NAADAC
Diversity Best Practices
Talent Reimagined
Aug. 9, 2020

>> SAMSON: We will start in about 30 to 60 seconds and make sure you are on mute and we will start shortly.

>> SAMSON: Hello and welcome today's webinar on bolstering the addiction workforce, session 3 of our advocacy series presented by Cynthia, Israel and Julie. I'm the director of training and professional development for NAADAC, the association for addiction professionals and I will be the organizer for the training experience. The permanent homepage for NAADAC webinars is WWW.NAADAC.org/webinars. Bookmark the webpage so you can stay up-to-date on the latest in addiction education." She is provided by Caption Access. Check the chat box for the link to use closed captioning. Every NAADAC webinar has its own webpage that houses everything to do with that webinar and is permanently hosted@www.naadac.org/advocacy – workforce – webinar and pay close attention to the slide to access your CE certificate and the instructions Will send you to a PDF file that's in the handouts tab of the GoTo Webinar control panel read we are using GoTo Webinar for the live event you'll notice the control panel that looks like the one you see on the slide. You can use that orange arrow anytime to minimize or maximize the control panel.

If you have any questions for the presenters type them into the questions box and we will gather those questions and give them to the presenters during the live Q&A. Any questions we do not get to we will collect readily from the presenter and post those questions and answers on the website at a later date.

Israel serves as director of the division of national health service corps, the health resources. Israel's team is dedicated to connecting highly skilled health professionals to the nation's most vulnerable communities. Over 13,000 providers are supported caring for over 13 million patients in underserved communities. Julie Shroyer and in senior positions in nonprofit and private sector. She serves on the Board of Directors of House of Ruth, DC-based nonprofit organization that empowers women among children and families rebuild their lives and heal from trauma, abuse and homelessness. Julie graduated from Western Michigan University with a bachelors master's degree from the University of Michigan.

We also have Cynthia Tuohy and served as the admission of alcohol and drug centers providing a broad range of services and trainer and domestic violence, anger management and conflict resolution pages written on a variety of issues including addiction evaluation, counseling methods, treatment and recovery and served as president of NAADAC certification board

Commissioner, International chair, Treasurer and legislative chair for NAADAC. We are delighted to provide this webinar presented to you by these three impactful advocacy leaders. So Cynthia whenever you are ready I will hand it to you.

>> CYNTHIA: The purpose of the webinar is to talk about advocacy and the solutions to advocacy so we will discuss that throughout the call. I want to tell you about NAADAC which is based in the Washington DC area and largest international membership organization.

NAADAC's mission is to lead professionals to achieve excellence through education, advocacy, knowledge, standards of practice, ethics, professional development and research.

I want you to know that advocacy is right up there as one of our main statement areas

For the greatest need we see for the addiction world is the addiction workforce. We need people who are well-trained in addiction and mental health. Unfortunately, we do not have that workforce that we need currently. Given the COVID crisis facing higher need in terms of the number of folks that we need.

This slide shows the challenges not just production but where we have come with mental health, social work, managing family workforce.

The growth rate as predicted 22% between 2018-2028 for addiction counselors. Social workers growth is predicted to be 11%. Marriage and family and mental health is 22% as well. You will see these two areas of addiction and mental health at 22% need, and again that is before the COVID situation. If we look at salaries, the addiction workforce average salary is over $46,000 a year. Social workers are just over 50,000 and marriage and family are over 49,000. This is a huge increase from where the mean was just three years ago. Just three years ago, the mean was at $38,000 for addiction counselors. NAADAC's advocacy has helped to increase the salaries.

What they say is we have about 304,000 addiction counselors right now in the US. We need another 68,500. An increased need of 81,000 for social workers is predicted. Mental health and marriage and family counselors also have an increased need so how do we get there and what are the solution?

? We been working on scholarship programs and were excited to presented Israel today to talk about that. We worked on specific budget increases and we will talk more about that throughout the webinar. And definitely minority Fellowship funds have been increasing. In fact, just six years ago we did not have minority Fellowship funds for the addiction workforce. Now we have that and those have increased so we are excited about that and we want to

continue to see that increased to build a workforce rate and a workforce that treats people of color by people of color.

Certainly look at tuition support needs for bachelor levels. So some have been at the national level. We know the pipeline to get there means a bachelor's degree. We need the resources when we get stuck in that pipeline.

We need more incentives to enter the addiction workforce. And then we need different incentives to retain people. We need to keep them in because the dropout rate is about 50% in the first two years. The mentoring programs we believe would be helpful for that as well. And then continued support for the addiction workforce. NAADAC has been a catalyst nationally to cause that to grow. And I want to show you the SAMHSA/NAADAC scopes of practice career ladder.

You can see the different career opportunities, this is not an exhaustive list but a list of some of the things and some of the roles people can play at that particular level of care. We have programs for entry-level and SUD technicians and then we moved to an associate degree, a person with a two your degree being able to be credentialed and served in their career opportunities. The next step would be bachelors level and from there we look at the master's level and doctorate levels. You can see there's a progressive career ladder that people can join addiction workforce.

Gives three specific goals to broaden workforce not just in SUD but mental health as a lot of our people where those dual hats and we want them to be able to increase the roles in the workforce. We want to strengthen the current workforce and we will talk about how and to create a national infrastructure to support the workforce development. We don't have a national strategy right now for the workforce in the addiction practice. And that is something we want to help create with government to advocate for resources. We have been advocating and we want to see a greater portion of time and resources allocated to workforce development. That would go along the lines of helping to create a national strategy. And national technical assistance structure. These are all things that are important to help us to get where we want to go.

We have a list of other tasks that involve workforce strategy, all the way from really helping people receive that equal pay and benefits for the work they do to collaboration with substance abuse and work on retention and reimbursement. And help the public and others understand this is primarily health problem. We are concerned about the equity in terms of insurance reimbursement compliance and monitoring repercussions that would help to ensure insurance companies are following the rules of parity. We continue to support tuition reimbursement legislation and minority fellowship money.

NAADAC supports the national certification commission for addiction professionals. National certification is important in that it is the same standards from state to state, so the same qualifications and same standards so if you go from one state to another, and you have a national credential that is supported by your state transportability is then not so difficult. Need for telehealth in this time of COVID and the need sometimes to move to other states because they are not taking care of other family members, either affected by some other health issue or COVID related issues.

All of our credentials are standardized and we have the honor of having recognition for that NCCAP Masters PhD level certification and it is recognized as the most reimbursed SUD credential in the US, according to the United behavioral health and wellness survey that was conducted through insurance companies and funded by SAMSHA.

And we have hospital for 19 recognizing that national credentials are preferred due to national recognition, other recognition, transportability and workforce support. So if you have not had a chance to see that please go to the NAADAC website and you can see that there as well.

How does NAADAC help and how can you also get involved? With national committees. All of our committees are listed on the NAADAC website. The ones particular to public policy and social justice are the public policy committee for critical issues in the black community and our clinical issues committee. They work to help support national but also to help support states. And you will often see NAADAC doing letters of support or fighting legislation at the state level for addiction specific professionals.

NAADAC has expanded government relations and public policy initiatives for last couple of years and working with Polsinelli they are rated number one in the DC area for health issues and we have supported the different acts and the support the heroes and CARES all of the acronyms many of those were addition specific and the loan forgiveness programs. We support social justice and prison reform and are doing them programs in prisons in California where we are raising the addiction workforce in the prison system within the walls training persons to become addiction counselors, training them, educating them and testing them and by the time they get out they are able to have a career and not have the same stumbling box that have been put in their path. We support the block grants would like to see more funding there and when new funds come out to have it channeled -- because the block grant is so well structured and is well done and we think programs can be initiated much quicker.

We support national conventions and parity in the ongoing dialogue, we are involved in roundtables, on Capitol Hill and now in

we are involved in educating Congress in discipline itself.

We have a lot of partner groups as you can see here that we work with.

Now we want to give you a polling question. We are asking in your perspective in your community, which advocacy issue would you rank highest priority? Please take a few minutes to answer that poll.

>> SAMSON: You will now see that pop up on the screen in just a moment. It is on your screen operate as a reminder, you can continue to send in questions for our presenters in the questions box of the GoTo Webinar panel we will answer the questions in the order they are received. If you have trouble participating in the poll, considered switching your view from full-screen view to a different view like a large or small screen, you can minimize for most of you the poll's appeared on the screen read about 6% if you have responded.

After this webinar you can write in another advocacy issue that for you or your community is really high-priority and we will ensure we include that to our presenters.

>> CYNTHIA: I'm impressed to see that infrastructure funding salary and benefits is your highest priority. This correlates with what NAADAC continues to advocate for. Social justice is right up there and so I find that very interesting that you are on the same page with that.

Other presenters, do you have anything to add to the poll question remarks?

>> JULIE: It is really helpful to get this feedback in terms of helping NAADAC in its outreach. As policymakers at the federal and state level. It is interesting to see the infrastructure funding and I agree with you, we recognize how important that is. I think it is very instructive in terms of letting us know we are on the right track and also seeing the things that are resonating.

>> I was trying to jump and I was going to say that I agree -- at this point, the infrastructure is something we have heard from our stakeholders as well and reaching advocates from the workforce to promote that.

>> CYNTHIA: Just to wrap up this piece of it, in your evaluation that you will be doing for this advocacy webinar -- to also answer what you see is your three highest priorities. So that not only do we get the idea from this particular polling but we hear more from you because NAADAC's position is to listen to our constituents and membership and ensure we are following your guidance and the work that we do.

>> SAMSON: Israel, will now hand this over to you.

>> ISRAEL: Thank you for that. Hello, everyone. It is a pleasure to be with you today. I'm especially happy to provide an update on the bureau's current activity in the national health

service Corps specifically in the area of substance use disorder. I think it is worth noting that Cynthia and the NAADAC team have been valued partners over the years in our efforts to support the addiction workforce. That we truly appreciate it.

The health resources and services a ministration is one of the 11 operating divisions within the US Department of Health and Human Services. HRSA service as the nation's public health safety net with more than 90 programs that provide healthcare for people despite geographic, economic or medical challenges. HRSA itself is comprised of five euros and 11 offices and directly supports thousands of healthcare providers. Over 3000 grants and cooperative agreements are issued. And helps people living with HIV AIDS, pregnant women and others who may not be able to access quality care.

The Bureau of health workforce administers over 40 workforce programs with a total fiscal year total of $1.65 million. BHW this is uniquely positioned to address workforce challenges through the support of community-based training and programs that incentivize clinicians to work in rural and underserved communities. It's investments in the training programs allow for innovative and flexible responses to the nations merging healthcare challenges. These same resources positively impact every aspect of the health professionals career, from education to training and all the way through service and respective communities. Our mission to improve the health of vulnerable and underserved populations.

I want to emphasize the connecting skills profession to communities of need because this is how we take deliberate steps to look deeper into the programs and how we design the programs across the Bureau by leveraging expertise from our stakeholders like NAADAC, and a data driven approaches that have added value and success to the program paid brief leveraged health force simulation model. We identified the health workforce challenges facing the US in the coming years.

Over 20,000 health professionals exist in rural communities. We anticipate a shortfall, we understand where some of the challenges lie. We have an aging population of the health workforce. There are not enough clinicians in the fields to meet the population demands. There is growth in our substance use counselors and I will point out having some of the data as well.

BHW strives to achieve for outcomes. Axis, supply, distribution and quality. Program planning, data analysis and program evaluation. These four outcome categories are not mutually exclusive, conceptually they intersect with one another and statutorily many of the programs are designed to attempt to address of multiple calendar cores that relate to axis of care of vulnerable and underserved populations.

The first outcome measure, axis. It is our goal to increase access to healthcare for underserved and vulnerable populations. Access to care is defined as the ability for patients to access available services and linking of appropriately trained providers to those in need of care.

The second outcome in our work addresses the supply issue. Strive to promote equilibrium in the supply and address shortages of health professionals. More often than not, the numbers of workers in a given occupation at abundant with an oversupply or have a deficit worth of shortage. Each occupation ideally would be adequate in its equilibrium.

BHW works on distribution, we defined distribution as the number of individuals trained, serving or employed in a geographic area. A geographic area may be defined such as a rural area or underserved area but it also may be a common geographic unit like state or county. There are too many workers in one area and not enough in another. When we examine the smaller or specific defined geographic area, estimates show there are shortages in some places an oversupply's and others.

Some of BHW's programs require individuals benefiting from federal programming, are trained or working in a geographically underserved area. In contrast to expansion programs aimed at correcting the supply. These programs are aimed at incentivizing the geographic redistribution of existing providers.

Finally, and certainly not least of all, BHW's quality outcomes, we defined quality as healthcare and health support workforce that is trained in employing evidence-based techniques that reflect patient centered and culturally competent health care, resulting in better patient care.

In order to promote quality and patient safety BHW's programs reduce fraud. We address all of these needs look for these outcomes.

NHSC has a goal to provide awards. The awards are required to go to providers in the highest needs area. They determine the need and funding priorities but higher scores are designed to indicate greater need. The scores range from 0-25 for primary care and mental health professionals. And from 0-26 for dental help. The scores are constantly updated on her regular basis and we work closely with the state to make these assessments. It offers loan and scholarship programs to help students pay off the student loan debt in exchange for serving underserved communities. With help communities recruit and retain more than 50,000 quality primary care submissions and committed to providing care where it is needed most. These providers often remain in those underserved areas well after the completion of their service obligation.

As he heard in the beginning, these are the providers that are currently completing service obligations with the programs. We have grown to over 13,000 members committed to caring

for underserved communities, this is medical, dental and behavioral health professionals who provide care to your team million Americans. Most of those 30 million patients come from different background requiring different types of care. This is why I emphasize the connecting skills to providers need is essential. Throughout our program we are always seeking providers that demonstrate the characteristics that help them remain in these communities after receiving the award.

Here is a breakout of the health professional disciplines within our current profession. Health providers make up almost 1/3. This is similar to the data shared in the beginning of the call. I know want to highlight -- 1/3 of our providers are serving in rural communities and we are proud of that.

Looking at the paradigm for NHSC we have it for recruitment and retention methods to identifying a workforce, placing them where they are needed most for you see results of our competition in fiscal year 2019. We have a loan repayment program. You can see we received over 11,000 awards and this includes not just our SUD investments but also to other traditional programs as well could we have student to service program which helps influence the healthcare service pipeline where we reach into their students in their last year of health professions school. We have a state loan repayment program which is a grant program that is a cost-sharing grant but we work closely to make sure we meet the workforce needs of each state. We have a scholarship program which we hold onto those scholars from the beginning of their health professional career all the way through training and onto their service. I one of the takeaways I want you to have is that I want you to notice how all of these programs are competitive. Specifically the scholarship program.

I won't go into detail in our programs today but I want to highlight them.

We've also partnered with the substance abuse and mental health services administration that I'm sure many of you are aware, to increase the number of certified clinicians in high need communities the cooperative agreement with the provider clinical support system offers the most effective evidence-based clinical practices in preventing, identifying and treating opioid use disorder. We are promoting, tracking and examining the impact of providers combating the opioid crisis and NAADAC is a partner and that is fantastic and we are always running into each other one way or another.

Is a mention, I will not cover all of the investments today but I want to focus on those programs that directly bolster the addiction workforce. A couple of things to note regarding our SUD loan repayment program we've received approximately $360 million to support evidence-based substance use disorder treatment nationwide. And specifically in rural areas.

One thing we recognize when developing our SUD program is the integration of behavioral health services into primary care when addressing addiction recovery. As I mentioned, this is a proxy for need within the NHSC but there are three distinct designations, primary care, mental health and a dental care designation. A mental health provider for example applies for any of the traditional NHSC programs but only will be ranked by a mental health professional. In a dentist can only be ranked by a dental program. It allows for primary care and behavioral health providers to have the scores interchangeably to optimize the possibility for a reward. This was a major paradigm shift in the program and we are looking forward to evaluating the impacts of this decision.

Would like to share an overview of the NHSC SUD loan repayment program paid in 2019 we launched the program to plan and improve access for evidence-based opioid and substance use disorder treatment in underserved areas nationwide.

Healthcare clinicians provide substance use disorder treatment and are eligible up to $75,000 in tax-free student loan payments in exchange for three years of full-time at 40 hours a week service at an NHSC substance use facility.

To be eligible for the SUD workforce repayment program one must be a US citizen or national would be licensed or certified ineligible discipline which includes physician, advanced practice nurses, physician assistant who are eligible to administer medication assisted treatment, behavioral health professionals including substance use disorder counselors, registered nurses and pharmacists. They must serve in an NHSC SUD side facility and have outstanding educational loan debt. Applicants of the program receive priority if they get the 2000 waiver or certified in substance use disorder prevention.

As I mentioned, it specifically targets the world workforce by supporting the rural community recovery programs, the NHSC launched the rural community loan payment program last year with a targeted interest in supporting the workforce at grantee sites.

Rural clinicians providing substance abuse treatment at algebra up to $100,000 in tax-free student loan repayment in return for three years of full-time 40 hours per week service at NHSC SUD facilities. This also have time option 420-39 hours and can receive upwards of $50,000.

To be eligible for this program, it is similar to the previous program and you have to be a US citizen, must be one of the eligible disciplines mentioned before.

These clinicians serve and NHSC SUD side facility and have outstanding educational debt. Applicants for this program are given priority if they served in a grantee site and have a 2000 waiver or are certified as a substance use counselor.

One of the things I am excited about is to share the SUD treatment and recovery loan repayment program. The STAR is an effort for helping the workforce to bridge the support of the SUD workforce your program. Yet again, NAADAC is one of our partners that we contacted to share our approach to this program. And ensure that we are appropriately addressing the gaps and supporting the addiction workforce. This program will not be administered by the legislative authority so we will have much more flexibility at InSite locations. There will be individuals who will be able to practice and receive an award of their serving an area above the national average for opioid overdose mortality rate.

This program is being analyzed, not able to share too many details but a high-level I can confirm this program will offer awards up to $250,000 and include bachelors train providers and paraprofessionals. It is set to begin next summer and I look forward to coming back to share the successes of the program.

Throughout my remarks I have referenced NHSC approved treatment facilities and I want to stress the value of these programs.

I must say that NHSC approved sites are the lifeline to our program, currently it recognizes over 17,000 sites as eligible locations for NHSC providers to complete their service obligation. NHSC approved sites are typically outpatient facilities providing medical, dental or behavioral health services read each site must offer a sliding fee scale and ensure axis to ancillary inpatient specialty care.

You can see a comprehensive list of the eligible NHSC sites, I will not read off everyone.

We also allow for currently approved sites to demonstrate services delivered, and therefore it allows all of our clinicians awarded through the SUD investments to serve there and we have expanded the scope of access to include three new sites which we are identified by their certified treatment programs and look to those opioid treatment facilities and include general SUD facilities as well.

BHW has a division of regional operations that spans across 10 NHSC regions and does a magnificent job for recruiting new sites to the program. They are our eyes and ears as we look to expand our program. One of the things they are closely tied to is working closely to the state primary care offices.

While I understand we will have Q&A after all the speakers are done, I want to encourage you all to consider your questions now because our next speaker, once you hear from Julie, when she is done with her remarks, everything I said would be an afterthought. So as we approach the Q&A and things I have shared today, I can answer any question you have. You can also find

me here we are on all the social media platforms and can keep up-to-date with all the great things we are doing. And now I will pass it to Julie.

>> JULIE: Thank you, Israel. I am delighted to bring it home, this presentation and I thank Cynthia for her remarks as well.

We appreciate, first I just want to acknowledge all of our participants and we are delighted to have you with us. I have about five slides to go through. And my purpose really is, if you recall, we are here today because we are trying to bolster the addiction workforce and this is a call to action. In the hope for my segment is to just give you a sense of where we are and what is happening in Washington on the legislative and regulatory fronts and to encourage you to stay involved and continue to do the important work so we can continue to give support particularly for federal programs that support the addiction workforce.

I want to say I am so honored to be a part of this presentation and Cynthia talked about the partnership we have been fortunate to have with NAADAC, and I just want to do a special shout out to Israel and all his colleagues that have just done a phenomenal job through extraordinarily challenging times. And given your dedication it gives us all hope for opportunities in the future.

With that I will turn to the Washington update, if you will. I've been working in health policy for 30 years and have never seen such a challenging time. The COVID-19 pandemic has been all-consuming for all of us and changed our lives dramatically. It is been particularly difficult for the Congress because they have had to put together packages with the president to try to help Americans get through these challenging times and at the same time they have their regular work to do. So it has been a whirlwind of year and we are still in the thick of it

Some of the things Congress still has yet to do are to work on Medicare and Medicaid programs. There are some extenders that are due to be reauthorized at the end of November so that is very much something that will be coming down the pike.

Obviously the pandemic is really run havoc and recently the CDC showed a number of deaths from drug overdose increased 4.6% and during this pandemic overdose rates are up dramatically and we know there have been incredible substance use challenges.

In terms of where we are now, there are 87 days until the 2020 election. Here we are August 7. There's a lot of work yet to be done to ensure the addiction workforce gets the funding supported needs. While some of that could be coming in short order, even after the election on November 3, Congress will come back into session for what is called a lame-duck. There's still an opportunity to advance legislative proposals. In terms of our call to action I would say

we need you now and we need you throughout the year. There will be numerous opportunities.

I want to turn now to the annual appropriations process. For those of you that were able to participate in NAADAC's presentation last month. A phenomenal presentation was done and if you didn't get a chance to. I urge you to go back because a lot of death was gone into than I have today but essentially, Congress every year has to keep the government running. There are 12 different appropriations bills that fund the government. The House of Representatives has currently passed 10 of the 12.

The federal fiscal year ends September 30, so the new year starts October 1. They have a lot of work to get done we want to just share some of the highlights. The spending bill that has the most impact on the addiction workforce is in the labor, health, human services and education bill. In the build a house just passed last week, there were several important programs that receive funding. And some that Israel spoke about today. We want to give you highlights. There's no need to run through the mall.

In terms of state of play, the Senate does not become the process of picking up their 12 bills. The House does theirs and the Senate does theirs and they come to a conference committee. Ultimately they tried to send the bills either individually or in a package of bills to the President for signature.

Because the Senate has had challenges, it remains to be seen, given that we are at August 7, how that will work out. Any are anticipating we will end up with a continuing resolution. That may mean if the Congress cannot get these 12 bills to the president before September 30, they will do a temporary spending measure so the government stays open until they can work out the logistics.

And so there will still be plenty of opportunities to weigh in and talk about some of these important programs that Israel highlighted and Cynthia highlighted, to make sure that Congress funds them to the highest level possible. With respect to the COVID-19 relief efforts, as you know the president is already signed four stimulus bills this year, totaling around $3 trillion.

I know that you all know that we have another one currently being negotiated. With respect to what has been done, last March Congress passed the CARES Act, and there was definitely bipartisan support and understanding all the way through the halls of Congress and with the White House about the critical need to do more to support the addiction workforce. And also mental health needs of Americans that are really struggling from this pandemic.

These are several areas that received funding. I also want to note that if you did not see it yesterday, August 6, the Department of Health and Human Services also put out an

announcement of additional $101 million in awards to combat the opioid crisis. These are going to be awards to support 116 organizations in 42 states and many target high-risk rural communities. President Trump signed an executive order on Monday aimed at rural health. And to the rural health policy office of this, $89 million are going to 89 rural organizations across 38 states.

This is something you can access more information on the web. If you do a search under HHS awards, opioid crisis, to combat opioid crisis, you can find that or we can give it to you later.

There is significant understanding of the crisis at hand and the need to get support into our workforce.

With respect to the current relief package that is being negotiated, I know the House of Representatives passed a bill called the HEROS Act on May 15 and this shows the understanding for funding for the mental health and substance use areas, highlights have been included here and on Monday of last week, Senator Mitch McConnell introduced a package of bills called the "heels act" and also within their there was a proposal for $4.5 billion for SAMSHA. $1.5 billion for the substance abuse prevention treatment block grant. And other emergency grants for states. There was a prevention program that got $50 million. And the mental health services Block Grant also got an additional $2 billion.

What is happening now, they are trying to reach a deal on the house package that passed in May and a series of proposals that the Senate put out on 27 July. The negotiations are definitely not going as well as one would hope. The house was originally scheduled to adjourn last Friday on the 31st. And not come back until after Labor Day. The Senate was supposed to go to recess today August 7 and what is happened now is these negotiations are taking place at the highest level of leadership. It is taking place between speaker Pelosi , minority leader Chuck Schumer, the White House chief of staff and the secretary of treasury Mnuchin and this morning I saw they were describing these talks now as being on life support. The president is also talking about taking care of some of the needs through executive order. I think the biggest concern at the moment is the unemployment extension. Some of the eviction moratoriums. And we remain hopeful Congress will come together and work out a package. And that some of these incredible provisions that were in the Heroes and HEALS actual prevail in a final package.

It is happening right now and for those of you that are in touch with their legislators, this is a good time to talk about the needs for your profession as well as for the patients who are trying to treat. Obviously telehealth has become a huge issue during the pandemic and there's been a lot done to lift some of the restrictions and to extend them throughout the public health emergency. Congress, there are several bills that are being considered. And that is an area that will continue to get a lot of attention.

Finally, we want you to be aware that NAADAC is having its virtual advocacy conference this fall. It will take place on October 6 and seventh. This will be an opportunity for you and others to set up meetings or calls with your elected officials and staff. And to make sure to educate them about some of the challenges that you face. And make sure they continue to support these important programs that you have heard about today. With that I believe we have another poll question for you.

>> SAMSON: we have a poll question that asks are you planning to participate in NAADAC's full advocacy days on October 6 and seventh, 2020.

You can continue to send in questions for our presenters in the questions box of the GoTo Webinar control panel and we will have a live Q&A just a moment and answer your questions in the order they have been received. If you have any trouble participating in the poll, consider switching your view in the GoTo Webinar control panel from full-screen to a different view but for most of you looks like you have completed the poll. We are at 65% participation and I will give you about five more seconds to complete this polling question.

Perfect, thank you so much, I will go ahead and close this poll and share the results and turn this back over to your presenters.

>> JULIE: I'm looking at the results and my hunch is that many of you probably did not know about this, as this was recently announced. But I also want to say that you do not have to wait for advocacy day to engage in the process. We urge you to participate in a virtual town halls with your elected officials, to engage with them on social media, know that they and their staff are there to serve you 24/7. And you should not hesitate to reach out at any time and we hope to go to the NAADAC website and look for more information as it becomes available because it is a great opportunity and I will not turn it back to the presenters.

>> CYNTHIA: If you contact your legislators let them know that you are connected with NAADAC and that will help them come to us in our constituents and members. We encourage you also to invite them to your facility. Let them see what you are doing. Please invite them to understand more about that. Because we need to lift that mystique of who we are and what we do. So we really encourage you to do that.

It is not too late to sign up for the advocacy day. Know that we will give you wording to use. I know that sometimes people say, I don't know what to say. But we will help you with those words, those phrasings. The most important thing for you to say is your experience what you've experienced in the treatment world or the recovery world. And how it is that when we help people recover we not only help their lives but the community written that is part of NAADAC's vision, to see individuals, families and communities recover.

You have the expertise and know what you are doing and Know what your program does and you are the expert.

>> SAMSON: We have some great questions coming in. There is no way that we will get to all of them. And so we will ask the questions in the order we had them and we will try to get in as many as we can in any questions we don't get to will email to the presenters and I'll try to get them written out in a Q&A document. For the presenters if there's a question that may need background research feel free to defer that later and we will get that on the Q&A document and on the website later on.

First question. Slide 24, 25, around that area, Israel I think, I think it's the 50% dropout in that first two years the same as all the levels of the latter?

>> ISRAEL: I don't know if any of our slides reference 50% dropout. Is there a way that we can go back to that?

>> SAMSON: So Cynthia the question Cameron when you are shifting around this time is where the question came in. When you're handing off to Israel so it may have been where Cynthia said.

>> ISRAEL: What I will say is the National Service cord does not have a 50% dropout. What I can say is that most of our providers, we have an 80% retention rate after they complete the service they remain in underserved communities. But we have a great graduation rate from our scholarship program. Birds of over 95%. But I don't know about the 50% dropout rate.

>> CYNTHIA: I recall that and it is in my slides. In the 50% rate, that is people entering the field in the first two years. And so whatever level they are entering and whether it is peer recovery support, level I or level II or master's level they are seeing a 50% dropout. The attribute that to lack of clinical supervision, lack of general support, base pay and benefits being poor and too much paperwork. Just too much paperwork. These are some of the workforce areas that we need to work on to retain people. So when NAADAC talks about recruitment and retention, these are retention issues and these are issues that we continue to talk about and try to support and give support. Not only from federal and state departments but also from providers who are employing people in the profession.

>> ISRAEL: And just to add to that, one of the things we are actively doing right now is to plan for upcoming -- is taking a look at resiliency. And what that looks like across all our programs. And so making sure we are incorporating access and ensuring the workforce has a component of resiliency and how do you deal with everything going on. There are a lot of dynamics many providers are going through and making sure they are taken care of as well.

I think your point is well taken it and we are stepping up in that effort as well.

>> CYNTHIA: I really appreciate that. And I also want to say how much I appreciated your comments during this webinar and the work we've been doing together. People really understand that it is that network of us partnering and working together that makes this whole thing work. So thank you for that.

>> ISRAEL: Anytime you are always at the top of my email chain and so when I received a message I will reach in. We thought the press release would go out today but I want to point out to the fact the press release for the 101 million, that is really part of the NHSC effort as well when we look at the opioid response program. The implementation grants who we are funding through the rural community loan repayment program. We've had , I had a meeting with the leadership yesterday to discuss other aspects of this. We have a new program where we were innovative with this program and this was our direct attempt to make sure we supported that behavioral health career professional workforce.

Particularly those in the house with working families. Thank you for that breaking news, Julie.

>> JULIE: You are welcome.

>> ISRAEL: No worries. It is right on time.

>> SAMSON: The next question comes from Rosemary from Hawaii, it's a question we got a lot about local issues. A lot of people locally are wondering, can you share key phrases and buzzwords that people can include when requesting support from legislators. What gets their attention?

>> JULIE: It is interesting, if you think about what motivates your elected officials, it is what is happening there on the ground in their communities. And I think if you can quantify for them whatever challenges you are experiencing in terms of if there's not enough addiction providers in your area did if you are feeling overwhelmed. If you are not able to access her patients are not able to access treatment programs. And if there are state and local resources available to help your clients get the treatment they need, getting that information out.

It to me all politics are local. What they care about is what is happening in their communities. And making sure you are able to access the resources available. That would be my suggestion. I think Cynthia talked about NAADAC has a lot of resources on their website where we try to put out information about new funding opportunities like this effort that just came out yesterday in terms of resources to combat the opioid crisis.

That is another place to look. We also have legislative alerts that we give you some of the language. It helps the legislator to know if there's a particular bill, legislation, that is important to you and why. And to be able to have a specific request. It makes a huge difference. So it is sharing what your challenges are, what would be most awful to you, and putting it into a context that is timely in terms of if they are having a budget hearing and they are going to be approving appropriations and whatnot, that they can use for you.

>> CYNTHIA: I would agree with that great and particularly I would point to what is happening currently in the work that you are doing as a result of COVID. So if you are seeing more clients coming in for telehealth and you don't have the infrastructure to do telehealth or don't have the funds for programming for telehealth, then you say that print or if you need technical assistance, how do we start telehealth in our agency or how do we make sure we are following best practices for telehealth? So anything particular to the opioid crisis, marijuana tsunami and COVID. And helping your congressperson understand that we have two pandemics going on. We have a COVID pandemic, very important. Even more consuming in the future will be the substance use disorder pandemic or the addiction pandemic.

if we do not address that and looking forward in our thinking about how to address that, we will find ourselves with less people generally for employment and more people on disability and other roles and communities, suffering individuals and families suffering, so I think those are things you can relate to make it real. We encourage you to invite them to your facility.

When I started inviting legislators and city council and County Counsel to the agency that I ran in the Northwest, public funded, it opened their eyes, they had no idea the amount of work we were doing and how we were helping the community. And in the long run how we were saving them dollars because of the work we were doing. So take that seriously. You are doing amazing work. Let them see that.

>> SAMSON: Will try to squeeze into no more producer loaded but I think every word asked is helpful and we saw similar questions come in. This next question comes from Julian New York. She asks, just wondering if the case act as third-party payment or reimbursement in the state of New York for master's level addiction counselors? Wondering in New York today have training for prisoners to work in addiction and what is that program called? Where would it be located we pay have high homeless numbers and addiction needs, how do we find the areas for opioid and meth overdoses and what agency has most accurate current numbers? There's a lot of questions from Julie from New York but it seems like a local problem other states are also dealing with grid I sent it to you in the group text and hopefully that will help with addressing her question.

>> CYNTHIA: I see that. Julie, in New York we have an affiliate AAPMY, and I will send you information and contact information about the president of the affiliate. He can help you with

agencies run there and help you with reimbursement happening in New York at master level but also at other levels. York uses the NAADAC test but recognize credentials. So he can get into the detail of that with you.

In terms of the training for prisoners work in addiction, I know there's been some conversation around that in New York and your SSAs has a workforce initiative. If you email me I will put you in contact with that person out of the Oasis office and you can check in with her on that.

In terms of homelessness, I know you have high homelessness there, I defined what agencies and their accurate and current numbers? Your single state authority office, which is Oasis, they are the ones who collect that information on homelessness. There is an annual night, day and night of homelessness data collection that happens across the country. And that is how they began to collect the numbers for how many are homeless. That usually comes out of your Health and Human Services office in your state, so the state of New York. I hope that helps.

>> SAMSON: Thank you, Cynthia, if anyone else has anything to add you can jump in print Cynthia mentioned Chris in New York and I want you to know that if you have local questions you can go to the NAADAC website and the tab here -- it says affiliates. You can click on affiliates and there's a map here, like for Julie's question, you could find your connections. Just go to New York and you'll see Chris's contact information here and I will leave it on the screen for a moment. That will connect you with your local affiliate, NAADAC affiliate. And we can get more involved or find more information that Cynthia was referring to.

Julie or Israel, do you have anything to add to that question from Julie in New York?

>> ISRAEL: No, I do not.

>> SAMSON: I will move on to William from Durham, North Carolina who asks, frequently people who have established stable recovery and are motivated to enter the SUD field have experienced deficits in education. Training for peers and entry-level counselors is important however supervision is often cost prohibitive for many. What is being done to support training and supervision

>> CYNTHIA: I will start this one. Thank you for your question because this is an issue that NAADAC has been working on very strongly over the years, particularly in the last couple of years we've had a clinical supervision subcommittee that is working on a position paper or have done a position paper. This talks about the importance of clinical supervision. Not just administrative supervision, but clinical supervision.

We've talked with SAMSHA about encouraging the single state authorities to use the block grant to fund clinical supervision. That is within their regulation that they can do that. They

have to make that choice. So, we encourage the SSAs strongly to make that choice, hearing that from their constituents, like you in North Carolina, you are talking to your single state authority about that issue. We will be posting that position paper on our website and you are welcome to use that.

We also worked nationally with the frontier ATTC to help establish criteria and recommendations for clinical supervision. That's probably about five years ago. And it really did some good work to help influence that through the ATTC and NAADAC network.

It is a struggle, it is a struggle for people to understand how important it is. So we need your voice to do that.

>> ISRAEL: I will add, BHW definitely heavily is considering how do we start to have more of a voice about education and training experience. I had mentioned we are uniquely involved with just the education, training and service. The upcoming program we are referencing, our intent is that we are supporting those paraprofessionals who are serving in these communities. But there's also need to make sure that education and training is there so they can see the support that is being offered.

Hopefully you are aware of the workforce education and training programs specifically for paraprofessionals. Where they are trying to focus on just that, expanding that education and clinical training for that cohort of the addiction workforce. We are sensitive to that fact and understand that as we look to building that paraprofessional option, how might there be a program linkage so they can go directly to a STAR to support any debt they've occurred?

>> SAMSON: The next Warren is will master's level be eligible for the program next summer?

>> ISRAEL: I will assume that is the STAR LLP. matches levels counselors will be eligible for the program next summer. We will include everyone who have always included but now we are adding paraprofessionals and other bachelors trained providers that we were unable to include previously. That STAR LLP program is not an National Service core program and this allows us more flexibility to reach out to professionals we have not been able to in the past.

>> JULIE: I will add that we are so excited about this program, Israel. I love you are calling at the STAR program and I would say this is one of those things were NAADAC and its members were intimately involved in the program and working with the congressional champions that worked on the original authorization language to create it. And also with the appropriators to make sure that a got funding. And so this is the perfect example of a program or a call to action from the addiction workforce resulted in success. Israel, I bet you didn't even know that.

>> ISRAEL: Cynthia and I did have a conversation about that but it's always good to hear it again. I think it goes without saying that the advocacy that everyone on this line is doing really helps get our programs get their meaning. The language is important to allowing us to be targeted in our investments.

>> CYNTHIA: It is good teamwork and thank you Julie for bringing that up.

>> SAMSON: I'm going to push the time barriers are as I sometimes do so let's squeeze in this last one. Darla asks, is anyone else having struggles helping find housing when clients are released from treatment and have nowhere to go? There are questions here about this period of time of them being released or entry into life and not having a paycheck or financial things set up and sometimes it causes relapse putting them right back where they left off.

>> CYNTHIA: This is a big issue nationally. And it is approached state-by-state. I was on a call yesterday with Maryland regarding the issue of being able to zone for housing for people that are homeless for people coming out of treatment and need housing and because of different state regulations around what is allowed, this is where the fight is. It is understanding what will be the level of care in that housing situation, if it is transitional housing or housing for homeless or for mental health. The other piece is whether there's treatment or therapy going in in the housing. If it is a recovery house where it is pretty independent. So every state has different regulations around that. The advocacy for that is to work with your state, single state authority office and facility licensing office. To understand what the regulations are in your state and how you can affect them. It is that old "not in my neighborhood" attitude that goes on. And if the public understands who we are and what we do and the changes we make, it not only helps change people's lives and families but the community and then they are less fearful.

This is why you raising your voice is so important because they do not have a voice. They do not have that voice. You have that voice. So this is why NAADAC takes advocacy very seriously because you are the people that help us make these things happen. Julie or Israel do you want to add to that?

>> JULIE: Said it just beautifully. I thought Cynthia handle that beautifully.

>> ISRAEL: Likewise. I have nothing further to say.

>> SAMSON: Panel and present is, thank you for your time, leadership and expertise. For everyone else, every NAADAC webinar has its own webpage that houses everything you need to know about that particular webinar. Immediately following this live event you will find the online CE quiz link on the same website you use to register for the website so everything you need to know will be permanently hosted at www.naadac.org/advocacy-workforce-webinar

rate if you have not done so already feel free to go to the handouts tab now in your GoTo Webinar control panel and you'll see two PDF files there, one is the slides for today's webinar. The other is the instructional guide of how to get your CE quiz and your CE certificate.

Here's the schedule for upcoming webinars, please tune in if you can as there's some really interesting topics with great presenters like today. As you can see with a very exciting webinar next week, August 14 on substance use disorders for LatinX communities.

And if you have not already bookmarked this webpage. www.naadac.org/cultural-humility-webinars read all eight trainings are open for free registration. On September 9 I will wrap up with a special presentation. NAADAC has provided a COVID-19 resources page that includes six excellent free webinars covering top concerns in the addiction profession and presented by leading experts in our field. Currently NAADAC is also offering two specialty online training series, the first is clinical supervision in the addiction profession. You can visit the website you see at the bottom here for more information on this exclusive content. The serious complements our newest workbook on clinical supervision. Authored by Dr. Thomas Durham. Visit the NAADAC bookstore to purchase the newest collection of updated research and best practices on clinical supervision in the addiction profession for the second series is addiction treatment and military and veteran culture and you can learn more about exclusive content in the serious by visiting the website link you see at the bottom, www.org/military-event.

You can join NAADAC and get immediate access to 145 CEs. You will also be able to register for the annual conference, safely provided to you through a virtual platform for join us on September 24-26th, 2020. Registration is opening soon and please note that a short survey will pop up at the end, give us your feedback and share any notes you have for the presenters you can tell us how to improve your learning experience. Thank you for participating in this webinar, Cindy, Israel and Julie, thank you for your valuable expertise, leadership and advocacy support in the field. I encourage all to take some time to browse our website and learn how NAADAC helps others. Stay connected with us on LinkedIn, Facebook and Twitter. Have a great day, everyone.