



**PRIORITY ISSUE:**  
**ADDRESSING A NATIONAL ADDICTION WORKFORCE SHORTAGE**

Treatment Communities of America (TCA) endorses a holistic and person-centered approach to behavioral health care that coordinates mental health and substance use disorder interventions simultaneously, along with medical care and other community-based supports. TCA acknowledges that integrated care is the most effective model for treating the whole person, increasing quality of life, and improving outcomes.

TCA is proud to support the collective behavioral health field and its advancements in the provision of collaborative care. Within the arena of behavioral health, SUD treatment providers are an integral part of team-based care. Still, SUD treatment providers face unique challenges and have specific needs that often are not addressed in the national conversation about behavioral health care reform.

Data from the National Survey on Drug Use and Health (NSDUH) estimates that 14.5% of Americans (40.3 million over the age of 12) have a substance use disorder. One (1) out of 4 Americans with a SUD will also have a co-occurring mental health disorder (approximately 10 million Americans). A global pandemic, opioid epidemic, wide-spread mass violence, and an uncertain economy are all compounding the immense need for accessible behavioral health care throughout the nation.

Treating this vast number of Americans takes major manpower, and there is an inadequate supply of diverse workers trained to provide quality care that responds to the evolving needs of service recipients, especially substance use treatment. The supply of trained and culturally competent addiction professionals must be increased to address the nation's rapidly growing behavioral health needs. This includes non-licensed and licensed positions (entry level and advanced level positions).

Historically, skilled behavioral health workers, especially addiction treatment professionals, have been difficult to recruit and retain. Addiction professionals are some of the most committed professionals in the behavioral health field, but SUD treatment is challenging work and is often associated with a high turnover rate. Compassion fatigue including secondary stress and burnout, is a primary culprit of the hiring and retention challenge.

The Health Resources and Services Administration (HRSA) reports that every state is touched by a behavioral health workforce shortage. Current HRSA projections (2017-2030) indicate that psychiatrists and addiction counselors are most endangered of vast shortages. An infusion of qualified addiction professionals is needed to drive down avoidable hospitalization costs, reduce recidivism with justice-involved clients, address the SUD/ODU epidemic and increase access to timely, evidence-based care.

**RECOMMENDATIONS:**

As a champion of the behavioral health field, and specifically SUD treatment providers, TCA makes the following recommendations to increase and strengthen the addiction workforce:

**RECOMMENDATION 1:**

Increase financial incentives to attract and retain individuals and to invest in the continued training and development of addiction treatment professionals.

Support funding of the HRSA Behavioral Health Workforce Development program. Specifically, an increase **Behavioral Health Workforce Education and Training (BHWET) Program for Paraprofessionals**: The BHWET Program for Paraprofessionals develops and expands community-based experiential training to increase the supply of students preparing to become peer support specialists and other behavioral health-related paraprofessionals while also improving distribution of a quality behavioral health workforce.

Support the **Substance Use Disorder Treatment and Recovery Loan Repayment Program**. The STAR LRP recruits and retains medical, nursing, behavioral/mental clinicians and paraprofessionals who provide direct treatment or recovery support of patients with or in recovery from a substance use disorder.

### **RECOMMENDATION 2:**

Support funding for Diversity, Equity, and Inclusion (DEI)-focused demonstration projects to ensure an inclusive and culturally competent addiction workforce.

Implementing diversity, equity, and inclusion endeavors can play an important role in combating the labor shortage. Welcoming and affirming industries and workplaces ensure that employees are seen, heard, and understood. This expands the talent pool, increases employee engagement, helps providers retain top talent, and fosters innovation at the state and community levels. DEI demonstration and pilot programs also ensure a diverse workforce that is reflective of the populations in need of treatment services.

### **RECOMMENDATION 3:**

Endorse incentives for states to address systemic barriers for entry into the addiction workforce for individuals with diverse lived experiences (e.g., recovery, criminal justice involvement, different fields and educational backgrounds).

TCA suggests an increased investment in federal grants to support state-and community-level demonstration and pilot projects that reduce or eliminate the barriers that prevent or discourage some individuals from investing their time and talents in the addiction treatment field.

For example, TCA encourages the development of “technical assistance centers” in every state that offer guidance, navigation, resources, and support for individuals desiring to join the addiction workforce in their communities. Demonstration and pilot projects have the potential to solve problems while creating meaningful opportunities for cross-sector collaboration at the state and community levels.

### **RECOMMENDATION 4:**

Encourage state governments to enact “Counseling Compact” legislation to enable interstate privileges to practice.

*Further, TCA supports the White House Office of National Drug Control Policy (ONDCP) recommendations. Federal Support of Mutual Recognition and Reciprocity of State Licenses* This recommendation suggests that – in place of interstate medical compacts that each state legislature must enact separately to be effective – the federal government considers legislative and administrative proposals to encourage reciprocity among state licensing systems.

Although many waivers were put in place both at the federal and state level during the pandemic to allow out-of-state practitioners to provide telehealth services, unfortunately, licensing requirements may once again be an obstacle to providing telehealth services once the federal

government declares the end of the PHE.

### **RECOMMENDATION 5:**

Support funding for national research and community-based demonstration projects related to the well-being and resilience of the addiction workforce. Addiction professionals are some of the most committed professionals in the behavioral health field, but SUD treatment is challenging work and is often associated with a high turnover rate. Compassion fatigue including secondary stress and burnout, is a primary culprit of the hiring and retention challenge.

### **ABOUT TCA**

Treatment Communities of America (TCA) is a nonprofit member-led professional association comprised of community-based substance abuse treatment providers operating more than 800 programs throughout the United States. Celebrating its 48<sup>th</sup> year as a champion of addiction treatment providers, TCA's focus is on advancing access to comprehensive continuums of community-based and person-centered behavioral health care for individuals and families impacted by substance use disorders (SUD), including opioid use disorders (OUD), and individuals with co-occurring mental health and substance use disorders. TCA believes that behavioral health care should be ample, accessible, timely, responsive, and affordable in every state and territory in the country.



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