NASADAD National Association of State Alcohol and Drug Abuse Directors

D.C. Update: SAMHSA Releases Final Rule for 42 CFR Part 8 Regarding OTPs, SAMHSA Funding Opportunities: SPF - PFS, NIAAA Launches Web Resource: NIAAA for Middle School, and More.

Visit our Website



Meet The Member

Shaina Smykle, National Prevention Network (NPN) Coordinator for South Dakota

Shaina Smykle is the Substance Use Prevention Program Manager with the South Dakota Department of Social Services, Division of Behavioral Health. Ms. Smykle also serves as the National Prevention Network (NPN) Coordinator for South Dakota. She holds a bachelor's degree in psychology from the University of South Dakota and a certification as a prevention specialist. As program manager, Shaina oversees the publicly funded substance use



prevention services across South Dakota. This includes monitoring grant activities from the Substance Abuse and Mental Health Services Administration (SAMHSA), as well as grant activities funded through State general funds. The specific federal grants Shaina manages include the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) block grant and the State Opioid Response (SOR) grant. She works very closely with coalitions and South Dakota's prevention resource centers who provide direct services in their communities. Through SOR, Shaina's team specifically works on naloxone distribution, safe medication storage and disposal, as well as the Avoid Opioid media campaign.

NASADAD News

SAMHSA Releases Final Rule for 42 CFR Part 8 Regarding OTPs

The Substance Abuse and Mental Health Services Administration (SAMHSA) released the Final Rule for 42 Code of Federal Regulations (CFR) Part 8 revising the regulations governing opioid treatment programs (OTPs). The effort to revise the Rule was linked in part to experiences gained during the Public Health Emergency (PHE).

Next steps: SAMHSA/the Center for Substance Abuse Treatment (CSAT)/the Division of Pharmacologic Therapies (DPT) is planning to schedule calls to discuss the Final Rule. To see the Final Rule that is "on display," visit <u>Federal Register :: Public Inspection:</u> <u>Medications for the Treatment of Opioid Use Disorder</u>. The Final Rule is set to appear in the actual *Federal Register* today.

Previous NASADAD action: SAMHSA released a draft version of the Final Rule (also known as a Notice of Proposed Rule Making [NPRM]) for comment on December 13, 2022. NASADAD worked with State Directors and State Opioid Treatment Authorities (SOTAs) to discuss the potential impact of the NPRM and consider a response from NASADAD. In the process, NASADAD staff hosted meetings with the Opioid Treatment Network (OTN) Executive Committee, the Board of Directors, and Public Policy Committee to develop a draft response on behalf of the Association. NASADAD's letter can be seen on the NASADAD web page <u>here</u>.

Special thanks to Mellie Randall and Melanie Whitter for their work on the letter and for their support of the SOTAs.

NASADAD Attends SAMHSA's 20th Prevention Day

On Monday, January 29th, Rob Morrison, NASADAD Executive Director; Tracy Flinn, Associate Director of Planning and Program Management; Annie Bauer, Research Associate II; Lacy Adams, Policy Analyst; and Daniel Diana, Legislative Coordinator, attended the Substance Abuse and Mental Health Services Administration's (SAMHSA) 20th Prevention Day at the Gaylord National Resort & Convention Center in National Harbor, Maryland. SAMHSA's Prevention Day



is the largest annual national gathering dedicated to advancing substance use and misuse prevention. This year marked the 20th anniversary of SAMHSA's Prevention Day and featured presentations from leaders of the substance use disorder (SUD) field on current innovations in prevention, past accomplishments, and opportunities for further development of the prevention field.

(Pictured L to R: Lacy Adams, Annie Bauer, and Daniel Diana).

NASADAD Deputy Executive Director Moderates Panel Discussion on SAMHSA Report on Medicaid Coverage of Medications to Reverse Opioid Overdose and Treat Alcohol and Opioid Use Disorders

On Wednesday, January 31, Melanie Whitter, NASADAD Deputy Executive Director, moderated a panel discussion hosted by the Substance Abuse and Mental Health Services Administration's (SAMHSA) <u>Center for Financing Reform and Innovation (CFRI)</u> on a recently released SAMHSA report on <u>Medicaid Coverage of Medications to Reverse Opioid</u> <u>Overdose and Treat Alcohol and Opioid Use Disorders</u>. The panel discussed the report's findings on innovative models to expand access to medications for the treatment of various substance use disorders (SUD). The webinar featured a panel of federal leaders and SUD subject experts, including:

- Yngvild Olsen, Director of the Center for Substance Abuse Treatment (CSAT), SAMHSA will provide opening remarks from SAMHSA
- Margaret O'Brien, Public Health Analyst, Office of Evaluation, Center for Behavioral Health Statistics and Quality (CBSQ), SAMHSA - will provide overview of report
- Arianna Campbell, Director and Co-Principal Investigator for CA Bridge Panelist

• Micah Hillis, Program Manager, New Jersey Intensive Recovery Treatment Support Program - Panelist

A recording of the webinar will be made available on CFRI's web page, here.

The report, <u>Medicaid Coverage of Medications to Reverse Opioid Overdose and Treat</u> <u>Alcohol and Opioid Use Disorders</u>, released in January 2024 examines the availability and accessibility of medications for treating alcohol use disorder (AUD) and opioid use disorder (OUD), as well as for reversing an opioid overdose within State Medicaid plans.

The report can be downloaded <u>here</u>.

Around the Agencies

SAMHSA Funding Opportunities: Strategic Prevention Framework -Partnerships for Success

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced two new funding opportunities as part of SAMHSA's Strategic Prevention Framework - Partnerships for Success (SPF-PFS) program. The SPF-PFS program is designed to "...focus on preventing substance use initiation and reducing the progression of substance use and related problems by supporting the development and delivery of state and community substance use prevention and mental health promotion strategies." The SPF-PFS program is now offering two distinct funding opportunities:

- Strategic Prevention Framework Partnerships for Success for States
 - SPF-PFS-States is offering up to 12 awards of up to \$1,250,000 per award, for a total program funding of up to \$15,500,000, for a project length up to five years.
- <u>Strategic Prevention Framework Partnerships for Success for Communities, Local</u> <u>Governments, Universities, Colleges, and Tribes/Tribal Organizations</u>
 - SPF-PFS-Communities/Tribes is offering up to 41 awards of up to \$375,000 per award, for a total program funding of up to \$15,500,000, for a project length up to five years.

Applications for both programs are due February 21, 2024. Additional details on how to apply can be found <u>here</u> for SPF-PFS-States, and <u>here</u> for SPF-PFS-Communities/Tribes.

SAMHSA Releases Peer Support Recovery Guide

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently released a Peer Support Recovery Consumer Guide on <u>How Can a Peer Specialist</u> <u>Support My Recovery From Problematic Substance Use? For</u> <u>People Seeking Recovery</u>. This new guide is designed to serve as a comprehensive how-to resource for individuals with prior or current problematic substance use on the roles, values, and working environment of a professional peer specialist. The resource also discusses the integration of peer specialists into the continuum of care and practical strategies for becoming a peer specialist. Specifically, the guide covers:



- How peer support services can benefit people in or seeking recovery.
- The range of services that peer specialists may provide.
- Peer specialists' roles and values.
- The types of organizations that offer peer support services, and how to find such places.
- How to get the most out of working with peer specialists.
- How peer support services are paid for."

The Consumer Guide can be downloaded here.

HRSA Funding Opportunity: Primary Care Training and Enhancement:



Physician Assistant Rural Training in Behavioral Health Program

The Health Resources and Services Administration (HRSA) recently announced a new funding opportunity for the <u>Primary Care Training and Enhancement: Physician Assistant</u> <u>Rural Training in Behavioral Health (PCTE-PARB) Program</u>. The program is designed to increase the number of trained primary care physician assistants in rural areas to prevent, identify, diagnose, treat, and refer individuals to services for mental health and substance use disorder (SUD) conditions, including medications for opioid use disorder (MOUD). Specifically, the program aims to develop at least three-month long clinical rotations for primary care Physician Assistant (PA) students in rural areas across the nation with the goal of better integrating mental health and SUD services with primary care services. Required program objectives include:

- "A 3-month minimum integrated behavioral health clinical rotation(s) in a rural primary care setting(s).
- Develop program curriculum to address behavioral health and substance use disorders.
- Establish strategic partnerships that support primary care behavioral health integration in rural areas."

This program will offer approximately \$5 million to approximately 12 recipients. <u>Applications</u> are due March 15, 2024.

Additional details on eligibility and how to apply can be found here.

NIAAA Launches Web Resource: NIAAA for Middle School



National Institute on Alcohol Abuse and Alcoholism

The National Institute of Alcohol Abuse and

Alcoholism (NIAAA) recently launched a new web resource on <u>NIAAA for Middle School</u>. This new web page hosts a series of interactive activities designed to help parents, caregivers, and teachers of middle school students explain the harms and drivers of underage drinking. The webpage features three distinct sections on alcohol, peer pressure, and resistance skills, as well as a <u>section with links to additional resources</u>, intended for middle school students aged 11-13. Each section contains a section overview, handouts, and role-playing activities that can be used at home, in classrooms, or in after-school programs. The resource's content is based on a curriculum for middle school students developed by NIAAA, in conjunction with the University of Michigan, as part of the Alcohol Misuse Prevention Study. The resource is intended for middle school students but is applicable to youth alcohol use broadly.

Research Roundup

CDC Study Suggests Life-Saving Potential of Small Price Increases for the Cheapest Alcohol

Researchers from the Centers for Disease Control and Prevention (CDC) recently published a study in the Journal of Studies on Alcohol and Drugs on <u>Estimating the</u> <u>Effects of Hypothetical Alcohol Minimum Unit Pricing Policies on Alcohol Use and</u> <u>Deaths: A State Example</u>. The study estimated the effects of two hypothetical distilled spirits minimum unit pricing (MUP) policies on alcohol sales, consumption, and alcohol-related deaths in Michigan. The study found that small increases to the price of the cheapest alcohol products can result in per capita alcohol use reductions thus preventing hundreds of alcohol-related deaths per year in a State. Specifically, the study found that "Small increases to the prices - of about 13 cents per standard drink - to the cheapest 8% of alcohol products could reduce per capita alcohol use in a state by nearly 4% and prevent more than 350 deaths a year in a state." The MUP policies and their impact include:

- A 40 cent MUP to 3.5% of spirits with the lowest prices per standard drink could reduce total alcohol per capita consumption by 2.6% and prevent 232 (5.3%) alcohol-related deaths annually.
- A 45-cent MUP to 8.0% of spirits with the lowest prices per standard drink could

reduce total alcohol per capita consumption by 3.9% and prevent 354 (8.1%) alcohol-related deaths annually.

Based on these findings, researchers found that MUP policies for alcohol could be effective for reducing alcohol-related deaths across the nation.

The article can be downloaded here.

Webinars to Watch

SAMHSA Webinar: Behavioral Health Equity #SAMHSAEquity2024 **Best Practices for African Americans**

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Office of Behavioral Health Equity (OBHE), in collaboration with SAMHSA's Division of Children and School Mental Health, Mental Health Promotion Branch, Suicide Promotion Branch, and the 988 & Behavioral Health Crisis Coordinating Office, is hosting a webinar on Behavioral Health Equity Best Practices for African Americans. This no-cost webinar is on February 5, at 1:30 pm ET. The webinar will discuss best practices to advance mental health and substance use disorder (SUD) health equity within African American populations. Specifically, participants will:

- "Increase awareness of best practices in health equity for African Americans
- Understand resiliency and the impact of trauma within African American communities
- Learn about the impact of training and capacity building programs for African American providers."

<u>Registration</u> is required.

HRSA BPHC-BH TA Webinar Series: Documentation, Coding, and Billing for Behavioral Health Integration in Community Health

The Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care Behavioral Health Technical Assistance (BPHC-BH TA) is hosting a three-part webinar series on Documentation, Coding, and Billing for Behavioral Health Integration in Community Health. This no-cost webinar series will cover key considerations around mental health and substance use disorder (SUD) care integration in community health, including clinical documentation protocol, professional coding rules, insurance payer requirements, quality metric reporting, and diagnostic coding. The first two sessions of the series have been scheduled while the third is forthcoming. The topics and times of the first two sessions include:

- "Session 1 covers clinical documentation protocol, professional coding rules, insurance payer requirements, quality metric reporting, and diagnostic coding for behavioral health integration, including ICD 10-CM guidelines for coding and reporting."
 - February 12, at 1:00 pm ET.
- "Session 2: addresses CPT, HCPCS-II, and ICD-10-CM codes commonly used in behavioral health and shared with primary care. Speakers will also discuss the treatment of substance/opioid use disorders through medications for opioid use disorder, and a list of sample CMS-covered preventive services that integrate medical and behavioral health."
 - February 22, at 1:30 pm ET.

Registration is required for all sessions. Register for session 1, here, and for session 2, here. Participation in each session is eligible for 0.5 continuing education credits.

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