

January 9, 2025



DC Update: President Biden Signs Second Continuing Resolution, SAMHSA Announces CCBHC Planning Grant Awards, HRSA Funding Opportunity: Addiction Medicine Fellowship Program, and More.



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Meet the Member

Latrena Silas, Women's Services Network (WSN) Coordinator for Illinois

Latrena Silas serves as Women, Youth, and Family Specialist within the Division of Substance Use Prevention and Recovery at the Illinois Department of Human Services. Ms. Silas also serves as the Women's Services Network (WSN) Coordinator for Illinois.

Ms. Silas brings years of experience with women's residential and outpatient treatment services to her current role. She is dedicated to improving the lives of women through the development and enhancement of programs for pregnant and postpartum women, as well as women with children. Driven by her passion to empower women, Ms. Silas is committed to ensuring comprehensive, accessible services are available to women and their families.



Ms. Silas holds a bachelor's degree in human services from National Louis University, and multiple certifications, including a Certified Alcohol and Drug Counselor and Driving Under

Capitol Hill Happenings

President Biden Signs Second Continuing Resolution

On December 21, 2024, President Biden signed into law a second continuing resolution (CR), the [*American Relief Act, 2025 \(P.L. 118-158; H.R. 10545\)*](#), which temporarily provides Fiscal Year (FY) 2025 appropriations to all Federal agencies through March 14, 2025. The House approved the CR the day before by a vote of 366 to 34, and the Senate by a vote of 85 to 11. Congress and the President had until December 20 to pass final appropriations bills or a second CR to avoid a government shutdown.

This CR maintains final FY 2024 funding levels for most programs, with a few exceptions, and extends FY 2025 funding for all 12 departments through the second week in March. Further, the CR provides additional disaster relief appropriations and economic assistance to farmers and extends several expiring authorities. We offer an overview of key provisions below:

The CR includes:

- Temporary extension of funding for all 12 departments through March 14, 2025, at their final FY 2024 funding levels
- \$110 billion in disaster relief aid and farm assistance
- Extension of certain health provisions, including:
 - Funds for community health centers
 - Funds for National Health Service Corps (NHSC)
 - Support for teaching health centers that operate Graduate Medical Education (GME) programs
 - Funds for child care centers

The CR DID NOT include:

- SUPPORT Act Reauthorization provisions
- Language seeking to alter operations of Pharmacy Benefit Managers (PBMs)
- Second Chance Act Reauthorization provisions (reentry programs within DOJ)
- A pay increase for lawmakers
- Suspension of the debt ceiling
- Many other provisions included in earlier versions of the CR

The White House's press release on the CR can be found [here](#).

We will continue to monitor the situation and report developments as they occur.

Please reach out to Rob Morrison (rmorrison@nasadad.org) or me (ddiana@nasadad.org) with any questions.

Around the Agencies

Biden-Harris Administration Announces Awards for the CCBHC Medicaid Demonstration Planning Grants to Expand Access to SUD Services



The Department of Health and Human Services (HHS), through the Substance Abuse and Mental Health Services Administration (SAMHSA), announced the Fiscal Year (FY) 2025 [*Certified Community Behavioral Health Clinic \(CCBHC\) Medicaid Demonstration Program Planning Grants*](#) awards. The CCBHC planning phase grants are designed to assist States in developing CCBHC certification processes, prospective payment systems for Medicaid-reimbursable services, and to participate in the four-year [*CCBHC Medicaid Demonstration Program*](#). The CCBHC Medicaid Demonstration Program provides reimbursement through Medicaid for the full cost of services that CCBHCs provide at more competitive rates than previously received.

The States selected include: Alaska, Colorado, Connecticut, Delaware, Hawaii, Louisiana, Maryland, Montana, North Carolina, North Dakota, South Dakota, Utah, Washington and West Virginia, as well as the District of Columbia. Among those States, 10 will be selected to participate in the full CCBHC Medicaid Demonstration Program and receive enhanced Medicaid reimbursement in 2026.

SAMHSA's press release announcing the awards can be found [here](#).

CMS Announces Awards for the Innovation In Behavioral Health Model

The Centers for Medicare and Medicaid Services (CMS) recently announced awards for the [Innovation in Behavioral Health \(IBH\) Model](#) program. This program is designed to use the IBH Model, managed by State Medicaid Agencies, to align payment between Medicaid and Medicare for integrated care in specialist settings for adult Medicaid, Medicare, and dually eligible beneficiaries with mental health and substance use disorder (SUD). Under the Model, specialty mental health and SUD practices will screen and assess patients for both priority health conditions, as well as mental health and SUD conditions.

The State Medicaid agencies in Michigan, New York, Oklahoma, and South Carolina were selected to participate in the IBH Model. Oklahoma is slated to implement the IBH Model statewide, while Michigan, New York, and South Carolina are set to implement the Model in designated sub-state geographic service areas.

IBH Model implementation began on January 1, 2025.

HRSA Funding Opportunity: Addiction Medicine Fellowship Program



The Health Resources and Services Administration (HRSA) announced a new funding opportunity for the [Addiction Medicine Fellowship Program](#). This program seeks to expand the number of fellows at accredited Addiction Medicine Fellowship (AMF) and Addiction Psychiatry Fellowship (APF) programs that are trained as addiction medicine specialists. The AMF program trains both addiction medicine and addiction psychiatry fellows who will practice in medically underserved community-based settings, including in rural areas, that have limited access to substance use disorder (SUD) services, to integrate mental health and SUD care into primary care. Specifically, the program supports training to:

- “Increase the number of fellows trained to practice addiction medicine and addiction psychiatry in rural and other medically underserved community-based settings.
- Establish partnerships with clinical rotation sites in rural or other underserved areas, that focus on the integration of primary care with mental health and SUD prevention and treatment services.
- Increase fellows’ knowledge and ability to assist their patients with referrals to navigate the legal and social systems related to patients’ clinical or care needs.
- Increase awareness of the specialty and reduce provider stigma to increase the number of physicians interested in pursuing careers in addiction medicine and addiction psychiatry through the provision of clinical rotations that expose medical residents to practice in these specialties and through education and consultation.”

HRSA will provide up to 28 awards with a total program funding of \$23 million for a project period of up to five years. Applications are due February 28, 2025.

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

HRSA is hosting a [technical assistance webinar](#) on January 14, at 2:00 pm ET, to learn more about the funding opportunity and application requirements. Registration is required.

NIAAA Launches Native Communities – Alcohol Intervention Review

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) announced the launch of [Native Communities – Alcohol Intervention Review \(NativeAIR\)](#), a web-based resource to

help Indigenous communities identify evidence-based interventions to reduce the impact of alcohol-related problems in their communities. Developed in partnership with experts in conducting research with Indigenous communities, NativeAIR provides reviews of various alcohol-related interventions involving Native populations from published, peer-reviewed studies for Tribal leaders to consider implementing. NativeAIR is currently highlighting 39 interventions across three areas: prevention of fetal alcohol spectrum disorders (FASD), prevention of alcohol misuse, and treatment of alcohol use disorder (AUD).

Details on the development of NativeAIR and how to use the resource can be found [here](#).

Research Roundup

NIDA-Funded Study Finds Brain Structure Differences Associated with Early Substance Use Among Adolescents



A National Institute on Drug Abuse (NIDA)-funded study published in *JAMA Network Open* on [Neuroanatomical Variability and Substance Use Initiation in Late Childhood and Early Adolescence](#) identified differences in brain structure associated with early substance use by adolescents. The study used data of nearly 10,000 adolescents from NIDA's [Adolescent Brain Cognitive Development \(ABCD\) Study](#) to compare the brain structures of those who used substances before age 15 to those who did not. Ultimately, the study reported distinct differences in the brain structures of those who used substances before age 15 compared to those who did not. Specifically, substance initiation before the age of 15 was associated with five brain structural differences at the global (brain-wide) level and 39 at the regional level, primarily involving the cortex, some of which were substance-specific. Other key findings include:

- “Among the 3,460 adolescents who initiated substances before age 15, most (90.2%) reported trying alcohol, with considerable overlap with nicotine and/or cannabis; 61.5% and 52.4% of kids initiating nicotine and cannabis, respectively, also reported initiating alcohol.
- Any substance use initiation was associated with larger global neuroanatomical indices, including whole brain, total intracranial, cortical, and subcortical volumes, as well as greater total cortical surface area.
- Regionally, thinner right rostral middle frontal gyrus, thicker left lingual gyrus, and larger right lateral occipital gyrus volume were associated with any substance use initiation.”

While some brain structural differences were associated with early use of substances by adolescents, the researchers note that more research is needed to determine how those structural differences translate into differences in brain function and behavior.

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

Webinars to Watch

HHS IEA Webinar: Substance Use Disorder Treatment Month

The Department of Health and Human Services' (HHS) Office of Intergovernmental and External Affairs (IEA) is hosting a webinar on [Substance Use Disorder Treatment Month](#). This no-cost webinar is on January 10, at 2:30 pm ET. The webinar will offer background on the significance and development of Substance Use Disorder Treatment Month, review resources available in SAMHSA's [Substance Use Disorder Treatment Month Toolkit](#), and provide an overview of planned events throughout the month. The webinar will be led by Dr. Yngvild K. Olsen, M.D., Director of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT).

Registration is required.

**University of Maryland School of Medicine's
Training Center Webinar: SAMHSA's Resources
to Support the Behavioral Health Needs of the
Military/Veteran Community**



The University of Maryland School of Medicine's Training Center (TC), in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), is hosting a webinar on [*SAMHSA's Resources to Support the Behavioral Health Needs of the Military/Veteran Community*](#). This no-cost webinar is on January 16, at 1:00 pm ET. The webinar will feature leaders from SAMHSA's Center for Mental Health Services (CMHS), who will present on the mental health and substance use disorder (SUD) challenges faced by Service Members, Veterans and Families (SMVF) who are experiencing homelessness, justice system involvement, or poverty, as well as resources at SAMHSA to support them. Learning objectives include:

1. "Highlight clinical and community-based challenges experienced by Veterans
2. Provide an overview of the Sequential Intercept Model for Veterans
3. Discuss SAMHSA resources that may support improving behavioral health outcomes for the Military/Veteran community."

2.0 Continuing Education (CE) Credits are available for attendance.

Registration is required.

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