

April 10, 2025



DC Update: Bipartisan Resolution to Make April Second Chance Month, LAPPa Publishes Model Mental Health and Substance Use Disorder Parity Act, NIH Study Finds AI Screening for OUD Effective, and More.



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Meet the Member

Kelly Crosbie, MSW, LCSW, SSA for North Carolina, Director of the Division of Mental Health, Developmental Disabilities, and Substance Use Services at the North Carolina Department of Health and Human Services

Kelly Crosbie, MSW, LCSW, serves as Director of the Division of Mental Health, Developmental Disabilities, and Substance Use Services at the North Carolina Department of Health and Human Services (NC DHHS). She also serves as the Single State Agency (SSA) Director for North Carolina.



Ms. Crosbie brings over 30 years of experience in providing and managing public services and supports for people with mental health and substance use disorder (SUD), intellectual and developmental disabilities, and brain injury. Over the past 13 years, she has served in various leadership roles within NC DHHS, including Assistant Director of Behavioral Health and Intellectual and Developmental Disabilities at NC Medicaid, Chief Operating Officer of NC Medicaid, and Chief Quality and Population Health Officer at NC Medicaid. During her time at NC Medicaid, Ms. Crosbie oversaw all Quality Programs aimed at improving health outcomes and health equity, benefits programs, such as Innovations Waivers, and Care Management Programs, including Tailored Care Management.

In her current role, she oversees the public community-based system for mental health,

intellectual and other developmental disabilities, SUD, and traumatic brain injury (TBI) in North Carolina. Ms. Crosbie is a licensed clinical social worker (LCSW) who has supported people with mental health, SUD, and intellectual/developmental disabilities her entire adult life. She is an appointed member of the NC Institute of Medicine, the HCP-LAN 2.0 Care Transformation Forum, the Health Equity Advisory Team (HEAT), the NCQA Public Sector Advisory Committee, and the Equity Standards subcommittee.

Ms. Crosbie received her master's in social work administration from Temple University and her Bachelor of Science degree in Psychology from the University of Pittsburgh.

NASADAD News



2025 National Prevention Network Conference- Early Bird Registration!

The 2025 *NASADAD National Prevention Network (NPN) Conference* will be held August 11-13, 2025, at the Grand Hyatt Washington, D.C. The NPN Conference highlights the latest research in the substance use prevention field and provides a forum for prevention professionals, coalition leaders, researchers, and federal partners to share research, best practices, and evaluation results for the purpose of integrating research into practice. This year's theme is: *Substance Use Prevention Across the Lifespan: Creating a Monumental Impact*.

Early bird registration is now open through May 16. Additional information can be found on the registration page [here](#).

Capitol Hill Happenings

Bipartisan Resolution Reintroduced to Declare April "Second Chance Month"

On April 1, Representatives McBath (D-GA-06), Westerman (R-AR-04), Bacon (R-NE-02), Davis (D-IL-07), Moore (R-AL-01), Miller (R-WV-01), and McIver (D-NJ-11), alongside Senators Cramer (R-ND) and Klobuchar (D-MN), reintroduced the [Second Chance Month Resolution \(H.Res.289/S.Res.652\)](#),

a bipartisan and bicameral resolution that would designate April as "Second Chance Month." By designating April as "Second Chance Month," the resolution seeks to raise awareness for the barriers people face in reentering society after incarceration and promote effective evidence-based reentry services to reduce recidivism, bolster the workforce, and improve the health and wellbeing of communities. Further, the resolution highlights the role of the Second Chance Act grants in reintegrating people into society, including in providing mental health and substance use disorder (SUD) services, housing, and employment training, among other services.

Representative McBath's press release announcing the resolution can be found [here](#).



Around the Agencies

SAMHSA Announces Stipends for Communities Tak to Prevent Alcohol and

Other Drug Misuse for 2025

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently announced it is sponsoring stipends for the 2025 cycle of [*Communities Talk to Prevent Alcohol and Other Drug Misuse*](#). This initiative is designed to highlight the negative effects of alcohol and other drug misuse among youth and young adults in particular. Specifically, the initiative offers stipends and prevention resources to community-based organizations, including local chapters of national organizations, community and youth-led coalitions, and institutions of higher education, nationwide to host events to learn about substance misuse and put prevention strategies in place. *Communities Talk* activities include:

- “Educate communities about the consequences of alcohol and other drug misuses.
- Empower communities to use evidence-based approaches to reduce alcohol and other drug misuses.
- Mobilize communities around substance use prevention initiatives at the local, state, and national levels.”

Planning stipends are limited. Applications can be submitted via email to info@communities-talk.com.

Additional resources can be found on the [*Communities Talk to Prevent Alcohol and Other Drug Misuse Toolkit*](#).

GAO Report: Combatting Illicit Drugs: Improvements Needed for Coordinating Federal Investigations



U.S. GOVERNMENT
ACCOUNTABILITY OFFICE

The Government Accountability Office (GAO) recently published a Q&A report on [*Combatting Illicit Drugs: Improvements Needed for Coordinating Federal Investigations*](#). This report examines how the Drug Enforcement Administration (DEA) and Homeland Security Investigations (HSI) agencies, conducted by Immigration and Customs Enforcement (ICE), coordinate in carrying out counternarcotics investigations to determine their compliance with [*Title 21 cross-designation processes*](#) and progress implementing joint training requirements. Specifically, these provisions allow ICE to investigate drug-related violations under DEA's authority, in addition to requiring the use of joint training modules to ensure consistency in their operations. Key findings include:

- “DEA authorized an average of over 4,000 HSI agents per year to participate in drug investigations in FY 2019-2023
- DEA doesn't track the time it takes to process HSI agent requests to participate in drug investigations
- DEA and HSI haven't implemented the agent training requirements they agreed to in 2021”

GAO's recommendations include:

1. “The DEA Administrator should (1) establish timeliness goals for the cross-designation processes in consultation with the Director of ICE, and (2) collect and analyze data on the time involved in the processes to assess its performance against the goals.
2. The DEA Administrator should work with the Director of ICE to develop and implement the two training modules in accordance with their January 2021 agreement, using agreed-upon dispute resolution mechanisms as appropriate.
3. The Director of ICE should work with the DEA Administrator to develop and implement the two training modules in accordance with their January 2021 agreement, using agreed-upon dispute resolution mechanisms as appropriate.”

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

Legislative Analysis and Public Policy Association Publishes Model Mental Health and Substance Use Disorder Parity Act

The Legislative Analysis and Public Policy Association (LAPPA), funded by the White House Office of National Drug Control Policy (ONDCP), published the [*Model Mental Health and Substance Use Disorder Parity Act*](#). This Model Act is designed to empower

effective enforcement of mental health and substance use disorder (SUD) parity standards under the [Mental Health Parity and Addiction Equity Act](#) at the State level. Ultimately, the Model Act aims to save lives and improve health and quality of life by expanding access to mental health and SUD treatment. Specifically, the Model Act would require:

1. “Health benefit plans to provide mental health and SUD benefits on terms no more restrictive than those for medical/surgical benefits; and
2. health insurers to demonstrate compliance with the Mental Health Parity and Addiction Equity Act for all state-regulated health benefit plans subject to the parameters of this legislation.”

The Model Act can be read in full, [here](#).

CoE-PHI Resources: 42 CFR Part 2 Training Packages



The Substance and Mental Health Services Administration (SAMHSA)-funded Center of Excellence for Protected Health Information (CoE-PHI) recently released a series of updated [42 CFR Part 2 Training Packages](#). These free training packages are designed for Privacy, Compliance and Quality Officers, as well as providers and other administrators of substance use treatment services, for use in new employee orientations, annual core competency updates, and staff training on the federal health privacy laws governing substance use treatment records. Specifically, the training packages outline federal regulations under 42 CFR Part 2 on the disclosure of substance use treatment records and provide materials to train staff on the use of protected health information. The training package topics include:

- “Introduction to the Federal Privacy Laws for Substance Use Treatment
- When does 42 CFR Part 2 (“Part 2”) Apply?
- Sharing Part 2 Protected Information”

[Registration](#) is required to access the resources.

Research Roundup

NIH Study Finds Artificial Intelligence Screening for Opioid Use Disorder Associated with Fewer Hospital Readmissions

A group of university researchers recently published a study in *Nature Medicine* on [Clinical Implementation of AI-based Screening for Risk for Opioid Use Disorder in Hospitalized Adults](#). The study evaluated an artificial intelligence (AI)-driven screening tool, developed by the National Institutes of Health (NIH), that utilizes electronic health records to identify hospitalized adults who are at risk for opioid use disorder (OUD) and recommend referrals to inpatient services. The study consisted of a clinical trial of 51,760 adult hospitalizations comparing provider-led consultations from March to October 2021 and March to October 2022 to AI-screening results from March to October 2023. The trial found that AI-screening was just as effective as provider-led consultations in initiating inpatient consultations with addiction medicine specialists and recommending monitoring of opioid withdrawal without a decrease in quality. Specifically, the study found that patients with AI-screening had 47% lower odds of being readmitted within 30 days after initial discharge compared to patients who received only provider-led consultations, translating to nearly \$109,000 in estimated healthcare savings. Other key findings include:

- “1.51% of hospitalized adults received an addiction medicine consultation when healthcare professionals used the AI screening tool, compared to 1.35% without the assistance of the AI tool.
- The AI screener was associated with fewer 30-day readmissions, with approximately 8% of hospitalized adults in the AI screening group being readmitted to hospital, compared to 14% in the traditional provider-led group.
- The reduction in 30-day readmissions still held after accounting for patients’ age, sex, race and ethnicity, insurance status, and comorbidities
- A subsequent cost-effectiveness analysis indicated a net cost of \$6,801 per

readmission avoided for the patient, healthcare insurer, and/or the hospital.”

The researchers call for future research on improving the integration of AI in healthcare and its long-term impacts on patient outcomes.

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

Webinars to Watch

Central East ATTC Webinar: Older Adults and Substance Use Disorder



The [Central East Addiction Technology Transfer Center \(ATTC\)](#) is hosting a webinar on [Older Adults and Substance Use Disorder](#). This no-cost webinar is on April 17, at 11:30 am ET. The webinar is intended for healthcare professionals, mental health clinicians, geriatric care providers, and community leaders to raise awareness, enhance clinical competency, and promote evidence-based interventions for substance use disorder (SUD) among older adults. Specifically, the webinar will outline tools for integrating tailored, multidisciplinary approaches to identify, assess, and treat SUD in older adults. Learning objectives include:

- “Recognize the prevalence and trends of substance use disorders among older adults.
- Identify the physiological, psychological, and social risk factors unique to aging.
- Explain the multifaceted health impacts of substance misuse in later life.”

1.25 Contact Hours are available for participation in the entire session.

[Registration](#) is required.

CoE-TFR Webinar: Supporting your Loved Ones with Mental Illness or Substance Use Challenges in Addressing Tobacco Use: The Role of Families and Family Peers

The Substance Abuse and Mental Health Services Administration (SAMHSA)-funded National Center of Excellence for Tobacco-Free Recovery (CoE-TFR) and National Family Support Technical Assistance Center (NFSTAC) are hosting a webinar on [Supporting Your Loved Ones With Mental Health or Substance Use Challenges in Addressing Tobacco Use: The Role of Families and Family Peers](#). This no-cost webinar is on April 16, at 2:00 pm ET. This webinar is intended for family peer specialists, peer support workers, mental health and substance use disorder (SUD) practitioners, and families of people with mental health or SUD and will explore the role families play in supporting loved ones with mental health and SUD in addressing their tobacco use. Learning objectives include:

- “Dispel common myths related to addressing tobacco use for people with mental illness and substance use disorders
- Describe the barriers, challenges, and opportunities families and family peer support workers experience with supporting loved ones during their tobacco use quit journey.
- Identify resources available for families to use to support their loved ones in addressing commercial tobacco use.”

Registration is required.



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