

Questions Asked During Live Webinar Broadcast on 8/07/2020



Advocacy Series, Session III: Bolstering the Addiction Workforce – A Call to Action

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Is anyone else having struggles helping find housing when clients are being released from Treatment and have nowhere to go?

A: Yes, people across the country are having similar difficulties. Some community ideas to assist in finding housing options in your community are: HUD Housing Authority, Volunteers of America, Salvation Army, your local Department of Health and Human Services may have a list of places, as well as the Chamber of Commerce.

Why have none of these funds gone to the Block Grants? What is the barrier?

A: SAPT Block Grant funds are designated each year to the state. However, new funds that Congress allocates often go to a separate funding mechanism. We recommend that money go through the SAPT Block Grant as it is a well-oiled mechanism and has clear distribution streams.

Just wondering if the CASAC has third party payment or reimbursement in the state of NY for master level addiction counselors?

A: Not clear on this, however, the best way to learn is to connect with the state OASIS office in New York.

Wondering in NY, do they have training for prisoners to work in addiction? If so, what is that program called and where is it located?

A: Recommend to check with the State OASIS office and the Department of Corrections.

Is the 50% drop out in the first two years the same across all the levels of the ladder?

A: It is within the first 18 months of internship/employment,

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?

A: NAADAC is working at several levels on this issue. We have worked on a National Clinical Supervision Task Force with the ATTC's to build recommendations and distributed these to states, to SAMHSA and to others. NAADAC also has a Clinical Supervision Task Force that worked on a position paper and sent to NASADAD – the organization for Single State Authorities – to discuss this issue and bring awareness. NAADAC also has written a manual on Clinical Supervision that is a desk reference. NAADAC also trains on this topic and promotes it at our state, regional and national conferences. And we will continue to work with SAMHSA to promote the funding of clinical supervision through funding to agencies. We are also working with insurance companies to understand the value of clinical supervision and to request it of those treatment centers on their panels.

I noticed that when the slide on wages was presented, there wasn't any for Peer Recovery Specialists, as we are just as an important part of the treatment/recovery process. How does this help Peer Recovery Support Specialist in terms of tuition reimbursement?

A: The slide on wages is from the Department of Labor. They did not have stats on Peer Recovery Support Specialist wages. In our work, we know in some states they are paid higher than addiction counselors and other

states, less. We are working on this issue and advocating for livable and equitable wages for all of the levels of service. We also have worked with Congress and HRSA to build up programs for Peers and for funding for training and the ability for those Peers who want to go back to school, can do so.

What is your best advice for helping employers understand the need to be open to those on MAT?

A: Awareness, educate as to the benefits and that it is not a silver bullet and how to implement. NAADAC has two resources on MAT education that we have used to educate thousands of people across the nation.

Addiction professionals are often required to have a social work degree or license. How is NAADAC influencing SUD training in social work education?

A: NAADAC has served on several national boards that are discussing the issue of the specificity of addiction counseling and education for other degreed and licensed professionals in social work, marriage and family, mental health and other disciplines that are in the helping profession. We combat this in states that are pushing for master level people who are not educated and has not had clinical supervision in addiction practice to treat those with substance use disorders. We state this in our messages to Congress, to SAMHSA, to other Federal Departments, NASADAD and anyone else that needs to hear this message.

Can you share some key phrases or word(s) to include when requesting support from legislators? What gets their attention?

A: number one: I am a constituent and work in our community with people who have addictive disorders which is the number one medical issue in America and around the world. And, since addiction affects everyone in the country, it affects the people you serve. I would like to be a resource to you and your staff to assist you when asked about addiction issues. I would welcome having you and your staff visit our treatment facility (or other type of service) and learn what we do, how we do it and why it makes a difference to individuals, families, and our community.

What are ways to build a successful, seasoned team?

A: Advertise with clear job duties, and expectations including your vision for a successful team. Interview well – have a team with you. And, if you are unsure, ask them to come in for a day or two so you and them can see if the fit feels smooth. Hire the person you feel most meets the position. Remember, it is the position that you are hiring for as a big mistake is to hire the person you like versus the person who has the skills to do so.

What are the latest updates in neuroscience to provide treatment options for methamphetamine disorder?

A: Big question with lots of information that you can find on the NIDA.gov website.

What is the target or emphasis when counseling emergent adults who are cross addicted?

A: Walk into the counseling session with a sense of respect, not knowing what it means to the emerging adults or how their cross addiction is affecting them. Ask and listen and then listen some more.

Will master level be eligible for the program next summer?

A: In FY 2021, Health Resources and Services Administration, Bureau of Health Workforce will launch the National Health Service Corps (NHSC) Substance Use Disorder (SUD) Loan Repayment (LRP), the NHSC Rural Community LRP and Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR LRP).

The NHSC SUD Workforce and Rural Community LRP

NHSC SUD Workforce LRP and Rural Community LRP the will accept master level counselors. NHSC Substance Use Disorder Counselors must meet the following requirements in addition to the general program eligibility requirements:

i. Educational Requirements A master's degree or higher in a health professional field of study from a school accredited by the U.S. Department of Education nationally recognized regional or state institutional accrediting agency.

ii. Certification Requirements

A state-issued certification to provide SUD treatment. A provider's certification to provide SUD treatment must meet the national standard recognized by the NBCC; NAADAC, the Association for Addiction Professionals; or IC&RC;

-OR-

iii. Licensure Requirements

A state-issued license to provide SUD treatment. A provider's license to provide SUD treatment must meet the national standard recognized by the NBCC; NAADAC, the Association for Addiction Professionals; or IC&RC.

SUD Treatment and Recovery (STAR) LRP

The STAR LRP will allow all SUD counselors who meet the educational and certification or licensure requirements to practice in their respective state and have eligible educational loans. Therefore, SUD counselors with at least an associate, bachelors or masters degree may apply to the STAR LRP.



Building the Nation's Peer Recovery Support Services Infrastructure

A National Recovery Month Observance Event hosted by
the Office of National Drug Policy

REGISTER TODAY

Monday, September 21, 2020
2:00 - 3:15pm ET

James W. Carroll, Director of National Drug Control Policy, will host this webinar, marking the occasion of **National Recovery Month**. Dr. Luis Padilla, Associate Administrator of HRSA's Bureau of Health Workforce, will be on the panel of speakers, highlighting the Federal, state, and community-based initiatives underway to build a peer recovery support services infrastructure nationwide. Recognizing the unique value the peer support workforce brings to each individual's path to sustained recovery, this webinar will:

Highlight Federal programs that promote innovative models of peer recovery support services training, reimbursement, and integration into the treatment and recovery workforce.

Share state-led best practices and lessons learned.

Identify challenges and emerging best practices in community-led efforts to integrate peer specialists into the ecosystems of recovery care and support.

Register by September 18, 2020

Participants will receive instructions on accessing the event after RSVPing. You may share this invitation with colleagues.

Scheduled Speakers Include:

James W. Carroll, Director of National Drug Control Policy

Luis Padilla, M.D., Associate Administrator, Bureau of Health Workforce, Health Resources and Services Administration

Patricia Sweeney, Psy.D., National Director for Peer Support Services, Department of Veterans Affairs

Kirsten Jensen, Director, Division of Benefits and Coverage, Centers for Medicare and Medicaid Services

Douglas Huntsinger, Indiana Executive Director for Drug Prevention, Treatment and Enforcement

Joe Powell, President/CEO, Association of Persons Affected by Addiction

*Space is limited.
Register today!*

Coronavirus/COVID-19

Learn about HRSA's Coronavirus response
at hrsa.gov/coronavirus