



Survey and Analysis of California's Registered Addiction Counselor Workforce

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Respectfully submitted to:

the Senate Committee on Health, the Assembly Committee on Health, the
Department of Health Care Services, and the Office of the Governor

Executive summary

In 2022, Assembly Bill 2473 (Nazarian), alcohol and drug counselor registrant requirements, was signed by the Governor. All stakeholders agreed that registrants are poorly educated and trained. AB 2473 set forth a set of educational requirements to be met within the first six months of employment. This was premised on the concept that peers are required to obtain 80 hours to become certified.

Although all parties worked diligently to prepare for the implementation of the statute, the workforce is not yet ready to absorb the impact of the new requirements. Further, given the constraints of the statute, implementing the statute at this time could create a severe impact on the alcohol and drug workforce.

Key shortcomings

- A “free course” that was meant to provide the 80 hours of education has not been completed and is not vetted to determine if it can be credited for certification (a statutory requirement).
- The free course has not been field-tested to determine if the current workforce is capable of completing it without remedial assistance (literacy, language, etc.).
- No workforce support from BH-CONNECT will be available when the implementation occurs (January 1, 2026).
- Certifying organizations and programs have insufficient time to prepare for the implementation because some aspects of the implementation requirements are still not set forth.
- Administrative Procedure Act requirements have not been followed. Regulations required by December 31, 2025, are not yet at the Office of Administrative Law for public review. Additionally, a draft Behavioral Health Information Notice, which is set to expire on January 1, 2026, is not yet complete; therefore, there will be no implementing authority to initiate the program.
- The proposed BHIN seeks to retroactively apply qualifications for counselors to take additional education who are in the pipeline to certification, which may divert workers and reduce the number of certified workers available.

Potential Workforce Collapse

With a turnover rate exceeding 68% for registrants under current workforce requirements, it is possible that registrants may opt not to continue being registered. All licensed and certified programs must use ONLY registered, certified, or licensed counselors. Given minimum wage pay rates, no incentives for retention or recruitment, and a doubling of the education requirement with a reduction in the time required to complete from one year to six months, there could be a significant impact on the workforce.

A similar crisis arose when the Department of Public Health was compelled by the legislature to impose a moratorium on issuing new licenses to operate a hospice. After it was implemented, the department had to seek an emergency legislative solution to allow it to lift the moratorium upon making a written finding that an applicant showed a demonstrable need for hospice services in the applicant's proposed service area, based on the concentration of all existing hospice services in that area, because shortages in services occurred.

Future Outlook

The California Consortium of Addiction Programs and Professionals is committed to raising registrant competencies, but must do so in ways that do not close programs and restrict access to services while the state continues to struggle with historic overdose rates.

Conclusion

It is imperative that the Legislature and Administration address the impending workforce crisis as outlined in this report.

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The Job of a Registrant

Registrants are entry-level workers who are beginning their education or work experience requirements, or both. Often, they are individuals with a “second-chance” career who have tremendous lived experience.

Since May 1, 2019, registrants have been required to show completion of at least 45 hours of AOD/SUD education that can be credited toward certification each year to renew their credentials. This has been a requirement imposed by private certifying organizations to help applicants become certified within five years, as required by the Department of Health Care Services (DHCS).

Registrants routinely provide professional, individual and case management services to patients, complete detox assessments and vitals, maintain patient charts and document counseling services, facilitate group counseling sessions to ensure participation from each patient, refer patients to outside community supportive services when necessary,



conduct intakes, discharge planning, and initial needs assessments, and conduct UA tests among other duties,

Registrants make up 57%¹ of California’s substance use disorder-specific counseling workforce. They are integral to 24-hour care programs where support staff are utilized for monitoring clients and keeping them safe. Without a stable workforce of registrants, programs would struggle to maintain their capacity.

Unlike their counterparts in mental health, these workers must maintain their credentials to legally work at licensed and certified facilities.

¹ CCAPP, CADTP, and CAADE database analysis, June 2025.

Registrant Demographics

Registrants range in age, gender, and race/ethnicity in proportions similar to those of the rest of the workforce².

Ethnicities	Percent of Workforce
American Indian/Native Alaskan/Native American	2.29%
Asian	2.76%
African American	12.61%
Decline to State	3.05%
Hispanic/Latino	24.02%
Multi-Racial/Ethnic	0.38%
Native Hawaiian/Pacific Islander	0.85%
Other	4.57%
White	49.47%

Gender Identity	Percent of Workforce
Female	57.31%
Gender Fluid	0.02%
Intersex	0.07%
Male	40.95%
Non Binary	0.23%
Transgender	0.12%
Female/Transwoman/MTF	0.13%
Transgender Male/Transman/FTM	1.16%
Would rather not say	

² CCAPP Workforce Survey, July 2022.

Age Range	Percent of Workforce
18-27	8.00%
28-37	23.23%
38-47	23.14%
48-57	20.95%
58-67	18.88%
68-77	5.31%
78-87	0.48%
88-97	0.01%

In the next 15 years 39.83% of the SUD Workforce will be at or nearing retirement



Pay is a significant factor in retaining workers. DHCS and counties have reiterated that the change in education requirements for registrants will NOT compel an increase in reimbursement rates to providers to raise pay rates³.

Education & Experience	Average of Hourly	Average of Yearly
High school Degree	\$19.03	\$39,583.75
less than 1 year	\$17.58	\$36,567.70
1 – 5 years	\$19.21	\$39,957.93
5 – 10 years	\$20.26	\$42,131.56
10+ years	\$19.42	\$40,396.40
Associate's Degree	\$19.64	\$40,859.03
less than 1 year	\$17.90	\$37,230.00
1 – 5 years	\$20.72	\$43,089.78
5 – 10 years	\$18.51	\$38,500.80
10+ years	\$17.88	\$37,190.40
Community College Certificate	\$20.54	\$42,717.66
less than 1 year	\$19.19	\$39,910.40
1 – 5 years	\$20.55	\$42,745.95
5 – 10 years	\$22.00	\$45,761.30
10+ years	\$21.14	\$43,966.58

³ CCAPP Workforce Survey, July 2022.

Education & Experience	Average of Hourly	Average of Yearly
Bachelor's Degree	\$20.63	\$42,908.50
less than 1 year	\$18.58	\$38,636.00
1 – 5 years	\$21.20	\$44,103.02
5 – 10 years	\$23.00	\$47,846.93
10+ years	\$19.00	\$39,520.00
Master's Degree	\$23.72	\$49,338.02
less than 1 year	\$19.30	\$40,144.00
1 – 5 years	\$24.97	\$51,934.87
5 – 10 years	\$26.00	\$54,080.00
10+ years	\$24.00	\$49,920.00
Doctorate	\$21.99	\$45,747.00
less than 1 year	N/A	N/A
1 – 5 years	\$21.39	\$44,496.40
5 – 10 years	\$25.00	\$52,000.00
10+ years	N/A	N/A
Other (please specify)	\$20.06	\$41,730.00
less than 1 year	\$17.50	\$36,400.00
1 – 5 years	\$20.25	\$42,120.00
5 – 10 years	\$21.33	\$44,373.33
10+ years	N/A	N/A
Registrants Overall	\$20.18	\$41,969.22

The average first-year hourly salary is **\$18.61** across all levels of education⁴.

Registrant Educational Levels⁵:

Highest Level of Education	Percent of Registrants
High School/GED	23.70
AA Certificate	18.52
AA Degree	17.41
Bachelor's Degree	21.85
Master's/PhD	11.85
Other	6.67

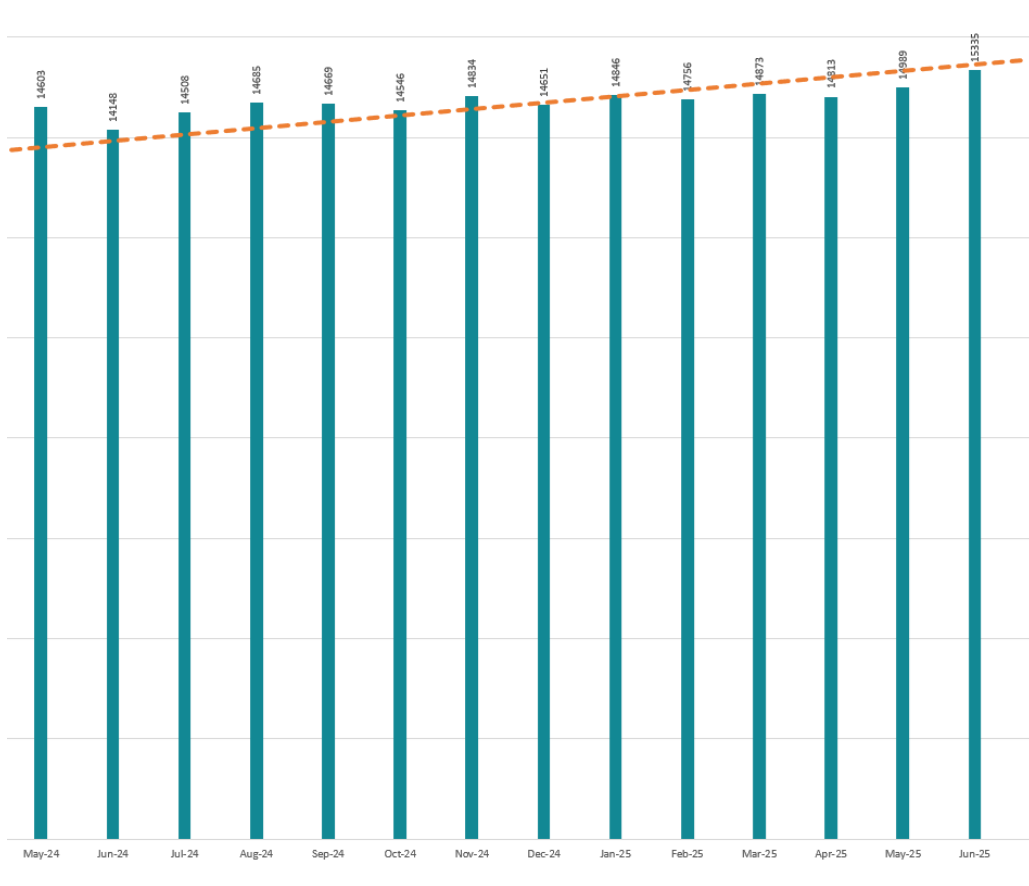
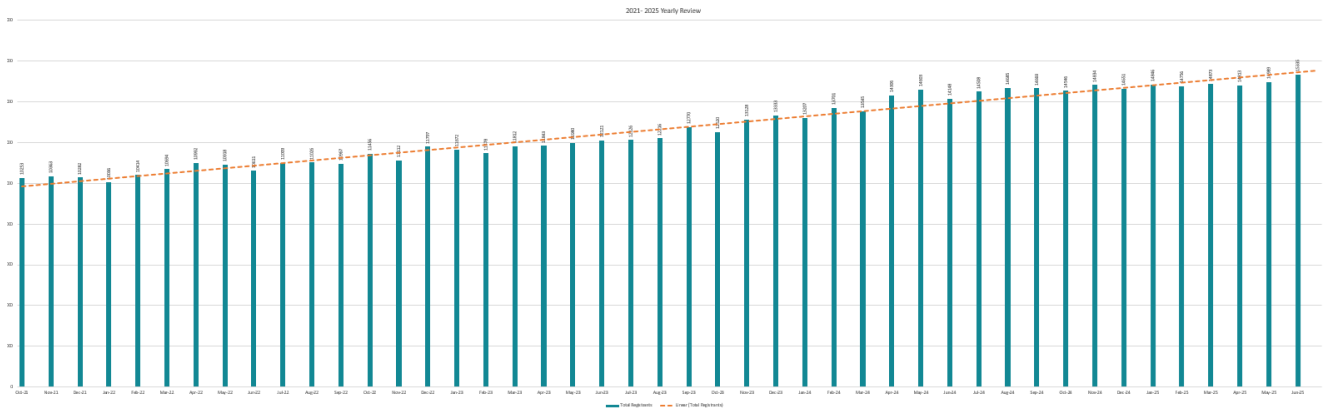
With 23% of registrants being non-college educated, it remains to be determined whether this portion of the workforce will be able to pass the free course being developed.

⁴ CCAPP Workforce Survey, July 2022.

⁵ Ibid.

Multi-Year Trends

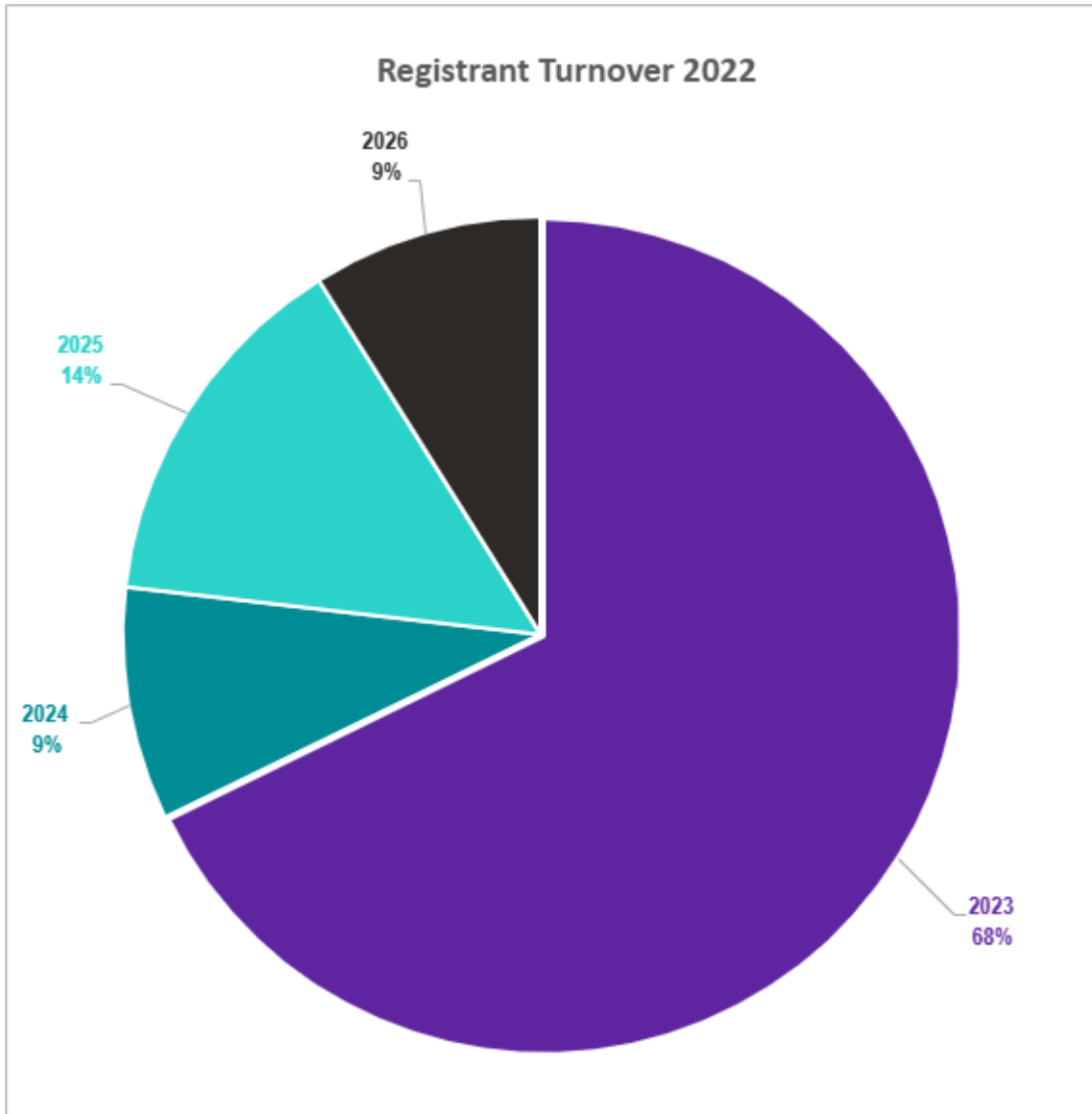
The registrant workforce has grown steadily since CCAPP began collecting data. From October 2021 to June 2025, the number of registrants in the state rose from 10,253 to 15,335 (an average of a 15% increase per year). However, it has significantly leveled off in the last 12 months, growing at only 5%⁶.



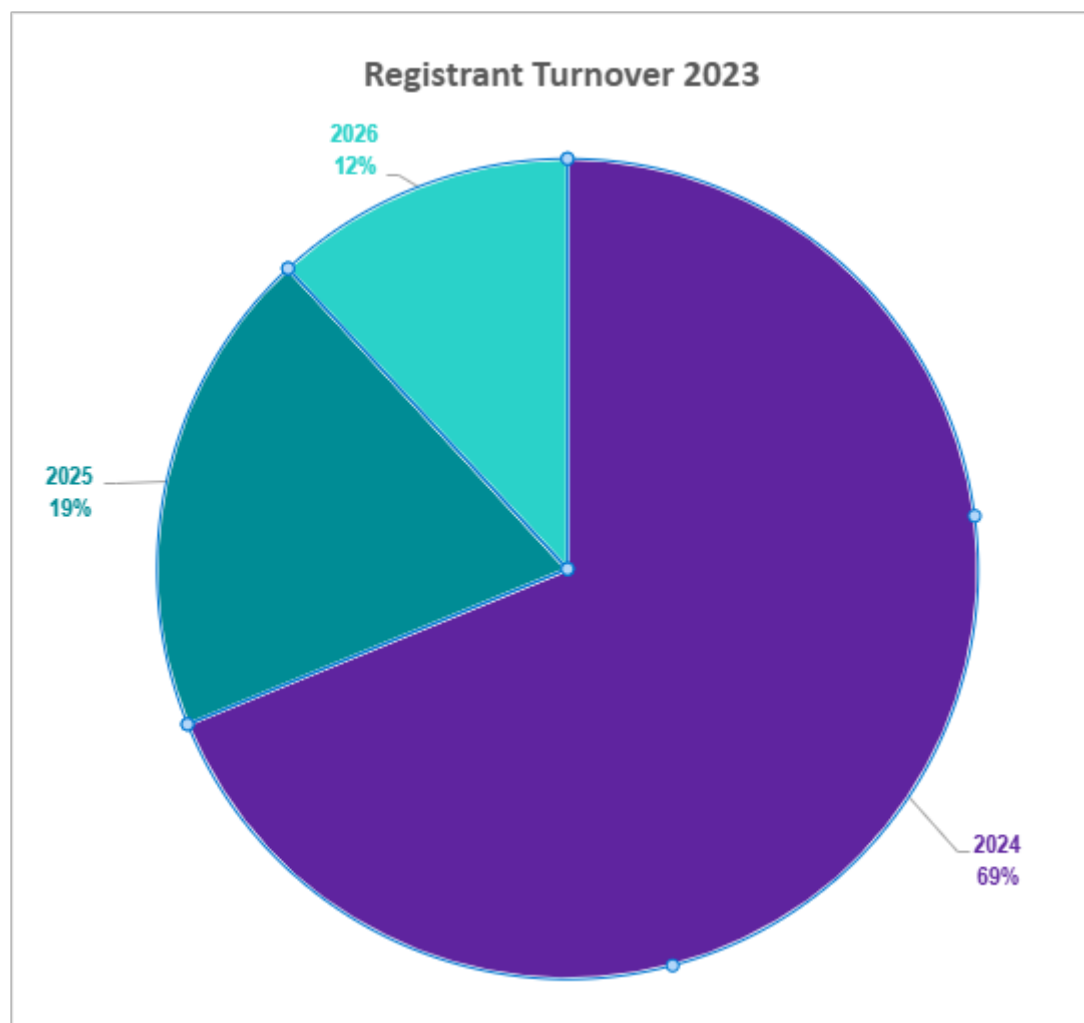
⁶ CCAPP Monthly Inventory of all Certifying Organizations' Credentialed Individuals.

Registrant Retention

Registrant retention rates have been drastically low for years. 68% of individuals who registered in 2021 did not renew in the first year. 68% of 2022 registered counselors and 69% from 2023 also did not renew at the end of year one. This data infers that very few individuals in the workforce will be exempt from the 80-hour requirement, because most registrants work for less than one year. It also indicates that a free course will be necessary permanently⁷.



⁷ CCAPP Data Analysis: Year Approved to Years Renewed July 2025.



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****These turnover rates are based on current workforce requirements. There has been NO projection for what doubling the education requirement and reducing the time to complete by one-half will do to retention or recruitment for this workforce.**

Registrant Education Comparisons

Requirements for registrants are vastly different than those required for peers.

- Education required for peer certification is NOT required to be vetted by national accrediting bodies.
- Education for peers is not transferable to colleges and universities.
- Education is not aligned with taking a national competency test.

⁸ CCAPP Data Analysis: Year Approved to Years Renewed July 2025.

- Education can be very low-level, at a sixth-grade reading level.
- Courses are not required to be secure.

Workforce requirements are also vastly different for registrants versus peers.

- Peers are able to work without certification.
- There is no time deadline for completing education.
- SUD workers must be registered or certified at ALL times.
- SUD workers who miss deadlines are removed from providing services and programs, and can have clawbacks for services provided while not certified or registered.
- Peers are reimbursed under Medi-Caid, registrants are NOT.
- Peers offer non-clinical services, and counselors offer clinical services.
- Registrants must complete a practicum (45 hours)/internship (155 hours), 2,080 supervised work experience requirements, and pass a competency exam; peers can be certified with an 80-hour course and an exam.

Hardship Allowance Impact

Certifying Organizations have provided “hardship extensions” for a variety of reasons for registrants who are unable to meet requirements to stay registered. These include illness, financial hardship, leaves of absence to work in other fields, and family leave, among others. Removing the hardship application will have an immediate reduction in the number of registrants and a long-term impact on registrants’ ability to meet the new requirement.

Currently, the three COs combined register about 4,800⁹ new registrants every six months. It is unknown how many of these applicants will be capable of acquiring the 80 hours of education.

Currently, CCAPP’s average hardship rate is 276¹⁰ per year. Extrapolating that percent by the relative market share of the other two organizations, hardship extensions across the three would be about 494 per year. The BHIN makes progress toward certification mandatory with no granting of hardship extensions. Under current circumstances, we have nearly 500 individuals per year who are not able to obtain sufficient education in the five-year period to become certified. Given the current rate, we can expect to lose a minimum of three percent of the workforce per year. With

⁹ CCAPP Monthly Inventory of all Certifying Organizations’ Credentialed Individuals.

¹⁰ CCAPP Hardship Application Report, July 2025.

no ability to create plans to move applicants along when they are unable to meet deadlines for increased levels of education, we expect to lose an additional 20% of registrants.

****Because there will no longer be hardships available, it can be reasonably expected that those who do not meet the six-month requirement will just leave the field permanently.**

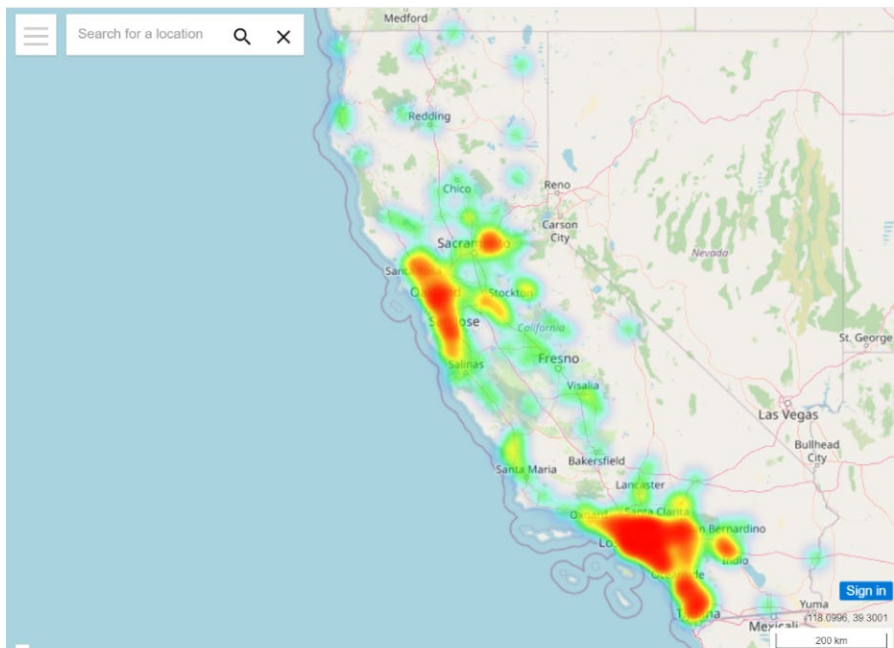
Grandfather/Legacy Allowance Impact

The number of registrants who are expected to apply between the statutory start date of July 1, 2025, and January 1, 2026, when a free course may be available, is approximately 4,800¹¹ (30% of registrants). If a significant portion of these workers fail to complete the requirement, we forecast a significant, corresponding reduction in the workforce. The legislation was intended to protect current workers. The interpretation by DHCS does not honor this intention.

Registrant Geographic Distribution

The distribution of registrants throughout California is uneven. It is also poorly aligned to counties experiencing the most deaths from overdose. Los Angeles County (the sponsor of Assembly Bill 2473) and Orange County have the highest registrants/100,000 population for all counties (36.88/100,000 and 38.56/100,000)¹². Los Angeles County has developed and implemented a model program for meeting workforce needs.

Other counties have not. Some counties with high overdose deaths per/100,000 have extremely



Heatmap of Counselors by location.

low registrants per/100,000) (see Mendocino, Mariposa, San Joaquin, Tehama, etc.). Fresno is the tenth largest county, by population, in California and has only 96 registrants for more than one million people (9.53 p/100,000). Fresno has less than 1/3 the number of registrants per population as Los Angeles and Orange Counties. Lake County also has less than one-third the

¹¹ CCAPP Report: New Registrant Applications per Six Months, July 2025.

¹² CCAPP Report: Registrants by County, July 2025.

registrants per/100,000 that LA and Orange have, yet its overdose is one of the highest in the state (71/100,000).

Reducing the number of registrants in any of these high-need, low-workforce counties could result in a contraction of services and an increase in deaths.

Deaths, Registrants

County	Rate	Registrants	Licensed Capacity	Population	Registrants Per Population
Alpine	85.69	0	0	1,204	0.00
California	29.13	0	0	39,431,263	0.00
Lassen	66.518	0	0	32,730	0.00
San Francisco	74.195	0	142	808,988	0.00
Sierra	93.985	0	0	3,236	0.00
Trinity	0	0	0	16,112	0.00
San Mateo	16.233	28	40	764,442	3.66
Colusa	36.41	1	0	21,839	4.58
Contra Costa	23.428	57	43	1,155,025	4.93
Mendocino	59.492	5	64	91,601	5.46
Imperial	11.122	10	0	179,702	5.56
Santa Clara	18.587	108	14	1,936,259	5.58
Mariposa	47.092	1	0	17,131	5.84
Madera	20.852	10	0	156,255	6.40
Napa	16.345	9	45	138,019	6.52
Santa Barbara	32.26	31	111	448,229	6.92
San Joaquin	31.968	63	78	779,233	8.08
Tehama	64.945	6	0	65,829	9.11
Monterey	30.708	41	0	439,035	9.34
Fresno	22.742	96	24	1,008,654	9.52
Marin	23.828	26	108	262,321	9.91
Lake	71.213	7	0	68,163	10.27
Solano	31.337	49	79	453,491	10.81
Sonoma	26.92	53	63	488,863	10.84
Sacramento	40.315	181	117	1,584,288	11.42
Humboldt	56.587	16	0	136,463	11.72
Sutter	23.115	12	12	99,633	12.04
Shasta	46.25	22	0	182,155	12.08
Stanislaus	33.898	67	0	552,878	12.12
Yuba	38.568	10	0	81,575	12.26
Butte	65.022	26	0	211,632	12.29
Amador	22.452	5	6	40,474	12.35
Yolo	19.242	28	0	216,403	12.94
El Dorado	20.198	26	0	192,215	13.53
San Benito	24.08	9	6	64,209	14.02
Kern	54.058	129	117	909,235	14.19
Glenn	52.158	4	0	28,129	14.22

Nevada	44.092	15	0	102,241	14.67
San Diego	27.785	489	234	3,298,634	14.82
Placer	17.915	60	79	404,739	14.82
Del Norte	84.175	4	0	26,589	15.04
Mono	7.585	2	0	13,195	15.16
Plumas	21.152	3	0	19,790	15.16
San Bernardino	26.722	335	209	2,195,611	15.26
Calaveras	37.995	7	6	45,292	15.46
San Luis Obispo	35.59	44	6	282,424	15.58
Tulare	22.458	85	32	473,117	17.97
Siskiyou	39.055	9	0	44,076	20.42
Merced	22.09	58	0	281,202	20.63
Kings	17.722	32	41	152,682	20.96
Inyo	52.908	4	0	18,527	21.59
Riverside	34.81	606	596	2,492,442	24.31
Santa Cruz	51.092	73	44	270,861	26.95
Ventura	24.602	253	212	843,843	29.98
Ventura	31.295	253	212	843,843	29.98
Tuolumne	37.785	18	0	55,620	32.36
Modoc	0	3	0	8,700	34.48
Los Angeles	23.352	3554	2863	9,663,345	36.78
Orange	23.53	1229	1029	3,186,997	38.56

Implementation v. Readiness Timeline

Milestone	Optimal/Required Time	Actual Time
Hold stakeholder meetings	Fall 2022	July 2024
Create an interim implementing authority (BHIN)	January 2024	Incomplete
Implement BHIN	January 2025	August 1, 2025?
Begin APA public comment period	January 2024	Unknown
Budget for workforce supports	January 2023	December 2024
Distribute workforce supports	January 2024	July 2026

The infrastructure to successfully implement this program is not aligned with time frames necessary to avoid workforce disruption.

Proposed Solution

The Legislature and DHCS should add language to health committee bills to remedy these issues with two technical amendments:

1. Give DHCS the authority to suspend the requirements of Section 11833 if shortages occur.

Section 11833. (f) is added to read:

(f) After implementation, DHCS may suspend the requirements in (b) (5) for counties experiencing significant workforce shortages.

2. Align the legacy clause with the implementation phase to correct for the “gap counselors” who will not receive a grandfather period.

Section 11833. (b) is amended to read:

~~(7) Counselors in good standing that registered with a state-approved substance use disorder counselor certifying organization prior to July 1, 2025, are exempt from the requirements detailed in paragraph (4). Registered and certified counselors in good standing who are credentialed with a state-approved substance use disorder counselor certifying organization before the department specifies and implements the hour requirements pursuant to paragraph (4), are exempt from the requirements detailed in paragraph (4).~~