

February 13, 2025



DC Update: Robert F. Kennedy Jr. Confirmed as HHS Secretary, HHS Adds Fentanyl to Federal Workplace Drug Testing, Study Finds Brain Changes Linked to Affective Disorder in Patients with AUD, and More.



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Meet the Member

Wendy Bailey, SSA for Mississippi, Executive Director of the Mississippi Department of Mental Health

Wendy D. Bailey serves as Executive Director of the Mississippi Department of Mental Health (DMH), a role she assumed in January 2021. She also serves as the Single State Agency (SSA) Director for Mississippi.

Ms. Bailey has served in various capacities at DMH for 20 years, beginning her career at Mississippi State Hospital in 2005. She serves on numerous boards and task forces, such as the National Research Institute Board of Directors, Southeast Mental Health Technology Transfer Center Advisory Board, Mississippi Department of Rehabilitation Services Board, State Early Childhood Advisory Council, ABLE Board, Certified Public Manager Advisory Board, and 988 Mississippi Coalition.



As Executive Director, Ms. Bailey is focused on improving communications, performance development, relationship building, and budget management. She was instrumental in the

creation of the State's first comprehensive suicide prevention plan, the development of Think Recovery, which partners with certified peer support specialists on recovery-oriented systems of care, efforts to dispel the stigma associated with mental health and substance use disorder (SUD), and the coordination of the agency's strategic planning process.

She has been the recipient of numerous awards, including the National Alliance on Mental Illness (NAMI) Mississippi Visionary Leadership Award, Paul D. Cotten Leadership Award, the Albert Randel Hendrix Leadership Award, and the Mississippi Business Journal Top 40 Businesswomen of the Year.

Ms. Bailey received her bachelor's and master's degrees, is a graduate of the John C. Stennis Institute of Government and is a Licensed Mental Health Administrator and Certified Public Manager.

Capitol Hill Happenings

Senate Confirms Robert F. Kennedy Jr. to Serve as Secretary of HHS

On Thursday, February 13, the Senate voted, 52-48, to confirm Robert F. Kennedy Jr. as Secretary of the Department of Health and Human Services (HHS). As Secretary of HHS, Kennedy Jr. will oversee key federal health agencies, including the Substance Abuse and Mental Health Services Administration (SAMHSA), Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), and the National Institutes of Health (NIH).

Details on the vote can be found on the Senate website, [here](#).

NASADAD will follow up as more information is released on potential appointees.

Around the Agencies

HHS Adds Fentanyl Testing to Mandatory Guidelines for Federal Workplace Drug Testing Programs

The Department of Health and Human Services (HHS) published a notice in the Federal Register on [Mandatory Guidelines for Federal Workplace Drug Testing Programs- Authorized Testing Panels](#), adding fentanyl as an authorized substance to its drug testing protocol under the [Federal Drug-Free Workplace Program](#). Specifically, the guidance revises the Schedule I and II drug testing panels for both urine and oral fluid to include fentanyl, as well as updates required nomenclature for laboratory and Medical Review Officer Reports. Specific revisions include:

- The addition of fentanyl to test panels.
- Postponing the removal of methylenedioxymphetamine (MDA) and methylenedioxymethamphetamine (MDMA) from test panels.
- Revising marijuana test abbreviations for clarity, using "Δ9THC" and "Δ9THCC" to better distinguish specific compounds.

These revisions to the authorized drug testing panels for federal workplace drug testing programs are effective on July 7, 2025. The changes will be reviewed annually, and input from stakeholders will continue to guide future updates.

The full guidelines can be found in the Federal Register, [here](#).

HRSA Funding Opportunity: Behavioral Health Workforce Education and Training Program for Paraprofessionals

The Health Resources and Services Administration (HRSA) recently announced a new



funding opportunity for the [Behavioral Health Workforce Education and Training Program for Paraprofessionals](#). This program is designed to expand community-based experiential training, through field placements and internships, to increase the skills and knowledge of students who are pursuing careers as mental health and substance use disorder (SUD) paraprofessionals, including peer support specialists. The program has a special focus on developing knowledge related to the needs of children, adolescents, and transitional-aged youth who are at risk for developing mental health and SUD in high need areas. Training under the program is separated into two levels:

- “Level 1: Pre-service: Includes didactic and experiential field training.
- Level 2: In-service (optional): Training at a registered Department of Labor apprenticeship site.”

HRSA will provide up to 29 awards with total program funding of \$10,900,000 for a project period of up to four years. Applications are due March 18, 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](#).

SAMHSA Resource: Issue Brief: Co-Occurring Mental Health and Substance Use

The Substance Abuse and Mental Health Services Administration (SAMHSA) released a new resource on [Issue Brief: Co-Occurring Mental Health and Substance Use](#). This brief is intended for Single State Agencies (SSA) and State Mental Health Authorities (SMHA) and outlines considerations for care for people with co-occurring mental health and substance use disorders (SUD). Specifically, the brief highlights the prevalence of co-occurring disorders, negative outcomes due to the absence of evidence-based care, and the effectiveness of integrated care. Further, the resource covers current treatment barriers and solutions.



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

Additional SAMHSA resources can be found on the Evidence-Based Practices Resource Center website, [here](#).

CoE-PHI Resource: Implementation Fact Sheet: 3 Key Steps for Implementing the Latest Changes to 42 CFR Part 2

The Substance Abuse and Mental Health Services Administration (SAMHSA)-funded Center of Excellence for Protected Health Information (CoE-PHI) released a resource on [Implementation Fact Sheet: 3 Key Steps for Implementing the Latest Changes to 42 CFR Part 2](#). This resource seeks to help 42 CFR Part 2 programs comply with the requirements regarding the confidentiality of substance use disorder (SUD) treatment records under the 42 CFR Part 2 Final Rule by outlining three key steps to support implementation of privacy protections for patients' treatment records. Key points include:

- “The 2024 amendments to Part 2 went into effect on April 16, 2024, with a compliance date of February 16, 2026, when enforcement may formally begin.
- Organizations can take the following 3 key steps to implement the requirements of 2024 Part 2 Final Rule:
 - Update consent forms and required notices
 - Revise agency or organization policies and procedures
 - Ensure staff knowledge by providing training”

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

Study Finds Brain Changes Linked to Anxiety and Depression in Patients with Alcohol Use Disorder

A group of researchers recently published a study in *Psychiatry Research: Neuroimaging* on [Reduced gray matter volume in limbic and cortical areas is associated with anxiety and depression in alcohol use disorder patients](#). This study examined the relationship between brain volume and behavior in patients with alcohol use disorder (AUD) to that of lower-risk alcohol use non-dependent individuals to determine if AUD is associated with differences in cognition and mood, such as anxiety and depression. The study found, when controlling for age, education levels, and total intracranial volume, patients with AUD had lower gray matter volume in cortical and limbic areas, as well as significant impairments on cognition and affective status, compared to the non-dependent group. Other key findings include:

- Individuals with AUD had lower gray matter volume in the orbital prefrontal cortex, ventromedial prefrontal cortex, anterior cingulate cortex, posterior cingulate cortex, inferior colliculus, and dorsal hippocampus compared to the non-dependent group.
 - Individuals with AUD had higher scores for anxiety and depression and lower scores for memory performance.
- Reduced brain volume in the areas of the brain responsible for emotional regulation was associated with more severe alcohol-related problems.
- There were no significant differences in decision-making performance between the two groups.

The study reveals the connection between brain volume, emotional issues, and cognitive impairments in those with AUD. The authors call for future research on genetic differences that could influence brain development and contribute to a person's susceptibility to AUD.

Webinars to Watch

The Association for Addiction Professionals Webinar: Marijuana Legalization and the Prevention of Youth Cannabis Use



The Association for Addiction Professionals (NAADAC) is hosting a webinar on [Marijuana Legalization and the Prevention of Youth Cannabis Use](#). This no-cost webinar is on March 12, at 3:00 pm ET. The webinar will explore the impact of marijuana legalization on youth, including on youth behavior, mental health, and developmental outcomes, potential risks and benefits of marijuana legalization, and the role of prevention and education strategies in preventing cannabis use. Specifically, the webinar is designed to give a comprehensive understanding of trends in youth marijuana use post-legalization, the effects of THC on the adolescent brain, and effective intervention strategies. Learning objectives include:

- "Participants will be able to analyze the latest trends in youth marijuana use in the context of increased state-level adult use legalization.
- Participants will be able to describe the impact of marijuana on the teen brain and adolescent development.
- Participants will be able to discuss intervention and treatment for youth marijuana use."

1.5 Continuing Education (CE) credits are available for participation in the webinar.

Registration is required.



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