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D.C. Update: NASADAD Releases Updated Brief on Disasters and Substance Use, SAMHSA Posts DAWN Alcohol-Related ED Visits Report, BJA Funding Opportunity: FY24 Adult Treatment Court Program, and More.

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Meet The Member

Denice Morris MS, MEd, State Opioid Treatment Authority (SOTA) for Alabama

Denice Morris is with the Alabama Department of Mental Health (ADMH) as the Director of Substance Use Treatment and also serves as the State Opioid Treatment Authority (SOTA) for Alabama. She has been with ADMH for 6 years and previously served as Clinical Supervisor and later Director of Re-Entry services with Unlimited Path at Gadsden Re-entry and Correctional Facility in Tallahassee, FL. Denice attended Tuskegee University and Miles College, receiving her bachelor's in criminal justice and later received a double masters from the University of West Alabama in Counseling Psychology and Adult Continuing Education.



She is a nationally certified trauma responsive trainer through the Substance Abuse Mental Health Service Administration (SAMHSA) and is highly motivated to provide technical assistance and training in trauma responsiveness to the certified substance use treatment providers and partnering agencies in Alabama.

Denice has served in the United States Air Force and is a member of Alpha Kappa Alpha Sorority Incorporate. She feels her biggest accomplishment is being the mother of 4 - Thomas, Rigney, Jalin and Brooklyn. Denice chose this career field as a result of being a person in long term recovery herself. She will celebrate 23 years of recovery on July

23rd. “God blessed with me with two birthdays but the second one came with a beautiful price to serve his people. Not sure why he chose me but I plan on serving this population as long as he wants me to.”

NASADAD News

NASADAD Releases Updated Policy Brief on Disasters and Substance Use

NASADAD is pleased to release an updated policy brief that examines the impact of disasters on substance use programs and services, highlighting the benefit of changes to the Federal Emergency Management Agency’s (FEMA) Crisis Counseling Assistance and Training Program (CCP). The brief, titled “Disasters and Substance Use: Implications for Changes to the Federal Robert T. Stafford Act,” provides key insights into the challenges faced by substance use programs in the aftermath of disasters and opportunities for legislative action.

The brief cites studies showing that traumatic events can lead to an increase in substance use and place a strain on existing services. For example, the terrorist attacks of September 11th increased the intensity and need for substance use prevention and treatment services in New York State. The brief emphasizes the importance of coordination with State alcohol and drug agencies to ensure a comprehensive and effective response during disasters.

One of the key recommendations NASADAD offers in the brief is to amend Section 416 of the Robert T. Stafford Act to explicitly include substance use disorders in the portion of the statute that governs the CCP. The proposed legislation, known as the Addressing Addiction After Disasters Act (H.R. 5623 or the AAAD Act), aims to ensure that individuals struggling with substance use disorders receive the support they need in the aftermath of disasters. The legislation is led by Representatives Becca Balint (D-VT-at large), Doug LaMalfa (R-CA), and Jill Tokuda (D-HI). The AAAD Act would help bolster intentional awareness, planning, and action regarding issues specific to substance use disorders within the confines of the short-term approach of the CCP.

The brief can be found on NASADAD’s website, [here](#).

Capitol Hill Happenings

Bipartisan, Bicameral Legislation Reintroduced to Increase Medicaid Reimbursement Rate for Mental Health and SUD Services

On March 14, Representatives Fitzpatrick (R-PA-1), Trone (D-MD-6), and Tonko (D-NY-20) reintroduced bipartisan, bicameral legislation, the *Medicaid Bump Act of 2024*. The bill seeks to expand access to mental health and substance use disorder (SUD) services for those covered by Medicaid, including low-income children and families, the elderly, and people with disabilities. The Act would raise the federal reimbursement rate for mental health and SUD services under Medicaid in an effort to create a financial incentive for States to increase their Medicaid spending on mental health and SUD services, thereby improving access to those services. Specifically, the Medicaid Bump Act would:

1. “Provide an enhanced Medicaid Federal Medical Assistance Percentage (FMAP) rate of 90 percent for State Medicaid spending on mental health and substance use disorder services in excess of 2019 levels.
2. Require States to use the additional federal funds as a supplement rather than a replacement of State funding levels, and to use the funds to increase capacity, efficiency, and quality of behavioral health services.

NASADAD National Association of State Alcohol and Drug Abuse Directors
March 2024

Policy Brief: Disasters And Substance Use

Implications for Changes to the Federal Robert T. Stafford Act

Impact of Disasters on Substance Use
Studies have shown that traumatic events can have a significant impact on substance use programs and services. Disasters can eliminate service capacity, and/or increase demand elsewhere, because of people being displaced. An analysis by the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Treatment (CSAT) found that the terrorist attacks of September 11th impacted New York State’s system by:

- Increasing the intensity and need for service intervention for those currently involved in substance use prevention and treatment.
- Increasing a return to services for those who previously had received substance use services; and
- Increasing the misuse of alcohol, tobacco, and other prescription and nonprescription medications in the aftermath of the attacks by people who many have not misused these substances previously.¹

Coordination with State Alcohol and Drug Agencies During a Disaster
State alcohol and drug agency directors manage the nation’s publicly funded substance use continuum of care. These agencies collaborate with public and private entities on housing, employment, education, social services, and other factors to provide effective and efficient services. During a disaster, coordination with State alcohol and drug agencies is necessary to ensure a comprehensive and effective response. This work includes, for example, ensuring continued access to medication assisted treatment (MAT), through opioid treatment programs (OTPs), mobile units, and other

settings. This work also includes ensuring access to important prevention and recovery programs and services as well.

Statistics on SUD and Disasters

Hurricane Sandy
• Following Hurricane Sandy, 60% of individuals with substance use disorders experienced withdrawal and 70% of those on opioid maintenance therapy could not obtain sufficient doses.²

Hurricane Katrina
• Alcohol consumption increased by about 185% from pre- to post-Hurricane Katrina. The annual hospitalization rate for substance use disorders (SUD) increased by approximately 30% post-Hurricane Katrina.³

September 11, 2001 Terrorist Attacks on New York City
• An estimated 265,000 people living in New York City immediately increased their use of substances – 41.2 percent smoked more cigarettes and 41.7 percent consumed more alcohol. Over 13 percent started drinking alcohol the week after 9/11.⁴ Six to nine months after 9/11, there was a 23.1 percent increase in substance use among New York City residents.⁵ Among 11th-12th graders in N.Y. who knew someone killed or injured on 9/11, 40,000 more students used alcohol; 24,000 more students used an illicit drug or a prescription drug non-medically; and 15,000 more students sought help for alcohol or other drug problems.⁶

Substance Use Disorders are Not Explicitly Referenced in the Robert T. Stafford Disaster Relief and Emergency Assistance Training Act
Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (P.L. 100-707) authorizes the Department of Homeland Security’s (DHS) Federal Emergency Management Agency (FEMA) to fund “mental health” assistance and training in Presidentially-declared disaster areas. An important program stemming from this

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3. Direct the Secretary of Health and Human Services (HHS) to provide services qualify as eligible behavioral health services for the enhanced FMAP.
4. Require HHS to provide annual reports on the impact of increased federal Medicaid reimbursement on the utilization of behavioral health services in each State.”

A Senate companion bill was introduced by Senators Smith (D-MN) and Stabenow (D-MI).

The text of the original *Medicaid Bump Act (H.R. 4892)* can be found [here](#).

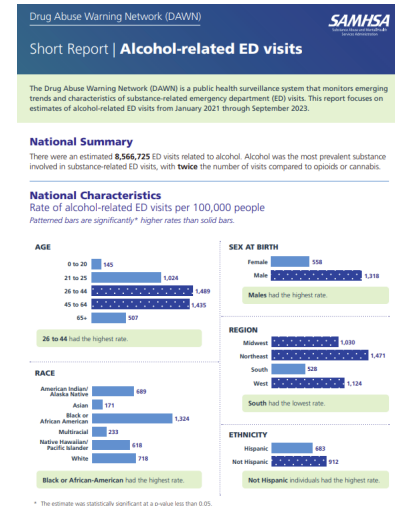
Representative Fitzpatrick’s press release announcing the House bill can be found [here](#).

Senator Smith’s press release announcing the Senate bill can be found [here](#).

Around the Agencies

SAMHSA Releases Drug Abuse Warning Network Alcohol-Related ED Visits Short Report

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently released the [Drug Abuse Warning Network \(DAWN\): Alcohol-Related ED Visits Short Report](#). The Report is based on [DAWN data](#) from January 2021-September 2023, and offers an analysis of the prevalence, contributors, and results of alcohol-related emergency department (ED) visits across the nation. Specifically, the new report contains national estimates and characteristics of alcohol-related ED visits, demographics of alcohol-related ED visits, and the percent of ED visits related to alcohol and at least one other substance.



The Report can be downloaded [here](#).

SAMHSA Develops Web Page Dedicated to Recovery Resources for American Indian and Alaska Natives

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) Office of Recovery, in collaboration with SAMHSA’s Office of Tribal Affairs and Policy, developed a new website dedicated to [Recovery Resources for American Indian and Alaska Natives](#). The website contains culturally appropriate resources on recovery for American Indian and Alaska Native (AI/AN) communities, as well as Tribal recovery news and events, including highlights of the 2023 Tribal Recovery Summit. SAMHSA will share updates on their efforts to address recovery support within AI/AN communities as they occur.

BJA Funding Opportunity: Fiscal Year 2024 Adult Treatment Court Program



The Department of Justice’s (DOJ) Bureau of Justice Assistance (BJA) announced a new funding opportunity for the [FY24 Adult Treatment Court Program](#). The Adult Treatment Court Program aims to reduce the misuse of substances among people involved in the criminal justice system by providing financial and technical assistance to help plan, implement, and improve the operations of adult treatment courts. The technical assistance offered by the program includes service coordination, management of treatment court participants, fidelity to the adult treatment court model, and recovery support services.

BJA will provide [awards](#) of up to \$900,000 per award for Planning and Implementation grants, including no-cost training and technical assistance (TTA), up to \$1,000,000 per award for Enhancement grants, including no-cost TTA, and up to \$2,500,000 per award for Statewide grants, including no-cost TTA. Applications are due May 2, 2024.

Additional details on the program, including how to apply and eligibility, can be found on the program's solicitation, [here](#).

Register for the 7th Annual Older Adult Mental Health Awareness Day Symposium

The National Council on Aging (NCOA), in collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), the Administration for Community Living (ACL), and Rush University's E4 Center of Excellence for Behavioral Health Disparities in Aging, is hosting the [7th annual Older Adult Mental Health Awareness Day Symposium](#) virtually on May 2, 2024. This no-cost virtual event will run from 10:00 am ET until 5:00 pm ET and will feature leaders who have partnered across sectors to provide equity-focused solutions to improve older adult mental health. Sessions will focus on tools for identifying and meeting the mental health needs of older adults.

Continuing education credits are available.

[Registration](#) is required.

Research Roundup

NIH-Funded Study Finds Association Between Smoking Cannabis and Increased Risk of Heart Attack and Stroke



A National Heart, Lung, and Blood Institute (NHLBI)-funded [study](#), part of the National Institutes of Health (NIH), published in the *Journal of the American Heart Association*, found that frequent cannabis smoking was associated with an increase in a person's risk for heart attack and stroke. Specifically, the study of nearly 435,000 American adults found that "...daily use of cannabis – predominately through smoking – was associated with a 25% increased likelihood of heart attack and a 42% increased likelihood of stroke when compared to non-use of the drug." Further, the study reported that less frequent cannabis use was also associated with an increased risk of cardiovascular events as weekly users were found to have a 3% increased likelihood of heart attack and a 5% increased likelihood of stroke. The study also examined the delivery methods of cannabis users, as well as their co-use of cannabis with other substances.

The researchers note that the exact mechanisms linking cannabis to heart disease are unclear and were not determined in this study.

NIH's press release on the study can be found [here](#).

Webinars to Watch

Georgetown University Webinar: Addiction Policy and Practice Masters Program Information Session

[Georgetown University's Master's Program in Addiction Policy and Practice](#) is hosting a webinar information session on the [Addiction Policy and Practice Program](#). This no-cost discussion is on March 25, at 12:00 pm ET. The webinar will cover the program's curriculum, careers in the field, how to apply, financial aid opportunities, and more. Participants will hear from Program Director Regina LaBelle, as well as other professors in the program. The program is a comprehensive, multi-disciplinary course of study based in science and evidence that seeks to build a national substance use disorder (SUD) policy workforce. The application deadline is April 1, 2024.

Registration is required.

HHRC Webinar: Naloxone in Public Housing - Success in St. Louis



The Substance Abuse and Mental Health Services Administration (SAMHSA)-funded [Homeless and Housing Resource Center \(HHRC\)](#) is hosting a webinar on [Naloxone in Public Housing - Success in St. Louis](#). This no-cost webinar is on April 4, at 2:00 pm ET. The webinar will discuss cross-sector partnerships that arose from the deadliest mass drug overdose event in St. Louis that was the result of accidental fentanyl consumption in public housing in 2022. Specifically, the webinar will feature community health workers and actual residents who will explore the role of increased outreach to public housing facilities and lowering barriers to access naloxone as a means to preventing drug overdose and overdose deaths. Objectives include:

- “Participants will learn about the racial disparities in the current opioid overdose crisis in St. Louis and evidence that harm reduction approaches can save lives.
- Participants will understand the collaborative model developed to increase outreach and access to harm reduction tools inside public housing facilities.
- Participants will walk away with key learnings to navigate barriers such as local policy, substance use stigma, and community capacity.”

Registration is required.

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