ALCOHOL AND DRUG COUNSELORS

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The total cost of the *US Department of Labor; State Occupational Licensing Review and Reform Grant* program is $244,260.28. $244,260.28 (100%) is funded through a U.S. Department of Labor – Employment and Training Administration grant.

I. EXECUTIVE SUMMARY

In 2019, New Hampshire's Office of Professional and Occupational Licensure (OPLC) was awarded a grant by the U.S. Department of Labor, Employment and Training Administration (DOLETA) in the amount of $244,260 to evaluate and streamline occupational licensing requirements to help address the effects of an aging population, opioid use and overdose deaths, and underemployment of certain untapped populations in the state's workforce.

New Hampshire's Occupational Licensing Review Project particularly sought to promote portability and reduce unnecessary licensing barriers, with special emphasis on populations that are most affected by licensing: low-income, military and justice-involved communities.

Through participation in the Occupational Licensing Learning Consortium facilitated by the National Conference of State Legislators (NCSL), the Council of State Government (CSG) and the National Governors Association (NGA), OPLC regularly engaged with other state grantees and regulatory subject matter experts to share learning, glean expert insight, and receive technical assistance for the state's licensing review. With the assistance of the Council on Licensure, Enforcement and Regulation (CLEAR), OPLC received licensing research and analysis, and subsequently to provide recommendations tailored to New Hampshire's regulatory infrastructure and environment.

New Hampshire's Office of Professional Licensure and Certification (OPLC) houses 40 professional licensing boards, commissions and councils and worked with the Council on Licensure, Enforcement and Regulation (CLEAR) to conduct an occupational licensing review and reform analysis on five (5) license categories: Alcohol and Other Drug Use Professionals; Office of Allied Health Professionals (including Occupational and Physical Therapist Assistants and Respiratory Care Providers); Barbering, Cosmetology, and Esthetics; Licensed Nursing Assistant, and Pharmacy Technician.

This final report contains CLEAR's findings from the Occupational Licensing Review Project. It is intended to be a comprehensive report of all accomplishments under the grant project and therefore also includes OPLC's accomplishments in fulfillment of its scope of work with DOLETA, some of which occurred without assistance from CLEAR.

The report provides an overview and discussion of the regulatory landscape, research and emerging practices concerning the special populations and focus areas selected by New Hampshire for the grant project. This is followed by promising practices from other umbrella agencies and standout innovations that could be leveraged by OPLC through its umbrella structure. The report summarized other accomplishments such as key legislation, operational improvements and technology advancements that were also accomplished during through the grant project. Lastly, this report delves into tailored analysis of the five professions applying a comparison to emerging practices and priority policies expressed by the state[1].

Key findings of the Occupational Licensing Review Project reveal several innovative and promising practices implemented by New Hampshire boards particularly related to entry to practice and labor mobility. Many of these relate to streamlined licensing process, helping applicants get to work quickly even through temporary permits while the board completes its due diligence. New Hampshire has broadly aligned entry to practice requirements to national averages and standards which bolsters reciprocity applicants and licensees. Early adoption and membership to licensure compacts further advances licensure portability.

New Hampshire boards reviewed as part of this project have generally not adopted more progressive policies concerning low-income applicants, military servicemembers, veterans and spouses, and individuals with criminal convictions. Some New Hampshire boards demonstrate promising practices that could serve as a model for other state licensing boards. Broad adoption of these practices or improvements to existing policies could promote greater fairness and equity in the licensure process, particularly for communities of color who are more likely also come from low-income communities and have a criminal record.

[1]These findings and recommendations are not considered legal advice nor should be construed as the opinion of CLEAR or its members. Where possible, alternatives are provided in an acknowledgement that a perceived barrier could be reduced through a plethora of potential solutions. The findings and recommendations must also be considered in context of the audience's intended outcomes which may vary among policymakers, board members, consumers and other stakeholders.

Several key findings of the project could be solved or partially accomplished through improved licensing technology, specifically through advancements in MLO or another licensing database. Improved technology, which is now widely accessible in the occupational licensing field, could dramatically reduce regulatory burden by creating efficiencies in the administrative process for both applicants and OPLC staff. Additionally, an improved data base could facilitate greater adoption of evidence-based regulations which evaluate characteristics of consumer endangerment and target regulatory interventions.

While this report makes tailored recommendations for consideration by each board, OPLC and other state policymakers may consider more sweeping initiatives that would support all boards. These strategies could include:

- Advance intentional staff and board member training on regulatory research and science, not just the practice act
- Improve My Licensing Office (MLO) or other technology to reduce regulatory burden and facilitate regulatory intelligence through data
- Improve operational effectiveness and efficiency through technology and rule reviews
- Public performance management through data collection and outcome tracking
- Consistent decision making among board members and over time to ensure fairness and equity
- Adopt evidence-informed regulations by evaluating regulatory data and outcomes
- Create a process to ensure boards align rules to statutes outside the practice act
- Embed a responsive regulatory culture through sunrise, sunset and routine regulatory review processes.

This final report provides in-depth analysis of research and findings related to Alcohol and Drug Counselor professions. These findings and recommendations are not considered legal advice nor should be construed as the opinion of CLEAR or its members. Where possible, alternatives are provided in an acknowledgement that a perceived barrier could be reduced through a plethora of potential solutions. The findings and recommendations must also be considered in context of the audience's intended outcomes which may vary among policymakers, board members, consumers and other stakeholders.

ALCOHOL AND DRUG COUNSELORS

An Alcohol and Drug Use Counselor specializes in helping patients overcome dependence on alcohol or other substance use. In New Hampshire, an Alcohol and Drug Use Counselor works with patients to overcome dependency to promote the patient's health, social, and economic function and the welfare of those connected to the patient. Such counselors go by many names depending on the state or credentialing body. This report will broadly refer to the field as substance use counseling.

BACKGROUND

Alcohol and Drug Use Counselors are a rapidly growing occupation in the nation. The rising crisis of opioid use has further increased the demand for substance use counseling services. Stress and triggers associated with the COVID-19 pandemic have led to increased urgency, erasing the gains made through concerted response efforts in the last several years. The workforce needs are acute. The Substance Abuse and Mental Health Services Administration (SAMHSA) recently estimated that an additional 4,486,865 behavioral health practitioners are needed to meet current demand in the United States. This includes addiction psychiatrists, physicians, nurses and other professions. The nation is short 1,436,228 behavioral health counselors specifically.[2] SAMHSA estimates that 80 percent of people with Substance Use Disorder (SUD) do not get the care they need.

Substance use counseling is also a field experiencing a renaissance. Substance use itself is one of the most stigmatized medical conditions. Treatment options emerged from within the community such as Alcoholics Anonymous, Narcotics Anonymous and the surge in halfway houses in the 1950s and 1960s. Substance use was often perceived as a symptom of another problem, and only recently acknowledged as a primary condition in and of itself.[3] Formal recognition of SUD through the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM) and the American Medical Association (AMA) gave rise to improved research, treatment and policies surrounding substance use.

[2] https://www.samhsa.gov/sites/default/files/behavioral-health-workforce-report.pdf page 27

[3] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5039518/

Just as substance use itself has gained notoriety among the medical and mental health community, so too have the professionals specializing in effective and specialized treatment. The U.S. Department of Health and Human Services observed that the substance use counseling field started as a trade, largely outside mainstream medical and mental health treatment. Viewed as paraprofessionals, substance use counselors played a supportive and not primary role in the care team.

Today, acknowledgement of addiction as a primary disorder combined with the rapid pace of SUD diagnosis within the U.S. has two major implications relevant to occupational licensing. First, as a young profession, standards of training and competence are still emerging as witnessed by the wide array of entry requirements across the nation. Second, the substance use counseling field lacks a strong private certification body and/or professional association to help inform standard of practice. Two private, national certifying bodies exist in the substance use counseling field: the International Certification and Reciprocity Consortium (IC&RC) and the Association for Addiction Professionals (NAADAC).

While IC&RC and NAADAC offer private credentials, as noted later these requirements can sway through state influence. Licensing boards can serve as gatekeepers to these credentials meaning entry requirements even for these private certifications are diverse.

Researchers have also raised related challenges created by the adolescent stage of the profession. They note that the science and evidence-base about addiction is rapidly changing theory and practice, asserting that fragmented education and training requirements slow the adoption of evidence-based practice. These issues are compounded by fragmentation within the broader behavioral health field. Several types of licensed professionals can treat patients with a SUD diagnosis, despite that they may never be required to receive training specifically in addictions. Physicians, social workers, professional counselors and psychologists are examples of professions that share aspects of the substance use counseling scope of practice.

Today, substance use counseling is more mainstream. Like other healthcare and mental health professions, substance use counselors must complete an accredited educational program, accrue on the job training experience, and pass an exam. The combined effect of challenges characteristic of an emerging profession serves to undermine the standard of practice in the substance use counseling field. Without a strong national credentialing scheme, standard of practice is not clearly defined therefore states are left to devise their own estimations on the preparation necessary to ensure safe practice. It is within this context that the New Hampshire LADC Board operates. Some of these challenges are outside of the Board's control. This report will focus on those policy mechanisms that are within the Board's realm of influence.

NEW HAMPSHIRE CERTIFICATIONS AND LICENSES

New Hampshire offers four types of licensure or certification for the Alcohol and Drug Counselor industry.[4] This report refers to them collectively as the LADC workforce. This report also uses the term "licensure" to generally characterize the state's authorization of this workforce despite that some may be certified while others are licensed.

Certified Recovery Support Workers (CRSW) provide basic screening of patients with substance use disorders to determine whether referral or further assessment or diagnosis is needed. They also monitor patient health and safety and provide practical support, mentoring and education about addiction. To become a CRSW in New Hampshire, an applicant must:

- Obtain 46 hours of education in the four domains of alcohol and drug use
- Obtain 500 hours of work experience
- Obtain 25 hours of supervised work experience
- Possess a high school diploma, GED or higher
- Pass an examination

Licensed Alcohol and Drug Counselors (LADC) provide screening, assessment, diagnosis, treatment planning, and treatment of substance use disorders and the screening and referral of mental health disorders under clinical supervision. There are two acknowledged pathways to become a LADC in New Hampshire.

[4] This report utilizes the term licensure and license generally to refer to state authorization to practice in a given profession or occupation. A board may provide such authority through a license, certification or registration. In this report, "license" is used to infer all three of these authorities.

Associate's Degree Pathway:
Obtain an Associate's degree in addiction
Complete 6,000 hours of experience

Bachelor's Degree Pathway:
Obtain a Bachelor's Degree
Complete 4,000 hours of experience

All applicants must additionally submit proof of the following:

- Complete 300 hours of supervised practical training;
- Verification of Employment Form attaching job descriptions (hours must match the hours listed in the Applicant Work Experience Report Form;
- Supervision Agreement Form;
- Applicant Work Experience Report Form that shows work experience hours meet or exceed the requirements listed above according to the applicable pathway;
- Supervised Practical Training Report Form showing completion of 300 hours and a minimum of 10 hours in each core function;
- Supervised Work Experience Report Form showing a rating of two or higher;
- Counselor Evaluation Form with an acceptable evaluation and no more than two non-acceptable ratings but at least one rating per core function;
- Three professional references using the Professional Reference Form and demonstrating acceptable ratings;
- Certificates of completion and descriptions to demonstrate the education and training meets requirements in rule which include:
    - 270 hours in 18 categories of competence;
    - 6 hours in ethics;
    - 6 hours in 12 core functions;
    - 6 hours in HIV/Aids;
    - 6 hours in confidentiality; and
    - No more than 25% of the training occurred online;
- Passage of the LADC examination approved by the Board;
- Passage of a criminal background check;
- Two photos;
- Complete and signed Application Form; and
- Additional information for any screening questions, as applicable.

Master Licensed Alcohol and Drug Counselors (MLADC) also provide screening, assessment, diagnosis, treatment planning, and treatment of substance use disorders and co-occurring disorders and may practice independently. To become an MLADC in New Hampshire, an applicant must:

Master's Degree of 60 hours:
3,000 hours' experience or 1500 if holding a MH license or 1500 if already a LADC; and
Complete 300 hours of supervised practical training including 4 hours' supervision per month.

Master's Degree that is less than 60 hours:
Completion of enough CUs to obtain the full 60 hours after crediting the hours in the Master's program; and
3,000 hours' experience or 1500 if holding a MH license or 1500 if already a LADC.

All applicants must additionally submit proof of the following:

- Complete 300 hours of supervised practical training;
- Verification of Employment Form attaching job descriptions (hours must match the hours listed in the Applicant Work Experience Report Form;
- Supervision Agreement Form;

- Applicant Work Experience Report Form that shows work experience hours meet or exceed the requirements listed above according to the applicable pathway;
- Supervised Practical Training Report Form showing completion of 300 hours and a minimum of 10 hours in each core function;
- Supervised Work Experience Report Form showing a rating of two or higher;
- Counselor Evaluation Form with an acceptable evaluation and no more than two non-acceptable ratings but at least one rating per core function;
- Three professional references using the Professional Reference Form and demonstrating acceptable ratings;
- Certificates of completion and descriptions to demonstrate the education and training meets requirements in rule which include:
    - 270 hours in 18 categories of competence;
    - 6 hours in ethics;
    - 6 hours in 12 core functions;
    - 6 hours in HIV/Aids;
    - 6 hours in confidentiality;
    - 4 hours' supervision per month; and
    - No more than 25% of the training occurred online;
- Passage of the MLAD examination approved by the Board;
- Passage of the co-occurring examination approved by the Board;
- Passage of a criminal background check;
- Two photos;
- Complete and signed application Form; and
- Additional information for any screening questions, as applicable.

Licensed Clinical Supervisors (LCS) provide administrative, evaluative, clinical, and supportive oversight of the practice of alcohol and drug counselors licensed to people seeking licensure in the Alcohol and Drug Counselor field. To become an LCS in New Hampshire, an applicant must:

- Complete 10,000 hours (5 years) of counseling experience as a LADC or MLADC including 200 hours of face-to-face clinical supervision through four hours per month;
- Complete 4,000 hours (2 years) of clinical supervisory experience;
- Complete 30 hours didactic training in clinical supervision in the areas of assessment, evaluation, counselor's development, management, administration and professional responsibility and no more than 25% occurring online;
- Pass a clinical supervisor examination approved by the board; and
- Pass a criminal background check.

LABOR MARKET CONSIDERATIONS

While New Hampshire Employment Security publishes extensive information on the impact and status of the opioid crisis in the state, relatively little information is collected concerning specific demand for alcohol and drug use professionals in New Hampshire, especially when compared to similar analysis for the healthcare and other therapy sectors. Often alcohol and drug use counselors are combined with statistics related to mental health counselors generally.

New Hampshire Employment Security does however note the investment of resources for apprenticeships to further increase workforce in the industry, highlighting that "The University of New Hampshire received a grant in 2020 to develop an Opioid-Impacted Family Support Program. This program would aim to increase number of peer support specialists and other behavioral health-related paraprofessionals who provide behavioral health services for families affected by opioids and other substance use disorders."[5]

[5] New Hampshire Employment Security, E. (2020, November). Apprenticeships in New Hampshire. Retrieved January 2, 2021, from https://www.nhes.nh.gov/elmi/career/documents/apprenticeship-factsheet.pdf

The chart below summarizes employment and wage data related to alcohol and drug use professionals, as reported by New Hampshire Employment Security. Note the data concerning the profession is lumped together with other mental health professions and does not further distinguish between the various levels of licensure and practice.

SUBSTANCE ABUSE, BEHAVIORAL DISORDER, AND MENTAL HEALTH COUNSELORS	
Code:	21-1018
May 2019 estimated employment	1,790
Entry Level Wage	$15.16
Mean (Average) Wage	$22.02
Median Wage	$20.43
Experienced Wage	$25.45
Living Wage Merrimack County	$12.39
New Hampshire Minimum Wage	$7.25

MENTAL HEALTH AND SUBSTANCE ABUSE SOCIAL WORKERS	
Code:	21-1023
May 2019 estimated employment	470
Entry Level Wage	$20.36
Mean (Average) Wage	$28.82
Median Wage	$27.66
Experienced Wage	$33.06
Living Wage Merrimack County	$12.39
New Hampshire Minimum Wage	$7.25

Because labor market information related to Alcohol and Drug Counselors amassed with data related to other mental health fields, little appears to be known about the supply, demand, and compensation of the workforce that could help New Hampshire establish more pointed policies concerning the profession skilled to address these emergent crises. While several physical and mental healthcare professions may support substance use treatment, LADC personnel are highly specialized and provide important support to medication assisted treatment. Knowledge of this workforce will be critical as the state refines its response to emerging drug related crises.

Major policies related to the substance use counseling field are housed and supported by two influential bodies in New Hampshire. The Governor's Commission on Alcohol and Drugs advises the Governor and Legislature regarding the delivery of effective and coordinated substance misuse prevention, treatment, and recovery services throughout the state. The New Hampshire Center for Excellence houses the Governor's Commission and provides technical assistance and training in support of best practice implementation, systems change, quality improvement, data reporting and evaluation, and other efforts related

to substance misuse, prevention, treatment and recovery.[6] These efforts are augmented by federal regulators and initiatives, specifically the Center for Medicaid Services (CMS) which regulates Medicaid eligibility and payments, and the U.S. Department of Health and Human Services which houses many policies and commissions related to the substance use counseling field.

All of these commissions, regulators and advisors agree on three common barriers dramatically affecting the LADC workforce: 1) Medicaid reimbursement and inadequate compensation; 2) stigma and 3) complex licensing laws.

Medicaid reimbursement and inadequate compensation:

Low Medicaid reimbursement is a primary workforce barrier for individuals interested in entering and/or remaining in the field. In 2016, the State of New Hampshire Insurance Department concluded:

> *Staff recruiting and retention has been identified as a problem in providing services to the population diagnosed with opiate substance use disorders both nationwide and in New Hampshire. According to a 2013 report to Congress, the federal Substance Abuse and Mental Health Services Administration acknowledged "the growing workforce crisis in the addictions field due to an aging workforce, stigma and inadequate compensation."*[7]

The U.S. Department of Health and Human Services studied workforce shortages in SUD counseling and cited New Hampshire's reimbursement rates as an exemplary barrier observed nationwide:

> *A 2016 study of reimbursement rates for SUD services from claims data in New Hampshire found that commercial reimbursement rates were substantially lower compared to Medicare and similar to the state's Medicaid rates (Compass Health Analytics Inc., 2016). Although plans that participate in the state and federal marketplaces are required to cover ten essential benefits of which SUD services is one, coverage for individual services is highly dependent on the plan as well as an individual's circumstances (e.g., prior experience in treatment programs, type of substance use, co-occurring mental health diagnoses). Even when a service is a covered benefit under a state's Medicaid plan, MCOs might not reimburse it under the provider's participation agreement (Falcone & Berke, 2018).*[8]

New Hampshire's Keene Sentinel editorial board agreed and cited New Hampshire's 10-year plan adopted by the Governor's Commission, attesting that low reimbursement rates were causing an exodus of mental health workers and impacting patient access to care. The Keene Sentinel observed, "This double whammy of lower Medicaid and commercial insurance reimbursements, the 10-year plan reported, seriously impacts access to care by limiting services that can be affordably delivered and by "driving" mental health workers out of New Hampshire."[9]

In July 2018, the state received approval from CMS to provide Medicaid reimbursement for opioid use disorder (OUD) and substance use disorder (SUD) to residents of institutions of mental disease (IMD).[10] However stakeholders participating in OPLC's town hall in November 2020 reported that in order to receive Medicaid reimbursement, a diagnosis of SUD is required as a co-occurring disorder and that SUD cannot be the sole or primary diagnosis in order to be eligible for reimbursement. Still, the state's Medicaid reimbursement policies do acknowledge LADCs, MLADCs and even peer recovery support specialists as eligible Medicaid providers for SUD.[11]

Stigma:

Stigma for patients with substance use and addiction is well documented. New Hampshire stakeholders expressed frustration that this stigma extends to LADC professionals among the behavioral and healthcare community. Some theorized the stigma was evidenced by and reinforced through Medicaid policies. It is likely a number of factors have contributed to this trend, including that substance use counseling is new to the mainstream of mental and behavioral health, only now coming into its own as an acknowledged specialty. This background was discussed previously in this report.

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[6] Center for Excellence on Addiction. (2018, November 09). Center services. Retrieved January 2, 2021, from https://nhcenterforexcellence.org/center-services/center-services/

[7] Compass Health Analytics, Inc. (2016, June). Analysis of New Hampshire Commercial Insurance Claim Data Related to Substance Use Disorder: Reimbursement Rates. Retrieved January 2, 2021, from https://www.nh.gov/insurance/reports/documents/080516_nhid_analysis_of_claims_for_substance_use_disorder_pricing.pdf

[8] New Hampshire Department of Health and Human Services (NHBDAS). (2016). New Hampshire's Substance Use Disorder Continuum of Care Assets and Gaps Assessment Results. New Hampshire Department of Health and Human Services, Bureau of Drug and Alcohol Services. Retrieved from https://www.dhhs.nh.gov/dcbcs/bdas/documents/cocassests-gap.pdf.

[9] Speeding up the roll: State needs to up its Medicaid rates so mental health agencies can hire people. (2020, January 4). SentinelSource.com. Retrieved January 2, 2021, from https://www.sentinelsource.com/opinion/editorial/speeding-up-the-roll-state-needs-to-up-its-Medicaid-rates-so-mental-health-agencies/article_75c1ad29-cced-5f15-a930-efe4dc3eaad5.htmll

Complex licensing laws:

The U.S. Department of Health and Human Services studied workforce shortages in SUD counseling and highlighted New Hampshire's cumbersome licensing laws:

> *For example, as part of a 2016 study of assets and gaps in New Hampshire's SUD service continuum, researchers surveyed and interviewed stakeholders throughout the state and found that "complex, unclear, and cumbersome" licensing procedures were the most frequently cited barrier to addressing the state's SUD workforce shortages (NHBDAS, 2016).*[12]

New Hampshire's licensing laws are the focus of this report. Streamlining licensing in the state may help to improve workforce supply and therefore patient access to substance use counseling services that are deeply needed within the state. The influence of insurance and Medicaid payment policies and the financial barriers of low earning potential are important workforce considerations that must also be aligned to licensing reform efforts if the state desires to truly unleash a qualified workforce to help overcome a substance use pandemic. The U.S. Department of Health and Human Services summarized the combination of circumstances that pose significant obstacles to the development of a robust substance use counseling workforce:

> *This study revealed that the SUD counseling profession faces multiple interconnected challenges associated with complex training, credentialing, and payment structures. Compared to other counseling professions like clinical social work and marriage/family therapy, addiction counseling is a less desirable specialty due to the difficulty in obtaining a credential or a license, low portability of credentials across state lines, relatively low earning potential, and multiple barriers to establishing an independent practice, joining insurance networks, and filing claims. The absence of a clearly defined career ladder specific to SUD counseling, often vague and inconsistent requirements for advancing within the profession, low reimbursement, and relatively low earning potential have combined to make this an undesirable area of concentration in comparison to other behavioral health specialties. Despite the innovative initiatives to address these challenges and to facilitate entry into and advancement in the field described in this report, workforce shortages remain one of the key barriers to addressing the national opioid crisis.*[13]

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[10] Trieger, M. (2018, July 10). NEW HAMPSHIRE SECTION 1115(a) MEDICAID DEMONSTRATION FACT SHEET. Retrieved January 2, 2021, from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/nh/nh-sud-treatment-recovery-access-fs.pdf

[11] New Hampshire Standard Medicaid Substance Use Disorder Services. (2017, May). Substance Use Disorder Provider Types. Retrieved January 2, 2021, from https://www.dhhs.nh.gov/ombp/sud/providers.htm

[12] New Hampshire Department of Health and Human Services (NHBDAS). (2016). New Hampshire's Substance Use Disorder Continuum of Care Assets and Gaps Assessment Results. New Hampshire Department of Health and Human Services, Bureau of Drug and Alcohol Services. Retrieved from https://www.dhhs.nh.gov/dcbcs/bdas/documents/cocassests-gap.pdf.

[13] Isvan, N., Gerber, R., Hughes, D., Battis, K., & Anderson, E. (2019, November). Credentialing, Licensing, and Reimbursement of the SUD Workforce: A Review of Policies and Practices Across the Nation. Retrieved January 2, 2021, from https://aspe.hhs.gov/system/files/pdf/263006/CLRSUDWorkforce.pdf

NEW APPLICANTS

CLEAR's review of entry requirements for original applicants considered emerging policies in the field such as multiple pathways, gradations of licensure, reliance or acceptance of national certifications, and/or use of a national exam among others. Many of these items are established in statute or rule. CLEAR'S review also considered processes and policies such as the use of standing orders to allow a board or staff member to approve applications (either with or without ratification), communication, technology, and workflows. A review of these items ideally requires intensive observation of procedures and information which CLEAR could not feasibly undertake due to operational or legal constraints concerning confidential information. Instead, CLEAR interviewed board members, OPLC staff, and other stakeholders to glean major pain points throughout the process. Barriers to entry related to low-income applicants, military service members, veterans and military spouses, and applicants with criminal convictions are considered under subsequent sections.

ORIGINAL APPLICANTS

Gradations:

The gradations of licensure observed within the substance use counselor field are notable. As some economists have observed, gradations can provide a legitimate pathway into a profession and encourage other workforce infrastructure that benefits the state's residents and economy.[14] Through gradations, applicants face relatively low barriers to enter the field and begin earning a wage. From this point they can advance their skill through additional training and education to obtain a higher level license. In a sense, gradations provide the benefits of other "earn and learn" strategies such as apprenticeships which can be particularly helpful to special populations in addition to the general public. Lower level licenses provide easier entry to the profession and valuable experience as the applicant considers the investment and time to obtain a more advanced license. For example, a CRSW need only complete 46 training hours and 500 experience hours, just a fraction of the requirements for LADCs and MLADCs.

Board rules are also constructed in a way that allows these credentials to build upon each other. An MLADC applicant that already holds a LADC license receives a discount on training hours, completing an additional 1,500 hours rather than a full 3,000.

Gradations can be helpful for individual applicants, but also support the workforce more broadly and patient access. Through gradations, the alcohol and drug counselor field can cultivate its workforce to gradually take on greater responsibility while still providing care during their training process. Patients receive the immediate benefit of accessing care while the applicant further hones their skill. Memorializing these gradations in the licensure process also can help facilitate the development of related infrastructure such as educational programs, workforce assistance, or other supports.

Alternative Pathways:

Related to gradations are alternative pathways which are also observed in New Hampshire's alcohol and drug counselor field. Extending alternative pathways with lower barriers is a particularly effective strategy to keep regulatory burden low while still protecting the public. Consider for example that to become a LADC in New Hampshire, an applicant can hold a four-year Bachelor's degree and complete 4,000 hours of supervised experience or could choose to pursue a two-year Associate's degree and complete 6,000 hours of supervised experience. Like gradations, alternative pathways provide the benefits of other "earn and learn" strategies helping to reduce reliance on expensive degrees and student loans.

Competency Based Assessment:

Competency based assessments (CBA) are an emerging practice gaining recognition internationally and in the United States. Through competency based assessment, applicants utilize a web-based platform and upload demonstration of required skills. These skills are then assessed by an evaluator. Once all required skills are demonstrated, a license may be conferred. CBA is unlike an examination which only tests knowledge, not performance of a skill. CBA also de-emphasizes reliance on academic pathways and time-based experience requirements as a demonstration of competency. Critics of time-based and exam methods

[14] Redbird, B. (2017). The New Closed Shop? The Economic and Structural Effects of Occupational Licensure. American Sociological Review, 82(3), 600-624. doi:10.1177/0003122417706463

note that an applicant could complete these requirements and yet still struggle to implement this learning in a competent fashion, "testing" well but performing poorly in the application of their knowledge. CBA more directly links performance to licensure to demonstrate competency. CBA may be a valuable consideration for the substance use counselor field, particularly to overcome the numerous administrative barriers and the complexity of regulations associated with the licensure process in New Hampshire (see the "Streamlined Workflow and Regulatory Review" section below). CBA could form another alternative pathway for alcohol and drug counselors in New Hampshire without eliminating existing pathways, Consider for example Utah legislation which encourages boards to explore a conversion from "time-based" assessments such as education and work experience hours to competency-based assessments. [15]

Processing times in statute or rule:

Board rules take the extra step to establish benchmarks for processing applications and licensure decisions. More states are adopting this same standard to identify license processing timelines in statute or rule to provide both transparency and accountability in the licensing process. The LADC Board stipulates in rule that complete applications must be approved or denied within 120 days. If a complete application is submitted and the Board requires additional information, notification must be sent to the applicant within 60 days of the application submission. Incomplete applications are routinely denied within 52 weeks if they are not completed during that term. Military service members called to active duty are provided additional time, starting the clock when they return from an overseas mission or their release from duty. Refunds for denials and withdrawals are made to the applicant as well.

One concern noted by internal OPLC stakeholders was the administrative headache associated with incomplete applications. Because the application process involves multiple parts, some of which must be completed by people other than the applicant, the Board's office can become a repository of incomplete application elements. It can be difficult to match incoming paperwork to an ongoing application file and difficult to determine which applications have expired at the 52-week benchmark.

There may be several potential solutions to consider to resolve this operational burden. Rules that clarify only complete applications will be accepted is one potential solution (perhaps providing an allowance for testing scores and transcripts which come from an institution or exam vendor). A more effective strategy however would be an improved online licensing database in which an applicant can save application elements as they work towards completion. This technology is widely used from college applications to tax returns. OPLC has only started converting applications to an online platform through its My Licensing Office (MLO) database.

Standing Orders:

Many regulatory boards utilize standing orders to authorize staff to issue a license to any applicant that meets licensure requirements and does not have a conviction or circumstances requiring Board review. These triggers are identified in the standing orders so staff have clear guidance on which applications may proceed and which are sent to the Board. Standing orders such as these help to streamline the process for the majority of applicants while allowing the Board and administration to invest their energies in applicants whose circumstances require further investigation or more thoughtful consideration.

CLEAR's review of the LADC Board did not reveal that such standing orders exist at this time. However other New Hampshire boards utilize this process and report favorable outcomes. For example, through the "Fast-Track" licensing process the Allied Health Boards provide standing orders (delegated authority) to OPLC staff to screen and approve licenses that clearly meet eligibility requirements in the absence of a self-disclosed out-of-state discipline or criminal conviction. These policies allow applicants to enter the field quickly while the Board completes its due diligence to preserve consumer protections. Stakeholders reported positive outcomes from these measures and could not recall a negative outcome resulting from a temporary permit holder or fast track applicant.

Streamlined Work low and Regulatory Review:

The major pain points reported by stakeholders concerned operational workflows, many of which appear to emanate from disorganized, complex and overly prescriptive rules. A comparative review of licensing requirements among all 50 states

[15] Hb0226. (n.d.). Retrieved January 1, 2021, from https://le.utah.gov/~2019/bills/static/HB0226.html

revealed that New Hampshire requirements for education and training hours tend to fall within the average or even slightly lower than average when compared to other states. This is favorable for entry to practice and portability (discussed further below). However, the application process associated with proving the applicant has met these requirements seems unusually complex when compared to other regulatory boards, even within New Hampshire. Rules also add special criteria that are not observed in licensing processes for other LADC boards or other occupational licensing boards.

Complex rules and entry requirements may in fact be driving state policies away from LADC practitioners towards other mental health professionals. In August 2016, The New Hampshire Department of Health and Human Services Bureau of Drug and Alcohol Services (NHBDAS) reported its findings on the state's Continuum of Care (CoC) for addressing substance use disorders (SUD), citing:

> *The most pressing workforce need identified in the CoC assessment was the need for increased treatment clinicians; specifically, LADCs and MLADCs. In this assessment, complex licensing procedures was cited most often as the reason there is a shortage of these types of professionals in NH. In recognition of this, one effort to increase the capacity of existing behavioral health professionals to treat SUD and Mental Health Disorders has been to recommend core competencies for Masters-Level licensed behavioral health counselors.* [16]

The NH Governor's Commission on Alcohol and other Drugs Action Plan proposed to overcome workforce gaps through strategies to "Promote core competency training to engage qualified mental health clinicians including social workers in the treatment of persons with substance use disorder" and to "include training on substance use and substance use disorders in undergraduate and graduate professional education programs."[17]

Both of these conclusions point to the urgency of the public health and workforce crises related to SUD, understandably proposing to engage all qualified practitioners in response. The solutions offered should also be a wakeup call for the LADC Board. Licensing regulations have become so cumbersome in the face of a rising crisis that policymakers are turning to other mental health professions in hopes they could create specialty training and/or credentials to stand in the alcohol and drug counseling gap. Stakeholders concerned about ongoing stigma and underutilization of LADCs in the state may consider that efforts to simplify entry requirements may be one of the most effective strategies to help solve the workforce gap and subsequently the alleged underutilization and stigma. Instead, many stakeholders reported a desire to maintain vigorous entry to practice requirements to demonstrate the professionalization of the industry. Such a strategy may in fact have the opposite effect.

LADC Board rules create a complicated web of regulations for students and supervisors. When compared to other licensing boards generally, the LADC rules appear to veer into areas unrelated to occupational licensing. For example, the board has several rules that most other boards would delegate to academic programs such as a capstone project documenting a case study. Others deal with employer functions such as requiring professional letters of reference. Some rules place the Board in an unnecessary intermediary role, accepting payment for an exam and then passing this payment to the exam vendor. Other rules are duplicative. For example, the application has three different sections for documenting employment history, supervised hours (theoretically accrued during employment) and professional references (even though supervisors must submit evaluations of the applicant as part of supervised hours). Rules are also quite prescriptive. While many substance use counseling boards require documentation of supervised hours, the New Hampshire rules address supervision expectations in numerous areas including eligibility, application forms, and other requirements. As another example, the case study required for application boasts three pages of regulations stipulating required sub-headings and other sections or the case study. Adding to this complexity is disorganization in the rules. For example, Board rules note that applicants that do not hold another mental health license must demonstrate 3,600 hours of work experience and applicants that do hold another mental health license also must demonstrate 3,600 hours of experience. One page later, as the rules stipulate the requirements for this required experience, the very last rule allows for a credit of 1,500 hours for applicants holding another mental health license (see Alc 310.01 (f) and (g) and Alc 310.05 (d)). The rule creates two categories of applicants, but requires the same thing for both categories. Then

[15] United States. (2016, August). Https://www.dhhs.nh.gov/dcbcs/bdas/documents/coc-assests-gap.pdf. Retrieved January 2, 2021.

[16] Tufts, P. M. (2021, December 31). Http://1viuw040k2mx3a7mwz1lwva5-wpengine.netdna-ssl.com/wp-content/uploads/2019/02/FINAL-Gov-Comm-1_16_19rev.pdf (United States, New Hampshire Governor's Commission on Alcohol and Drugs). Retrieved January 2, 2021.

a page later, the rules provide special treatment for one category seemingly negating the rule on the prior page. Similarly, requirements for supervisors are found dispersed throughout the Board's 45 pages of regulations, making it extremely difficult for the reader to comprehend the full scope of responsibility to which the Board calls a supervisor. Supervisors are crucial to the development of new LADC professionals yet they are overburdened by prescriptive and disorganized requirements, even if the standards for supervision are aligned to other substance use counseling and behavioral health boards.

Finally, the licensing process established in Board rules relies on several subjective inputs. For example, professional references are subjective and likely influenced by a colleague's feelings about the applicant, unrelated to their competence to practice safely. The case study is also a subjective requirement. The review process relies on a single Board member's evaluation of the case study. One Board member may be stricter than another or dislike a particular writing style. With no established evaluation criteria, interrater reliability, or even training for new Board members to review such case studies, the outcomes for a single case study could be quite disparate. Compounding the problem, the Board does not track statistics related to case study approvals and denials, therefore the scope of bias or inequality is unknown while regulatory fidelity is compromised. Adding to this subjectivity is a process that is highly dependent on case-by-case analysis of applications. Many Board decisions are made behind closed doors, either by a single Board member, a committee or the entire Board.

The combined effect of these challenges are significant. The impacts are far reaching. First among them is the well documented workforce shortage to address the growing occurrence of opioid misuse and substance use disorder, worsened recently by COVID-19. The subjectivity and lack of transparency coupled with complexity and duplicity make it exceptionally difficult for an accomplished licensee to understand the universe of regulations related to supervision to cultivate new workers. This has a significant impact on small business and independent practitioners that do not benefit from corporate legal and regulatory compliance offices. These trends also brew an environment ripe for inequity. Implicit or unconscious bias is well documented to be pervasive and particularly thrives in environments that are ambiguous, lack feedback, and lack awareness. Circumstances with distracted or pressured decision-making also compound unconscious bias. These descriptors are characteristic of the LADC licensing process.

In the face of these challenges, a LADC applicant has good reason to question the fairness of the licensing process. Not only are these practices inconsistent with the regulator's fiduciary responsibility to assess an applicant's ability to safely practice (according to minimum standards), they also could expose the Board to potential liability as indicated by the Supreme Court's ruling concerning anticompetitive conduct through occupational licensing. In the absence of clear evidence that a particular regulatory requirement such as a "good" case study produces safer counselors, such interventions and the landscape they create, are dangerously close to regulatory capture.

New Hampshire policymakers including the LADC Board may consider a variety of strategies to streamline regulations and reduce unnecessary barriers. These could include:

Technology:

Advancements within MLO, OPLC's electronic licensing database, are still being made that would allow communication with licensees or other operational improvements. Meager staffing to support the database combined with an aging platform mean boards cannot easily pull data out of the database to inform regulations, policy, communications or workflows.

More current technology could have a major impact on the application experience. LADC applications require numerous inputs to the application file from multiple subjects such as supervisors, professional references, exam vendors, or academic institutions. Many application elements are acquired over time. For example, a supervisor agreement must be executed before an applicant accrues supervised hours, but the same agreement must be submitted again as part of the application. The ability to open and save a draft application would dramatically streamline the operational process for applicants and the administrative process for OPLC staff.

The lack of advanced (or even more current) technology will ultimately increase the regulatory footprint by adding time and cost to OPLC, applicants, and licensees - all of which are presumably passed onto the consumer. Regulatory boards around the nation are already facing pressure to adopt evidence-informed regulation, considering upstream risk, disciplinary trends, practice profiles of individuals found to endanger consumers, and more. These are favorable developments for the regulatory

field and yet rely heavily on the ability to track and analyze data. Without adequate technology, board hands will be tied to improve or modernize regulatory processes in the state.

Regulatory Review and Sunset:
Establishing a formalized regulatory review process with accountable expectations may also help to keep regulations in check, providing more pointed oversight than currently experienced in the New Hampshire rulemaking process. The regulatory review process may pointedly require the divorce from rule for any requirement that is already or more appropriately overseen by an employer or academic program. A legislative sunset review process would provide an opportunity to state stakeholders to consider regulations for the LADC field and formalize regulatory review processes in statute.

Pursuing evidence based policy:
The Board may consider reviewing its own data concerning applications denied and approved as well as disciplinary frequency for licensees. This data could provide insight to the Board and could lead to regulations that are responsive to specific areas of public risk. Data analytics should especially consider disciplinary actions related to competence, ethical violations and criminal convictions.

Other Legislative Solutions:
The proliferation of regulations in LADC occurs in rules (not statute) which are set by Board members. Legislative strategies may address the complexity of LADC rules and prompt regulatory changes by addressing board authority. Other states for example have considered legislative changes to provide a public member majority or to change an autonomous board to an advisory committee, providing rulemaking, licensing and disciplinary authority to a government oversight office such as OPLC. For example, all regulatory boards in Utah serve in an advisory capacity to the Utah Division of Occupational and Professional Licensing.

Given Board members are appointed and removed by the Governor, replacement of current members with more progressive members could help to curb prescriptive rules. A public member majority has been used by some states to correct professional interest and anticompetitive conduct.

Staffing Solutions:
Stakeholders throughout the process have also noted turnover in OPLC staff appointed to the Board which they report has had a destabilizing effect and is obstructive to the Board's efforts to undertake rule reviews and revisions. One stakeholder also noted that the Board has access to an attorney only as needed and not as a matter of routine practice. The attorney appointed to the Board does not allegedly regularly attend Board meetings but is available at request. The LADC Board would likely benefit from the regulatory expertise and influence of both a strong administrator and attorney.

OUT OF STATE APPLICANTS

The majority of states regulate Alcohol and Drug Use Counselors. The profession may go by several names, which include addiction counselor, substance use counselor, or chemical dependence counselor among others. The career ladder for substance use counseling involves multiple levels of certification or licensure. IC&RC provides six different credentials while NAADAC offers seven credentials. The aforementioned USDHHS study acknowledged five licensing categories.

CLEAR's research revealed most states consistently acknowledge at least three levels of certification or licensure. An entry level alcohol and drug use counselor typically screens potential patients for substance use dependence and educates patients about addiction, making referrals to and supporting more advanced alcohol and drug use professionals. In this report, the entry level counselors are categorized as Level I and are equivalent to New Hampshire's Certified Recovery Support Worker (CRSW). The next level of practice entails the screening, diagnosis, and treatment of patients with substance use dependence. Acknowledged in this report as Level II, these individuals orchestrate and deliver care and are comparable to New Hampshire's Licensed Alcohol and Drug Counselors (LDAC). The advanced level of practice, Level III (Master's), addresses co-occurring disorders for substance use and mental health conditions. This level of practice may also provide clinical supervision to Level I and Level II practitioners and is comparable to New Hampshire's Master Licensed Alcohol and Drug Use Counselors (MLADC). The field of alcohol and drug use counseling broadly acknowledges the value of lived experience and offers a viable career pathway to those that have experienced and recovered from an addiction. For this reason, some states may require demonstration of sobriety for a certain term prior to licensure. Nearly all states require alcohol and drug use counselors to be free of addiction.

Requirements among the three levels of licensure may vary greatly. Many states offer multiple pathways to licensure, which provide for the use of experience hours to substitute for advanced academic education and vice versa. Requirements are disparate among the states, leading to inconsistency across borders. The number of education and experience hours required for licensure may easily be doubled or tripled from one state to the next. Most states require education hours, experience hours, and passage of an exam. Many also stipulate the number of "supervised" hours that must be demonstrated as part of the experience hours.

Two private, national certifying bodies help to standardize requirements across the nation. Both offer private certifications and accredited examinations. Some states have aligned regulations to the requirements of one of these two private certification bodies. Some accept the private certification either as an alternative pathway or for a reduction in education, experience, or examination requirements. Some states acknowledge both private certifications, while others subscribe to only one.

The International Certification and Reciprocity Consortium (IC&RC) offers six types of credentials related to alcohol and drug use counselors. The Alcohol and Drug Counselor (ADC) credential is IC&RC's most widely recognized credential. It is the basis of the mandated credential or license in many jurisdictions. The ADC credential is designed to be an entry-level credential and covers the basics of substance use counseling. The ADC credential is not available in all jurisdictions, and requirements, application processes, and fees will vary. IC&RC offers the ability to reciprocate a license from one-member state to another, serving as a quasi-licensure compact. Adopted in 1999, the Advanced Alcohol & Drug Counselor (AADC) is one of the largest credentials in the field of addiction-related behavioral health care. The Advanced Alcohol & Drug Counselor credential requires professionals to demonstrate competency through experience, education, supervision, and the passing of a rigorous examination. The certification is administered on a jurisdictional level by an IC&RC Member Board. Each IC&RC Member Board has unique procedures, requirements, and documents.

The Association for Addiction Professionals (NAADAC) represents the professional interests of addiction counselors, educators, and other addiction-focused health care professionals and provides seven private, voluntary credentials. The NAADAC certification is a voluntary national certification intended for professionals working within Substance Use Disorders/Addiction-related disciplines. Three of those credentials broadly align with the three levels identified in this report: the National Certified Addiction Counselor, Level I (NCAC I); National Certified Addiction Counselor, Level II (NCAC II); and Master Addiction Counselor (MAC).

Many states have an IC&RC or NAADAC affiliate, which are private member-based organizations responsible for the voluntary certifications in the state and, as applicable, the administration of the exam. Many states acknowledge the private certifications as one of several pathways to licensure, which often earns the applicant a discount on education or experience hours (which were theoretically obtained for the private certification). In some cases, the state may appoint the IC&RC or NAADAC affiliate as the certifying body, such as is the case in California or North Carolina.

The vast majority of states are members of IC&RC representing approximately 68 percent of states, while membership to NAADAC represents approximately 32 percent. Since New Hampshire acknowledges the IC&RC credentials, the state is positioned to promote and benefit from the reciprocal arrangements facilitated by this nationally recognized credential.

LEVEL I

Becoming licensed, certified, or registered at an entry level requires completion of approximately 270 hours of addiction education and 2,000 hours of documented work experience on average. Most states do not require the applicant to hold a degree; however, education and experience hours may be reduced for advanced education. Typically, an academic degree is not required, although some states do require an associate or bachelor's degree. New Hampshire offers a Certified Recovery Support Worker credential, which requires the applicant to hold a high school diploma or GED, obtain 46 hours of training, and document 500 hours of experience.

LEVEL I		
	Training hrs	Experience hrs
Median	270	2000
Mean	232	2517
Max	600	6400
Min	0	0
NH	46	500
Living Wage Merrimack County	$12.39	
New Hampshire Minimum Wage	$7.25	

LEVEL II

Becoming licensed, certified, or registered at an autonomous level requires completion of approximately 300 hours of addiction education and 4,000 hours of directly related work experience. Most states require an associate or bachelor's degree and will credit more advanced education with a discount in experience hours. New Hampshire offers a credential as a Licensed Alcohol and Drug Use Counselor, which requires 270 hours of education and 6,000 hours of experience as well as an associate or bachelor's degree.

LEVEL II		
	Training hrs	Experience hrs
Median	300	4000
Mean	309	3521
Max	1125	10000
Min	0	0
NH	270	6000
Living Wage Merrimack County	$12.39	
New Hampshire Minimum Wage	$7.25	

LEVEL III (MASTER'S)

Becoming licensed, certified, or registered at an advanced level requires a master's degree and about 270 hours of addiction education followed by around 2,000 hours of experience. New Hampshire acknowledges a Master Licensed Alcohol and Drug Counselor license, which requires 270 education hours and 3,000 experience hours, which may be reduced to 1,500 by holding another mental health license or Alcohol and Drug Counselor license. These requirements are slightly below the average. Coupled with membership to IC&RC, New Hampshire is favorably positioned to encourage portability and in-migration of qualified practitioners to the state.

LEVEL III		
	Training hrs	Experience hrs
Median	270	2370
Mean	323	3141
Max	2250	10000
Min	0	0
NH	270	3000
Living Wage Merrimack County	$12.39	
New Hampshire Minimum Wage	$7.25	

See Appendix B for a list of requirements by state.

Perhaps the most formidable challenge facing the LADC field is the considerable variety of credentials and licensing requirements across the nation. While private certification bodies have often facilitated a harmonization and standardization of requirements for other professions, the U.S. Department of Health and Human Services points out that both IC&RC and NAADAC make room for state-level modifications to their credentialing requirements concluding "Thus, a credential affiliated with the same national body in two different states does not necessarily have identical requirements, although reciprocity or endorsement between the two states is more likely than if they were affiliated with different credentialing organizations." [18]

In 2005, the Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services, called on the two national bodies to work together to find common standards for credentialing which did not produce concrete results after several years of discussions. A renewed commission was issued in 2013 which also fizzled. This places state licensing boards at a considerable disadvantage. More than most licensing boards in which standards are shared across state lines, addiction counseling boards are forced to constantly assess and reassess how one state compares to the home state's requirements.

Considering these daunting challenges in the field, any strategy to streamline the licensing process for out-of-state applicants will likely prove worthy endeavors. New Hampshire's LADC Board has instituted many longstanding and emerging practices wielded by licensing boards around the nation. New ground may be achieved by deepening some of these efforts and initiating new ones.

[18] New Hampshire Standard Medicaid Substance Use Disorder Services. (2017, May). Substance Use Disorder Provider Types. Retrieved January 2, 2021, from https://www.dhhs.nh.gov/ombp/sud/providers.htm

Endorsement:

The licensing process for out-of-state applicants is generally called an endorsement process. Many licensing boards, even from states with "universal" licensing provisions still require an out-of-state applicant to come from a state with "substantial equivalence" or prove they meet the licensing requirements for the receiving state (in this case New Hampshire).

New Hampshire statute allows for three pathways depending on three categories of applicants:

- *Applicants from a substantially equivalent state:* these applicants are deemed able to practice in New Hampshire and provided a 60-day temporary permit to practice while their application is processed. This is a highly effective practice that allows the applicant to get to work immediately while the Board completes its due diligence.
- *Applicants from a state without substantial equivalence that hold a master's degree that is less than a 60-hour degree:* these applicants may be licensed and provided five years to complete the deficient requirements in coursework. Various levels of experience are required to qualify which differ according to the applicant's holding of another LADC or mental health license creating further fragmentation in this pathway.
- *Applicants with proof of active licensed practice in good standing in another jurisdiction for five years:* these applicants may be granted a license as a LADC or MLADC even if they come from a state that does not have substantial equivalence. This also is an effective practice that helps to streamline the endorsement process allowing qualified practitioners to get to work without lengthy primary source verifications equating the endorsement process to the burdens of initial licensure.

The use of a temporary permit, a five-year grace period or automatic licensure for applicants with five years of experience are all progressive policies in the occupational licensing field. Like the initial application process, the statute, rules and application forms are still very difficult to understand. The application forms on the Board's website provide a separate section for "reciprocity-based" LADC and MLADC applicants but these forms are identical to the applications for original licensure. Nowhere do these forms outline the requirements set forth in statute or rule.

Endorsement requirements for CRSWs are slightly more understandable. In this case, applicants from an IC&RC jurisdiction are provided direct licensure while those from a non-IC&RC state must either demonstrate substantial equivalence or complete all the requirements for original licensure.

Reciprocity:

Generally, the occupational licensing field refers to licensure by reciprocity only when formal recognition is established between two or more states. This process is not equivalent to endorsement in that the analysis of "substantial equivalence" generally occurs among policymakers and memorialized in an executed agreement, rather than considering substantial equivalence on a case-by-case basis for each applicant. While the LADC Board rules refer to "reciprocity-based" applicants, the use of the term is misleading in that very few applicants will actually qualify for reciprocal licensure through the endorsement process. Board rules purport to acknowledge a reciprocity process through the IC&RC Reciprocity provisions. But even IC&RC's description of the process is confusing if not circular. The mechanism is boasted as the ability to "transfer" a credential between jurisdictions that use IC&RC products. However each state can set reciprocity requirements for entry to their jurisdiction which therefore negates all the benefits of the reciprocity mechanism.[19]

This appears to be the case in New Hampshire in which an MLADC applicant seeking to utilize the reciprocity process must still complete the same application for original licensure (which would entail, sending transcripts from educational programs, obtaining the same proof of supervision and completing necessary training within five years of application). The Program Administrator clarified that such an applicant would indeed only need to submit a background check, transcripts, photo ID, and proof of passing the IC&RC exam. However, this process in not clearly defined in board rule, the application or the website. When overlaid to the three categories of applicants identified in the endorsement process, it is bewildering to figure out which eligibility requirements apply to one's circumstance.

[18] The National Conference on Addiction Disorders (NCAD). (n.d.). Reciprocity. Retrieved January 1, 2021, from https://internationalcredentialing.org/reciprocity

Compact:
A licensure compact has not been developed for the LADC field therefore this particular option is not available to New Hampshire. The Council of State Governments has assisted other professions such as Occupational Therapy to create a licensure compact among states. Such an initiative would be highly valuable for this field if not a national priority in the face of a substance use crisis.

Private Certifications and National Exams:
While private certifying bodies can help to standardize competencies and licensure requirements across state lines, as mentioned above, IC&RC and NAADAC both allow states to change these requirements thus diluting the value these bodies could offer to state licensing boards. Still, it may be advisable for the New Hampshire LADC Board to accept NAADAC credentials and standards in addition to the IC&RC standards to maximize the entry of qualified practitioners.

The barriers to out-of-state applicants are substantial for the entire field of alcohol and substance use counseling. New Hampshire's LADC Board has extended admirable policies to help ease these burdens for some categories of applicants utilizing tools such as temporary licensure, a grace period for obtaining requirements and streamlined licensure for applicants with five years of active practice experience. The statute, rules and applications are disorderly nearly to the point of incoherence for an audience without specialized regulatory knowledge. Many of the same recommendations made above for initial licensure also apply to policies for mobility and portability of a license.

Two other potential strategies may also be considered. First, labor mobility and portability is most crucial within a local geographic region. It is highly likely that neighboring states share these challenges and would be enticed to consider a true reciprocity agreement that harmonizes entry requirements among the New England states and provides for automatic licensure for applicants from those states. New Hampshire's Allied Health Boards offer an example of such a rule as a starting place, although these professions already benefit from greater harmonization across state lines.

Second, perhaps more than any other profession, the substance use counseling field is in dire need of a national licensing compact. The Council of State Governments has a history of supporting such initiatives and is a logical starting point with support from New Hampshire's Board, workforce professionals, and policymakers as well as other state and federal agencies.

LOW INCOME APPLICANTS

CLEAR's review of the treatment of low-income applicants considered policies such as reduced application fees, sliding scales, or fee waivers. Beyond licensing fees, entry requirements can be expensive for a given profession. Educational requirements can represent a significant barrier to low income applicants and traditional academic programs can entail steep student loans. Some states acknowledge experiential learning through apprenticeship or provide credit for years of experience towards satisfaction of educational requirements. These "earn and learn" policies can be particularly beneficial to low-income applicants. Importantly, attendees at OPLC stakeholder meetings in October and November 2020 identified additional barriers that were common complaints among students, including lack of transportation, expense of child care and low earning potential (which in some circumstances could be influenced by Medicaid and Medicare reimbursement policies). These all point to the "total cost" of obtaining a license which is mostly directed by board regulations and above and beyond the license fee established by the board.

As discussed above, the LADC field tends to offer a lower wage compared to other behavioral health professions. This may be in part due to low Medicaid and other insurance reimbursement rates for SUD treatment services as well as a general stigma for addictions generally and associated treatment providers.

Stakeholders attending the town hall meeting on November 5, 2020 pointed to these concerning workforce trends. Frankly put, stakeholders attested that individuals in the Alcohol and Drug Use Counseling field are not paid much and that earning potential is the "number one" barrier in the field. When the topic of low-income policies emerged, stakeholders rebutted "that's everyone" in the LADC field. Many end up working two to three jobs to make ends meet, leading to higher and quicker levels of burnout and attrition. Stakeholders reported anecdotal evidence of a two to five-year retention rate after which many LADCs are forced to leave the field due to income pressure. Stakeholders acknowledged that MLADCs can earn a decent salary, but this requires a master's degree and therefore a significant barrier with a low return on investment when compared to earning potential for other mental health, allied health and physical health professions requiring a master's degree.

The stakeholder group discussed several strategies worth consideration. Primary among these is to engage workforce development partners through New Hampshire Employment Security and the State's various offices supported by the Workforce Innovation Opportunity Act. Closer collaboration and coordination with the Governor's Commission on Alcohol and Other Drugs as well as the New Hampshire Center for Excellence may also be warranted, especially given their findings related to licensing barriers.

CLEAR's review of emerging practices in the regulatory field may also offer additional considerations to support low-income workers hoping to enter the LADC field.

Financial Assistance:
Stakeholders were interested in policies from other states related to a sliding scale for application fees. While application fees are often a small portion of the total cost of obtaining a license, such a policy could still help low-income applicants. The New Hampshire Center for Excellence and the Governor's Commission on Alcohol and Other Drugs also promoted goals to extend financial assistance to students entering LADC studies. Such assistance or other financial incentives, such as loan forgiveness, have proven pivotal for other healthcare workforce priorities, such as recruitment of rural health practitioners. These may be particularly effective for the LADC field given the low income potential once a license is obtained.

Total cost analysis:
Application fees usually are only a fraction of the total cost associated with licensure. Tuition is most often the highest cost along with other necessary support such as those for textbooks, travel, and child care. Likewise, exam fees for most LADC license types is $115 for each exam attempt. This is added to licensure fees ranging from $110 to $240.

Earn and learn pathways:
The primary cost drivers for obtaining a license are driven by board regulations, not just licensing fees. Some boards have reduced the total cost of a license by acknowledging "earn and learn" pathways towards licensure. For example, the Barbering, Cosmetology and Esthetics Board offers an apprenticeship pathway as an alternative to the formal education pathway. The Pharmacy Board regulations allow Pharmacy Technicians to obtain training on the job.

For LADC, a primary issue identified by the U.S. Department of Health and Human Services related to the disjointed and complicated nature of licensing laws across the country. Adding an apprenticeship or other earn and learn pathway could further complicate an already complex licensing infrastructure. While "earn and learn" pathways may be a worthy consideration for other professions, New Hampshire policymakers may be better served to start by simplifying current entry-to-practice requirements rather than adding new pathways.

However, exploration of an apprenticeship pathway with local workforce professionals may be valuable. Recall that apprenticeships are more than just observation and often still entail classwork provided by a union or other qualified trainer: it just all occurs on the job and is therefore paid. Bipartisan policies have promoted "earn and learn" opportunities as a workforce development strategy, co-opting the private sector to help solve workforce gaps for training and to fill job vacancies. This is a good example of how closer coordination with workforce and other policy bodies, such as the Governor's commission, could help pinpoint solutions and worthwhile investments.

Alternative Pathways:
Somewhat related to "earn and learn" pathways are alternative pathways. This report previously discussed these alternatives memorialized in the LADC licensing infrastructure, however it is worth mentioning here how these alternatives facilitate low-income entry to the profession. Consider for example that to become a LADC, an applicant could hold an associate's degree and obtain more experience hours or hold a bachelor's degree and complete fewer experience hours. Saving two years in college also reduces tuition costs by 50 percent. The applicant instead learns the requisite skills and experience through on-the-job experience without the financial burden of the ivory tower. This type of policy could be shared with other New Hampshire boards as a strategy to further reduce entry-to-practice barriers. Generally speaking, other policies to reduce the barriers to entry, such as competency-based assessments, will also benefit low-income applicants.

MILITARY SERVICE MEMBERS, VETERANS AND MILITARY SPOUSES

CLEAR's review of policies affecting military service members, veterans and military spouses relied heavily on statewide legislation codified in New Hampshire RSA 332-G:7 which requires each board within OPLC to accept military training and experience towards licensure and to expeditiously approve a military spouse for a license if that individual holds a license in a state with substantially similar requirements.

Apart from these benefits, other states have considered bridge programs, temporary supervision, publicly available crosswalks, improved communications or an ombudsman appointed to this population. Some states also adopt policies related to entry to practice or portability, but limit these benefits specifically for the military community rather than extending them to the general applicant population. Any policy which expedites licensing for all applicants will benefit the military community.

In regard to the application of RSA 332-G:7, Board rules and statute do not specifically address military training and experience. More than likely, an applicant with military training or as a military spouse has likely served in a domestic context. Often this means the military requires that individual to meet state licensing laws.

Beyond RSA 332-G:7, LADC Board statute and rules extend more provisions for military training and experience than other professions reviewed under this grant project. LADC rules allow for a licensee or certificate holder who is a member of the armed forces of the United States, a member of any reserve component of the armed forces, or a member of the national guard, to place their license on inactive status while serving in active duty. The license may be reactivated within two years of discharge from active military duty with payment of the renewal and completion of any continuing education requirements.[20] Other LADC rules are conscientious to mention the special circumstances associated with military duty. For example, applicants have 60 days to respond to a license denial, but an applicant in active duty is provided an extended timeline.

Like the other professions, very few applicants apply as a military spouse or with military training and experience. Since New Hampshire houses only one naval base and is not home to a significant military industry, it makes sense the military community in the state is quite small. For the residents that return to the state following military service, a license in the LADC field may present a viable career.

Military spouse policies and benefits are also relevant for the field. While no compact currently exists for LADC, the CSG National Center for Interstate Compacts (NCIC) has partnered with the U.S. Department of Defense to support the development of new occupational licensure interstate compacts. Few professions could benefit more from such a coordinated effort given the inconsistency among states coupled with the opioid and COVID-19 pandemics. These compacts will promote reciprocity and reduce the barriers to license portability, particularly for military spouses who face higher barriers to entry in state-licensed professions due to frequent relocation. NCIC and the Department of Defense are seeking applications from professional associations, federations or associations of state licensing boards, a coalition of state licensing boards, or national credentialing bodies for professions that are licensed in at least 30 states. Additional information about this technical assistance can be found at https://compacts.csg.org/.

Military spouses looking to transfer a license to New Hampshire must comply with the same process for other out-of-state applicants. As described above, this process can be riddled with requirements to prove the applicant has met basic eligibility criteria despite substantial experience and a license in other states. In fact, license verifications are a major contributor to delays and military spouses, more than other applicants, are likely to hold licenses in multiple states, exponentially increasing to administrative burden, time and cost for transferring a license to New Hampshire. Often these license verifications require a small fee for each state which adds to the spouse's total investment for the application even though these fees are not imposed directly by the New Hampshire board. IC&RC provides for "reciprocity" but New Hampshire rules still require extensive verifications that void the reciprocity benefits.

Given military service members and spouses are such a small pool of applicants to the Board, policies to expedite the application process could prove beneficial to this special population without major risk of consumer harm. In fact, such expeditious and

[20] Alc 330-C:22(V).

exemptive policies have been passed in several states for the military community and serve as the foundation for broader "universal" licensure policies such as that in Arizona.[21] The ultimate goal of these policies, regardless of the shape they take, is to help the military service member or spouse get to work as quickly as possible, not necessarily to entirely bypass the licensing process. Consider for example policies that:

- Provide a temporary work permit to the military spouse applicant while other application elements (such as transcripts, license verifications, etc.) are pending submission or verification.
- Provide a license upon proof of completion of a national examination.
- Allow military spouses to work without a license for up to a year while he/she prepares application materials.
- Accept verification of a license in another state through publicly available online license look-ups rather than requiring a letter sent directly to OPLC.
- Waive application fees for military service members, veterans and spouses.

JUSTICE INVOLVED APPLICANTS (WITH CRIMINAL CONVICTIONS)

Regulatory boards in New Hampshire are prescribed authority and responsibilities through state law. Most requirements are outlined in the profession's practice act, the accumulation of state laws related to the board and profession. RSA Chapter 310-A creates the Office of Professional Licensure and Certification which is given certain authorities to administer regulatory boards. All boards are also subject to RSA Chapter 332-G regarding the General Administration of Regulatory Boards and Commissions. It is this section of state law that outlines requirements of boards related to criminal convictions.

New Hampshire RSA 332-G:10 prevents boards from disqualifying a person from licensure simply for having been convicted of a crime and without consideration of the nature of the crime, relationship to the profession and the rehabilitation of the applicant. It states:

> *No board or commission shall disqualify a person from practicing, pursuing, or engaging in any occupation, trade, vocation, profession, or business for which a license, permit, certificate, or registration is required under this title, nor suspend or revoke such license, certificate, or registration because of a prior conviction of a crime in and of itself. However, a board or commission may deny a license or certificate, or the renewal of a license or certificate, or may suspend or revoke such license or certificate, because of a prior conviction after considering the nature of the crime and whether there is a substantial and direct relationship to the occupation, trade, vocation, or profession for which the person has applied, and may consider information about the rehabilitation of the convicted person, and the amount of time that has passed since the conviction or release.*[22]

Recent legislation codified in New Hampshire RSA 332-G:13 limits consideration of a criminal record in licensing decisions and codifies:

- Procedures by which the applicant can petition for predetermination;
- Standards for disqualification based on a conviction;
- Procedures for determination and appeal; and,
- Annual reporting and publication requirements for OPLC.

While boards are required to comply with the requirements set forth in Chapter 332-G, there are at times conflicts with the Practice Act and Board rules. For example, when legislation changes a state law applying to all boards, it can take some time for boards to adopt these new provisions into rules such is the case with RSA 332-G:13. For this analysis, CLEAR's review primarily considered the practice act and board rules. OPLC is currently working to harmonize statutory conflicts. CLEAR's review also considered provisions related to blanket bans, identification of crimes related to practice, the use of morality clauses, strategies for consistent decision making and evidence informed policy.

[21] Arizona Governor's Office. (n.d.). Universal Licensing Recognition. Retrieved January 2, 2021, from https://azgovernor.gov/sites/default/files/universallicensingrecognition1_0.pdf

[22] RSA 332-G:10

Disclosure of pending charges:

Statute requires applicants to report pending criminal charges as well as convictions in RSA 330-C:15 (c) and (d). However, Board rule (which serves to interpret or apply statute) establishes eligibility criteria citing only a felony conviction (Alc 302(a)(3)(d)). Later Board rules stipulate the content of the application form which requires disclosure of a pending criminal charge or a plea agreement, but does not mention conviction at all (see 304.02(a)(7) and 313.02(a)(10)). Indeed the application uses this identical language and it is assumed a conviction is discovered through the background check process. [23]

Together these rules create confusion about the criminal background screening. Does the Board consider convictions or also charges? Are misdemeanors reportable or just felonies? Consistent language and implementation would help reduce ambiguity.

Together these rules create confusion about the criminal background screening. Does the Board consider convictions or also charges? Are misdemeanors reportable or just felonies? Consistent language and implementation would help reduce ambiguity.

More states are eliminating regulations requiring disclosure of charges. Pending charges may not result in a conviction. An individual could be found innocent of those charges, but consideration of charges means a Board member could still impose licensing sanctions despite the Court's conclusion. This practice is contrary to the processes of the criminal justice system and one of its most sacred principles to consider a defendant innocent until proven guilty. Such a practice also risks adding to an already long list of collateral consequences outside the tenets of the justice system. Because statute requires the Board to screen for pending criminal charges, it is likely legislation would be required to remove this condition.

Automatic Disqualifications or Blanket Bans:

The LADC statute and rules do not issue an automatic disqualification for a criminal conviction. Rules take the proactive step to affirm that the Board may license an individual if the applicant has been rehabilitated, as demonstrated by compliance with court orders including parole or probation. For substance use (and theoretically therefore crimes involving substance use), the rules allow for licensure and certification if the substance use is "presently controlled". The board may also issue a license or certification with a probationary status. Through this process the Board may "waive" a felony.

Define crimes related to practice:

Neither statute nor rule identify crimes related to practice. Often regulatory boards approve criminal backgrounds that do not impact the applicant's ability to practice safely. Naming the crimes that do require further review can create transparency for applicants while serving consumer protection mandates.

The LADC Board may consider the example of the New Hampshire Board of Pharmacy which specifically requires the reporting of crimes only related to practice; for that profession the Board considers only drug and pharmacy related crimes.

As another alternative, the Board may consider the approach of Utah's Division of Occupational and Professional Licensure (DOPL) which has issued guidelines for every profession that identify crimes related to practice. For example, a decision matrix specific to Alcohol and Drug Counselors can be found at https://dopl.utah.gov/sudc/ and clearly communicates how each offense will be treated, from licensure approval, review of the conviction to an interview with the applicant.

Other boards in New Hampshire, such as the Board of Nursing, stipulate in rule the factors the board will consider when evaluating disciplinary sanctions. This same approach could be tailored to consideration of a criminal conviction. Consider for example Nur 402.04(g) which state:

(g) In imposing sanctions, the board shall apply the following factors in determining the level or kind of disciplinary sanction imposed:

(1) The seriousness of the offense;
(2) The licensee's prior disciplinary record;
(3) The licensee's state of mind at the time of the offense;
(4) The licensee's acknowledgment of his or her wrongdoing;
(5) The licensee's willingness to cooperate with the board;

[23] RSA 330-C:20

(6) The purpose of the rule or statute violated;
(7) The potential harm to public health and safety; and
(8) The nature and extent of the enforcement activities required of the board as a result of the offense.

(h) Discipline imposed upon a licensee under (b) above shall be intended to be the minimum sanction or sanctions, both in type and extent, that the board believes will, based upon the unique facts and circumstances of each act of misconduct:
(1) Protect the public; and
(2) Deter both the licensee charged and any other licensee from engaging in such misconduct in the future.

This rule provides transparency and thoughtful consideration of an adverse situation that extends important rights to the applicant/licensee without compromising public protection.

Consistent Decision Making:
A case-by-case review of criminal histories can lead to inconsistency in decision making both among individual Board members and over time as there is member and staff turnover. Decision making matrices or other governance policies can be helpful to boards to ensure fair and consistent treatment of all applicants. They also help to notify the public of the Board's thinking on the topic and/or treatment of a conviction. The example from Utah mentioned above may offer a starting point to develop such a matrix. If one is already in place, it can be particularly helpful to applicants to publish the guidelines to facilitate transparency and reverse an unintended chilling effect created by requiring a criminal background check.

Elimination of morality clauses:
Morality clauses such as "good professional character" are vague and provide sweeping authority to deny based on a variety of interpretations. Interestingly, the LADC statute does not utilize morality clauses, however Board rules do create this requirement. Board rules set "good moral character" requirements and authorize the Board to issue a license if rehabilitation is demonstrated or the Board concludes the act or omission does not impair the applicant's ability to practice safely. Consider for example the requirements for CRSWs in Alc 303.01 (and restated in Alc 306):

8) Is of good moral character, as evidenced by:
a. Information provided on the application form or in the additional materials reviewed by the board regarding any criminal convictions, pending criminal charges, and plea agreements;
b. Information provided on the application form or in the additional materials reviewed by the board regarding any restitution made for any acts or omissions described in RSA 330-C:27, III (b), (c), (d), (e), (f), (g), (h), and (j);
c. Information provided on the application form or in the additional materials reviewed by the board regarding any remedial action taken with respect to mental disability;
d. Official letters of verification submitted in accordance with Alc 304.04(e), if any; and
e. Letters from employers for whom the individual volunteered or worked as further described in Alc 304.04(g).
(b) The board shall waive an applicant's felony conviction, if any, if:
(1) The applicant has corrected the deficiency which led to the felonious act or omission; and
(2) The board has determined, after considering complete information about the conviction, that it does not impair the applicant's ability to conduct with safety to the public the practices for which the applicant seeks certification.[24]

Petition for Predetermination:
RSA 332-G:13 already establishes a method by which applicants may petition the Board for predetermination and establishes expectations of the Board when denying a license based on a conviction. Current LADC rules do not further reference nor clarify the process for implementing these statutory provisions. For this reason, applicants may not be aware of the rights conferred to them. Amending rules to specify how the Board's process aligns to or implements these provisions would provide greater transparency.

[24] Alc 303.01

Expungement of discipline or license conditions emanating from a conviction:
Licensing boards are not tied to a binary decision to either approve or deny an application based on a conviction. Often they may also take intermediate or rehabilitative measures, providing a license with conditions such as supervision, completion of probation/parole, or probationary terms such safe practice free of discipline for a defined timeframe. These practices are often used for individuals with convictions. Unfortunately, they are also public which is often a statutory requirement the board cannot waive. Such a disciplinary record, although intended to be rehabilitative, can be a scarlet letter on a licensee's record and employment prospects. Authority to expunge such disciplinary records upon satisfaction of the terms helps to reduce collateral consequences for conviction.

Data collection or evidence-inormed policy:
The Board may consider reviewing its own data concerning applications denied and approved with a conviction as well as disciplinary frequency for licensees with convictions. This data could provide insight to the Board and could lead to regulations that are responsive to specific areas of public risk.

STANDOUT INNOVATIONS TO SHARE

Gradations of licensure:
Through gradations, applicants face relatively low barriers to enter the field and begin earning a wage. From this point they can advance their skill through additional training and education to earn a higher level license. In a sense, gradations provide the benefits of other "earn and learn" strategies such as apprenticeships which can be particularly helpful to special populations in addition to the general public. Through gradations, the alcohol and drug counselor field can cultivate its workforce to gradually take on greater responsibility while still providing care during their training process. Patients receive the immediate benefit of accessing care while the applicant further hones their skill. Memorializing these gradations in the licensure process also can help facilitate the development of related infrastructure such as educational programs, workforce assistance, or other supports.

Alternative Pathways:
Extending alternative pathways as the LADC Board has done is a particularly effective strategy to keep regulatory burden low while still protecting the public. Like gradations, alternative pathways provide the benefits of other "earn and learn" strategies helping to reduce reliance on expensive degrees and student loans. Alternative pathways can be particularly impactful for low-income, military service member, veteran and military spouse applicants.

Processing Times:
Board rules take the extra step to establish benchmarks for processing applications and licensure decisions. More states are adopting this same standard to identify license processing timelines in statute or rule to provide both transparency and accountability in the licensing process.

Streamlined Licensing Through Permits and Grace Periods:
The use of a temporary permit, a five-year grace period or automatic licensure for applicants with five years of experience are all progressive policies in the occupational licensing field.

Provisions or Military Service Members: Beyond RSA 332-G:7, LADC Board statute and rules extend more provisions for military training and experience than other professions reviewed under this grant project. LADC rules allow for a licensee or certificate holder who is a member of the armed forces of the United States, a member of any reserve component of the armed forces, or a member of the national guard, to place their license on hold while on active duty. The license then may be reactivated within two years of active military duty with payment of the renewal and completion of any continuing education requirements.[25] Other LADC rules are conscientious to mention the special circumstances associated with military duty. For example, applicants have 60 days to respond to a license denial, but an applicant on active duty is provided an extended timeline.

[25] Alc 330-C:22(V).

Absence of Blanket Denials for Criminal Background:
The LADC statute and rules do not issue an automatic disqualification for a criminal conviction. Rules take the proactive step to affirm that the Board may license an individual if the applicant has been rehabilitated, as demonstrated by compliance with court orders including parole or probation. Through this process the Board may "waive" a felony.

STANDOUT INNOVATIONS TO CONSIDER

Competency Based Assessments:
CBA may be a valuable consideration for the alcohol and drug counselor field, particularly to overcome t he numerous administrative barriers and the complexity of regulations associated with the licensure process in New Hampshire.

Advancements in Technology:
An improved online licensing database in which an applicant can save application elements as they work towards completion could help streamline the process. LADC applications require numerous inputs to the application file from multiple subjects such as supervisors, professional references, or schools for transcripts among others. Many application elements are acquired over time. For example, a supervisor agreement must be executed before an applicant accrues supervised hours, but the same agreement must be submitted again as part of the application. The ability to open and save a draft application would dramatically streamline the operational process for applicants and the administrative process for OPLC staff.

The lack of advanced (or even more current) technology will ultimately increase the regulatory footprint by adding time and cost to OPLC, applicants, and licensees - all of which are presumably passed onto the consumer. Regulatory boards around the nation are already facing pressure to adopt evidence-informed regulation, considering upstream risk, disciplinary trends, practice profiles of individuals found to endanger consumers, and more. These are favorable developments for the regulatory field and yet rely heavily on the ability to track and analyze data. Without adequate technology, board hands will be tied to improve or modernize regulatory processes in the state.

Standing Orders:
Other New Hampshire boards utilize standing orders to quickly issue licenses for low-risk applicants. For example, through the "Fast-Track" licensing process the Allied Health Boards provide standing orders (delegated authority) to OPLC staff to screen and approve licenses that clearly meet eligibility requirements in the absence of a self-disclosed out-of-state discipline or criminal conviction. These policies allow applicants to enter the field quickly while the Board completes its due diligence to preserve consumer protections.

Pursuing evidence based policy:
The Board may consider reviewing its own data concerning applications denied and approved as well as disciplinary frequency for licensees. This data could provide insight to the Board and could lead to regulations that are responsive to specific areas of public risk. Data analytics should especially consider disciplinary actions related to competence, ethical violations and criminal convictions.

Regulatory Review and Sunset:
The LADC rules would benefit from a strong regulatory review process. Several stakeholders, researchers, and policymakers, including this regulatory review project noted complexity, disorganization, duplicity, subjectivity and a lack of transparency in LADC Board rules. Establishing a formalized regulatory review process with accountable expectations may also help to keep regulations in check, providing more pointed oversight than currently experienced in the New Hampshire rulemaking process. The regulatory review process may pointedly require the divorce from any rules that are already or better overseen by an employer or academic program. A legislative sunset review process would provide an opportunity to State stakeholders to consider regulations for the LADC field and formalize regulatory review processes in statute.

Other Legislative Solutions:
The proliferation of regulations in LADC occurs in rules (not statute) which are set by Board members. Legislative strategies may address the complexity of LADC rules and prompt regulatory changes by addressing board authority. Other states for

[24] Alc 303.01

example have considered legislative changes to provide a public member majority or to change an autonomous board to an advisory committee, providing rulemaking, licensing and disciplinary authority to a government oversight office such as OPLC. For example, all regulatory boards in Utah serve in an advisory capacity to the Utah Division of Occupational and Professional Licensing.

Given Board members are appointed and removed by the Governor, replacement of current members with more progressive members could help to curb prescriptive rules. A public member majority has been used by some states to correct professional interest and anticompetitive conduct.

Staffing Solutions:
Stakeholders throughout the process have also noted turnover in OPLC staff appointed to the Board which they report has had a destabilizing effect and is obstructive to the Board's efforts to undertake rule reviews and revisions. One stakeholder also noted that the Board has access to an attorney only as needed and not as a matter of routine practice. The attorney appointed to the Board does not allegedly regularly attend Board meetings but is available at request. The LADC Board would likely benefit from the regulatory expertise and influence of both a strong administrator and attorney.

Reciprocity Agreements:
It is highly likely that neighboring states share challenges related to labor mobility and would be enticed to consider a true reciprocity agreement that harmonizes entry requirements among the New England states and provides for automatic licensure for applicants from those states. New Hampshire's Allied Health Boards offer an example of such a rule as a starting place, although these professions already benefit from greater harmonization across state lines.

Pursue CSG Assistance to Develop a Licensure Compact:
Perhaps more than any other profession, the substance use counseling field is in dire need of a national licensing compact. The Council of State Governments has a history of supporting such initiatives and is a logical starting point with support from New Hampshire's Board, workforce professionals, and policymakers as well as other state and federal agencies.

Apprenticeship Pathways:
Exploration of an apprenticeship pathway with local workforce professionals may be valuable while still providing training consistent with national accreditations. Bipartisan policies have promoted "earn and learn" opportunities as a workforce development strategy, co-opting the private sector to help solve workforce gaps for training and to fill job vacancies. This is a good example of how closer coordination with workforce and other policy bodies, such as the Governor's commission, could help pinpoint solutions and worthwhile investments.

Deepening Provisions for Military Service Members, Veterans and Military Spouses:
Consider for example policies that:

- Provide a temporary work permit to the military spouse applicant while other application elements (such as transcripts, license verifications, etc.) are pending submission.
- Provide a license upon proof of completion of a national examination.
- Allow military spouses to work without a license for up to a year while he/she prepares application materials.
- Accept verification of a license in another state through publicly available online license look-ups rather than requiring a letter sent directly to OPLC.
- Waive application fees for military service members, veterans and spouses.

Eliminate the Reporting and Consideration of Charges:
Pending charges may not result in a conviction. An individual could be found innocent of those charges, but consideration of charges means a Board member could still impose licensing sanctions despite the Court's conclusion. This practice is contrary to the processes of the criminal justice system and one of its most sacred principles to consider a defendant innocent until proven guilty. Such a practice also risks adding to an already long list of collateral consequences outside the tenets of the justice system. Because statute requires the Board to screen for pending criminal charges, it is likely legislation would be required to remove this condition.

APPENDIX

Alcohol and Drug Use Counselor Comparative Licensing Data and Reciprocity Analysis

Alcohol and Drug Use Counselor

An Alcohol and Drug Use Counselor specializes in treating patients that struggle with substance use or have a history of substance use. In New Hampshire, an Alcohol and Drug Use Counselor works with patients to overcome dependency to promote the patient's health, social, and economic function and the welfare of those connected to the patient.

Alcohol and Drug Use Counselors are a rapidly growing occupation in the nation. The rising crisis of opioid addiction has further increased the demand for addiction counseling services.

The majority of states regulate Alcohol and Drug Use Counselors. The profession may go by several names, which include addiction counselor, substance use counselor, or chemical dependence counselor among others. Most states acknowledge three levels of certification or licensure. An entry level alcohol and drug use counselor typically screens potential patients for substance use dependence and educates patients about addiction, making referrals to and supporting more advanced alcohol and drug use professionals. In this report, the entry level counselors are categorized as Level I. The next level of practice entails the screening, diagnosis, and treatment of patients with substance use dependence. Acknowledged in this report as Level II, these individuals orchestrate and deliver care. The advanced level of practice, Level III (Master's), addresses co-occurring disorders for substance use and mental health conditions. This level of practice may also provide clinical supervision to Level I and Level II practitioners. The field of alcohol and drug use counseling broadly acknowledges the value of lived experience and offers a viable career pathway to those that have experienced and recovered from an addiction. For this reason, some states may require demonstration of sobriety for a certain term prior to licensure. Nearly all states require alcohol and drug use counselors to be free of addiction.

Requirements among the three levels of licensure may vary greatly. Many states offer multiple pathways to licensure, which provide for the use of experience hours to substitute for advanced academic education and vice versa. Requirements are disparate among the states, leading to inconsistency across borders. The number of education and experience hours required for licensure may easily be doubled or tripled from one state to the next. Most states require education hours, experience hours, and passage of an exam. Many also stipulate the number of "supervised" hours that must be demonstrated as part of the experience hours.

Two private, national certifying bodies help to standardize requirements across the nation. Both offer private certifications and accredited examinations. Some states have aligned regulations to the requirements of one of these two private certification bodies. Some accept the private certification either as an alternative pathway or for a reduction in education, experience, or examination requirements. Some states acknowledge both private certifications, while others subscribe to only one.

The International Certification and Reciprocity Consortium (IC&RC) offers six types of credentials related to alcohol and drug use counselors. The Alcohol and Drug Counselor (ADC) credential is IC&RC's most widely recognized credential. It is the basis of the mandated credential or license in many jurisdictions. The ADC credential is designed to be an entry-level credential and covers the basics of alcohol and drug counseling. The ADC credential is not available in all jurisdictions, and requirements, application processes, and fees will vary. IC&RC offers the ability to reciprocate a license from one member state to another, serving as a quasi-licensure compact. Adopted in 1999, the Advanced Alcohol & Drug Counselor (AADC) is one of the largest credentials in the field of addiction-related behavioral health care. The Advanced Alcohol & Drug

Counselor credential requires professionals to demonstrate competency through experience, education, supervision, and the passing of a rigorous examination. The certification is administered on a jurisdictional level by an IC&RC Member Board. Each IC&RC Member Board has unique procedures, requirements, and documents.

The Association for Addiction Professionals (NAADAC) represents the professional interests of alcohol and drug counselors, educators, and other addiction-focused health care professionals and provides seven private, voluntary credentials. The NAADAC certification is a voluntary national certification intended for professionals working within Substance Use Disorders/ Addiction-related disciplines. Three of those credentials broadly align with the three levels identified in this report: the National Certified Addiction Counselor, Level I (NCAC I); National Certified Addiction Counselor, Level II (NCAC II); and Master Addiction Counselor (MAC).

Many states have an IC&RC or NAADAC affiliate, which are private member-based organizations responsible for the voluntary certifications in the state and, as applicable, the administration of the exam. Many states acknowledge the private certifications as one of several pathways to licensure, which often earns the applicant a discount on education or experience hours (which were theoretically obtained for the private certification). In some cases, the state may appoint the IC&RC or NAADAC affiliate as the certifying body, such as is the case in California or North Carolina.

The vast majority of states are members of IC&RC representing approximately 68 percent of states, while membership to NAADAC represents approximately 32 percent. Since New Hampshire acknowledges the IC&RC credentials, the state is well positioned to promote and benefit from the reciprocal arrangements facilitated by this nationally recognized credential.

Level I: Becoming licensed, certified, or registered at an entry level requires completion of approximately 270 hours of addiction education and 2,000 hours of documented work experience on average. Most states do not require the applicant to hold a degree; however, education and experience hours may be reduced for advanced education. Typically, an academic degree is not required, although some states do require an associate or bachelor's degree. New Hampshire offers a Certified Recovery Support Worker credential, which requires the applicant to hold a high school diploma or GED, obtain 46 hours of training, and document 500 hours of experience.

Level I

	Training hrs	Experience hrs
Median	270	2000
Mean	232	2517
Max	600	6400
Min	0	0
NH	46	500

Level II: Becoming licensed, certified, or registered at an autonomous level requires completion of approximately 300 hours of addiction education and 4,000 hours of directly related work experience. Most states require an associate or bachelor's degree and will credit more advanced education with a discount in experience hours. New Hampshire offers a credential as a Licensed Alcohol and Drug Use Counselor, which requires 270 hours of education and 6,000 hours of experience as well as an associate or bachelor's degree.

Level II

	Training hrs	Experience hrs
Median	300	4000
Mean	309	3521
Max	1125	10000
Min	0	0
NH	270	6000

Level III (Master's): Becoming licensed, certified, or registered at an advanced level requires a master's degree and about 270 hours of addiction education followed by around 2,000 hours of experience. New Hampshire acknowledges a Master Licensed Alcohol and Drug Counselor license, which requires 270 education hours and 3,000 experience hours, which may be reduced to 1,500 by holding another mental health license or Alcohol and Drug Counselor license. These requirements are slightly below the average. Coupled with membership to IC&RC, New Hampshire is favorably positioned to encourage portability and in-migration of qualified practitioners to the state.

Level III

	Training hrs	Experience hrs
Median	270	2370
Mean	323	3141
Max	2250	10000
Min	0	0
NH	270	3000

Level I

STATE	DESIGNATION/TITLE	TYPE	DEGREE	EDUC. CLOCK HOURS	EXP. HOURS	EXAM (Y/N)	EXAM NAME (IF AVAILABLE)	IC&RC (Y/N)	NAADAC (Y/N)
AL	None								
AK	Technician/ Counselor I	Certification	None	300	0	N			
AZ	Licensed Substance Abuse Technician (LSAT)	License	None Associate Bachelor's	0 450 450	6400 0 0	Y	NAADAC Level I or IC & RC ADC	Y	Y
AR	Certified Alcoholism and Drug Abuse Technician (CADAT).	Certification	None	270	6000	Y			
CA	Certified Addiction Treatment Counselor I	Certification	Associate	450	2240	Y	CATC		
CA	Registered Alcohol Drug Technician I (RADT I)		None	9		N			
CA	Substance Use Disorder Certified Counselor	Certification		315	2080	Y	IC&RC ADC	Y	
CO	Certified Addiction Counselor CAC I	Certification	None	112	1000	N			
CT	None (see Level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
DE	None (see Level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
D.C.	Certified Addiction Counselor I	Certification	Associate	39	500	Y	NAADAC		Y
FL	Certified Addiction Counselor (CAC)	Certification	None Associate or non-related Bachelor's related Bachelor's Master's or higher	270	6000 5000 4000 2000	Y	IC&RC ADC	Y	N
GA	Certified Alcohol and Drug Counselor I	Certification	None	300		Y	IC&RC ADC	Y	
HI	Substance Abuse Counselor	Certification	None Bachelor's Master's	270	6000 4000 2000	Y	IC&RC ADC	Y	
ID	Certified Alcohol/Drug Counselor	Certification	None Associate in behavioral science Bachelor's in behavioral science Master's in behavioral science	270	6000 5000 4000 2000	Y		Y	
IL	Certified Alcohol and Drug Counselor	Certification	None Associate Bachelor's	225	4000 3000 2000	Y	CADC Illinois Examination	N	N
IN	Licensed Addiction Counselor	License	Bachelor's	600	4000	Y	IC&RC ADC or NAADAC Level II	Y	Y
IA	Certified Alcohol and Drug Counselor	Certification	HS/GED Associate or higher	150	3000 1000	Y	IC&RC ADC	Y	
KS	None (see Level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
KY	Certified Alcohol and Drug Counselor	Certification	Bachelor's	270	6000	Y		Y	
LA	Registered Addiction Counselor	Certification	HS/GED Associate	300	6000 5000	Y			
ME	Certified Alcohol and Drug Counselor	Certification	HS/GED	450	4000	Y	IC&RC ADC	Y	
MD	Certified Supervised Counselor-Alcohol and Drug	Certification	Associate	360		Y	IC&RC ADC	Y	
MA	Licensed Alcohol and Drug Counselor Assistant	License		50	2000	Y		Y	
MI	Certified Alcohol and Drug Counselor	Certification	None Bachelor's Master's	270	6000 4000 2000	Y	IC&RC ADC	Y	
MN	None (see Level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

STATE	DESIGNATION/TITLE	TYPE	DEGREE	EDUC. CLOCK HOURS	EXP. HOURS	EXAM (Y/N)	EXAM NAME (IF AVAILABLE)	IC&RC (Y/N)	NAADAC (Y/N)
MS	Provisionally Certified Addictions Therapist	Certification	Master's	450	0				
MS	Certified Alcohol and Drug Counselor	Certification	None	270	6000	Y	written exam and case presentation		
MO	Recognized Associate Substance Abuse Counselor II	Certification	None Associate Bachelor's	90	2000 1000 0	N	n/a	n/a	n/a
MT	Licensed Addiction Counselor Candidate	License	Associate or higher	330	0	N	n/a	n/a	n/a
NE	Provisional Alcohol and Drug Counselor	Certification	HS/GED	270	0	N	n/a	n/a	n/a
NV	Certified Alcohol and Drug Abuse Counselor Intern	Certification	None	12	0	N	n/a	n/a	n/a
NH	Certified Recovery Support Worker	Certification	HS/GED	46	500	Y	IC&RC PR	Y	N
NJ	None (see Level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
NM	Licensed Substance Abuse Associate Counselor	License	None	90	0	N	n/a	n/a	n/a
NY	Credentialed Alcoholism and Substance Abuse Counselor Trainee	Certification	None	350	4000	N	n/a	n/a	n/a
NC	Certified Substance Abuse Prevention Specialist	Certification	None	270	6000	Y	IC&RC International CPS	Y	N
ND	Addiction Counselor Trainee	Registration	enrolled in program	0	0	N	n/a	n/a	n/a
OH	Chemical Dependency Counselor Assistant	Certification	None	40	0	N	n/a	n/a	n/a
OK	None (see Level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
OR	Certified Alcohol Drug Counselor I	Certification	None	150	1000	Y	NAADAC Level I	N	Y
PA	None	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
RI	None (legislation enacted October 2018 and rulemaking is in progress)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
SC	None (see Level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
SD	Certified Prevention Specialist	Certification	Bachelor's or higher	270	2000	Y	IC&RC ADC	Y	N
TN	Licensed Alcohol and Drug Counselor Level I	License	HS/GED	270	6000	Y	NAADAC Level I; NCC AP; MAC	N	Y
TX	Counselor Intern	Registration	HS/GED	270	300	N	n/a	n/a	n/a
UT	Certified Substance Use Disorder Intern	Certification	Associate or higher	400	0	Y	NAADAC Level I or higher; IC&RC ADC or higher	Y	Y
VT	Apprentice Addiction Professional	Certification	Associate	40	0	Y	TAP 21	N	N
VA	Certified Substance Abuse Counselor Assistant	Certification	HS/GED	300	0	Y	Virginia State Constructed CSAC-A Exam	N	N
WA	Substance Use Disorder Trainee	Certification	None	0	0	N	n/a	n/a	n/a
WV	Prevention Specialist	Certification	60 credit hours	180	0	Y	IC&RC International CPS	Y	N
WI	Prevention Specialist	Certification	None	120	0	N	n/a	n/a	n/a
WY	Certified Addictions Practitioner Assistant	Certification	Associate Degree; or NCAC I; or AODA (IC&RC); OR None	270	0	Y	NAADAC Level I	Y	Y

Level II

STATE	DESIGNATION/TITLE	TYPE	DEGREE	EDUC. CLOCK HOURS	EXP. HOURS	EXAM (Y/N)	EXAM NAME (IF AVAILABLE)	IC&RC (Y/N)	NAADAC (Y/N)
AL	None	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
AK	Chemical Dependency Counselor II	Certification	Bachelor's	300	2000	N	NAADAC Level I accepted		
AZ	Licensed Associate Substance Abuse Counselor (LASAC)	License	Bachelor's	315	3200	Y	NAADAC Level II or IC & RC AADC		
AR	Licensed Associate Alcoholism and Drug Counselor (LAADAC)	License	Bachelor's	270	6000	Y			
CA	Certified Addiction Treatment Counselor II Certified Addiction Treatment Counselor III	Certification Certification	Associate Bachelor's	450 450	2240 2240	Y	CATC CATC		
CA	Certified Alcohol Drug Counselor II (CADC II)	Certification	None	315	6000	Y	IC&RC ADC		
CA	SUDCC II- Substance Use Disorder Certified Counselor SUDCC III - Substance Use Disorder Certified Counselor	Certification Certification	None Bachelor's	315 315	10,000 10,000	Y	IC&RC ADC IC&RC		
CO	Certified Addiction Counselor CAC II	Certification	None	238	3000	Y	NAADAC Level I		Y
CT	Certified Alcohol and Drug Counselor	Certification	None Master's	360	6000 4000	Y	IC&RC ADC	Y	
DE	Counselor I	Certification	None Associate Bachelor's Master's	300	6000 5000 4000 2000	Y	IC&RC ADC	Y	
D.C.	Certified Addiction Counselor II	Certification	Associate	39	180	Y	NAADAC		Y
FL	Certified Addiction Professional (CAP)	Certification	Bachelor's in related field	350	6000	Y	Florida Certified Addiction Professional Exam		
GA	Certified Alcohol and Drug Counselor II	Certification	Bachelor's	300	4000	Y	IC&RC ADC	Y	
HI	None (See Level I)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
ID	None (See Level I)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
IL	Certified Reciprocal Alcohol and Other Drug Abuse Counselor	Certification	None Associate Bachelor's	300	6000 5000 4000	Y	CADC Illinois Examination and the IC&RC ADC examination		
IN	None (See Level I)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
IA	International Alcohol and Drug Counselor	Certification	None Associate Bachelor's Master's		6000 5000 4000 2000	Y	IC&RC ADC	Y	
KS	Licensed Addiction Counselor	License	Bachelor's	495		Y	NAADAC Level II		Y
KY	None (See Level I)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LA	Certified Addiction Counselor	Certification	Bachelor's	300	4000	Y	IC&RC ADC	Y	
ME	Licensed Alcohol and Drug Counselor	License	Associate Bachelor's Master's	270 270 180	4000 2000 1500	Y	IC&RC ADC & AADC	Y	
MD	Certified Associate Counselor-Alcohol and Drug	Certification	Bachelor's	495	2000	Y	IC&RC ADC	Y	
MA	Licensed Alcohol and Drug Counselor II (this is a lower designation than I, which is Masters)	License	None Bachelor's	270	6000 4000	Y		Y	
MI	None (See Level I)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

STATE	DESIGNATION/TITLE	TYPE	DEGREE	EDUC. CLOCK HOURS	EXP. HOURS	EXAM (Y/N)	EXAM NAME (IF AVAILABLE)	IC&RC (Y/N)	NAADAC (Y/N)
MN	Licensed Alcohol and Drug Counselor	License	Bachelor's Bachelor's	270 270	0 2000	Y Y	written comprehensive exam OR written/oral exam written exam (NOT comprehensive)	Y, ADC or AADC Y	Y Level 2 Y Level 2
MS	None (See Level I)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
MO	Certified Alcohol and Drug Counselor	Certification	None Associate Bachelor's Master's	180	4000 3000 2000 1000	Y	IC&RC ADC	Y	
MO	Certified Reciprocal Alcohol and Drug Counselor	Certification	Associate Bachelor's Master's	300	5000 4000 2000	Y	IC&RC ADC	Y	
MT	Licensed Addiction Counselor	License	Associate or higher	330	1000	Y	NAADAC Level II; Northwest Certification II; Southwest Certification II	N	Y
NE	Licensed Alcohol and Drug Counselor	License	HS/GED or higher Associate Bachelor's Master's	270	6000 5000 4000 2000	Y	IC&RC ADC	Y	N
NV	Certified Alcohol and Drug Abuse Counselor	Certification	Bachelor's in social science Bachelor's in addiction Master's in addiction	270 270 180	4000 1500 1500	Y	IC&RC ADC	Y	N
NH	Licensed Alcohol and Drug Counselor	License	Associate Bachelor's	270	6000 4000	Y	IC&RC ADC	Y	N
NJ	Certified Alcohol, Drug Counselor	Certification	HS/GED or higher	270	3000	Y	IC&RC	Y	N
NM	Licensed Alcohol and Drug Counselor	License	Associate or higher Bachelor's Master's	276	3000 2000 1000	Y	NAADAC Level I	N	Y
NY	Credentialed Alcoholism and Substance Abuse Counselor	Certification	HS/GED Associate Bachelor's Master's	350	6000 5000 4000 2000	Y	IC&RC ADC	Y	N
NC	Certified Substance Abuse Counselor	Certification	HS/GED	270	6000	Y	IC&RC ADC	Y	N
ND	Licensed Addiction Counselor	License	Bachelor's or higher	960	0	Y	NAADAC Level II	N	Y
OH	Chemical Dependence Counselor II	License	Associate	400	2000	Y	IC&RC ADC	Y	N
OK	Certified Alcohol and Drug Counselor	Certification	Bachelor's	300	4000	Y	IC&RC ADC	Y	N
OR	Certified Alcohol Drug Counselor II	Certification	Bachelor's	300	4000	Y	NAADC Level II	N	Y
PA	None	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
RI	Certified Alcohol and Drug Counselor	Certification	HS/GED Associate Bachelor's Master's	300	6000 5000 4000 2000	Y	IC&RC ADC	Y	N
SC	None (legislation enacted October 2018 and rulemaking is in progress)								
SD	Certified Addiction Counselor	Certification	HS/GED Associate Bachelor's Master's	450	8000 6000 4000 2000	Y	IC&RC	Y	N
TN	Licensed Alcohol and Drug Counselor Level II	License	Bachelor's Master's	270	4000 2000	Y	NAADAC Level II; NCC AP; MAC	N	Y

STATE	DESIGNATION/TITLE	TYPE	DEGREE	EDUC. CLOCK HOURS	EXP. HOURS	EXAM (Y/N)	EXAM NAME (IF AVAILABLE)	IC&RC (Y/N)	NAADAC (Y/N)
TX	Licensed Chemical Dependency Counselor	License	Associate or higher	270	4000	Y	Texas Board of Addiction Professionals LCDC-I Exam	N	N
UT	Licensed Substance Use Disorder Counselor	License	Associate or higher	400	4000	Y	NAADAC Level II or higher; IC&RC ADC or higher	N	Y
VT	Certified Alcohol and Drug Abuse Counselor	Certification	Bachelor's or higher	270	4000	Y	IC&RC ADC	Y	N
VA	Certified Substance Abuse Counselor	Certification	Bachelor's or equivalent	400	2000	Y	NAADAC Level I	N	Y
WA	Substance Use Disorder Counselor	Certification	Associate or higher Bachelor's NAADAC/ICRC Cert or Psychology License	1125	2500 500 1000	Y	NAADAC Level I or higher; or IC&RC AADC	Y	Y
WV	Alcohol and Drug Counselor	Certification	None Associate Bachelor's Master's	300 250 200 100	6000 3000 2000 1000	Y	IC&RC AADC	Y	N
WI	Substance Abuse Counselor	Certification	None	360	3000	Y	NAADAC Level I	N	Y
WY	Certified Addictions Practitioner	Certification	Bachelor's in addiction therapy Bachelor's in human resource and Associate in addiction therapy Bachelor's in human resource and board approved coursework NCAC II	0 270 0 0	0	Y	NAADAC Level II or IC&RC ADC	Y	Y

Level III (Masters)

STATE	DESIGNATION/TITLE	TYPE	DEGREE	EDUC. CLOCK HOURS	EXP. HOURS	EXAM (Y/N)	EXAM NAME (IF AVAILABLE)	IC&RC (Y/N)	NAADAC (Y/N)
AL	None	n/a	n/a	n/a	n/a	n/a	n/a		
AK	Chemical Dependency Counselor II	Certification	Master's	160	6000	Y	NAADAC Level I, Level II or MAC		Y
AZ	Licensed Independent Substance Abuse Counselor (LISAC)	License	Master's	405	3200	Y	NAADAC Level II or IC & RC AADC		
AR	Licensed Alcoholism and Drug Counselor (LADAC)	License	Master's	270	6000	Y			
CA	Certified Addiction Treatment Counselor IV	Certification	Master's	450	2240	Y	CATC		
CA	Certified Addiction Treatment Counselor V	Certification	Doctoral	450	2240	Y	CATC		
CA	Licensed Advanced Alcohol Drug Counselor (LAADC)	Certification	Master's	180	2070	Y	IC&RC AADC	Y	
CA	SUDCC IV: Substance Use Disorder Certified Counselor	Certification	Master's	315	10,000	Y	IC&RC		Y
CO	Certified Addiction Counselor CAC III Licensed Addiction Counselor	Certification License	Bachelor's in human services field Master's or Doctoral in clinical field	294 0	5000 2000 5000	Y	NAADAC Level II NAADAC MAC		Y
CT	Licensed Alcohol and Drug Counselor (LADC)	License	Master's or higher	270	4000	Y	IC&RC ADC	Y	
DE	Licensed Chemical Dependency Professional	License	Master's	450	3200	Y	IC&RC ADC or NAADAC MAC or Level I	Y	Y
D.C.	None (see level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
FL	Master's Level Certified Addiction Professional (MCAP)	Certification	Master's in related field	350	4000	Y	Florida Certified Master's Level Addiction Professional Exam	Y	
GA	Certified Advanced Alcohol and Drug Counselor	Certification	Master's	300	4000	Y	IC&RC AADC	Y	
HI	Certified Co-Occurring Disorders Professional-Diplomate	Certification	Master's in behavioral science or co-occurring disorders	140	4000	Y	IC&RC CCDP	Y	
ID	Advanced Certified Alcohol/Drug Counselor	Certification	Master's in behavioral science with clinical component	180	2000	Y		Y	
IL	Certified Advanced Alcohol and Drug Counselor	Certification	Master's in behavioral science	180	2000	Y	IC&RC AADC	Y	
IN	Licensed Clinical Addiction Counselor	License	Master's or Doctoral in addiction counseling, addiction therapy, or a related area	405	4000	Y	IC&RC AADC or NAADAC MAC	Y	Y
IA	International Advanced Alcohol and Drug Counselor	Certification	Master's in behavioral science	180	2000	Y	IC&RC AADC	Y	
KS	Licensed Master Addictions Counselor or Licensed Clinical Addictions Counselor	License	Master's Doctoral	450	4000 2000	Y	NAADAC MAC	Y	Y
KY	Licensed Clinical Alcohol and Drug Counselor	License	Master's or higher	180	2000	Y	IC&RC AADC	Y	
LA	Licensed Addiction Counselor	License	Master's or higher	300	2000	Y	IC&RC AADC	Y	
ME	None (see level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
MD	Licensed Graduate Alcohol and Drug Counselor	License	Master's or Doctoral	720		Y	NAADAC MAC		Y

STATE	DESIGNATION/TITLE	TYPE	DEGREE	EDUC. CLOCK HOURS	EXP. HOURS	EXAM (Y/N)	EXAM NAME (IF AVAILABLE)	IC&RC (Y/N)	NAADAC (Y/N)
LA	Licensed Addiction Counselor	License	Master's or higher	300	2000	Y	IC&RC AADC	Y	
ME	None (see level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
MD	Licensed Graduate Alcohol and Drug Counselor	License	Master's or Doctoral	720		Y	NAADAC MAC		Y
MA	Licensed Alcohol and Drug Counselor I	License	Master's or Doctoral	270	6000 (2000 if earned 4000 as LADC II)	Y		Y	
MI	Certified Advanced Alcohol and Drug Counselor	Certification	Master's	180	2000	Y	IC&RC AADC	Y	
MN	None (see level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
MN	Advanced Alcohol and Drug Counselor Reciprocal - Minnesota	Certification	Master's	180	2000	Y	IC&RC AADC	Y	
MS	Certified Addiction Therapist	Certification	Master's	450	4000	Y	DMH Addictions Therapist Examination		
MO	Certified Reciprocal Advanced Alcohol & Drug Counselor	Certification	Master's	180	2000	Y	IC&RC AADC	Y	
MT	None - (see level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
NE	None - (see level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
NV	Licensed Alcohol and Drug Abuse Counselor	License	Master's in social science Bachelor's in addiction Master's in addiction	270 180	4000 2500 1000	Y	IC&RC AADC	Y	N
NH	Master Licensed Alcohol and Drug Counselor	License	Master's Master's (holding LADC) Master's (holding MH license) Master's (holding LADC and MH license)	270 270 270 270	3000 1500 1500 1500	Y Y Y Y	IC&RC AADC and CCDP (CCDP waived if current mental health license) IC&RC AADC and CCDP (CCDP waived if current mental health license) IC&RC AADC IC&RC AADC	Y	N
NJ	Licensed Clinical Alcohol, Drug Counselor	License	Master's	270	3000	Y	IC&RC	Y	N
NM	None - (see level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
NY	None - (see level II)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
NC	Licensed Clinical Addiction Specialist	License	Master's in unrelated field Master's in related field CSAC IC&RC MAC or other national credential	180	4000 2000 0 0	Y	Y	Y	N
ND	Licensed Master Addiction Counselor	License	Master's	700	2000	Y	NAADAC MAC	N	Y
OH	Licensed Independent Chemical Dependence Counselor	License	Master's	400	2000	Y	IC&RC ADC	Y	N
OK	Licensed Alcohol and Drug Counselor	License	Master's	300	2000	Y	IC&RC AADC	Y	N
OR	Certified Alcohol Drug Counselor II	Certification	Master's	300	6000	Y	NAADAC MAC	N	Y
PA	None	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
RI	Certified Advanced Alcohol and Drug Counselor	Certification	Master's	180	2000	Y	IC&RC AADC	Y	N
SC	None (legislation enacted October 2018 and rulemaking is in progress)								

Licensed Alcohol and Drug Counselor Reciprocity Analysis

The majority of states regulate Alcohol and Drug Use Counselors. The profession may go by several names, which include addiction counselor, substance use counselor, or chemical dependence counselor among others. Most states acknowledge three levels of certification or licensure. An entry level alcohol and drug use counselor typically screens potential patients for substance use dependence and educates patients about addiction, making referrals to and supporting more advanced alcohol and drug use professionals. In this report, the entry level counselors are categorized as Level I. The next level of practice entails the screening, diagnosis, and treatment of patients with substance use dependence. Acknowledged in this report as Level II, these individuals orchestrate and deliver care. The advanced level of practice, Level III (Master's), addresses co-occurring disorders for substance use and mental health conditions. This level of practice may also provide clinical supervision to Level I and Level II practitioners. The field of alcohol and drug use counseling broadly acknowledges the value of lived experience and offers a viable career pathway to those that have experienced and recovered from an addiction. For this reason, some states may require demonstration of sobriety for a certain term prior to licensure. Nearly all states require alcohol and drug use counselors to be free of addiction.

Requirements among the three levels of licensure may vary greatly. Many states offer multiple pathways to licensure, which provide for the use of experience hours to substitute for advanced academic education and vice versa. Requirements are disparate among the states, leading to inconsistency across borders. The number of education and experience hours required for licensure may easily be doubled or tripled from one state to the next. Most states require education hours, experience hours, and passage of an exam. Many also stipulate the number of "supervised" hours that must be demonstrated as part of the experience hours.

Two private, national certifying bodies help to standardize requirements across the nation. Both offer private certifications and accredited examinations. Some states have aligned regulations to the requirements of one of these two private certification bodies. Some accept the private certification either as an alternative pathway or for a reduction in education, experience, or examination requirements. Some states acknowledge both private certifications, while others subscribe to only one.

The International Certification and Reciprocity Consortium (IC&RC) offers six types of credentials related to alcohol and drug use counselors. The Alcohol and Drug Counselor (ADC) credential is IC&RC's most widely recognized credential. It is the basis of the mandated credential or license in many jurisdictions. The ADC credential is designed to be an entry-level credential and covers the basics of addiction counseling. The ADC credential is not available in all jurisdictions, and requirements, application processes, and fees will vary. IC&RC offers the ability to reciprocate a license from one member state to another, serving as a quasi-licensure compact. Adopted in 1999, the Advanced Alcohol & Drug Counselor (AADC) is one of the largest credentials in the field of addiction-related behavioral health care. The Advanced Alcohol & Drug Counselor credential requires professionals to demonstrate competency through experience, education, supervision, and the passing of a rigorous examination. The certification is administered on a jurisdictional level by an IC&RC Member Board. Each IC&RC Member Board has unique procedures, requirements, and documents.

The Association for Addiction Professionals (NAADAC) represents the professional interests of addiction counselors, educators, and other addiction-focused health care professionals and provides seven private, voluntary credentials. The NAADAC certification is a voluntary national certification intended for professionals working within Substance Use Disorders/Addiction-related disciplines. Three of those credentials broadly align with the three levels identified in this report: the National Certified Addiction Counselor, Level I (NCAC I); National Certified Addiction Counselor, Level II (NCAC II); and Master Addiction Counselor (MAC).

Many states have an IC&RC or NAADAC affiliate, which are private member-based organizations responsible for the voluntary certifications in the state and, as applicable, the administration of the exam. Many states acknowledge the private certifications as one of several pathways to licensure, which often earns the applicant a discount on education or experience hours (which were theoretically obtained for the private certification). In some cases, the state may appoint the IC&RC or NAADAC affiliate as the certifying body, such as is the case in California or North Carolina.

The vast majority of states are members of IC&RC representing approximately 68 percent of states, while membership to NAADAC represents approximately 32 percent. Since New Hampshire acknowledges the IC&RC credentials, the state is well positioned to promote and benefit from the reciprocal arrangements facilitated by this nationally recognized credential.

To become an alcohol and drug counselor at any of the three level usually requires completion of required education hours, experience hour and passage of an exam. Reciprocity generally is based on the fulfillment of these three conditions. Many states allow for multiple pathways meaning each pathway must be reviewed for equivalency. The summary statistics below count states that have at least one pathway that are within 70% of OPLC requirements.

Level I: Becoming licensed, certified, or registered at an entry level requires completion of approximately 270 hours of addiction education and 2,000 hours of documented work experience on average. Most states do not require the applicant to hold a degree; however, education and experience hours may be reduced for advanced education. Typically, an academic degree is not required, although some states do require an associate or bachelor's degree. New Hampshire offers a Certified Recovery Support Worker credential, which requires the applicant to hold a high school diploma or GED, obtain 46 hours of training, and document 500 hours of experience.

No regulation

Not all states regulate alcohol and drug use counselors; ten states do not regulate Level I counselors. These are:

AL
CT
DE
KS
MN
NJ
OK
PA
RI
SC

Education, Experience and Exam Reciprocity

Eleven states match all three of these requirements within the 70% threshold. These states are:

AZ
CA
FL
GA
HI
IN
IA
ME

MI

NC

SD

Education and Experience Reciprocity

Twenty-three states meet the 70% threshold for the education and experience hours, but not necessarily the same exam requirement. In these cases, the state requires a different exam (eg. NAADAC as opposed to IC&RC), the exam name is unknown, or an exam is not required. These states are:

AR
CA
CO
D.C.
FL
GA

HI

ID
IL
IN
IA
KY
LA
ME
MA
MI
MS
MO
NY
NC
OR
SD
TN

Exam Reciprocity
Sixteen states require the same exam but may not meet the educational and experience hour threshold. These states are:

AL
AZ
CA
FL
GA
HI
IN
IA
ME
MD
MI
NC
SD
UT
WV
WY

New Hampshire's requirements for a Level I counselor are among the lowest in the nation. While there is broad diversity in licensure requirements among states, New Hampshire has achieved maximum reciprocity when only education and experience hours are considered. By these criteria, the only states that do not demonstrate reciprocity either do not regulate Level I counselors or do not have experience or education hour requirements to become licensed. If New Hampshire were to accept the NAADAC exam and certification, this would further maximize reciprocity.

Level II: Becoming licensed, certified, or registered at an autonomous level requires completion of approximately 300 hours of addiction education and 4,000 hours of directly related work experience. Most states require an associate or bachelor's degree and will credit more advanced education with a discount in experience hours. New Hampshire offers a credential as a Licensed Alcohol and Drug Use Counselor, which requires 300 hours of education and 6,000 hours of experience as well as an associate or bachelor's degree.

No regulation

Not all states regulate alcohol and drug use counselors; nine states do not regulate Level II counselors. These are:

AL
HI
ID
IN
KY
MI
MS
PA
SC

Education, Experience and Exam Reciprocity

Fifteen states match all three of these requirements within the 70% threshold. These states are:

CA
CT
DE
IL
IA
MO
NE
NY
NC
RI
SD
WV

Education and Experience Reciprocity

Fifteen states meet the 70% threshold for the education and experience hours, but not necessarily the same exam requirement. In these cases, the state requires a different exam (eg. NAADAC as opposed to IC&RC), the exam name is unknown, or an exam is not required. These states are:

AR
CA
CT
DE
FL
IA
IL
MA
MO
NE
NY
NC
RI
SD
WV

Exam Reciprocity

Twenty-five states require the same exam but may not meet the educational and experience hour threshold. These states are:

AR
CA

CT
D.C.
GA
IA
IL
LA
MA
ME
MO
NC
NE
NM
NV
NY
OH
OK
RI
SD
UT
VA
WA
WY

New Hampshire's requirements for a Level II counselor are equal to the national average for educational hours and slightly higher than the average for experience hours. If OPLC were to accept a 67% threshold for experience hours, it could add seven states to its consideration of reciprocity (GA, LA, ME, NV, OK, and VT). Four additional states could be added if the threshold were lowered to 67% for experience and all exams were accepted by NH (to include OR, TN, TX, UT). Like New Hampshire, many states provide multiple pathways into a Level II license which provides for discounted experience hours with higher education. Accordingly, lowering the threshold for experience hours would allow New Hampshire to consider more pathways as reciprocal. A 67% threshold would be consistent with one licensure pathway within New Hampshire that requires fewer experience hours when the applicant holds a bachelor's rather than an associate degree.

Like with Level I counselors, if New Hampshire were to accept the NAADAC exam and certification, this would further maximize reciprocity.

Level III (Master's): Becoming licensed, certified, or registered at an advanced level requires a master's degree and about 270 hours of addiction education followed by around 2,000 hours of experience. New Hampshire acknowledges a Master Licensed Alcohol and Drug Counselor license, which requires 270 education hours and 3,000 experience hours, which may be reduced to 1,500 by holding another mental health license or Alcohol and Drug Counselor license. These requirements are slightly below the average. Coupled with membership to IC&RC, New Hampshire is favorably positioned to encourage portability and in-migration of qualified practitioners to the state.

No regulation
Not all states regulate alcohol and drug use counselors; thirteen states do not regulate Level III counselors. These are:
AL
D.C.
ME
MN
MT
NE
NM
NY

PA
SC
TN
TX
WA

Education, Experience and Exam Reciprocity

Nine states match all three of these requirements within the 70% threshold. These states are:

AZ
CA
CT
IN
NV
NJ
UT
WV
WI

Education and Experience Reciprocity

Seventeen states meet the 70% threshold for the education and experience hours, but not necessarily the same exam requirement. In these cases, the state requires a different exam (eg. NAADAC as opposed to IC&RC), the exam name is unknown, or an exam is not required. These states are:

AZ
AR
CA
CO
DE
FL
GA
IN
KS
MS
NV
NJ
OR
UT
VA
WV
WI

Exam Reciprocity

Twenty-one states require the same exam but may not meet the educational and experience hour threshold. These states are:

AZ
CA
GA
IL
IN
IA
KY
LA

MI

MN
MO
NV
NJ
OK
RI
SD
UT
VT
WV
WI
WY

New Hampshire's requirements for a Level III counselor are equivalent to the national average for educational hours and slightly higher than the average for experience hours (3,000 vs. 2,370). At these rates and considering a 70% thresholds, New Hampshire is largely reciprocal in its requirements for Level III counselors.

If OPLC were to accept a 67% threshold for experience hours, it could add twelve states to its consideration of reciprocity (ID, IL, IA, LA, MI, MN, MO, ND, OH, RI, SD and VT).

Like with Level I and II counselors, if New Hampshire were to accept the NAADAC exam and certification, this would further maximize reciprocity.

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