

April 2, 2026



DC Update: New NASADAD Member in Montana, Members of House Write in Support of SAMHSA's Pregnant and Postpartum Women's Program, NIH Researchers Identify Pain-Relieving Drug with Minimal Addictive Properties, and More.

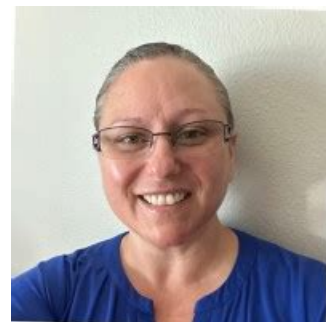
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NASADAD News

Michaela Tourville is New NASADAD Member in Montana

Montana announced that Michaela Tourville is the new Single State Authority (SSA) and NASADAD member from the State of Montana. We welcome Michaela and thank Jami Hansen for her service. Jami will now focus on her role serving as a liaison to NASADAD's component groups, including the National Prevention Network (NPN). Michaela recently joined Montana Department of Public Health and Human Services (DPHS), as the Deputy Division Administrator for the Division of Behavioral Health and Developmental Disabilities (DBHDD). She worked for the Idaho Department of Health and Welfare for the past 7 years, where she most recently served as the Analytics and Automation Program Manager for the Division of Behavioral Health. Her previous work in public health includes oversight of licensing and certification



for developmental disability agencies, children's residential facilities, and foster care agencies. Prior to her work in the public sector, Michaela dedicated 13 years to serving developmental disability and behavioral health populations in Idaho. Michaela served in several roles, including direct support, program management, quality assurance, and finally program director, before moving into public service. Michaela holds a bachelor's degree in psychology and a master's degree in public administration.

2026 NASADAD/NPN Conference Call for Abstracts Open

The 2026 NASADAD/National Prevention Network (NPN) Conference, "Mastering the Craft of Prevention: Where Science and Practice Meet," will be held virtually on September 29-30, 2026. This event seeks to bring together prevention professionals, coalition leaders, researchers, and federal partners to share research, best practices, and evaluations that support prevention efforts. The call for abstracts will be open from March 30 to April 27, 2026, and registration begins April 7, 2026. For more information, please visit the NPN Conference website [here](#).

Capitol Hill Happenings

Members of House Write in Support of SAMHSA's Pregnant and Postpartum Women's Program

On March 27, forty-four (44) Member of the House of Representatives wrote to the Appropriations Subcommittee on Labor, Health and Human Services (HHS) in support of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Pregnant and Postpartum Women's Residential and State Pilot Program. SAMHSA's PPW program received \$28.9 million in FY 2026. The House Appropriations Subcommittee on Labor, HHS is led by Rep. Robert Aderholt, Chair (R-AL) and Rep. Rosa DeLauro (D-CT) serves as Ranking Member. The PPW program includes two components: (1) grants directly to providers in support of comprehensive, family-centered residential substance use disorder services, and (2) grants to States to support non-residential, comprehensive family-centered services – such as intensive outpatient or outpatient support – to ensure the availability of help across the continuum. We wish to recognize those Members of the House that signed on to the letter – with special thanks to Rep. Budzinski for leading this effort. To access a brief written by NASADAD about SAMHSA's PPW program, visit the NASADAD website [here](#). The letter to the House Appropriations Subcommittee can also be accessed [here](#).

Congress of the United States
Washington, DC 20515

March 27, 2026

The Honorable Robert Aderholt Chair Appropriations Subcommittee on Labor Health and Human Services, Education, and Related Agencies U.S. House of Representatives Washington, D.C. 20515	The Honorable Rosa DeLauro Ranking Member Appropriations Subcommittee on Labor Health and Human Services, Education, and Related Agencies U.S. House of Representatives Washington, D.C. 20515
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Dear Chair Aderholt and Ranking Member DeLauro,

As you consider the Labor, Health and Human Services, Education Fiscal Year (FY) 2027 Appropriations, thank you for your past support of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) Pregnant and Postpartum Women's (PPW) Residential Services Grant Program and the State Pilot Program for Treatment for Pregnant and Postpartum Women. We are writing to request robust funding for the PPW Residential and State Pilot Programs for Pregnant and Postpartum Women. The *Consolidated Appropriations Act, 2026 (H.R. 7148; P.L. 119-75)*, signed into law by President Trump on February 3rd, provides level funding for SAMHSA/CSAT's PPW programs at \$38.9 million.

Perinatal substance use continues to be a significant public health concern. Women are at the highest risk for developing substance use disorder (SUD) during their reproductive years.¹ Exposure to opioids, stimulants, tobacco, alcohol, and other illicit drugs during pregnancy may result in the development of neonatal abstinence syndrome (NAS) and multiple other adverse health outcomes for the mother and infant.² According to the latest Department of Health and Human Services (HHS) data, roughly 6 newborns are diagnosed with NAS for every 1,000 newborn hospital stays in the U.S.³ Further, the number of mothers with opioid-related diagnoses at delivery increased by 131% from 2010-2017.⁴ Care for newborns with NAS can also be costly on an already strained healthcare system. For example, in 2022, the average cost of a hospital stay for a newborn with NAS in the U.S. was \$10,900 – over 7 times greater than the cost for other newborn hospital stays (\$1,500).⁵ The length of stay for infants born with NAS also had a median of 10 days, compared to a median of 2 days for babies born without NAS.⁶

Around the Agencies

OJP Funding Opportunity: Second Chance Act Pay for Success Initiative

The Office of Justice Programs (OJP) Bureau of Justice Assistance (BJA) is accepting applications for [FY25 Second Chance Act Pay for Success Initiative](#) funding. This funding supports the use of performance and outcomes-based contracting to implement or enhance programs that reduce recidivism, including services addressing housing for individuals reentering the community. Available funding categories are:

- Category 1: Performance-based and Outcomes-based Contracting for Reentry Services (Anticipated Award Amount: \$1,250,000, Anticipated Number of Awards: 1)

- Category 2: Performance-based and Outcomes-based Contracting for Reentry Housing (Anticipated Award Amount: \$1,000,000, Anticipated Number of Awards: 5)

Eligible applicants include state, county, city, township, special district, and federally recognized Native American Tribal governments, as well as public housing organizations and other local government units.

Applications are due by April 27 at 11:59 PM EST on Grants.gov and by May 4 at 8:59 PM EST on JustGrants.

OJP Funding Opportunity: Family Treatment Court Program



U.S. DEPARTMENT OF JUSTICE
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The Office of Justice Programs (OJP) Office of Juvenile Justice and Delinquency Prevention (OJJDP) is now accepting applications for [FY25 Family Treatment Court Program](#) funding. This funding supports establishing, enhancing, or implementing

statewide or countywide family treatment courts that ensure substance use treatment and other services improve child, parent, and family outcomes. Applicant proposals must include treatment, recovery, and support services addressing opioid, stimulant, and other substance use reduction. Categories of funding include:

- Category 1: Establishing New Family Treatment Courts (Anticipated Award Amount: \$750,000, Anticipated Number of Awards: 4)
- Category 2: Enhancing Family Treatment Courts (Anticipated Award Amount: \$850,000, Anticipated Number of Awards: 5)
- Category 3: Statewide or Countywide Family Treatment Courts Expansion (Anticipated Award Amount: \$2,000,000, Anticipated Number of Awards: 2)

Eligible applicants include entities state, county, city, township, and federally recognized Native American Tribal governments.

Applications are due by April 27 at 11:59 PM EST on Grants.gov and by May 4 at 8:59 PM EST on JustGrants.

OJP Funding Opportunity: Juvenile Drug Treatment Court Program

The Office of Justice Programs (OJP) Office of Juvenile Justice and Delinquency Prevention (OJJDP) is now accepting applications for [FY25 Juvenile Drug Treatment Court Program](#) funding. This funding supports the implementation and enhancement of juvenile drug treatment courts (JDTCs) to improve outcomes for youth with substance use or co-occurring mental health disorders. Categories of funding include:

- Category 1: Juvenile Drug Treatment Court Planning and Implementation Program (Anticipated Award Amount: \$1,000,000, Anticipated Number of Awards: 2)
- Category 2: Juvenile Drug Treatment Court Enhancement Program (Anticipated Award Amount: \$825,000, Anticipated Number of Awards: 3)

Eligible applicants include state, county, city, township, or federally recognized Native American Tribal Governments.

Applications are due by April 27 at 11:59 PM EST on Grants.gov and by May 4 at 8:59 PM EST on JustGrants.

NIH Researchers Identify Pain-Relieving Drug with Minimal Addictive Properties



National Institutes
of Health

Researchers at the National Institutes of Health (NIH) recently published a study in *Nature* on [A \$\mu\$ -Opioid Receptor Superagonist Analgesic with Minimal Adverse Effects](#). The study identified a novel, highly potent opioid with potential as a therapy for pain and opioid use disorders: DFNZ. Through observing its effect in laboratory animals, the drug was found to have high pain-relieving effects without causing respiratory depression, tolerance, or other indicators of potential addiction in humans.

This investigation sought to investigate formulations of nitazenes, a class of synthetic opioid compounds shelved in the 1950s due to their excessive potency. The research team focused on using nitazene's ability to selectively engage mu-opioid receptors, primary targets for opioid drugs in the brain and peripheral nervous system, but with a safer pharmacological profile. While initially on a chemical formulation called FNZ, they discovered that DFNZ, another opioid with extremely high efficacy at the mu opioid receptor but without the serious risks that FNZ carries. Other key findings include:

- "At preclinical therapeutic doses, DFNZ produced a moderate and sustained increase in brain oxygen rather than depressing respiration.
- Repeated doses of the drug did not result in tolerance, drug dependency, or meaningful withdrawal effects.
- Among 14 classic opioid withdrawal symptoms, the researchers only observed irritability, as measured by vocalization, when handling DFNZ-treated rats."
- "While DFNZ increases slow-acting dopamine release in the brain's reward circuitry, it does not trigger the rapid dopamine bursts associated with the formation of strong drug-cue associations, the conditioned responses that drive craving and relapse in addiction."

The authors of the paper assert that FNZ should be explored for use in treatment for opioid use disorders and may even be preferable to current opioid agonist medications, which have an associated risk of causing respiratory depression. The team will pursue additional studies to support an application for regulatory approval to conduct studies of DFNZ in humans.

The NIH News Update can be accessed [here](#).

The research article can be accessed [here](#).

Webinars to Watch

SAMHSA Webinar: Report on Community-Initiated Care & Funding Mechanisms for Substance Use Disorders

The Substance Abuse and Mental Health Services Administration's (SAMHSA) [Center for Financing Reform and Innovation \(CFRI\)](#) is hosting a webinar on a [Community-Initiated Care in Behavioral Health: Exploring Funding Mechanisms for Substance Use Disorders](#). This no-cost webinar is on April 12 at 2:00 pm ET. The webinar will present findings from a new SAMHSA report on *Community-Initiated Care & Funding Mechanisms for Substance Use Disorders*. Specifically, the webinar will include a panel discussion and Q&A session with national leaders, who will share insights on implementing community-initiated care and sustainable financing strategies to expand these services.

Registration is available [here](#).

NASADAD | 1919 Pennsylvania Avenue NW Suite M 250 | Washington, DC 20006 US

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