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*Statement 2*

**NASP Leaders have adopted five strategic goals that guide the association's work. In your state, what are some gains being made in school psychology practice related to these goals, and what are some pressing challenges?**

As a part of my work with the Advocacy and Collaboration committee, I was pleased to see that the association was seeking to reestablish and increase dialogue with training programs in the state. I see that as very important in establishing and maintaining a collective effort to achieve commonly-beneficial goals. Unfortunately, we have lost two training programs in the state in recent years and only have three remaining. Our recent efforts have focused on helping to grow awareness of the field of school psychology through marketing efforts, including social media, as well providing ongoing feedback to training programs on the necessary, practical skills for new graduates to be successful. The latter effort is to help ensure that the training program are best equipping new graduates to experience early success upon their entrance into school practice. This will hopefully reduce attrition of new practitioners, which are in rare supply as it is. More recently, the board has discussed seeking initial conversations with our state association of special education administrators (ICASE) surrounding the shortage. One of the key barriers, as I see it, in Indiana comes down to common and outdated contract practices. It is not uncommon for school psychologists in the state to be on a teacher's contract, even though school psychologists have a very different training scope and sequence, more education, and, unbelievably, aren't even allowed to be a part of the teacher's union. There is nothing about who we are or what we do that aligns with the description of a teacher. The real dilemma in this practice is that those contracts commonly do not have escalators for education level. So, it is then common for new school psychologists in the state to complete a minimum of seven years of education and a minimum of three higher education degrees only to be offered the salary of a bachelor's level first year teacher. This is a practice that does not provide incentive and, in fact, likely provides a disincentive for talented students to go into the field. It is a practice that must change.

Advancing the role of school psychologists is an area where we've had more recent success. In this past legislative session, we were able to get an item into a bill that would allow for school psychologists to sign off both a referral for a school-based evaluation from a physical therapist and then, also, to sign off in a supervisory role for the therapist to bill Medicaid. Now, school psychologists can provide this service for speech, occupational, and physical therapy evaluations and services. We are further attempting to make changes to the Medicaid rules in the state that allow school psychologists to seek reimbursement for their own services. Currently, this is not allowed without the supervisory signature of a physician or a private-practice psychologist. This is an obvious odd arrangement since physicians have no training psychoeducational testing or mental health and neither have any training or licensure in schools. We continue to seek conversation with our state's director of Medicaid services to change this requirement.