

March 20, 2023

President
Sara Goldsby
South Carolina

First Vice President
Vacant

*Vice President
for Internal Affairs*
Lori Criss
Ohio

*Vice President
for Treatment*
Jared Yurow
Hawaii

*Vice President
for Prevention*
Sarah Mariani
Washington

*Immediate
Past President*
Cassandra Price
Georgia

Secretary
Vacant

Treasurer
Michael Langer
Washington

Regional Directors

Dierdre Calvert, MA
Region I
Valerie Mielke, NJ
Region II
Vacant
Region III
Vacant
Region IV
Neerja Singh, MN
Region V
Neal Bowen, NM
Region VI
DeAnn Decker, IA
Region VII
Eric Tadehara, UT
Region VIII
Stephanie Woodard, NV
Region IX
Michael Langer, WA
Region X

Executive Director
Robert I. L. Morrison

The Honorable Bernie Sanders
Chairman
Senate Committee on Health, Education,
Labor and Pensions
428 Senate Dirksen Office Building,
Washington, DC, 20510

The Honorable Dr. Bill Cassidy
Ranking Member
Senate Committee on Health, Education,
Labor and Pensions
428 Senate Dirksen Office Building,
Washington, DC, 20510

Sent to: HealthWorkforceComments@help.senate.gov

Dear Chairman Sanders and Ranking Member Dr. Cassidy:

On behalf of the National Association of State Alcohol and Drug Abuse Directors (NASADAD), thank you for your leadership of the Senate Committee on Health, Education, Labor and Pensions. We wish to thank you for seeking input on ways to address the current health care workforce shortage. State alcohol and drug agencies across the country indicate major challenges related to workforce across the continuum of substance use disorder prevention, treatment, and recovery.

Substance use disorders are a significant public health problem in the United States. According to Provisional Drug Overdose Death Counts by the Centers for Disease Control and Prevention (CDC), 101,751 drug overdose deaths were reported in the 12-month period ending in October 2022. The latest National Survey on Drug Use and Health (NSDUH) found that in 2021, 61.2 million Americans 12 years and older used illicit drugs, and 5.8 percent (or 16.3 million) of people 12 years and older reported heavy alcohol use.

We understand the issue is complex. We also know there are many steps that need to be taken to build up our workforce to meet the variety of needs related to substance use disorders. These steps include initiatives around recruitment, access to all levels of education, training, retention, salaries, and continuing education. We look forward to working with you on issues related to the substance use disorder workforce crisis.

Role of State Alcohol and Drug Agency Directors: NASADAD's membership is composed of each State's agency that plans, manages, and oversees the publicly funded alcohol and other drug prevention, treatment, and recovery services. These agencies work to ensure substance use disorder services are of the highest quality through State-established standards of care. NASADAD members have a unique relationship with substance use disorder service providers. State alcohol and drug agencies provide training, technical assistance, continuing education, oversight, and other support to providers delivering substance use services. Finally, State alcohol and drug agencies promote cross-agency coordination, given the impact alcohol and other drug use has on other sectors. State alcohol and drug agency directors engage with other State agencies overseeing primary care, criminal justice, child welfare, transportation, and others. As a result, we encourage the Committee to help promote coordination with the State alcohol and drug agencies as initiatives are developed or refined.

As the Committee considers specific actions, we offer the following recommendations:

- **Amend current statute to make clear that States may allocate Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant funds to support certain substance use disorder workforce initiatives:** The SUPTRS Block Grant serves as the foundation of each State’s publicly funded substance use disorder system. Each year, the Block Grant is distributed by formula to States, Territories and freely associated states, the District of Columbia, and the Red Lake Band of Chippewa Indians (referred to collectively as the States). The SUPTRS Block Grant allows States to tailor their substance use-related prevention, treatment, and recovery services to the needs of their State. Federal statute requires States to direct at least 20% of SUPTRS Block Grant funds toward primary prevention of substance use disorders. This “prevention set-aside” is managed by the Center for Substance Abuse Prevention (CSAP) within the Substance Abuse and Mental Health Services Administration (SAMHSA) and is a core component of each State’s prevention system. States using SUPTRS Block Grant funds must also provide additional protections and/or funding for certain vulnerable populations that are identified in statute. Priority populations include pregnant women and women with dependent children, intravenous drug users, early prevention services for individuals with HIV/AIDS, and tuberculosis services.¹

The SUPTRS Block Grant supports substance use services for those without insurance and for those that are underinsured. These services and resources are critical. For example, SAMHSA reports that the SUPTRS Block Grant helped admit 1,761,772 individuals to services in State FY 2022.

In order to recruit and retain a robust substance use workforce, States need the flexibility to dedicate SUPTRS Block Grant funds to addressing the workforce crisis in their State. As a result, NASADAD recommends amending current statute to make clear that States may allocate SUPTRS Block Grant funds to support certain substance use disorder workforce initiatives. Some specific examples of possible allowable uses of SUPTRS Block Grant-funded workforce recruitment and retention strategies could include:

- Enhancing or developing current training curricula;
- Partnering with elementary schools, middle schools, high schools, or institutions of higher education to generate early student interest in careers related to substance use disorders;
- Creating short and longer-term pipeline initiatives through training, mentoring, coaching, tuition assistance, and stipends for students enrolled in substance use disorder-related educational programs;
- Enhancing or establishing initiatives related to credentialing or other certification processes recognized by the State alcohol and drug agency, including scholarships or support for certification costs and testing;
- Establishing or enhancing initiatives that promote recruitment, professional development, and access to education and training that increase the State’s ability to address diversity, equity, and inclusion in the workforce, including communication initiatives or campaigns designed to draw interest in a career in substance use disorder prevention, treatment, and recovery;
- Establishing or enhancing internships, fellowships, apprenticeships, and other career opportunities;
- Providing substance use prevention, treatment, and recovery staff with retention payments, bonuses, hazard pay, and staff differential pay; and
- Retention initiatives that may include training, leadership development, or other educational opportunities.

¹ <https://www.samhsa.gov/grants/block-grants/sabg#:~:text=The%20Substance%20Abuse%20Prevention%20and,prevent%20and%20treat%20substance%20abuse.>

- **Establish a discretionary grant in SAMHSA/CSAP to bolster the substance use disorder prevention workforce:** NASADAD also supports a specific proposal that was included in the Comprehensive Addiction and Recovery Act (CARA) 3.0 (Section 211 as proposed in S. 987/H.R. 4341) that would authorize a grant in SAMHSA’s CSAP to State alcohol and drug agencies in order to bolster our nation’s substance use prevention workforce needs.
- **Reinstate SAMHSA/CSAT’s Women’s Addiction Services Leadership Institute (WASLI):** NASADAD recommends the reinstatement of SAMHSA/CSAT’s Women’s Addiction Services Leadership Institute (WASLI). This program gave early- and mid-career women’s services professionals the knowledge, skills, resources, and tools needed to continue the growth and development of quality substance use services for women across the United States. The goals of WASLI were to strengthen the substance use disorder field’s capacity to meet the prevention, treatment, and recovery needs of women with substance use disorders by developing and improving the leadership skills of participants; creating a network of leaders in women's services; establishing a model of women's leadership training; and strengthening the capacity of providers to meet the treatment and recovery needs of women with substance use disorders.

In addition, we respectfully seek continued support and expansion of current federal initiatives already in motion designed to help bolster the substance use disorder workforce.

- **Continue to support the SAMHSA/CSAP Fellowship program:** NASADAD applauds SAMHSA/CSAP for reinstating the Prevention Fellowship Program (PFP) in 2022. The PFP supports internships for fellows with hands-on experience working with State and community agencies while supported by State agency mentors with virtual and in-person training in professional development and prevention. PFP participants are then often hired on by those same States as full-time staff members. We are excited about the FY 2024 proposed budget that seeks to increase investments in this important program.
- **Report to be developed by the SAMHSA/CSAP on the state of substance use disorder prevention workforce:** NASADAD applauds Congress and SAMHSA/CSAP for working to learn more about our nation’s workforce dedicated to substance use disorder prevention. In particular, Congress called on SAMHSA/CSAP to assess the “... existing availability of and access to data on prevention workforce size, salaries, and profession-focused education and training opportunities including an evaluation of existing support for prevention workforce and the funding necessary to maintain an adequate workforce.” We believe this report will be the first effort by federal government to describe (1) what is known about the substance use disorder prevention workforce in the U.S. and (2) potential actions based on this information that may help bolster our prevention field.
- **Enhance and strengthen existing HRSA programs designed to address the substance use disorder workforce:** The 2022 Behavioral Health Workforce Projections Report by HRSA found that the need for addiction counselors is expected to rise 10 percent by 2035. This demand would lead to a deficit of addiction counselors of approximately 920 full time equivalents. The report also found that by 2035, the supply of psychiatrists is expected to decrease by 8 percent.² HRSA’s Behavioral Health Workforce Development (BHWD) Programs support a number of important workforce activities. These include the Substance Use

² <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2024.pdf>

Disorder Treatment and Recovery Loan Repayment Program (STAR LRP) and Behavioral Health Workforce Education and Training (BHWET) Program.

The National Health Service Corps (NHSC) is another HRSA program that increases access to care in Health Professional Shortage Areas (HPSA) by providing loan repayment and scholarships to primary care physicians. The NHSC Substance Use Disorder Workforce LRP is critical for providing improved access and quality to substance use treatment in HPSA areas.

We appreciate the Committee's commitment to building a strong substance use disorder workforce. As you move forward, please know we stand ready to partner with you.

Should you have any questions, or require additional information, please do not hesitate to contact me (202-292-4862; rmorrison@nasadad.org).

Sincerely,



Robert I.L. Morrison
Executive Director
National Association of State Alcohol and Drug Abuse Directors (NASADAD)