Recruitment, Incentivizing Retention, and Supporting Contemporary Practice, the plan includes strategies such as modernizing reimbursement and pay parity, internship and practicum grants, adding licensure capabilities, BH resources in K-12, and more.*

The Bottom Line

Michigan's BH policy environment is more robust than other states in both absolute number and diversity, but it is not at the top. However, Indiana's (five policies and the Indiana Primary Care and Behavioral Health Integration Initiative) and Ohio's (Comprehensive Behavioral Health Workforce Roadmap) substantive policy environments may make them more equipped to grow their BH workforce than Michigan in the long run.

Behavioral Health Career and Technical Education (CTE) Courses

Compared to the other Midwest states, Michigan is tied with Wisconsin for the fewest BH CTE courses (seven), **and does not offer any courses directly related to counseling, psychology, or social work.** While Michigan is working to develop an additional course commonly offered in other Midwest states, Community Health Worker, there are many more BH-career-based or fundamental skills-based courses Michigan could add to its CTE roster.

Promising Practices

Michigan can look to Illinois and Minnesota as sample states that offer many diverse BH CTE courses, such as Counseling and Mental Health, Social Work and Workplace Experience, and Psychology. Michigan can also look to Ohio, which hosts two BH CTE courses unique to the Midwest (Mental Health and Integrated Behavioral Health) and provides detailed descriptions of course competencies.

Michigan might also consider expanding the number of CIP codes that house future BH courses. In addition to the Health Sciences and Education pathways/subject areas/CIP codes, many states house their BH CTE programs under a Human Services (or similar) pathway/subject area/CIP. While it is beyond the scope of this report to determine whether housing courses under these pathways/subject areas/CIP codes is for ease of adding to or running the CTE programs, there is a benefit in having BH

CTE courses under a diverse number of pathways/subject areas/CIP codes. Including courses across a variety of pathways/subject areas/CIP codes allows a larger segment of high school students to connect with and learn about BH careers.

The Bottom Line

Due to its limited BH CTE opportunities, particularly a lack of courses centered on mental and behavioral health, Michigan trails behind its Midwest neighbors in attracting and preparing new talent to enter BH careers. Illinois, Minnesota, and Ohio may be more competitive in building up their BH workforce than Michigan due to their investments in secondary-level BH career exposure and preparation through CTE.

State Financial Aid and Loan Repayment Programs

Of the Midwest states, Michigan ranks in the middle in the total number of financial aid programs and is tied at the top for the total number of BH loan repayment programs. Michigan also ranks at the top for the number of BH-specific financial aid programs, offering two programs, while half of the Midwest states provide none.

Promising Practices

Michigan can still look to its neighboring states for financial aid programs that could boost specific segments of the BH workforce. Below are some targeted financial aid programs Michigan could consider adding to increase the number of and retain current BH professionals:

1. **Illinois CADC Workforce Expansion:** *Under this financial aid program, aspiring Certified Alcohol and Drug Counselors are eligible for tuition payments, scholarships, internship stipends, and certification-payment coverage.*
2. **Illinois Post-Master of Social Work School Social Work Professional Educator License Scholarship:** *This financial aid program covers tuition and mandatory fees for individuals with a master's degree in social work who want to obtain a school social work endorsement in exchange for a service obligation in a school (two years for every year of assistance).*
3. **Minnesota Mental Health Cultural Community Continuing Education Grant Program - Supervisory Education for Individual Providers:** *Under this grant program, individual mental health professionals (Social Workers, Marriage and Family Therapists, Psychologists, and Professional Clinical Counselors) can receive up to $7,500 to complete required coursework to become qualified to serve as supervisors for individuals pursuing licensure in eligible professions. The grant aims to increase the number of mental health supervisors from communities of color, Indigenous communities, and other underrepresented communities.*

The Bottom Line

Michigan's financial aid and loan repayment programs, especially those targeted at BH occupations, make Michigan highly competitive and attractive to aspiring BH professionals. However, Michigan can still glean ideas from other states like Illinois and Minnesota for financial aid programs targeting specific sections of the BH workforce.

State Licensure Requirements and Processes

Michigan's school BH professional post-graduation licensure requirements are on completely opposite ends of the spectrum. Although Michigan has no additional requirements for School Psychologists and School Counselors beyond completing an approved degree program, School Social Workers have many requirements that almost certainly increase the time required to obtain full licensure. Additionally, Michigan requires a higher education level for School Psychologists than other Midwest states (Specialist/Specialist Equivalent vs. Master's), making the licensure process for School Psychologists significantly longer in Michigan.

The Bottom Line

Michigan's School Psychologist and School Counselor licensure requirements post-graduation are fewer than those of other Midwest states (besides Minnesota, which also has zero). The lack of additional requirements is very positive—the omission of further steps likely moves recent graduates into the workforce more quickly than in other states. However, School Psychology degrees in Michigan typically take one extra year to obtain than in some other Midwest states. Furthermore, the state's School Social Worker licensure requirements may make Michigan less attractive to BH professionals. The 4,000 hours of supervised work experience required for the LMSW license may be faster to obtain for Social Workers who do not practice in school settings, since schools are not open year-round or on weekends.

Interstate Compact Statuses

Of the four active BH interstate compacts (Psychology Interjurisdictional Compact, School Psychology Compact, Counseling Compact, and Social Work Licensure Compact), Michigan only participates in one: the Psychology Interjurisdictional Compact. While Michigan currently has active legislation to join the Counselor Compact, almost every other Midwest state is a part of (or has legislation pending to join) at least two compacts.

Promising Practices

Without further research into the effects of each interstate compact on the workforce, MHC Insight cannot determine if participation in any one or a combination of the compacts would help or hinder Michigan's BH workforce. However, Michigan could consider joining one or more compacts to provide a working environment comparable to its Midwest neighbors. Moreover, should Michigan decide to enter additional compacts, it has the opportunity to be the first Midwest state to join the School Psychology Compact, which may provide Michigan with an edge over the Midwest states in attracting new talent.

The Bottom Line

Michigan lags behind its Midwest neighbors in the number of BH interstate compacts it has joined. This could have a negative effect on Michigan's attractiveness to BH professionals who, depending on the occupation, may have expanded work and employment opportunities in other Midwest states under an interstate compact.

Table 15: Summary of Michigan's Status of Workforce and Career Variables Compared to Midwest States and Promising Practices

Workforce/ Career Variable	Where Michigan Stands	Promising Practices
Medicaid Expansion	• Michigan is an early adopter of school-based Medicaid expansion and has a robust service coverage for non-IEP/IFSP students	N/A
BH Policies	• Two Educational Supports/Incentives policies and one Budgetary/Financial Incentives policy • Opportunities to increase the number and diversity of policies adopted	• Illinois' pending Behavioral Health Workforce Data Collection Act (HB 3487) • Ohio's Comprehensive Behavioral Health Workforce Roadmap
BH CTE Courses	• Tied for the fewest number of BH CTE courses (seven), but none directly relate to social work, psychology, or counseling careers • Opportunities to add additional BH CTE courses under new pathways/subject areas/CIPs	• Indiana and Minnesota have many diverse BH CTE courses • Ohio has unique BH CTE offerings and provides detailed documents outlining competencies • Consider hosting BH CTE courses under a variety of pathways/subject areas/CIP codes to reach more students
State Financial Aid & Loan Repayment	• Offers 11 financial aid programs, three of which are BH-specific • Offers three BH-specific loan repayment programs • While a top-performing state on this variable, there are opportunities to adopt other BH-specific financial aid programs	• Illinois' CADC Workforce Expansion • Illinois' Post-Master of Social Work School Social Work Professional Educator License Scholarship • Minnesota's Mental Health Cultural Community Continuing Education Grant Program - Supervisory Education for Individual Providers

Continues on next page

Workforce/ Career Variable	Where Michigan Stands	Promising Practices
State Licensure Processes	• Has the fewest requirements for School Psychologists and School Counselors, but has a higher education requirement for School Psychologists • Tied for the most requirements for School Social Workers, and the process likely takes the longest amount of time	N/A
Interstate Compact Statuses	• Of the four available BH interstate compacts, Michigan has only joined one: the Psychology Interjurisdictional Compact • Currently, Michigan only has active legislation to join the Counselor Compact	• To be comparable to its Midwest neighbors, Michigan can consider joining one or more of the other interstate compacts (School Psychology Compact, Counseling Compact, or the Social Work Licensure Compact) • Michigan has the opportunity to become the first Midwest state to join the School Psychology compact, which may give Michigan a competitive edge in attracting and retaining talent

Conclusion

Recognizing the crucial role that school-based behavioral health professionals play in student academic and emotional success, finding ways to ensure a stable and abundant number of School Psychologists, School Social Workers, and School Counselors to serve Michigan K-12 students is a high priority. Lagging BH workforce environment conditions and low labor market data rankings highlight the serious need to invest in and implement strategies that encourage new individuals to join the BH workforce and support current working professionals.

There are a variety of opportunities to help individual BH professionals and build a stronger BH workforce overall:

1. **Invest in future BH professionals:** As Michigan's low rankings in projected Growth of school-based BH occupations illustrate, the state needs more avenues to encourage more Michiganders to pursue BH careers. Based on the findings of this report, MHC Insight recommends three promising practices to achieve higher growth:
   a. *Implement more BH-focused Career and Technical Education (CTE) courses for high school students*
   b. *Develop a pipeline of BH professionals from underutilized populations, such as males*
   c. *Add financial aid programs that focus on specific BH occupations, such as school-based careers*

   A combination of these practices likely will yield the most significant impact; high school CTE programs are uniquely positioned to engage individuals at a critical point in their career decision-making process. Intentional and targeted CTE programming could reach students from different backgrounds and experiences, introducing BH careers as a viable option while they gain the knowledge and certifications that support the start of their career journeys. Furthermore, when career-specific financial support follows a targeted CTE approach, stakeholders can help remove barriers and enhance individuals' perceptions that they can become BH professionals, whether or not they wish to practice in the school setting.

2. **Make Michigan competitive with its Midwest neighbors**
   a. *Implement licensure requirements for School Social Workers that are comparable to those of Michigan's Midwest neighbors while upholding the quality of the workforce and respecting the state's sovereignty*
   b. *Increase Michigan's participation in additional BH interstate compacts, when appropriate*

   Michigan's standards, licensure, and certification requirements are vital for fostering a competent and secure BH workforce. However, Michigan should evaluate the school social work licensure requirements of neighboring Midwest states to consider avenues or opportunities to streamline or align its requirements with those of the other states. By doing so, Michigan may remove or lessen any competitive edge that many other states have that may make it more appealing for School Social Workers to be licensed in other states.

Additionally, embracing participation in other BH interstate compacts—the School Psychology Compact, the Counseling Compact, and/or the Social Work Licensure Compact—where beneficial, could further align Michigan's employment landscape with that of its Midwest neighbors.

3. **Use policy to grow and support BH professionals**
    a. *Adopt and adapt policy ideas from neighboring Midwest states that could strengthen Michigan's BH workforce*

Creating a sustainable impact on the BH workforce requires long-term strategies and funding allocations. States like Indiana and Ohio have enacted policies to establish long-term support for BH service delivery and workforce development, although not specific to school settings. Additionally, adopting a policy similar to the likely-to-be-signed Illinois Behavioral Health Workforce Data Collection Act could help gather the necessary data to make informed decisions about Michigan's licensure process and assist individuals in navigating it. Overall, implementing these types of policies in Michigan could create a precedent that encourages others to initiate, support, and sustain efforts to enhance the growth and retention of the BH workforce.

Collaborative efforts among stakeholders in education, industry, and government are essential for building a sustainable behavioral healthcare workforce in Michigan schools and in the state overall. By leveraging resources and fostering partnerships, Michigan can effectively address the state's pressing workforce needs. While no single strategy will solve all challenges, a united and multipronged approach is crucial to enhance Michigan's behavioral health workforce landscape, benefiting all residents and ensuring that our communities are adequately supported now and in the future.

Appendices

Appendix 1: Policy Sorting Description by Included Activities

Licensure	• How licensure is processed • Who is eligible for licensure • Changes to who is categorized/recognized as a service provider • Scope of practice changes
Service Delivery	• Expansion of where BH services are provided • Changes to how patients pay for BH services
Budgetary/Financial Incentives	• Funding commitments in any form (grants, state allocations, direct payments, etc.) through current or upcoming state budgets to grow or retain the BH workforce
Educational Supports/Incentives	• State-managed programs or outreach aimed at facilitating or encouraging individuals to start or complete a portion or all of the education needed to become a licensed BH professional ◦ Can include funding for BH students
Licensure, Budgetary/Financial Incentives, and Educational Supports/Incentives	• Includes at least one criterion from each of the three listed categories

Appendix 2: Summary of Policies by Midwest State

State	Policy Name & Description	Type of Policy
Illinois	Behavioral Health Workforce Data Collection Act (HB 3487) (Pending) *Requires the Department of Financial and Professional Regulation to collect detailed workforce data at licensure and renewal to support workforce planning and policy.*	Licensure
	Total number of active policies	0
Indiana	Indiana Primary Care and Behavioral Health Integration Initiative 1. *Creates infrastructure, standards, and processes that support the integration of primary and behavioral healthcare services in public healthcare systems.* 2. *Provides funding for behavioral health services that currently do not have existing funding.*	Service Delivery
	SB 462/Public Law 102 *Redefines "practitioner" to include Behavior Analysts and directs the Indiana Professional Licensing Agency to implement licensure for these professionals, expanding the pool of qualified providers.*	Licensure
	SB 216/Public Law 130 *Removes the requirement that candidates for Marriage and Family Therapist, Clinical Addiction Counselor, Addiction Counselor, or Mental Health Counselor licensure take the first available exam after graduation. It also mandates an associate license for accruing clinical experience, clarifying and smoothing the path to full licensure.*	Licensure
	HB 1154 (Proposed 2025) *Would create a $1,000 state tax credit for behavioral health professionals who serve as preceptors for students, incentivizing clinical training and mentorship.*	Budgetary/Financial Incentives

State	Policy Name & Description	Type of Policy
Indiana (cont.)	HB 1385/Public Law 89 *Allows individuals with certain felony convictions to work in health care settings as Peer Recovery Coaches, removing barriers for those in recovery to enter the behavioral health workforce.*	Licensure
	Behavioral Health Workforce Recruitment and Retention Innovation (BHWF R&RI) Grant Program *Aims to enhance the recruitment, retention, and quality of the behavioral health workforce by a) enhancing funding for staff, b) reducing administrative barriers, c) improving professional development and training opportunities, and/or d) providing programs that increase workforce capacity.*	Budgetary/Financial Incentives
	Total number of active policies	5
Michigan	SMART Internship Grant Program (PA 180 of 2022) 1. *Provides paid work experiences and practicum opportunities for school psychology, school social work, and school counseling graduate students.* 2. *Paid through 31ff funds.*	Educational Supports/Incentives
	Public Act 120: 31aa Funding (expires 09/2025) *Provides per-pupil funding for school mental health and school safety expenditures.*	Budgetary/Financial Incentives
	Michigan Behavioral Health Internship Stipend Program (MI-BHISP) *Provides a stipend of up to $15,000 to bachelor's or graduate-level behavioral health students with an unpaid internship in the public behavioral health-based system. Students must be working toward one of these professions: Behavior Analyst, Marriage or Family Therapist, Social Worker, Professional Counselor, or Psychologist.*	Licensure
	Total number of active policies	3

State	Policy Name & Description	Type of Policy
Minnesota	Mental Health Safety Net Grant (ends 12/2025) *Grant awards for BH providers who provide services to uninsured patients.*	Budgetary/Financial Incentives
	Mental Health Cultural Community Continuing Education Grant for Trainers Program *Provides grant funding for mental health professionals from communities of color and underrepresented communities to become qualified to serve as supervisors for mental health practitioners pursuing licensure. Grantees must work for a CMH provider and spend 25 percent of their time caring for state public program enrollees or patients receiving sliding fee discounts.*	Educational Supports/Incentives
	Total number of active policies	2
Ohio	Behavioral Health Workforce Roadmap *Developed by the Department of Mental Health & Addiction Services, the Behavioral Health Workforce Roadmap outlines the plan for implementing initiatives to address Ohio's BH workforce challenges. The plan extends into 2027 and includes activities like modernizing reimbursement and pay parity, internship and practicum grants, adding licensure capabilities, BH resources in K-12, and more. The plan is based on four pillars: Increasing Career Awareness, Supporting Recruitment, Incentivizing Retention, and Supporting Contemporary Practice.*	Licensure, Budgetary/Financial Incentives, and Educational Supports/Incentives
	Behavioral Health Workforce Expansion Program (ended March 2025) *The Ohio Department of Higher Education, the Ohio Department of Medicaid, and the Ohio Department of Mental Health and Addiction Services jointly awarded funds to multiple in-state institutions of higher education to create programs to grow or strengthen the BH workforce in Ohio Health Improvement Zones or HRSA Mental Health Shortage areas.*	Budgetary/Financial Incentives

State	Policy Name & Description	Type of Policy
Ohio (cont.)	Integration of Service Delivery: Community Behavioral Health Centers and School Partnerships • *Community Behavioral Health Centers provide BH services to 3,610 of the state's public schools.* • *Increase from $7.5 to $10 million allocated in Ohio's Fiscal Years 2026-27 operating budget for school-based health centers (p. 2844)*	Service Delivery
	Total number of active policies	2
Wisconsin		
	Total number of active policies	0

Appendix 3: Behavioral Health Career and Technical Education Courses in the Midwest States

When comparing the availability of BH-related CTE courses across the Midwest, MHC Insight considered any CTE course directly labeled as a behavioral or mental health CTE course and CTE courses that lead to careers where individuals can gain entry-level experience supporting patients experiencing mental or behavioral health needs. A course also had to relate to one of the careers along the pathway on any of MHC's three Healthcare Career Navigator Guides (Counseling Pathway, Psychology Pathway, Social Work Pathway). CTE programs and course offerings vary by educational entity (school district/career center/educational consortium, etc.); some entities may not offer certain programs/courses at all.

State	CTE Pathway/Subject Area/CIP	CTE Course Name
Illinois	Physical, Health, and Safety Education	• Community Health Worker
	Healthcare Sciences	• Direct Support Person • Health and Safety Skills for Psychiatric Rehabilitation • Home Health Aide • Nursing Assistant I • Nursing Assistant Workplace Experience • Psychiatric Rehabilitation Skills • Survey of Psychiatric Rehabilitation • Vocational Rehabilitation and Community Living Skills
	Human Services	• Counseling and Mental Health • Early Childhood Education • Early Childhood Education Workplace Experience • Social Work Workplace Experience
Total number of CTE courses: 13		

State	CTE Pathway/Subject Area/CIP	CTE Course Name
Indiana	Education	• Child and Adolescent Development • Early Childhood Education Curriculum • Early Childhood Education Guidance • Early Childhood Education Capstone • Principles of Early Childhood Education
	Health & Human Services	• Community Health Worker • Fundamentals of Human Services • Healthcare Specialist: CNA • Human Services Capstone • Principles of Human Services • Social and Community Services Capstone
Total number of CTE courses: **13**		
Michigan	Education, General	• Child Development Associate (CDA) - Family Child Care • Child Development Associate (CDA) - Infant/Toddler • Child Development Associate (CDA) - Preschool • Michigan Youth Development Associate (MI-YDA) Certificate • Michigan Youth Development Associate (MI-YDA) Credential • Registered Behavior Technician
	Health Sciences/Allied Health/Health Sciences, General	• Certified Nurse Aide
Total number of CTE courses: **7**		

State	CTE Pathway/Subject Area/CIP	CTE Course Name
Minnesota	Family and Consumer Sciences	• Behavioral & Mental Health • Child Development • Child Psychology • Early Childhood Education 1 • Early Childhood Education 2 • Introduction to Special Education • Psychology
	Health Science	• Nursing Assistant/Home Health Aide
Total number of CTE courses: **8**		
Ohio	Education and Training	• Child and Adolescent Development • Communities, Schools and Stakeholders • Curriculum and Instruction for Early Childhood Education • Early Childhood Education Observation and Assessment • Early Childhood Education Principles • Education and Training Capstone • Infant and Toddler Education
	Health Science	• Integrated Behavioral Health • Mental Health
Total number of CTE courses: **9**		
Wisconsin	Health Care Sciences	• Home Health Care • Nursing
	Human Services	• Counseling and Mental Health • Teaching–Early Childhood Education • Child Development • Child Care • Child and Adult Care Services
Total number of CTE courses: **7**		

Appendix 4: Financial Aid and Loan Repayment Programs by Midwest State

State	Financial Aid Program	Loan Repayment Program
Illinois	• Deceased, Disabled, and MIA-POW Veterans' Dependents Scholarship • Monetary Award Program (MAP) • Illinois National Guard (ING) Grant • Illinois Veteran Grant (IVG) Program • Grant Program for Dependents of Police or Fire Officers • Grant Program for Dependents of Correctional Officers • Grant Program for Exonerees • Higher Education License Plate (HELP) Program • AIM HIGH Grant Program • CADC Workforce Expansion • Post-Master of Social Work School Social Work Professional Educator License Scholarship	• School & Municipal Social Work Shortage Loan Repayment Program • Community Behavioral Healthcare Professional Loan Repayment Program • Human Services Professional Loan Repayment Program
Indiana	• 21st Century Scholars • EARN (Employment Aid Readiness Network) Indiana • Frank O'Bannon Grant • Mitch Daniels Early Graduation Scholarship • Adult Student Grant • Workforce Ready Grant • Child of Deceased or Disabled Veteran • Child of Purple Heart Recipient or Wounded Veteran • Children and Spouse of Indiana National Guard • Children and Spouse of Public Safety Officers • Indiana Purple Heart Recipient • National Guard Tuition Supplement Grant • Fast Track	• Indiana State Loan Repayment Program

State	Financial Aid Program	Loan Repayment Program

Michigan	• Michigan Achievement Scholarship
	  ◦ Community College Guarantee (2-year)
	  ◦ Michigan Achievement Scholarship (4-year)
	  ◦ Michigan Achievement Skills Scholarship (certificate)
	• Michigan Reconnect
	• Children of Veterans Tuition Grant
	• Fostering Futures Scholarship
	• MI GEAR UP Scholarship
	• Michigan Indian Tuition Waiver
	• Police Officer's and Firefighter's Survivor Tuition Grant
	• Tuition Incentive Program
	• Social Worker/Child Welfare Worker Stipend
	• Student Mental Health and Retention Training (SMART) Program
	• Michigan Behavioral Health Internship Stipend Program (MI-BHISP)
		• Michigan State Loan Repayment Program
		• Behavioral Health Loan Repayment Program
		• Michigan Opioid Treatment Access Loan Repayment Program

Minnesota	• Minnesota State Grant • Postsecondary Child Care Grant • Minnesota Indian Scholarship • Minnesota GI Bill • Dual Training Grant • Mental Health Cultural Community Continuing Education (MHCCCEI) Grant for Trainers • North Star Promise • American Indian Scholars Program • Minnesota Work Study	• Minnesota Rural Mental Health Professional Loan Forgiveness • Minnesota Urban Mental Health Professional Loan Forgiveness • Minnesota State Loan Repayment Program

State	Financial Aid Program	Loan Repayment Program
Ohio	• Choose Ohio First • College Adoption Grant • Forever Buckeyes • Governor's Merit Scholarship • Ohio College Opportunity Grant • Ohio Hidden Heroes Scholarship • Ohio Safety Officers College Memorial Fund • Ohio War Orphan & Severely Disabled Veterans' Children Scholarship Program • Ohio National Guard Scholarship Program • Ohio Work Ready Grant • Second Chance Grant Program	• Great Minds Fellowship Workforce Commitment Incentive Program
Wisconsin	• Minority Undergraduate Retention Grant • Hearing/Visually Impaired Student Grant • Indian Student Assistance Grant • Wisconsin Grant • Wisconsin Grant - Private Non-Profit • Talent Incentive Program Grant • Academic Excellence Scholarship • Technical Excellence Scholarship • Wisconsin Veteran's Grant for Private Non-Profit Schools • Wisconsin GI Bill • Wisconsin Veteran's Grant for Private Non-Profit Schools • WDVA Retraining Grant • VetEd Reimbursement Grant	

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