

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

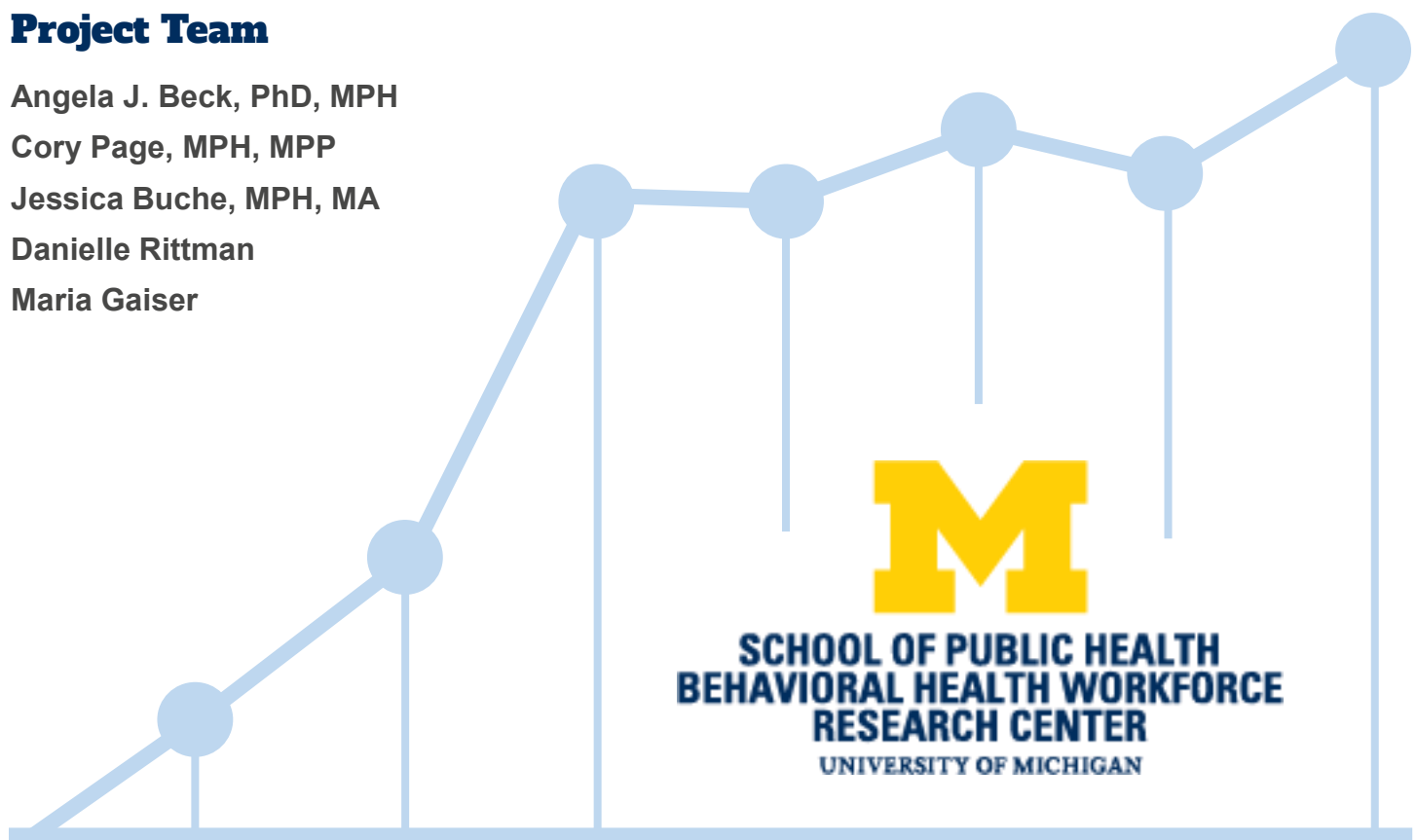
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Key Findings

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