

Health Workforce Policy Brief

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Scope of Practice Alignment for Paraprofessionals and Addiction Counselors

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BACKGROUND

Mental health and substance use disorder (SUD) prevalence continues to be a concern in the United States¹, as does the need for more workers to provide behavioral health care services. These needs are pronounced in rural areas: 55 percent of rural counties report that they do not have any practicing behavioral health workers (such as psychologists, social workers, case managers), and nearly three-quarters of all counties report serious shortage of behavioral health providers.²

Paraprofessionals and other behavioral health technicians have been increasingly recognized for their key role in mitigating provider shortages and increasing behavioral health care access to underserved youth and minority populations. Therefore, it is important to understand the procedures, processes, and services these providers are authorized to provide, as outlined by a scope of practice (SOP). This brief examines the SOPs for four common behavioral health paraprofessions and addiction counselor occupations, and investigates the alignment between SOPs and actual job responsibilities to reveal areas where these individuals could help alleviate workforce shortages, and identify areas where their presence has enhanced the workforce.

METHODS

The study population included Community Health Workers, Peer Recovery Specialists, Case Managers, Health Navigators, and Addiction Counselors [NAADAC, Level 1 providers]. A gray literature search was conducted to gather information on state-defined SOPs and job responsibility guidelines. SOPs were collected from national certification and licensing bodies. States with a well-defined SOP were selected to participate in a 58-item survey of direct service providers. Data were collected from workers employed by National Council for Behavioral Health member organizations and State Association member organizations in 10 states (Table 1). Respondents self-selected into the survey by identifying with one of the following terms: paraprofessional, direct service provider, or peer worker. Survey content was drawn from state-level SOPs; workers were asked to rate the frequency with which they performed tasks. Respondents were classified into occupational categories based on job title, license, and degree during analysis. For the purpose of this study, paraprofessionals were defined as individuals who held a bachelor's degree and below, or held a master's degree but did not use this degree to perform their job. Case Managers and Health Navigators were combined into one category due to high overlap of job responsibilities. Addiction counselors, who represent a range of educational backgrounds and licensing/certification levels, were analyzed separately.

CONCLUSIONS AND POLICY IMPLICATIONS

Paraprofessionals and addiction counselors are an under-researched segment of the behavioral health workforce. For paraprofessionals, there is tremendous overlap among job responsibilities along with job title inconsistency that makes quantifying these workers difficult.

In an effort to improve the recognition of paraprofessionals in the behavioral health workforce the following should be considered:

- Encourage states to develop and adopt standardized SOPs and job titles for paraprofessionals.
- Encourage certification of paraprofessionals by payers to ensure they receive reimbursement for services, thus expanding service availability and creating financial sustainability.
- Encourage national and state certification/licensing bodies to adopt standardized educational and training guidelines for paraprofessionals to ensure individuals are providing the services outlined by their specific SOP.

KEY FINDINGS

Results of the gray literature search highlighted a dearth of clearly defined SOPs and job responsibilities for the selected professions. State-by-state analysis identified a total of 40 state-level SOPs out of a possible 250 (Table 1). For some occupations, states may defer to national guidelines and SOPs in lieu of drafting their own (e.g. NAADAC for addiction counselor guidelines).

Table 1. Identified SOPs and Surveyed States

Occupation	Number of SOPs Identified	Selected States with Well-defined SOPs
Community Health Worker	15	Maryland, Washington
Peer Recovery Specialist	13	Tennessee, Oklahoma
Case Manager	5	Illinois, New Jersey
Health Navigator	2	Arizona, California
Addiction Counselor	5	Florida, Kansas

A total of 108 individuals responded to the survey; 89 of which were included in the analysis. About 25% of the survey respondents held a graduate degree. Forty-three of the 57 paraprofessional and addiction counselor respondents were aware of an SOP for their position, 35% of which reported the SOP being employer-defined. In comparison, 54% of 22 non-paraprofessional respondents reported that their SOP comes from a national/state licensing board or authority.

Over 50% of respondents frequently performed activities that aligned with one or more of the job categories. About 24% of respondents selected items that spanned all four categories, 40% spanned three of the job titles, and an additional 28% identified with two titles. This overlap of job responsibilities, and interchangeability between categories can also be seen when respondents were asked to rate the frequency with which they perform such duties.

Researchers conducted an in-depth analysis of the 57 identified paraprofessionals and addiction counselors to determine alignment between SOPs and daily job responsibilities. This analysis proved to be nuanced with many of the reported job titles falling outside of the occupations of interest. For example, one respondent who listed their job title as “program manager” conducted job tasks in several categories with the same frequency. This analysis further supported the finding that paraprofessionals and addiction counselors conduct many job tasks that are outside the specific purview of their SOP, and that job titles of these individuals vary greatly from employer to employer.

Data from 10 survey responses with job titles matching the three paraprofessional categories are discussed here as a sample of the larger pool of respondents. There were a total of 24 possible job activities spanning the job categories. Responses of “I do this every day” were counted towards total daily job duties. Responsibilities identified in the state-level sample of SOPs aligned well with respondents’ job responsibilities. Further, some respondents performed job activities in addition to their outlined SOP. The SOP for addiction counselors was the most closely aligned with their actual job function, with a majority of the daily job responsibilities falling “in category”.

Entry level providers, such as those presented in this brief, and addiction counselors are an integral part of the behavioral health workforce, however their job responsibilities are ill-defined and great overlap of daily job tasks exists between entry level and mid-level providers. By further defining these professions, states will be able to fully leverage the skills and competencies of paraprofessionals, addiction counselors, and other behavioral health providers to ensure that organizations can provide a full spectrum of behavioral health services.