10.11.22, To: Barbara Sauers, Acting Associate Administrator, Regional Operations and Program Delivery, National Highway Traffic Safety Administration

RE: **Uniform Procedures for State Highway Safety Grant Programs. Docket no. NHTSA-2022-0036**

Dear Ms. Sauers: I write to recommend changes to the preamble and § 1300.23 Impaired driving countermeasures grants in the final rule and NHTSA subregulatory guidance. Specifically, I suggest that behavioral health providers including "psychiatrists, child and adolescent psychiatrists, addiction psychiatrists, addiction medicine specialists, psychologists, licensed clinical social workers, licensed professional counselors, and marriage and family therapists"[1] be included as required members of Statewide impaired driving task force.

Additionally, I recommend that the discussion of community coalitions in Highway Safety Program Guideline No. 8 Impaired Driving, cited in the proposed rule, likewise be revised to suggest or require inclusion of behavioral health providers.

While the No. 8 impaired driving guideline suggests inclusion of public health professionals and, generically, "medical, health care and treatment communities" and the Uniform Guidelines as proposed mention public health providers as recommended participants, behavioral health providers are not directly discussed or referenced in either document. Given the emphasis in the guidelines and Uniform Procedures on substance use and alcohol use disorder prevention, screening and treatment, I believe that behavioral health professionals should be included fully in task forces and other state implementation activities. Participants could include clinicians noted above (e.g., psychologists, social workers), peer and recovery support specialists and/or representatives of state mental health or substance use disorder agencies.[2]

While the benefits of including clinicians with substance use disorder expertise may be apparent, the involvement of professionals and peers with a background in mental health also would be helpful as many patients may have co-occurring mental health and alcohol/substance use disorders. According to SAMHSA's 2020 National Survey of Drug Use and Health (NSDUH), released in October 2021, roughly 21 percent of American adults age and over (about 53 million people) had a(ny) mental illness, 15 percent needed substance use disorder treatment and 6.7 percent had co-occurring mental health conditions and substance use disorders.[3] Thank you for your consideration of these suggestions.

Sincerely,

Mitchell Berger, mazruia@hotmail.com. Note/disclaimer: I am a federal employee (HHS). However, the views expressed above are mine only and should not be imputed to other individuals nor to any public or private entity.

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[1] Such specialties are tracked in the HHS-supported Behavioral Health Workforce Tracker, https://publichealth.gwu.edu/content/workforce-tracker-finds-large-variation-healthcare-providers-offering-behavioral-health. In addition, peer support specialists and recovery support specialists, "individual[s] with lived experience [of mental health or substance use disorder] who ha[ve] initiated his/her own recovery, and assists others in theirs," could also be included among task force participants. See e.g., https://www.center4healthandsdc.org/map-of-national-peer-training-programs.html; https://www.samhsa.gov/brss-tacs.

[2] See directories of members included by the National Association of State Alcohol and Drug Abuse Directors (https://nasadad.org/) and National Association of State Mental Health Program Directors (https://www.nasmhpd.org/). States vary as to whether substance use and mental health programs are housed in the same umbrella agency or part of separate divisions, bureaus or departments.

[3] See https://www.samhsa.gov/data/report/2020-nsduh-annual-national-report