## October 17, 2024



DC Update: NASADAD Participates in Mobilize Recovery Event, SAMHSA's CFRI Highlights New Projects, NIDA Study Suggests Higher Doses of Buprenorphine May Improve Treatment Outcomes for OUD, and More.

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#### Meet the Member

# Mike Rogers, State Opioid Treatment Authority (SOTA) for New Hampshire

Mike Rogers currently serves as Assistant Administrator for the Bureau for Drug and Alcohol Services within the Division for Behavioral Health at the New Hampshire Department of Health and Human Services. Mr. Rogers has served in various capacities for the Bureau for Drug and Alcohol Services for the past twelve years. Mr. Rogers also serves as the State Opioid Treatment Authority (SOTA) for New Hampshire.

Mr. Rogers brings over 40 years' experience working in healthcare leadership roles. In his current role, he oversees the medication assisted treatment (MAT) component of the continuum of care for New Hampshire. He enjoys helping people receive quality care and harm reduction services for substance use disorders (SUD).



Mr. Rogers holds a master's degree in healthcare administration from the University of Phoenix and enjoys hiking and traveling in his free time.

#### **NASADAD News**

# NASADAD Executive Director Participates in Mobilize Recovery Event

On Friday, October 11, NASADAD Executive Director Robert Morrison served as a panelist during the Mobilize Recovery D.C. round table. Rob joined Honesty Liller, McShin Foundation; Brandee Izquierdo, Pew Charitable Trusts; Tiffinee Scott, family member; and Rich Collins, Arnall, Golden, Gregory LLP. A separate panel featured Peter Gaumond, White House Office of National Drug Control Policy (ONDCP); Lisa Gomez, Department of Labor (DOL); Tom Coderre, Substance Abuse and Mental Health Services Administration (SAMHSA); and representatives from the Department of Housing and Urban Development (HUD).

Attendees also were given the opportunity to sign the Mobilize Recovery Bus.



### **Around the Agencies**

#### SAMHSA's CFRI Highlights New Projects

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Financing Reform & Innovation (CFRI) is highlighting new



projects underway at the Center regarding financing mechanisms for mental health and substance use disorder (SUD) care. These new projects are designed to identify opportunities, innovations, and challenges to service delivery and access and provide guidance on the use of various financing mechanisms to provide SUD services across the continuum. These resources include new reports, one-pagers, journal articles, and webinars that discuss financing strategies for mental health and SUD care. Project topics include:

- Financing Peer Crisis Respites in the United States
- Measurement-Based Care Financing
- Coverage of Selected Behavioral Health Services Among Older Medicare and Medicaid Beneficiaries
- Public Financial Investments in Behavioral Health
- National Gaps in Health Care Access and Health Insurance Among LGB Populations –
- Funding Strategies of Community-Based Behavioral Health organizations Serving Under-served, Minoritized, Racial, and Ethnic Communities

Details on the release of these new projects will be posted on CFRI's website, here.

## HRSA's Maternal and Child Health Bureau Data Brief: National Survey of Children's Health: Adolescent Mental and Behavioral Health, 2023

The Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) recently released a data brief on <u>National Survey of Children's Health:</u> <u>Adolescent Mental and Behavioral Health, 2023</u>. The brief highlights the latest findings from the 2023 National Survey of Children's Health (NSCH), which is the largest national-and State-level survey on the mental health and substance use disorder (SUD) needs of children, their families, and communities. Specifically, the brief provides the latest data on the following topics:

- · Health conditions and functional difficulties
- Social and emotional well-being
- Health-related behaviors
- Health care service access and use
- Preparation for transition to adult health care
- School environment and engagement
- Family life and activities
- Adverse childhood experiences
- Community activities or experiences

The full 2023 NSCH data sets can be accessed here.

## HRSA Resource: Tips for Using Telehealth for Behavioral Health



The Health Resources and Services Administration (HRSA) recently released a

tip sheet on <u>Tips for Using Telehealth for Behavioral Health</u>. The resource outlines the types and benefits of telehealth services for mental health and substance use disorder (SUD) care, as well as how new patients can make an appointment. This tip sheet is one of several resources on the use of telehealth for mental health and SUD care that can be found on *telehealth.hhs.gov*.

# ONDCP-Funded Washington/Baltimore HIDTA Releases Series of Resources on Prevention in Schools and Among School-Age Youth

The White House Office of National Drug Control Policy (ONDCP)-funded Washington/Baltimore High Intensity Drug Trafficking Area's (HIDTA) A Division for Advancing Prevention and Treatment (ADAPT) recently released a series of resources on prevention in schools and among school-age youth. These resources, released ahead of the 2024 HIDTA Prevention Summit, outline strategies to promote collaboration between schools and communities on prevention programming, prevention interventions targeting school-age youth, and opportunities to raise awareness for prevention issues. The new resources include:

- Preventing Opioid Use & Overdose in School-Age Youth
- <u>School-Based Prevention: Principles, Pillars, & Opportunities for School-Community Collaboration</u>
- A Guide to Implementing a Social Norms Media Campaign for Substance Use Prevention in Secondary Schools

Additional resources on prevention can be found on ADAPT's website, here.

## Research Roundup

NIDA-funded Study Suggests Higher Doses of Buprenorphine May Improve Treatment Outcomes for People with OUD



A National Institute on Drug Abuse (NIDA)-funded study, published in *JAMA Network Open*, on *Association of Daily Doses of Buprenorphine With Urgent Health Care Utilization* found evidence suggesting that higher doses of buprenorphine were associated with lower rates of mental health and substance use disorder (SUD)-related emergency department and inpatient care visits. Researchers reviewed insurance claims from over 35,000 people diagnosed with opioid use disorder (OUD) who began buprenorphine treatment between 2016 and 2021. Specifically, the study found that, when compared to adults receiving the recommended dose of buprenorphine (16 mg per day), those taking higher daily doses (>16-24 mg) took 20% longer to have a subsequent emergency department or inpatient care visit. Other key findings include:

- Among all people who started buprenorphine treatment between 2016 and 2021, 48.4% had a recent mental health diagnosis and 80.8% had a recent SUD diagnosis.
  - Among all people who started buprenorphine treatment between 2016 and 2021, 27.9% had a recent mental health or SUD-related emergency department or inpatient care visit.
- Among all people who started buprenorphine treatment between 2016 and 2021, 12.5% experienced an emergency department or inpatient visit related to mental health or SUD.
- Adults taking daily doses of more than 24 mg of buprenorphine went 50% longer before having a subsequent emergency department or inpatient care visit related to mental health or SUD compared to those receiving less than 16 mg a day.

The authors note that these findings build upon accumulating evidence of the safety and efficacy of higher doses of buprenorphine and call for revisiting prescribing guidelines and other barriers to accessing higher doses of buprenorphine.

NIDA's press release on the study can be found here.

#### Webinars to Watch

HRSA HIV/AIDS Bureau Webinar: A Trauma-Informed Approach for Integrating HIV Primary Care and Behavioral Health





<u>Health</u>. This no-cost webinar is on October 29, at 2:00 pm ET. The webinar will review the key components of a trauma-informed approach to integrate HIV primary care into mental health and substance use disorder (SUD) care to provide coordinated and co-located services and to establish shared protocols, data collection, and continued engagement in HIV care. Learning objectives include:

- "Identify key components of interventions designed to improve outcomes along the HIV care continuum for people linked to mental health treatment while remaining in HIV care and virally suppressed.
- Outline the capacity requirements for organizations/clinics to implement the intervention.
- List strategies to sustain and replicate intervention activities and patient outcomes."

Continuing education (CE) credits are available.

Registration is required.

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