CONCLUSIONS AND POLICY IMPLICATIONS

The findings of this study show:

- A need for better defined SOPs for paraprofessional and peer professional occupations.
- Variation in diagnosis, treatment, and prescribing authorities for licensed behavioral health professionals across states.
- Variability in state examination requirements for paraprofessional licensure and certification.
- A need for telehealth authority to be addressed in occupational SOPs.

Behavioral health occupations have vested interests in protecting their scope of practice.

Although changes in SOP authority may strengthen overall behavioral health workforce capacity, potential barriers to SOP changes may include:

- A need to ensure appropriate training of behavioral health workers if authorities are expanded
- Resistance to change by professional groups desiring to protect their discipline’s SOP authority
- A lack of empirical literature detailing the types of SOP changes leading to high quality and effective care delivery.
KEY FINDINGS
SOP accessibility varied across professions and states (Figure 1).

Macro State Analysis
- SOP language was identified for licensed behavioral health professionals in all states and D.C.; however, data for paraprofessional occupations varied. Psychiatric aides were the least common paraprofessional group to have an SOP (36 states); prevention specialists were the most common (43 states).
- Five states had licensed positions for psychiatric aides: Alabama, Arkansas, California, Colorado, and Kansas.

Licensure Requirement Analysis
- MFTs were most likely to have education core requirements outlined in their SOPs (49 states), followed by mental health counselors (48 states) and addiction counselors (48 states).
- Paraprofessional licensure/certification required passing state-specific examinations in 11 instances. Professional licensure/certification always required passing national examinations.
- Of continuing education requirements for all professionals and paraprofessionals, 75% had an ethics component and 14% had a knowledge of state laws/regulations component.
- Licenses/certifications typically were valid for either 12 or 24 months, with rare exceptions. Psychiatrist licenses were more likely to be valid longer than 24 months compared with other license types.

Services Available Analysis
- Telehealth authority was most often granted to psychiatrists (31 states), followed by psychologists (21 states), and APRNs (17 states). Telehealth was not explicitly authorized in SOPs for paraprofessional occupations.
- Diagnosis was most commonly authorized for psychiatrists (47 states), followed by psychologists (45 states), and then APRNs (40 states). Paraprofessionals never had explicit authorization to engage in diagnosis.
- Some states explicitly deny authority to diagnose patients for some licensed behavioral health professionals: APRNs in Colorado; addiction counselors in Tennessee and Utah; MFTs in Indiana; and mental health counselors in Indiana, Kansas, Maine, and Texas.

Figure 1. Availability of Behavioral Health Scopes of Practice by Profession

Notes: Analysis includes the District of Columbia
APRNs, Advanced Practice Registered Nurses (psychiatric nurses)
MFTs, Marriage and Family Therapists

This work is funded through HRSA Cooperative Agreement U81HP29300: Health Workforce Research Centers Program.