

October 1, 2026



The D.C. Update

ONDCP grants \$70M for youth substance prevention; NASADAD to host 2026 awards ceremony; CMS guidance on medical frailty, 42 CFR Part 2, and community engagement & more

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Meet the Member

Stephanie Rhinehart, National Prevention Network Coordinator for Kans.

Stephanie Rhinehart, MSW, is the Prevention Program Manager for the Behavioral Health Services with the Kansas Department for Aging and Disability Services, where she oversees the Prevention program on funding and supporting community level Coalitions and other agencies/organizations who implement strategies/activities in Youth and Young Adult Substance Use Prevention and statewide efforts related to Suicide Prevention. She is the National Prevention Network (NPN) representative for the State of Kansas (including Member of the NPN Executive Committee, past NPN Southwest Region Representative, and NPN Conference Planning Committee). She served on the 988 Planning Committee and currently serves on numerous committees, advisory boards, coalitions, and workgroups. She is responsible for overseeing the Kansas Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) block grant in addition to other resources and grants.

Prior to starting her career in Substance Use/Suicide Prevention, she worked extensively in the service of children, from child abuse and neglect to Developmental Disabilities (DD) to family preservation to child welfare programs. She obtained her BSW from Georgia State University and her MSW from The University of Georgia, has been a Social Worker for over 30 years, and is a LMSW. She is a native of Wichita, Kansas, where she currently resides, and is the proud mother of one adult son with Autism. Her philosophy of life is reflective of a quote from poet Anatole France, who wrote, "To accomplish great things, we must not only act, but also dream, not only plan, but also believe."



NASADAD News



Honoring awardees at NASADAD Award Ceremony this Friday, October 2

The 2026 NASADAD Award Ceremony is set to occur on Friday, October 2 from 4:30 – 5:30 PM ET, in a virtual Zoom Meeting. Our distinguished honorees include the Honorable Patrick Kennedy, Kennedy Forum, receiving the Friend of NASADAD Award; **Thomas Janousek, Nebraska Single State Agency (SSA)**, receiving the State Services Award; **Nora Bock, Missouri SSA**, receiving the NASADAD Service Award; Jac Charlier, Police Treatment Community Collaborative (PTACC), receiving the Harwood Service Award; and Sue Thau, Consultant, receiving the President Award.

To join the Zoom on Friday, October 2 from 4:30 – 5:30 PM ET, please click [here](#). Please note that this links directly to the conference call.

White House Happenings



Office of National Drug Control Policy announces nearly \$70M in grant awards to prevent youth substance use

On September 22, the White House Office of National Drug Control Policy (ONDCP) announced nearly \$70M in FY 2026 grant awards to strengthen community-based awards preventing youth substance use: namely, \$66M through the Drug-Free Communities (DFC) Support Program and \$3.8M through the Comprehensive Addiction and Recovery Act (CARA) Local Drug Crisis Program.

To view the full press release, click [here](#).



Office of National Drug Control Policy hosts event recognizing recovery-friendly workplace policies

On September 24, the White House Office of National Drug Control Policy (ONDCP) hosted an event recognizing recovery-friendly workplace policies, in alignment with President Trump's National Drug Control Strategy, which aims to enable the 23M Americans in treatment and recovery to find support in their employment. The event featured testimonies by those with lived experience of recovery in the workplace as well as recovery-friendly workplace leaders and employers.

To view the full press release, click [here](#).

Around the Agencies

Centers for Medicare & Medicaid Services refocuses Medicaid quality on health outcomes, launches innovative partnership with 37 States

The Centers for Medicare & Medicaid Services (CMS) is launching an initiative with a founding group of 37 state partners to focus on how quality is measured in Medicaid and the Children's Health Insurance Program (CHIP). CMS' new effort, Investing in Health Outcomes, allows states to commit to a voluntary Medicaid Quality Pledge built around four principles:



- Prioritize health outcomes over process, with a focus on prevention, chronic disease management, and behavioral health.
- Streamline quality measure inventories to reduce burden without sacrificing accountability.
- Advance digital quality measurement, using near-real-time data instead of claims and chart abstraction where feasible.
- Align financial accountability with outcomes-oriented measures.

Participating states are committing to use these principles to develop targets for health outcomes and identify opportunities to incorporate outcomes-oriented measures into state quality strategies and upcoming procurements. CMS will hold workshops later this year focused on measuring prioritization and value-based arrangements, reduced reporting burden, and digital quality measurement. The Medicaid Quality Pledge and additional information around the Investing in Health Outcomes effort are available [here](#).



Health Resources & Services Administration

**Health Resources & Services
Administration awards nearly \$90M to
expand addiction treatment and recovery
services in rural communities**

On September 25, the Health Resources & Services Administration (HRSA) announced \$89.3M through the Rural Communities Opioid Response Program (RCORP) to expand access to rural substance use disorder (SUD) prevention, treatment, and recovery services. These awards will support rural communities in 45 states and one territory, underscoring the importance of ensuring access to treatment and support needed for long-term recovery.

To view the full press release and awards breakdown, click [here](#).

Suicide Prevention Resource Center: Best Practices Registry



The Suicide Prevention Resource Center (SPRC) at the University of Oklahoma compiles evidence-based suicide prevention programs with implementation guidance for prevention professionals and grantees. Each intervention listed on the Best Practices Registry (BPR) has been reviewed for alignment with the most current guidance on suicide prevention.

To view the BPR, click [here](#).



Centers for Medicare & Medicaid Services: Medical frailty, 42 CFR Part 2, and the H.R. 1 community engagement provision

The H.R. 1 provision requiring Medicaid applicants and enrollees to engage in some type of community engagement (CE) furthermore includes exemptions for those considered medically frail, particularly those with or in treatment for a substance use disorder (SUD). On September 8, the Centers for Medicare & Medicaid Services (CMS) issued a slide deck with additional details on implementing the medically frail provision. The CMS deck includes guidance to help States understand their role in verifying exemptions.

To view the deck, click [here](#).

On September 29, the US Department of Health and Human Services (HHS) Office for Civil Rights (OCR) and CMS have released guidance on when a state Medicaid agency is permitted to use Part 2 records to verify that a Medicaid applicant or beneficiary meets the definition of a specified excluded individual. An individual is thusly excluded from the CE requirement as a condition of Medicaid eligibility when the state Medicaid agency uses Part 2 records to verify an exclusion, consistent with a written patient consent previously or presently obtained by a Part 2 program. The written consent must include the required elements specified in 42 CFR 2.31(a), including the patient's right to revoke consent and an expiration date or event.

To read the guidance in its entirety, click [here](#).



Centers for Disease Control & Prevention: New pharmacist training in pain management and substance use disorders

The Centers for Disease Control & Prevention (CDC) has released "A Pharmacist's Role in Pain Management and Substance Use Disorders (SUDs)", an online training that provides strategies for pharmacists to support patients navigating pain management with or without opioids, the opioid

tapering process, and opioid use disorder (OUD) treatment. Please note that the module is developed with pharmacists in mind.

To learn more, click [here](#).

Centers for Disease Control & Prevention: Drug-Free Communities Program showcased in journal issue

In conjunction with the White House Office of National Drug Control Policy (ONDCP) and the Association of State and Territorial Health Officials, Centers for Disease Control & Prevention (CDC) has developed a series of 13 articles for an issue of the Journal of Public Health Management and Practice showcasing the Drug-Free Communities (DFC) Program. This issue includes research articles examining DFC's history and its impact on youth prevention; reports on sustainability, evidence-based interventions, partnerships, youth engagement, and individual coalitions at the local level; and editorials and commentaries by CDC, ONDCP, and coalition leaders.



To read more, click [here](#).



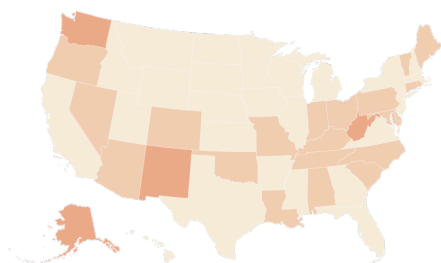
Substance Abuse and Mental Health
Services Administration

Substance Abuse & Mental Health Services Administration: Nearly \$250M awarded to expand addiction treatment, overdose prevention, and mental health services

On September 25, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced that it has awarded \$247.9M in grants for addiction treatment, mental health services, and recovery support across the country. Together, these investments are intended to expand access to care across the treatment and recovery continuum.

To view the full press release and awards breakdown, click [here](#).

Research Roundup



The Commonwealth Fund: Overdose Mortality from a Global Perspective – Why Are Rates Falling?

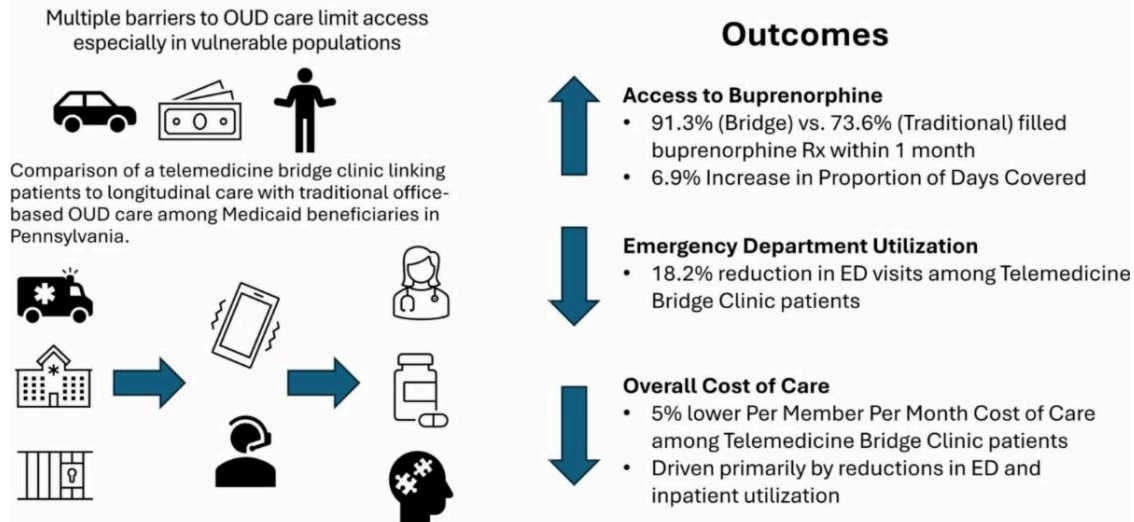
This paper aimed to understand the factors contributing to the recent decrease in overdose deaths in high-income countries. Researchers performed an analysis of overdose mortality data in US states and other countries as well as a

review of international and US state policies and initiatives. In 2024, overall overdose deaths in the US were found to have decreased 27%; other countries with significant decreases during this period included Canada (–9%) and Scotland (–13%).

A combination of policies, changing drug supply, and behavioral changes among people who use drugs may have contributed to reduced overdose deaths. Several countries have implemented programs designed to reduce drug-related deaths among people recently released from prison who face a dramatically higher risk of overdose. In the US, some states have offered greater access to naloxone and fentanyl testing strips, and **Medicaid expansion has also provided coverage and access to medication for opioid use disorder (OUD) to a wider population**. Efforts to improve data collection and coordination have also helped support overdose-reduction efforts.

To read more, click [here](#).

A Telemedicine Bridge Clinic Increases Buprenorphine Engagement and Reduces ED Visits among Medicaid Patients with Opioid Use Disorder



International Society of Addiction Journal Editors: A telemedicine bridge clinic increases buprenorphine engagement and reduces emergency department visits among Medicaid patients with opioid use disorder

This study evaluated whether telemedicine bridge clinic care for opioid use disorder (OUD) was associated with improved medication engagement, emergency department (ED) utilization, and Medicaid expenditures compared with usual care. PA Medicaid claims were linked with clinical data to identify adults aged 18–64 who received telemedicine bridge clinic care between April 2020 and July 2022. Patients were matched to up to four Medicaid enrollees initiating care with other OUD providers based on baseline characteristics before comparing medication use, proportion of days covered (PDC) by medications for opioid use disorder, and ED utilization in the six months before and after the index visit.

A greater proportion of bridge clinic patients filled a buprenorphine prescription in the month after qualifying encounter (91.3% vs. 73.6%). Relative to the comparison group, bridge clinic patients experienced a 6.9% increase in medication PDC and an 18.2% relative reduction in the proportion with any ED visit. Medicaid expenditures were lower among bridge clinic patients, driven primarily by lower inpatient spending. **Telemedicine bridge clinic care was associated with improved continuity of medication treatment and reduced ED utilization among Medicaid enrollees, supporting its use as an effective, low-barrier model for OUD care.**

To read more, click [here](#).

Journal of Child & Adolescent Substance Use: Prevalence and Correlates of Tobacco and Nicotine Use Among Medicaid-Enrolled Youth Aged 12-20, 2021-2023

Though Medicaid covers a large share of youth, there is little research identifying prevalence and correlates of tobacco and nicotine use within this population. Using 2021–2023 National Survey on Drug Use and Health (NSDUH) data, this study analyzes prevalence, use frequency, and correlates of use among Medicaid-enrolled youth aged 12–20.



The study found 13% reported past-month use, with nicotine vaping (10.9%) more common than smoking (3.6%). Daily use was more prevalent among Medicaid-enrolled youth (5.4%) compared to privately insured youth (3.7%). Medicaid-enrolled and uninsured youth reported lower exposure to prevention messaging and lower perceived health risks than privately insured peers. Use was higher among Medicaid-enrolled youth identifying as LGBTQ+, disabled, or in poor health. Among Medicaid-enrolled youth, those who used tobacco or nicotine were far more likely to have a mental health condition or other SUD. Findings highlight the need for Medicaid and its stakeholders to tailor strategies to correlates of use, including **maximizing integration of tobacco/nicotine cessation with other behavioral health services and developing anti-tobacco/vaping messaging that reaches and impacts Medicaid-enrolled youth.**

To read more, click [here](#).



International Society of Addiction Journal Editors: Prenatal care utilization among pregnant women with substance use disorder – A drug-free moms and babies program study

This study aimed to examine the association between use patterns and prenatal care adequacy among women with substance use disorder (SUD) enrolled in the Drug-Free Moms and Babies (DFMB) program in WV.

Researchers performed a secondary data analysis of DFMB participants (2018–2022; N = 1264). Opioid and stimulant use were categorized into four mutually exclusive groups. Adequacy of prenatal care was measured using the Kessner Index, categorized as inadequate, intermediate, and adequate.

Pregnant women with SUD who used opioids only [adjusted odds ratio (aOR) = 2.21 (1.38, 3.57)], stimulants only [aOR = 4.25 (2.01, 8.99)], or both [aOR = 5.42 (2.77, 10.62)] had higher odds of receiving inadequate prenatal care compared with women who did not use these substances. Similarly, women using opioids only [aOR = 2.10 (1.50, 2.94)], stimulants only [aOR = 2.27 (1.18, 4.39)], or both substances [aOR = 2.31 (1.24, 4.33)] were more likely to receive intermediate care.

While all substance-use groups demonstrated increased odds of inadequate or intermediate prenatal care, risk was highest among women using both opioids and stimulants, followed by stimulant use alone. The study highlights the need to **identify and address upstream factors that influence prenatal care engagement among rural pregnant women with SUD, particularly those using opioids and/or stimulants.**

To read more, click [here](#).

Webinars to Watch



Opioid Education Foundation of America (OEFA): Substance Use & Addiction in Rural & Urban Communities

Thursday, October 8th @ 11:00 AM – 12:00 PM ET
Presented by Jamey Lister, PhD, MSW

Jamey Lister, PhD, MSW, is an associate professor with tenure at Rutgers, The State University of New Jersey within the School of Social Work. Dr. Lister leads research projects on addiction, rural health and behavioral health for medically underserved areas. Dr. Lister serves as founder and director of the New Jersey Rural Health Resource Center and previously was New Jersey Director of the Northeast & Caribbean Rural Opioid Technical Assistance Center.

Register [here](#).

OEFA: Beyond the Opioid Use Diagnosis: Co-Occurring Conditions & Treatment Considerations for Veterans

Thursday, November 12th @ 11:00 AM – 12:00 PM ET
Presented by Timothy Vermillion, DSW, MS, EdM, LCSW, BCD

Timothy Vermillion is a clinical social worker, educator, military officer, and Iraq War veteran with experience treating trauma and co-occurring behavioral health concerns. His clinical work has focused predominantly on veterans, while also serving first responders and members of the general population. His work related to substance use emphasizes harm reduction, careful assessment and practical treatment planning for individuals experiencing overlapping trauma, mental health, pain, and substance-related concerns.

Register [here](#).

OEFA: Opioid Epidemic Data & Trends

Thursday, December 10th @ 11:00 AM – 12:00 PM ET
Presented by Jason Piotrowski, MPH

Jason Piotrowski is the chief of the National High Intensity Drug Trafficking Areas (HIDTA) Performance Management Process (PMP), where he oversees data quality, operational reporting, and strategic performance analysis to support interdiction, intelligence and coordination efforts across the HIDTA Program. Jason became one of the inaugural members of New Jersey's fusion center, completing multiple intelligence tours at the National Operations Center in Washington, DC. From 2014 to 2023, Jason led the New Jersey Drug Monitoring Initiative and retired as a captain and executive officer of the Forensic and Technical Services Section. A Bloomberg American Health Initiative Fellow, Jason holds an MPH from Johns Hopkins University.

Register [here](#).



Substance Abuse & Mental Health Services Administration (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 artificial intelligence (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](#).



NAADAC, The Association for Addiction Professionals: 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](#).



Addiction Policy Forum (APF): Alcohol Use Disorder – Addressing the Special Needs of Women and Understanding Recovery Trajectories and Relapse

Thursday, October 29th @ 1:00 – 2:30 PM ET
Presented by Shelly Greenfield, MD, MPH; John Kelly, PhD, ABPP & Redonna Chandler, PhD

This webinar will examine alcohol use and alcohol use disorder (AUD) among women in the US, with a focus on the evidence base for treatment and clinical considerations that may shape women's experiences when seeking care. Presenters will review widely used models of recovery, recovery trajectories, and current research on recurrence of alcohol use, including factors that may increase risk and those that may support long-term wellness.

Register [here](#).

Thank you for reading.

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