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NAADAC ADVOCACY SERIES

SESSION I: SHAPING POLICY AND PRACTICE THROUGH ADVOCACY

MAY 1, 2020

11:00 A.M. CST

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>> SAMSON TEKLEMARIAM: My name is Samson, and I'm the director for NAADAC, the Association for Addiction Professionals. The permanent home page for NAADAC webinars is [www.naadacporg](http://www.naadacporg). Bookmark this web page so you can stay up-to-date on the latest. Closed captioning is provided by Caption Access. Please check your most recent confirmation email or my Q and A and chat box for the link to use closed captioning. If you are wondering about your CE quiz for this webinar or how to access the recording after the live event. Immediately following after the live event, I will find the CE quiz link on the exact same website you used to register for this webinar. Everything you need to know about this webinar will be permanently hosted at the web site you see at the slide. We're using GoTo webinar for this live event. A few important instructions. You've entered into what's called listen only mode. That means your mic is muted automatically. If you have trouble hearing the presenter for any reason, consider switching

to a telephone line using the audio option, which is right next to the orange arrow in your go to webinar control panel. You can use it any time to minimize or maximize the control panel. Let me introduce you. Tim Casey has a proven report of leadership in advancing the federal priorities of national associations, corporations, consumer organizations, and nonprofits. On Capitol Hill Casey is a trusted resource to members of Congress and their staff. His experience in the House and Senate combined with this time as senior lobbyist for prominent health care associations offers clients sound policy advice strategic political counsel, and the keen instinct for delivering on key priorities before Congress and the administration. Tim also brings valuable legislative experience from his time in the House and the Senate. There he managed a broad portfolio of critical domestic policy issues for Senator Tom carver and Representative Tom Kearney. Also with us today is Cynthia Moreno Tuohy, the executive director for NAADAC. She previously served as the -- prior to that, she was the program director for volunteers of America, western Washington, serving as the add more much alcohol and drug centers, providing a broad range of services and a trainer in domestic violence and anger management and conflict resolution. Cynthia has written on a variety of professional issues, including addiction evaluation, counseling method, treatment, and recovery. She served as president of NAADAC certification board Commissioner, international chair, treasurer, and legislative chair for NAADAC where, we are honored to officially launch the 2020 advocacy webinar series and host this first session presented to you by these two experienced advocacy leaders in the addiction profession.

Cynthia, whenever you're ready, I'll hand this over to you.

>> CYNTHIA: We're very excited you are with us today, and we have some learning objectives to share with you. We are going to work with you in this webinar to discuss and demonstrate the intersection of public policy. Public policy often is misunderstood in terms of how it is that you can be engaged, and so we're going to talk about that. We're going to analyze the environment. We are going to share with you what's happening on Capitol Hill as we speak, and we're going to identify some strategies, so it's going to be a fun time together today.

Why advocate? Why is this so important? If you're not at the table, you're on the menu. What does that really mean? You want to be at the table. You want your voice there. Otherwise, your issues, your concerns, the things that you care about are not going to be discussed. So it is an investment in your profession and in your future because what happens at Capitol Hill, in Washington D.C. happens later in your state. You also want to become a resource. I want to cultivate those new contacts, and you want them to see you as someone that can help the system. You want to create champions, and you want to earn that seat at the table, most importantly.

So strong advocacy. Strong presence. Creating that opportunity. It's because you are there and at the table. You also want to keep your eyes open. Particularly right now because there are some policies that are not helpful to the addiction professional or the clients that we send. We want to make sure that we're there local, state, federal levels really hearing

what's going on and giving our input. Recently, we had the opportunity to give input into a roundtable discussion. Had we not been at that table, which we'll talk more about later, we would not have been able to have that voice.

We're about advocating. We're educating. We're not lobbyists. Tim is, but we, those of us that work in the profession, we're educators. We're alerters, and we're the people who know what's happening in the trenches, and we can talk to people at the state and federal level about what is really happening in the addiction realm.

Think about it as an investment in yourself, in your profession, and in your clients. We want Congress to understand how important your work is. The work that you do is valued nationally. That they understand. They understand who we are, what we do, and how we do it, and how we're impacting the opioid pandemic in America. I should say that addiction pandemic. We have two pandemics right now. We have the COVID pandemic, and we have the addiction pandemic. Both of these are competing for attention, and, of course, reimbursement. You want to be reimbursed. We want you to be reimbursed. That's why it's important to be at the table. Now I'm going to turn it over to Samson, who is going to help us through questions.

>> SAMSON TEKLEMARIAM: You have a few opportunities to interact with your presenters today. It will pop up on your screen in just a moment. The question asks, have you advocated for your profession before? You'll see five answer options there. Many of you have used the polling feature before, but for those of you who are looking for the poll, there's a slight chance that you may have to change the view from full

view to minimized view on your screen to see the poll. Right now we got about half of you already answered the poll. I'll give you about five more seconds.

Thank you for responding to the poll. We're going to go ahead and close the poll now and share the results, and I'll turn it back over to your presenters.

>> CYNTHIA MORENO TUOHY: Only 4 percent have had the opportunity to advocate at the federal level. Yet, 18 percent at the state level. 25 percent at the local level. When you add federal, state, and local, we have 16 percent. 37 percent have not had this opportunity. We are hoping that this webinar will motivate you, encourage you, give you information. It will help you to feel more comfortable in terms of talking about advocacy. Advocacy think about it, again, as how we educate our legislators about what we do.

So elevating the voice of the addiction profession, of what we do, to become a resource to policy makers. They do not know the ins and outs of addiction. They do not know always how it's impacting their community. When I go to Capitol Hill, I'm working to build new contacts and help them understand who we are and what we do, and cultivate those relationships. I want them to know I'm here, call me now, call me later. If you are looking for statistics, if you want to know how it's impacting your community, if you have some ideas about a bill that you want to talk through some legislative language, we're here. There's a lot of issues on the Hill right now as a result of stimulus packages, as a result of 42 CFR, telehealth. There's a lot of conversation going. If you're participating at the state and local level and at the federal level, then we have a

consistent voice flowing from one to the next.

Now I'm going to turn it over to Tim to continue the conversation. Tim.

>> TIM CASEY: Great. Thanks, Cynthia. I'm just -- I just wanted to underline your last point about participation, and I'm just thrilled to see that 37 percent who, you know, haven't been out there advocating and are excited and interested enough to join us today, and, you know, that's really -- that's really where we start. We want to get you comfortable with this, and, you know, I noticed that 4 percent had lobbied or advocated at the federal level and, you know, sometimes that's just the matter of getting comfortable with, you know, with that setting and it's a little further removed from where the rubber meets the road in the state and local communities. We want to be sure in this webinar series to help you get comfortable with that, and we're really glad to see you here on the webinar today.

Just picking up where Cynthia left off, educating, advocating, cultivating, and activating. These are really the key terms here that we try to live by in raising your voice as a profession and the clients that you serve. You know, part of that is knowing who the other players and stakeholders are. NAADAC has really worked to become a strong voice in the community. You'll see these pictures are of us it's really to infuse the substance abuse topic and infuse that into the conversation. The recovery caucus, these tend to be members who are focused on these issues who have either personal experience or loved ones who have been affected, and so we tend to go to them as champions and work to cultivate, you know, relationships

with them with these permanent co-chairs as well as the rest of the bipartisan members of Congress who will join this caucus, and then we have an ambitious freshmen working group on addiction. They've come in and wanted to make big changes. I think a lot of those members have seen the addiction crisis up close as they, you know, kind of graduated high school and into college and have gone on to careers and started to run for Congress. They've seen this addiction crisis up close, and so they've come in with a lot of energy to take that on and NAADAC has spent a lot of time working with those groups.

So how do we build these effective relationships with lawmakers? We really work to amplify the voice that we hear from membership, what's happening on the ground and what are your needs, what are the resources that are lacking, and, you know, you see here a picture of Cynthia talking with a prominent member of the energy and commerce committee who has -- who plays a strong role in these issues and we have come to know him and work with him closely. It's important that we are able to get in front of these lawmakers and talk with them personally about some of these issues.

It's also really important to know their world. You know, part of -- part of understanding -- sorry. I'm having some -- yeah. Excuse me. Part of being effective is really knowing their world. Timing for what we're doing is everything. You have to -- you want to be relevant, and that's what we try to do. We speak to the important issues that might be happening in a particular member's district. For you all on the phone, you know what's happening in your community and conveying what you see on a daily basis is critical. Members of Congress, typically

their number one priority above all else is to come back to Congress in the next Congress, so -- and what that means is that they should be responsive to their constituents and part of that is conveying what's going on back home and fitting that into the lens that they're working on in Congress. Understanding timing as far as what is moving in Congress and what is possible. In recent weeks we've certainly conveyed the importance of -- of you all being able to provide services to your clients despite, you know, social distancing and the COVID-19 pandemic. There has been a great number of policies and provisions that have been put forward to insure that providers can continue to do that, and we've been kind of advocating through that lens.

>> CYNTHIA MORENO TUOHY: One of the important things that we're doing on the NAADAC website is keep you informed. Please feel free to look at the website on a regular basis with advocacy alerts, sign-on letters that we're doing, other information that is there for you to draw from resources.

Our public policy committee meets on a monthly basis, so we're constantly talking about what's happening in Congress, how does that relate back to each state. Thanks, Tim.

>> TIM CASEY: If we're talking about the current environment, you know, certainly COVID-19 response is priority number one, two, three on everybody's mind, and certainly, you know, the economic factors and social factors involved are ones that potentially are exacerbating mental health and substance use disorder illness, and so I think, you know, conveying that to members of Congress and lawmakers is critically important. I think it's been very persuasive. Certainly the other back drop is the presidential election

cycle. This will be a different -- a very different one than we've ever experienced before, no doubt, and also, you know, you might -- if you followed Congress in recent years, you know that they've made efforts to address the addiction crisis with a number of comprehensive efforts, and I think many members who worked closely on those bills are concerned about losing momentum against the work that they did, and so we have tried to underline the importance of continuing to focus on that and not lose sight Women's Network despite the challenges of the pandemic.

>> CYNTHIA MORENO TUOHY: It's worth pointing out, confirmation and statistics are coming in that alcohol use is going up. Not a surprise to us that work in the addiction communities, right? But we're seeing alcohol use go up 22 percent since the last week of March, and so we're just watching this and we'll be able to bring this information at the local level and at the federal level to continue that conversation of how COVID is affecting addiction cycle or the use-abuse cycle, as well as the mental health issues. Thanks, Tim.

>> TIM CASEY: Thanks, Cynthia. One of the Ames of the CARES Act that you may have heard, one of the biggest package ever passed by Congress totalling more than \$2.2 trillion as a response to the COVID pandemic. One of the goals to really preserve continuity of care across health care and social services where that was possible and also to insure that the infrastructure could be ramped back up as we open back up.

Part of that was the establishment of the public health and social services emergency fund. That was \$100 billion in grants to eligible providers and public entities. Many of those

payments were made directly to providers who bill Medicare and Medicaid, and, you know, in the hopes to kind of keep them, you know, close to whole during this difficult time another set of funding that NAADAC had been advocating for is the SAMHSA emergency response grant. That was \$100 million delivered by Congress as flexible funding to address mental health and substance use disorders, and SAMHSA has started to give some of that money out.

I'll just turn this over to Samson. Sorry. I blew right past the telehealth. I'll turn this over to Samson for our polling question as COVID has really spurred a lot of action in the telehealth space.

>> SAMSON TEKLEMARIAM: You'll see the second opportunity to connect with your presenters. I'll launch this poll on your screens. The question is asking, are you currently utilizing telehealth during COVID pandemic? You should see this poll on your screen. Again, as a reminder, you can continue to send in questions for our presenters. Consider switching your view and go from full screen to a different screen, and that way you should be able to find the poll. It all depends on what device you're using. The poll most likely appears automatically on your screen for most people. We've got 65 percent responding. I'll give you guys about five more seconds.

Excellent. Thank you so much. I'm going to go ahead and close this poll and share the results. I'll turn this back over to your presenters.

>> TIM CASEY: Great. Thanks, Samson. That's fantastic to see that 73 percent of you all are utilizing telehealth during the COVID pandemic. Certainly Congress and the

administration have made efforts to make that easier to bring down some barriers, so that's great to see, and for you all that are not utilizing telehealth, if there are barriers that you are seeing that are not allowing these to do so, we certainly want to know about it. Women's Network as recently as last night and it didn't make it in the slide because it just happened, but CMS came out with guidance last night that would allow many of the face-to-face requirements to be fulfilled via telephone, and I think that's a game-changer for a lot of folks where we're looking through and analyzing, you know, what codes are going to be eligible for that. Those are the kind of developments that are happening quickly that can be helpful as you continue to -- continue to try to navigate this time frame.

So the expansion, both from Congress and the CARES Act and with the administration, the new law gives CMS broad authority to waive telehealth restrictions. You may have seen a lot of the 1135 waivers that your states may be taking advantage of. They moved very quickly to grant flexibility to providers and suppliers of Medicare and Medicaid to furnish these services and removing the traditional barriers of originating site and what modality in which you're communicating with your client.

You know, Governors across the country are certainly anxious to take advantage of this as well, and they want to make sure that their constituencies are able to take advantage of that, so they have also been acknowledging the importance of telehealth and, you know, moving, likewise, to open that up. Two days ago now, CMS provided guidance to help states in coverage decisions, and, in essence, CMS is promoting their interest in having the states really kind of open things up as much as

possible to insure that there's access. I'm going to move to the next slide here where it talks about how providers might check to see, you know, what new -- what new flexibilities there are. You know, they -- CMS is urging you to connect with your Medicaid agency to see what new flexibilities there are and how to furnish those to Medicaid beneficiaries. You know, certainly CMS is doing all it can to encourage states to kind of pick up these flexibilities, but ultimately, the states are going to kind of adopt what they're comfortable with. Again, I mentioned this before, you know, please let NAADAC know what barriers that you are facing. These might be -- some of these items, they don't necessarily seem like prominent obvious advocacy movements and campaigns, but if you are seeing your roadblock, there's a strong likelihood that others are too. We want to make sure that we're bringing that to the attention of lawmakers and really, you know, working to tear down those barriers that you can continue to serve your clients.

So if your state hasn't taken full advantage, now is the time to advocate for that, and we can be helpful in doing so.

>> CYNTHIA MORENO TUOHY: If you are not sure how to reach your state's Medicaid office, then I would go to the single state authority or your division or Department of Substance use or behavioral health and ask that question and get that information. You also have an insurance Commissioner's office. I know that we've heard from some of our constituents across the United States that reimbursement rates for telehealth in some states had to be questioned because they were reimbursing at a lower rate, and so they went back to the insurance company and said why is that, and this is the same

hour for the same amount of time, whether it's face-to-face or telehealth, and they changed that billing to be what it is at the face-to-face price. Just know that you can advocate for that at the local level. You can also contact your single state authority office and let them know what those are so that they can assist you as well. This is a really important time to advocate for reimbursement with Medicaid, with insurance, and getting the resources that you need to continue to serve your clients.

>> TIM CASEY: Thanks, Cynthia. As we -- you know, we're on the back side of that major package, the major COVID package that Congress put forward a few weeks back. The implementation has begun, and already Congress is discussing the perimeters of a fourth package. I think they understand that we're in this for the longer haul, whether it's, you know, fully stay at home or if it's a slow opening. I think we realize -- Congress realizes that there's going -- there needs to be additional relief, so they're working on a relief package now, and there is a greater attention in this -- in the discussions that I'm hearing currently about funding for substance use disorders and mental health treatment.

You know, there was some discussion in these past months. There were some victories in the past bill. I think that there's an acknowledgment that this -- that the shelter in place and the anxiety of this pandemic is going to have a significant impact on these areas, and Congress, I think, is going to spend some time looking at these issues and how they might support some of the programs that are important in substance use disorder and mental health treatment.

One of the -- a prominent series of Senators just a few days ago requested of the congressional leadership \$38.5 billion for facilities treating mental health and substance abuse disorders to combat potential closures. Particularly those serving underserved and uninsured people. In addition to provider funds, I think now they're looking towards, you know, how do we maintain the important infrastructure that our country has? You know, it's traditionally been underfunded as it is, but, you know, so how critical it is that they infuse some capital quickly into these facilities.

And then there's efforts to boost other key SUD and mental health initiatives at SAMHSA and HRSA. One letter that NAADAC signed on with like-minded stakeholders just the other day advocated for priorities in the comprehensive opioid stimulant and SUD program. The residential substance use for state prisoners, the SAPT block grant and drug-free communities were among some of the priorities in that letter, and it also asked for Congress to include the legislation around family support services which would be a grant program supporting those traditional programs that fall under family support services. All of these programs are going to need strong funding efforts to remain -- remain relevant to the community and, you know, certainly on the other side of this pandemic, but currently as well.

>> CYNTHIA MORENO TUOHY: We've also asked for more support for workforce, and part of that is workforce retention, in terms of looking at salaries and support to recruit more into the workforce. I think we're going to see that we're going to need more workforce than what we currently

have, which is already lower than what we need to serve our current population. We also spoke to that in a roundtable letter I mentioned earlier back to comprehensive mental health on mental health and substance use disorder means, and this paper will continue to live Women's Network after the COVID crisis is managed. Again, we're looking to advocate and continue to keep that voice alive and on Capitol Hill. It's important for us to hear from you how are things working out for you? What is happening in your state or access to treatment or loss of employees. We need to build that infrastructure. Continue to talk with us about that through email or phone as we continue past this COVID crisis. Thanks, Tim.

>> TIM CASEY: Thank you. In addition to COVID, you know, certainly that has changed the whole landscape of things, but it has not taken our eyes off the ball on a number of other priorities, and, believe it or not, members of Congress and their staff are continuing to work on some of their long-term priorities as well. This Congress has passed somewhat comprehensive SUD legislation. In the first session there was an attempt to cobble together a next generation SUD legislation before we hit -- before we hit the COVID road bump. We think that those continued discussions and our feedback that NAADAC has provided is going to be very helpful at the start of the next Congress. We have worked with a number of congressional offices to provide feedback on specific bills and provisions that those individual members of Congress are seeking to put forward and just so that you know we're kind of working on your behalf behind the scenes to really shape these pieces of legislation so that they appropriately are encompassing

addiction professionals.

The appropriations process has been, as you might imagine, has been pushed back, but we've had some strong successes in the appropriations process. Know, the minority fellowship has been -- it's one that we've advocated for and has gotten significant funding, more funding than it's ever received in previous years. I think it was 14 million in the past cycle. For the first time ever the new program that was passed on loan -- SUD loan repayment, we were able to get 12 million appropriated for that, and that will be unveiled in 2021, so that's a strong victory in the appropriations process, and, you know, we continue to look for opportunities for programs like that, like the SAPT block grant and the other programs that I mentioned just previously to really bolster those the best we can to help insure that the infrastructure for addiction treatment and recovery is -- has some appropriate funding.

>> Yep. Sorry, go ahead.

>> CYNTHIA MORENO TUOHY: One of the things we've been advocating for a long time on Capitol Hill, as well as HRSA, the Health Services Administration is on loan forgiveness for people needing to go back to college and get their bachelor's degree. We've had loan forgiveness or tuition support at the two-year associate's degree, master's and above. The pipeline to get to master's, receiving your bachelor's degree, has been difficult, and so this is a big win for us to actually get this through now and be able to work with HRSA on how to get that -- roll out that information next year so that we can engage people about loan forgiveness at the bachelor's level. I want to thank Tim for his help on that, because this is

a conversation that finally produced this year, and I guess my point about that is that you have to be tenacious. You know, you keep going back, keep going back, allow them to understand why this is important over and over again, and don't let the system beat you down. It's important to continue to have those conversations about the things that will make a difference for the clients that you serve. Thanks, Tim.

>> TIM CASEY: I wanted to flag, you know, for everybody just some of the really important work that we've done. You know, some of these things, they don't necessarily, you know, make the top of the fold on "The Washington Post" but these are really critical steps that we've moved the ball forward on, and these victories build on top of victories, and that's why these relationships are so important. It's not just the immediate kind of victory you might have for your profession, but it's also the rapport that you are building with those lawmakers that they trust when you bring them a problem that is a significant one for the community and that it's one that they should help you address. You know, we have worked to educate members of Congress, their staff on the full range of services in the addiction profession, and the importance of kind of a universal national credential that the importance and now -- right now more than ever the importance of portability for the credentials. The treatment and recovery caucus to introduce a resolution both honoring addiction professionals and weighing in on the importance of having a widely recognized credential, and we've continued to utilize that both to educate new members of Congress and their staff and also, to gain co-sponsors and to use that as a means to really promote the

profession.

Cynthia, I don't know if you want to add something there.

>> CYNTHIA MORENO TUOHY: This is critical because we work on public recognition of who we are. There are more than 50 different credentials across America that describe addiction counselors. With national credentials, it's like an MSW. When you say MSW, people have an idea about the background or credentialing of that person. Well, we have so many different credentials. NAADAC have the national credentials. The MAC is the most, the Master's Addiction Counselor is the most recognized and the most reimbursed credential, according to a survey that was done through SAMHSA and the United Behavioral Health and Wellness Association. That association is the association for insurance companies, but it really is important that we have national credentials that are recognized by the public, recognized by insurance companies and Medicaid, and also recognized in terms of the ability for portability, the ability for people to move from state to state and take their credentials with them and be recognized and not have to start over again, not have to apply beyond what may be specific for that particular state.

Portability is also very important for telehealth. Now that we've moved into a real telehealth world, I don't think we'll ever go back exactly the way we were before COVID-19. I think telehealth is going to be a more engaged process for many of us, and having a national credential, being able to communicate and serve our clients when they move from one state to another or when they're portable themselves is critical to us

being able to serve them. Thanks, Tim.

>> TIM CASEY: Thanks, Cynthia. Yep, one of the other victories that was very significant and one that we started right on the ground with is a loan repayment and tuition support legislation, and this is the first of its kind and one, you know, that Congresswoman Katherine Clark from Massachusetts and Powell Rogers from Kentucky spearheaded and one that stakeholders in this area really helped to carry and get included in the comprehensive legislation that I discussed earlier. This is really critical. It was authorized for \$25 million. We were able to get 12 million appropriated for this next year, and it will be implemented for the first time.

Really, you know, people come to this profession as a calling, and we -- you know, we know we're fighting an uphill battle on reimbursement and salaries and so we're working to build the incentive structure around this profession that it deserves and we hope this loan repayment will be one part of that. We are excited about getting that passed and, you know, the next step is -- it's gone to HRSA for them to develop kind of the nuts and bolts of the program. To help get this over the finish line in Congress, we are also involved in how they're developing the program at the agency level. Cynthia and I, NAADAC, had a call very recently with HRSA where we talked through eligibility. We talked to the importance of the bachelor level being eligible for this and what professionals would be eligible for this loan repayment program. That -- it's just an example of how critical it is to have your voice in the -- in the mix. It's just invaluable to have -- you know, have your voice at the front end before the ink is dry rather than to try

to advocate for changes on the other end. We just wanted to let you know that we continue to see this whole program through until its roll-out next year.

Obviously, reimbursement is critical, so we continue to advocate on that front. Again, this is about finding problems and finding roadblocks for you all in being able to present those with Congress. We are able to work closely with Senators tester, Merkowski and Shaheen to work on a bill that would be able to reimburse counselors for -- licensed addiction counselors for Medicare. We've gotten some good traction on that. Obviously, those are prominent United States Senators, and a bipartisan group. We were really excited to see that introduced, and we'll be fighting for that to be passed into law.

We work closely with the mental health liaison group to bolster reimbursement and Medicare and Medicaid across a lot of the mental health, behavioral health, and substance use disorder professions.

Also, for telehealth, we've had strong successes that the agency has listened to the needs -- to our needs on this, and really want their interest in continuing care continuity for you and your clients has been Paramount for the agency to really continue that and to give the tools necessary to do so. Cynthia, I don't know if you wanted to add anything on that front?

>> CYNTHIA MORENO TUOHY: You were perfect. I don't have anything.

>> TIM CASEY: I just asked the question so I could hear that.

So just -- so some other areas that we've had some

significant successes, we talked about funding and the appropriations process. The minority fellowship received the most funding that it's received in its many years of existence, and that was really important. We also have been fighting for the SAPT grants, and you'll see that we -- you know, we've thrown our support behind efforts by Paul Tonko and Brian Fitzpatrick, who are sending letters to their colleagues across Congress to emphasize that. We were helpful in gaining signatures for that support.

We also -- and this is a little bit aspirational, but we worked with Senator Elizabeth Warren and late Congressman Elijah Cummings to promote a very comprehensive funding bill for substance use disorder and the CARE Act -- I know we've talked a lot about the CARES Act, but the CARE Act is a comprehensive effort to address the substance use epidemic and to put forward some -- a serious amount of money -- \$100 billion over ten years into many of the programs that address the crisis. We are on the front end of that.

You'll see in red is an eloquent quote from Cynthia here, and this is just indicative of her involvement in getting some recognition for the -- for the organization and for addiction professionals out there.

>> CYNTHIA MORENO TUOHY: The thing I would add about the SAPT Block Grant, many of you may not know that that block grant is the money that comes down to your state that funds your publicly funded treatment agencies, and much of that money that comes through the SAPT Block Grant is what keeps your communities alive for people who are low-income or reduced-fee services. We believe that it's important to bolster that grant.

That, in fact, even though they've had -- we really fight for that and ask you to help us with that. The minority fellowship money was something that the addiction profession didn't have until recently. We had to fight for that for a long period of time, for eight years, to get funding for substance use disorder itself just so that you know that the minority fellowship money is for people to go back to school and earn their master's. They do not have to be a minority. They do need to agree to work with minorities. Of course, the Care Act that Tim was talking about where we're asking for \$100 billion over ten years. We'll continue to work on that and bring that back around when COVID settles down, which we are prayerful is not too far in the future. Thanks, Tim.

>> TIM CASEY: Thanks, Cynthia. The next issue we wanted to raise is one that we have really wrestled with on both your previous to the COVID crisis and now. There are some unintended consequences to some of the efforts that the administration and Congress have taken. One is, you know, the expanded use of telehealth has also relaxed privacy regulations, so -- and this is a place where just understanding and recognizing that stigma does still exist and that it's important that we are protecting our client privacy. The 42 CFR part II has traditionally served as the gold standard for protecting the privacy of information of SUD individuals and so the effort to kind of relax those privacy regulations has -- I think we'll see what that fall-out looks like. We were watching this closely and have weighed in over the past couple of years on various efforts to -- know, to potentially reform this and to bring 42 CFR part II into alignment with HIPPA. Do you want to add anything on

this?

>> CYNTHIA MORENO TUOHY: In this advocacy series we're doing, we will have a special webinar on confidentiality and 42 CFR. We're concerned, as Tim said, about the changes in 42 CFR, and particularly the changes that will affect counselor responsibility and the potential of counselor liability, so we have asked for Dr. Wesley Clark, who used to be the CSAT director for many years, to lead this webinar to talk about what we should be looking toward and what concerns we may want to address.

You will also note that the 42 CFR part 2 changes are due to come summer 2021. It is not too late to affect this conversation and, again, that's NAADAC's hope to do that. Stay tuned, and stay tuned into all the advocacy webinar series. Isn't that getting you wanting to do that? Tim.

>> TIM CASEY: Here are some strategies for success. We gave you some of the nitty gritty policy stuff, but we want to bring it back for the 37 percent who are joining us for the first time that you can do this, and we at NAADAC try to make it easy for you to do that by updating what we're doing on the website with some blog posts with developing action alerts and items that you can -- that you can kind of repackage for yourself and utilize. You know, you want a strong introduction about what you -- who you are and what you do in the community, what constituents you might be serving for their population that they represent. Be sure to orient the member of Congress or the staff as to, you know, the acronyms that you might traditionally use in your field. Do you want to make sure that you kind of spell those out for them. For me when I was on the Hill working

as a staff member, I would be in a meeting handling a health issue, Medicare issue, and then five minutes later I might be in a meeting where I'm talking about energy policy and just giving them a chance to reorient and help bring them into your world is really important for them to kind of buy into what you're talking about. You want to be an honest broker, and part of that is what we do day to day. We bring them problems or we bring them solutions that we think -- that we've thought through and that we can present with confidence that this is going to be something that's helpful to the clients, helpful to the profession, and also, the country at large, and, you know, where we have data to share that kind of data. You want to be a resource. Again, the best place to be is with some of these ideas is to really be there at the brainstorming phase. The closer you get with these members of Congress and their staff, the more you see the brainstorming stage where they haven't put stuff on paper, but they're looking to you as a resource and, you know, I think increasingly, Cynthia and the other folks at NAADAC that we work closely with, we've seen that over this past year and a half as we've elevated NAADAC's voice on the hill that we just have a slew of bills and, you know, potential ideas that come to us from members of the house and the Senate just to kind of brainstorm with us and that is really great to be able to do that.

Part of those strategies for success, again, is to stay informed. The more that you understand what's going on and what we're up to and what we're doing, the more that you can weigh in with what you see and the more that you can feel comfortable weighing in with your members of Congress. NAADAC, be sure to

subscribe to all their alerts. Be sure to check for updates. NAADAC is on social media, and be sure to follow them there, and hopefully this gives you some confidence to engage with your members of Congress and your Senators. Again, we're going to be doing a whole series on this on advocacy and some of the issues that we're working on. We're going to dive a little deeper into these issues, but really as we do advocacy alerts and things of that nature, we really try to spell out the issues in a way that you can digest and we give you a template for, you know, for suggested how you might speak to the issue, and you have very important day jobs that are critically important to your clients and so we -- our responsibility is to try to give you all the information in a straight forward way that you can utilize to advocate for your profession and hopefully feel that's what we're doing.

>> CYNTHIA MORENO TUOHY: We have on our website hand-outs for your use that you can take with you on your own local visits or state visits. If you are coming to Washington D.C., we're happy to help you with that as well. These handouts move from issues on workforce and confidentiality, continuum of care. These are resources for you. You can also have them as leave-behinds so that they'll hopefully remember you and remember NAADAC and when there is a question that comes up down the road or they want to talk about an idea or a potential bill, then they have that resource right there to go to.

The other thought that some states are considering is looking at doing a resolution at the state level that follows the national resolution for addiction counselors so that that recognition not only is at the national level and at the state

level, but something to consider as well. Thanks.

>> TIM CASEY: This reiterates some of the resources for you, and talked about that.

So, yes, you use those resources. You take action, and really the follow-up is key. You want to take these skills back home, and you want to organize groups to visit. You can do that. You can not right now probably, although you could do a Zoom visit. You might propose with a bunch of your colleagues that you go and do a coffee with the member of Congress. You want to work with your state affiliates at NAADAC to organize things like that. Members of Congress love to do site visits and that might be an opportunity to invite them to your facility, to see things as they are on the ground and, you know, there's no better way to really educate somebody than to make it a hands-on experience. Participate in town halls that happen in your states and districts. You shouldn't feel shy about getting a question in at those type of events, and we can always be helpful with our resources to help you craft something like that. Volunteer for campaigns or volunteer for getting the word out about these issues and share your interactions with NAADAC. So often, you know, you might you might have personal relationships with some of these members of Congress, and the organization doesn't necessarily know, and we might be knocking on their door here in Washington when a text from you might be the most effective means to persuade them, and so the more we understand your networks and your ability to advocate, the more effective we can be as a movement, as an organization, so don't be shy about sharing some of those key contacts that you have as well.

>> CYNTHIA MORENO TUOHY: I would just add that

some of the state affiliates also do their own advocacy days. Check in with your state affiliate. Find out if they're doing and what they're doing around advocacy. If a state affiliate isn't involved and they want to get involved, we certainly want to bring them on board. We want to teach them and activate that. We are planning advocacy in action at the end of our annual conference 2020, which will be at the Gaylord in the D.C. metro area. The only thing that would prevent that is if COVID continues to be an issue, but right now we're planning on that, and we're planning on the annual conference. We're planning on advocacy training and a visit to the hill.

We hope all of you will come and be a part of that and practice these skills, these skills with us. Thanks, Tim.

>> TIM CASEY: Thanks. And I think we are here at the Q and A.

>> SAMSON: Thank you so much for such valuable expertise on this topic. We have a load of questions, so everyone, we are going to start our live Q and A. We'll start asking the questions that came in earlier. However, don't feel discouraged to send in your questions. We may get to yours. It looks like we got some good time here. If for some reason we don't get to your question in the questions box, we will add them to a Q and A document and send them to the presenters to be answered on that document on our web page at a later date. With no further delay, Cynthia and Tim, I will start with a question from Father Jack. Jack Kearney asks, does NAADAC have a official position we can quote when we advocate for harm reduction strategies like needle exchange, Myloxone, et cetera?

>> CYNTHIA MORENO TUOHY: NAADAC believes there

are many pathways to addiction recovery. The harm reduction is one of those pathways, and certainly there are questions that come behind in terms of practice, policy, policy and procedure, and in a treatment facility or a facility that is using different types of treatments whether it's harm reduction or methodologies. We believe that harm reduction is important. We believe that medicated and assisted treatment is important, and I put the emphasis on recovery. Medication is one tool that is helpful for clients. Not every client. However, the long-term issue is recovery, and without counseling and support for the individual and their family member, medication alone is not the answer. We support all of those things in different levels, and you can quote me on that, Father Jack. Thank you, again, for your question.

>> SAMSON: Great question. Our next question is about telehealth. We had a lot of telehealth-related questions. I'm not sure if, Tim, this is more related to you or Cynthia. This comes from Jordan in Pennsylvania. Jordan in Pennsylvania asks, "what plans are being put in place to allow telehealth to be used on a regular basis moving forward so services can be accessed by everyone?" If I can, I'm going to tag an additional question that we sort of got that related to Jordan. "Is anyone talking about telehealth or what we're currently using as telehealth to be considered as a level of care in the future?"

>> CYNTHIA MORENO TUOHY: Do you want me to start? Telehealth is currently available it be used on a regular telehealth platform, so the relaxation and the ability to use telehealth with your phones, with Zoom, with Skype, with your phone, this is very special right now. A special time. We don't

know what will happen when the COVID pandemic reduces, whether or not they'll continue to allow that level of flexibility. What we have currently is NAADAC works with a 42 CFR-compliant telehealth company called Clock Tree, and NAADAC members get a discount and actually free usage to kind of see if they like the platform or like doing telehealth. That is available currently for people to try out telehealth, and it will be a platform that will be used when things go back to before COVID. We will continue to advocate for reimbursement levels for face-to-face and telehealth, and when that changes, the COVID pandemic changes, we will continue to advocate for all levels of care. Right now we're seeing telehealth being used from peer recovery support through outpatient, intensive outpatient services, and some outreach, so we'll -- we will continue to advocate for that, and as we like to say, time will tell the story, and we have the solution with the Clock Tree telehealth platform. Tim, do you want to add anything to that?

>> TIM CASEY: I would just add I think for all the advancements that we're seeing during this pandemic, and I think other providers have -- that have advocated for things like supervision requirements and others, my advice has been, you know, if you get -- if you get what you want, you know, be on your best behavior and make sure you're trying to collect data and trying to follow guidelines that you always do and I think it's going to be hard to put the Jeannie back in the bottle if people are successfully utilizing telehealth and clients are enjoying that access, so I would just say do the great work that you traditionally do there, and I think the chips will fall as they may at the other side of this.

>> SAMSON: I'll ask another telehealth question. Jessica from Michigan asks, "when dealing with a vulnerable population that may have income barriers who don't have a computer or a way to telehealth, how do we reach them not being able to see them? "

>> CASEY: If you want to clarify. Go ahead.

>> CYNTHIA MORENO TUOHY: The question is how do we help people without technology?

>> SAMSON: And income barriers.

>> CYNTHIA MORENO TUOHY: This is a huge issue. There are low income people who do not have access to an iPhone or a phone. They don't have access to a computer or Zoom. They don't have the technology background or the comfort to get on those devices. How do we help support that. We have to advocate that at the state level. I think Block Grant money might be something to bring forward or the special emergency money that has been going to states. Is there capability for the single state authority to dedicate some of that money to help support low-income people to receive those kinds of devices in order to get the treatment that they need. I would be advocating at my state asking for that and saying, you know, is there an opportunity to do that? Help us serve the community that we need to be serving.

Unfortunately, people who have less voice, less dollars, receive less services. It's up to us to be that voice and to advocate for them and to let our single state authority know that we have this many people waiting to be served where we know that there are people waiting to be served, and we want the opportunity to serve them.

Advocate, advocate, advocate, and if you need support with that, let us know that so that we can help support you as well.

Tim, do you want to add to that?

>> TIM CASEY: These are some of the gaps that we're seeing particularly around this crisis as they reduce some barriers to access. You know, it just shines a lot on the next level of hurdles. I think Cynthia touched on this, but obviously there's a huge lack of broadband access across this country and a lot of places, and so, you know, I know something like the asynchronous effort to allow for phone call use to count as billable for some of this is important, and the elimination of copays is something that the administration agency has tried to do for folks who might need to do cost-sharing. I think it's important, though, to continue to advocate and think creatively. Members of Congress and the agencies are looking for all ideas to really -- to really insure that access is available for folks who otherwise would have it and this would be a great time to advocate for a creative solution.

>> SAMSON: Thank you. The next question comes from Debbie from West Virginia. Debbie asks, "some states don't have the same value of a NAADAC credential. Sometimes it feels like anyone regardless of experience or training can work in the addiction profession. How can I advocate for treatment professionals locally in this area, and where do I start?"

>> CYNTHIA MORENO TUOHY: Good question, Debbie. Where you start is with your affiliate, your West Virginia affiliate, and with NAADAC. We don't always get to see that every state values addiction professionals as much as they should be valued. MAADAC

worked with SAMHSA to put together a national scope of practice that tied education, training, experience together with what they were allowed to do or what their practice would be allowable as a result of that education and training. We continued to advocate for that scope of practice. We continued to advocate that addiction professionals are a specificity. In other words, they are a specialized counselor.

Sort of like you would not go to a general practitioner if you had heart problems. You would want to go to a cardiologist. We advocate at the state level helping them, helping the legislature to know, helping the certification on licensing boards know that it's very important that this profession of addiction or substance use disorder is safe within your state and has a place within your state because these are the people who really know how to effectively treat people and that we don't have the revolving door. For instance, I am a social worker as well as an addiction specialist. As a social worker, Women's Network though I come from a family of addiction, I have been in recovery as well for a long time. I would not as a social worker alone, would not have the competency, the skills, the knowledge to treat addiction had I not had those specialized courses, clinical supervision, other training. That's what we communicate to people to help them understand this profession is very specialized. We're there to support you, Debbie. Let us know.

Tim, do you want to add anything to that?

>> TIM CASEY: I think you got that one, Cynthia. Thanks.

>> SAMSON: Thanks. The next question comes from

Rick Lundgren. He is from Minnesota. He asks, "Is promoting a master's level credential over a bachelor's level credential a sustainable strategy in the long term?"

>> CYNTHIA MORENO TUOHY: NAADAC doesn't promote one over another one. We believe that the continuum from peer recovery support through master level is important. That they're tied to a scope of practice. We don't promote one over the other one. It really is necessary to look at a state and see where their gaps are and see where their needs are. In some states they need more bachelor level people to perform clinical services, and in some states they are not ready to go to a master level in a full scope of practice. That's okay. It's really analyzing what's happening at that state, what their needs are based on what their clients' needs are and then put together a strategy to help support that state to build its workforce.

Some years back we received grants from SAMHSA to do workforce development, and we were in Minnesota. We were able to did a workforce forum there to help people bring awareness about the profession of addiction. Also, to help support that continuum of care and that continuum of a scope of practice. We don't support one over the other. However, it's also important to know that if the state or nationally we're competing against other master level professions or disciplines that, we're able to compete at that level. In that case, and it is the MAC that will be able to compete at that level, and that's why you also have to kind of do an environmental scan of the state to find out what is true for that state and where are our push points and where do we need to develop at the state level. Tim, anything to add to that?

>> TIM CASEY: It's something I've seen other professions wrestle with. I think you laid it out perfectly.

>> SAMSON: The next comes from Kristen from Virginia. She asks, "access to student loan reimbursement and actual successful completions of public service loan forgiveness act has been impossible. I know at least 20 to 30 professionals who have completed all requirements of the original public service loan forgiveness act, but are still paying student loans and can't find help in this area. How is SUD student loan forgiveness going to be any different, and are those of us who qualify for PSLF going to be eligible in starting from scratch?"

>> CYNTHIA MORENO TUOHY: This is a very good question. Thank you for asking it. The big change thing currently happening is that we now have the ear of HR a. We are able to meet with HRSA, to talk with them about some of the barriers in the public service loan forgiveness program. I would like to hear what has been your barriers and these other professionals, what are you experiencing so we can take that back to HRSA now that we have their ear, and talk to them about these -- this is what we're seeing in the field. We have already talked to them that we believe that it's more important to do tuition support than loan forgiveness, and as you probably already know from your own experience, Kristen, that loan forgiveness, you obviously pay back. Well, many people are going into this profession not as well reimbursed as other professions, not as high of salaries, and so here you are going into this profession with loans that you have to pay back, and you're just trying to make it. The strategy that Tim and I are using on Capitol Hill is tuition support gives us more

flexibility, more incentive to bring people into the addiction treatment world. Please help us with more tuition support. Loan forgiveness is great, but there are barriers. There are difficulties. Again, Kristen, let us know what those states are so I can bring them back to HRSA, and we will continue to advocate for more tuition support, less loan forgiveness. Anything to add on that one, Tim?

>> TIM CASEY: Kristen, I think your strong frustrations with the PSLF program are shared by a lot of people. That program has been plagued by massive rejections and confusing requirements and, you know, so I think, you know, whether it was payments that didn't qualify and missing information with some of the reasons for rejection or people's loans weren't eligible. There was just a slew of kind of complicated factors around the program and how it was administered at the Department of Education. The loan repayment, which I think is an important distinction from the forgiveness, the loan we payment that we were able to help pass, it looks to repay as you go while you're working and not, you know -- and not at the end of when you satisfied all these complicated -- all these different complicated things that you have to -- criteria that you have to hit. This bill and this provision that became law really was done in the back drop of what lessons they've learned and the shortcomings of the PSLF. Also, Cynthia's point about -- our being there on the frontlines to kind of talk through this with HRSA, I think, is meaningful to insure that that doesn't happen again. I hope that's helpful.

>> SAMSON: Thank you, guys, so were. Thank you, everyone else, for the questions that you sent in. We will add

them in a Q and A document and submit them to the presenters over the next couple of weeks to document those answers and get them on the website. If you are wondering, again, about your CE quiz, maybe you missed the answer in the beginning or instructions of how to access the recording of the live event. Two quick ways to do that. Right after this webinar, you'll be able to go to the website you see on our screen here. You will see the little Tabitha says CE online CE quiz. That tab will be active. It will be an active link. It will send you directly to a quiz that you can complete in order to earn your continuing education credit. If you would like more information about CEs or how to get your CEs, click on the handouts tab of your GoTo webinar control panel. There will be more information.

After you complete your online CE quiz for this webinar, make sure to register for the rest of the series. You can learn more about the 2020 advocacy webinar series by visiting the website at the bottom of this slide.

[www.naadac.org/advocacy-webinars](http://www.naadac.org/advocacy-webinars). You'll see the series listed on the series web page. You can also always email [ce@naadac.org](mailto:ce@naadac.org) to learn more.

Here's a short list of our upcoming webinars. Please tune in if you can as there is some really interesting topics with really great presenters. As you can see, the last webinar of our peer recovery support series coming to a close from Phil Valentine will be coming up very soon on May 15th, 2020.

Currently NAADAC is also offering two specialty online training series. Visit

[naadac.org/clinical-supervision-online-training-series](http://naadac.org/clinical-supervision-online-training-series) for more information on this exclusive content. As most of us know,

Women's Network the most experienced clinical supervisors in our field admit that clinical supervision in the addiction profession is just much more complex than general supervision. Join in this series to learn more. You can also purchase the complimentary supervision workbook from our bookstore. The second series we also offer is called addiction treatment in military and veteran culture. You know, right now some of our most respected are also our most vulnerable, and as the nation tries to stay in balance during a national crisis, those with trauma related symptoms and a history of substance use disorder are reexperiencing some of their worst fears, trying to manage triggers in an ever-changing environment.

This series presented by Duane France, a licensed counselor, addiction treatment specialist, and retired combat vet, is available to you now. This exclusive content is \$25 per training per specialty training. You can learn more by visiting [www.naadac.org/military-vet-online-training-series](http://www.naadac.org/military-vet-online-training-series).

As some of you know, being a NAADAC member has tremendous benefits. This is a small list of some of those benefits. One of them would be if you were to complete this webinar online CE quiz. That CE is free for all NAADAC members. For those that are not members, there is a small processing fee. Also included in NAADAC membership is access to our quarterly advances in addiction recovery magazine and face-to-face seminars, local and national conferences, certificate programs, and so much more.

Please note that at the end of this webinar, you have a short survey that will pop up on your screen. It's also going to be included in your automated email from go to webinar. Please

take some time to share your feedback with us. Your feedback, any notes you have for us, super important as we continue to shape and sharpen your learning experience. Thank you, again, for participating in this webinar. Thank you, Cynthia and Tim, for your valuable expertise. I encourage you all to take some time and learn more about how NAADAC helps others. You can stay connected with us on LinkedN, Facebook, and Twitter.

Be well.

(Session concluded 12:31 CST)