

**The National Association of State Alcohol and Drug Abuse**

**Directors**

**DC Update**

**January 22nd, 2018**

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**Around the Agencies**

**HHS contingency plan during government shutdown**

Unable to pass its appropriations bills prior to the start of FY 2018 on October 1, 2017, the federal government had been operating under a series of continuing resolutions to keep the government open. The last continuing resolution expired last Friday, January 19th. As the Senate did not reach an appropriations deal on Friday, the federal government is now in its third day of a shutdown.

On Friday, the Department of Health and Human Services (HHS) updated its shutdown contingency plan. The plan notes that during a shutdown, 50% of HHS employees are on furlough and 50% are retained, and that in grant-making agencies, such as the Substance Abuse and Mental Health Services Administration (SAMHSA), the vast majority of staff are on furlough.

Specifically, the plan states that, “SAMHSA would continue programs such as the Disaster Distress Helpline, Treatment Locator, Treatment Referral Line, and Suicide Prevention Lifeline using available grant balances but without technical assistance or facilitation from SAMHSA. SAMHSA will have staff ready to receive and properly route any letters indicating suicidal ideation to the appropriate local Suicide Lifeline, and to review opioid prescription limit waivers.”

Today the Senate is set to vote on a stopgap measure to fund the federal government until February 8th. However, it is unclear whether this proposal

will garner enough votes to reopen the government.

Access the HHS contingency plan [here](https://www.hhs.gov/about/budget/fy-2018-hhs-contingency-staffing-plan/index.html).

**NIAAA finds increase in alcohol-related emergency department visits**

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) recently released results of a study conducted on trends in alcohol use-related emergency department visits. The rate of alcohol-related visits increased by nearly 50 percent between 2006 and 2014, from approximately 3 million per year to 5 million per year. These increases were primarily among females, as well as those who are middle-aged or older. These findings suggest that the gender gap is narrowing; alcohol use among females is becoming more similar to alcohol use among males. The study did not specifically look at alcohol and drug combinations, but the data set used in the study did show that other drugs were involved in 14 percent of alcohol-related ED visits.

Read the NIAAA press release about the study [here](https://www.nih.gov/news-events/news-releases/nih-study-shows-steep-increase-rate-alcohol-related-er-visits).

Access the full article [here](http://onlinelibrary.wiley.com/wol1/doi/10.1111/acer.13559/abstract).

**SAMHSA currently accepting applications for Treatment Drug Courts grant program**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is currently accepting applications for its Treatment Drug Courts grant program. The grant aims to help drug courts break the cycle of criminal behavior and incarceration related to drug and alcohol use. The purpose of the SAMHSA Treatment Drug Courts grant is to expand substance use disorder treatment services in existing adult problem solving courts and adult Tribal Healing to Wellness courts. These courts use the treatment drug court model to provide substance use disorder treatment. The grants will be used to expand the services offered by courts to serve more people with treatment needs. Eligible applicants are state, local, and tribal governments with direct involvement with the adult treatment drug court/Tribal Healing to Wellness Court. Applications are due February 21, 2018.

Access the funding opportunity announcement [here](https://www.samhsa.gov/grants/grant-announcements/ti-18-008).

**Applications for SAMHSA’s SBIRT grants due February 21**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for the Screening, Brief Intervention and Referral to Treatment (SBIRT) program. The purpose of this program is to implement SBIRT services for adolescents and adults in primary care and community health settings for substance misuse and substance use disorders. The program is designed to expand the identification of, and enhance the care for, individuals who have or are at risk for a substance use disorder. SAMHSA expects to fund as many as eight grantees with up to $995,000 per year for up to five years. Eligible applicants are domestic public and private nonprofit entities, including State governments through the immediate office of the Single State Authority (SSA). Applications are due February 21, 2018.

Access the funding opportunity announcement [here](https://www.samhsa.gov/grants/grant-announcements/ti-18-007).

**In the News**

**NGA releases recommendations for addressing opioid crisis at the federal level**

Last week the National Governors Association (NGA) released recommendations for federal actions to address the opioid crisis. The recommendations reflect the input of governors across the country and build on NGA’s prior recommendations from 2016. The overarching categories outlined in NGA’s recommendations include: federal support and coordination; data and information sharing; prevention and early intervention; treatment and recovery; and enhancing support for public safety.

Some specific recommendations include:

Increase federal funding to States for opioid/substance use disorder-related activities and streamline the grant process by coordinating application and administrative processes.

Improve coordination within and across federal agencies involved in responding to the opioid crisis.

Align 42 CFR Part 2 with the Health Insurance Portability and Accountability Act (HIPAA).

Allow State Medicaid programs to offer the full continuum of evidence-based care, including residential treatment.

Fully enforce the Mental Health Parity and Addiction Equity Act (MHPAEA).

Leverage the long-standing relationships between the White House Office of National Drug Control Policy (ONDCP) and State and local law enforcement.

Read the full list of recommendations [here](https://www.nga.org/files/live/sites/NGA/files/pdf/2018/OGR/Governors%27%20Recommendations%20for%20Federal%20Action%20to%20End%20the%20Nation%27s%20Opioid%20Crisis_0118.pdf).

**Administration extends opioid emergency declaration**

On January 19th, Acting Secretary of the Department of Health and Human Services (HHS), Eric Hargan, issued a statement renewing his earlier declaration that the opioid crisis is a public health emergency. The original emergency declaration on October 26, 2017, was set to expire this week. The renewed declaration will last another 90 days.

See the renewal of the emergency declaration [here](https://www.phe.gov/emergency/news/healthactions/phe/Pages/opioid-24Jan2018.aspx).

**Upcoming Events**

**CBPP webinar on Medicaid's Role in Creating a Substance Use Services Continuum of Care**

The Center on Budget and Policy Priorities (CBPP) is hosting a webinar on the Centers for Medicare and Medicaid Services’ (CMS) recently issued guidance on how States can use 1115 demonstration waivers to improve coverage of substance use treatment services. The webinar will explain the new guidance, highlight how it differs from the old guidance and share examples of States using this guidance to create a continuum of care for substance use disorders.

The webinar will be held on January 23rd from 2:00-3:00 pm EST.

Register for the webinar [here](https://register.gotowebinar.com/register/8596817922763977730?utm_source=Connecting+the+Dots&utm_campaign=6e0249c1b9-EMAIL_CAMPAIGN_2018_01_11&utm_medium=email&utm_term=0_c4fccaa672-6e0249c1b9-111126157).

*Should you have any questions, or require additional information, please do not hesitate to contact Robert Morrison, Executive Director, or Shalini Wickramatilake-Templeman, Federal Affairs Manager, at (202) 293-0090.*