A major barrier to confronting our nation's opioid addiction and suicide crises is the lack of sufficient addiction and mental health treatment providers in the workforce. Three bills pending before the 115th Congress would strengthen and grow the behavioral health workforce through student loan forgiveness strategies. The Substance Use Disorder Workforce Loan Repayment Act (S. 2524/H.R.5102) would create a loan forgiveness program dedicated specifically to substance use disorder treatment professionals, which would attract more professionals to the field and increase timely access to treatment. The Strengthening the Addiction Treatment Workforce Act (S. 1453) and Improving Access to Mental Health Services Act (S. 2533) would improve the participation of addiction and mental health treatment professionals in the existing federal National Health Service Corps (NHSC) loan forgiveness program.

The NHSC provides loan forgiveness to more than 10,000 eligible health care professionals across the country in exchange for their service in underserved rural, urban and frontier communities, touching more than 11 million American lives. Under current law, addiction treatment centers are ineligible sites to receive NHSC professionals and participants are limited in their ability to provide health services outside the four walls of a clinic. S. 1453 would add addiction treatment facilities as eligible participating sites in the NHSC and S. 2533 would allow NHSC professionals to provide mental health services in schools, community-based organizations and in patients’ homes. By expanding and improving loan forgiveness programs, these bills will improve access to desperately needed addiction and mental health services for millions of Americans.

**WHY DO WE NEED TO SUPPORT THE BEHAVIORAL HEALTH WORKFORCE?**

There is a growing workforce crisis in the addiction and mental health fields limiting patients’ ability to receive care. According to SAMHSA, only 10.4 percent of Americans who met the diagnostic criteria for a substance use disorder received any kind of addiction treatment in 2015. That compares to U.S. treatment rates as high as 80 percent for other chronic diseases, such as diabetes and hypertension. Rates of treatment for mental health conditions are also critically low with only about 40 percent of individuals with mental health disorders receiving care.
Creating new loan forgiveness opportunities for addiction and mental health professionals would help increase the number of dedicated and well-trained treatment providers in high-need communities, expanding access to care for individuals struggling with opioid addiction, other substance use disorders and mental illness. Without a stronger behavioral health workforce, patients seeking recovery from addiction and mental illness will continue to face denials for service and long wait lists.

States urgently need a larger addiction treatment and recovery support workforce to address the opioid crisis. Across the nation, communities are confronting an opioid addiction crisis. However, an ongoing labor shortage among addiction professionals is slowing the response to the crisis. Congress recently moved to address the lack of addiction treatment professionals included in the NHSC by adding “substance use disorder counselors” as eligible professionals in the Fiscal Year 2018 appropriations law. Unfortunately, current federal policy still disincentivizes substance use disorder (SUD) counselors and other NHSC-eligible professional like social workers, nurses, psychologists and therapists from working at addiction treatment facilities. With a greater supply of qualified professionals, addiction treatment facilities would be able to staff more residential treatment beds and offer more community-based prevention, treatment and recovery support services.

These bills would allow addiction facilities to offer potential employees the same incentives as mental health and primary care providers. The NHSC program has been very successful helping qualified, community-based primary care and mental health clinics attract a well-trained workforce in medically underserved areas of the country by offering them loan forgiveness. Unfortunately, addiction treatment facilities have not had the same ability to offer loan forgiveness incentives to potential employees. S. 2524/H.R.5102 and S. 1453 would allow addiction organizations to offer important recruitment tools to compete for limited staff in our nation’s underserved communities.

Mental health professionals can reach more patients if federal policy allows them to meet patients where they are – in schools, in the community and in their own homes. Allowing NHSC mental health professionals to provide services in community-based settings would lower barriers to access, particularly for rural and frontier communities where the lack of transportation to and from mental health clinics is common. Additionally, S. 2533 would expand school-based mental health services by placing well-trained professionals in schools – the ideal environment for delivery of prevention, early intervention and timely referrals to community mental health treatment options. Such services have proven to prevent development of mental health disorders in children as well as possible later-life consequences such as disability, unemployment, homelessness, poverty and death from suicide.