

Scopes of Practice and Reimbursement Patterns of Addiction Counselors, Community Health Workers, and Peer Recovery Specialists in the Behavioral Health Workforce

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Project Team

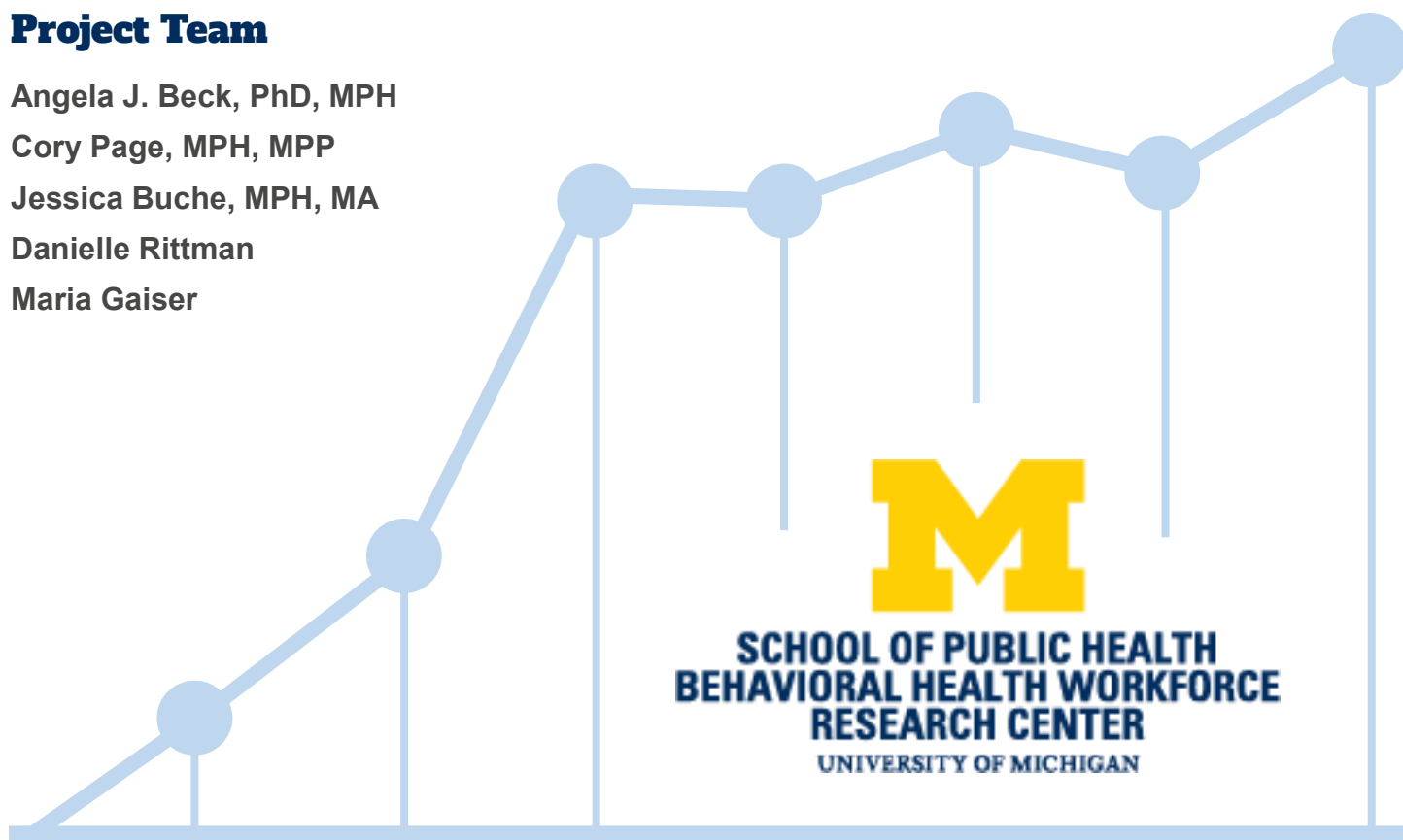
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Key Findings

Given the opioid epidemic, demand for substance use disorder services in America may rise. In 2018, statutes and administrative rules detailing scopes of practice (SOP) and credential requirements for addiction counselors (ACs), community health workers (CHWs), and peer recovery specialists (PRSs) were extracted from state government, certification board, and/or professional association websites in all fifty states and D.C., as were Medicaid statutes, provider handbooks, and fee schedules. The search revealed 216 AC credentials, 43 CHW credentials, and 63 PRS credentials.

Key findings include:

- Independent, clinical ACs required a graduate degree for practice, and earned an average of \$84.03 from Medicaid for an hour of individual therapy.
- No CHW credential required a degree beyond a high school diploma/GED, and CHWs earned an average of \$23.54 per 15 minutes of individual health education.
- PRS credentials typically required a GED or high school diploma, 500 practice hours, and 25 supervision hours. A PRS earned an average of \$12.98 per 15 minutes of peer support services.

Allowing ACs to be both licensed and certified may increase supply for that occupation. CHWs would most benefit from Medicaid State Plan Amendments that add them as a reimbursable profession. And clarifying PRSs' roles within SOP documents could reduce interprofessional conflict.

Background

In the United States, 20% of adults have a mental illness, but less than half of them are receiving treatment.¹ The Health Resources and Services Administration projects that by 2025, there will be shortages in several licensed behavioral health worker disciplines.² Community health workers, peer recovery specialists, and addiction counselors have the potential to supplement this shortage. Community health workers work in underserved communities to help increase access to care and decrease health disparities.^{3,4} These providers are either members of, or have thorough understanding of, the community being served, and liaise between medical providers and patients.⁵ Peer recovery specialists are service providers who have lived experience with behavioral health conditions; they work to increase access to mental health and addiction treatment services.⁶ Although use of peer providers is recognized by the Centers for Medicare & Medicaid Services as an evidence-based practice,⁷ their often under-defined scopes of practice can lead to challenges coordinating service delivery in the workplace.⁶ Despite having training requirements that vary by state, addiction counselors have fairly consistent scopes of practice by educational level.⁸

Medicaid expansion associated with the Affordable Care Act enhances state-based coverage for these support services and more mental health/substance misuse treatment in general.⁹ A majority of states have Medicaid billing for peer recovery specialists,⁷ and community health worker services can be reimbursed in certain states.⁵ In terms of training, community health worker and peer recovery specialist training programs can cost less than \$1,000 per applicant.^{10,11} Although community health workers and peer recovery specialists have less formal training than licensed professionals, studies have found them to be effective behavioral health workers.^{7,12} Community health workers help to improve chronic disease symptoms, reduce emergency room visits/hospitalizations, and decrease cost of care.¹² Furthermore, a study comparing use of peer and non-peer case managers found that use of peer case managers was associated with fewer hospitalizations/inpatient days and greater improvements in quality of life/culture of care. They are also valuable wellness coaches for patients with serious mental illness and physical comorbidities.^{7,13}

Given the strong benefits of integrating community health workers, peer recovery specialists, and addiction counselors into behavioral health service delivery, the purpose of this study is to collect and analyze descriptive information about state Medicaid reimbursement rates, professional training credentials, and scopes of practice for these professions.

Methods

The Behavioral Health Workforce Research Center at the University of Michigan searched publicly available online state repositories for statutes and administrative codes pertaining to the scope of practice and

licensure/certification of addiction counselors, community health workers, and peer recovery specialists, similar to the methodology followed for previous scope of practice studies.¹⁴ All 50 states and the District of Columbia were included in the search. Certification/licensure data was extracted and coded for comparison and analysis; all possible credentials were collected for addiction counselors, community health workers, and peer recovery specialists.

Search engine terms included different variations of the occupation's name (e.g., "peer support," "peer recovery," and "peer specialist"), the type of document being searched for (e.g., "statute," "administrative code," "scopes of practice," or "certification"), and the name of the state. Service authorization variables were selected after a recursive search of the collected SOPs revealed trends in types of authorization.

Often, states did not offer licenses or state-issued certifications for these occupations. Instead, some states empowered specialty certification boards to issue certifications. The certification requirements and scopes of practice were extracted from these certification boards in the same manner as they were extracted from statutes and administrative codes. When neither statutes/codes nor a certification board were available, researchers searched for a prominent, statewide professional association for the given occupation (e.g., "Arizona Community Health Workers Association"). If the association offered a credential, then the data associated with that credential were extracted and included in the analysis.

Publicly available Medicaid provider manuals, fee schedules, and statutes/administrative codes for addiction counselors, community health workers, and peer recovery specialists in all 50 states and the District of Columbia were used to determine amount of reimbursement for the three occupations in each state. Because each of the occupations performed a diverse array of services, different Current Procedural Terminology (CPT) codes were collected for each occupation: for addiction counselors, CPT codes pertaining to assessment, an hour of individual therapy, an hour of family/couples therapy, a unit of group therapy, and an hour of crisis intervention were used; for community health workers, CPT codes pertaining to a unit of individual health education and a unit of group health education for no more than 4 clients were used; and for peer recovery specialists, CPT codes pertaining to 15 minutes of peer support services, and a unit of community wrap-around services were used.

Results

Addiction Counselors

Regulatory Information

The state online repositories for statutes and administrative codes yielded a total of 216 addiction counselor credentials across all 50 states and the District of Columbia. Of these credentials, 56 were state-issued licenses, 50 were state-issued certifications, 17 were "registered" positions with the state, and the remaining 93 were certifications issued by state certification boards.

In terms of how their credentialing system was structured, 26 states offer addiction counselor credentials solely through a state-run department, 13 offer addiction counselor credentials solely through a state-approved certification board, and 12 offer addiction counselor credentials through a mix of both.

The fundamental nature of addiction counselor credentials varied from state to state, and occasionally varied within states. In some states, addiction counselor credentials certify/license an individual as a practitioner solely of addiction counseling. In other states, like California, the addiction counselor credential seems to be a voluntary credential meant to specialize the practice of a licensed behavioral health provider, such as a mental health counselor, marriage and family therapist, or clinical social worker.

The titles of the credentials also varied by state. States offering certifications that were reciprocal through the International Certification & Reciprocity Consortium (IC&RC) tended to use that organization's preferred language, whereas other states varied more widely. Of note is the tendency of credentials to include the term "abuse" as in "substance abuse counselor" and "use" as in "substance use disorder counselor." Although the most common credential title for addiction counselors was some variant of "alcohol and drug counselor," the term "addiction counselor" is used throughout this report as an umbrella term for "alcohol and drug counselor," "chemical dependency counselor," and "substance use/abuse counselor."

Credential Requirements

Sixty addiction counselor credentials required at least a master's degree or PhD, 59 required at least an associate's or bachelor's degree, and the remaining 97 either did not require a degree or did not specify a degree requirement.

Because postgraduate practice hours and education hours required are linked, the credential requirements section will be broken down into subsections based on the credentials' minimum degree requirements, adopting the classification process that the Substance Abuse and Mental Health Services Administration uses for addiction counselors.⁸ Supervisory credentials all had similar education/experience requirements, but the minimum degree required for these credentials varied across states. For this reason, supervisory credentials were removed from each degree-level analysis and are included as their own level at the end of this section.

Across all credentials, 43 states offered reciprocity as a pathway to receiving at least one credential and eight states offered endorsement as a pathway. Reciprocity refers to earning a credential in a state based on already having an equivalent credential in a different state. Endorsement, meanwhile, refers to earning a credential in a state based on already having fulfilled the requirement in a different state.

Graduate Degrees

Graduate degrees were typically required for clinical, independent practice positions (Table 1). Eleven of the 60 credentials requiring a graduate degree were for supervisory positions. These 11 credentials were removed from the descriptive analysis below, to better represent the educational bracket as a whole. Some states required contact hours of education, while others required semester credit hours in a higher education setting. Fourteen states did not offer a graduate-level addiction counselor credential. Of the remaining 37 states, 34 states offered reciprocity as a pathway to receive at least one of their graduate-level addiction counselor credentials and six states offered endorsement as a pathway.

Table 1: Graduate-Level Addiction Counselor Credential Requirements

| | Education Contact Hours | Education Semester Hours | Postgraduate Practice Hours | Direct Supervision Hours | Renewal Period, Months | Continuing Education Hours |
|-----------------------|-------------------------|--------------------------|-----------------------------|--------------------------|------------------------|----------------------------|
| Number of Credentials | 29 | 12 | 43 | 37 | 49 | 48 |
| Mean | 221 | 39 | 3167 | 245 | 23 | 38 |
| Median | 180 | 35 | 2000 | 300 | 24 | 40 |
| Range | 135, 360 | 18, 60 | 1600, 10 000 | 100, 400 | 6, 36 | 20, 60 |

Undergraduate Degrees

Associate and baccalaureate degrees were required primarily for assisting/training positions (Table 2). Eleven of the 59 credentials requiring an undergraduate degree were for supervisory positions. These 11 credentials were removed from the descriptive analysis below, to better represent the educational bracket as a whole. Nineteen states did not offer an undergraduate-level addiction counselor credential. Of the remaining 32 states, 22 states offered reciprocity as a pathway to receiving at least one of their undergraduate-level addiction counselor credentials and five states offered endorsement as a pathway.

Table 2: Undergraduate-Level Addiction Counselor Credential Requirements

| | Education Contact Hours | Education Semester Hours | Postgraduate Practice Hours | Direct Supervision Hours | Renewal Period, Months | Continuing Education Hours |
|-----------------------|-------------------------|--------------------------|-----------------------------|--------------------------|------------------------|----------------------------|
| Number of Credentials | 27 | 11 | 33 | 26 | 48 | 47 |
| Mean | 274 | 37 | 4985 | 244 | 23 | 38 |
| Median | 270 | 33 | 4000 | 210 | 24 | 40 |
| Range | 90, 450 | 15, 60 | 1000, 8000 | 24, 850 | 6, 36 | 15, 60 |

No Degree

A high school diploma (no degree) was required for the broadest range of possible positions, ranging from assisting/training to independent practice and supervision (Table 3). Twenty-four of the 97 credentials requiring a high school diploma/GED were for supervisory positions. These 24 credentials were removed from the descriptive analysis below, to better represent the educational bracket as a whole. Unlike with graduate-level addiction counselors and undergraduate-level counselors, all education requirements for high school/GED-level addiction counselors were recorded in contact hours. Having no degree typically meant a higher contact hour, practice, and supervision hour requirements.

Table 3: High School/GED-Level Addiction Counselor Credential Requirements

| | Education Contact Hours | Postgraduate Practice Hours | Direct Supervision Hours | Renewal Period, Months | Continuing Education Hours |
|-----------------------|-------------------------|-----------------------------|--------------------------|------------------------|----------------------------|
| Number of Credentials | 57 | 49 | 53 | 63 | 59 |
| Mean | 228 | 4736 | 266 | 23 | 36 |
| Median | 270 | 6000 | 300 | 24 | 40 |
| Range | 4, 360 | 1000, 8000 | 18, 500 | 12, 36 | 12, 60 |

Many states offered multiple paths to the same credential. Either the applicant could obtain a credential through experience alone, or the applicant could choose to earn a degree (though the degree was not strictly required) and substitute that degree for some of the required practice and supervision. Thirty-nine states allowed such a substitution, affecting a total of 64 credentials (Table 4).

Typically, an associate's degree was equivalent to 1000 practice hours and 50 supervision hours, a bachelor's degree was equivalent to 2000 practice hours and 100 supervision hours, and a master's degree was equivalent to 4000 practice hours and 200 supervision hours. Doctoral degrees were seldom mentioned, unless included within language such as "a master's degree or higher."

Predominately, the credentials eligible for a degree/experience substitution were credentials that did not require anything more than a high school diploma/GED to obtain. However, some credentials with a minimum requirement of a college degree also offered degree/experience substitutions for more advanced degrees. As such, Table 4 includes all affected credentials—not just high school/GED-level ones.

Fourteen states did not offer a high school/GED-level addiction counselors credential. Of the remaining 37 states, 22 states offered reciprocity as a pathway to receiving at least one of their high school/GED-level addiction counselor credentials and five states offered endorsement as a pathway.

Table 4: Degree/Experience Substitutions for all Addiction Counselor Credentials

| | Number of Credentials | Mean | Median | Range |
|---|-----------------------|------|--------|-------------|
| Associate Practice Hour Substitution | 39 | 1064 | 1000 | 500, 2000 |
| Associate Supervision Hour Substitution | 10 | 65 | 50 | 50, 200 |
| Bachelor Practice Hour Substitution | 49 | 1908 | 2000 | 500, 4000 |
| Bachelor Supervision Hour Substitution | 12 | 113 | 100 | 50, 300 |
| Master Practice Hour Substitution | 49 | 3776 | 4000 | 1000, 10000 |
| Master Supervision Hour Substitution | 14 | 193 | 200 | 50, 300 |
| PhD Practice Hour Substitution | 13 | 3231 | 4000 | 1000, 4000 |
| PhD Supervision Hour Substitution | 2 | 145 | 145 | 90, 200 |

Supervisor Credentials

Sixty-two addiction counselor credentials across 46 states came with supervisory authority. The remaining five states either do not have an addiction counselors supervisor credential, did not designate supervisory authority in their existing credentials, or have a different credential that allows for the supervision of addiction counselors (e.g. Qualified Clinical Supervisor registration) (Table 5).

Table 5: Addiction Counselor Supervisor Credentials, Regardless of Minimum Degree Requirement

| | Education Contact Hours | Postgraduate Practice Hours | Direct Supervision Hours | Renewal Period, Months | Continuing Education Hours |
|-----------------------|-------------------------|-----------------------------|--------------------------|------------------------|----------------------------|
| Number of Credentials | 42 | 45 | 33 | 52 | 52 |
| Mean | 88 | 7156 | 204 | 24 | 26 |
| Median | 30 | 10000 | 200 | 24 | 35 |
| Range | 12, 350 | 2000, 10000 | 24, 300 | 12, 48 | 6, 60 |

Two states had education requirements in semester credit hours: New Jersey's Licensed Clinical Alcohol and Drug Counselor at 18 credit hours, and New Mexico's Approved Supervisor at 3 credit hours. These education requirements are not represented in the table above.

Supervisor credentials came in three varieties: a separate license/certification meant to be acquired after an applicant had spent time as an independent practice addiction counselor, a direct transition from independent practice addiction counselor to supervisor within the same credential, or a registration with a state entity as a supervisor. Of the 46 states that offered a supervisor credential, 35 states offered reciprocity as a pathway to receiving at least one of their supervisor credentials and 4 states offered endorsement as a pathway.

See Appendix 1 for more details on addiction counselor credentials.

Authorized Services

Sixty-two credentials had supervisory authority, 121 had independent practice authority, and the remainder were either training or assisting under supervision. Many credentials offered hybrid authorities. For example, many clinical independent practice addiction counselors were also authorized to supervise. The Colorado Licensed Addiction Counselor credential functions this way. Similarly, some licenses/certifications began as training credentials until the holder earned a requisite number of practice and supervision hours. Then the credential transitioned into independent practice authority. The South Dakota Licensed Addiction Counselor credential functions this way.

All addiction counselors were authorized to assess clients, perform counseling/psychotherapy, and engage in crisis management. Forty-six credentials across 15 states explicitly authorized the holder to diagnose; however, the range of the diagnosis was sometimes limited to substance use disorders. These credentials were all state-issued licenses and certifications, as opposed to certification board certifications. By “explicitly,” the researchers refer to the exact language used in the scope of practice statutes and codes. If diagnosis was not mentioned, the variable for diagnosis was coded as “NA.” This could under-count the number of credentials that allow for diagnosis in the country. Some states, such as Utah, explicitly prohibit diagnosis in their addiction counselors’ SOPs.

As a rule, any applicants who were eligible for a supervisor credential could also practice independently. Typically, such applicants had to hold addiction counselor certification or clinical/master-level addiction counselor licenses. There were a few instances, however, where supervisors could not practice independently. For instance, in Massachusetts, a Licensed Alcohol and Drug Counselor II may supervise Licensed Alcohol and Drug Counselor Assistants but may not practice without supervision.

Medicaid Reimbursement

For the purposes of this project, researchers sought to determine if and how much state Medicaid programs reimburse addiction counselors for assessment services, an hour of individual therapy, an hour of family/couples therapy, an hour of group therapy, and an hour of crisis intervention services. State Medicaid programs tended to reimburse licensed addiction counselors that either held a master’s degree or were working for a substance use disorder treatment facility. In the latter case, the reimbursements were typically much larger, as the rate was to pay the facility as a whole, and only a fraction of the amount would go to the counselor.

The CPT codes for Medicaid reimbursement are not as standardized around the country as CPT codes for Medicare reimbursement. For example, many state Medicaid programs differed on which types of assessment/diagnostic services an addiction counselor was permitted to perform. As a result, the usual provider CPT code 90791, which refers to medical diagnosis, was sometimes not authorized for addiction counselors. Instead, codes H0001, H0031, or any of the previous codes with a specific modifier, were used. Table 6 provides for a full list of CPT codes included for addiction counselor Medicaid reimbursement.

Table 6: CPT Codes for Addiction Counselor Medicaid Reimbursement

| Diagnostic Services | Individual Therapy | Family/Couples Therapy | Group Therapy | Crisis Intervention |
|---------------------|--------------------|------------------------|---------------|---------------------|
| 90791 | 90837 | 90847 | 90853 | 90839 |
| H0001 | 08034 | 96154 | 96153 | H2011 |
| H0031 | H0004 | H0004 | H0004 | |
| | H2019 | H2019 | H0005 | |
| | H0022 | H2035 | H2019 | |
| | H2035 | T1006 | H2035 | |
| | H5010 | | H5020 | |

Researchers utilized each state’s Medicaid provider manuals for behavioral health, substance use disorder, individual practitioners, and/or outpatient treatment to determine which codes were applicable for addiction counselors within that state. When reimbursement for a service was limited to 15 minutes, researchers calculated what a full hour of the service would be worth. Table 7 gives a breakdown of Medicaid reimbursement rates for addiction counselor services.

Table 7: Medicaid Reimbursement Rates for Addiction Counselor Services
(Rates in United States Dollars (USD))

| | Assessment | Individual Therapy, 1 Hour | Family/Couples Therapy, 1 Hour | Group Therapy, per client, 1 Hour | Crisis Intervention, 1 Hour |
|-----------------------|------------|-------------------------------|-----------------------------------|--------------------------------------|--------------------------------|
| Number of Credentials | 67 | 93 | 77 | 92 | 39 |
| Mean | 95 | 84 | 78 | 24 | 105 |
| Median | 105 | 81 | 75 | 22 | 89 |
| Range | 17, 189 | 27, 126 | 43, 110 | 6, 58 | 69, 200 |

Instead of breaking down reimbursement rates by state, the researchers included every credential that was authorized to be reimbursed by Medicaid in the above analysis. This resulted in the reimbursement values for some states being counted multiple times, as those states had several Medicaid-approved addiction counselor credentials.

Community Health Workers

Regulatory Information

The state online repositories for statutes and administrative codes yielded a total of 43 community health worker credentials across 40 states. Eleven states did not offer a community health worker credential. Of these 43 credentials, 13 were defined by law as a state-issued certification, 17 were certifications issued by a community health worker professional association, and the remaining 13 were credentials defined by community health worker movements or associations within states that have not yet created a state-recognized credential.

In most states with a community health worker credential, the credential seems to have been created within the professional community and then adopted by the state, as opposed to a state law leading to the creation of the occupation. Community health worker credentials were occasionally associated with specific community health systems or hospitals, as these settings served as primary employers.

Credential Requirements

All community health worker credentials across the country could be obtained without any degree higher than a high school diploma or GED. However, seven states required college-level courses in certain subjects, even though an advanced degree was not required. Eleven states required formal training outside of college. These differences in education type were analyzed separately (Table 8).

Only five states had stipulations as to where continuing education hours were supposed to be spent, but most of those either directed credentialed community health workers to board-approved trainings or trainings that were relevant to community health worker practice domains. No states offered reciprocity or endorsement as pathways to earning a community health worker credential. This could restrict the movement of qualified community health workers from one state to another, possibly exacerbating existing workforce shortages.

See Appendix 2 for more details on community health worker credentials.

Table 8: Community Health Worker Credential Requirements

| | Education Contact Hours | Education Credit Hours | Postgraduate Practice Hours | Direct Supervision Hours | Renewal Period, Months | Continuing Education Hours |
|-----------------------|-------------------------|------------------------|-----------------------------|--------------------------|------------------------|----------------------------|
| Number of Credentials | 11 | 7 | 8 | 1 | 11 | 11 |
| Mean | 154 | 25 | 2188 | 50 | 25 | 27 |
| Median | 115 | 30 | 1500 | 50 | 24 | 20 |
| Range | 48, 419 | 13, 40 | 500, 6000 | NA | 24, 36 | 15, 40 |

Authorized Services

A recursive search of community health worker SOPs yielded several regularly-repeating services. These services included: health education (n=39 credentials); system navigation (n=36); case coordination (n=34); outreach (n=28); advocacy (n=28); prevention (n=24); assessment (n=21); counseling (n=21); referral (n=12); and research (n=10). “Counseling” did not refer to clinical counseling, but rather one-on-one informal counseling, based on the community health worker’s lived experience. Community health workers were not authorized to diagnose or treat behavioral health disorders in the same way that mental health counselors, marriage and family therapists, and clinical social workers are authorized.

Alaska was the only state to clearly authorize certain community health worker credentials to practice independently or supervise. Though it was implied in the SOPs of every other credential that community health workers work directly with clients, it was not clear whether community health workers had to work under a designated supervisor, or what qualifications that supervisor had to have.

Many community health worker SOPs repeated the American Public Health Association’s (APHA’s) community health worker definition¹⁵ verbatim:

“A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.”

Given the prominence of this definition, it is clear why health education, system navigation, outreach, and advocacy were frequently authorized.

Medicaid Reimbursement

Given that the most likely community health worker service to be authorized was “health education,” state Medicaid policies were reviewed to determine how much a practitioner in the state would be reimbursed for such education, and whether community health workers were specifically authorized to provide such services for reimbursement. Specifically, two services were reviewed: individual health education and group health education for no more than four clients at a time. Similar to addiction counselors, the CPT codes for these services varied across states. A full list of CPT codes included for community health worker Medicaid reimbursement is provided in Table 9.

Reimbursement data for these codes were found for 23 credentials. However, not all of these credentials were explicitly authorized by Medicaid provider manuals to provide such services. As such, these data were analyzed descriptively in two batches. Table 10 includes Medicaid reimbursement data for health education services regardless of whether a community health worker was authorized, and Table 11 includes Medicaid reimbursement data for health education services only for authorized community health workers.

Table 9: CPT Codes for Community Health Worker Medicaid Reimbursement

| Individual Health Education | Group Health Education (Two to Four Clients) |
|-----------------------------|--|
| 98960 | 98961 |
| H0036 | H0036 |
| H0039 | H2014 |
| H2014 | H2015 |
| H2015 | H2017 |
| H2017 | |
| H2018 | |
| H2027 | |

Table 10: Medicaid Reimbursement Rates for Health Education Services, Regardless of Community Health Worker Authorization (Rates in USD)

| | Individual Health Education | Group Health Education |
|-----------------------|---------------------------------|---------------------------------------|
| Number of Credentials | 23 | 11 |
| Mean | 20.85 | 6.77 |
| Median | 17.51 | 8.99 |
| Standard Deviation | 16.98 | 3.05 |
| Range | 3.31, 26.93 (per 15 minutes) | 1.45, 9.70 (per client/15 minutes) |

Table 11: Medicaid Reimbursement Rates for Health Education Services Provided by Authorized Community Health Workers Only (Rates in USD)

| | Individual Health Education | Group Health Education |
|-----------------------|---------------------------------|---------------------------------------|
| Number of Credentials | 16 | 8 |
| Mean | 23.54 | 8.00 |
| Median | 17.51 | 9.27 |
| Range | 3.31, 26.14 (per 15 minutes) | 3.53, 9.70 (per client/15 minutes) |

Peer Recovery Support Specialists

Regulatory Information

The search yielded a total of 63 peer recovery specialist credentials across 49 states. Two states (South Dakota and Vermont) did not offer a peer recovery specialist credential. Arkansas' credential is currently not yet official, but language for its requirements and service authorizations was found online. Of these 63 credentials, 18 were offered by state-run departments or boards, and the remaining credentials were offered

through addiction certification boards or peer specialist–specific certification boards.

The difference between “addiction professional certification boards” and “other certification boards” was primarily in name only. For example, the Missouri Certification Board certifies alcohol and drug counselors, prevention specialists, peer recovery specialists, and others, even though their name does not include the word “addiction.” The titles of the credentials also varied by state. States offering certifications that were reciprocal through the IC&RC tended to use that organization’s preferred language, whereas other states varied more widely.

Credential Requirements

All peer recovery specialist credentials across the country could be obtained without a degree higher than a high school diploma or GED. Unlike community health worker credentials that occasionally required college courses to obtain, peer recovery specialist credentials uniformly required contact hours of education in approved training programs. Table 12 shows a full breakdown of the peer recovery specialist credential requirements.

Table 12: Peer Recovery Specialist Credential Requirements

| | Education Contact Hours | Postgraduate Practice Hours | Direct Supervision Hours | Renewal Period, Months | Continuing Education Hours |
|-----------------------|-------------------------|-----------------------------|--------------------------|------------------------|----------------------------|
| Number of Credentials | 50 | 34 | 29 | 52 | 51 |
| Mean | 50 | 591 | 35 | 21 | 20 |
| Median | 46 | 500 | 25 | 24 | 20 |
| Range | 6, 126 | 72, 2000 | 3, 110 | 12, 36 | 2, 40 |

The most common continuing education requirements were: ethics (25 states), peer recovery specialist-specific education (12 states), and trauma education (3 states). Other topics for continuing education included substance use disorder, suicide detection/prevention, and cultural competency.

Unique to peer recovery specialists was another requirement: recovery status. This requirement usually took the form of an applicant signing a form attesting to the time they’ve spent in recovery from a mental health disorder or substance use disorder. Thirty-nine states required a peer recovery specialist applicant be in recovery prior to becoming certified. Of those, 18 states had a specific number of months an applicant had to be in recovery. The average was 18 months (median, 21 months; standard deviation, 6.51 months; range, 6–24 months). Of the 49 states that offered a peer recovery specialist credential, 21 offered reciprocity as a pathway to at least one of their credentials. No states offered endorsement as a pathway to a peer recovery specialist credential.

See Appendix 3 for more details on peer recovery specialist credentials.

Authorized Services

A recursive search of peer recovery specialist SOPs yielded several regularly repeating services. These services included: recovery assistance (n=51 credentials); mentorship (n=45); advocacy (n=43); health education (n=28); system navigation (n=20); and social/emotional support (n=11). If the term “wellness support” were interpreted to mean “social/emotional support,” then the frequency of “social/emotional support” authorizations would increase from 11 to 41.

Although none of the SOPs directly authorized peer recovery specialists to work independently, the SOPs suggested that peer recovery specialists work directly with their clients to help promote healthy behaviors and offer education about obtaining the most effective treatment possible. To this end, peer recovery specialists seem to be hired by health systems or substance use treatment centers as service extenders.

Although they likely have some form of clinical supervision, the qualifications of such supervisors are not explicitly mentioned in most state statutes/codes. Maryland was the only state to offer a peer supervisor credential.

Medicaid Reimbursement

Peer recovery specialists, having a longer history with Medicaid reimbursement than community health workers, were better represented in Medicaid provider manuals and fee schedules. According to the materials gathered by the researchers, 35 states authorized peer recovery specialists to perform Medicaid-reimbursable services, but only 31 of those states listed an applicable code in their fee schedules.

Similar to addiction counselors and community health workers, the CPT codes for peer services varied across states. Peer support used one of the following codes: H0038, H0046, H2015, H2017, H2019, or T1012. Reimbursement data for these codes were found for 39 credentials. The mean reimbursement rate was \$12.98 per 15 minutes (median= \$12.33; range=\$5.75-\$24.49).

Conclusions

Findings of this study yield the following conclusions for each occupation.

Addiction Counselors

The addiction counselor credential seems to serve a different purpose in different states. Some states offer a license that authorizes the holder to practice addiction counseling at the clinical level as a full-time occupation. Other states offer voluntary certifications that allow an already-licensed behavioral health provider to specialize their practice in addiction counseling. Both forms have advantages and disadvantages.

A full state-issued clinical license as an addiction counselor typically came with expanded privileges, such as being authorized to diagnose. Licensed addiction counselors, particularly at the graduate degree level, were authorized for Medicaid reimbursement at a higher rate than certified, non-graduate level addiction counselors. As reliable and adequate reimbursement is a primary driver of the size of any workforce, Medicaid authorization would be essential to any state's addiction counselor supply.

On the other hand, the restrictive nature of some licensed addiction counselor SOPs may make the voluntary certification path more worthwhile. For instance, although Maryland's Licensed Clinical Alcohol and Drug Counselor can "[diagnose] mental health disorders" according to their SOP, Kansas' Licensed Clinical addiction counselors can only "[diagnose] and [treat]... substance use disorders" according to their SOP. This differentiation between being able to only treat a certain condition, as opposed to being a behavioral health provider with a specialization in treating a certain population, limits both the services addiction counselors can provide and the services they can be reimbursed for.

Arkansas, however, offers voluntary addiction counselor certifications through the Arkansas Substance Abuse Certification Board and full practice licenses through the Arkansas Board of Examiners of Alcoholism and Drug Abuse Counselors. They are not alone in offering a bifurcated addiction counselor credentialing system: 12 states, total, offer credentials both through a certification board and through a state department/licensing board. Offering both a voluntary specialization option and a full-practice license seems to be key to allowing potential addiction counselors to choose the type of credential that is appropriate for them. Addiction counselors who want to clinically practice solely within the realm of addiction counseling can earn a license and become Medicaid reimbursable, just as other behavioral health providers can specialize in addiction counseling through a certification as opposed to separate license. In turn, allowing both paths could encourage a greater provision of specialized substance use disorder treatment services in a state.

Another problem faced particularly by licensed addiction counselors was the limited services authorized by their SOPs, in general. In some states, addiction counselors were not allowed to engage in diagnosis or counseling for conditions other than substance use disorder. This could limit licensed addiction counselors from engaging with patients who may suffer from a primary diagnosis of a behavioral health disorder, like depression, and a co-occurring substance use disorder, like alcoholism. Such a patient could benefit from the specialized knowledge about substance use disorder that an addiction counselor could provide. Therefore, it is necessary for state legislators to re-evaluate the scope of practice for licensed addiction

counselors, particularly with regard to the level of training these counselors are required to obtain. If a licensed addiction counselor must acquire a master's degree in a counseling-related field, like other behavioral health providers who are authorized to diagnose a myriad behavioral health conditions, and have to be formally educated and trained in similar topics, then it is fitting that the addiction counselor should be granted the same unrestricted authorization.

Certification requirements and service authorizations were more uniform than with some other behavioral health occupations, due in large part to the widespread acceptance of the IC&RC's training and practice domain standards. NAADAC, the Association for Addiction Professionals, also offers nationally accepted certifications for addiction counselors. Because both of these organizations offer nationally recognized credentials, addiction counselors enjoy reciprocity arrangements for obtaining credentials in many different states. National addiction counselor organizations could consider starting an accreditation agency. Similar to how the American Psychological Association accredits graduate programs that meet high standards in psychological education, a similar organization could accredit addiction counselor graduate programs. This could go further toward standardizing education and training requirements across the country, as well as giving the national addiction counselor workforce a clearer path to working with state legislators in negotiating license requirements.

Community Health Workers

Community health workers are a unique occupation in that they tend to be dedicated, knowledgeable workers rising from in-need populations to serve those populations. This gives them a unique insight into their clients' needs that other behavioral health occupations may not have access to. Community health workers also seem to be in a challenging stage of transitioning from state-based grassroots organizations into a legislated occupational category. This may explain why only 14 credentials nationwide were defined by state law and issued by a state department/board. However, community health workers have proven their efficacy as service extenders both in terms of improving treatment outcomes and cost efficiency. As more state legislatures implement community health worker laws, other states will have more information and incentive to make and implement their own.

Of the three occupational credentials reviewed by this project, community health worker credentials seem the least uniform. Education requirements, practice hour requirements, and service authorizations varied from state to state. This is likely due to the lack of a nationally-accepted credential or organizing body, such as the IC&RC and NAADAC. The only widely-accepted information about community health workers seems to be the APHA definition. Without standardized minimum requirements, each state must take on the arduous task of inventing a professional classification from scratch.

Furthermore, the lack of nationally recognized credentials makes it harder for community health workers to establish reciprocity pathways to obtaining credentials in other states. This limits the mobility of the occupation, preventing them from possibly relocating to locations of higher need. However, given that community health workers mostly come from a specific population to help that population in particular, this may be a moot point.

The variable legislation of community health workers also makes receiving Medicaid reimbursement for their services more difficult. Often, Medicaid provider manuals are careful to stipulate that only professionals with state-issued licenses or certifications are eligible for receiving reimbursement. If a community health worker in a particular state has a credential issued by a professional community health worker organization, but not from the state, then the worker may be ineligible for Medicaid reimbursement. This lack of financial incentive could stunt the growth of a state's community health worker workforce. This could explain why health systems are often the driving force behind creating community health worker programs and hiring community health workers, as the systems are more apt to both recognize the potential of community health workers and can afford to train/pay these professionals.

The creation of a national organization for community health workers may aid this profession in solidifying its identity. Once established, the organization could consider better defining the workforce and creating a standardized community health worker model for states legislatures to adopt into law. Forming such an organization could be difficult, as community health workers take on many different roles based on the needs of their target population. For instance, there is one national association of community health workers called HealthConnect One. It currently represents 50 communities across 20 states, but is focused

solely on maternal health.¹⁶ Other community health workers may be focused on diabetes, heart disease, substance use disorder, or any number of other health conditions. Despite their diversity, however, it should be possible for community health workers to come together to better advocate for their occupation. After all, the APHA general definition for community health workers has been met with national acceptance, suggesting that common ground can be found among community health workers regardless of their specialization.

Another mechanism policymakers could consider is allowing for community health workers to be reimbursed by Medicaid. This could be done through a Medicaid State Plan Amendment.¹⁷ Policymakers would not necessarily need to establish a credential for community health workers to begin reimbursing them through Medicaid. Instead, they could define community health workers, the acceptable services they could provide for reimbursement, and which organizations (managed care organization, community health center, and others) a community health worker must be employed by. As shown in Tables 10 and 11, some community health worker services are already authorized and priced in state Medicaid plans, but current policies are not clear on whether community health workers are authorized to perform them.

Peer Recovery Support Specialists

Like addiction counselors, peer recovery specialists have nationally-accepted credentials offered by the IC&RC and NAADAC, and have more uniform credential requirements and service authorization than community health workers. Like community health workers, peer recovery specialists have a unique insight into their clients' needs, as a peer recovery specialist has a history of recovery from a mental health condition, substance use disorder, or both. The research indicated that 39 states officially require their peer recovery specialists to identify as being in/having been in recovery.

Although the researchers were unable to turn up evidence of such a dispute, requiring peer recovery specialist applicants to disclose their recovery status could violate applicants' reasonable expectations of privacy. Disclosure would not violate the Health Insurance Portability and Accountability Act, as the applicant has the choice whether not to disclose information about their behavioral health condition, but such a requirement would go against the spirit of anonymity and confidentiality that a number of 12-Step recovery programs, like Alcoholics Anonymous, are built on. In this way, disclosure of one's recovery, or requiring specific details, may turn qualified applicants away from the occupation.

Given their national representation, peer recovery specialists are often reimbursed by Medicaid for peer support services provided to clients. Peer recovery specialists can also be employed by substance use disorder treatment clinics, health systems, or independent practices. These various paths to reimbursement allow the workforce more security to grow and flourish. The workforce is also aided by the 21 states that offer at least one reciprocal credential, meaning existing peer recovery specialists could potentially move to nearly half the states in the country where they may be in higher demand.

A challenge for peer recovery specialists seems to be the nature of the services they are authorized to provide. Some states limit peer recovery specialists only to helping other patients in recovery to better navigate health systems and access appropriate treatment. Other states allow peer recovery specialists to engage in social and emotional support, which could be interpreted as being synonymous with "counseling." Because peer recovery specialists are not clinically trained to assess, diagnose, and treat behavioral health conditions, authorizing them to perform counseling would be inappropriate. A more nuanced definition of "social and emotional support" may be necessary in state SOPs to prevent peer recovery specialists from engaging in practices in which they are not formally trained.

Peer recovery specialists enjoy a sizeable number of reciprocal arrangements around the country. However, peer recovery specialists are far from having full professional mobility. Given that the current opioid epidemic is having extremely detrimental effects on sparsely populated, rural areas,¹⁸ it may be beneficial for states with such areas to build in such reciprocity pathways. This way they could attract peer recovery specialists from other places in the country. This would supplement the state's workforce without having to solely train new peer recovery specialists.

A number of studies have cited that peer recovery specialists are difficult to integrate into care paradigms, largely due to "role confusion" and "poorly defined job structure."⁶ State policymakers could take steps to alleviate this problem by more carefully defining the peer recovery specialists' SOP in that state. As mentioned before, "emotional and social support" was a service often authorized in these SOPs, yet this

phrase could be interpreted multiple ways—including “informal counseling.”

Editing an occupation’s SOP should be approached with caution. An exhaustive list of which services that occupation can provide, for instance, limits the occupation from adopting newer, unlisted services. A better approach for clarifying the peer recovery specialist SOPs may be to include exclusionary language. For instance, adding the phrase “Practice as a Peer Recovery Specialist does not include counseling” and citing the relevant statute that defines “clinical counseling” would clarify that peer recovery specialists are not allowed to offer counseling, but are still authorized to offer more informal support.

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Appendix 1. Addiction Counselor Credentials

Table 1. Graduate-Level Addiction Counselors

| State | Credential Details | | | | | | |
|-------------|--|-----------------|----------------|-------------------|----------------------------------|----------------------------|-------------------------------|
| | Credential Title | Education Hours | Practice Hours | Supervision Hours | Minimum Completion Time (Months) | Continuing Education Hours | Length of Credential (Months) |
| Alabama | Certified Advanced Addiction Professional | 180 | 2000 | 300 | NA | 20 | 12 |
| Alaska | NA | NA | NA | NA | NA | NA | NA |
| Arizona | Licensed Independent Substance Abuse Counselor | NA | 3200 | 300 | 24 | 30 | 24 |
| Arkansas | Advanced Certified Alcohol Drug Counselor | 180 | 2000 | 300 | NA | 40 | 24 |
| Arkansas | Licensed Alcoholism and Drug Abuse Counselor | 270 | 6000 | NA | 36 | 40 | 24 |
| California | NA | NA | NA | NA | NA | NA | NA |
| Colorado | Licensed Addiction Counselor | NA | 5000 | NA | NA | 40 | 24 |
| Connecticut | Licensed Alcohol and Drug Counselor | 360 | 6000 | 300 | 36 | 20 | 12 |
| Delaware | Certified Advanced Alcohol and Drug Counselor | 180 | 2000 | 100 | 12 | 40 | 24 |
| Delaware | Licensed Chemical Dependency Professional | 30* | 1600 | 160 | NA | 40 | 24 |
| D.C. | NA | NA | NA | NA | NA | NA | NA |
| Florida | Certified Master's Level Addiction Professional | 360 | 4000 | 200 | NA | 20 | 12 |
| Georgia | NA | NA | NA | NA | NA | NA | NA |
| Hawaii | Certified Substance Abuse Counselor – Masters Degree or Higher | 270 | 2000 | 400 | NA | 40 | 24 |
| Idaho | Advanced Certified Alcohol/Drug Counselor | 160 | 2000 | 300 | NA | 40 | 24 |
| Illinois | Certified Advanced Alcohol and Drug Counselor | 180 | 2000 | 300 | 12 | 40 | 24 |

| | | | | | | | |
|---------------|---|-----|-------|-----|----|----|----|
| Indiana | Certified Alcohol and Other Drug Abuse Counselor 4 | 320 | 6000 | 300 | 36 | 40 | 24 |
| Indiana | Licensed Clinical Addiction Counselor Associate | 27* | NA | NA | NA | 40 | 24 |
| Indiana | Licensed Clinical Addiction Counselor | 27* | NA | 200 | 24 | 40 | 24 |
| Iowa | Certified International Advanced Alcohol & Drug Counselor | 189 | 2000 | 300 | NA | 40 | 24 |
| Kansas | Licensed Clinical Addiction Counselor | 30* | 4000 | 100 | NA | 30 | 24 |
| Kentucky | Licensed Clinical Alcohol and Drug Counselor Associate | 180 | NA | NA | NA | 20 | 36 |
| Kentucky | Licensed Clinical Alcohol and Drug Counselor | NA | 2000 | 300 | NA | 60 | 36 |
| Louisiana | Licensed Addiction Counselor | 270 | 2000 | 300 | 12 | 48 | 24 |
| Maine | NA | NA | NA | NA | NA | NA | NA |
| Maryland | Licensed Graduate Alcohol and Drug Counselor | 48* | NA | NA | NA | 40 | 24 |
| Maryland | Licensed Clinical Alcohol and Drug Counselor | 60* | 2000 | 100 | 24 | 40 | 24 |
| Massachusetts | Certified Alcohol & Drug Counselor – Advanced | 180 | 2000 | 300 | 24 | 40 | 24 |
| Massachusetts | Licensed Alcohol and Drug Abuse Counselor I | 270 | 6000 | 300 | 36 | 40 | 24 |
| Michigan | Certified Advanced Alcohol and Drug Counselor | 186 | 2000 | 300 | NA | 40 | 24 |
| Minnesota | Advanced Alcohol and Drug Counselor Reciprocal | 180 | 2000 | 300 | NA | 40 | 24 |
| Mississippi | Certified Alcohol and Drug Counselor II | 270 | 10000 | 300 | 60 | 40 | 24 |
| Mississippi | Certified Advanced Alcohol & Drug Counselor | 270 | 4000 | 300 | 24 | 40 | 24 |
| Missouri | Certified Reciprocal Advanced Alcohol & Drug Counselor | 180 | 2000 | 300 | NA | 40 | 24 |
| Montana | NA | NA | NA | NA | NA | NA | NA |
| Nebraska | NA | NA | NA | NA | NA | NA | NA |
| Nevada | Certified Clinical Alcohol and Drug Intern | NA | NA | NA | NA | NA | 6 |

| | | | | | | | |
|----------------|--|-----|------|-----|----|----|----|
| Nevada | Licensed Drug Abuse Counselor | NA | 4000 | NA | NA | 40 | 24 |
| Nevada | Licensed Clinical Alcohol and Drug Abuse Counselor | NA | 4000 | NA | NA | 40 | 24 |
| New Hampshire | Master Licensed Alcohol and Drug Counselor | 270 | 3000 | 300 | NA | 48 | 24 |
| New Jersey | Licensed Clinical Alcohol and Drug Counselor | 18* | 3000 | 300 | 24 | 40 | 24 |
| New Mexico | NA | NA | NA | NA | NA | NA | NA |
| New York | NA | NA | NA | NA | NA | NA | NA |
| North Carolina | Licensed Clinical Addiction Specialist | 180 | 4000 | 300 | 24 | 30 | 24 |
| North Dakota | NA | NA | NA | NA | NA | NA | NA |
| Ohio | Licensed Independent Chemical Dependency Counselor | 40* | 2000 | 220 | 12 | 40 | 24 |
| Oklahoma | Licensed Alcohol and Drug Counselor | 45* | 2000 | NA | NA | 20 | 12 |
| Oregon | Certified Alcohol and Drug Counselor III | 300 | 6000 | NA | NA | 40 | 24 |
| Pennsylvania | Certified Advanced Alcohol and Drug Counselor | 180 | 2000 | 100 | 12 | 40 | 24 |
| Rhode Island | Certified Advanced Alcohol and Drug Counselor | 180 | 2000 | 300 | 12 | 40 | 24 |
| South Carolina | NA | NA | NA | NA | NA | NA | NA |
| South Dakota | Licensed Addiction Counselor | NA | 2000 | 300 | NA | 40 | 12 |
| Tennessee | NA | NA | NA | NA | NA | NA | NA |
| Texas | Advanced Alcohol and Drug Counselor | 180 | 2000 | 300 | NA | 40 | 24 |
| Texas | Certified Chemical Dependency Specialist | 135 | 4000 | NA | NA | 40 | 24 |
| Utah | NA | NA | NA | NA | NA | NA | NA |
| Vermont | Licensed Alcohol and Drug Abuse Counselor | 60* | 2000 | 100 | 12 | 40 | 24 |
| Virginia | Certified Advanced Alcohol and Drug Counselor | 180 | 2000 | 100 | 12 | 40 | 24 |
| Virginia | Licensed Substance Abuse Treatment Practitioner | 60* | 3400 | 200 | NA | 20 | 12 |
| Washington | NA | NA | NA | NA | NA | NA | NA |

| | | | | | | | |
|----------------|---|-----------------|--------|-------|------|------|------|
| West Virginia | Certified Advanced Alcohol and Drug Counselor | 180 | 2000 | 100 | NA | 40 | 24 |
| Wisconsin | NA | NA | NA | NA | NA | NA | NA |
| Wyoming | Licensed Addictions Therapist | 21* | 3000 | 100 | NA | 45 | 24 |
| Total n | NA | 12*, 29 | 43 | 37 | 20 | 48 | 49 |
| Mean | NA | 38.8*, 221.4 | 3167.4 | 245.4 | 23.4 | 37.7 | 22.7 |
| Median | NA | 35*, 180 | 2000 | 300 | 24 | 40 | 24 |

* Semester credit hours, as opposed to contact hours

Table 2. Undergraduate-Level Addiction Counselors

| State | Credential Details | | | | | | |
|-------------|--|-----------------|----------------|-------------------|----------------------------------|----------------------------|-------------------------------|
| | Credential Title | Education Hours | Practice Hours | Supervision Hours | Minimum Completion Time (Months) | Continuing Education Hours | Length of Credential (Months) |
| Alabama | NA | NA | NA | NA | NA | NA | NA |
| Alaska | NA | NA | NA | NA | NA | NA | NA |
| Arizona | Licensed Substance Abuse Technician | NA | NA | NA | NA | 30 | 24 |
| Arizona | Licensed Associate Substance Abuse Counselor | NA | 3200 | 300 | 24 | 30 | 24 |
| Arkansas | Licensed Associate Alcoholism and Drug Abuse Counselor | 270 | 6000 | NA | 36 | 40 | 24 |
| California | NA | NA | NA | NA | NA | NA | NA |
| Colorado | Certified Addiction Counselor Level 3 | NA | 2000 | 24 | 12 | 40 | 24 |
| Connecticut | NA | NA | NA | NA | NA | NA | NA |
| Delaware | NA | NA | NA | NA | NA | NA | NA |
| D.C. | Addiction Counselor I | NA | NA | 500 | 24 | 40 | 24 |
| D.C. | Addiction Counselor II | NA | NA | 180 | NA | 40 | 24 |
| Florida | NA | NA | NA | NA | NA | NA | NA |
| Georgia | Certified Addiction Counselor Level II | 270 | 6000 | 144 | NA | 40 | 24 |
| Hawaii | Certified Substance Abuse Counselor – Bachelor Degree | 270 | 4000 | 400 | NA | 40 | 24 |
| Idaho | NA | NA | NA | NA | NA | NA | NA |
| Illinois | NA | NA | NA | NA | NA | NA | NA |
| Indiana | Licensed Addiction Counselor Associate | 40* | NA | NA | NA | 40 | 24 |
| Indiana | Licensed Addiction Counselor | 40* | NA | 150 | 24 | 40 | 24 |
| Iowa | NA | NA | NA | NA | NA | NA | NA |
| Kansas | Licensed Addiction Counselor | NA | NA | NA | NA | 30 | 24 |
| Kentucky | Certified Alcohol and Drug Counselor | 270 | 6000 | 300 | NA | 60 | 36 |
| Louisiana | Certified Addiction Counselor | 270 | 4000 | 300 | 24 | 48 | 24 |
| Maine | NA | NA | NA | NA | NA | NA | NA |
| Maryland | Alcohol and Drug Trainee | 15* | NA | NA | NA | 40 | 24 |

| | | | | | | | |
|----------------|---|------|-------|-----|----|----|----|
| Maryland | Certified Supervised Counselor – Alcohol and Drug | 24* | NA | NA | NA | 40 | 24 |
| Maryland | Certified Associate Counselor – Alcohol and Drug | 33* | 2000 | NA | 12 | 40 | 24 |
| Maryland | Certified Professional Counselor – Alcohol and Drug | 33* | 2000 | NA | 12 | 40 | 24 |
| Massachusetts | NA | NA | NA | NA | NA | NA | NA |
| Michigan | NA | NA | NA | NA | NA | NA | NA |
| Minnesota | Licensed Alcohol and Drug Counselor | 270 | 2000 | 50 | 12 | 40 | 24 |
| Mississippi | Certified Alcohol and Drug Counselor I | 270 | 8000 | 300 | 48 | 40 | 24 |
| Missouri | NA | NA | NA | NA | NA | NA | NA |
| Montana | Licensed Addiction Counselor | 330 | 1000 | 500 | 7 | 20 | 12 |
| Nebraska | NA | NA | NA | NA | NA | NA | NA |
| Nevada | Certified Alcohol and Drug Abuse Counselor Intern | 60* | NA | NA | NA | NA | 6 |
| Nevada | Certified Alcohol and Drug Counselor | 4000 | NA | NA | NA | 40 | 24 |
| New Hampshire | Licensed Alcohol and Drug Counselor | 270 | 6000 | 300 | NA | 48 | 24 |
| New Jersey | NA | NA | NA | NA | NA | NA | NA |
| New Mexico | Licensed Substance Abuse Associate | 90 | NA | NA | NA | 40 | 24 |
| New Mexico | Licensed Alcohol and Drug Abuse Counselor | 276 | 3000 | 300 | 36 | 40 | 24 |
| New York | NA | NA | NA | NA | NA | NA | NA |
| North Carolina | NA | NA | NA | NA | NA | NA | NA |
| North Dakota | Registered Addiction Counselor Intern | 32* | 1400 | 50 | NA | 40 | 24 |
| North Dakota | Addiction Counselor | 32* | 1400 | 50 | 6 | 40 | 24 |
| North Dakota | Registered Private Practice Addiction Counselor | NA | 10000 | NA | NA | 40 | 24 |
| Ohio | Licensed Chemical Dependency Counselor II | 180 | 2000 | 220 | 12 | 40 | 24 |
| Ohio | Licensed Chemical Dependency Counselor III | 180 | 2000 | 220 | 12 | 40 | 24 |
| Oklahoma | Certified Alcohol and Drug Counselor | 270 | 4000 | 300 | NA | 20 | 12 |

| | | | | | | | |
|----------------|---|--------------|--------|-------|------|------|------|
| Oregon | Certified Alcohol and Drug Counselor II | 300 | 4000 | NA | NA | 40 | 24 |
| Pennsylvania | Certified Alcohol and Drug Counselor | 300 | 6000 | 200 | 36 | 40 | 24 |
| Rhode Island | NA | NA | NA | NA | NA | NA | NA |
| South Carolina | Certified Addictions Counselor I | 270 | 4000 | 150 | 24 | 40 | 24 |
| South Carolina | Certified Addictions Counselor II | 450 | 8000 | 150 | 48 | 40 | 24 |
| South Dakota | NA | NA | NA | NA | NA | NA | NA |
| Tennessee | Level II Licensed Alcohol and Drug Abuse Counselor | 270 | 4000 | 100 | 24 | 15 | 12 |
| Texas | Licensed Chemical Dependency Counselor | NA | 4000 | NA | NA | 40 | 24 |
| Utah | Certified Substance Use Disorder Counselor | 200 | NA | NA | NA | 40 | 24 |
| Utah | Licensed Substance Use Disorder Counselor | 200 | 2000 | NA | NA | 40 | 24 |
| Utah | Certified Advanced Substance Use Disorder Counselor | 300 | NA | NA | NA | 40 | 24 |
| Utah | Licensed Advanced Substance Use Disorder Counselor | 300 | 4000 | NA | NA | 40 | 24 |
| Vermont | Certified Apprentice Addiction Professional | 40* | NA | NA | NA | 40 | 24 |
| Vermont | Certified Alcohol and Drug Abuse Counselor | 300 | 4000 | 200 | 24 | 40 | 24 |
| Virginia | Certified Substance Abuse Counselor | 400 | 2000 | 100 | NA | 20 | 12 |
| Washington | Certified Chemical Dependency Professional | 60* | 2500 | 850 | NA | 28 | 24 |
| West Virginia | NA | NA | NA | NA | NA | NA | NA |
| Wisconsin | Clinical Substance Abuse Counselor | 360 | 7000 | NA | NA | 40 | 24 |
| Wyoming | Certified Addictions Practitioner Assistant | 270 | NA | NA | NA | 45 | 24 |
| Wyoming | Certified Addictions Practitioner | NA | NA | NA | NA | 45 | 24 |
| Total n | NA | 11*, 27 | 33 | 26 | 20 | 47 | 48 |
| Mean | NA | 37.2*, 274.3 | 3984.8 | 243.8 | 22.9 | 38.3 | 22.9 |
| Median | NA | 33*, 270 | 4000 | 210 | 24 | 40 | 24 |

* Semester credit hours, as opposed to contact hours

Table 3. High School/GED-Level Addiction Counselors

| State | Credential Details | | | | | | |
|-------------|--|-----------------|----------------|-------------------|----------------------------------|----------------------------|-------------------------------|
| | Credential Title | Education Hours | Practice Hours | Supervision Hours | Minimum Completion Time (Months) | Continuing Education Hours | Length of Credential (Months) |
| Alabama | Certified Associate Addiction Professional | 140 | 2000 | 150 | NA | 20 | 12 |
| Alabama | Certified Alcohol and Drug Counselor | 270 | 6000 | 300 | NA | 20 | 12 |
| Alaska | Chemical Dependency Counselor Technician | NA | NA | NA | NA | 40 | 24 |
| Alaska | Chemical Dependency Counselor 1 | NA | NA | NA | 24 | 40 | 24 |
| Alaska | Chemical Dependency Counselor 2 | NA | NA | NA | 48 | 40 | 24 |
| Arizona | NA | NA | NA | NA | NA | NA | NA |
| Arkansas | Alcohol Drug Counselor | 270 | 6000 | 300 | 36 | 40 | 24 |
| Arkansas | Certified Alcoholism and Drug Abuse Technician | 270 | 6000 | NA | 36 | 40 | 24 |
| California | Certified Alcohol or Drug Counselor | 155 | 2080 | 160 | NA | 40 | 24 |
| Colorado | Certified Addiction Counselor Level 1 | NA | 1000 | 18 | 6 | 40 | 24 |
| Colorado | Certified Addiction Counselor Level 2 | NA | 2000 | 36 | 12 | 40 | 24 |
| Connecticut | Certified Counselor In Training | 100 | NA | NA | NA | NA | 36 |
| Connecticut | Certified Alcohol and Drug Counselor | 360 | 6000 | 300 | 36 | 20 | 12 |
| Delaware | Certified Alcohol and Drug Counselor | 270 | 6000 | 300 | 36 | 40 | 24 |
| D.C. | NA | NA | NA | NA | NA | NA | NA |
| Florida | Certified Addiction Professional | 350 | 6000 | 300 | NA | 20 | 12 |
| Florida | Certified Addiction Counselor | 270 | 6000 | 300 | NA | 20 | 12 |
| Georgia | Certified Counselor-in-Training | 50 | NA | NA | NA | NA | 36 |
| Georgia | Certified Addiction Counselor Level 1 | 180 | 4000 | 96 | 24 | 40 | 24 |
| Hawaii | Certified Substance Abuse Counselor | 270 | 6000 | 300 | NA | 40 | 24 |
| Idaho | Certified Alcohol and Other Drug Counselor | 270 | 6000 | 300 | NA | 20 | 12 |
| Illinois | Certified Associate Addictions Professional | NA | NA | NA | NA | 40 | 24 |
| Illinois | Certified Alcohol and Other Drug Abuse Counselor | 225 | 4000 | 150 | 24 | 40 | 24 |

| | | | | | | | |
|---------------|---|-----|------|-----|----|----|----|
| Illinois | Certified Reciprocal Alcohol and Other Drug Abuse Counselor | 300 | 6000 | 300 | 36 | 40 | 24 |
| Indiana | ACIT | NA | NA | NA | NA | NA | NA |
| Indiana | Certified Alcohol and Other Drug Abuse Counselor 1 | 180 | 2000 | 220 | 12 | 40 | 24 |
| Indiana | Certified Alcohol and Other Drug Abuse Counselor 2 | 270 | 4000 | 300 | 24 | 40 | 24 |
| Iowa | Temporarily Certified for Alcohol and Drug Counselor | 150 | NA | NA | NA | NA | 24 |
| Iowa | Certified Alcohol and Drug Counselor | 150 | 3000 | 500 | 18 | 40 | 24 |
| Iowa | Certified International Alcohol and Drug Counselor | 300 | 6000 | 300 | NA | 40 | 24 |
| Kansas | NA | NA | NA | NA | NA | NA | NA |
| Kentucky | NA | NA | NA | NA | NA | NA | NA |
| Louisiana | Addiction Treatment Assistant | NA | NA | NA | NA | NA | NA |
| Louisiana | Registered Addiction Counselor | 270 | 6000 | 300 | 36 | 48 | 24 |
| Louisiana | Counselor-in-Training | 180 | NA | NA | NA | 20 | 12 |
| Maine | Licensed Alcohol and Drug Counseling Aide | NA | NA | NA | NA | 12 | 24 |
| Maine | Certified Alcohol and Drug Counselor | NA | 4000 | 200 | NA | 24 | 24 |
| Maine | Licensed Alcohol and Drug Counselor | NA | 6000 | 300 | NA | 36 | 24 |
| Maryland | NA | NA | NA | NA | NA | NA | NA |
| Massachusetts | Certified Alcoholism Counselor | 180 | 4000 | 220 | 24 | 40 | 24 |
| Massachusetts | Certified Alcohol & Drug Abuse Counselor | 270 | 6000 | 300 | 36 | 40 | 24 |
| Massachusetts | Licensed Alcohol and Drug Counselor Assistant | 50 | 2000 | NA | 12 | 40 | 24 |
| Michigan | Certified Alcohol and Drug Counselor | 270 | 6000 | 300 | NA | 40 | 24 |
| Minnesota | Alcohol and Drug Counselor - Minnesota | 270 | NA | 300 | NA | 40 | 24 |
| Minnesota | Alcohol and Drug Counselor Reciprocal | 270 | 6000 | 300 | NA | 40 | 24 |
| Mississippi | Certified Intern Counselor | 186 | NA | NA | NA | NA | NA |
| Mississippi | Certified Alcohol and Drug Counselor | 270 | 6000 | 300 | 36 | 40 | 24 |
| Missouri | Missouri Associate Alcohol Drug Counselor I | NA | NA | NA | NA | NA | NA |

| | | | | | | | |
|----------------|--|-----|------|-----|----|----|----|
| Missouri | Missouri Associate Alcohol Drug Counselor II | 90 | 2000 | 300 | NA | NA | NA |
| Missouri | Certified Alcohol and Drug Counselor | 180 | 4000 | 300 | NA | 40 | 24 |
| Missouri | Certified Reciprocal Alcohol and Drug Counselor | 300 | 6000 | 300 | NA | 40 | 24 |
| Montana | NA | NA | NA | NA | NA | NA | NA |
| Nebraska | Provisional Licensed Alcohol and Drug Counselor | 270 | NA | 300 | NA | 40 | 24 |
| Nebraska | Licensed Alcohol and Drug Counselor | NA | 6000 | NA | 36 | 40 | 24 |
| Nevada | NA | NA | NA | NA | NA | NA | NA |
| New Hampshire | NA | NA | NA | NA | NA | NA | NA |
| New Jersey | Certified Alcohol and Drug Counselor | 270 | 3000 | 300 | 24 | 40 | 24 |
| New Mexico | Certified Alcohol & Other Drug Abuse Counselor | 270 | 6000 | 300 | 36 | 40 | 24 |
| New York | Certified Alcoholism and Substance Abuse Counselor Trainee | 350 | NA | NA | NA | NA | NA |
| New York | Certified Alcoholism and Substance Abuse Counselor | 350 | 6000 | 300 | 36 | 60 | 36 |
| North Carolina | Certified Substance Abuse Counselor | 270 | NA | 300 | NA | 30 | 24 |
| North Dakota | NA | NA | NA | NA | NA | NA | NA |
| Ohio | Certified Chemical Dependency Counselor Assistant | 40 | NA | NA | NA | 40 | 24 |
| Oklahoma | NA | NA | NA | NA | NA | NA | NA |
| Oregon | Certified Alcohol and Drug Counselor I | 150 | 1000 | NA | NA | 40 | 24 |
| Pennsylvania | Associate Addiction Counselor | 100 | 2000 | 100 | 12 | NA | 24 |
| Pennsylvania | Certified Associate Addiction Counselor | 300 | 6000 | 300 | 36 | 40 | 24 |
| Rhode Island | Provisional Alcohol and Drug Counselor | 140 | 2000 | 150 | 12 | NA | NA |
| Rhode Island | Certified Alcohol and Drug Counselor | 300 | 6000 | 300 | 36 | 40 | 24 |
| Rhode Island | Licensed Chemical Dependency Professional | NA | NA | NA | NA | NA | NA |
| South Carolina | NA | NA | NA | NA | NA | NA | NA |
| South Dakota | Certified Addiction Counselor | NA | 8000 | 300 | NA | 40 | 12 |

| | | | | | | | |
|----------------|--|-------|--------|-------|------|------|------|
| Tennessee | Level I Licensed Alcohol and Drug Abuse Counselor | 270 | 6000 | 100 | 36 | 15 | 12 |
| Texas | Certified Alcohol and Drug Counselor | 270 | 6000 | 300 | NA | 40 | 24 |
| Utah | NA | NA | NA | NA | NA | NA | NA |
| Vermont | NA | NA | NA | NA | NA | NA | NA |
| Virginia | Certified Associate Addiction Counselor | 200 | 4000 | 200 | 24 | 40 | 24 |
| Virginia | Certified Alcohol and Drug Counselor | 300 | 6000 | 300 | NA | 40 | 24 |
| Virginia | Certified Substance Abuse Counseling Assistant | 300 | NA | NA | NA | 20 | 12 |
| Washington | Certified Chemical Dependency Professional Trainee | 4 | NA | NA | NA | 28 | 24 |
| West Virginia | Certified Alcohol and Drug Counselor | 270 | 6000 | 300 | 36 | 40 | 24 |
| Wisconsin | Substance Abuse Counselor in Training | 100 | NA | NA | NA | 40 | 24 |
| Wisconsin | Substance Abuse Counselor | 360 | 4000 | NA | NA | 40 | 24 |
| Wyoming | NA | NA | NA | NA | NA | NA | NA |
| Total n | NA | 57 | 49 | 53 | 30 | 59 | 63 |
| Mean | NA | 228.2 | 4736.3 | 266.0 | 28.0 | 36.2 | 22.7 |
| Mode | NA | 270 | 6000 | 300 | 36 | 40 | 24 |

Table 4. Addiction Counselor Supervisor Credentials

| State | Credential Details | | | | | | |
|-------------|---|-----------------|----------------|-------------------|----------------------------------|----------------------------|-------------------------------|
| | Credential Title | Education Hours | Practice Hours | Supervision Hours | Minimum Completion Time (Months) | Continuing Education Hours | Length of Credential (Months) |
| Alabama | Certified Clinical Supervisor | 180 | 10000 | 200 | NA | | |
| Alaska | Chemical Dependency Clinical Supervisor | NA | NA | 100 | 72 | | |
| Arizona | NA | NA | NA | NA | NA | NA | NA |
| Arkansas | Clinical Supervisor | 36 | 10000 | 200 | 60 | | |
| Arkansas | Licensed Alcoholism and Drug Abuse Counselor | 270 | 6000 | NA | 36 | | |
| California | NA | NA | NA | NA | NA | NA | NA |
| Colorado | Certified Addiction Counselor Level 3 | NA | 2000 | 24 | 12 | | |
| Colorado | Licensed Addiction Counselor | NA | 5000 | NA | NA | | |
| Connecticut | Certified Clinical Supervisor | 30 | 10000 | 200 | 12 | | |
| Delaware | Certified Clinical Supervisor | 30 | 10000 | 200 | 60 | | |
| D.C. | NA | NA | NA | NA | NA | NA | NA |
| Florida | Certified Master’s Level Addiction Professional | 350 | 4000 | 200 | NA | | |
| Georgia | Certified Clinical Supervisor | 30 | NA | 200 | 60 | | |
| Hawaii | Certified Clinical Supervisor | 30 | 10000 | 200 | NA | | |
| Idaho | Certified Clinical Supervisor | 30 | 10000 | 200 | 60 | | |
| Illinois | Certified Advanced Alcohol and Drug Counselor | 180 | 2000 | 300 | 12 | | |
| Illinois | Certified Clinical Supervisor | 350 | 10000 | 300 | 60 | | |
| Indiana | Certified Clinical Supervisor | 30 | 10000 | 200 | NA | | |
| Iowa | Certified Clinical Supervisor | 36 | 10000 | 200 | 60 | | |
| Kansas | NA | NA | NA | NA | NA | NA | NA |
| Kentucky | Certified Alcohol and Drug Counselor | 270 | 6000 | 300 | NA | | |
| Louisiana | Certified Clinical Supervisor | NA | NA | NA | NA | | |
| Maine | Certified Clinical Supervisor | 30 | 4000 | NA | NA | | |
| Maryland | Licensed Clinical Alcohol and Drug Counselor | 60 | 2000 | 100 | 24 | | |

| | | | | | | | |
|----------------|--|-----|-------|-----|----|----|----|
| Massachusetts | Certified Clinical Supervisor | 30 | 10000 | NA | 60 | | |
| Massachusetts | Licensed Alcohol and Drug Counselor II | 270 | 6000 | 300 | 36 | | |
| Massachusetts | Licensed Alcohol and Drug Abuse Counselor I | 270 | 6000 | 300 | 36 | | |
| Michigan | Certified Clinical Supervisor | 30 | 10000 | 200 | NA | | |
| Minnesota | Certified Clinical Supervisor | 30 | 10000 | 200 | 60 | | |
| Minnesota | Licensed Alcohol and Drug Counselor Supervisor | 12 | NA | NA | 36 | | |
| Mississippi | Certified Clinical Supervisor | 30 | 10000 | 200 | NA | | |
| Missouri | NA | NA | NA | NA | NA | NA | NA |
| Montana | Licensed Addiction Counselor Supervisor | NA | NA | NA | 36 | | |
| Nebraska | Clinical Supervisor | NA | NA | NA | NA | | |
| Nevada | Licensed Drug Abuse Counselor | NA | 4000 | NA | NA | | |
| Nevada | Licensed Clinical Alcohol and Drug Abuse Counselor | NA | 4000 | NA | NA | | |
| New Hampshire | Licensed Clinical Supervisor | 30 | 10000 | 200 | NA | | |
| New Jersey | Licensed Clinical Alcohol and Drug Counselor | 18* | 3000 | 300 | 24 | | |
| New Jersey | Certified Clinical Supervisor | 60 | 10000 | 200 | 60 | | |
| New Mexico | Certified Clinical Supervisor | 30 | 10000 | 200 | 60 | | |
| New Mexico | Approved Supervisor | 3* | NA | NA | 36 | | |
| New York | Qualified Health Professional | NA | NA | NA | 12 | | |
| North Carolina | Clinical Supervisor Intern | 30 | 2000 | NA | 12 | | |
| North Carolina | Certified Clinical Supervisor | 30 | 4000 | NA | 24 | | |
| North Dakota | Registered Clinical Supervisor | 20 | 6000 | NA | 36 | | |
| Ohio | Licensed Independent Chemical Dependency Counselor – Clinical Supervisor | 30 | 6000 | 220 | 12 | | |
| Oklahoma | Licensed Supervisor | 45 | NA | NA | 24 | | |
| Oregon | Clinical Supervisor | NA | NA | NA | 60 | | |
| Pennsylvania | Certified Clinical Supervisor | 30 | 10000 | 200 | 60 | | |

| | | | | | | | |
|----------------|--|-------------|--------|-------|------|--|--|
| Rhode Island | Licensed Chemical Dependency Clinical Supervisor | NA | NA | NA | NA | | |
| Rhode Island | Certified Clinical Supervisor | 30 | 10000 | 200 | 60 | | |
| South Carolina | Certified Clinical Supervisor | 30 | 10000 | 250 | 60 | | |
| South Dakota | Qualified Clinical Supervisor | NA | NA | NA | NA | | |
| Tennessee | Certified Qualified Clinical Supervisor | 30 | NA | 36 | 60 | | |
| Texas | Certified Clinical Supervisor | 30 | 10000 | 200 | NA | | |
| Utah | Substance Use Disorder Counselor Supervisor | NA | NA | NA | 24 | | |
| Vermont | Clinical Supervisor | NA | NA | NA | 12 | | |
| Virginia | Clinical Supervisor | NA | NA | NA | 24 | | |
| Virginia | Certified Clinical Supervisor | 30 | 10000 | 200 | 60 | | |
| Washington | Approved Supervisor | NA | 4000 | NA | NA | | |
| West Virginia | Certified Clinical Supervisor | 30 | 10000 | 200 | NA | | |
| Wisconsin | Clinical Supervisor In Training | NA | 2000 | NA | 12 | | |
| Wisconsin | Intermediate Clinical Supervisor | 30 | 2000 | NA | 12 | | |
| Wisconsin | Independent Clinical Supervisor | 30 | 10000 | NA | 24 | | |
| Wyoming | Designated Qualified Clinical Supervisor | NA | NA | NA | 24 | | |
| Total n | NA | 2*, 40 | 43 | 33 | 41 | | |
| Mean | NA | 10.5*, 79.0 | 7209.3 | 203.9 | 37.2 | | |
| Median | NA | 10.5*, 30 | 10000 | 200 | 36 | | |

* Semester credit hours, as opposed to contact hours

Appendix 2. Community Health Worker Credentials

| State | Credential Details | | | | | | |
|---------------|-------------------------------------|-----------------|----------------|-------------------|----------------------------------|----------------------------|-------------------------------|
| | Credential Title | Education Hours | Practice Hours | Supervision Hours | Minimum Completion Time (Months) | Continuing Education Hours | Length of Credential (Months) |
| Alabama | NA | NA | NA | NA | NA | NA | NA |
| Alaska | Behavioral Health Aide 1** | NA | 1000 | NA | NA | 40 | 24 |
| Alaska | Behavioral Health Aide 2** | NA | 2000 | NA | NA | 40 | 24 |
| Alaska | Behavioral Health Aide 3** | NA | 4000 | NA | NA | 40 | 24 |
| Alaska | Behavioral health Practitioner** | NA | 600 | NA | NA | 40 | 24 |
| Arizona | Community Health Worker | NA | NA | NA | NA | NA | NA |
| Arkansas | Community Health Worker | NA | NA | NA | NA | NA | NA |
| California | Community Health Worker | NA | NA | NA | NA | NA | NA |
| Colorado | Community Health Worker | NA | NA | NA | NA | NA | NA |
| Connecticut | Community Health Worker | NA | NA | NA | NA | NA | NA |
| Delaware | Community Health Worker | NA | NA | NA | NA | NA | NA |
| D.C. | NA | NA | NA | NA | NA | NA | NA |
| Florida | Certified Community Health Worker** | 30* | 500 | NA | NA | 20 | 24 |
| Georgia | Community Health Worker | NA | NA | NA | NA | NA | NA |
| Hawaii | Community Health Worker | NA | NA | NA | NA | NA | NA |
| Idaho | Community Health Worker | 48 | NA | NA | NA | NA | NA |
| Illinois | Community Health Worker | NA | NA | NA | NA | NA | NA |
| Indiana | Community Health Worker | NA | NA | NA | NA | NA | NA |
| Iowa | NA | NA | NA | NA | NA | NA | NA |
| Kansas | NA | NA | NA | NA | NA | NA | NA |
| Kentucky | NA | NA | NA | NA | NA | NA | NA |
| Louisiana | Community Health Worker | NA | NA | NA | NA | NA | NA |
| Maine | Community Health Worker | 40* | NA | NA | NA | NA | NA |
| Maryland | Certified Community Health Worker | 240 | NA | NA | NA | NA | NA |
| Massachusetts | Certified Community Health Worker** | 80 | 2000 | NA | NA | 15 | 24 |
| Michigan | Community Health Worker | 126 | NA | NA | NA | NA | NA |
| Minnesota | Community Health Worker** | 14* | NA | NA | NA | NA | NA |

| | | | | | | | |
|----------------|-------------------------------------|-----------------|--------|----|----|------|------|
| Mississippi | Community Health Worker | NA | NA | NA | NA | NA | NA |
| Missouri | Community Health Worker | 16* | NA | NA | NA | NA | NA |
| Montana | Community Health Worker | NA | NA | NA | NA | NA | NA |
| Nebraska | Community Health Worker | 13* | NA | NA | NA | NA | NA |
| Nevada | Community Health Worker | NA | NA | NA | NA | NA | NA |
| New Hampshire | Community Health Worker | NA | NA | NA | NA | NA | NA |
| New Jersey | Community Health Worker | NA | NA | NA | NA | NA | NA |
| New Mexico | Certified Community Health Worker** | 100 | NA | NA | NA | 30 | 24 |
| New York | Community Health Worker | 35* | NA | NA | NA | NA | NA |
| North Carolina | NA | NA | NA | NA | NA | NA | NA |
| North Dakota | NA | NA | NA | NA | NA | NA | NA |
| Ohio | Community Health Worker** | 230 | NA | NA | NA | 15 | 24 |
| Oklahoma | Community Health Worker | NA | NA | NA | 36 | NA | NA |
| Oregon | Community Health Worker** | 80 | NA | NA | NA | 20 | 36 |
| Pennsylvania | Community Health Worker | NA | NA | NA | NA | NA | NA |
| Rhode Island | Community Health Worker** | 115 | 1000 | 50 | 6 | 20 | 24 |
| South Carolina | Community Health Worker | NA | NA | NA | NA | NA | NA |
| South Dakota | Certified Community Health Worker | 419 | NA | NA | NA | NA | NA |
| Tennessee | NA | NA | NA | NA | NA | NA | NA |
| Texas | Community Health Worker** | 160 | 1000 | NA | NA | 20 | 24 |
| Utah | Community Health Worker | NA | NA | NA | NA | NA | NA |
| Vermont | NA | NA | NA | NA | NA | NA | NA |
| Virginia | Community Health Worker | NA | NA | NA | NA | NA | NA |
| Washington | Community Health Worker** | 30* | NA | NA | NA | NA | NA |
| West Virginia | NA | NA | NA | NA | NA | NA | NA |
| Wisconsin | Community Health Worker | 100 | NA | NA | NA | NA | NA |
| Wyoming | NA | NA | NA | NA | NA | NA | NA |
| Total n | NA | 7*, 11 | 8 | 1 | 2 | 11 | 11 |
| Mean | NA | 25.4*, 154.4 | 2187.5 | 50 | 21 | 27.3 | 25.1 |
| Median | NA | 30*, 115 | 1500 | 50 | 21 | 20 | 24 |

* Semester credit hours, as opposed to contact hours

** Certification

Appendix 3. Peer Recovery Specialist Credentials

| State | Credential Details | | | | | | |
|-------------|--|-----------------|----------------|-------------------|----------------------------------|----------------------------|-------------------------------|
| | Credential Title | Education Hours | Practice Hours | Supervision Hours | Minimum Completion Time (Months) | Continuing Education Hours | Length of Credential (Months) |
| Alabama | Certified Recovery Support Specialist* | 40 | NA | NA | 24 | 12 | 12 |
| Alaska | Peer Support Specialist | NA | NA | NA | NA | NA | NA |
| Arizona | Peer Recovery Support Specialist | NA | NA | NA | NA | NA | NA |
| Arkansas | Peer Recovery | 46 | 500 | 40 | NA | 20 | NA |
| California | Certified Peer Recovery Specialist | 100 | 500 | 25 | NA | 10 | 24 |
| Colorado | Certified Peer and Family Specialist | 60 | 500 | 50 | 6 | 30 | 24 |
| Connecticut | Certified Peer Recovery Specialist | 50 | 500 | 25 | NA | 10 | 12 |
| Delaware | Certified Peer Support Specialist | 54 | 1000 | NA | NA | 20 | 24 |
| D.C. | Certified Peer Specialist* | NA | NA | 80 | NA | NA | NA |
| Florida | Certified Recovery Support Specialist | 75 | 1000 | 24 | NA | 10 | 12 |
| Florida | Certified Recovery Peer Specialist | 40 | 500 | NA | NA | 10 | 12 |
| Georgia | Certified Peer Specialist | NA | NA | NA | NA | 12 | 12 |
| Hawaii | Hawaii Certified Peer Specialist* | NA | NA | NA | NA | 16 | 12 |
| Idaho | Certified Peer Recovery Coach | 46 | 500 | 25 | NA | 20 | 24 |
| Idaho | Certified Recovery Coach | 46 | 500 | 25 | NA | 20 | 24 |
| Illinois | Certified Recovery Support Specialist | 100 | 2000 | 100 | NA | 40 | 24 |
| Illinois | Certified Peer Recovery Specialist | 100 | 2000 | 100 | 12 | 30 | 24 |
| Indiana | Certified Addiction Peer Recovery Coach I | 30 | NA | NA | NA | 40 | 24 |
| Indiana | Certified Addiction Peer Recovery Coach II | 46 | 500 | 25 | NA | 40 | 24 |
| Iowa | Certified Peer Recovery Specialist | 46 | 500 | 25 | NA | 20 | 24 |
| Iowa | Certified Mental Health Peer Support | 40 | 100 | 10 | NA | 20 | 24 |
| Kansas | Kansas Peer Mentor In Training* | 6 | NA | NA | NA | NA | NA |
| Kansas | Kansas Certified Peer Mentor* | 15 | NA | NA | NA | NA | NA |
| Kentucky | Registered Alcohol and Drug Peer Support Specialist* | 60 | 500 | 25 | NA | 10 | 12 |
| Louisiana | Peer Support Specialist* | 76 | NA | NA | NA | 10 | 12 |

| | | | | | | | |
|----------------|--|-----|------|-----|----|----|----|
| Maine | Certified International Peer Support Specialist* | NA | 72 | NA | NA | 2 | 12 |
| Maryland | Certified Peer Recovery Specialist | 46 | 500 | 25 | NA | 20 | 24 |
| Maryland | Registered Peer Supervisor | 6 | NA | NA | 12 | NA | 24 |
| Massachusetts | Certified Peer Specialist | NA | NA | NA | NA | NA | NA |
| Michigan | Certified Peer Recovery Mentor | 46 | 500 | 25 | NA | 20 | 24 |
| Minnesota | Certified Peer Recovery Specialist | 40 | NA | NA | NA | 20 | 24 |
| Minnesota | Certified Peer Recovery Specialist Reciprocal | 46 | 500 | 25 | NA | 20 | 24 |
| Mississippi | Certified Peer Support Specialist* | NA | 250 | NA | NA | 20 | 48 |
| Missouri | Certified Missouri Recovery Support Specialist – Peer (MRSS-P) | 46 | NA | NA | NA | NA | NA |
| Missouri | Certified Missouri Recovery Support Specialist (MRSS) | 46 | 1000 | NA | NA | NA | NA |
| Missouri | Certified Reciprocal Peer Recovery | 46 | 500 | 25 | NA | NA | NA |
| Montana | Certified Behavioral Health Peer Support Specialist* | 40 | NA | NA | NA | 20 | 12 |
| Nebraska | Certified Peer Support and Wellness Specialist* | 40 | NA | NA | NA | 6 | 12 |
| Nevada | Certified Peer Support Specialist | 46 | 500 | 25 | NA | 20 | 24 |
| New Hampshire | Certified Recovery Support Worker* | 46 | 500 | 25 | NA | 12 | 24 |
| New Jersey | Certified Peer Recovery Specialist | 46 | 500 | 25 | NA | 20 | 24 |
| New Jersey | Certified Recovery Support Practitioner | 126 | 500 | 110 | NA | 24 | 24 |
| New Mexico | Certified Peer Support Worker | 40 | NA | NA | NA | 40 | 24 |
| New York | Certified Recovery Peer Advocate | 46 | 1000 | 25 | NA | 30 | 36 |
| North Carolina | Certified Peer Support Specialist | 60 | NA | NA | NA | 20 | 24 |
| North Dakota | Certified Peer Specialist* | NA | 100 | NA | NA | 10 | 12 |
| Ohio | Peer Recovery Supporter* | 16 | NA | NA | 36 | 30 | 24 |
| Oklahoma | Certified Peer Recovery Support Specialist* | 40 | NA | NA | NA | 12 | 12 |
| Oregon | Certified Addictions Recovery Mentor | NA | NA | NA | NA | 20 | 24 |
| Pennsylvania | Certified Recovery Specialist | 54 | NA | NA | NA | 30 | 24 |

| | | | | | | | |
|----------------|---|------|-------|------|----|----|----|
| Pennsylvania | Certified Family Recovery Specialist | 60 | NA | NA | NA | 30 | 24 |
| Rhode Island | Certified Peer Recovery Specialist | 46 | 500 | 25 | NA | 20 | 24 |
| South Carolina | Certified Peer Support Specialist* | 40 | NA | NA | 12 | 20 | 12 |
| South Dakota | NA | NA | NA | NA | NA | NA | NA |
| Tennessee | Certified Peer Recovery Specialist* | NA | 75 | 3 | NA | 10 | 12 |
| Texas | Certified Peer Mentor/Peer Recovery Coach | 46 | 500 | 25 | NA | 20 | 24 |
| Texas | Peer Recovery Support Specialist | 46 | 500 | 25 | NA | 20 | 24 |
| Utah | Certified Peer Support Specialist | 40 | NA | NA | NA | 30 | 24 |
| Vermont | NA | NA | NA | NA | NA | NA | NA |
| Virginia | Certified Peer Recovery Specialist | 72 | 500 | 25 | NA | NA | 24 |
| Washington | Certified Peer Counselor* | 50 | NA | NA | NA | NA | NA |
| West Virginia | Peer Recovery Specialist | 46 | 500 | 25 | NA | 20 | 24 |
| Wisconsin | Certified Peer Specialist | NA | NA | NA | NA | 20 | 24 |
| Wisconsin | Certified Parent Peer Specialist | NA | NA | NA | NA | 20 | 24 |
| Wyoming | Certified Peer Specialist* | 32 | NA | NA | NA | 14 | 12 |
| Total n | NA | 50 | 34 | 29 | 6 | 51 | 52 |
| Mean | NA | 49.5 | 591.1 | 35.1 | 17 | 20 | 21 |
| Median | NA | 46 | 500 | 25 | 12 | 20 | 24 |

* Offered by state-run department or state board