NASADAD National Association of State Alcohol and Drug Abuse Directors

D.C. Update: NASADAD Attends NACo Opioid Settlement Summit, FDA Approves First DNA Test for Opioid Use Disorder, New HRSA Webinars, and More.

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Meet The Member

Candace Rodgers, National Prevention Network (NPN) Coordinator for Rhode Island

Candace Rodgers serves as the Unit Administrator for Prevention and Recovery Services at the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH). She has worked at BHDDH for the last 7 years, first as a Strategic Prevention Framework-Partnerships for Success (SPF-PFS) grant project director and then as the block grant planner for mental health and substance use services before this current role. Ms. Rodgers also serves as the National Prevention Network (NPN) Coordinator for Rhode Island. Since 2006, she has worked



in the mental health and substance use disorder (SUD) field in data and evaluation, strategic planning, and program implementation roles in two other States—South Carolina and Pennsylvania. Ms. Rodgers earned a master's in public health from East Stroudsburg University of Pennsylvania and a Bachelor of Science degree in biobehavioral health from Penn State University. She also maintains a master's certified health education specialist (MCHES©) certification.

NASADAD News

NASADAD Attends NACo Opioid Settlement Summit: Opportunities for County, State & Federal Partnership

On Wednesday, January 11, NASADAD Legislative Coordinator Daniel Diana attended the National Association of Counties' (NACo) <u>Opioid Settlement Summit</u> on <u>Opportunities for County, State & Federal</u> <u>Partnership</u>. The event featured opening remarks by Matt Chase, CEO and Executive Director of NACo, as well as insights from NACo members across the nation who provided their perspectives on the need for and strategies to sustain the momentum of the opioid litigation. Leaders from Federal, State, and county agencies, including Dr. Latika Davis-Jones, SSA for Pennsylvania, participated in a panel on opportunities for intergovernmental coordination on overdose



prevention, opioid litigation, and the use of opioid settlement funds. The event also featured many leaders in the substance use disorder (SUD) field, including remarks from Dr. Rahul Gupta, Director, White House Office of National Drug Control Policy (ONDCP), and Dr. Miriam Delphin-Rittmon, Assistant Secretary for Mental Health and Substance Use, Substance Abuse and Mental Health Services Administration (SAMHSA), who shared the Federal perspective and their agencies' work regarding overdose prevention.

A recording of the event is available on-demand here.

(Pictured left to right: Dr. Latika Davis-Jones, SSA for Pennsylvania, and Dr. Miriam Delphin-Rittmon, SAMHSA)

White House Happenings

Biden-Harris Administration Release Guidelines to Increase Naloxone Access in Safety Station Programs in Federal Facilities

On December 21, the Biden-Harris Administration, through the Department of Health and Human Services (HHS) and the General Services Administration (GSA), released new guidance on *Guidelines for Safety Station Programs in Federal Facilities*, recommending that all federal facilities provide overdose reversal medications, such as naloxone, onsite in their safety station. Under the new guidance, all existing automated external defibrillators (AED) would be converted to safety stations, with each safety station recommended to include an AED at minimum as well as now either a bystanderempowered opioid reversal agent or hemorrhagic control component. Together, this guidance is designed to ensure that federal facilities have the medications needed in case of an emergency overdose situation.

The Substance Abuse and Mental Health Services Administration's (SAMHSA) press release announcing the guidance can be found <u>here</u>.

Around the Agencies

FDA Approves First DNA Test for Opioid Use Disorder

On December 19, the Food and Drug Administration (FDA) approved AvertD, the first DNA test to analyze if individuals have a combination of genetic variants associated with an elevated risk of developing opioid use disorder (OUD). The test



is intended for use prior to first exposure to oral opioid pain medications in patients 18 years and older with a 4-30 day prescription for the treatment of acute pain following a planned procedure. AvertD is prescription-use only and is not intended for patients dealing with chronic pain or who have prior use of oral opioid analgesics. As part of the approval agreement, AutoGenomic, Inc., the developer of AvertD, must provide training to providers on the appropriate use of AvertD and conduct a large post-market study on the device's performance in patients.

FDA's press release announcing the approval of AvertD can be found<u>here</u>.

ARC - SUD Recovery Ecosystem Grant Funding Announcement

The <u>Appalachian Regional Commission (ARC)</u> issued a Notice of Solicitation of Applications (NOSA) for the



Investments Supporting Partnerships in Recovery Ecosystems (INSPIRE) initiative. This program intends to address the region's substance use disorder (SUD) crisis with grants for the expansion of a SUD recovery ecosystem to help facilitate workforce entry and re-entry. The INSPIRE initiative will support a variety of projects on the post-treatment to employment continuum, including investments in healthcare networks to better meet the needs of SUD recovery professionals, recovery-focused job and workforce training programs, expanded recovery support networks, training and certification of recovery specialists, and more.

Successful applicants will demonstrate the potential for individuals in recovery to obtain and maintain stable employment, with a focus on contributing to a recovery ecosystem of services and trainings that lead to successful entry and re-entry into the workforce. Proposals may also include expanded community- and partnership-based approaches to improve coordination between recovery and training services, as well as strategies to integrate plans with existing State and regional economic development activities. The program will award implementation grants of up to \$500,000 and planning grants of up to \$50,000. Letters of Intent are due February 16, 2024. The deadline for applications is March 8, 2024. Award announcements are anticipated to be made in September 2024.

For more information on this initiative and how to apply, please visit ARC's<u>webpage</u>.

OMH and ASPE Data Brief: Substance Use and SUDs by Race and Ethnicity

The Department of Health and Human Services' (HHS) <u>Office of Minority Health (OMH)</u> and the <u>Office of the Assistant Secretary for Planning and Evaluation's (ASPE)</u> Office of Behavioral Health, Disability, and Aging Policy (BHDAP) recently released a data brief on <u>Substance Use and SUDs by Race and Ethnicity</u>. The brief describes findings from the National Survey on Drug Use and Health (NSDUH) from 2015 to 2019 on how rates of substance use and substance use disorder (SUD) among adults differs by race and ethnicity and how those differences may inform equitable policies and culturally appropriate prevention, treatment, and recovery services to help address health disparities. The brief can be downloaded here.

This is OMH and ASPE's second brief on substance use treatment disparities among people of color. Their first brief on *Meeting Substance Use and Social Service Needs in Communities of Color* can be found <u>here</u>.

Research Roundup

NIDA Study Finds Residential SUD Treatment for Adolescents Scarce and Expensive

A National Institute on Drug Abuse (NIDA)-supported study published in *Health Affairs* on <u>Adolescent Residential Addiction</u> <u>Treatment in the US: Uneven Access, Waitlists, and High Costs</u>



National Institute on Drug Abuse

found that access to residential substance use disorder (SUD) treatment centers for U.S. adolescents under 18 years old is limited and costly. The study of 160 residential SUD treatment facilities for adolescents with opioid use disorder (OUD) across the United States found that:

- 54% of the residential SUD treatment facilities had a bed immediately available; for those with a waitlist, the average estimated time for a bed to open was 28 days.
- The average daily cost per day of treatment was \$878, with 48% of the facilities requiring partial or full payment upfront.

• The average quoted cost of a month's stay at a residential SUD treatment facility was over \$26,000.

The study also examined the profit status of facilities, whether they accepted Medicaid, and the type of treatment services offered. The authors call on further research for how to expand access to affordable evidence-based treatment for adolescents with OUD.

Webinars to Watch

HRSA BPHC-BH TA Webinar: Effective Substance Use Disorder and Mental Health Care Strategies for Primary Care Settings

The Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care Behavioral Health Technical Assistance (BPHC-BH TA) is hosting a practice-focused webinar on <u>Effective Behavioral Health Strategies for Primary Care Settings</u>. This no-cost webinar is being offered for one-hour sessions starting at 2:00 pm ET on January 16 every other Tuesday through April 23. The webinar is designed to offer skills and techniques for mental health and substance use disorder (SUD) care in primary care settings, such as "...patient-centered care planning, enhanced cultural relevance in clinical practice, and health center adapted practices for motivational interviewing, brief consultation, and strategies for supporting behavioral activation."

Registration is required.

HRSA BPHC-BH TA Webinar: Changes in Federal Regulation Regarding Medical Providers Prescribing Buprenorphine



The Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care Behavioral Health Technical Assistance (BPHC-BH TA) is hosting a webinar on <u>Changes in Federal Regulation Regarding Medical Providers Prescribing Buprenorphine</u>. This no-cost webinar is on January 18, at 1:00 pm ET. The webinar aims to review the updates in the DATA Waiver and Drug Enforcement Administration (DEA) training prerequisites for prescribing medications for opioid use disorder (MOUD). Specifically, the webinar will:

- "...explore the reasons behind the implementation of the Waiver Elimination (MAT-Act),
- outline the key components legislation that took effect last year, 2023,
- highlight the advantages for healthcare providers and prescribers, and
- inform participants about the available training and consultation related to the treatment of patients with Opioid Use Disorder (OUD)."

Registration is required.

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