National Assessment of Scopes of Practice for the Behavioral Health Workforce

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KEY FINDINGS

Scopes of practice (SOPs) define which services a state or territory allows a licensed or certified professional to perform. These essential constructs can vary by state, potentially leading to service coverage gaps on a national scale. The same statutes and administrative rules that contain SOP information also include other vital licensing information, such as educational and experience requirements.

The Behavioral Health Workforce Research Center extracted SOP information from online statutes and administrative rules for ten behavioral health occupations from all 50 states and Washington D.C. The purpose of the study was to: 1) create a database to serve as an updateable index of online statues and administrative codes for the nation's behavioral health workforce; and 2) summarize descriptive information about behavioral health licensing, certification, and regulation across the country for multiple occupations.

Variables were grouped into three main categories: regulatory information, licensure and certification requirements, and authorized services. These data were then analyzed for descriptive trends. The results of this study showed that SOPs lack standardization across states and professions nationally. There is a great deal of variation in the detail provided in state SOPs. Peer and paraprofessionals, in particular, often lack formal SOPs, as many states have not codified the parameters of service authority or regulatory requirements. Telehealth was notably absent from SOP language in many cases, although Medicaid reimburses for this service in nearly every state.

Overall, more uniform definitions and requirements in SOPs would promote standardization and could aid reciprocity and endorsement procedures across states. Future research should look at SOP variability across states and professions and determine whether enhanced SOPs are associated with better access to care and health outcomes for those with behavioral health conditions.

CONTENTS:

Key Findings......................1

Background.......................2

Methods............................3

Results..............................4

Conclusion and Policy Considerations................25

References......................28

Appendix.........................29

BACKGROUND

The Affordable Care Act[1] and the Mental Health Parity and Addiction Equity Act[2] have increased the need for behavioral healthcare workers,[3,4] and challenged policymakers to regulate behavioral healthcare practice in such a way that maximizes the use of practitioners to deliver care to patients.[5] As demand for greater and more diverse behavioral healthcare services increases, expansion of occupational SOPs has been suggested as one mechanism for enhancing workforce capacity.[6,7,8,9] SOPs, while varied across states,[10] attempt to define the services and functions permitted by different levels of a specific profession.

The term "SOP" often has different meanings across health professions: it can refer to standards of practice or professional competencies,[10,11] the legal base of practice,[8,9,12] or clinical parameters of practice.[13] These guidelines are informed by the professionals themselves,[14,15] typically through larger professional associations or accrediting bodies; some are codified in state statute and administrative rules for licensing purposes.[10] State statutes, for example, tend to provide basic language to empower a state licensing board to vet and approve applicants for licensure. State regulation serves the purpose of protecting the public from unqualified professionals by removing information asymmetry – once a professional is licensed, the consumer can be sure that s/he has met certain training criteria.[14] Administrative rules are drafted by state licensing boards to clarify the licensing process.[10,13] These administrative rules will sometimes offer further detail about SOPs and also include specific requirements (e.g. education, experience) an applicant must meet in order to become a licensed or certified professional.[7,16,17] SOPs that are uniform for a given occupation across states, and complementary across behavioral health occupations, may help ensure that a full range of mental health and substance use disorder services are authorized and easily accessible for patients.[7]

No system currently exists to track SOP content and modifications at the national level.[7,18] Consequently, policymakers have limited opportunity to systematically assess the potential strengths and gaps in behavioral health professions across the country. This knowledge is essential for building and monitoring the capacity of the behavioral health workforce. To address this knowledge gap, the Behavioral Health Workforce Research Center (BHWRC) at the University of Michigan School of Public Health gathered and comprehensively analyzed state statutes and administrative rules for ten behavioral health occupations from all 50 states and the District of Columbia (D.C.).

The project had two aims:

1) To create a database to serve as an updateable index of online statues and administrative codes for the nation's behavioral health workforce.
2) To summarize descriptive information about behavioral health licensing, certification, and regulation across the country for multiple occupations.

The findings of this study are intended to aid research and policymakers in decisions about whether behavioral health workers are practicing to the full extent of their education and training and inform policies for modifying SOPs to enhance workforce capacity.

METHODS

We chose ten occupations for this study, which includes the core licensed behavioral health professions, as well as professions that provide support services: psychiatrists, psychologists, advanced practice psychiatric nurses (PMH-APRNs), licensed professional counselors (LPCs), marriage and family therapists (MFTs), addiction counselors, social workers, prevention specialists, psychiatric rehabilitation specialists, and psychiatric aides.

Data gathering was restricted to online sources for two reasons: first, all states have digitized their statutes and administrative rules to some extent and most are publicly accessible online for inquiring licensing boards and professionals. Second, the use of URL links permits the database to be a living resource, capable of being updated as statutes and administrative codes are amended. Online searches were conducted to find the appropriate professional licensing boards in each state. Often, state statutes and rules were available from central hubs; LexisNexis™ or an individual state's Secretary of State website were the most common online repositories. State licensing boards would often collate the most current versions of the statutes/rules and offer supplementary information in the form of Frequently Asked Questions.

For many of the professions providing support services, certification was used for regulatory purposes, rather than licensure. Information from state-approved (though not necessarily state-run) certification boards that acted similarly to state licensing boards was utilized. These certification boards posted "candidate guides" instead of administrative rules. These guides, when statutes or rules were not available, were gathered, coded, and analyzed alongside licensing materials.

Data Extraction and Study Variables

The raw data exhibited considerable heterogeneity in the type and structure of the documents; therefore, the research team constructed a standardized coding system that was used to extract comparable data. A single rater performed the initial data extraction, which was subsequently reviewed by a second rater. Rating discrepancies were resolved through discussions with the research team. Spreadsheets were developed to summarize information from statutes, administrative rules, and candidate guides into three categories: Regulatory Information, Licensure and Certification Requirements, and Service Authorization. Definitions for all variables used in this study are available in Appendix Table 1.

Regulatory Information: These data included broad information about relevant laws and rules, such as year the statute/rule was enacted, year the statute/rule was last updated, name of body that confers the license or

certification, whether that licensing body focuses on a single occupation or is part of a consolidated board, whether or not the professional title is protected by law, web address for the source of the SOP, and the exact language of the SOP.

Licensure and Certification Requirements: These variables include: the number of education hours required for initial licensure eligibility; minimum number of post-degree practice hours (i.e., hours performed under the direction of a supervisor, but the supervisor is not required to be present) required before obtaining license/certification; post-degree supervision hours required for license/certification (i.e., hours requiring direct supervision); minimum number of continuing education hours required to maintain license/certification, as well as required continuing education content; minimum amount of time in which the practice and/or supervision hours can be completed from time of application to licensure/certification; and the number of months the license/certification is valid until renewal is required. In addition, data were collected on licensure and certification through reciprocity or endorsement. Reciprocity refers to being able to apply for a license in one state based almost solely on having a comparable, active license in another state. Endorsement refers to being able to apply for a license in one state based on having comparable experience and education from another state. Reciprocity laws tend to be a "rubber stamp", in that an incoming professional needs to do very little, outside of paying a fee and taking a jurisprudence examination, to get a new license. Endorsement laws, on the other hand, tend to require more examinations, practice, and verification.

Authorized Services: These data summarized whether the following services were legally authorized by the SOP for each occupation: assessment, diagnosis, psychotherapy, crisis intervention, and telehealth.

Data Analysis

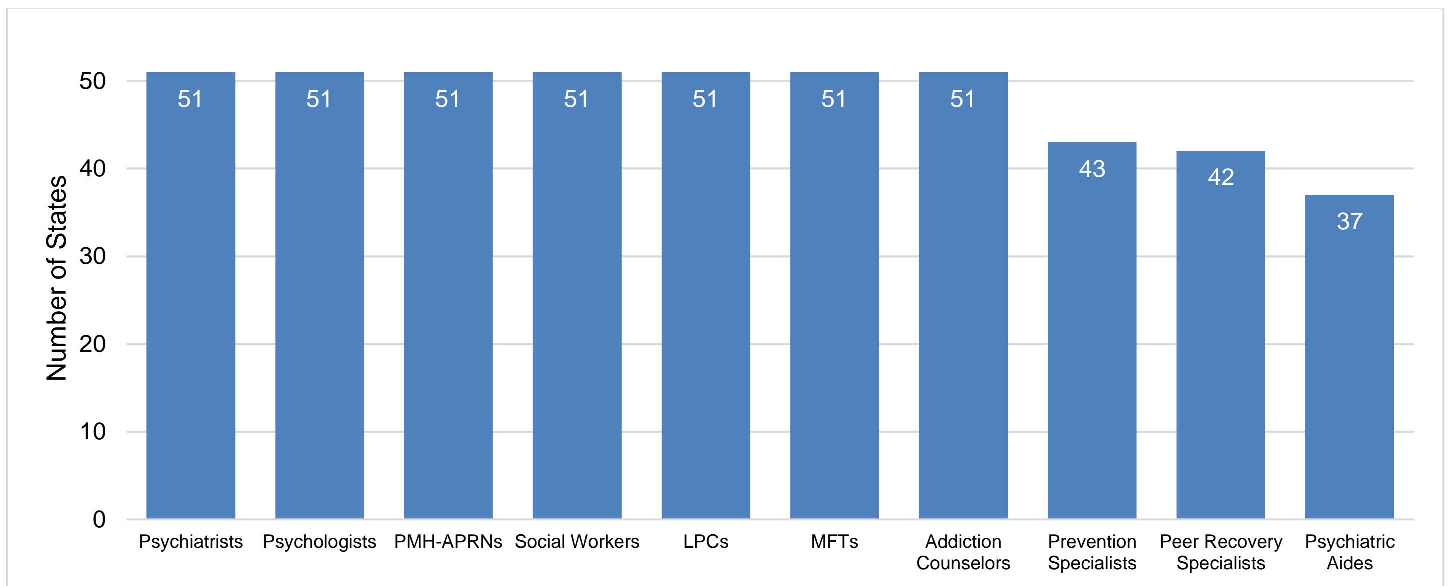
All document sources and coded data were saved in a database. Quantitative descriptive statistics were generated for several of the Licensure/Certification Requirement variables such as educational hours, practice hours, supervised hours, and continuing education hours. Other variables included qualitative data for which themed summaries were generated. Summary results are presented for all SOP data, followed by profession-specific result profiles.

RESULTS

Regulatory Information

All states and D.C. have SOP language available for licensed behavioral health professionals; however, SOP availability for paraprofessional and peer occupations varies. Psychiatric aides have an SOP in the fewest states (37 states), followed by psychiatric rehabilitation specialists (42 states), and prevention specialists (43 states) (Figure 1).

Figure 1. Number of states with identified scopes of practice by occupation



PMH-APRNs= Advanced Practice Psychiatric Nurses; LPC=Licensed Professional Counselors; MFTs=Marriage and Family Therapists

Entities regulating licensure for physicians, nurses, and psychologists tend to be independent. However, many states use composite boards for regulating licensure of mental health counselors and MFTs (14 states); an additional 10 states also include social workers. Thirteen states use one regulatory body to oversee addiction counselors, prevention specialists, and peer recovery specialists. Psychiatric aides, if part of a composite regulatory unit, are regulated by the same board as either psychologists (2 states), PMH-APRNs (3 states), or as part of a combined board for addiction counselors, prevention specialists, and psychiatric rehabilitation specialists (1 state) (Table 1). A full listing of regulatory board composition by state is found in Appendix Table 2.

Table 1. Number of states regulating behavioral health professions through a composite board

Professions Regulated by a Composite Board	No. of States	Professions Regulated by a Composite Board	No. of States
▪ Marriage and Family Therapists ▪ Licensed Professional Counselor	14	▪ Psychologist ▪ Psychiatric Aide	2
▪ Addiction Counselor ▪ Certified Prevention Specialist ▪ Peer Recovery Specialist	13	▪ Addiction Counselor ▪ Peer Recovery Specialist	2
▪ Marriage and Family Therapists ▪ Licensed Professional Counselor ▪ Social Workers	10	▪ Psychologist ▪ Addiction Counselor ▪ Certified Peer Specialist	1
▪ Addiction Counselor ▪ Certified Prevention Specialist	8	▪ Licensed Professional Counselor ▪ Addiction Counselor	1
▪ Certified Prevention Specialist ▪ Peer Recovery Specialist	4	▪ Licensed Professional Counselor ▪ Peer Recovery Specialist	1
▪ Advanced Practice Psychiatric Nurse ▪ Psychiatric Aide	4	▪ Social Worker ▪ Addiction Counselor	1
▪ Marriage and Family Therapist ▪ Licensed Professional Counselor ▪ Social Worker ▪ Addiction Counselor	3	▪ Addiction Counselor ▪ Certified Prevention Specialist ▪ Peer Recovery Specialist ▪ Psychiatric Aide	1
▪ Marriage and Family Therapist ▪ Licensed Professional Counselor ▪ Addiction Counselor	3	▪ Marriage and Family Therapist ▪ Licensed Professional Counselor ▪ Peer Recovery Specialist	1
▪ Psychiatrist ▪ Psychologist ▪ Advanced Practice Psychiatric Nurse ▪ Marriage and Family Therapist ▪ Licensed Professional Counselor ▪ Social Worker ▪ Addiction Counselor	3	• Psychologist • Marriage and Family Therapist • Licensed Professional Counselor • Social Worker • Addiction Counselor	1
▪ Psychiatrist ▪ Psychologist ▪ Advanced Practice Psychiatric Nurse ▪ Marriage and Family Therapist ▪ Licensed Professional Counselor ▪ Social Worker	3	• Marriage and Family Therapist • Social Worker	1

Licensure and Certification Requirements

Licensure and certification requirements were most frequently specified for the core licensed behavioral health professions, although requirements across states varied for each occupation and some states did not detail all elements of licensure requirements in the SOP (Table 1). 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. National examinations were required for professional licensure in all states. Paraprofessional licensure/certification required passing state-specific examinations in 11 instances. Content requirements for

continuing education hours were most likely to be outlined in SOPs for MFTs (49 states), LPCs (48 states), and addiction counselors (48 states). Although content varied across occupations, approximately 75% of continuing education content requirements included an ethics component. Detailed data summaries by state are available in Appendix Tables 3 and 4.

Table 2. Frequencies for licensure and certification requirements identified in state Scopes of Practice by occupation (n=51)

		Practice Hours	Supervision Hours	Completion Time (Months)	Continuing Education Hours	Renewal Time (Months)
Psychiatrist	n	49	N/A	49	46	51
	Mean	1.7 years		20	58	24
	Mode	1 year		12	40	24
	Range	1-3 years		12-36	20-200	12-48
Psychologist	n	46	40	40	48	51
	Mean	2001	115	17	31	21
	Mode	1500	100	12	40	24
	Range	1500-4500	24-400	10-60	6-60	12-36
Advanced Practice Psychiatric Nurse	n	22	N/A	1	41	50
	Mean	874		24	31	24
	Mode	500		N/A	30	24
	Range	384-3000		No range	8-90	12-48
Social Worker	n	50	43	50	51	51
	Mean	3224	107	25	34	24
	Mode	3000	100	24	30	24
	Range	1500-5760	20-200	24-36	15-48	12-36
Licensed Professional Counselor	n	48	44	34	50	51
	Mean	2820	126	25	32	22
	Mode	3000	100	24	40	24
	Range	1000-4000	50-400	12-48	10-55	12-36
Marriage and Family Therapist	n	49	46	36	50	51
	Mean	2387	169	24	32	22
	Mode	3000	200	24	40	24
	Range	1000-4000	52-360	12-36	15-55	12-48
Addiction Counselor (licensed)	n	25	21	10	25	25
	Mean	3568	210	24	36	22
	Mode	2000	300	36	40	24
	Range	1000-6000	24-500	6-36	15-60	12-36
Addiction Counselor (certified)	n	24	25	4	26	26
	Mean	4562	246	29	38	23
	Mode	6000	300	36	40	24
	Range	1000-6000	100-500	18-36	20-60	12-36
Prevention Specialist	N	40	39	N/A	39	40
	Mean	2388	138		36	22
	Mode	2000	120		40	24
	Range	2000-6000	120-300		12-60	12-26
Peer Recovery Specialist	N	22	20	3	35	35
	Mean	1034	48	36	20	20
	Mode	500	25	24	20	24
	Range	250-4500	24-300	24-60	5-40	12-36
Psychiatric Aide	N	9	4	13	6	6
	Mean	1606	42	16	23	20
	Mode	1000	N/A	12	10	24
	Range	500-4000	10-85	6-36	10-40	12-24

Authorized Services

Most states have authorizing language in the SOP to permit licensed behavioral health professionals to engage in assessment, psychotherapy, and crisis intervention services. Many licensed behavioral health professionals were also authorized to engage in diagnosis, though this service was sometimes reserved for psychiatrists as being part of the practice of medicine. Peer and paraprofessional workers tend not to have authority to diagnose patients, and many states provide no reference to service provision in the SOPs for prevention specialists, peer recovery specialists, and psychiatric aides. While many states do not mention diagnosis in their service authorization language, some states explicitly deny authority to diagnose patients for some licensed behavioral health professionals: addiction counselors in Tennessee and Utah; MFTs in Indiana; and licensed professional counselors in Indiana, Maine, and Texas. Similarly, Louisiana's SOP for psychiatric aides prohibits psychotherapy. Telehealth authority is most often granted to psychiatrists (31 states), followed by psychologists (21 states), and social workers (21 states). Telehealth is never explicitly authorized in SOPs for paraprofessional occupations. Diagnosis is most commonly authorized for psychiatrists (47 states), followed by psychologists (46 states), and social workers (45 states) (Table 3). SOP service authorities by state are summarized in Appendix Table 5.

Table 3. Number of states authorizing service provision in the Scope of Practice by occupation (n=51)

	Assessment	Diagnosis	Psychotherapy	Crisis Intervention	Telehealth
Psychiatrist	47	47	47	45	31
Psychologist	51	46	51	51	21
Advanced Practice Psychiatric Nurse	48	40	49	48	17
Social Worker	51	45	50	15	21
Licensed Professional Counselor	51	32	51	51	14
Marriage and Family Therapist	50	34	51	51	13
Addiction Counselor	51	14	51	51	9
Prevention Specialist	0	0	0	0	0
Peer Recovery Specialist	2	0	1*	26	0
Psychiatric Aide	32	0	22*	24	0

*For psychiatric aides and peer recovery specialists, “psychotherapy” does not refer to individual provision of this service, but indicates that the SOP permits assistance with therapy or treatment.

Note: States not included in these counts did not address provision of these services in the occupational SOP with the exception of 7 states that prohibit diagnosis (TN and UT: addiction counselors; IN: MFTs and LPCs; KS: LPCs; ME: LPCs; TX: LPCs), and LA, which prohibits psychiatric aides from engaging in psychotherapy.

Licensed Behavioral Health Professionals

The following occupations included in this section: psychiatrists, psychologists, advanced practice psychiatric nurses (PMH-APRNs), social workers, licensed professional counselors (LPCs), addiction counselors, and marriage and family therapists (MFTs).

Psychiatrists

Regulatory Information

The regulatory boards overseeing psychiatrists are uniformly under the jurisdiction of a state's physician Board of Examiners with the exception of Nebraska, Connecticut, Illinois, New York, Rhode Island, and Utah, which license physicians along with other professionals as a composite licensing body. No states define "psychiatrist" or "the practice of psychiatry" in their statutes because doctors first become licensed as allopathic physicians (M.D.s) or osteopaths (D.O.s) and then later go on to specialize in psychiatry. Twenty states, however, do define "physician" and all but 1 (South Dakota) define "the practice of medicine" which serves as the M.D.'s service authorization. Thirty-one states and D.C. include title protection in the SOP for psychiatrists, ensuring that licensure is necessary to advertise or practice as a psychiatrist. There is a great variability in the region, population size, and political composition among the 19 states that do not offer title protection, with 6 of the states coming from the southern U.S., 5 in the Midwest, and 3 in the Mid-Atlantic region.

Licensure Requirements

Overall, there is some variability in psychiatrist SOPs across states, both in terms of licensure requirements, as well as the level of detail outlined in the SOP.

Education: All regulatory bodies require psychiatrists to be a licensed physician with a medical degree. Only 5 states (Missouri, New York, Ohio, Oklahoma, and Texas) have specified the number of required hours of education prior to licensure, each at 60 credit hours. Only 4 states describe the types of courses that they require psychiatrists to have taken to receive licensure. All 50 states and D.C. require psychiatrists to pass the United States Medical Licensing Examination as part of their licensure requirements.

Practice, Supervision, and Continuing Education Requirements: Unlike the general education requirements, most state SOPs include requirements for continuing education, completion time, and renewal time. However, there is no specific delineation of required practice or supervision hours for licensure in state SOPs. Although practice hours are undefined, states do outline requirements for post-graduate residency programs, with 25 states requiring one year of post-graduate residency training, 16 requiring two years, and 8 requiring three years. Two states (North Dakota and South Carolina) do not define the required length of time for residency training.

Once licensed, all but 5 states have continuing education requirements for psychiatrists. The minimum number of required hours of continuing education is 40 hours in most states, but ranges substantially from 20 hours (Arkansas, Kentucky, Louisiana, North Carolina, Oklahoma, and Wyoming) to 200 hours (Washington state), with 58 hours being the average across the country.

Renewal, Reciprocity, and Endorsement: In most states, psychiatrists are required to renew their licensure every two years, with a range between 12 months (10 states) and 48 months (Washington). Only 13 states offer license reciprocity; however, 31 states and D.C. offer licensure by endorsement for psychiatrists.

Authorized Services

The specific services which psychiatrists are permitted to perform across the states are fairly uniform, across the series of services we collected. Forty-seven states SOPs permit psychiatrists to complete assessments, diagnosis, and psychotherapy. The remaining four states, Illinois, Missouri, Ohio, and South Dakota, did not include any delineation of allowable services under their licensure. Forty-five state SOPs permit crisis intervention, with Arkansas and California, in addition to the four states mentioned previously, not referencing this service as part of their SOP. Lastly, SOPs in 31 states and D.C. permit psychiatrists to provide telehealth services. More states might allow psychiatrists to perform telehealth services, but those provisions were not available in the SOP language.

Psychologists

Regulatory Information

The analysis of SOPs for psychologists across the 50 states and D.C. yielded thorough information on licensure requirements and service authorization. The regulatory bodies issuing licenses in each state vary in specialty, with nearly all states having a Board of Examiners specifically for the profession of psychology; only 10 states have regulatory bodies that oversee psychology and at least one other behavioral health profession and/or a composite board for licensing multiple professions.

SOPs in 46 states provide professional definitions of "psychology", "psychologist", and/or the "practice of psychology", while 5 state SOPs do not include any specific language for defining the profession. However, all states and D.C. define the clinical scope for psychologists. Forty-six states have title protection for psychologists, meaning that a state license is required to self-advertise as a psychologist or perform psychological services. SOPs for psychologists in Nevada, New Mexico, Utah, Virginia, and Wyoming do not include title protection.

Licensure Requirements

Across the states, we found standardization with regard to education requirements and variability in practice, supervision, and continuing education requirements.

Education: All state regulatory bodies require psychologists to have a Master of Psychology degree and to pass the Association of State and Provincial Psychology Boards' Examination for Professional Practice of Psychology (EPPP)to obtain licensure.

Practice, Supervision, and Continuing Education Requirements: Some standardization exists across states with regard to practice requirements. The 46 state SOPs which specify practice requirements most commonly require 1500 hours (mean: 2001 hours; range: 1500-4500 hours). Alabama, Ohio, South Carolina, South Dakota, and West Virginia do not outline required practice hours in their SOP. States have varying activity requirements for practice hours, with most states requiring at least 100 hours of face-to-face clinical activities, and averaging 115 hours of activities (i.e. assessment, diagnosis, psychotherapy, etc.) to be eligible for licensure. Forty states explicitly mention whether and how many practice hours must be supervised prior to licensure.

Once licensed, nearly every state requires continuing education hours for licensure renewal; however, the number of hours required and specification of course content varies. For example, the number of required continuing education hours for licensure renewal ranges from 6 (South Dakota) to 60 (Vermont) (average: 31 hours; mode: 40). Thirty-two states have continuing education content designations; of these, 24 explicitly require "ethics" as part of their continuing education provisions.

Completion Time and Renewal: Of the 40 states that require supervised hours, 5 states require completion of hours in at least 10 months and 11 states require a minimum of 24 months; most other states (22) require licensees to complete these hours in no less than 12 months. North Carolina requires 36 months and West Virginia requires at least 60 months to complete all practice hours. The majority of states (35) require license renewal at 24 months, while 15 states require renewal at 12 months. Only one state (Kentucky) requires renewal at 36 months.

Reciprocity and Endorsement: For psychology, 19 states (37%) have reciprocity provisions in their SOP language, and 25 states (49%) have endorsement provisions. Of these states, 7 offer both reciprocity and endorsement (California, Indiana, Iowa, Kentucky, Massachusetts, Missouri, and Texas).

Authorized Services

Psychologists are permitted to perform assessments in all state SOPs and to diagnose patients in 46 state SOPs. Alaska, D.C., Illinois, Pennsylvania, and West Virginia do not specify in the SOP whether diagnosis is permitted. SOPs in all states and D.C. permit psychologists to perform psychotherapy and crisis intervention services. Language permitting psychologists to engage in telehealth was found for 21 states; the remaining 29 states and D.C. do not include language specifying telehealth rules or regulations within the psychologist SOP.

Advanced Practice Psychiatric Nurses

Regulatory Information

Three states (Maryland, Massachusetts, and Rhode Island) specifically include regulations for psychiatric nurses (i.e. clinical nurse specialist or psychiatric nurse practitioner) in their SOPs. For the remaining states, we used SOPs for Advanced Practice Registered Nurses (APRNs) or nurse practitioners to assess licensure requirements and service authority for Advanced Practice Psychiatric Nurses (PMH-APRNs. All 50 states and D.C. place APRNs under the governance of a state nursing board. For 44 of the states and D.C., this profession is licensed by a board specific to nursing; Connecticut, Illinois, Nebraska, New York, Rhode Island, and Utah provide licensing through broader licensing bodies. . All but four states (New Hampshire, New York, Utah, and Wyoming) provide a definition for "advanced practice registered nurse". Forty-five states and D.C. include title protection in their SOP for APRNs; Alabama, Alaska, Arizona, Nevada, New Jersey, and Utah do not address title protection in their SOPs.

Licensure and Certification Requirements

Education: All governing bodies require PMH-APRNs to be licensed as either an advanced practice nurse or nurse practitioner and to have received a nursing degree. However, within the required education for APRNs, there is some variation. For example, only five states, California, Kansas, New Jersey, North Carolina, and Wisconsin, specify the number of hours of education required for the profession. Of those 5 states, there is a range of required hours from 30 credit hours (California) to 400 clock hours (North Carolina). Twenty-three states do not include any specification for the curriculum or any required domains of study which must be covered for PMH-APRNs. All 50 states and D.C. require passage of the National Council Licensing Examination for Registered Nurses before practicing.

Practice, Supervision, and Continuing Education Requirement: Twenty-two states include information about practice hour requirements for PMH-APRNs before they are licensed. States most frequently require 500 hours (mean: 874 hours; mode: 384-3000 hours). Supervisory hour requirements are not addressed in state SOPs. Once licensed, all but eight states (Georgia, Maryland, Missouri, New York, South Dakota, Utah, Vermont, and Virginia) require or delineate specific continuing education for PMH-APRNs. Most of those states require 30 hours of continuing education (mean: 31 hours; range: 8-90 hours).

Renewal, Reciprocity, and Endorsement: In most states, PMH-APRNs are required to renew their licensure every two years (mean: 24 months; range: 12-48 months). There are limited options for license reciprocity, with only 19 states offering the option. However, 38 states and D.C. provide endorsement with their SOP. Many of the states that allow reciprocity or endorsement participate in the Nurse Licensure Compact, which allows for the issuance of multistate licenses.

Authorized Services

The majority of state SOPs permit a variety of services to be performed by PMH-APRNs. All states except Alaska permit psychotherapy services; 48 states and D.C. include assessment and crisis intervention functions as part of their SOP (exceptions are Michigan and West Virginia); and 40 states address diagnosis as a service provided by PMH-APRNs. However, only 17 states have SOPs that include provision of services through telehealth.

Social Workers

Regulatory Information

Although SOPs tend to broadly cover different types of social workers, clinical social workers were the primary focus for this analysis, as they are more likely to be providing behavioral health services than non-clinical social workers. The regulatory bodies issuing licenses in each state vary in specialty, with 29 states having a licensing board solely for the profession of social work and the other 22 states having governing bodies that oversee social work and at least one other behavioral health profession, which most frequently included MFTs and/or LPCs (15 states).

Forty-one state SOPs include a professional definition for "social worker" and 13 of those SOPs specifically reference clinical social work. Forty-eight states have title protection for social workers, meaning that a state license is required to self-advertise as social worker or perform social work services. Title protection is not addressed in social work SOPs in Idaho, Michigan, and Nebraska.

Licensure Requirements

Across the states, we found standardization with regard to education requirements and variability in practice, supervision, and continuing education requirements.

Education: All regulatory bodies require clinical social workers to have a Master of Social Work degree for licensure. Unlike other behavioral health professions captured in our research, states eschew the option of listing specific credit hours and required classes for social workers and instead permit any degrees obtained from programs approved by the Council for Social Work Education to count for licensure.

Practice, Supervision, and Continuing Education Requirements: Little consistency exists across states with regard to practice requirements. The mean number of required hours of postgraduate practice for social work licensure is 3224 (mode: 3000; range: 1500-5760 hours). Approximately half of states require at least 1000 hours of face-to-face clinical activities (e.g. assessment, diagnosis, psychotherapy) to be eligible for licensure. Forty-three states include direct supervision requirements, and most require 100 hours of direct supervision before licensure (mean: 107; range: 50-200).

Once licensed, every state requires continuing education hours for licensure renewal; however, the number of hours required and specification of course content varies. Most states require 30 hours of continuing education for licensure renewal (range: 15-48 hours). Forty states require “ethics” as part of their continuing education provisions. The majority of the remaining states did not address continuing education content requirements in their SOP.

Completion Time and Renewal: Completion time refers to the minimum number of months of practice required before licensure. The majority of the states require at least 24 months of practice. Georgia, New York, and Washington require 36 months, and Connecticut has no stated minimum. Renewal refers to the number of months a license is valid before requiring renewal. The national average for social worker license renewal is 24 months (range: 12-36 months).

Reciprocity and Endorsement: For social work, 26 states (51%) have reciprocity provisions in their SOP language, and 32 states (63%) have endorsement provisions. Of these states, 10 offer both reciprocity and endorsement.

Authorized Services

Social workers are permitted to perform assessments in all states and to diagnose patients in 45 states. California, Georgia, Illinois, Nebraska, Pennsylvania, and Utah do not specify whether or not diagnosis is allowed. Language permitting social workers to engage in telehealth (i.e., providing services through electronic means) was found for 21 states; the remaining 30 states do not include language specifying telehealth rules or regulations within the social worker SOP.

Licensed Professional Counselors

Regulatory Information

All 50 states and D.C. have a state SOP available for LPCs. However, the regulatory bodies issuing licenses for LPCs vary; 11 states have a licensing board that is specifically assigned the LPC profession, while the other 40 states have governing bodies that oversee LPCs in addition to at least one other profession, which often include MFTs and social workers. Forty states and D.C. have title protection for LPCs, meaning that a state license is required to self-advertise as an LPC or perform services allowed by the profession. The remaining 10 states did not address title protection in the SOPs.

Licensure Requirements

Across the 50 states and D.C., there is variability in the title used for individuals permitted to provide behavioral health services under counseling licensure. Most states title their licensed counselors, “Licensed Professional Counselor” (27/51); however, 6 states use the title “Licensed Mental Health Counselor,” 5 states use “Professional Counselor,” three use “Clinical Mental Health Counselor,” 3 use “Licensed Clinical Professional Counselor” or “Licensed Professional Clinical Counselor,” 3 use “Mental Health Counselor,” 2 use “Licensed Professional Counselor of Mental Health,” one uses “Clinical Professional Counselor,” and one uses “Clinical Counselor of Mental Health”. The variability

of these titles across states presents a potential obstacle for the profession by reducing name recognition. Further, adding qualifiers such as "mental" and "health" into the title narrows the definition of authorized services.

Education: All governing bodies require LPCs to have a master's degree for licensure. Forty-seven states explicitly list the number of hours needed to meet education requirements, with an average of 55 required credit hours for degree completion. Delaware, Georgia, Nebraska, and Washington do not list the number of hours necessary to meet education requirements. LPCs in all 50 states and D.C are required to pass an exam for licensure. Every state accepts examinations from the National Board for Certified Counselors, including the National Counselor Examination for Licensure and Certification and the National Clinical Mental Health Counseling Examination.

Practice, Supervision, and Continuing Education Requirements: There is minimal consistency across states with regard to practice requirements and 3 states (North Dakota, Florida, and Illinois) do not specify a required number of practice hours at all. The mean number of required practice hours for LPCs is 2820 (mode: 3000 hours; range: 1000-4000 hours). The majority (46 states) require in-person or face-to-face clinical activities to be eligible for licensure. Forty-four SOPs include supervision requirements, and the majority of states (24) require 100 hours of supervision (mean: 126; range: 50-400). Alabama, Florida, Hawaii, Illinois, New Jersey, Ohio, and Wisconsin do not specify supervised practice hours in the SOP.

Every state but Michigan lists continuing education hour requirements for licensure renewal. The number of hours required in each renewal cycle varies by state. On average, 32 hours of continuing education are required for licensure renewal (mode: 40 hours; range: 10-55 hours). Thirty-eight states list continuing education requirements in their SOP and roughly half (28 states) require "ethics" as part of their continuing education provisions.

Completion Time and Renewal: The majority of the states (26) require a minimum of 24 months of practice (mean: 25 months; range: 12-48 months). Renewal refers to the number of months a license is valid before requiring renewal. The national average for LPC renewal is 22 months (mode: 24 months; range: 12 to 36 months).

Reciprocity and Endorsement: Twenty-six states have reciprocity provisions in their SOP language, and 24 states have endorsement provisions. Only Pennsylvania offers both reciprocity and endorsement.

Authorized Services

LPCs are authorized to perform assessments, provide crisis intervention, and engage in psychotherapy in all 50 states and D.C. Thirty-two states permit LPCs to perform patient diagnosis, while Indiana, Kansas, Maine, and Texas expressly prohibit LPCs from providing diagnostic services. Language permitting LPCs to engage patients in telehealth exists for 14 states. While more states may allow LPCs to be reimbursed for telehealth services, the ability to do so was not listed in the SOP language.

Marriage and Family Therapists

Regulatory Information

MFTs are professionals who are licensed to provide behavioral health services specialized within the context of marriage, couples, and families. All 50 states and D.C. have a state SOP available for MFTs. Forty-three states have title protection for MFTs, meaning that a state license is required to self-advertise as an MFT or perform services allowed by the profession. SOPs in Iowa, Maine, New Mexico, Oregon, Texas, Utah, Virginia, and West Virginia do not address title protection.

Licensure Requirements

Although education requirements are fairly similar across states, SOPs for MFTs do outline differences in practice, supervision, continuing education, completion time, and renewal.

Education: All licensing boards require MFTs to have a master's degree for licensure. Forty states explicitly list the number of hours needed to meet education requirements, with an average of 47 required credit hours for degree completion (range: 27-60 credit hours). The remaining 11 states do not list the number of hours necessary to meet education requirements in their SOP. MFTs in 50 states and D.C. are required to pass an exam for licensure. Every state accepts the National Marital and Family Therapy Examination.

Practice, Supervision, and Continuing Education Requirements: All states but Alaska and Oklahoma outline practice hour requirements in their SOPs. Most states require 3000 hours of practice for licensure (mean: 2387 hours; range: 1000–4000 hours). Forty-two state SOPs require direct client contact to be eligible for licensure; the remaining state SOPs do not address this requirement. Forty-six SOPs have direct supervision requirements, as well; most states require 200 supervised practice hours (mean: 169; range: 52-360). SOPs in Colorado, Florida, Nebraska, New York, and Pennsylvania do not mention a direct supervision requirement.

Every state but Michigan lists continuing education hour requirements for licensure renewal. The number of required continuing education hours for licensure renewal ranges from 15 to 55 continuing education hours (mean: 32; mode: 40). Thirty-eight states list continuing education requirements in their SOP and over half (33 states) require "ethics" as part of their continuing education provisions.

Completion Time and Renewal: Completion time refers to the minimum number of months which must be spent practicing before licensure. Thirty-six states specified completion time in their SOP; 32 states require at least 24 months of practice (mean: 24 months; range: 12-36 months). The national average for MFT license renewal is 22 months (mode: 24 months; range: 12-36 months).

Reciprocity and Endorsement: Only twenty state SOPs permit license reciprocity for MFTs; 28 state SOPs permit endorsement. California, Kansas, Louisiana, Minnesota, Pennsylvania, and Tennessee offer both reciprocity and endorsement. Kentucky does not address reciprocity or endorsement in its SOP for MFTs.

Authorized Services

MFTs are authorized to provide crisis intervention and psychological services in all 50 states and the District of Columbia. All states allow MFTs to perform patient assessments, except Rhode Island, which does not list this service in their SOP. Thirty-four states allow MFTs to perform patient diagnosis. Arkansas, California, Idaho, Illinois, Iowa, Kentucky, Massachusetts, Michigan, Minnesota, Nebraska, New Jersey, New York, Pennsylvania, Rhode Island, South Carolina, and Virginia do not list diagnosis as a service that MFTs can or cannot provide and Indiana explicitly indicates that MFTs cannot perform the service. Language permitting MFTs to engage patients in telehealth exists for 13 states.

Addiction Counselors

Addiction Counselors are unique in that 25 states have licensed addiction counselors (LACs), whereas the other half (26) did not, and instead made use of certified addiction counselors, often referred to as certified alcohol and drug counselors (CADCs). In addition, 40 states have multiple levels of licensure/certification with varying experience and education requirements. In order to obtain a consistent sample set with only one addiction counselor SOP per state, we followed a simple algorithm to decide which SOP was included:

1) *Licensure Before Certification.* SOPs for LACs were prioritized above CADCs due to the assumption that licensure by a state body would better reflect state-level SOP variation in behavioral health credentialing than certification. Example: South Dakota has a certified addiction counselor credential as well as a licensed addiction counselor credential. For this state, we chose to include the LAC credential.
2) *Least Education Required.* When multiple levels of certification or licensure were available, we defaulted to the SOP that required the least amount of formal education. This typically meant choosing positions that required only a GED. Thirty-two states allow licensees to substitute an advanced degree for practice hours and/or supervision hours. Example: To become a certified chemical dependency professional in Washington, an applicant must have an associate's degree. However, if they have a bachelor's degree, the 2500 practice hour requirement is reduced to 2000 hours. As a result of this substitution mechanism, a feature unique to the addiction counselor field, the practice hour and supervision hour requirements for addiction counselors are higher than other occupations in our data set.
3) *No Trainee/Assistant Positions.* We excluded SOPs for trainee and assistant positions, which tended to be the certification with the lowest education requirement. These were usually positions meant to help addiction counselors provide therapy to clients, or to engage in a professional experience prior to licensure.

Regulatory Information

Licensure/certification for addiction counselors is coupled with oversight of another behavioral health occupation in 37 states and comes from one of three sources: a regulatory board that specifically mentions addiction, drugs, or alcohol in their title; a certification board; or a broader credentialing authority such as multi-professional behavioral health licensing boards or state public health authorities. LACs are more likely to have title protection than certified addiction counselors; twenty-one of the 25 LAC SOPs are title protected in the SOP, while only 5 of the 26 CADC SOPs are title protected.

Licensure Requirements: Licensed Addiction Counselors

Education: All but 4 LAC SOPs (Maine, Montana, Nebraska, and Tennessee) require education above a high school diploma/GED. All states require an examination before licensure, and all states but Nevada and New Jersey specify IC&RC or NAADAC examination requirements.

Practice, Supervision, and Continuing Education Hours: The number of practice hours required for licensure as an addiction counselor is most commonly specified as 2000 hours (mean: 3568 hours; range: 1000-6000 hours). Direct client contact is specified by 5 states as part of the practice hour requirement. All states with a LAC credential require continuing education for re-licensure. Twenty-one states specify requirements for supervised practice hours, which average 210 hours across the SOPs (mode: 300 hours; range: 24-500 hours).

The number of required continuing education hours varies from a low of 15 hours in Tennessee to a high of 60 hours in Kentucky (mean: 36 hours; mode 40 hours). Fourteen state SOPs have an ethics requirement as part of their continuing education. Other specified content requirements include knowledge of laws relevant to addiction counseling (Arizona, New Jersey, and Virginia), as well as cultural competency/diversity (Arizona, Connecticut, and New Jersey). Nine states do not outline specific continuing education content requirements in the SOP.

Completion Time and Renewal: Only 10 states have a minimum completion time requirement, which ranges from 6 months to 36 months (mean: 24 months; mode: 36 months). Renewal periods range from a minimum of 12 months to a maximum of 36 (mean: 22 months; mode: 24 months).

Reciprocity and Endorsement: Fifteen states have reciprocity language that would allow licensed addiction counselors to obtain a credential in another state without requiring extra practice, education, or tests. Five states have endorsement language in the SOP that would allow experience/education gained in other states to count for their experience/education requirements.

Certification Requirements: Certified Alcohol and Drug Counselors

Education: Of the 26 CADC SOPs analyzed, only 8 require a degree greater than a high school diploma. All state SOPs except one require an examination before licensure, most of which require IC&RC or NAADAC examination. Alaska and New York did not specify an examination in the SOP.

Practice, Supervision, and Continuing Education Hours: The number of practice hours required for certification as an addiction counselor is most commonly 6000 hours (mean: 4562 hours; range: 1000-6000 hours). Supervision hours are specified by 25 states and range from 100 to 500 hours (mean: 246 hours; mode: 300 hours). All states with a CADC credential require continuing education for re-certification. The number of required continuing education hours varies from a low of 20 hours to a high of 60 hours (mean: 38 hours; mode: 40 hours). Seventeen state SOPs have an ethics requirement as part of their continuing education; HIV/AIDS is the second most common continuing education content requirement. Seven state SOPs do not require any specific subjects for continuing.

Completion Time and Renewal: Only 4 states have a minimum completion time, ranging from 18 months to 36 months (mean: 29 months; mode: 36 months). Renewal periods for CADC certification range from a minimum of 12 months in Alabama, Florida, and Idaho, to a maximum of 36 months in New York (mean: 23 months; mode: 24 months).

Reciprocity and Endorsement: Twenty-two states have reciprocity language that permits addiction counselors with a credential in one state to obtain a credential in another state without requiring extra practice, education, or tests. D.C. has endorsement language that allows experience/education gained in other states to count toward their experience/education requirements. No states have both reciprocity and endorsement language in their SOP.

Authorized Services: All Addiction Counselors

All addiction counselors, whether certified or licensed, are given the authority to perform assessments, provide counseling, and engage in crisis interventions in all state SOPs. LACs are more likely than CADCs to be given explicit diagnostic authority. Twelve of the 25 LAC SOPs authorize diagnosis, as do 2 of the 26 CADC SOPs. Addiction counselors in Utah and Tennessee are explicitly forbidden from performing diagnosis. All remaining SOPs do not specify diagnosis authority for addiction counselors. LACs are also more likely than CADCs to be given explicit telehealth authority. Seven of the 25 LAC SOPs authorize telehealth (Delaware, Kentucky, Louisiana, Nebraska, Nevada, New Hampshire, and Wyoming). Only Idaho and Illinois grant this authority in CADC SOPs. All remaining addiction counselors have no mention of telehealth in their SOP.

Peer and Paraprofessional Workers

The following occupations included in these analyses: prevention specialists, psychiatric rehabilitation specialists, and psychiatric aides.

Prevention Specialists

Regulatory Information

Forty-four states have an SOP for prevention specialists. Nearly all positions are titled “certified prevention specialist”/“prevention specialist”, with the exception of North Carolina, which uses the title “certified substance abuse prevention consultant”.

Twenty-seven of the regulatory boards for prevention specialists oversee at least one additional behavioral health profession, usually addiction counselors and/or peer recovery specialists. Colorado, Georgia, Kansas, Kentucky, Maine, Maryland, New Hampshire, New Jersey, South Carolina, and Washington appear to have regulatory boards focused solely on prevention professionals. Only Louisiana and Ohio authorizes title protection for prevention specialists in the SOP.

Certification Requirements

Education: Thirteen state SOPs require a degree beyond a high school diploma/GED. Thirty-nine states require the IC&RC written examination; Illinois requires a state examination; and Georgia does not reference an examination requirement in the SOP. Forty states outline education hour requirements which range from 15 to 270 hours (mean: 136 hours; mode: 120 hours). Thirty-nine states reference education content requirements, which primarily focus on alcohol, tobacco, and other drug use, prevention ethics, and HIV/AIDS content.

Practice, Supervision, and Continuing Education Hours: The number of required practice hours for prevention specialist certification for most of the 40 states listing this requirement in the SOP is 2000 hours (mean: 2388 hours; range: 2000-6000 hours). Direct supervision is included in the SOPs for 39 states and ranges from 120 to 300 hours (mean: 138 hours; mode: 120 hours). The majority of states (28) require 40 hours of continuing education as a condition of re-certification (mean: 36 hours; range: 12-60 hours). Twenty-eight state SOPs outline continuing education content requirements, which most frequently include ethics (22 states), and prevention of alcohol and substance abuse (12 states).

Completion Time and Renewal: Required completion time of requirements to obtain certification is not addressed in any SOP for prevention specialists. However, certification renewal periods are outlined for 40 states and are most commonly 24 months (mean: 22 months; range: 12-36 months)

Reciprocity and Endorsement: Reciprocity language is included in 42 state SOPs, though no SOP includes endorsement language.

Authorized Services

The SOPs analyzed in this study do not reference any service authority related to assessment, diagnosis, psychotherapy, crisis intervention, or telehealth for prevention specialists.

Peer Recovery Specialists

Regulatory Information

Nine states do not have SOPs for peer recovery specialists. For the remaining 41 states and D.C., the SOPs in this analysis include peer providers that may have different job titles. Most states use peer-related terminology for job titles such as: peer recovery specialist, peer support specialist, certified peer specialist, and certified recovery peer advocate; other job titles included in this analysis are: certified recovery support specialist (4 states); rehabilitation counselor (2 states); certified recovery coach (1 state); and mental health support specialist (1 state). States have varying types of regulatory bodies overseeing certification for peer recovery specialists. Five SOPs reference a regulatory board specifically for peer behavioral health professionals (Georgia, Montana, New Mexico, North Carolina, and Wisconsin). Of the remaining 37 states, 20 are credentialed by certification boards, while the rest (17) are credentialed by broader licensing bodies – typically state boards for addiction counselors. Four states (Kentucky, Massachusetts, New Hampshire, and New Jersey) have title protection for peer recovery specialists, meaning that state certification is required to self-advertise as a certified peer specialist.

Licensure and Certification Requirements

Education: Most states reference certification as the required credential for peer recovery specialists; however, the two states with rehabilitation counselors, Massachusetts and New Jersey, require licensure. Massachusetts requires 48 education hours and New Jersey requires 45 hours before taking a required exam for licensure. Seventeen state SOPs require IC&RC examination for certification and 10 state SOPs require a different type of examination that is usually state-specific; 13 SOPs for peer recovery specialists do not reference examination requirements. Of the 42 states that have certification training, 34 state SOPs have a required number of education and training credit hours, averaging 49 hours for program completion with a range from 10 (Montana) to 100 hours (Illinois).

Practice, Supervision, and Continuing Education Requirements: Little consistency exists across states with regard to practice requirements. The mean number of required practice hours for peer specialist certification is 1034 and ranges from 250 (Mississippi) to 4500 (Ohio). Each state has varying designations of what activities should be performed while completing practice hours, with less than half (17 states) requiring 6-36 months of work experience that includes face-to-face clinical activities (paid or volunteer work in peer recovery support setting, etc.) to be eligible for certification. Twenty states have direct supervision requirements; most states require 25 hours of supervision (mean: 48; range: 24-300). Notably, Massachusetts requires 300 supervised practice hours, Illinois requires 100 hours, D.C. requires 80 hours, and Tennessee requires 75 hours.

Once licensed or certified, 35 states require continuing education hours for licensure renewal; however, the course content and number of hours vary. For example, the number of required continuing education hours for renewal ranges from 5 (Montana) to 40 (Illinois, Indiana, New Jersey, and New Mexico) (mean: 20; mode: 20). Twenty-five states have specific continuing education designations; of these, 20 states specify "ethics" as part of their continuing education provisions for SOPs.

Completion Time and Renewal: Only three state SOPs reference completion time requirements; Massachusetts and New Jersey establish a minimum of 24 months, while New York requires completion of 1000 practice hours within 60 months. No other states mention any parameters for completion time. Renewal refers to the number of months a license is valid before requiring renewal. The national average for renewal is 20 months (range: 12 - 36 months). Little more than half of the states (22) require renewal at 24 months of practice, while 12 require renewal at 12 months. Only New York requires renewal at 36 months.

Reciprocity and Endorsement: Fifteen state SOPs have reciprocity provisions and only 1 state (Wyoming) has an endorsement provision. No state includes both reciprocity and endorsement in their SOPs.

Authorized Services

Peer recovery specialists are explicitly authorized to provide crisis intervention services in 27 state SOPs. They are permitted to perform assessments in 2 states (New Hampshire and New Jersey) and only New Jersey's SOP allows peer recovery specialists to assist with psychotherapy services. No SOP specifies whether diagnosis is allowed. Finally, language permitting peer recovery specialists to engage in telehealth (i.e., providing services through electronic means) was not found for any of the states.

Psychiatric Aides

Regulatory Information

For the purpose of this study, "psychiatric aide" is defined as a paraprofessional whose main job duties include assisting a licensed behavioral health professional with assessments and/or therapy. Similar job titles included in this analysis are psychiatric technician, behavioral health technician, and behavioral health aide. Thirty-seven states have some form of psychiatric aide position, but the majority of these positions (30) are only listed as job descriptions under a state's human resources website. Five states have licensed positions for psychiatric aides, including Alabama, Arkansas, California, Colorado, and Kansas. Florida is unique in having a certification for behavioral health technicians, instead of a license

Only 9 states have a regulatory board for psychiatric aides mentioned in their SOPs. Of these, Arkansas, California, Colorado, and Kansas license their psychiatric aides through the state board of nursing, Alabama and Oklahoma license their psychiatric aides through the state board of psychology, and Alaska and Delaware license their psychiatric

aides through larger regulatory boards; Florida certifies its behavioral health technicians through a certification board. Five states reference title protection in the SOP: Alabama, Arkansas, California, Colorado, and Kansas.

Licensure and Certification Requirements

Education: Eleven of the 36 psychiatric aide SOPs require a degree beyond a high school diploma/GED. Seven state SOPs require an examination before receiving their credential, most of which are state-specific examinations.

Practice, Supervision, and Continuing Education Hours: The number of practice hours required for a psychiatric aide credential is outlined in 9 state SOPs and ranges from 500 hours in Alabama to 4000 hours in Minnesota (mean: 1606 hours; mode: 1000 hours). Direct supervision hours are required in 4 states and range from 10 hours (Delaware) to 85 hours (Alaska) (mean: 42 hours). Only 6 states include continuing education requirements in their psychiatric aide SOPs. The number of hours required ranges from a low of 10 hours in Alabama and Florida to a high of 40 hours in Alaska (mean: 23 hours; mode: 10 hours). Only Alaska includes specific continuing education requirements, namely courses in "ethics & consent", "confidentiality & privacy", and "cross cultural communication & understanding and working with diverse populations".

Completion Time and Renewal: Thirteen state SOPs specify completion time, which is most often stated as 12 months (mean: 16 months; range: 6-36 months). Of the 6 SOPs that outline renewal periods, two have a 12-month requirement and the other 4 have a 24-months requirement.

Reciprocity and Endorsement: Arkansas and California include reciprocity language in their SOP. Alaska, Arkansas, and Colorado include endorsement language in their SOP. No other state SOPs have language referring to reciprocity or endorsement tracks for credentialing.

Authorized Services

All psychiatric aide SOPs, with the exception of those from Minnesota, Montana, Nevada, New Jersey, and New York permit patient assessment. Psychiatric aides from these states do not have assessment explicitly granted or denied in the SOP. No psychiatric aides are given the authority to diagnose patients; instead, they are tasked with assisting patients with treatment already prescribed by a licensed behavioral health provider. Individual provision of psychotherapy is not an authorized service for psychiatric aides, but 22 SOPs permit assistance with therapy or treatment; Louisiana's SOP expressly prohibits psychiatric aides from providing this service. Because of the broad definition used for "psychiatric aide," 14 SOPs reference custodial duties. The language often references tasks such as "patient hygiene" or "maintaining a safe, clean environment." Authority to restrain patients is authorized in some psychiatric aide SOPs, but was not referenced in SOPs for the other occupations included in this study. This authority is extended in seven states: Hawaii, Idaho, Kansas, Louisiana, New Mexico, Rhode Island, and Vermont. Telehealth authority is not referenced in any psychiatric aide SOPs.

CONCLUSIONS AND POLICY CONSIDERATIONS

This project successfully addressed its two aims of cataloging SOPs for behavioral health workers and identifying and comparing SOP variables that can guide policies to improve workforce capacity. Among the key findings of this study:

- SOPs lack standardization across states and professions. There were recognizable inconsistencies across states regarding the extent to which the SOP granted service authorities. In some cases, the SOP did not reference services that workers within the profession almost certainly provide (e.g., psychotherapy was not referenced for psychiatrists in 4 state SOPs). This is likely done to ensure that the SOP isn't overly prescriptive in order to promote flexibility of service provision, but it also limits our ability to assess service capacity throughout the workforce, as it is unclear for some professions whether omission of the service in the SOP implies it is outside the scope of authority or is a service regularly provided but simply isn't mentioned.

- More SOP detail is needed for peers and paraprofessionals (i.e., prevention specialists, peer recovery specialists, and psychiatric aides). Many states have not codified the parameters of service authority or regulatory requirements for these professions. This is a concern because these workers can provide niche behavioral health services and require less training than the core licensed professionals. Expanded SOPs for peer support positions, in particular, are advisable, as peer specialists are expected to become a substantial segment of the future behavioral health workforce. The profession has increasingly standardized its credentialing requirements in recent years, while Medicaid reimbursement for peer services expands to more states and mechanisms for integrating peer workers into additional settings are developed.[19]

- Addiction counselors have a unique role in the behavioral health workforce. Half of states appear to characterize these workers in more of a support position using certification and requiring they work under a licensed professional, while the other half of states license addiction counselors as an independent behavioral health provider. In addition, addiction counseling can be a supplemental credential to a provider licensed in another discipline. More research around the levels of licensure/certification and job functions for this important segment of the workforce would be valuable.

- Telehealth authority is noticeably absent from many SOPs. Although Medicaid reimburses for telehealth services in nearly every state, our study only found telehealth authorized in any profession's SOP in a little over half of states. This is potentially problematic, as SOPs serve as a fundamental source of information for behavioral health professionals. Without explicitly mentioning telehealth services in professional SOPs, or explaining requirements for training in, delivering, and billing for this service, providers may be less inclined to engage in telehealth.

Statutory or rule language changes could help promote the use of this service, which has the potential of expanding service coverage to traditionally underserved areas.

- More uniform definitions are needed among SOPs. For example, for social work professionals, the variation in “clinical” services allowed from state to state and variability in the practice and supervision hour requirements for licensure and certification across all states was evident. Further, each state has its own regulatory body for behavioral health workers and they are not necessarily aligned with each other. By making allowed services more uniform across the country, as well as by expanding reciprocity and endorsement protocols, states could encourage the free movement of behavioral health professionals and paraprofessionals across borders. Such changes could potentially help alleviate shortages in underserved areas.

- Although licensing examinations for behavioral health professionals were fairly uniform across the country, the examinations required for paraprofessional licensure or certification varied. The International Credentialing & Reciprocity Consortium (IC&RC) is responsible for much of the testing for paraprofessional workers, but states frequently create their own examinations. Varying standards of paraprofessional credentialing could prevent qualified persons from relocating to states where standards are more rigorous, or where the credential is not officially recognized. By establishing national standards for these positions, as the IC&RC attempts to do, such barriers could potentially be eliminated, thus increasing the mobility of behavioral health paraprofessionals across states.

- Requirements for professional licensure varied across the country, particularly regarding postgraduate supervision hour requirements. However, educational standards (both curriculums and required semester hours) were fairly uniform across professions, likely due to the influence that professional associations had in drafting the state SOPs. MFTs, licensed professional counselors, and psychologists were the most likely professions to have educational requirements defined in their SOPs.

Although changes in SOP authority may strengthen overall behavioral health workforce capacity, several barriers exist that could prohibit such changes. First, disciplines are often resistant to SOP changes, particularly those that expand authority of other disciplines, in order to protect their field’s identity and differentiate themselves in the service market. National professional associations already work with states to craft SOP language; if states initiate changes without cooperation and input from these associations, serious workforce repercussions could result. Second, if states expand authority for certain providers, they would need to ensure that those workers are properly trained. Such training introduces questions of cost and availability of supervision. Furthermore, service providers may be unwilling to provide new services unless they see a commensurate increase in pay. Finally, the field lacks empirical literature detailing how SOP changes lead to high quality and effective care delivery.

Despite these barriers, as we continue to pursue integrated and team-based care models, ensuring that all team members are authorized to work to the full extent of their training and scope of practice in every state could address some of the access to care issues impeding the behavioral healthcare delivery system. Although this study does not clearly define all solutions for addressing SOP concerns that impact workforce capacity, the data collected provide an evidence base to support several steps state policymakers could undertake to make SOPs more uniform and potentially close service gaps. Future research should look at SOP variability across states and professions and determine whether enhanced SOPs are associated with better access to care and health outcomes for those with behavioral health conditions.

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Appendix Table 1. Variable definitions

Regulatory Information Variables	
State ID	This variable helps categorize data by state. Each state is spelled out in lower case, without spaces. For instance, Washington D.C. is coded as "districtofcolumbia"
State SOP	This is a binary variable, meant to signify whether a scope of practice was found for the profession in the specified state. Either a "Yes" or "No" is recorded. For our purposes, scope of practice had to include some specific professional responsibilities. Even if a scope of practice was not found, licensing information (such as experience or educational requirements for licensure) may still exist and have been recorded. In the case of paraprofessionals, we accepted professional "domains" as a scope of practice.
Year Initial	This is the year when legislation was passed in the state to allow for professional licensure. This information was difficult to ascertain, and very often the stand-in was to record the earliest date on the statute/code. Some states, instead of amending statues and codes, re-write these sections or their entire constitution every so many years.
Year Renewed	This is the most current year when the legislation for professional licensure was renewed or amended. When there was a difference between the latest renewal year of the statutes or the administrative codes, we used whichever year was more recent. This determination rarely occurred, and overall the variable was less ambiguous than the Initial Year as it required no stand-ins.
Issuer	This variable helps to determine whether licensing is done by a state board for a single profession (i.e. "Colorado state board of psychologist examiners"), a state board for multiple professions (i.e." Arkansas board of examiners in counseling"), or a broader regulatory body (i.e. "Connecticut department of public health"). All entries are spelled out in lower case with spaces. Whenever possible, we extracted the name for the licensing board from statutory definitions, often under the term "board."
Profession Code Definition/ Clinical Scope	These variables separate the description of the profession (definition) from the profession's scope of practice (clinical scope.) This language was usually contained under statutory definitions, but could sometimes be its own entry later in the statutes or in the administrative codes. The definition of the profession is usually broad language describing the nature of the services the professional is licensed to provide, while the clinical scope is a specific list of authorized services (like psychotherapy, diagnosis, etc.) Both variables are recorded as strings verbatim from the statutory/rule language.
Title Protect/Title Protect Desc	Title protection maintains the integrity of the profession by only allowing licensed/certified individuals to advertise themselves as a professional and/or punishing unlicensed/uncertified professionals for advertising to perform services they have not been credentialed to perform. "Title Protect" is a binary variable which is coded either as "Yes" or "No". "Title Protect Desc" is a string variable with the specific language about the title protection from the statutory/rule language.
Statute/Rule URL	These fields were meant for citing our sources for future research. The Statute URL should contain a hyperlink for the statute or state law language for the profession, and the Rule URL should contain the administrative code or rule language for the profession. Whenever possible, static links are to be provided. In the event that the link does not appear static, and is just a document upload subject to change when the document is updated, a URL is provided for the nearest static page that links to the appropriate content. In the event that statutes and rules are combined into a single document, the Statute URL

	variable will be a static URL that links to the document, and the Rule URL will be a direct link to the document. For professions that did not have statute language, but rather had manuals or application materials as hosted by a recognized state certification board/agency, the link to such materials under the Rule URL was included and Statute URL left blank.
Licensure and Certification Variables	
License Name	This variable is the full name of the license provided to the applicant, spelled out in lower case with spaces. In the event that the position is for a certified professional instead, this variable will reflect that as well ("certified addiction counselor" versus "licensed addiction counselor".) Particularly relevant for addiction counselors, there are often tiers of professional certification/licensure. Rather than documenting all possible levels for every state we used the following algorithm: 1) Licensure takes priority over certification: Licensure is overseen by the state and might be more likely to reflect state-dependent differences in behavioral health outcomes. As such, if there was an option for a certified addiction counselor and a licensed addiction counselor offered by the same state, we always chose the licensed counselor as the entry for the grid. 2) Minimal educational achievement: Our goal was to find the absolute minimum requirements for each profession. It made sense, then, to choose tracks that required less educational achievement. Some paraprofessionals (addiction counselors, prevention specialists, etc.) have different tracks depending on educational achievement. In these instances, we always chose the track with the least education required (Usually a GED or high school equivalent, which is reflected as "No" on the "degree_type" variable.) These no-degree options often came with greater necessary supervised and unsupervised work hour requirements as a balance. 3) When given the choice between an associate counselor or a counselor, we always chose to avoid associate statuses because they often could not practice independently – which seemed relevant to health outcomes, given there'd be no direct supervision or oversight of these professionals, making their preparation all the more important.
Degree Type	This binary variable refers to any educational degree beyond a high school diploma. If no such degree is required, a "No" is recorded. If an associate's, bachelor's, master's, PhD, or other advanced degree is required, a "Yes" is recorded. See "License Name" for an explanation of why some paraprofessional or counseling entries did not require an advanced degree.
Education Hours/Description	The first variable is an integer meant to collect either the number of semester credit hours required in an educational program prior to licensure, or the number of training hours required before certification/licensure. Typically speaking, if the value in this variable is less than or equal to 60, then the variable is tracking semester hours of education. The second variable is a string variable meant to capture the core areas of education/training and the requisite time needed in each. In some cases, codes and statutes do not specify a minimum number of total education/training hours, but still require specified training hours in various subfields. In these instances, "edu_hours" has been left blank, even if there are minimum-standards required specified in "edu_hours_desc". This seemed more accurate than summing the number of hours in "edu_hours_desc" and

	using that as the "edu_hours" value. For example, a paraprofessional title might require 6 hours of ethics training, 20 hours of alcohol, tobacco, and drug education, and 15 hours of counseling training – but not offer a total number of hours needed to fulfill the education requirement. Rather than marking "edu_hours" as 41, "edu_hours" was left blank, and the above values were included in "edu_hours_desc".
Exam	This is a binary variable ("Yes" or "No") that reflected whether or not an examination was required prior to licensure.
Exam Type	An addendum to the prior variable, this variable held the name of the examination required for licensure. The information was saved as a string in lower case with spaces.
Practice Hours / Number	The first variable is a binary variable referring to whether practice hours were required for licensure ("Yes") or not ("No.") The second variable is an integer variable referring to the post-degree practice hours required prior to obtaining a license. Occasionally, states will require a residency or other post-graduate training that extends for a certain period of time (like a 1-year residency for physicians after they obtain their medical degree) but no explicit minimum-hour requirement. In these instances, the "prac_hours" or "super_hours" variables were coded "No" and their corresponding "prac_hours_num" and "super_hours_num" are blank. However, in this case, "prac_hours_desig" and "super_hours_desig" was coded "Yes" and the time-component was added to the fields "prac_hours_desc" or "super_hours_desc". This process fits the actual scope of practice documents better than the alternative of assuming 2000 hours for a year's worth of experience.
Practice Hours Designation / Description	The first variable is a binary variable referring to whether the practice hours required in the previous variables had to be performed in a certain way ("Yes") or not ("No"). Possibilities include some practice needing to be performed in a community service capacity, or in specific practice domains. The second variable is a string variable that listed the specific designations as to how the practice hours were to be performed.
Supervision Hours / Number:	The first variable was a binary variable referring to whether supervised work experience was required for licensure ("Yes") or not ("No.") The second variable was an integer variable referring to the post-degree supervised practice hours required prior to obtaining a license. If practice requirements in the statues/rules did not explicitly state that supervision was required, the requirements were assumed to fall under Practice Hours instead of Supervision Hours.
Supervision Hours Designation / Description	The first variable is a binary variable referring to whether the practice hours required in the previous variables had to be performed in a certain way ("Yes") or not ("No"). Possibilities include some practice needing to be performed in a community service capacity, or in specific practice domains. The second variable is a string variable that listed the specific designations as to how the practice hours were to be performed.
Completion Time	This is an integer variable meant to capture the minimum time required of practicing post-degree, in months, prior to licensure. Any time a state reported a minimum completion time in years, the value was converted into months. Often states only had a maximum time that professionals seeking licensure could not surpass if their education, practice, and supervision hours were to count for degree. In those cases, a time was not recorded.
Background Check	This is a binary variable that addresses whether a background check was explicitly required ("Yes") or not ("No"). "Background check" could mean a criminal background check and/or requiring references from professionals.

Reciprocity A and B	Reciprocity A is a binary variable meant to capture whether or not a pathway for licensure by reciprocity was spelled out in the scope of practice ("Yes") or not ("No"). Often, the word "reciprocity" was not used in the SOP, so contextually similar mechanisms by which a person with a license from another state is allowed to obtain a license based on the merits of their professional experience, with minimal to no other requirements, were also accepted. Reciprocity B is a string variable that captures the full language of how licensure by reciprocity functions in the state. There are often provisions in statute language for licensure by reciprocity. Almost invariably, the statute reads, "the board may confer a license of reciprocity on a professional licensed in another state, without examination, provided the requirements of that state have met the minimum standards of the requirements in this state." However, the word "may" is not contractually obligating; licensing boards can choose to ignore this path to licensure at their discretion. Unless protocol for reciprocity is also spelled out in administrative codes and assured for out-of-state professionals, Reciprocity A was coded as "NA".
Endorsement A and B	Endorsement A is a binary variable meant to capture whether or not a pathway for licensure by endorsement was detailed in the scope of practice ("Yes") or not ("No"). Often, the word "endorsement" was not used in the SOP, so contextually similar mechanisms by which a person with substantial experience, but no previous license, is allowed to obtain a license based on the merits of their professional experience, with minimal to no other requirements, were considered. Endorsement B is a string variable that captures the full language of how licensure by endorsement functions in the state. Similar to the algorithm for Reciprocity, if a pathway for licensure by endorsement is not in both the state's statutes and administrative codes, then Endorsement A was coded as "NA".
Renewal	This is an integer variable meant to capture how long a license is valid, in months, before it must be renewed. If the scope of practice language determined this time in years, the time was converted to months before being put into the grid.
Continuing Education/Hours	The first variable is binary and meant to capture whether continuing education is a requirement for license renewal ("Yes") or not ("No"). If it was not specifically mentioned, it was coded as "NA". The second variable is an integer variable meant to capture the number of continuing education hours required for renewal.
Continuing Education Designation/Description	The first variable is binary and meant to capture whether the required continuing education hours have specific conditions that must be for license renewal ("Yes") or not ("No"). If it was not specifically mentioned, "NA" was recorded. The second variable is a string variable meant to capture the specific areas required to be covered in continuing education, as well as the specific hours for each of those areas.
Authorized Services Variables: All service variables were binary variables recorded as either "Yes" or "No." If the service was not explicitly mentioned in the SOP, "NA" was recorded to signify the term was missing.	
Assessment and Diagnosis	We defined "assessment" to mean having the knowledge and skills to generally identify symptoms and suggest a treatment. "Diagnosis," on the other hand, was more explicitly medical and meant being able to use established diagnostic criterion to properly identify a disorder. To explain the difference, imagine someone falling and then going to an emergency room. The nurse on staff could "assess" the patient, recognize they've been injured, and properly splint

	the affected area. A trauma physician on staff could later "diagnose" the exact nature of the injury and suggest a more targeted treatment. For our purposes, if an SOP allowed a practitioner to diagnose, we assumed the practitioner was also allowed to assess, since diagnosis is applying specialized criteria on top of an assessment. We did not assume the reverse.
Psychotherapy	Psychotherapy, when used in the context of professional counseling, is a specific sub-practice of counseling. Often this word does not appear explicitly in the scopes of practice. Instead, we considered words such as "therapy," "counseling," or other phrases denoting a variation of therapeutic talk-therapy to be considered as "psychotherapy."
Crisis Intervention	Crisis intervention is a specialized sub-practice that addresses severe psychological distress, such as a patient with suicidal impulses, or destructive behavior, such as a patient with a drug addiction.
Telehealth	Any provisions for providing care at a distance (via telephone, videoconference, email correspondence, etc.) were considered as allowing "telehealth" even if the term was not used explicitly. Occasionally, telehealth had its own statute or administrative code which was applied retroactively to certain licensed healthcare providers.

Appendix Table 2. Occupations regulated by a composite board by state

State	Psychiatrist	Psychologist	PMH-APRN	Licensed Professional Counselor	MFT	Social Worker	Addiction Counselor	Prevention Specialist	Peer Recovery Specialist	Psychiatric Aide
Alabama		X							N/A	X
Alaska								N/A	N/A	
Arizona				X	X	X	X	*	*	N/A
Arkansas			*	X	X				N/A	*
California			#	X	X	X	*	*	*	#
Colorado			X						N/A	X
Connecticut	X	X	X	X	X	X	X	*	*	
Delaware				X	X		X	*	*	
D.C.				X			X			N/A
Florida				X	X	X	*	*	*	*
Georgia				X	X	X				N/A
Hawaii				X	X	X	*	*		
Idaho				X	X		*	*	*	
Illinois	X	X	X	X	X	X	*	*	*	
Indiana				X	X	X	*	*	*	N/A
Iowa				X	X		*	*	*	
Kansas		*	X	*	*	*	*			X
Kentucky							X		X	N/A
Louisiana				X	X		*	*	N/A	
Maine				X	X					
Maryland				X	X		X			N/A
Massachusetts				X	X				X	N/A
Michigan							X	X	X	N/A
Minnesota							X	X	X	
Mississippi					X	X	*	*		
Missouri							X	X	X	
Montana				X	X	X	X	N/A		
Nebraska	X	X	X	X	X	X	X	N/A		N/A
Nevada				X	X			N/A	N/A	
New Hampshire				X	X	X	*		*	N/A
New Jersey				X					X	
New Mexico				X	X		*	*		

State	Psychiatrist	Psychologist	PMH-APRN	Licensed Professional Counselor	MFT	Social Worker	Addiction Counselor	Prevention Specialist	Peer Recovery Specialist	Psychiatric Aide
New York	X	X	X	X	X	X	*	*		
North Carolina							X	X		
North Dakota								N/A	N/A	
Ohio				X	X	X	*	*		
Oklahoma		X		*	*					X
Oregon				X	X		*	*	*	
Pennsylvania				X	X	X	*	*	*	
Rhode Island	X	X	X	X	X	X	*	*	*	
South Carolina				X	X					
South Dakota				X	X		*	*	N/A	
Tennessee				X	X					
Texas							X	X	X	N/A
Utah	X	X	X	X	X	X	X	N/A		
Vermont				X	X	*	*	N/A	N/A	
Virginia				X	X		X	*	*	N/A
Washington				X	X	X				
West Virginia				X	X		*	*	*	N/A
Wisconsin		*		X	X	X	*	*		N/A
Wyoming				X	X	X	X	N/A		

PMH-APRN, Advanced Practice Psychiatric Nurse; MFT, Marriage and Family Therapist
X= Professions are regulated by a composite board
*= Professions are regulated by a composite board (which doesn't include those designated with X)
#= Professions are regulated by a composite board (which doesn't include those designated with X or *)N/A=Scope of practice was unavailable

Appendix Table 3. State scopes of practice authorizing license/certification reciprocity and/or endorsement

State	Psychiatrist	Psychologist	PMH-APRN	Licensed Professional Counselor	MFT	Social Worker	Addiction Counselor	Prevention Specialist	Peer Recovery Specialist	Psychiatric Aide
Alabama	R E	R	E	R	E	R		R	*	
Alaska			E	E	E	E		*	*	E
Arizona	E		E	R	R	R E	R	R	R	*
Arkansas	E	E	E	E	E	R		R	*	R E
California	R	R E		E	R E	E		R	R	R
Colorado	E	E	E	E	E	E		R	*	E
Connecticut	E	E	E	E	E	E	E	R	R	*
Delaware	E	R	R E	R	R	R	R	R	R	
D.C.	E	E	R E	E	E	R E	E	R		*
Florida	E	E	E	E	E	E	R	R		
Georgia		E	E	E	E		R			*
Hawaii			E	R	R	R E	R	R		
Idaho	E	E	R E	E	E	E	R	R	R	
Illinois	E	E	E	E	E	E		R	R	
Indiana	E	R E	E	E	E		R	R	R	*
Iowa	R E	R E	R E	E	E	E	R	R	R	
Kansas	E	R		R	R E	R	R	R		
Kentucky	R E	R E	E	R		R		R		*
Louisiana	R	R	E	E	R E	R E	R	R	*	
Maine	R E		R	R	R	R		R		
Maryland			R E			E		R	R	*
Massachusetts		R E	R	R	R	R	R E	R		*
Michigan	E	E	E	E	E	E	R	R		*
Minnesota	R E	E	R E		R E	E	R	R		
Mississippi	R E	E	R E		E	R E	R	R		
Missouri	R E	R E	R E			R	R E	R	R	
Montana		R	R E	R	R	E		*	R	
Nebraska	R	R	R E	R	R	R	R	*		*
Nevada						E	R	*	*	
New Hampshire		R				E		R		*
New Jersey	E	E	E	E	R	E		R		
New Mexico	E	R	E	R	R	R	R	R		

State	Psychiatrist	Psychologist	PMH-APRN	Licensed Professional Counselor	MFT	Social Worker	Addiction Counselor	Prevention Specialist	Peer Recovery Specialist	Psychiatric Aide
New York	E			E	E	E	R	R		
North Carolina			E	R		E	R	R		
North Dakota	R E		R E	E	E	R E	R	*	*	
Ohio	E		E	E	E	R E	R	R		
Oklahoma	E	R	E	R E	E	R E	R	R		
Oregon	E	E		R	R	R E	R	R	R	
Pennsylvania	E		E	R E	R E	R E	R	R		
Rhode Island	E	E	R E	E	E	E	R	R	R	
South Carolina			R E	E	E	E	R	R		
South Dakota	R	R		R	R	R	R E	R	*	
Tennessee	E	R	R E	R	R E	R	R	R		
Texas		R E	R			R	R	R	R	*
Utah	E	E	R			E	R	*		
Vermont	R	E		E	E	E	R E	*	*	
Virginia		E	R E	E	E	E		R	R	*
Washington			E			R		R		
West Virginia	E	R	E	R	R		R	R	R	*
Wisconsin		E		R	R	R	R	R		*
Wyoming			E	R	R	R	R	*	E	

PMH-APRN, Advanced Practice Psychiatric Nurse; MFT, Marriage and Family Therapist
*=Scope of practice was not accessible
R=Scope of practice authorizes reciprocity of license/certification
E=Scope of practice authorizes endorsement of license/certification

Appendix Table 4. Licensure and certification data by state

State	Psychiatrist					Psychologist						PMH-APRN			
	Educ (Hrs)	Practice (Yrs)	Comp (Months)	Cont Ed (Hs)	Renewal (Months)	Educ (Hs)	Practice (Hrs)	Super (Hs)	Comp (Months)	Cont Ed (Hs)	Renewal (Months)	Educ (Hrs)	Practice (Hrs)	Cont Ed (Hrs)	Renewal (Months)
Alabama		1	12	25	12	60				20	12			24	24
Alaska		1	12	25	24		1500	100	10	20	12		500	24	24
Arizona		1	12	40	24		1500	150	12	40	24		500	90	48
Arkansas		2	36	20	12	80	2000	50	12	20	12		500	20	24
California		1	12	50	24		3000	300		36	24	30	1000	30	24
Colorado		1	12		24		1500	75	12	40	24		750		24
Connecticut		2	24	50	24		1800	135	24	10	12		2000	50	24
Delaware		3	36	40	24		1500	150	12	40	24			10	24
D.C.		3	36	50	24		4000	400	24	30	24			15	24
Florida		2	24	30	24	60	2000	100		40	24			24	24
Georgia		1	12	40	24	50	1500	50	11	40	24		500		24
Hawaii		2	24	50	24		1900		12	18	24			30	24
Idaho		1	12	40	24		2000	100	24	20	12			30	24
Illinois		1	12	150	36		1750	50	12	24	24			50	24
Indiana		1	12		24		1800	100		40	24			30	24
Iowa		1	12	40	24		1500	45	10	40	24			36	36
Kansas		1	12	100	12	90	3600	150	24	50	24	45	1000	30	24
Kentucky		3	36	20	12	45	1800	200		39	36			14	12
Louisiana		1	12	20	12		2000			40	12		500	30	12
Maine		3	36	100	24		1500	100	12	40	24		1500	75	24
Maryland		1	12	50	24		3250	162		40	24				24
Massachusetts		2	24	100	24		1600	100	10	20	24			15	24
Michigan		2	24	150	36		2000	96	24	30	24			25	24
Minnesota		1	12	75	36		1800	150	12	40	24		2080	24	24
Mississippi		1	12	40	24		2000			20	12		720	40	24
Missouri	60	1	12	25	12		1500	50	12	40	24		800		
Montana		1	12		24	60	1600	50	12	40	12			24	24
Nebraska		1	12	50	24		1500	200	12	24	24			20	24
Nevada		3	36	40	24	60	1750	100	10	30	24		1000	45	24
New Hampshire		2	24	100	24		3000	50	24	40	24		400	60	24
New Jersey		3	36	100	24	40	1750	200	12		24	39		30	24

State	Psychiatrist					Psychologist						PMH-APRN			
	Educ (Hrs)	Practice (Yrs)	Comp (Months)	Cont Ed (Hs)	Renewal (Months)	Educ (Hs)	Practice (Hrs)	Super (Hs)	Comp (Months)	Cont Ed (Hs)	Renewal (Months)	Educ (Hs)	Practice (Hrs)	Cont Ed (Hrs)	Renewal (Months)
New Mexico		2	24	75	36		1500	46	12	40	24		400	50	24
New York	60	2	24		24	30	1750	100	24		24				24
North Carolina		1	12	20	12	60	4500	150	36	18	24	400	400	50	12
North Dakota		1		60	36		1500	100		20	12			12	24
Ohio	60	2	24	100	24	60			12	23	24			24	24
Oklahoma	60	1	12	20	12	90	2000	75	12	20	12			39	24
Oregon		1	12	60	24	30	1500		12	40	24		384	45	24
Pennsylvania		2	24	25	24		1750		12	30	24			30	24
Rhode Island		2	24	40	24	72	1500	50	12	24	24			10	24
South Carolina		1		150	36			50	12	24	24			30	24
South Dakota		2	24		12			24	12	6	12				24
Tennessee		1	12	40	24		1900	50	12	40	24				24
Texas	60	2	24	48	24	90	1750		24	20	12		400	20	24
Utah		2	24	40	24		4000	100	24	48	24		3000		24
Vermont		3	36	30	24	60	2000			60	24		400		24
Virginia		1	12	60	24	45	1500	100	12	14	12				24
Washington		2	24	200	48	40	1500		24	20	12		500	30	24
West Virginia		1	12	50	24	50		250	60		24			24	12
Wisconsin		2	24	30	24	30	2000			40	24	45		8	12
Wyoming		1	12	20	12	40	1500	75	24	15	12			15	24
Total n	5	51	49	46	51	22	46	40	40	48	51	5	22	48	51
Mean	60	1.6	19	58	24	56	2001	115	17	31	21	118	874	31	21
Mode	60	1	12	40	24	60	1500	100	12	40	24	45	500	30	24

PMH-APRN, Advanced Practice Psychiatric Nurse
Educ=education; Super=supervision; Comp=completion time; Cont Ed= continuing education
Note: Supervision requirements do not apply to psychiatrists or PMH-APRNs. Completion time does not apply to PMH-APRNs. Only Indiana specified completions time for PMH-APRNs (24 months). Blank cells indicate the requirement was not specified in the scope of practice.

State	Social Worker					Licensed Professional Counselor						Marriage and Family Therapist					
	Practice (Hrs)	Super (Hrs)	Comp (Months)	Cont Ed (Hrs)	Renewal (Months)	Educ (Hrs)	Practice (Hrs)	Super (Hrs)	Comp (Months)	Cont Ed (Hrs)	Renewal (Months)	Educ (Hours)	Practice (Hrs)	Super (Hrs)	Comp (Months)	Cont Ed (Hrs)	Renewal (Months)
Alabama		96	24	30	24	48	3000			40	24	30	1000	200	24	40	24
Alaska	3000	100	24	45	24	60	3000	100	24	40	24			200	24	45	24
Arizona	3200	100	24	30	24	60	3200	100	24	30	24		3200	100	24	30	24
Arkansas	4000	104	24	48	24	60	3000	175		24	24	60	3000	175	36	24	24
California	3200	104	24	36	24	60	3000	150		36	24	60	3000	52	24	36	24
Colorado	3360	96	24	40	24	60	2000	200	24	40	24		2000		24	40	24
Connecticut	3000	100		15	12	60	3000	100	12	15	12	45	1000	100	12	15	12
Delaware	3200	100	24	45	24		1600	100		40	24	45	3200	100	24	40	24
D.C.	3000	100	24	40	24	60	3500	200	24	40	24	60	3000	150	24	30	24
Florida	1500	52	24	30	24	60				30	24	36	4000			30	24
Georgia	3000	60	36	35	24		2400	120	48	35	24		2000	100	24	35	24
Hawaii	3000	100	24	45	36	48	3000	100	24	45	36	33	1000	200	24	45	36
Idaho	3000	100	24	20	24	60	1000	50	24	20	12	60	3000	200	24	20	12
Illinois	3000	96	24	30	24	48				30	24	48	3000	200	24	30	24
Indiana	3000	96	24	40	24	48	3000	100	24	20	12	27	1000	100	24	15	12
Iowa	4000	110	24	27	24	60	3000	200	24	40	24	60	3000	200	24	40	24
Kansas	4000		24	40	24	45	4000	267		30	24		4000	150		40	24
Kentucky	3120	200	24	30	36	60	4000	100		10	12		2000	200	24	15	12
Louisiana	5760	96	24	20	24	60	3000	100	24	40	24	60	4000	200	24	40	24
Maine	3200	120	24	25	24	48	2000	67	24	55	24	60	3000	200	24	55	24
Maryland	3000		24	40	24	60	2000	100	36	40	24	60	2000	100	24	40	24
Massachusetts	3500	100	24	30	24	48	3360	130	24	30	24	60	3360	200		30	24
Michigan	4000	96	24	45	36	48	3000	100	24		36		1000	200			24
Minnesota	4000	200	24	40	24	48	2000	100	12	20	12		1000	200	24	30	12
Mississippi	4000	100	24	40	24	60	3500	100	24	24	24		1000	200	24	24	24
Missouri	3000	104	24	30	24	48	3000	100	24	40	24	45	3000	360	24	40	24
Montana	3000	100	24	20	12	60	1500	75		20	12	48	3000	200		20	12
Nebraska	3000		24	32	24		3000			32	24		1500			32	24
Nevada	3000		24	36	24	48	3000	200	24	20	12	48	3000	200	24	20	12
New Hampshire	3000	100	24	40	24	60	3000	100	24	40	24		3000	200	12	40	24
New Jersey	1920		24	40	24	60	3000			40	24	33	3000	100		40	24
New Mexico	3600	90	24	30	24	48	3000	100	24	40	24	45	1000	200		40	24

State	Social Worker					Licensed Professional Counselor						Marriage and Family Therapist					
	Practice (Hrs)	Super (Hrs)	Comp (Months)	Cont Ed (Hrs)	Renewal (Months)	Educ (Hrs)	Practice (Hrs)	Super (Hrs)	Comp (Months)	Cont Ed (Hrs)	Renewal (Months)	Educ (Hours)	Practice (Hrs)	Super (Hrs)	Comp (Months)	Cont Ed (Hrs)	Renewal (Months)
New York	2000		36	36	36	60	3000	100		36	36	45	1500			36	36
North Carolina	3000	100	24	40	24	60	3000	100		40	24	45	1500	200		20	12
North Dakota	3000	150	24	30	24	48		100	24	30	24	33	1500	200	24	30	24
Ohio	3000	150	24	30	24	42	3000		24	30	24	30	1000	200	24	30	24
Oklahoma	4000	100	24	16	12	60	3000	112	36	20	12	33		150	24	20	12
Oregon	3500	100	24	40	12	60	2400	400	36	40	24	60	2000	150	36	40	24
Pennsylvania	3000	150	24	30	24	60	3000	75	24	30	24	60	3000		24	30	24
Rhode Island	3000	100	24	30	24	60	2000	100	24	40	24	60	2000	100	24	40	24
South Carolina	3000	100	24	40	24	48	1500	150	24	40	24	48	1500	150	24	40	24
South Dakota	3120	96	24	30	24	48	2000	100		20	12	48	1700	200		20	12
Tennessee	3000	100	24	30	24	60	3000	150	24	20	24	33	1000	200		20	24
Texas	3000		24	30	24	48	3000	75	18	24	24	45	3000	100	24	30	24
Utah	4000	100	24	40	24	60	4000	100	24	40	24	30	4000	100	24	40	24
Vermont	3000	100	24	20	24	60	3000	100	24	40	24	48	3000	100	24	20	24
Virginia	3000	50	24	30	12	60	3400	200		20	12	60	3000	200		20	12
Washington	4000	130	36	36	12		3000	100	36	36	24	45	3000	200	24	36	24
West Virginia	3000		24	40	24	60	3000	150		35	24	60	3000	150	24	35	24
Wisconsin	3000	104	24	30	24	42	3000		24	30	24	27	3000	300		30	24
Wyoming	3000	150	24	45	24	60	3000	100		45	24	48	3000	100		45	24
Total n	50	43	50	51	51	47	48	44	34	50	51	40	49	46	36	50	51
Mean	3224	107	25	34	24	55	2420	126	25	32	22	47	2387	169	20	32	22
Mode	3000	100	24	30	24	60	3000	100	24	40	24	60	3000	200	24	40	24

Educ=education; Super=supervision; Comp=completion time; Cont Ed= continuing education

Note: Blank cells indicate the requirement was not specified in the scope of practice. Education hours not specified in any social work scope of practice.

State	Addiction Counselor (licensed)						Addiction Counselor (certified)					
	Educ (Hrs)	Practice (Hrs)	Super (Hrs)	Comp (Months)	Cont Ed (Hrs)	Renewal (Months)	Educ (Hrs)	Practice (Hrs)	Super (Hrs)	Comp (Months)	Cont Ed (Hrs)	Renewal (Months)
Alabama							140	2000	150		20	12
Alaska									100		40	24
Arizona		3200	100	24	20	24						
Arkansas	270	6000		36	40	24						
California							315	3000	160		50	24
Colorado		5000	24		40	24						
Connecticut	360	6000	300	36	20	12						
Delaware	30	1600	100		40	24						
D.C.									180		40	24
Florida							350	4000	200		20	12
Georgia							270	6000	144		40	24
Hawaii							270	6000	240		40	24
Idaho							270	6000	300		20	12
Illinois							225	4000	150		40	24
Indiana							180	2000	220		40	24
Iowa							150	3000	500	18	40	24
Kansas	30	4000	200		30	24						
Kentucky	180	2000	300		60	36						
Louisiana	270	2000	300	12	48	24						
Maine		6000	300		36	24						
Maryland	60	2000	100	24	40	24						
Massachusetts	270	6000	300		40	24						
Michigan							270	6000	300		40	24
Minnesota							270	6000	300		40	24
Mississippi							270	6000	300		40	24
Missouri							180	4000	300		40	24
Montana	400	1000	500	6	20	12						
Nebraska	270	6000	300	36	40	24						
Nevada		2000			40	24						
New Hampshire		6000			48	24						
New Jersey	18	4000	270		40	24						
New Mexico							270	6000	300	36	40	24
New York							350	6000	300	36	60	36
North Carolina	180	4000	300	24	30	24						

State	Addiction Counselor (licensed)						Addiction Counselor (certified)					
	Educ (Hrs)	Practice (Hrs)	Super (Hrs)	Comp (Months)	Cont Ed (Hrs)	Renewal (Months)	Educ (Hrs)	Practice (Hrs)	Super (Hrs)	Comp (Months)	Cont Ed (Hrs)	Renewal (Months)
North Dakota	32	1400	50	6	40	24						
Ohio	650	2000	220		40	24						
Oklahoma	45	2000			20	12						
Oregon							150	1000			40	24
Pennsylvania							300	4000	300		40	24
Rhode Island							270	6000	300		40	24
South Carolina							270	4000	150		40	24
South Dakota	21	2000	300		40	12						
Tennessee	270	6000	100	36	15	12						
Texas							270	6000	300		40	24
Utah	60	2000	50		40	24						
Vermont							270	6000	300		40	24
Virginia	60	4000	200		20	12						
Washington							60	2500	150		28	24
West Virginia							270	6000	300		40	24
Wisconsin							360	4000	200	24	40	24
Wyoming	21	3000	100		45	24						
Total n	20	25	21	10	25	25	24	24	25	4	26	26
Mean	175	3568	210	24	36	24	250	4563	246	29	38	23
Mode	270	2000	300	36	40	24	270	6000	300	36	40	24

Educ=education; Super=supervision; Comp=completion time; Cont Ed= continuing education
Note: Blank cells indicate the requirement was not specified in the scope of practice.

State	Prevention Specialist					Peer Recovery Specialist						Psychiatric Aide					
	Educ (Hrs)	Practice (Hrs)	Super (Hrs)	Cont Ed (Hrs)	Renewal (Months)	Educ (Hrs)	Practice (Hrs)	Super (Hrs)	Comp (Months)	Cont Ed (Hrs)	Renewal (Months)	Educ (Hours)	Practice (Hrs)	Super (Hrs)	Comp (Months)	Cont Ed (Hrs)	Renewal (Months)
Alabama	100	4000		12	12							45	500	50	6	10	12
Alaska												180	1000	85		40	24
Arizona	120	2000	120	20	12	46	500	25									
Arkansas													1000			15	24
California	120	2000	120	20	12	100	500	25			24	576	954		12	30	
Colorado	120	2000	120	40	24					10		400					24
Connecticut	100	2000	120	20	12	50	500	25			12	80					
Delaware	120	2000	120	40	24	54	1000			10	24			10			
D.C.								80		20							
Florida	120	2000	300	20	12	75	1000	24			12	30	1000	24		10	12
Georgia	120	2000		40	24					10	12						
Hawaii	100	2000	120	40	24					12	12						
Idaho	120	2000	120	20	12	46	500	25		16	12						
Illinois	120	2000	120	40	24	100	2000	100		10	24						
Indiana	100	2000	120	40	24	30				40	24						
Iowa	168	2000	120	40	24	46	500	25		40	24						
Kansas	150	3500	120	40	24	15				20		900				30	24
Kentucky	150	2000	120	40	24	60	500	25			12						
Louisiana	100	2000	120	48	24					10							
Maine	120	2000	120	40	24	75											
Maryland	120	2000	120	40	24	46	500	25			24						
Massachusetts		2000	120	40	24	48	3000	300	24	20	24						
Michigan	120	2000	120	40	24	46	500	25		30	24						
Minnesota	120	2000	120	40	24	40				20	24		4000				
Mississippi	150	2000	120	40	24		250			20							
Missouri	120	4000	120	40	24	46	500	25			24				12		
Montana						10				20	12				24		
Nebraska						40				5	12						
Nevada										6					12		
New Hampshire	240	4000	240	40	24						24						
New Jersey	120	4000	120		24	45	3000		24	12	24		2000		12		
New Mexico	120	2000	120	40	24	40				40	24		2000		12		

State	Prevention Specialist					Peer Recovery Specialist						Psychiatric Aide					
	Educ (Hrs)	Practice (Hrs)	Super (Hrs)	Cont Ed (Hrs)	Renewal (Months)	Educ (Hrs)	Practice (Hrs)	Super (Hrs)	Comp (Months)	Cont Ed (Hrs)	Renewal (Months)	Educ (Hours)	Practice (Hrs)	Super (Hrs)	Comp (Months)	Cont Ed (Hrs)	Renewal (Months)
New York	120	2000	120	60	36	46	1000	25		40	36		2000		12		
North Carolina	270		300	30	24	40				30	24						
North Dakota										20							
Ohio	190	2000	120	40	24	56	4500				24						
Oklahoma	150	2000	120			40				30	12						
Oregon	150	2000	120	40	24	80	500	25		12	24				18		
Pennsylvania	150	4000	150	40	24	54				20	24	75					
Rhode Island	175	2000	120	40	24	46	500	25		30	24				12		
South Carolina						40				10	12						
South Dakota	15	2000	300	20	12					20							
Tennessee	120	2000	120	40	24			75			12						
Texas	120	2000	120	40	24	46	500	25		10	24						
Utah										20							
Vermont																	
Virginia	120	6000	120	40	24	46	500	25			24						
Washington	150	2000	120	40	24	40				20							
West Virginia	180	2000	150	40	24	46	500	25			24						
Wisconsin	240	2000	120	40	24					20	24						
Wyoming						32				20	12						
Total n	39	39	38	38	39	34	22	20	2	35	35	8	9	4	13	6	6
Mean	136	2398	139	37	22	49	1034	48	24	20	20	286	1606	42	16	23	20
Mode	120	2000	120	40	24	46	500	25	24	20	24	n/a	1000	n/a	12	10	24

Educ=education; Super=supervision; Comp=completion time; Cont Ed= continuing education
Note: Blank cells indicate the requirement was not specified in the scope of practice.

Appendix Table 5. Services explicitly authorized by state scopes of practice

State	Psychiatrist	Psychologist	PMH-APRN	Licensed Professional Counselor	MFT	Social Worker	Addiction Counselor	Peer Recovery Specialist	Psychiatric Aide
Alabama	A D P CI	A D P CI	A D P	A D P CI	A D P CI	A D P CI	A P CI	*	A P
Alaska	A D P CI	A P CI	A	A D P CI	A D P CI	A D P T	A P CI	*	A P CI
Arizona	A D P CI T	A D P CI T	A D P CI	A D P CI T	A D P CI T	A D P T	A D P CI	CI	*
Arkansas	A D P T	A D P CI	D P	A P CI T	A P CI T	A D P T	A P CI	*	A P
California	A D P T	A D P CI	A D P CI	A P CI	A P CI	A P CI	A P CI		A P
Colorado	A D P CI T	A D P CI T	D P CI	A D P CI	A D P CI	A D P CI T	A D P CI	*	A P CI
Connecticut	A D P CI T	A D P CI T	A D P CI	A D P CI	A D P CI	A D P	A P CI	CI	A
Delaware	A D P CI T	A D P CI T	A D P CI	A D P CI T	A D P CI T	A D P CI T	A P CI	CI	A P CI
D.C.	A D P CI	A P CI	A D P	A D P CI	A D P CI T	A D P	A D P CI	CI	*
Florida	A D P CI	A D P CI	A D P	A D P CI	A D P CI	A D P CI	A P CI	CI	A CI
Georgia	A D P CI T	A D P CI	A D P	A D P CI T	A D P CI T	A P CI T	A P CI	CI	*
Hawaii	A D P CI T	A D P CI	A D P	A D P CI	A D P CI	A D P	A P CI	CI	A CI
Idaho	A D P CI T	A D P CI T	D P CI	A P CI T	A P CI T	A D P	A P CI T	CI	A P CI
Illinois		A P CI	A D P CI	A D P CI T	A P CI T	A P	A P CI T	CI	A CI
Indiana	A D P CI	A D P CI	A D P	A P CI	A P CI	A D P	A P CI	CI	*
Iowa	A D P CI T	A D P CI T	D P CI	A P CI T	A P CI T	A D P T	A P CI	CI	A P CI
Kansas	A D P CI	A D P CI	A D P	A D P CI	A D P CI	A D P CI	A D P CI	CI	A P CI
Kentucky	A D P CI T	A D P CI T	A D P CI	A P CI T	A P CI T	A D P CI T	A P CI T	CI	*
Louisiana	A D P CI T	A D P CI T	A D P CI	A D P CI T	A D P CI	A D P	A P CI T	*	A CI
Maine	A D P CI T	A D P CI T	A D P	A P CI	A D P CI	A D P	A P CI	CI	A P CI
Maryland	A D P CI	A D P CI T	A D P	A D P CI	A D P CI	A D P	A D P CI	CI	*
Massachusetts	A D P CI T	A D P CI T	A D P	A D P CI	A P CI	A D P T	A P CI	CI	*
Michigan	A D P CI	A D P CI	D P	A P CI	A P CI	A D P CI	A P CI	CI	*
Minnesota	A D P CI T	A D P CI	A D P	A P CI	A P CI	A D P CI T	A P CI	CI	
Mississippi	A D P CI T	A D P CI T	A D P CI	A D P CI	A D P CI	A D P CI	A P CI	CI	A
Missouri		A D P CI	A D P CI	A P CI	A D P CI	A D P	A P CI	CI	A P CI
Montana	A D P CI T	A D P CI	A D P	A D P CI	A D P CI	A D P	A P CI	CI	
Nebraska	A D P CI T	A D P CI T	A D P CI	A P CI T	A P CI T	A P	A D P CI T	CI	*
Nevada	A D P CI T	A D P CI T	A D P CI	A D P CI T	A D P CI T	A D P T	A D P CI T	*	P CI
New Hampshire	A D P CI T	A D P CI T	A D P CI	A D P CI	A D P CI	A D P	A D P CI T	A CI	*
New Jersey	A D P CI T	A D P CI T	A D P	A P CI	A P CI	A D P	A D P CI	A P CI	P CI
New Mexico	A D P CI T	A D P CI	A D P	A D P CI	A D P CI	A D P CI T	A P CI	CI	A P CI
New York	A D P CI	A D P CI T	A D P	A P CI	A P CI	A D P CI	A P CI	CI	P CI

State	Psychiatrist	Psychologist	PMH-APRN	Licensed Professional Counselor	MFT	Social Worker	Addiction Counselor	Peer Recovery Specialist	Psychiatric Aide
North Carolina	A D P CI T	A D P CI	A D P	A D P CI	A D P CI	A D P	A P CI		A P CI
North Dakota	A D P CI	A D P CI	A D P	A P CI	A D P CI	A D P T	A P CI	*	A CI
Ohio		A D P CI T	D P CI	A D P CI T	A D P CI	A D P CI T	A D P CI		A CI
Oklahoma	A D P CI T	A D P CI	A D P	A D P CI	A D P CI	A D P CI T	A D P CI		A P
Oregon	A D P CI T	A D P CI	A D P	A D P CI T	A D P CI T	A D P	A P CI		A P
Pennsylvania	A D P CI T	A P CI	A D P	A P CI	A P CI	A T	A P CI		A
Rhode Island	A D P CI	A D P CI	A D P	A D P CI	P CI	A D P	A P CI		A P CI
South Carolina	A D P CI T	A D P CI	D P	A P CI	A P CI	A D P T	A P CI		A
South Dakota		A D P CI	A D P	A D P CI	A D P CI	A D P	A P CI	*	A P CI
Tennessee	A D P CI T	A D P CI T	D P CI	A D P CI	A D P CI	A D P	A P CI		A P CI
Texas	A D P CI T	A D P CI	A D P	A P CI	A D P CI	A D P T	A P CI		*
Utah	A D P CI	A D P CI	A D P	A P CI	A D P CI	A P T	A P CI		A CI
Vermont	A D P CI	A D P CI T	A D P	A D P CI	A D P CI	A D P	A P CI	*	A CI
Virginia	A D P CI	A D P CI	D	A D P CI	A P CI	A D P T	A D P CI		*
Washington	A D P CI	A D P CI	A D P	A D P CI	A D P CI	A D P	A D P CI		A
West Virginia	A D P CI T	A P CI		A D P CI	A D P CI	A D P	A P CI		*
Wisconsin	A D P CI	A D P CI	A D P	A P CI	A D P CI	A D P	A P CI		*
Wyoming	A D P CI T	A D P CI	D P	A D P CI T	A D P CI T	A D P T	A D P CI T	CI	A P

PMH-APRN, Advanced Practice Psychiatric Nurse; MFT, Marriage and Family Therapist
A=Assessment; D=Diagnosis; P=Psychotherapy; CI=Crisis Intervention; T=Telehealth
*=Scope of practice was not accessible
Notes: Authorized services were not specified in any state scope of practice for prevention specialists. For psychiatric aides and peer recovery specialists, “psychotherapy” does not refer to individual provision of this service, but indicates that the SOP permits assistance with therapy or treatment. Seven states prohibit diagnosis (CO: APRNs; TN and UT: addiction counselors; IN: MFTs and LPCs; KS: LPCs; ME: LPCs; TX: LPCs). Additionally, LA prohibits psychiatric aides from engaging in psychotherapy.