
EXPANDING CALIFORNIA'S SUBSTANCE USE DISORDER COUNSELOR WORKFORCE:

LABOR MARKET NEED
AND A GRANT-FUNDED
PATHWAY PORTFOLIO



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EXECUTIVE SUMMARY

Los Angeles County and the broader Southern California region face a sustained and widening shortage of Substance Use Disorder (SUD) counselors. This shortage is a direct constraint on treatment system capacity because counselor staffing determines how quickly people can enter care, how consistently they can be engaged and supported, and whether recovery stability can be sustained over time. The workforce gap is therefore not an abstract labor market concern. It is a treatment access, continuity of care, and recovery outcomes issue, with particular implications for communities most affected by housing instability, justice involvement, and unmet behavioral health needs.

SCALE OF DEMAND AND THE HIRING PRESSURE FACING THE REGION

Labor market projections indicate that demand for substance abuse, behavioral disorder, and mental health counselors will remain strong over the coming decade. In Southern California, projected annual openings total 4,452, and Los Angeles County alone accounts for 1,957 annual openings. These figures provide a clear benchmark for the scale of hiring required year after year to maintain and expand treatment capacity. Because annual openings reflect both growth and replacement demand, employers are not only hiring to expand services. They are hiring continuously to maintain baseline staffing in a high-strain workforce with persistent churn.

SUPPLY IS NOT KEEPING PACE AND THE GAP IS STRUCTURAL

Workforce supply is not keeping pace with demand because the pipeline that produces and retains counselors is constrained at multiple points that cannot be solved through coursework expansion alone. In 2023, Los Angeles County produced 374 SUD-related program completions, while Southern California produced 833 completions. When projected annual openings are compared directly to completions, this translates into a regional shortfall of 3,619. These comparisons are conservative because completions represent an upper bound on potential new entrants. They do not represent certification, workforce entry, or retention.

The longer-term training output trend reinforces the same conclusion: the pipeline is not steadily expanding over time. Southern California completions fluctuate year to year rather than increasing consistently, ranging from a high of 960 in 2013 to a low of 678 in 2021, rebounding to 901 in 2022, and then declining to 833 in 2023. This volatility matters because closing a gap of this scale requires sustained increases in effective pipeline throughput, not periodic spikes.

WHY THE PIPELINE CONSTRAINS EFFECTIVE SUPPLY

The pathway from training into the workforce is sequential, time-intensive, and dependent on external capacity. Candidates must secure supervised placements, complete required hours, navigate certification steps through recognized entities, and transition into employment in a field where compensation and job strain can drive early attrition.

The bottlenecks documented in this report are predictable and reinforcing:

- Supervision capacity constraints and delays in timely placement into supervised experience
- Financial strain during training and required hours
- Navigation and administrative burden across multi-step requirements
- Early hiring that can undermine program completion without employer follow-through
- Early-career turnover that increases replacement demand

Together, these constraints reduce completion, slow progression from training to certification, and contribute to continuous vacancy pressure over time.

A COORDINATED RESPONSE IS ALREADY UNDERWAY AND DESIGNED FOR SCALING

In addition to documenting the shortage, the report highlights a coordinated, grant-funded pathway portfolio already underway in the Los Angeles region. Amity Foundation, East Los Angeles College (ELAC), and Cuesta College have secured multiple grants and aligned initiatives that collectively address key pipeline functions: recruitment and onboarding, training access and completion, participant supports, supervised work-based learning and hour progression, employer engagement and placement, and earn-and-learn strategies including registered apprenticeship. ELAC anchors the work locally in Los Angeles, while Cuesta's virtual delivery model expands access beyond a single campus footprint and supports broader regional reach.

The portfolio's significance is not simply that it funds training. It invests across the pathway components most directly associated with increasing effective supply: the ability to persist through training, complete supervised experience without long delays, transition into employment, and remain in the field long enough to build workforce stability and expand future supervision capacity.

IMPLICATIONS FOR INVESTMENT

The evidence supports a clear conclusion: the SUD counselor workforce gap is a high-impact barrier to treatment access and recovery stability, and it cannot be addressed through small, disconnected efforts. Future investments should prioritize components that measurably increase effective supply and reduce churn, including expanding supervision capacity, stabilizing paid earn-and-learn options that reduce financial drop-off, strengthening employer participation and follow-through, and improving cross-partner tracking systems to measure progression, workforce entry, and retention using consistent definitions.

Over the next 12-24 months, progress should be assessed through indicators that reflect real increases in effective workforce supply: faster progression into and through supervised experience, higher conversion from training completion to workforce entry, improved retention at 6 and 12 months, growth in employer participation and supervision capacity, and increasing ability to report unduplicated counts and consistent milestone definitions across initiatives. These measures provide a practical way to determine whether investment is translating into sustained pathway throughput and a stronger, more stable SUD counselor workforce for Los Angeles County and Southern California.





SECTION I: INTRODUCTION

The demand for Substance Use Disorder (SUD) treatment and recovery supports remains high across California, and the Los Angeles region is no exception. Treatment providers, community-based organizations, and public systems continue to expand services and strengthen continuity of care; however, the ability to meet need depends on a workforce that can deliver consistent, culturally responsive, relationship-based support. SUD counselors sit at the center of that workforce. When there are too few qualified counselors, access to care becomes constrained, wait times increase, treatment engagement weakens, and recovery stability becomes harder to sustain.

This report examines the SUD counselor workforce challenge in the Los Angeles region and documents why demand is expected to remain strong over time. It also highlights a coordinated, grant-funded workforce development response led by Amity Foundation in partnership with East Los Angeles College (ELAC) and Cuesta College. Together, these partners are building a pathway portfolio designed to expand training capacity, strengthen work-based learning and placement infrastructure, and increase recruitment and retention in the field. The intent is not only to describe the workforce gap, but also to surface what a credible, investable response looks like when partners align education, workforce development, and service system needs.

PURPOSE AND INTENDED AUDIENCES

The purpose of this report is twofold. First, it presents labor market and pipeline evidence to clarify the magnitude of current and projected demand for SUD counselors and to explain why workforce supply is not keeping pace. Second, it describes the partnership's active workforce development portfolio, which includes multiple grant-funded initiatives that address key pipeline bottlenecks such as access to training, financial stability during training, supervised work experience, and placement into employment.

This report is intended for public and philanthropic funders, state and local policymakers, SUD treatment providers and employers, community college and training partners, workforce development organizations, and community-based organizations working to expand treatment access, strengthen reentry supports, and improve recovery outcomes.

GEOGRAPHIC FOCUS AND SCOPE

The primary focus of the report is the Los Angeles region. ELAC anchors pathway development locally in Los Angeles, while Cuesta College delivers its SUD counselor training program virtually, expanding access for individuals who may not be able to attend in-person programming and extending the reach of the pathway beyond a single campus footprint. Statewide data are included selectively to establish broader context and to situate regional conditions within California’s overall supply and demand dynamics.

WHY THE SUD COUNSELOR WORKFORCE MATTERS

SUD counselors are a core workforce within the treatment and recovery system. They provide direct counseling and recovery support, help individuals initiate and sustain engagement in treatment, connect participants to services that address health and social needs, and support relapse prevention and long-term recovery stability. In the Los Angeles region, these roles are especially consequential because substance use intersects with housing instability, justice involvement, and community safety concerns. Workforce shortages therefore have consequences beyond staffing levels. When qualified counselors are not available at sufficient scale, treatment access is restricted, continuity of care is disrupted, and recovery outcomes worsen.

HOW THIS REPORT IS ORGANIZED

The sections that follow establish the workforce context and the scale of demand, then trace the pipeline that must produce and retain counselors over time. The report begins by describing the role of SUD counselors and the workforce conditions shaping recruitment and retention. It then presents labor market evidence documenting demand and the drivers of continued growth. Next, it outlines the training-to-workforce pipeline and the structural barriers that limit supply, followed by a synthesis of the demand–supply gap and why it persists. The final sections highlight the partnership’s grant-funded pathway portfolio and summarize implementation lessons and scaling priorities intended to support future investment.

WHAT THIS REPORT DOES

This report (1) documents the scale of demand for SUD counselors in the Los Angeles region, (2) explains why the training and certification pipeline is not producing supply at the pace required, and (3) highlights a coordinated, grant-funded pathway response led by Amity Foundation in partnership with ELAC and Cuesta College that is already expanding capacity and can be scaled through additional investment.



SECTION II: WHY SUD COUNSELORS ARE CRITICAL TO TREATMENT ACCESS AND RECOVERY OUTCOMES

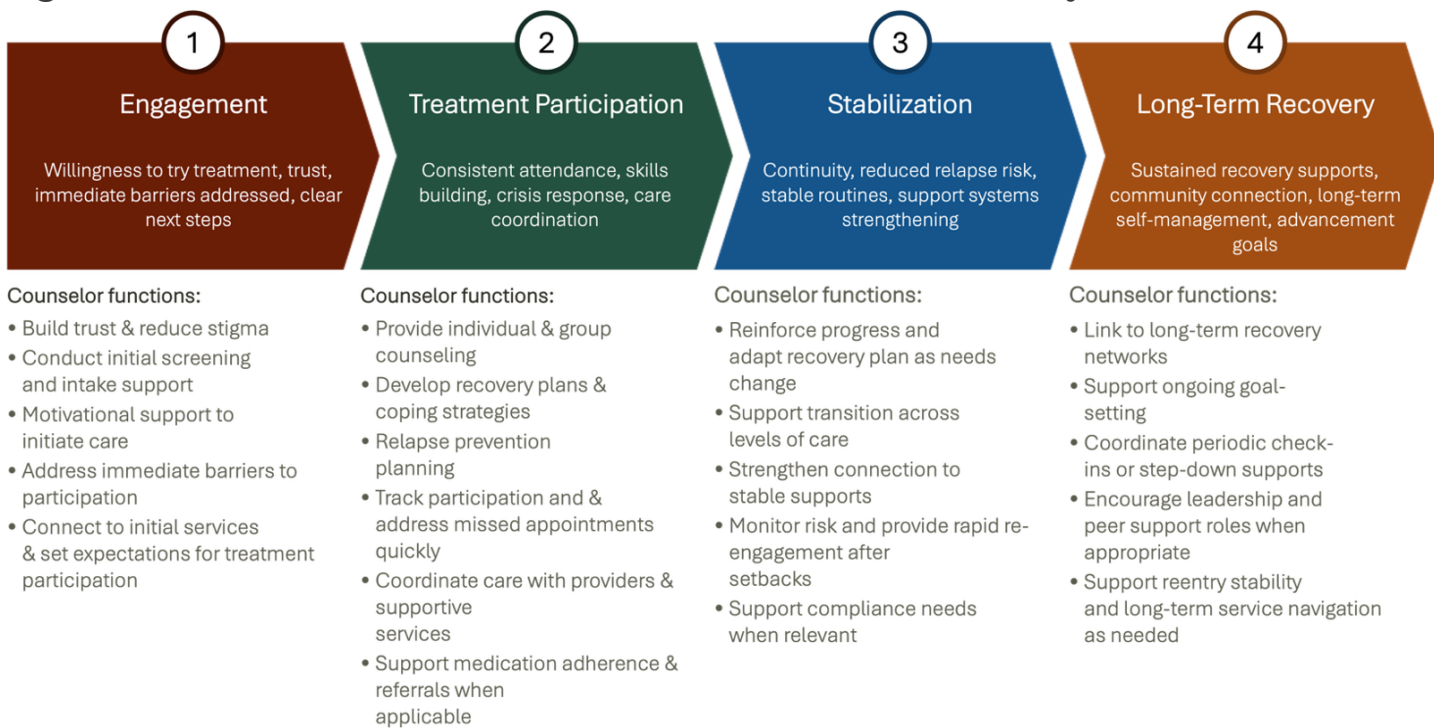
SUD counselors are often described as a single job category, but in practice they are the frontline workforce that makes treatment work. Counselors provide consistent, relationship-based support that helps people enter care, stay engaged when motivation fluctuates, and follow through on recovery plans when life instability makes progress fragile. In many treatment settings, the counselor is also the primary relationship a participant experiences over time. That relationship is not incidental. It is how treatment becomes actionable, relapse risk is recognized early, barriers to participation are addressed in real time, and recovery stability is built through sustained contact rather than short, disconnected episodes of care.

SUD counselors support participants in four interrelated ways: they deliver counseling and recovery support, strengthen engagement and persistence, coordinate care across systems, and connect participants to long-term recovery networks.

- Counseling and recovery support. Counselors provide individual and group counseling, support recovery planning, and build practical skills for coping and relapse prevention
- Engagement and persistence. Counselors help participants initiate treatment, maintain attendance, re-engage after setbacks, and remain connected during periods of instability
- Care coordination and navigation. Counselors connect participants to mental health care, primary care, benefits, housing supports, and other services that influence recovery stability
- Long-term recovery connections. Counselors link participants to peer supports, mutual aid communities, and recovery resources that extend beyond time-limited formal treatment

Figure 1 summarizes how SUD counselors support participants across the full treatment and recovery continuum. It illustrates that the counselor role is not limited to what happens during scheduled counseling sessions. Counselors help people initiate treatment when trust is fragile and practical barriers are high, sustain engagement through attendance challenges and setbacks, coordinate care and supportive services that stabilize participation, and connect participants to long-term recovery networks that extend beyond time-limited programs. This continuum view is important because workforce shortages reduce capacity at every stage, not only during formal treatment. When counselor staffing is limited, systems experience weaker engagement, disrupted continuity, and fewer sustained recovery supports, which ultimately undermines recovery stability and increases the likelihood of relapse and crisis-driven service use.


Figure 1. The SUD Counselor Role Across the Treatment and Recovery Continuum



Because counselor capacity is directly tied to treatment capacity, workforce shortages create predictable system effects. When there are too few counselors available, providers reduce caseload capacity, delay intake, and struggle to maintain the frequency and continuity of contact that many participants need. Remaining staff absorb higher caseloads and more administrative burden, which accelerates burnout and turnover. In that cycle, workforce shortages become self-reinforcing: vacancies increase strain, strain increases attrition, and attrition creates additional vacancies.

In practice, shortages most often show up in the following ways:

- Reduced access to care through fewer treatment slots, delayed intake, and longer wait times
- Disrupted continuity when participants experience service gaps, staff turnover, or reduced contact frequency
- Weaker engagement and retention when caseload pressure limits proactive outreach and relationship-based support
- Greater workforce instability as burnout and turnover increase and supervision capacity becomes stretched
- Increased reliance on crisis-driven service use when treatment access is delayed and recovery supports are inconsistent



The effectiveness of SUD counseling depends on trust and cultural responsiveness. Many individuals entering treatment carry histories of trauma, stigma, and prior system involvement, which means engagement is not automatic and continuity is often fragile. Counselors who can establish credibility, communicate without judgment, and demonstrate cultural humility are more likely to sustain participation through the most difficult stages of recovery. This is especially important in the Los Angeles region, where communities vary widely across language, culture, and lived experience. Workforce strategies that focus only on increasing headcount can miss this requirement. Strengthening the workforce also means building and retaining counselors who can serve diverse communities effectively and sustain engagement over time.

Counselor capacity is also particularly consequential for individuals returning to the community after incarceration. Unlike many fields, work in the SUD treatment and recovery system often values lived experience, and a forensic background is not necessarily a barrier to entry. This makes the pathway a rare opportunity for justice-involved individuals to access a credentialed career with advancement potential. Substance use often intersects with housing instability, untreated behavioral health needs, limited employment opportunities, and fractured social supports. The early reentry period can be marked by urgent needs and elevated relapse risk, particularly when treatment access is delayed or fragmented. In this context, counselor availability matters because it shapes the speed and continuity of connection to care. Timely engagement with consistent recovery supports helps individuals establish routines, maintain participation in treatment, and navigate complex service systems. These dynamics reinforce that the SUD counselor workforce is not only a treatment issue. It is also a stability and reentry issue, with implications for the effectiveness of broader public investments intended to reduce harm and improve long-term outcomes.

Table 1 summarizes common barriers that can disrupt treatment participation, especially for individuals facing instability during reentry, and highlights how SUD counselors help participants navigate these barriers to support engagement, continuity of care, and recovery stability.

Table 1. Common Participant Barriers SUD Counselors Help Address

BARRIER	COUNSELOR SUPPORT FUNCTION
TRANSPORTATION BARRIERS	<ul style="list-style-type: none"> • Problem-solving & coordination to reduce missed appointments • Linkage to transportation resources when available
HOUSING INSTABILITY	<ul style="list-style-type: none"> • Care coordination with housing & supportive service providers • Stabilization planning to support continuity in treatment
BENEFITS & INSURANCE NAVIGATION	<ul style="list-style-type: none"> • Assistance with enrollment & documentation • Referrals & follow-up to ensure coverage & service access
CO-OCCURRING MENTAL HEALTH NEEDS	<ul style="list-style-type: none"> • Screening & referral coordination • Support for engagement in co-occurring care
LEGAL OBLIGATIONS & JUSTICE-SYSTEM REQUIREMENTS	<ul style="list-style-type: none"> • Scheduling & coordination to support compliance • Linkage to reentry supports as appropriate
CHILDCARE & FAMILY RESPONSIBILITIES	<ul style="list-style-type: none"> • Planning & problem-solving to support attendance • Referrals to family supports where available
WORK & SCHEDULE CONSTRAINTS	<ul style="list-style-type: none"> • Engagement strategies & practical planning to reduce scheduling barriers • Coordination with providers when possible
STIGMA, MISTRUST, & PRIOR NEGATIVE SYSTEM EXPERIENCES	<ul style="list-style-type: none"> • Trust-building & culturally responsive engagement to sustain participation

Taken together, the role of SUD counselors and the consequences of shortages make the workforce challenge a system capacity issue, not a staffing inconvenience. The next section turns to the labor market evidence documenting the scale of the shortage in California and the Los Angeles region, and why that shortage is projected to persist without coordinated strategies that expand the pipeline and strengthen retention.

SECTION III. THE WORKFORCE SHORTAGE IN CALIFORNIA AND LOS ANGELES



California's ability to expand access to substance use disorder (SUD) treatment depends on a stable supply of qualified SUD counselors. Counselors deliver core services that support treatment engagement, continuity of care, and recovery stability. When the workforce is constrained, treatment capacity becomes constrained as well. That constraint shows up in practical, measurable ways: longer waitlists, fewer appointment slots, higher caseloads, and greater turnover among staff who remain. Over time, the system becomes less able to meet need even when funding and program design support service expansion.

The workforce shortage is not hypothetical. Multiple sources point to the same conclusion: demand for SUD counselors is high and growing, and training output is not keeping pace. The mismatch is especially consequential in Los Angeles County, where the treatment system carries a large share of statewide demand.

STATEWIDE WORKFORCE GAP

Statewide workforce planning estimates indicate a persistent shortfall in the SUD counselor workforce. The estimated gap between supply and demand is approximately 18%, representing roughly 2,800 unfilled positions¹. The gap is projected to persist through the end of the decade without significant changes to the pipeline that produces and retains counselors.

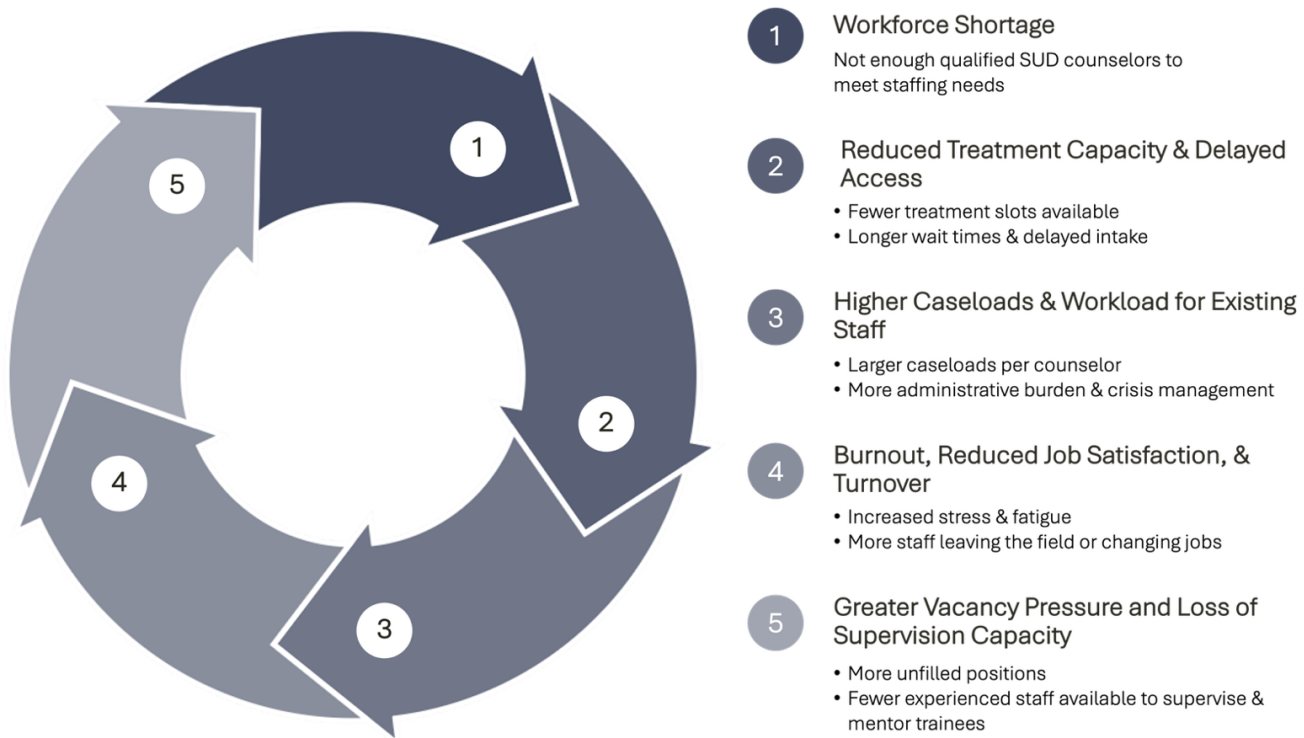
A persistent gap matters because it signals a structural problem, not a temporary hiring lag. When the shortfall remains year after year, the system is not producing enough new counselors to keep pace with two forces at once: growth in demand and ongoing replacement needs created by turnover, retirements, and exits from the field. In other words, the workforce is falling behind even before accounting for improvements the system may be trying to make in access and quality.

The persistence of the gap is also explained by the way workforce conditions reinforce one another over time. When vacancies remain unfilled, caseloads rise for the counselors who remain, supervision capacity becomes stretched, and the system's ability to support new entrants into the field weakens.

¹California Department of Health Care Access and Information (HCAI). Agenda Item 5: Summary of Supply and Demand Model and Detailed Review of Behavioral Health Workforce Strategy (PDF). October 2024.

These pressures accelerate burnout and turnover, which increases replacement needs and deepens vacancy pressure. Figure 2 summarizes this reinforcing cycle and illustrates why the shortage tends to persist without coordinated strategies that increase pipeline throughput and strengthen retention.

Figure 2. Workforce Shortage Feedback Loop



TRAINING OUTPUT AND THE PIPELINE CONSTRAINT

The supply side picture clarifies why the shortage persists. In 2023, Los Angeles County training programs produced 374 SUD-related degree or certificate completions. This level of training output is far below the scale implied by the county’s projected annual openings.

Completions also overstate effective workforce supply for two reasons.

- **Completions are not the same as certification.** The SUD counselor pathway typically requires additional steps beyond coursework, including supervised practicum hours and certification processes. Some individuals who complete training do not complete these additional requirements, which reduces the number who become eligible, employable counselors.
- **Completions are not the same as retention.** Even when individuals enter the workforce, job conditions influence how long they stay. In a workforce with elevated turnover, a portion of annual openings reflects exits rather than growth. This means the pipeline must produce enough new counselors not only to expand capacity, but also to replace those who leave.

RETENTION PRESSURES

Workforce stability depends not only on entry into the field, but also on keeping counselors in the profession. Compensation and job strain are central factors. Entry-level annual earnings in the field are estimated at approximately \$38,000, which is below a living wage in Los Angeles County. In addition, annual turnover rates in the field have been documented at levels exceeding 30%.

These realities matter because they change what “enough training” means. When turnover is high, a significant share of hiring demand reflects replacement needs. In that context, workforce development strategies must address retention as a core design requirement, not as an afterthought. Approaches that reduce financial strain during training, strengthen supervised practice capacity, and create structured earn-and-learn pathways can improve completion and early-career stability, which in turn supports retention.

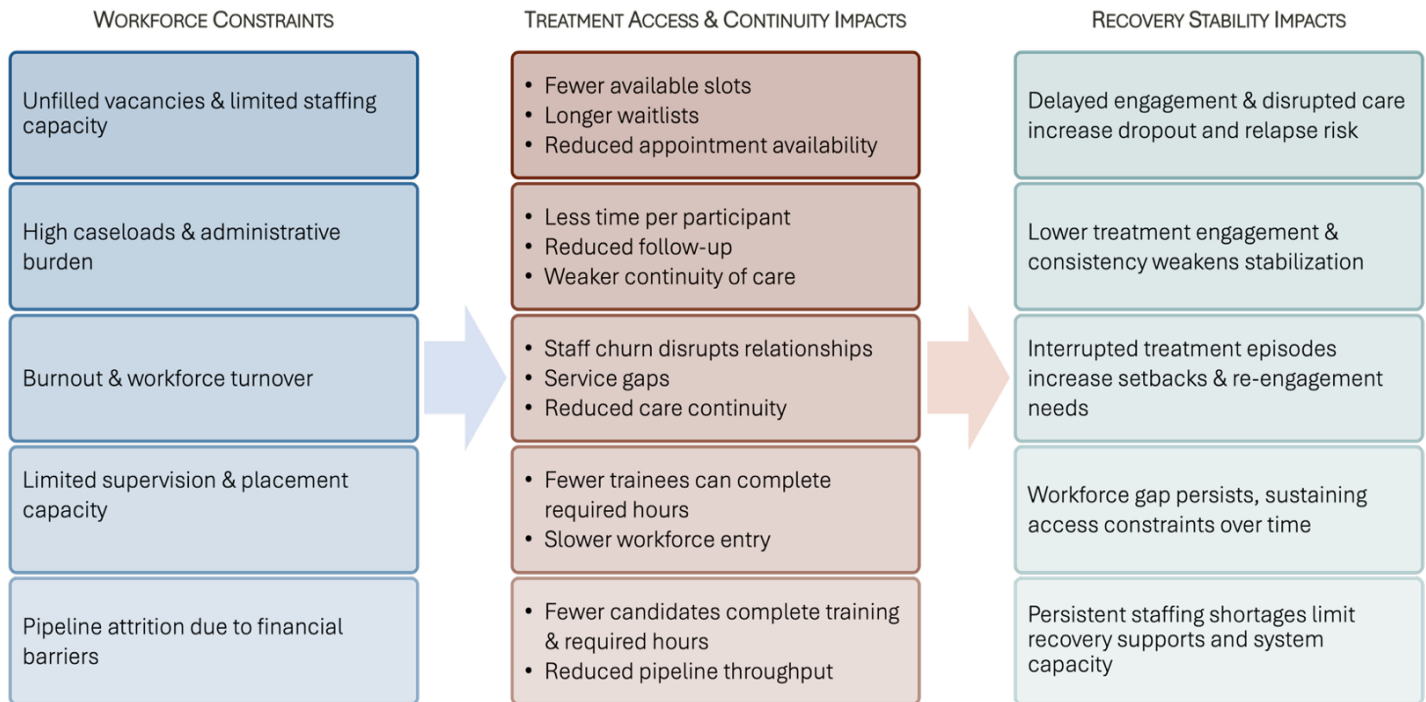
IMPACTS ON SERVICE CAPACITY

Workforce shortages in the SUD counselor field show up most clearly in day-to-day service delivery. When providers cannot hire and retain enough counselors, treatment capacity shrinks, wait times grow, and continuity of care weakens. These pressures also increase strain on existing staff, which contributes to turnover and reinforces the shortage. The most common operational impacts are summarized below:

- 1.Reduced treatment capacity through unfilled vacancies and limited caseload availability
- 2.Delays in service entry, including longer wait times and reduced appointment access
- 3.Higher caseload pressure on existing staff, which weakens continuity and quality
- 4.Greater workforce churn, which disrupts relationships and treatment engagement
- 5.Constraints on system expansion goals tied to policy and funding reforms

The impacts listed above are symptoms of a set of underlying workforce constraints that reinforce one another. Vacancies reduce caseload capacity immediately, which concentrates demand onto fewer counselors and increases workload. As caseloads rise and administrative burden grows, counselors have less time for proactive outreach, consistent follow-up, and relationship-based engagement, which weakens continuity of care and increases the likelihood of missed appointments or disengagement. These same pressures accelerate burnout and turnover, which further increases vacancies and destabilizes treatment teams. Over time, the shortage also becomes harder to solve because turnover reduces the number of experienced staff available to supervise trainees and support new counselors, slowing progression through required practicum hours and certification steps. The result is a cycle in which workforce constraints limit access today while also undermining the system’s ability to rebuild capacity over time. The figure below summarizes these connections by linking workforce constraints to treatment access, continuity of care, and recovery stability.

Figure 4. System Impacts of the Workforce Shortage



The evidence in this section points to a structural mismatch. Demand for SUD counselors is projected to remain high, Los Angeles County represents a major share of regional need, and training output is not sufficient to meet annual openings, even before accounting for certification attrition and turnover. The next section provides a more detailed view of demand and the drivers expected to sustain counselor openings over time.



SECTION IV. LABOR MARKET DEMAND

Labor market projections indicate that demand for SUD counselors will remain strong over the next decade. In California, the demand signal is shaped by two forces operating at the same time: growth in service capacity and ongoing replacement needs created by turnover and exits from the occupation. In practice, this means providers must hire continuously each year to maintain baseline staffing, even before expanding services or reducing wait times. For Los Angeles County, where treatment system demand is among the largest in the state, the implication is clear. Without sustained increases in pipeline output and improved retention, the counselor workforce gap will persist.

DEMAND OUTLOOK

Labor market projections reinforce that demand will remain strong. Statewide employment for substance abuse, behavioral disorder, and mental health counselors is projected to grow from 66,200 in 2023 to 79,100 by 2033, representing approximately 19.5% growth. Annual openings are estimated at 7,256 statewide.²

Annual openings are a particularly useful indicator because they reflect two forms of demand at once. They include new positions created as systems expand services, and they include replacement demand created when workers leave the occupation. Replacement demand is often underestimated by non-technical audiences, but it can be substantial in high-strain fields. Even if population need were flat and no new programs were added, hiring demand would remain high if turnover is high. In practice, this means that employers are not hiring only to “grow.” They are hiring continuously just to maintain baseline capacity.

HOW TO INTERPRET ANNUAL OPENINGS

Annual openings are the most useful planning metric because they reflect the volume of hiring required each year, not only long-term growth. Annual openings include two distinct components:

- Growth openings. New positions created as systems expand services and capacity
- Replacement openings. Positions that open because workers leave the occupation due to turnover, retirement, or career movement

²California Employment Development Department (EDD), Labor Market Information Division. Employment Projections – Long Term Projections (Ten-years), Occupational Projections, California (2023-2033)

Replacement openings are especially relevant in behavioral health occupations. Even if service expansion slowed, hiring needs would remain high if turnover remains high. For workforce strategy, this means the challenge is not simply producing more graduates. It is building a pipeline that can deliver steady annual throughput while improving early-career retention.

Table 2. Demand Outlook Summary

Geography	Base Employment	Projected Employment	% Growth	Annual Openings
United States (2024-34) ³	483,500	564,600	16.8%	48,300
California (2023-33) ⁴	66,200	79,100	19.5%	7,256
Southern California Region (2022-32)	39,230	47,950	22.2%	4,452
Los Angeles County (2022-32)	16,810	20,900	19.6%	1,957

SOUTHERN CALIFORNIA DEMAND CONCENTRATION

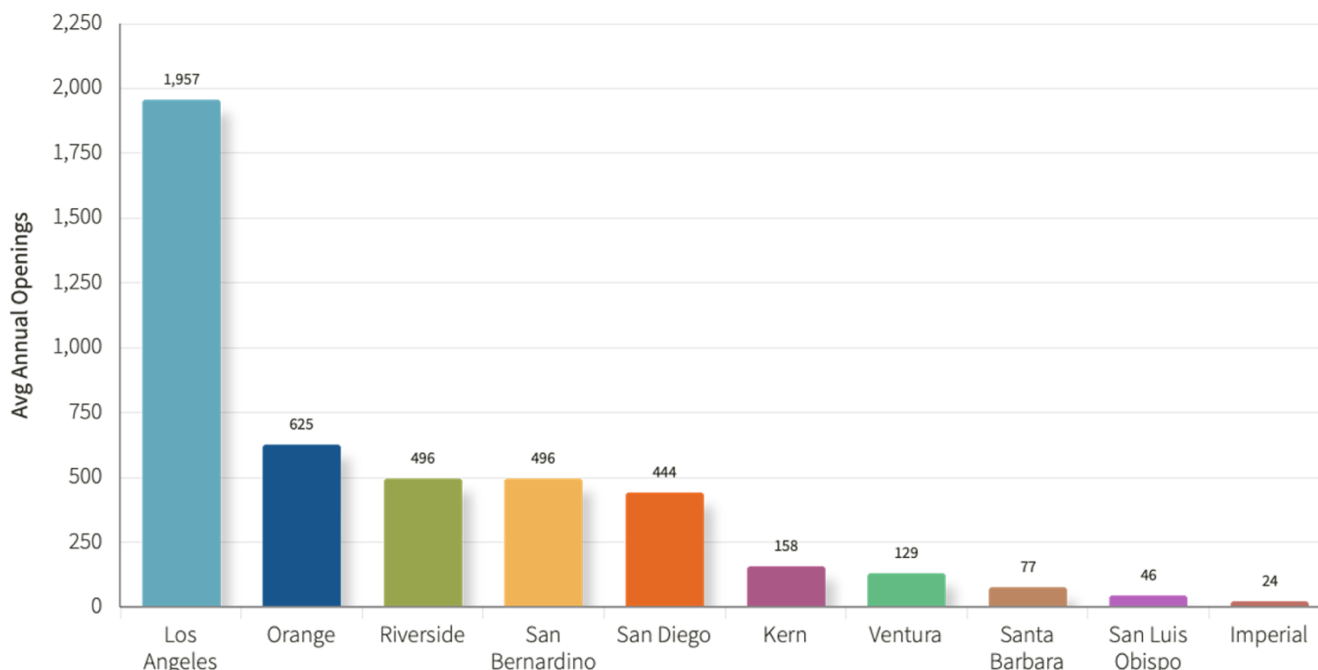
Demand is concentrated heavily in Southern California. Projected employment for the occupation group in Southern California is approximately 47,950 by 2033. Over the ten-year period reflected in the regional projections, Southern California is expected to require approximately 44,520 positions filled. This translates to roughly 4,452 annual openings across the region’s counties.

Within Southern California, Los Angeles County represents the largest share of demand. County employment is projected to grow from 16,810 to 20,900 over the projection period, with approximately 1,957 annual openings. This number provides a clear benchmark for what workforce development would need to accomplish to materially change regional conditions. If Los Angeles County requires nearly 2,000 hires each year, then the region needs a pipeline that can reliably move candidates from training into certification and employment at a consistent scale year after year. Isolated programs can change outcomes for the people they serve; however, they cannot reduce the regional shortage unless they are connected to a broader strategy that expands pipeline capacity and improves retention.

³U.S. Bureau of Labor Statistics. Occupational Outlook Handbook: Substance Abuse, Behavioral Disorder, and Mental Health Counselors (Employment Projections data, 2024-2034; employment and annual openings)

⁴Source for California, Southern California Region, and Los Angeles County rows: California Employment Development Department (EDD), Labor Market Information Division. Employment Projections – Long Term Projections (Ten-years), Occupational Projections (California 2023-2033; local areas including counties generally shown as 2022-2032 on the EDD projections page).

Figure 4. Annual Openings Across Southern California⁵



DRIVERS OF CONTINUED DEMAND

Demand for SUD counselors remains high for reasons that are structural, not temporary. The projections summarized earlier reflect both the continued need for treatment services and the steady churn that requires providers to fill vacancies year after year. Five drivers are especially relevant to California and the Los Angeles region.

ONGOING TREATMENT NEED

Substance use remains a persistent public health challenge, and access to treatment and recovery supports continues to be constrained by the availability of qualified counselors. When counselor staffing is limited, programs cannot expand caseload capacity or reduce wait times, even when funding is available.

SYSTEM EXPANSION AND EXPECTATIONS FOR CONTINUITY

California’s treatment and behavioral health systems continue to move toward models that emphasize earlier engagement, continuity of care, and stronger care coordination. These expectations increase demand for counselor capacity because counseling is a core service that must be delivered consistently over time, not episodically.

⁵California Employment Development Department (EDD), Labor Market Information Division. Employment Projections – Long Term Projections (Ten-years), Occupational Projections by county (2022-2032) for “Substance Abuse, Behavioral Disorder, and Mental Health Counselors”; Southern California total calculated as the sum of the ten counties shown in the figure.

REPLACEMENT DEMAND DRIVEN BY WORKFORCE TURNOVER

A significant share of annual openings reflects replacement needs, not only new growth. In practice, this means hiring pressure remains high even when service expansion slows. Workforce strategies must account for the ongoing need to replace counselors who exit the field due to burnout, compensation pressures, or movement into other roles.

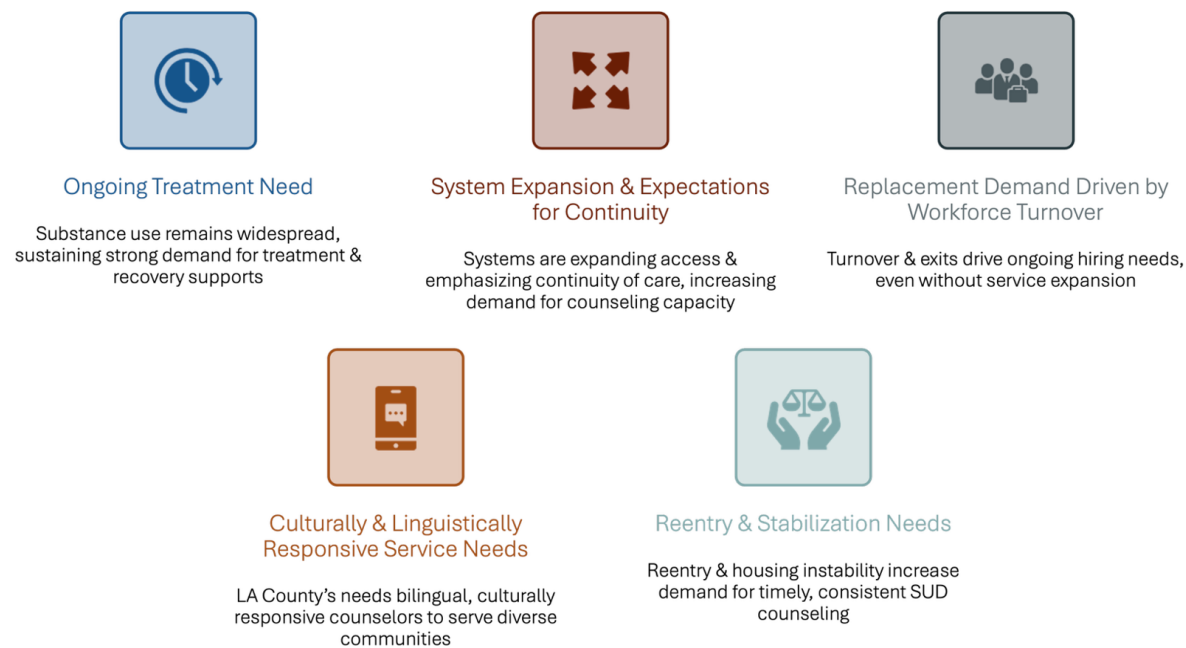
CULTURALLY AND LINGUISTICALLY RESPONSIVE SERVICE NEEDS

Los Angeles County's diversity requires bilingual, culturally responsive counselors who can build trust and sustain engagement. Demand is therefore not only about the number of counselors available, but also about whether the workforce has the language capacity and community alignment required to serve high-need populations effectively.

REENTRY AND STABILIZATION NEEDS

For individuals returning to the community after incarceration and for those experiencing housing instability, timely access to SUD counseling is often a key stabilization factor. This increases ongoing demand for counselor capacity in community-based settings where treatment access, service coordination, and sustained engagement are central to outcomes.

Figure 5. Drivers of Demand for SUD Counselor



The labor market demand signal is clear across national, statewide, and regional projections. Annual openings remain high, and Los Angeles County represents the largest share of projected demand in Southern California. These projections translate into sustained hiring needs at a scale that cannot be met through small, disconnected efforts. The next section turns to workforce supply by describing the training and certification pipeline, the points where candidates drop off, and why supply is not keeping pace with projected demand.

SECTION V. WORKFORCE SUPPLY AND THE TRAINING PIPELINE

The demand projections in the prior section describe the scale of hiring pressure in California and in the Los Angeles region. Supply is shaped by a different set of factors. Unlike demand, which is expressed through sustained annual openings, workforce supply depends on the capacity of education and training programs, the availability of supervised practice opportunities, and the ability of candidates to persist through a pathway that is time-intensive and often financially challenging. This section describes the training pipeline that produces new SUD counselors, identifies where candidates most often drop off, and explains why training output alone does not translate into a workforce supply that meets projected demand.

TRAINING OUTPUT AND WHY IT IS NOT ENOUGH

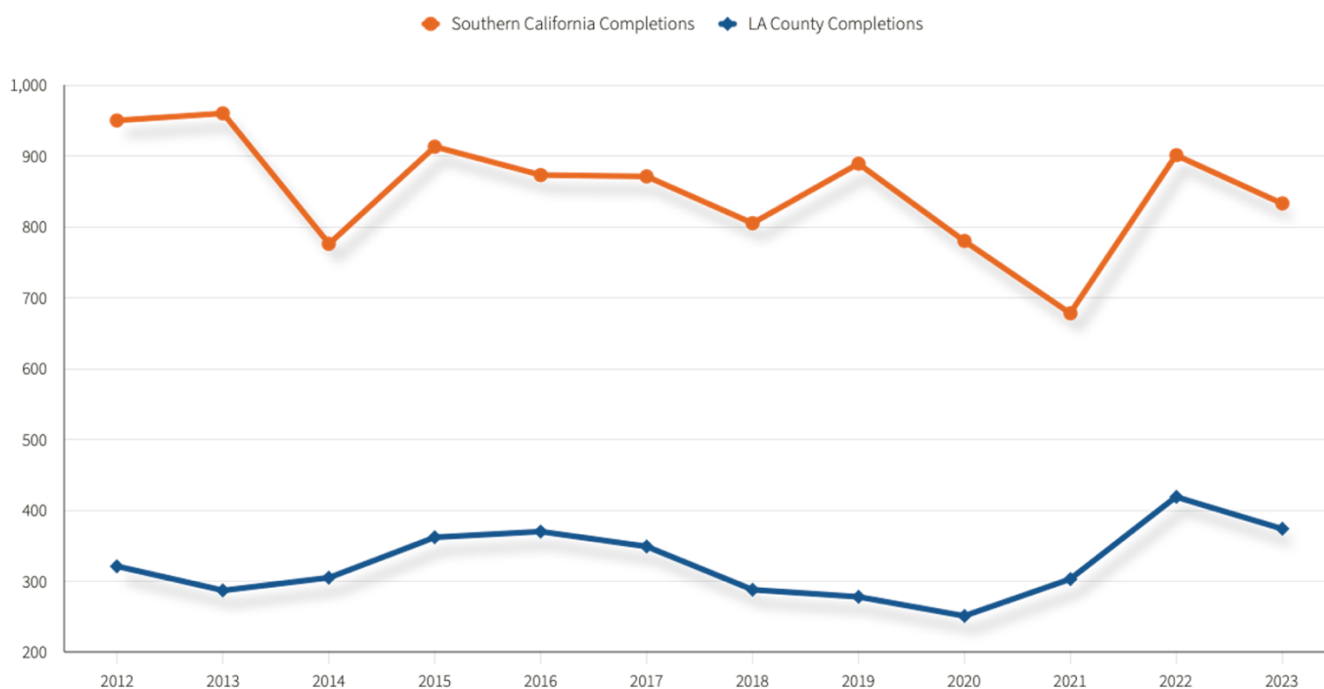
Training programs represent the front end of the pipeline. In Los Angeles County, training output remains modest relative to projected annual openings. In 2023, Los Angeles County produced 374 SUD-related degree or certificate completions. At the regional level, Southern California produced 833 completions in 2023. These figures provide an upper bound on potential new workforce entrants in a given year, even before accounting for post-completion requirements such as supervised hours and certification steps.⁶

The longer-term trend in completions also indicates that training output has not increased in a steady, sustained way over time. Across Southern California, completions fluctuated year to year between 2012 and 2023, ranging from a high of 960 in 2013 to a low of 678 in 2021, a decline that aligns with pandemic-related disruptions including interruptions to internships and work-based learning, followed by a rebound to 901 in 2022 and 833 in 2023. This pattern suggests that the regional training pipeline is not consistently expanding at a pace that would, on its own, close the gap implied by projected annual openings. Instead, training output varies across years, reinforcing the importance of addressing the structural factors that constrain throughput from training to certification and into stable employment.

⁶ Source for Los Angeles County and Southern California SUD-related program completions (2012-2023), including the 2023 totals cited above, the year-by-year trend described in the following paragraph, and Figure 5. California Community Colleges Chancellor's Office. Data Mart, Outcomes – Program Awards (Program Awards Summary). Export compiled into "SUD Degrees Awarded by County.xlsx" and aggregated to Los Angeles County and the Southern California region for 2023.

To interpret workforce supply correctly, it is important to distinguish between training output, pathway milestones, and workforce entry. In this report, SUD-related program completions refer to the count of degrees and certificates awarded by community colleges in SUD-related programs, which serves as a proxy for training output. These completions should not be interpreted as SUD counselor certification or workforce entry. Prevention Specialist and Recovery Specialist certificates are treated as pathway milestones that can support engagement, persistence, and readiness for related roles; however, they do not represent state SUD counselor certification. Prevention Specialist and Recovery Specialist are stackable certificates offered through ELAC. Workforce entry is addressed using the strongest available evidence in the partnership’s reporting, including placements and early employment signals where documented. This distinction matters because the demand–supply gap described later in the report compares projected annual openings to training output; the effective supply available to employers is smaller once post-completion requirements, certification progression, and early-career attrition are taken into account.

Figure 6. SUD-Related Program Completions in Southern California (2012-23)

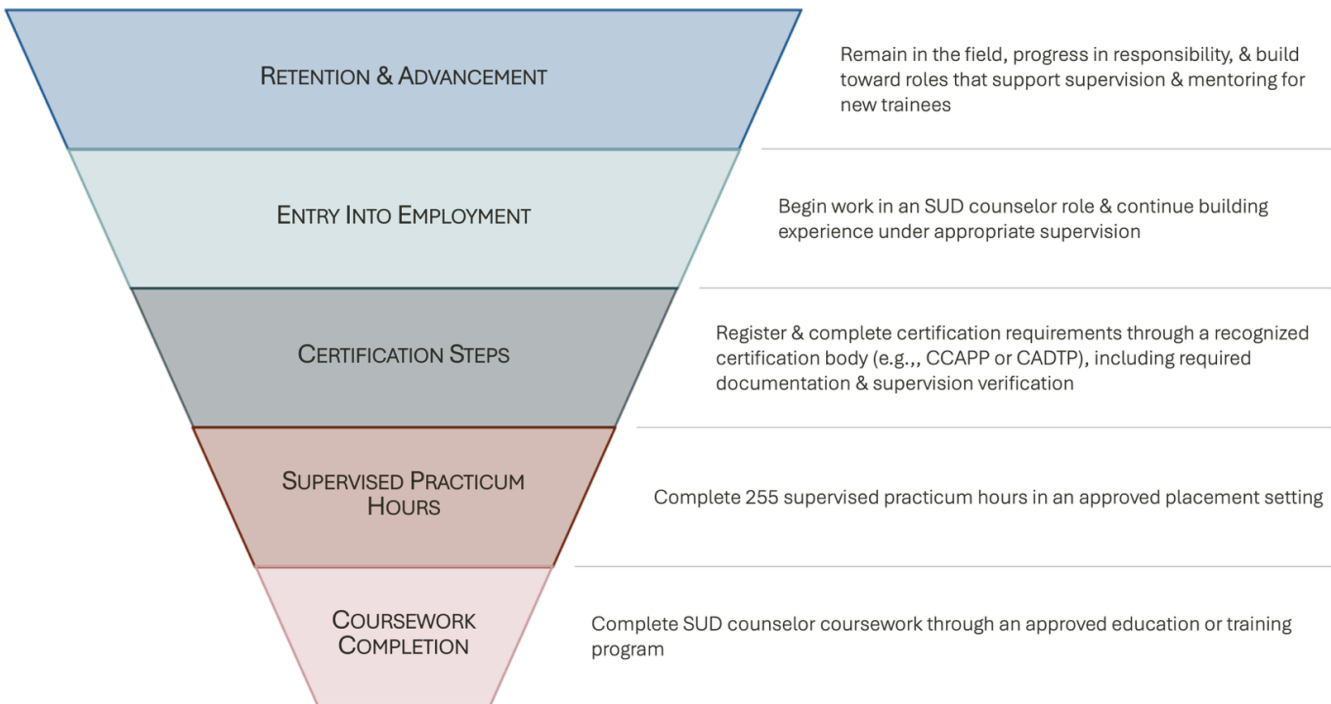


Completions, however, do not equal workforce supply. Completing a degree or certificate program does not automatically result in a certified counselor entering and remaining in the field. The pathway includes additional steps that can take months or years, and the pipeline narrows substantially at those points.

FROM TRAINING TO CERTIFICATION: THE PIPELINE IS SEQUENTIAL

The pathway to becoming a certified SUD counselor requires progression through a defined sequence, and it includes both education and supervised experience. At ELAC, students typically transition to work-based learning after completing three courses, which allows them to begin earning hours toward certification during the education process. More broadly, candidates complete required coursework, accumulate supervised practical experience hours, and then proceed through formal certification steps through recognized certification entities.

Figure 7. SUD Counselor Certification Pathway Funnel



The pipeline's sequential design creates two constraints that are especially important for workforce planning.

First, supply cannot scale quickly. Even when a region expands training seats, it takes time for participants to move through coursework, accumulate required hours, and complete certification steps.

Second, the pipeline is dependent on external capacity. Coursework can be scaled by adding seats, sections, or instructors. Supervised experience cannot be scaled the same way. It depends on placement sites, qualified supervision, and employers willing to take on trainees.

WHERE THE PIPELINE LOSES CANDIDATES

Pipeline attrition is often misinterpreted as a lack of motivation or readiness among candidates. In practice, attrition is frequently driven by structural barriers. The most common drop-off points occur after enrollment, as candidates move through supervised experience, certification steps, and early employment.

Supervised Practice Capacity

The supervised practice requirement is a major constraint on pipeline throughput. Even when supervised sites exist, timely placement and supervision capacity can still slow progression. In Southern California, the constraint is less about the existence of supervised sites and more about timely placement, consistent supervision capacity, and effective coordination across partners. Delays often reflect onboarding requirements, supervisor availability, and the ability to match trainees to sites quickly and consistently. These delays increase dropout risk because they extend the time required to reach eligibility for certification and paid employment.

Financial Strain During Training and Required Hours

Many candidates face financial strain while progressing through training and supervised practice. When work-based learning is unpaid or underpaid, candidates may not be able to persist long enough to complete required hours. This is one of the primary reasons that “more training seats” does not automatically translate into “more counselors.”

Peer Support Specialist Pathway as a Competing Option

Peer Support Specialist training has also become a more attractive alternative pathway for individuals considering work in behavioral health. Peer Support Services became a Medi-Cal benefit effective July 1, 2022 under DHCS implementation of SB 803, with counties opting in to provide the benefit through Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS).⁷ Beginning January 1, 2025, California’s Behavioral Health “Connecting Our Neighbors to Care” (BH-CONNECT) Section 1115 demonstration added new federal authorities and implementation requirements tied to county participation, including delivery of Peer Support Services as part of the broader behavioral health transformation underway in 2025.⁸

⁷California Department of Health Care Services (DHCS). Medi-Cal Peer Support Services Specialist Program Frequently Asked Questions (Opting into the Medi-Cal Peer Support Services benefit; SMHS and DMC/DMC-ODS delivery systems). California Department of Health Care Services (DHCS). Behavioral Health Information Notice No. 22-055: Peer Services Funding Sources (October 14, 2022).

⁸Centers for Medicare & Medicaid Services (CMS). California BH-CONNECT Section 1115 Demonstration Approval Letter (December 16, 2024; demonstration effective January 1, 2025). California Department of Health Care Services (DHCS). Behavioral Health Information Notice No. 25-011: BH-CONNECT Demonstration Option to Receive Federal Financial Participation for Specialty Mental Health Services in Institutions for Mental Diseases (April 11, 2025; policy effective January 1, 2025). California Department of Health Care Services (DHCS). BH-CONNECT FAQs (implementation beginning 2025; peer support requirements tied to county participation).

In practice, Peer Support training can be completed much more quickly than the SUD counselor pathway, and as employer demand grows, some students may opt for Peer Support roles rather than completing a longer counseling program. Peer Support roles can also function as a stepping stone into counseling for some individuals, particularly when employers reinforce advancement expectations and the pathway is clearly communicated. This diversion does not reduce treatment system need for SUD counselors; however, it can reduce counselor pipeline completion unless compensation, advancement incentives, and employer expectations are better aligned and students receive clear guidance about longer-term certification pathways.

Navigation and Administrative Burden

The pathway includes multiple steps that require navigation of program requirements, documentation, supervision arrangements, and certification processes. Candidates who lack clear guidance or structured supports are more likely to pause or exit during these transitions, even when they complete coursework.

Early Hiring Can Undermine Program Completion Without Employer Follow-Through

In the current labor market, some treatment providers hire participants before they complete training because staffing needs are urgent. Early hiring can be a positive outcome, but it can also create a predictable completion risk: once participants secure employment, some reduce course attendance or stop progressing toward required education and certification steps. This dynamic is especially consequential because many counselor roles require workers to remain registered with a credentialing body and complete certification requirements within a defined timeframe. Without clear expectations and follow-through from employers, early hires may fall out of compliance over time, creating workforce instability for both the worker and the provider. This reinforces the need for employer-facing case management and clear agreements that hiring is paired with continued education, supervised hour completion, and timely preparation for the certification exam.

Table 3 summarizes the most common bottlenecks that reduce throughput between training entry and stable workforce participation. The table includes the core constraints discussed above and also captures additional operational barriers not included above, but nonetheless affect completion and time-to-employment in practice. Together, these bottlenecks illustrate why increasing training seats alone is not sufficient and why workforce strategies must address supervision capacity, financial persistence, navigation supports, employer practices, and early-career retention simultaneously.

Table 3. *Common Pipeline Bottlenecks and Their Effects*

Bottleneck	What It Looks Like in Practice	Impact on Completion	Implication for Workforce Strategy
LIMITED SUPERVISION CAPACITY	<ul style="list-style-type: none"> Supervisors overextended 	<ul style="list-style-type: none"> Slower progression Stalled certification 	<ul style="list-style-type: none"> Strengthen supervision supports
FINANCIAL STRAIN DURING TRAINING	<ul style="list-style-type: none"> Training competes with paid work 	<ul style="list-style-type: none"> Pauses/exits before completion 	<ul style="list-style-type: none"> Stipends Paid earn-and-learn
PEER SUPPORT PATHWAY DIVERSION	<ul style="list-style-type: none"> Faster credential Higher pay 	<ul style="list-style-type: none"> Lower persistence Fewer completions 	<ul style="list-style-type: none"> Align wages Clarify pathways
COMPLEX REQUIREMENTS/NAVIGATION	<ul style="list-style-type: none"> Multiple steps Documentation burden 	<ul style="list-style-type: none"> Stalls after coursework 	<ul style="list-style-type: none"> Case management Milestone coaching
EARLY HIRING BEFORE COMPLETION	<ul style="list-style-type: none"> Hired early School attendance drops 	<ul style="list-style-type: none"> Lower completion/exam readiness 	<ul style="list-style-type: none"> Employer follow-up Clear expectations
UNPAID/LOW-PAID PRACTICUM	<ul style="list-style-type: none"> Hours required without income 	<ul style="list-style-type: none"> Higher attrition 	<ul style="list-style-type: none"> Paid practicum Apprenticeship
ADMINISTRATIVE DELAYS	<ul style="list-style-type: none"> Slow onboarding/approvals 	<ul style="list-style-type: none"> Longer time-to-complete 	<ul style="list-style-type: none"> Streamline processes Standard forms
TECHNOLOGY BARRIERS	<ul style="list-style-type: none"> Limited device/internet 	<ul style="list-style-type: none"> Participation delays 	<ul style="list-style-type: none"> Tech support Device access
ACADEMIC READINESS GAPS	<ul style="list-style-type: none"> Need tutoring/study supports 	<ul style="list-style-type: none"> Lower completion/pass rates 	<ul style="list-style-type: none"> Tutoring Structured study supports
EMPLOYER ONBOARDING FRICTION	<ul style="list-style-type: none"> Unclear expectations Time burden 	<ul style="list-style-type: none"> Fewer placements/jobs 	<ul style="list-style-type: none"> Simplify onboarding Employer TA
EARLY-CAREER BURNOUT/TURNOVER	<ul style="list-style-type: none"> High caseloads Limited support 	<ul style="list-style-type: none"> More exits Higher replacement demand 	<ul style="list-style-type: none"> Retention supports Better onboarding
LIMITED PLACEMENT SLOTS	<ul style="list-style-type: none"> Placement delays Coordination friction 	<ul style="list-style-type: none"> Slower hours Delayed progression 	<ul style="list-style-type: none"> Formalize placements Streamline coordination

COMPLETIONS OVERSTATE SUPPLY, AND SUPPLY IS FURTHER REDUCED BY TURNOVER

Even when candidates complete training and certification steps, workforce supply is further reduced by turnover. If early-career retention is weak, the pipeline must produce more entrants simply to replace those who leave. This is why the annual openings metric is so important. A significant share of annual openings reflects replacement demand, which means the supply system must operate as a continuous engine, not a periodic training effort.

For Los Angeles County and Southern California, this dynamic has a clear implication. The region needs strategies that do two things at the same time: increase pipeline throughput from training into certification and strengthen retention once individuals enter the field. Without both, vacancy pressure persists even when training output rises.

CONNECTING THE PIPELINE TO WORKFORCE STRATEGY

This section clarifies why the workforce shortage persists despite ongoing training activity. The pipeline is sequential, time-intensive, and constrained by supervised experience capacity, financial barriers, and navigation complexity. These constraints are not solved by expanding coursework alone. They require coordinated approaches that strengthen placement capacity, provide financial and case management supports during training, and create structured earn-and-learn pathways that stabilize candidates through the certification process.

The next section synthesizes demand and supply by quantifying the demand–supply gap and explaining why the gap persists under current conditions.

SECTION VI. THE DEMAND-SUPPLY GAP AND WHY IT PERSISTS

Sections III through V establish the core conditions shaping the SUD counselor workforce in California and the Los Angeles region. Demand is high and projected to remain high. Annual openings reflect continuous hiring pressure driven by both growth and replacement needs. Supply is constrained by a sequential training-to-certification pipeline that is difficult to scale quickly and vulnerable to attrition at multiple points. This section brings those strands together by summarizing the demand-supply gap and explaining why it persists under current conditions.

REGIONAL DEMAND COMPARED TO SUPPLY

Southern California's projected demand for SUD counselors substantially exceeds current training output. Across the ten-county region, projected annual openings total 4,452, while SUD counselor-related completions in 2023 total 833. This yields an annual shortfall of 3,619 when openings are compared directly to completions. In practical terms, the region is producing less than one-fifth of the annual completions that would be needed to keep pace with projected hiring demand. This is also a conservative comparison, since completions do not automatically translate into certification or workforce entry.

The county-level results reinforce the same conclusion while showing where the gap is most concentrated. Los Angeles County accounts for the largest share of regional demand, with 1,957 projected annual openings and 374 completions, a difference of 1,583. Several other counties show large and sustained shortfalls as well, including Orange County (difference of 474), Riverside County (400), San Bernardino County (451), and San Diego County (387). Smaller counties have lower total demand, but the imbalance remains consistent: in every county, projected annual openings exceed completions.

The "Difference" column provides a straightforward measure of this mismatch. It represents the number of additional annual completions that would be needed, on average, to align training output with projected hiring demand. The true workforce gap is larger in practice because completions overstate effective supply and because annual openings include replacement demand driven by turnover. These data indicate that closing the workforce gap will require sustained increases in pipeline throughput beyond coursework completion, along with strategies that strengthen retention once counselors enter the field.

The table below shows the demand-supply mismatch by county across Southern California.

Table 4. Demand Versus Supply by County¹

COUNTY	Annual Openings	2023 Completions	Difference (Openings – Completions)
LOS ANGELES	1,957	374	1,583
ORANGE	625	151	474
RIVERSIDE	496	96	400
SAN BERNARDINO	496	45	451
SAN DIEGO	444	57	387
KERN	158	23	135
VENTURA	129	52	77
SANTA BARBARA	77	25	52
SAN LUIS OBISPO	46	4	42
IMPERIAL	24	6	18
TOTAL SOUTHERN CALIFORNIA	4,452	833	3,619

WHY THE GAP PERSISTS

The gap persists because it is driven by structural constraints that affect both throughput and retention. In practical terms, the system is losing potential counselors at multiple stages, while employers face continuous annual hiring demand.

⁹Annual openings: California Employment Development Department (EDD), Labor Market Information Division, Long-Term Occupational Projections by county (2022-2032) for “Substance Abuse, Behavioral Disorder, and Mental Health Counselors.” 2023 completions: California Community Colleges Chancellor’s Office (CCCCO), Data Mart, Outcomes – Program Awards (Program Awards Summary)

The key drivers of persistence are summarized below.

- **Annual openings reflect replacement demand as well as growth.** A large share of hiring need is driven by turnover and exits from the occupation. In a high-strain workforce, replacement demand remains high even when service expansion slows. This creates a persistent annual requirement for new hires. When workforce strategies focus primarily on increasing training enrollment without addressing retention, the system may increase entry into the pipeline while still failing to reduce the overall shortage.
- **The pathway depends on supervised practice capacity that does not scale easily.** Training seats can be expanded, but supervised placements and qualified supervision are finite. When supervision capacity is limited, candidates face delays in completing required hours. Delays increase dropout risk and slow pipeline throughput. This bottleneck has an outsized impact because it sits between coursework completion and certification eligibility, where the pipeline is already narrowing.
- **Financial barriers reduce persistence through training and required hours.** Many candidates face financial instability while completing coursework and supervised practice. When work-based learning is unpaid or underpaid, candidates often cannot persist long enough to complete the pathway. This barrier is especially consequential in the Los Angeles region, where the cost of living is high and entry-level wages in the field remain low relative to basic expenses.
- **Completion does not equal certification, and certification does not equal retention.** Workforce supply is reduced at two additional steps beyond training completion. First, some completers do not progress through certification requirements. Second, some newly hired counselors exit early due to job strain, limited advancement, or compensation pressures. These dynamics mean that the number of training completions needed to reduce the shortage is higher than the number implied by openings alone, because the system is not capturing every completer as a long-term workforce entrant.
- **Fragmentation across systems slows progress and reduces efficiency.** The SUD counselor pipeline spans multiple institutions and requirements: education and training providers, placement sites, certification bodies, and employers. When these systems are not aligned, candidates experience inconsistent guidance, duplicative requirements, and avoidable delays. Fragmentation also makes it harder to measure progress consistently across programs and to build a coordinated response that can be scaled.

IMPLICATIONS FOR WORKFORCE STRATEGY

This demand-supply mismatch produces predictable labor market conditions: vacancies remain open longer, employers compete for a limited pool, caseload pressure increases for those in the field, and turnover accelerates. Under these conditions, small, disconnected initiatives can improve outcomes for individuals but will not materially change regional workforce conditions.

Closing the gap requires strategies designed to increase effective supply, not only training activity. Effective supply increases when more candidates complete training, progress through supervised hours and certification steps without delay, enter the workforce with enough stability to remain in the field, and advance into roles that expand supervision capacity for future cohorts. These requirements point directly to the value of coordinated pathway portfolios that combine training access, participant supports, supervised placement development, employer engagement, and earn-and-learn models that strengthen retention.

The next section describes an active partnership response led by Amity Foundation in collaboration with ELAC and Cuesta College. The partnership's grant-funded initiatives are designed to address the specific bottlenecks described in this section and to build scalable infrastructure to increase SUD counselor workforce capacity in the Los Angeles region.





SECTION VII. A GRANT-FUNDED PARTNERSHIP RESPONSE IN PRACTICE

The prior section explains why the SUD counselor workforce gap persists in California and the Los Angeles region: annual demand is continuous, the training-to-certification pathway is sequential and difficult to scale, supervised practice capacity is limited, financial barriers reduce persistence, and turnover increases replacement demand. These conditions require a response that is coordinated and structural. Single programs can improve outcomes for participants, but they do not change regional workforce conditions unless they are linked to a broader set of investments that expand pipeline throughput and strengthen retention.

This section describes an active partnership response led by Amity Foundation in collaboration with ELAC and Cuesta College. Collectively, these partners have secured multiple grants and aligned initiatives that support the SUD counselor pathway. The portfolio functions as an integrated workforce development strategy rather than a set of disconnected projects. Different funding streams support different points in the pipeline, including recruitment and onboarding, training access and completion, participant supports during training, work-based learning and supervised hours, employer engagement and placement, and retention-oriented earn-and-learn strategies such as apprenticeship.

PORTFOLIO OVERVIEW

The partnership's approach is built around a practical premise. Increasing the supply of SUD counselors requires more than coursework. Across the portfolio, ELAC and Cuesta College serve as the two core education and training partners anchoring the SUD counselor pathway work in collaboration with Amity Foundation. It requires a pathway that reduces the drop-off points between enrollment and certification, expands access to supervised practice opportunities, and supports participants through the financial and logistical barriers that commonly prevent completion. The partnership's grant-funded portfolio is designed to strengthen these pathway functions at the same time.

At a high level, the portfolio includes the following pathway elements:

- Recruitment and onboarding of participants who are interested in SUD counseling and face barriers to entry, including justice involvement and economic instability
- Education and training delivered through community college partners, including ELAC’s in-person capacity in Los Angeles and Cuesta’s virtual delivery model
- Participant supports that improve persistence, such as tuition assistance, stipends, case management, and structured pathway navigation
- Work-based learning (WBL) and supervised experience opportunities that move participants through required practical hours
- Employer engagement and placement activities to support employment entry and reduce delays after training
- Earn-and-learn strategies, including apprenticeship, to strengthen recruitment and retention by connecting training with paid work

An additional advantage of the community college-based pathway is that participants earn college credit and can apply coursework toward further education. ELAC’s curriculum is UC/CSU transferable, which positions students not only for near-term employment in the SUD workforce but also for longer-term educational and career advancement. This distinguishes the community college model from shorter, non-credit training routes and strengthens the pathway’s potential to support sustained workforce development, progression into higher credentials, and increased supervision capacity over time.

This portfolio structure matters because it aligns investment with the points in the pipeline where the system most often loses candidates. It also creates workforce infrastructure that can be scaled through additional investment, including employer partnerships, supervision capacity development, and shared tracking systems.

Table 5. Partnership Portfolio Map

GRANT-FUNDED INITIATIVE	Recruitment & Onboarding	Training Access & Completion	Stipends & Participant Supports	Supervised Hrs & WBL	Employer Engagement & Placement	Apprenticeship & Earn-&Learn	Tracking & Coordination
COYA	Yes	Yes	Yes	Planned	Planned	Planned	Planned
SUDEAL	Yes	Yes	Yes	Yes	Yes	Partial	Yes
DOL APPRENTICESHIP	Employer-driven	Yes	Yes (paid employment)	Yes	Yes	Yes	Yes
CALVIP/	Yes	Yes	Yes	Yes	Yes	Partial	Yes
PATHWAY HOME	Yes	Yes	Yes	Potential	Yes	Partial	Yes
HIRE	Yes	Yes	Yes	Yes	Yes	Partial	Yes

GRANT-FUNDED INITIATIVES SUPPORTING THE SUD COUNSELOR PATHWAY

The partnership's portfolio includes multiple grant-funded initiatives that directly support the SUD counselor pathway. Each initiative has distinct eligibility criteria, goals, and reporting requirements; however, together they form a coordinated strategy to expand pipeline capacity, strengthen progression through key milestones, and reduce drop-off between enrollment, supervised experience, and workforce entry.

California Opportunity Youth Apprenticeship (COYA)

COYA supports recruitment and pathway entry for Opportunity Youth and is designed to strengthen early engagement in the SUD pathway. The initiative focuses on enrolling participants who face barriers to employment and education and supporting persistence as they transition into training and supervised experience milestones. Because many participants enter with instability related to housing, justice involvement, or limited work history, COYA emphasizes structured onboarding, consistent follow-up, and pathway navigation to reduce early drop-off. COYA also supports coordination across related pathway components so participants can move into education, work-based learning, and employment-aligned activities without losing momentum or getting stalled between program handoffs.

SUDEAL

SUDEAL is the primary education-to-employment initiative advancing the SUD counselor pathway at scale. Activity is tracked through Total Enrollments, WEX (Current and Completed), Completions, Employed, and State Exams. SUDEAL is designed to move participants through training and supervised experience and into employment outcomes, while also supporting progression toward the state exam step. Because WEX is tracked alongside completions and employment, SUDEAL provides a direct line of sight into whether participants are moving through supervised experience milestones and translating training participation into workforce entry. The program's structure is intended to address common pipeline drop-off points by pairing education with supervised experience progression and employment outcomes rather than treating training as an isolated stage.

Department of Labor Apprenticeship (ABA 2)

The DOL Apprenticeship (ABA 2) is the Department of Labor apprenticeship initiative led by ELAC and Cuesta College and focused on newly hired employees in the SUD treatment field. The apprenticeship model allows individuals to be hired as apprentices, begin tracking hours in the field while working on their education, and receive work credit for class hours as they progress toward becoming an SUD counselor. This model is designed to strengthen retention by linking training to paid employment and structured progression, which can reduce the financial drop-off that occurs when candidates cannot persist through education and supervised hour requirements without stable income.

Currently, Cuesta is awaiting Division of Apprenticeship Standards (DAS) approval and DAS has not provided an estimated approval date. Campuses are aiming to enroll new apprentices for summer classes. Employer materials development and employer engagement efforts are ongoing to strengthen apprenticeship clarity and transparency, and the apprenticeship team has begun collaboration with the COYA team on apprenticeship process coordination.

CalVIP

CalVIP supports SUD counseling as one of Amity's workforce pathway options and is tracked through Total Enrollments, Active participants, Successful Comps, and Placements. CalVIP is designed to reduce barriers to persistence through structured supports and to connect participants to workforce milestones. Active reflects ongoing participation, Successful Comps captures program-defined completion milestones, and Placements reflect movement into workforce outcomes. The pathway approach is intended to support continuity from enrollment through completion and into placements for participants who often face reentry-related and economic barriers that can disrupt follow-through. Within CalVIP, ELAC and Cuesta College serve as the education and training partners for participants pursuing the SUD counselor pathway.

Pathway Home (Department of Labor)

Pathway Home is in an implementation and enrollment ramp-up phase for SUD training. Progress is currently reflected in Training Agreements and recruitment and enrollment readiness rather than completed output counts. Cuesta's Training Agreement remains under review, and recruitment for ELAC is underway with enrollment planned for the summer session once agreements are finalized. Pathway Home is focused on justice-involved individuals transitioning to the community, where timely connection to training and employment pathways can support stabilization. Under Pathway Home, ELAC and Cuesta College serve as the education and training partners for the SUD counselor pathway once training agreements are finalized and enrollment begins.

HIRE

HIRE is a broader workforce initiative tracked through Enrollments, Training Placements, Training Completions, and Employment. HIRE strengthens recruitment and employment linkage for participants facing reentry-related barriers and supports placement into training opportunities and progression through training milestones. While HIRE is not limited to SUD counseling, it supports core functions that align closely with the SUD pathway strategy, particularly for justice-involved participants who benefit from coordinated workforce navigation and employer connections. HIRE's scale and employment linkage outputs contribute to the partnership's overall capacity to move participants into training placements, support completion, and transition participants into employment opportunities.

California Employment Development Department (EDD) Grant

The EDD grant served as the early model that helped establish key pathway functions and demonstrated that targeted training and placement activity could produce measurable outcomes. During its active period, EDD produced reported completions and placements that contributed to workforce entry milestones and helped inform the design of subsequent initiatives. Although the EDD grant has concluded, it provided early implementation lessons that shaped later program design, including the importance of aligning training with supervised experience and placement outcomes rather than relying on coursework completion alone.

CURRENT OUTPUTS AND WHAT THEY SIGNAL

Across initiatives, the partnership is tracking outputs that capture both pathway activity and pipeline progression, including enrollments, active participation, certificate attainment, work-based learning and supervised hour progression, placements, and program completions. These outputs serve two functions. They demonstrate that the pathway is active and producing results, and they provide early indicators of where capacity remains constrained.

Table 6 shows that the pathway is operating at meaningful scale, with total enrollments and reported across initiatives. The pathway is also producing substantial certificate output, with 274 total certificates issued, including 178 Prevention Specialist certificates and 96 Recovery Specialist certificates. Supervised experience activity is also underway and advancing, with 39 participants currently engaged in work-based learning or supervised hours and 99 reported as having completed those hours. Together, these figures indicate movement beyond enrollment into intermediate milestones that are essential for building workforce supply.

To interpret these outputs appropriately, it is important to distinguish between pathway milestones and final workforce outcomes. The measures in Table 6 represent different stages of advancement and should not be interpreted as equivalent indicators. Certificates and supervised hour completion signal progression through the pathway, but they are not the same as state SUD counselor certification. Program completions reflect completion as defined within each initiative and may represent completion of a training phase, a work experience phase, or another grant-defined milestone rather than completion of the full SUD counselor certification pathway.

Placements should also be interpreted in context. In some cases, treatment providers hire participants before training completion due to urgent staffing needs, and these early hires are counted as placements in program reporting. Early employment can improve stability; however, it can also increase the risk that participants stop attending school unless expectations and follow-up are explicit. For this reason, placements are most meaningful when considered alongside completion and certification progression measures.

Finally, the totals shown in Table 6 reflect summed activity across initiatives. Each figure should be interpreted as a count of outputs reported within its respective category rather than as a direct count of newly certified SUD counselors.

Table 6. Outputs Snapshot

Output Category	EDD*	SAC	CaVIP	SUDEAL	DOL Apprent.	Pathway Home**	Total
Total Enrollment	54	36	110	160	17	1	382
Total Certificates	34	13	80	145	2	0	274
<i>Recovery Specialist Cert.</i>	12	3	20	61	0	0	96
<i>Prevention Specialist Cert.</i>	22	10	60	84	2	0	178
Placements	8	12	53	67	--	--	140
WBL/Supervised Hrs (Current)	--	--	4	35	--	--	39
WBL/Supervised Hrs (Completed)	--	1	36	62	--	--	99
Program Completions	6	3	10	27	--	--	46

APPRENTICESHIP AS A STRATEGY TO INCREASE RECRUITMENT AND RETENTION

Apprenticeship warrants separate emphasis because it addresses two of the strongest drivers of the persistent workforce gap: financial barriers during training and early-career attrition. A registered apprenticeship model aligns paid employment with structured progression through education and required practical experience. For candidates, this reduces the “unpaid pipeline” barrier that often prevents completion. For employers, apprenticeship creates a clearer framework for training, supervision, and retention, and it supports workforce development in settings where vacancies are persistent.

In the Los Angeles context, apprenticeship is especially promising because it creates a direct connection between training institutions and employers. Rather than relying on candidates to complete training first and then find a job, apprenticeship supports entry into paid roles while training is underway, strengthening persistence and reducing time-to-employment.

IMPLICATIONS FOR SCALING

The partnership’s portfolio is designed to address the pipeline bottlenecks described earlier in this report. Its structure reflects a clear understanding that the workforce gap cannot be closed through training seats alone. The portfolio combines training access with participant supports, supervised experience development, employer engagement, and earn-and-learn strategies that strengthen retention.

At the same time, scaling requires deliberate investment in the parts of the pathway that remain most constrained, particularly supervision capacity, work-based learning placement availability, employer participation, and integrated tracking systems. The next section summarizes implementation lessons and scaling priorities based on the partnership’s experience operating multiple aligned grants and building pathway infrastructure across institutions.

SECTION VIII. IMPLEMENTATION LESSONS AND SCALING PRIORITIES

The partnership portfolio described in the prior section reflects a coordinated response to a structural workforce gap. Operating that portfolio across multiple grants and institutions also surfaces consistent implementation lessons. These lessons matter for two reasons. First, they identify the practical constraints that limit throughput even when training demand is high. Second, they point to the specific types of investment and operational refinement needed to scale the pathway in a way that is sustainable and credible to employers, funders, and participants.

This section summarizes the most salient implementation lessons and presents scaling priorities that align directly to the pipeline bottlenecks documented earlier in the report.

IMPLEMENTATION LESSONS

The partnership's progress to date makes two points clear. First, the SUD counselor pathway can be expanded when training capacity is paired with structured supports, work-based learning, and employer engagement. Second, the rate of progress is shaped less by participant interest than by implementation conditions – alignment across grants, the availability of supervised experience, timely delivery of participant supports, employer readiness, and shared tracking systems. The lessons below reflect what becomes visible when multiple initiatives operate at the same time across institutions: the bottlenecks that consistently slow throughput, the operational choices that reduce drop-off, and the infrastructure that must be strengthened if the portfolio is to scale in a reliable, funder-credible way.

Multi-Grant Delivery Requires Strong Alignment across Systems

A portfolio approach is a strength, but it increases the importance of alignment. Each grant carries distinct eligibility rules, deliverable definitions, timelines, and reporting requirements. When those requirements are not translated into a shared operating model, delivery teams spend unnecessary time reconciling definitions, tracking participation across systems, and managing duplicative processes. Alignment is especially important for core measures such as enrollment, completion, credential attainment, work-based learning participation, and placement, where small definitional differences can create large inconsistencies in reporting.

A central lesson is that multi-grant success depends on shared definitions, a consistent participant tracking approach, and clear cross-partner agreements about how progress is measured and reported.

Pipeline Throughput Depends on Supervised Experience Capacity

Supervised practice remains one of the most binding constraints in the SUD counselor pathway. Training programs can expand seats, but completion and certification progression depend on the availability of high-quality placements and qualified supervision. When supervision capacity is limited, candidates face delays, which increases dropout risk and slows the rate at which training translates into workforce supply. Supervision constraints also affect employers, particularly those operating with high vacancy rates, because supervisors are often carrying caseload responsibilities at the same time they are expected to mentor trainees.

This reinforces that expanding supervised experience capacity is not a secondary implementation detail. It is a core scaling requirement.

Participant Persistence Is Shaped by Practical Stability, Not Motivation Alone


The pathway requires sustained effort over time, and many participants face economic instability, housing insecurity, or reentry-related barriers. Even highly motivated candidates may pause or exit the pathway when basic needs are unmet or when the financial burden of training and supervised hours becomes unsustainable. Participant supports such as stipends, paid work-based learning, case management, and structured navigation are therefore not “wraparound” in the casual sense. They are structural features that protect pipeline throughput.

A consistent lesson across initiatives is that case management is essential to persistence and progression. Strong outcomes are most likely when case managers operate as a unified front with education and training partners, reinforcing expectations, supporting follow-through, and intervening early when participants begin to disengage. When case management is weak, delayed, or disconnected from education partners, the pathway loses candidates at precisely the points where the pipeline is most fragile.

This reinforces a second practical lesson: supports must be delivered reliably and on time. Delays in stipends, inconsistent access to required resources, or unclear navigation guidance can quickly undermine persistence and increase drop-off, even when training demand is high and participants are motivated to continue.

Employer Participation Requires Clear Value and Low Administrative Friction

Employers are essential to scaling because they provide supervised experience capacity and employment entry opportunities. However, employer participation is not automatic. Employers operate under staffing pressure, regulatory requirements, and productivity expectations. If participating in pathway partnerships requires significant administrative burden, unclear supervision expectations, or uncertain benefits, employer engagement will remain limited.



A related lesson is that employers also require active support, not only participants. In a high-demand labor market, employers may hire trainees early, misunderstand the sequence of education and certification requirements, or fail to follow through on expectations that staff remain enrolled and progress toward the state certification exam. Employer-facing case management helps address this risk by setting clear expectations at hiring, reinforcing completion timelines, supporting supervision logistics, and reducing administrative confusion.

This lesson is especially relevant for apprenticeship and other earn-and-learn strategies. These models can be powerful, but they require employer readiness, clear role definitions, and manageable reporting systems.

Data and Tracking Systems Can Either Enable Scale or Constrain It

Scaling a pathway portfolio depends on the ability to track participant progression consistently across institutions and grants. Without shared tracking, it becomes difficult to answer basic questions credibly: how many participants entered the pathway, how many completed training, how many progressed to supervised hours, how many obtained certification, how many entered employment, and how many were retained over time. Weak tracking also makes it harder to identify where the pipeline is losing people and which interventions are most effective.

A core lesson is that tracking infrastructure is not a back-office function. It is part of the delivery system. Investment in integrated tracking and shared measurement increases efficiency, supports continuous improvement, and strengthens funder confidence.

SCALING PRIORITIES

The following priorities reflect where additional investment and operational focus would most directly increase effective workforce supply.

1. Expand supervised placement and supervision capacity: Scaling requires increasing the number of high-quality supervised experience opportunities available to trainees and early-career counselors. Priorities include strengthening relationships with treatment providers, supporting supervisors with time and training, and formalizing supervision structures that allow organizations to take on trainees without compromising service capacity.
2. Stabilize earn-and-learn options that reduce financial drop-off: Paid internships, work-based learning, and apprenticeship models reduce the financial barriers that commonly prevent participants from completing required hours. Scaling should focus on expanding paid opportunities, strengthening employer participation, and ensuring that compensation structures align with the time demands of the pathway.
3. Strengthen pathway navigation and administrative supports: Candidates need clear guidance through a multi-step pathway that includes training requirements, supervised hours, documentation, and certification processes. Scaling should prioritize structured navigation support, clear milestones, and consistent advising and case management that reduce delays and prevent avoidable drop-off.
4. Build employer engagement as a pathway function, not a side activity: Employer engagement should be treated as a core pathway function with defined staffing, targets, and processes. This includes developing clear employer value propositions, simplifying onboarding, clarifying supervision expectations, and building repeatable placement pipelines rather than relying on one-time employer relationships.
5. Invest in integrated tracking and shared measurement: Scaling requires a shared measurement framework and reliable tracking systems across partners. Priorities include common definitions, consistent reporting templates, and systems that can track participant progression across grants without duplication. Integrated tracking also supports outcome measurement that funders and policymakers expect, including employment entry, retention, and wage progression.
6. Strengthen retention by improving early-career stability and advancement: Because turnover increases replacement demand, scaling requires attention to retention in addition to training throughput. Priorities include strategies that improve early-career stability, support professional development, and create advancement pathways that keep counselors in the field and expand future supervision capacity.

The partnership portfolio already reflects a strong foundation for scaling: multiple aligned grants, community college training capacity, participant supports, and pathway elements designed to reduce drop-off. The lessons above clarify what will determine whether these efforts translate into sustained increases in workforce supply.

Scaling will depend on expanding supervised experience capacity, stabilizing earn-and-learn opportunities, strengthening employer participation, and building integrated systems for tracking and continuous improvement. The conclusion that follows summarizes the report's key findings and reinforces the rationale for continued investment in coordinated pathway strategies that expand the SUD counselor workforce in Los Angeles and across Southern California.

WHAT SUCCESS LOOKS LIKE OVER THE NEXT 12-24 MONTHS

The workforce gap documented in this report is large, and closing it will require sustained investment over time. In the near term, progress should be assessed through a focused set of measures that reflect increased effective supply, not only increased activity. Over the next 12-24 months, the most meaningful indicators are those that show participants moving through the pathway more efficiently and entering the workforce with greater stability.

Progression Through Supervised Experience

The pathway should demonstrate stronger progression into supervised placements, since supervised experience capacity is one of the most binding constraints. Key measures include the share of enrolled participants who secure a supervised placement within a defined timeframe and the average time required to complete required supervised hours once placed.

Conversion From Training Output to Workforce Entry

Success should also be reflected in higher conversion from training completion to workforce entry. This can be measured through documented placements into SUD-related roles or closely aligned positions using consistent definitions across partner reporting. Where feasible, tracking should distinguish between short-term work-based learning placements and entry into roles that provide a clear path toward counselor certification.

Retention as a Core Outcome

Retention should be treated as a primary outcome. Practical measures include retention at 6 months and 12 months for individuals placed into SUD-related employment, paired with basic job quality indicators that influence stability, such as full-time versus part-time status and wage range when available.

Growth in Supervision Capacity and Employer Participation

Scaling should be evidenced by growth in the infrastructure that supports future cohorts. Measures include the number of active placement sites, the number of qualified supervisors engaged in supporting trainees, and the number of employers participating in apprenticeship or other structured earn-and-learn models.


Clearer Cross-Partner Measurement

Multi-grant delivery should increasingly demonstrate consistent measurement. A key indicator is the ability to report unduplicated participant counts across initiatives, along with consistent milestone definitions for enrollment, completion, certification-related progression, work-based learning participation, placement, and retention.

Together, these measures provide a practical way to assess whether the partnership portfolio is strengthening the pathway in the ways required to close the workforce gap: faster progression through supervised experience, improved conversion to workforce entry, stronger retention, expanded supervision and employer capacity, and clearer cross-partner measurement.



SECTION X. CONCLUSION



This report documents a clear and sustained workforce challenge in California and in the Los Angeles region. Demand for SUD counselors is high and projected to remain high over the coming decade. Annual openings reflect continuous hiring pressure driven by both system growth and the ongoing need to replace workers who exit the field. In Los Angeles County, projected annual openings approach 2,000 per year, underscoring the scale of workforce capacity required to meet treatment needs in the region.

At the same time, workforce supply is not keeping pace. Training output remains modest relative to projected annual openings, and the effective pipeline is smaller than completion figures suggest because the pathway from training to certification requires supervised practice capacity that does not scale easily. Financial barriers during training and required hours reduce persistence, and turnover further increases replacement demand. These conditions reinforce a structural mismatch: demand is continuous and annual, while supply is constrained by a sequential, capacity-limited pipeline and retention challenges that pull counselors out of the field.

The implications are practical and immediate. When the counselor workforce is constrained, treatment capacity is constrained. Systems experience longer waitlists, reduced service availability, weaker continuity of care, and higher caseload pressure on existing staff. These effects are not isolated to the treatment system. They also shape broader public investments tied to stabilization, reentry, and community safety, where timely access to counseling and recovery supports is often a critical determinant of longer-term outcomes.

The report also documents an active response already underway. Amity Foundation, ELAC, and Cuesta College have secured multiple grants and aligned initiatives that together function as a coordinated workforce development portfolio. The portfolio addresses the key bottlenecks that limit workforce supply, including training access, participant supports, supervised work experience capacity, employer engagement, and retention-oriented earn-and-learn strategies such as apprenticeship. This structure matters because it reflects what the evidence in this report makes clear: closing the SUD counselor workforce gap requires coordinated approaches that increase effective supply, not isolated efforts that expand coursework alone.

Looking ahead, the priorities for scaling are equally clear. Meaningful progress will depend on expanding supervised placement and supervision capacity, stabilizing paid earn-and-learn opportunities that reduce financial drop-off, strengthening employer participation as a core pathway function, and building integrated tracking systems that support accountability and continuous improvement across grants and partners. These priorities are not peripheral. They are the operational requirements for moving more individuals from training to certification to stable employment in the field.

The SUD counselor workforce gap will not close on its own. Annual demand will continue, and the pipeline will remain constrained without deliberate investment. The work described in this report demonstrates that a scalable pathway strategy is possible when partners align their roles, funding, and implementation infrastructure. Continued investment should build on this foundation, with the goal of strengthening and sustaining a workforce that is large enough, stable enough, and community-aligned enough to meet treatment needs in Los Angeles and across Southern California.

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thank you!

EXPANDING CALIFORNIA'S SUBSTANCE USE DISORDER COUNSELOR WORKFORCE



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