

Behavioral Health Periodic Review

Substance Use Disorder Counseling

Overview

The practice of substance use disorder counseling is regulated in all 50 states and the District of Columbia. In Utah, the regulation of substance use disorder counselors (SUDCs) is overseen by the Division of Professional Licensing, Department of Commerce. Utah's current license types for substance use disorder counseling include Licensed Advanced SUDC (LA-SUDC), Certified Advanced SUDC (CA-SUDC), Certified Advanced SUDC Intern, Licensed SUDC (L-SUDC), Certified SUDC (C-SUDC), and Certified SUDC Intern.

License Type	Scope	Authority	Education	Experience	Exam
LA-SUDC	Non-Mental Health Therapist	Supervised	Bachelor's Degree	✓	✓
CA-SUDC	" "	Supervised	Bachelor's Degree		✓
CA-SUDC Intern	" "	Supervised	Bachelor's Degree		
L-SUDC	" "	Supervised	Associate's Degree	✓	✓
C-SUDC	" "	Supervised	Associate's Degree		✓
C-SUDC Intern	" "	Supervised	Associate's Degree		

Fee Structure

License Type	Initial Licensing Fee		Annualized Renewal Fee	
	Utah Fee	US Median	Utah Fee	US Median
LA-SUDC	\$85	\$105	\$39	\$65
CA-SUDC & Intern	\$70	\$218	\$0	\$89
L-SUDC	\$85	\$150	\$39	\$75
C-SUDC & Intern	\$70	\$125	\$0	\$73

Complaints

During the past 5 years (2018-2022), an average of **14** complaints were filed annually against an average of **10** Utah substance use disorder counselors—or **2.3%** of active licensees in any given year. On average, **8** of those complaints were found to be substantiated (57%).¹²² Common types of substantiated complaints among behavioral health licensees include violations of ethical standards, incompetence and/or negligence, sexual misconduct, criminal conduct, substance use, unauthorized practice, and failure to release records.

Wait Times and Active Licensees

On average, Utah substance use disorder counselors report that at their primary practice location there is a **~9 day wait time** for those seeking care. This is lower than the **~37 day** average across Utah’s behavioral health care field, and the **10 day CMS** guideline.^{123,124}

Name	# Active Licensees	Annualized 5-Year Growth Rate ¹²⁵
LA-SUDC	133	1.45%
CA-SUDC	57	16.77%
L-SUDC	233	-0.17%
C-SUDC	32	-5.12%
All	463 ¹²⁶	1.14%

Recommendations

Relevant Recommendations from OPLR’s Periodic Review

The following recommendations from OPLR’s periodic review of the regulation of the behavioral health care workforce are relevant for substance use disorder counseling (see final report for additional information):

- 1c. Continuing Education
- 3a. Recovery Assistance (UPHP)
- 4b. Master Addiction Counselors
- 5a. Multi-Profession Board

¹²² Source: [DOPL_Mental_Health Bureau Expenses](#)

¹²³ [\[MOST RECENT\] Behavioral Health Care Workforce Survey_June 12, 2023_10.11](#)

¹²⁴ Centers for Medicare & Medicaid Services Center for Consumer Information and Insurance Oversight (2022). 2023 Letter to Issuers in the Federally-facilitated Exchanges. [online] U.S. Department of Health and Human Services. Available at: <https://www.cms.gov/files/document/2023-draft-letter-issuers-508.pdf>

¹²⁵ [DOPL Historical Active Licensee Counts ; 5 year growth rate](#)

¹²⁶ The number of licensed advanced SUDC, certified advanced SUDCs, licensed SUDCs and certified SUDCs do not sum to the total number of active licensees due to holders of license subtypes not listed above (e.g., interns).

Additional Recommendations

In addition to the relevant recommendations listed above, OPLR recommends that Utah policymakers enact the following changes to the regulation of substance use disorder counselors:

- **Streamline and Align License Levels.** Consolidate from the current six levels of substance use disorder counselor licensing down to two license types: 1) Substance Use Disorder Counselor and 2) Advanced Substance Use Disorder Counselor.
- **National Certification Pathway.** As an alternative to providing documentation of education, exam, and experience, accept national certification as proof of qualification for licensure as a SUDC or A-SUDC. In order to be accepted as proof of qualification, national certifications must be determined by the division, in consultation with the board, to meet or exceed the requirements for SUDC and A-SUDC licensure as established by law.
- **A-SUDC Scope Expansions.** Clarify that A-SUDCs' scope of practice includes authorization to participate in the review and update of treatment plans, under the general supervision of a mental health therapist.

Streamline License Levels

Summary of Recommendation

Consolidate from the current six levels of substance use disorder counselor licensing down to two license types: 1) Substance Use Disorder Counselor and 2) Advanced Substance Use Disorder Counselor.

Status Quo. Currently, Utah offers six distinct license types in substance use disorder counseling. (See the table under “Overview” above).

Existing Approaches. Among the 33 other U.S. states that license substance use disorder counselors at or below the bachelor’s level, offering two distinct license types is the most common framework. Seventeen states offer two distinct license types, nine states offer one license type, and eight states offer three or more license types.¹²⁷ Similarly, NAADAC, the Association for Addiction Professionals, offers two levels of substance use disorder counseling certification at or below the bachelor’s degree level. Certifications offered through NAADAC include the National Certified Addiction Counselor Level I (which requires a high school education or higher) or Level II (which requires a bachelor’s degree or higher).

Rationale. This recommendation is primarily designed to improve the clarity and consistency of the regulation of substance use disorder counselors. As detailed in the table above under “Overview,” six different SUDC license types currently exist for associate’s- and bachelor’s-level providers. The complicated nomenclature and multiple levels of subdivision among license types can be confusing for students, applicants, employers, consumers, and regulators.

Consolidating to two licenses (the Advanced SUDC and SUDC licenses) would bring much-needed clarity while maintaining career ladders and licensure pathways. In terms of consistency, this consolidation would support internal consistency with the regulatory structure of Utah’s other associate’s- and bachelor’s-level BH licenses. No other BH license stack in the state is subdivided into as many distinct license levels or types as currently exist for SUDCs, and OPLR has not identified any particular distinctions between SUDCs and other non-mental health therapist licensees that would necessitate this level of granularity. This change would also make Utah’s regulatory framework more externally consistent with other U.S. states’ licensing structures and with national industry standards, most of which offer two levels of licensure or certification for substance use professionals below the master’s level.

Key Considerations. Policymakers should include provisions for the grandfathering of existing licensees into the new license level structure, including a phase-out period where renewals for existing licensees are discontinued after a specified period of time.

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National Certification Licensure Pathway

Summary of Recommendation

As an alternative to providing documentation of education, exam, and experience, accept national certification as proof of qualification for licensure as a SUDC or A-SUDC. In order to be accepted as proof of qualification, national certifications must be determined by the division, in consultation with the board, to meet or exceed the requirements for SUDC and A-SUDC licensure as established by law.

Status Quo. Currently, candidates for licensure in substance use disorder counseling must have each of their entry qualifications (e.g., exam, education, experience) verified by DOPL.

Existing Approaches. OPLR identified five states (MA, ND, VA, WA, and WY) that accept national certification as proof of qualification for SUDC-equivalent licenses to one extent or another.¹²⁸

These five states' various approaches are described below.

- Massachusetts: Multiple national certifications, including those by NAADAC and IC&RC, can be used in place of examination requirements, but educational and experience requirements must be documented separately.
- North Dakota: National certification by NAADAC is accepted as proof of qualification for applicants for licensure by reciprocity.
- Virginia: National certification by NAADAC or others are accepted as proof of qualification for applicants for licensure by endorsement. Proof of exam passage must also be provided.
- Washington: Certifications by NAADAC or IC&RC are accepted as proof of experience and partial proof of education, although additional documentation of certain credit hours is still required.
- Wyoming: Certification by NAADAC is accepted as proof of qualifications for those applying for licensure by education and exam; certification is not accepted for those applying by education and experience

Rationale. Providing a national certification pathway to licensure for SUDCs and A-SUDCs may be helpful in facilitating interstate mobility for practitioners and in promoting licensure reciprocity with other jurisdictions. Given that DOPL administrators must currently independently verify the entry qualifications of SUDC and A-SUDC applicants, this licensure pathway could also help to reduce the documentation burden, particularly for out-of-state providers applying for Utah licensure, whether they are moving to Utah or planning to offer telehealth services to Utah residents.¹²⁹

Across the U.S., regulation of SUDCs or equivalent licensed addiction counselors varies significantly state to state, so recognizing commonly accepted, standardized national certifications is a streamlined way to ensure incoming practitioners' qualifications meet a clear, standardized threshold. If determined to be equivalent to Utah licensing requirements, recognition of certain certifications could also support licensure portability and employment opportunities for

¹²⁸ OPLR Law Review

¹²⁹ OPLR Listening & Vetting Tour

foreign-trained professionals. For instance, IC&RC, which offers multiple levels of certification, has member boards in many international jurisdictions, spanning Canada, Europe and the UK, Eastern and Southern Asia, and the Caribbean.¹³⁰ The creation of a national certification pathway to SUDC and A-SUDC licensure is also consistent with OPLR’s other recommendations to create national certification pathways for licensure in Recreational Therapy and Behavior Analysis, as well as the field-level recommendation to foster additional pathways and license portability for practitioners.

Key Considerations. Policymakers should note that this new pathway would be made available in addition to the existing pathway to reduce the documentation burden both for administrators and for those who are already nationally certified. Applicants would have the option to either present their national certification as proof of qualifications for licensure, or to have documentation of each entry qualification individually verified by DOPL. Further, under this recommendation, authority to determine the equivalency of national certifications would be delegated to DOPL, in consultation with the board. Wherever the equivalency of national certifications is established in rule, language should be designed to ensure that recognition of successor organizations or multiple certifying bodies, as deemed equivalent by the board, can be accepted. Policymakers should keep in mind that some national certifications, including certifications issued by NAADAC, one of the largest private certifying bodies for addiction counseling professionals, require existing state licensure or certification as a prerequisite for private certification—thus, national certification could not serve as a pathway to initial licensure, but may still be helpful in promoting portability and reducing burdens.

A-SUDC Scope Clarification

Summary of Recommendation

Clarify that A-SUDCs’ scope of practice includes authorization to participate in the review and update of treatment plans, under the general supervision of a mental health therapist.

Status Quo. Currently, advanced substance use disorder counselors are not explicitly authorized to review and update treatment plans, although they are authorized to perform “treatment planning for substance use disorders, including initial planning”¹³¹ under the general supervision of a mental health therapist.

Rationale. The current ambiguity in the statute language may be leading practitioners and employers to take a conservative approach to complying with A-SUDC scope of practice regulations, limiting A-SUDCs’ opportunities to contribute to certain treatment planning tasks. Employers expressed concern to OPLR that the current scope of practice for A-SUDCs may be limiting their ability to review and update treatment plans without requiring duplicated effort from a mental health therapist.¹³² Our proposal is to update A-SUDCs’ scope to more explicitly allow for reviewing and updating treatment plans, still under the general supervision of a mental health

¹³⁰ International Certification & Reciprocity Consortium. (n.d.) *Board Directory*. [online] Available at: <https://internationalcredentialing.org/memberboards>

¹³¹ [UCA 58-60-502\(9\)](#)

¹³² OPLR Listening & Vetting Tour

therapist. This proposed update to the statute language would give employers, supervising mental health therapists, and licensees the assurance that A-SUDCs who review and update treatment plans for substance use disorders under supervision are lawfully practicing within their scope.

With clarification of A-SUDCs' authorization to participate in these activities, employers and supervisors will be able to better utilize A-SUDCs' capacity and make treatment planning processes more efficient. In turn, the treatment planning workload that currently falls on supervising mental health therapists can be reduced, allowing them to spend more time delivering services at the top of their scope (e.g., diagnosing behavioral health conditions and providing interventions such as psychotherapy). This proposed change is consistent with the proposal to expand SSW scope of practice to include limited treatment planning, under the supervision of a mental health therapist. As in all other instances where bachelor's-level providers are involved in the treatment planning process, OPLR recommends requiring that mental health therapists sign off on treatment plans created or modified by A-SUDCs before treatment begins and that patients be provided with the opportunity to consult with the supervising mental health therapist regarding the treatment plan. Additionally, A-SUDCs' existing requirement to practice within a substance use disorder agency provides an additional layer of oversight.