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D.C. Update: 2024 NPN Conference Award Winners, SAMHSA Releases 2024 National Recovery Month Toolkit, NIH Launches N CREW Program to Advance Native American Community-led Research on SUD, and More.

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Meet The Member

Candace Roney, National Treatment Network (NTN) Coordinator for Virginia

Dr. Candace Roney currently serves as Director of the Office of Substance Use Services at the Virginia Department of Behavioral Health and Developmental Services. Dr. Roney is a Licensed Professional Counselor and Licensed Substance Abuse Treatment Practitioner. She also currently serves as the National Treatment Network (NTN) Coordinator for Virginia.

Dr. Roney's passion for mental health and substance use disorder (SUD) began during her residency at the Baltimore City Jail where she gained respect for the complexity and widespread epidemic of both mental health and substance use conditions. She brings over 30 years of experience in the field that includes the development and leadership of state-level mental health and substance use initiatives and the implementation and oversight of outpatient treatment programs, drug courts, and mental health dockets. Previous roles include Executive Director of an opioid treatment program (OTP), Program Manager of a substance use and mental health program for one of Virginia's Community Services Board, Senior Psychologist for the Virginia Department of Corrections, and a behavioral health private practitioner.

Dr. Roney's most notable works include publications: "Living with Disabilities," "Self-awareness" and "Real Ladies" treatment manuals, and the "Bridging the Gap Between Faith-Based Organizations and Behavioral Health" training program.



Dr. Roney has a Ph.D in Psychology and Counseling with a concentration in Research and Evaluation from Regent University, a Master of Science in Applied Psychology from the University of Baltimore, and a Bachelor's in Psychology from Virginia State University.

NASADAD News

NASADAD Executive Director Rob Morrison Attends Governor Mills' Annual Opioid Response Summit in Maine

Last month, NASADAD Executive Director Robert Morrison had the privilege of serving as a panelist during a break-out session at Governor Mills' 6th Annual Opioid Response Summit held in Auburn, Maine. During the meeting, Rob had the opportunity to meet and talk with Sarah Squirrell, NASADAD member from Maine; Gordon Smith, Maine's Director of Opioid Response; and NASADAD alum Bill Lowenstein, former prevention coordinator/National Prevention Network (NPN) member and NPN President from Maine. Thank you for including NASADAD in this important event!



Pictured L to R: Sarah Squirrell, SSA from Maine; and Rob Morrison, NASADAD

2024 NPN Conference Award Winners Announced!

NASADAD's National Prevention Network (NPN) announced the 2024 NPN Award winners at the NPN conference held in Phoenix, Arizona last week. Thank you to the Awards Committee that included Tony Piper (Alaska); Beverly Johnson (Alabama); Megan Scott (Maine); Kelly Schultz (Texas); Jessica Dicken (North Carolina); and Stephanie Rhinehart (Kansas). Congratulations to the following award winners:

Ketty Award: Tony Jackson, NPN from Tennessee (received by Tonya McKenley in Tony's absence)

Award of Excellence: Rich Lucey, Senior Prevention Program Manager, Drug Enforcement Administration (DEA)

NPN Alumni Award: Tenesha Barnes, former NPN from Arkansas, current Deputy Director Arkansas Opioid Recovery Partnership

Lifetime Achievement: Robert Morrison, NASADAD Executive Director

See you at next year's prevention conference in Washington, DC!

Pictured L to R: Jessica Dicken, NPN from North Carolina and NPN Secretary; Rich Lucey, DEA; and Tracy Flinn, NASADAD Associate Director for Planning and Program Management



Around the Agencies

SAMHSA Releases 2024 National Recovery Month Toolkit

Ahead of National Recovery Month, the annual observance each September to celebrate those in recovery from mental health and substance use disorder (SUD), the Substance Abuse and Mental Health Services Administration (SAMHSA) released the [2024 National Recovery Month Toolkit](#). The toolkit contains various resources to raise awareness and promote recovery and recovery support services that SAMHSA offers to support people with mental health and SUD in their journey to recovery. Resources include:

- “**Key Messages and Weekly Themes** to guide partners when developing social media messages about recovery for their audiences.
- **Social Media Shareables** including social media posts and graphics to share during National Recovery Month.
- **Stickers** to engage audiences across social media platforms about National Recovery Month.
- **Virtual Backgrounds** that promote recovery awareness during virtual events and meetings.
- **Email Signatures** templates that can be added to your emails to raise awareness of National Recovery Month.
- **Hashtag Guidance** in both English and Spanish to help connect social media content related to National Recovery Month.”

All materials in the Toolkit are downloadable and shareable. SAMHSA will also update the Toolkit weekly with key messages and themes on the four dimensions of recovery.

NIH Launches N CREW Program to Advance Native American Community-led Research on Substance Use and Pain



The National Institutes of Health (NIH), through the Helping to End Addiction Long-term (HEAL) Initiative, recently announced the launch of the [Native Collective Research Effort to Enhance Wellness \(N CREW\) Program](#), which is designed to support research led by Native American communities regarding substance use and pain, including related factors, such as mental health, substance use disorder (SUD), and wellness. Pending the availability of funding, the program will provide approximately \$268 million over seven years for public health research projects led directly by Tribes and organizations that serve Native American communities on the substance use and pain-related priorities of Native American communities. Specifically, N Crew Program’s objectives include:

1. “Supporting research prioritized by Native communities, including research elevating and integrating Indigenous Knowledge and culture
2. Enhancing capacity for research led by Tribes and Native American Serving Organizations by developing and providing novel, accessible, and culturally grounded technical assistance and training, resources, and tools
3. Improving access to, and quality of, data on substance use, pain, and related factors to maximize the potential for use of these data in local decision-making.”

Through N Crew, NIH will also support the development of a Native Research Resource Network to provide training, resources, and technical assistance to N Crew participants.

NIH’s press release announcing the launch of the N CREW Program can be found [here](#).

NIDA Funding Opportunity: Functional Validation and/or Characterization of Genes or Variants Implicated in Substance Use Disorders

The National Institute on Drug Abuse (NIDA) announced a new funding opportunity for research projects on [Functional Validation and/or Characterization of Genes or Variants Implicated in Substance Use Disorders](#). Through this program, NIDA is seeking to support research projects on the neurobiological mechanisms of substance use disorder (SUD) to identify new genes or variant targets to inform the development of novel preventative,

diagnostic, and therapeutic strategies that address the initiation of substance use and the progression of SUD. Specific research objectives for the program include:

1. “Orthogonally validate a set of candidate addiction-relevant genes, variants, or transcripts to identify those most likely to be involved in specific addiction-relevant processes, or
2. Functionally characterize the mechanistic role (e.g. behavioral, molecular, and/or neurobiological) of one or more orthogonally-validated addiction-relevant genes, genetic or epigenetic variants, or transcripts in living organisms or in human organoid systems.”

NIDA will offer awards of up to \$125,000 per year in direct costs for up to two years for the R21 phase and up to \$250,000 per year in direct costs for up to three years for the R33 phase, for a project period of up to five years. Applications are due July 29, 2025.

Additional details, including eligibility and how to apply, can be found in the program’s Notice of Funding Opportunity (NOFO), [here](#).

CoE-PHI Resource: Substance Use Disorder Counseling Notes



The Substance Abuse and Mental Health Services Administration (SAMHSA)-funded Center of Excellence for Protected Health Information (CoE-PHI) released a new resource on [Substance Use Disorder Counseling Notes](#). This resource is intended for mental health and substance use disorder (SUD) providers and administrators and highlights the recent changes in protections for SUD counseling notes established this year following the Department of Health and Human Services’ (HHS) amendment of 42 CFR Part 2. Key points from the resource include:

- “Part 2 now provides stricter confidentiality protections for SUD counseling notes
- SUD counseling notes must be separated from the rest of the patient’s record in order to meet the definition
- A Part 2 program may not require a patient to sign a consent authorizing use or disclosure of SUD counseling notes as a condition of treatment”

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

Partner Spotlight

National Academies Releases Behavioral Health Care Report

The National Academies of Sciences, Engineering, and Medicine’s [committee on Strategies to Improve Access to Behavioral Health Care Services through Medicare and Medicaid](#) recently released a new consensus study report on [Expanding Behavioral Health Care Workforce Participation in Medicare, Medicaid, and Marketplace Plans](#). Commissioned by the Centers for Medicare & Medicaid Services (CMS) and the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Academies convened a committee of experts to examine challenges in accessing mental health and substance use disorder (SUD) services due to limited practitioner participation in Medicare, Medicaid, and Marketplace insurance programs. The report outlines the barriers disincentivizing participation in insurance programs, as well as provides recommendations for



strategies to increase mental health and SUD practitioner participation in insurance programs.

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

Research Roundup

Study Explores Demographic and Professional Characteristics of Physicians and Nurse Practitioners Associated with Providing MAT

An observational study published in *INQUIRY: The Journal of Health Care Organization, Provision, and Financing* on [Exploring the Demographic and Professional Characteristics of Physicians and Nurse Practitioners Associated with Providing Medication-Assisted Treatment](#) analyzed various factors that influence the likelihood of physicians and nurse practitioners (NP) providing medication assisted treatment (MAT) to patients with opioid use disorder (OUD). The study utilized data from over 8,500 electronic license renewals from 2021 to identify the characteristics of physicians and NP that were associated with a greater likelihood of providing MAT in their practices. Key findings include:

- “A total of 5258 physicians were included in the study, 10.1% of whom reported providing MAT.
- Overall, physicians had higher odds of providing MAT if they were under the age of 35 as compared to those 35 to 49, practicing in a FQHC versus in an outpatient setting, and offering a sliding fee scale at their practice.
 - On the other hand, physicians had lower odds of providing MAT if they were ages 50 to 64, female, identified as Asian versus White, and had a specialty in primary care versus psychiatry.
- A total of 3486 NPs were included in the study analysis, 10.1% of whom reported providing MAT.
- NPs had over 3 times the odds of providing MAT if they were practicing at a public/community health agency.
 - However, they had lower odds of providing MAT if they were female, had a specialty in primary care, and practiced in a suburban area.”

The authors call for more attention to the lack of mental health services, professional burnout, and stigma associated with MAT as main barriers to prescribing MAT for OUD.

Webinars to Watch

HHS/DOJ Webinar: Provision of Medicaid and CHIP Services for Youth Involved in the Justice System and Upon Reentry

The Department of Health and Human Services (HHS) and the Department of Justice (DOJ) are hosting a webinar on the [Provision of Medicaid and CHIP Services for Youth Involved in the Justice System and Upon Reentry](#). This no-cost webinar is on August 27, at 2:00 pm ET. The webinar will outline statutory requirements regarding the availability of state plan services for incarcerated youth under Medicaid and the Children’s Health Insurance Program (CHIP) and CHIP eligibility requirements for children incarcerated in juvenile or adult corrections systems. Further, HHS and DOJ leadership will discuss how this opportunity can help advance health equity by connecting justice-involved youth with Medicaid and CHIP services.

Registration is required.

PCSS-MAUD Webinar: Co-occurring Disorders: Anxiety, Depression, & PTSD

The Substance Abuse and Mental Health Services

Administration (SAMHSA)-funded Providers Clinical Support System - Medications for Alcohol Use Disorder (PCSS-MAUD), in collaboration with the Addiction Technology Transfer Center (ATTC) - University of Missouri - Kansas City, is hosting a case-based discussion on [Co-occurring Disorders: Anxiety, Depression, & PTSD](#). This no-cost webinar is on



September 9, at 12:00 pm ET. The webinar will examine co-occurring conditions for patients with alcohol use disorder (AUD), including anxiety, depression, and Post-Traumatic Stress Disorder (PTSD), as well as treatment options for individuals who suffer from those co-occurring disorders. The webinar will also have a portion dedicated to case study discussions around strategies being used across the country to support patients with AUD and co-occurring disorders.

This webinar is eligible for up to 1.5 Continuing Education (CE) credits.

Registration is required.

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