

September 24, 2026



The D.C. Update

SUD & gambling briefing, CMS cracks down on Marketplace, special J-RIG funding deadline extension & more

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Meet the Member

Susan Martinelli, WSN Coordinator for Ark.

Susan Martinelli, LCSW, serves as the Department of Human Services (DHS) Office of Substance Abuse and Mental Health (OSAMH) Specialized Women's Services Program Coordinator and the Ark. Women's Services Network (WSN) Coordinator. Susan brings over 30 years of clinical and leadership experience spanning direct clinical practice and supervision, program development, crisis services, grant and contract development, and behavioral health administration.

Prior to joining the OSAMH substance use disorders (SUD) team, Susan served eight years as a clinical director with Clarvida of Idaho, providing clinical and administrative oversight for four outpatient mental health facilities, four crisis centers and behavioral health providers across two regions of Idaho serving youth and adults with mental health and substance use disorder needs. She also assisted with contracts and grants and



developed and oversaw a First Episode Psychosis (FEP) program for four years. Prior to her work at Clarvida, Susan worked with military members and their families at Gowen Field and the Mountain Home Air Force Base in Idaho as a military family life counselor.

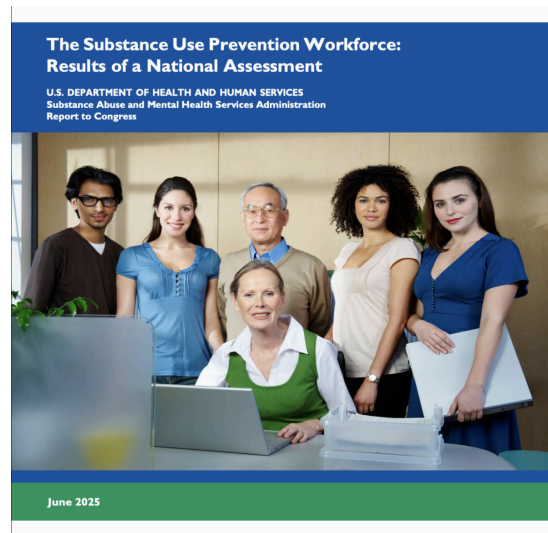
A graduate of Hendrix College, Susan earned her Bachelor of Arts in Psychology in 1993. She received her Master of Social Work from the University of Arkansas at Little Rock School of Social Work in 1995 and has been a Licensed Clinical Social Worker (LCSW) since 2000. Throughout her career, Susan has practiced in Colo., Miss., Tenn., Idaho, and Ark. After years of serving individuals, families, and communities across the country, she has returned to the state she considers home.

NASADAD News

Substance Use Prevention Workforce: Results of a National Assessment Now Available

Over the past few years, NASADAD, on behalf of SAMHSA, conducted the first ever national needs assessment of the substance use prevention workforce and developed a report on the findings. We are pleased to announce that the U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) Report to Congress on the substance use prevention workforce is now available on the SAMHSA website.

Read more [here](#).



NASADAD attends MACPAC panel on Medicaid CE requirements

On Thursday, September 24, **Antony Lin, Public Policy Intern**, attended a panel on Medicaid Community Engagement (CE) requirements sponsored by the Medicaid and CHIP Payment and Access Commission (MACPAC). This panel was presented by Jack Rollins, Director of Federal Policy, National Association of Medicaid Directors (NAMD), and Lora Saunders, Associate Principal, Health Management Associates (HMA), who discussed their experiences and expectations with 1) how states anticipate adapting and developing algorithms for definitions of medical frailty; 2) assessing state system readiness and reliance on self-attestation and manual review processes throughout 2027; 3) lessons learned from COVID-19 unwinding in communicating noncompliance notices, requests for information (RFIs), and procedural denials moving forward; 4) audit requirements and staffing; 5) how CE changes will impact providers and managed care organizations (MCOs); and more.

NASADAD will continue to explore the impact of Medicaid CE requirements as state processes evolve with implementation.

White House Happenings



ONDCP leads meeting on addressing challenges related to polysubstance use

The Office of National Drug Control Policy's (ONDCP) Emerging Drug Threats Committee held its second meeting on Tuesday, September 22nd in Washington, D.C. to discuss issues related to polysubstance use. **NASADAD members Marlies Perez (California) and Dr. Latika Davis-Jones (Pennsylvania)** serve on the Committee and attended the meeting. In addition, **NASADAD Executive Director Robert Morrison** serves on the Committee. The meeting explored the following topics: monitoring polysubstance use; treating polysubstance use; polysubstance use and the illicit drug supply; and other matters. The meeting also featured remarks from Colley Croteau, Peer Recovery Specialist at the McShin Foundation located in Richmond, Virginia. Colley shared his journey into long term recovery.

Capitol Hill Happenings



NASADAD attends Capitol Hill briefing on gambling disorders

On Tuesday, September 22, **Robert Morrison, Executive Director**, attended a briefing on gambling disorders sponsored by the National Council on Problem Gambling (NCPG), Mental Health Liaison Group (MHLG) and the Scholars Network. The briefing featured remarks by Laurel Stine of the American Foundation for Suicide Prevention (AFSP) and Chair of the MHLG; Cole Wogoman, NCPG; Heather Eshleman with the Maryland Center of Excellence on Problem Gambling; Dr. Joshua Grubbs of the University of New Mexico; and Adam Lyons of the Modern Meeting podcast. Rep. Salinas (D-OR), Co-Chair of the House Mental Health Caucus, offered remarks.

The NASADAD Board of Directors voted last year to add gambling disorders to NASADAD's priorities list and directed staff to assemble a Problem Gambling Steering Committee. NASADAD will be facilitating State sharing and discussing potential federal policy considerations as the process moves forward.

Around the Agencies



SAMHSA Recovery Month: Multiple Pathways to Recovery & Over \$44M Awarded to Advance "Treatment First" Model

During the fourth week of National Recovery Month, SAMHSA recognizes the many pathways to recovery. SAMHSA has shared multiple pathways social media content, in addition to content from prior National Recovery Month weeks, available for dissemination [here](#).

Moreover, on September 18th, SAMHSA awarded \$42.3M in supplemental funding to States and Territories through two federal block grants in support of President Trump's [Executive Order on Ending Crime and Disorder on America's Streets](#) and accelerate adoption and implementation of the [Best Practices Toolkit: Addressing Homelessness and Addiction through Treatment First](#). An additional \$2M was awarded to the national office and all 10 regional centers of the Addiction Technology Transfer Center (ATTC) Network to support implementation.

Read about the new awards [here](#).

CMS cracks down on fraud, waste, and abuse in the Federal Health Insurance Marketplace



The Centers for Medicare & Medicaid Services (CMS) has cancelled approximately 315,000 enrollments, believed to be unauthorized, covering over 760,000 individuals: CMS expects that this will result in a return of ~\$2.2B in taxpayer-funded subsidies. In addition, CMS has established a Federally-Facilitated Exchange (FFE) anti-fraud coordination group, consisting of leadership from CMS and HHS, that will meet regularly to discuss enforcement and program integrity.

CMS also aims to continue collaborating with health insurance companies to identify, investigate, and cancel potentially unauthorized enrollments. Moreover, CMS intends to hold agents and brokers accountable for violating Marketplace standards, having issued termination notices to over 200 not in compliance since January of 2026 as well as 569 notices of intent to terminate those submitting 2026 applications without key applicant information.

CMS has released an Interim Final Rule announcing a temporary moratorium on new registration for the 2027 plan year for agents/brokers without an active Exchange Agreement for 2026. In addition, CMS will 1) require existing agents/brokers to renew proof of identification; 2) require applications involving agent/broker to include SSN or immigration document numbers; 3) update the system to prevent agents/brokers from being added to applications consumers are intended to complete independently; and 4) require electronic consumer authorization prior to agent/broker action on application or enrollment.

For more information on CMS's recent Marketplace actions, please click [here](#).



Deadline Extended: Special J-RIG funding opportunity for practitioner-led addiction services and research

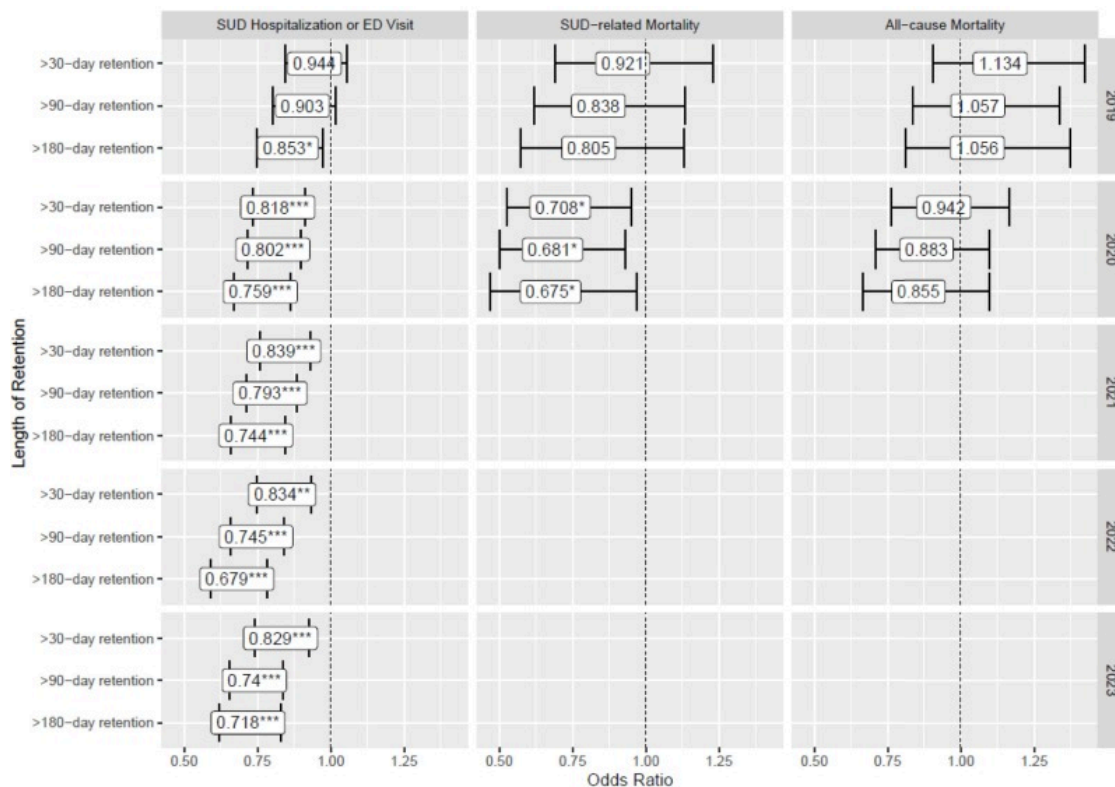
A J-RIG special funding opportunity is available for practice-based organizations and practitioners interested in evaluating innovative approaches to addiction treatment, overdose prevention, and service delivery for individuals impacted by the criminal legal system. Eligible practitioner-investigators include professionals responsible for research or evaluation within organizations providing direct care or correctional services. Principal investigators should have no history of direct receipt of NIH (National Institutes of Health), NIJ (National Institute of Justice), or other research funding exceeding an annual amount of \$500,000. Applicants may request up to \$135,000 to support pilot/feasibility studies and program evaluations with **an extended deadline of December 4th @ 11:59 PM ET**.

For more information, including the Call for Proposals, please click [here](#).

GAO: Drug Scheduling – While DEA decisions have aligned with recent HHS recommendations, both need comprehensive policies

Illicit and prescription drugs that pose a risk for abuse and dependence are placed into "schedules" that control their availability. The Drug Enforcement Administration (DEA), in consultation with the Food & Drug Administration (FDA), makes these scheduling decisions. The Government Accountability Office (GAO) found that both agencies could improve their scheduling policies. For example, DEA does not have policies that identify roles, responsibilities, and procedures. Additionally, FDA doesn't specify how its staff are to conduct evaluations or develop recommendations. GAO recommended, among other things, that both agencies develop these policies and procedures to ensure consistency. To view the full report, please click [here](#).

Research Roundup



JSAT: Validation of Medicaid claim-based OTP retention quality measures

To understand the quality of care that opioid treatment programs (OTPs) deliver, the authors assessed the validity of OTP-level retention measures by estimating their rank-correlations with OTP-level SUD hospitalizations or ED visits, with SUD-related mortality, and with all-cause mortality, adjusted for patient casemix. OTPs with higher retention had fewer negative outcomes after adjusting for patient casemix, suggesting validity of OTP-level retention as a quality indicator. Measuring OTP-level retention could support quality improvement efforts to increase retention in OTPs and reduce healthcare utilization related to opioid use disorder (OUD).

Click [here](#) to read more.

State	Correctional System Structure	Population (2024 Estimates)	Medicaid Expansion Status	Number of Jails/Facilities	Per-Capita Healthcare Spending (2020)	MOUD Implementation Level	Implementation Category
Rhode Island	Unified state DOC (no county jails)	1,110,822	Expanded (2014)	1 complex (ACT)	\$11,694	100% universal coverage	High
Vermont	Unified state DOC (no county jails)	647,818	Expanded (2014)	6 in-state facilities	\$12,756	100% universal coverage (in-state)	High
Kentucky	Dual system: state prisons + county jails	4,526,154	Expanded (2014)	14 state prisons; 77 county jails	\$10,257	State: 100% (14/14); County: ~26% (20/77)	Mixed
Alabama	Dual system: state prisons + county jails	5,108,468	Non-expansion	26 state prisons; 67 county jails	\$9,280	State: 42% (11/26); County: <25%	Low
Tennessee	Dual system: state prisons + county jails	7,126,489	Non-expansion	State prisons: not disclosed; 95 county jails	\$9,336	State: "some"; County: <25%	Low

JSAT: Policy design and implementation of jail-based medication for opioid use disorder – a five-state qualitative comparative analysis

This study investigated policy configurations of jail-based medications for opioid use disorder (MOUD) associated with high implementation in rural correctional systems. Authors used fuzzy-set Qualitative Comparative Analysis to examine five rural states: RI, VT, KY, AL, and TN. Seven policy domains were calibrated: statutory authority, medication coverage, funding mechanisms, workforce requirements, Medicaid integration, continuity of care, and implementation support. Medicaid integration emerged as a necessary condition for high implementation within this sample (consistency = 0.94).

- VT achieved universal coverage through statutory mandate with comprehensive infrastructure, while RI did so by relying on sustained appropriations without statutory requirements.
- KY demonstrated intermediate implementation (63%) despite possessing funding and Medicaid integration, suggesting organizational fragmentation may limit policy translation in dual correctional systems.
- AL and TN showed low implementation (31% and 20%) with multiple policy absences.

Medicaid integration may function as critical infrastructure in states with limited healthcare safety nets, though validation in larger samples is needed. Results suggest possible flexibility in legal mechanisms, with both statutory and executive pathways associated with high implementation.

Click [here](#) to read more.

Webinars to Watch



SAMHSA: Youth and Family Recovery for the Future

Tuesday, September 29th @ 1:00 – 2:00 PM ET

Presented by Jordan Jurinsky, PhD; Kelly Davis, MS, MPH & Michelle Sherman, PhD

Recovery is a process of building meaningful lives, healthy relationships, and opportunities to thrive. This webinar will explore emerging definitions of youth recovery as well as strategies that elevate youth voice, strengthen family engagement and family recovery, expand youth and family peer support.

Register [here](#).

SAMHSA: AI Office Hours – Getting Started with AI for "Talk. They Hear You." Planning

Tuesday, October 13th @ 1:00 – 2:00 PM ET

The “Talk. They Hear You.” campaign aims to reduce underage drinking and other substance use among youths under the age of 21 by providing parents and caregivers with information and resources they need to address these issues with their children early and often. This interactive session will explore how AI can serve as a thought partner for local campaign planning, helping you brainstorm ideas, organize information, draft planning materials, and make the most of approved “Talk. They Hear You.” resources.

Register [here](#).



TCA & Congressional Addiction, Treatment, and Recovery Caucus: Substance Use Disorder and Gambling – What to Do When Your Luck Runs Out

Tuesday, September 29th @ 2:00 – 3:00 PM ET

Presented by **Chinazo Cunningham, MD**; Cole Wogoman, JD; Brian Dolan, MHC, CRC & Seep Varma

As online gambling, online sports wagering, and online prediction markets proliferates in the US, the intersection of gambling disorder and substance use may require greater understanding and attention, with people increasingly presenting in need of treatment with related needs. This panel will include a timely conversation featuring national and state leaders, policy experts, and persons with lived experience. Panelists will explore emerging risks, treatment needs, and potential policies that strengthen prevention, treatment, and recovery systems.

Register [here](#).



CAI: Expanding Nicotine Recovery Supports – Iowa's Peer-Driven Tobacco-Free Recovery

Tuesday, September 29th @ 2:00 – 3:00 PM ET

Presented by Tabetha Gerdner & Cody Crawford, CPM

An NIH-funded study found that quitting cigarette smoking was associated with 42% greater odds of recovery from another substance use disorder. Quitting is also associated with improvements in anxiety, depression, stress, mood, and quality of life. Hear how Iowa brought together substance use, mental health, tobacco control, recovery organizations, and peers to put this into practice through recovery community centers and point-of-care nicotine replacement therapy (NRT).

Register [here](#).



NAADAC: Transforming Documentation – From Pitfalls to Best Practices

Wednesday, September 30th @ 12:00 – 1:30 PM ET

Presented by Myia Papper, LMHC, NCC

Clinical documentation often determines whether patients receive the necessary treatment or face costly denials. This webinar offers practical strategies to avoid common pitfalls and effectively demonstrate medical necessity through narrative techniques that bolster individualized, measurable, and clinically sound notes. Attendees will leave with tools to improve compliance, secure authorizations, and support patient-centered care.

Register [here](#).

NAADAC: The Battle at Home – Exploring the Complexities of PTSD, Substance Misuse & More

Wednesday, October 14th @ 12:00 – 1:30 PM ET
Presented by Thurston Smith, DMIN, LAC/S, MPA, CCS

According to SAMHSA, serious mental illness (SMI), major depressive episode (MDE), and SUD are on the rise in the veteran population: in 2020 alone, 5.2 million Veterans experienced a behavioral health condition (2022). This training will examine the prevalence and complexities of substance misuse, PTSD, and other co-occurring conditions among the veteran population, and explore efficient strategies in clinical care, case coordination, and referral.

Register [here](#).



Georgetown University: M.S. in Addiction Policy and Practice Informational Session

Monday, October 26th @ 2:00 – 3:00 PM ET
Presented by Ann Herbst

The session is designed to discuss Georgetown University's Master's Program in Addiction Policy and Practice. This session is hosted in collaboration with Young People in Recovery (YPR), a national nonprofit providing peer recovery support services for youth/young adults in (or seeking) recovery from SUDs, represented by Ann Herbst, its executive director.

Register [here](#).

Thank you for reading.

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

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