D.C. Update: SAMHSA announces updated treatment locator, HHS report shows decline of children in foster care, and more

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Meet the Member
Doug Thomas, Treasurer and Regional Director for Region VIII
Doug Thomas is the Director of the Division of Substance Abuse and Mental Health, for the State of Utah. He serves on the Board of Directors of the National Association of State Alcohol and Drug Abuse Directors (NASADAD) as Treasurer as well as Regional Director for Region VIII. Mr. Thomas also serves on the Board of the National Association of State Mental Health Programs Directors (NASMHPD), and is an active member of the Utah Substance Abuse Advisory Council. Doug has worked in the mental health and substance use disorder field for over 24 years in various capacities as a direct service provider and administrator. He has worked in both urban and rural settings and previously oversaw county services implementing evidence-based service delivery models and expanding prevention, treatment and recovery support services in rural Utah, including work with tribal government. Doug is passionate about issues related to substance use, suicide prevention, early intervention, and integrating prevention efforts into communities and systems to produce lasting outcomes to reduce risk and increase the well-being of individuals, families, and communities.

News from NASADAD
Ad Hoc Group for Medical Research sends letter urging Congress to pass Labor-HHS-Education bill
The Ad Hoc Group for Medical Research recently sent a letter, signed by...
NASADAD and over 300 other organizations, to the Senate Appropriations Committee. The letter urges appropriators to significantly increase the Labor, Health and Human Services, Education, and Related Agencies (L-HHS) allocation for FY 2020 and increase funding for the National Institutes of Health (NIH). While the letter notes that both the House-passed spending package and the draft bill released by the Senate Appropriations Committee provide a meaningful increase, NIH is currently operating under a continuing resolution (CR) which "creates inefficiencies and uncertainty for both the agency and scientists across the country." The letter encourages quick enactment of the Labor-HHS-Education bill with the proposed increases in funding levels.

**Capitol Hill Happenings**

**Senate Caucus on International Narcotics Control holds hearing on marijuana**

Rob Morrison, Executive Director of NASADAD, attended a hearing held by the Senate Caucus on International Narcotics Control titled, “Marijuana and America’s Health: Questions and Issues for Policy Makers." The hearing was led by Chairman John Cornyn (R-TX) and Co-Chairman Dianne Feinstein (D-CA) and included two panels of witnesses. The first panel consisted of Jerome Adams, MD, Surgeon General of the United States, and Nora Volkow, MD, Director of the National Institute on Drug Abuse (NIDA). The second panel’s witnesses included Robert Fitzgerald, Ph.D., Professor of Pathology with the University of California-San Diego; Staci Gruber, Ph.D., Associate Professor of Psychiatry at Harvard Medical School; Sean Hennessy, Pharm.D, Ph.D., Professor of Epidemiology at the University of Pennsylvania Perelman School of Medicine; and Madeline Meier, Ph.D., Assistant Professor of Psychology at Arizona State University. Witnesses were asked to discuss the potential benefits and risks associated with marijuana use based on the current scientific evidence. Caucus members were particularly interested in scientific research done on marijuana use, with an emphasis on the detrimental effects for youth and pregnant women.

**Senate Finance Committee holds hearing on patient brokering**

Shalini Wickramatilake, Federal Affairs Manager of NASADAD, attended a hearing held by the Senate Committee on Finance titled, “Treating Substance Misuse in America: Scams, Shortfalls, and Solutions.” The hearing was led by Chairman Chuck Grassley (R-IA) and Ranking Member Ron Wyden (D-OR) with witnesses including Jerome M. Adams, Surgeon General of the United States; Mary Denigan-Macauley, Director of Healthcare for the Government Accountability Office (GAO); Gary L. Cantrell, Deputy Inspector General for Investigations for the Office of Inspector General (OIG); and Gary Mendell, Founder and CEO of Shatterproof. Witnesses were asked about their knowledge of patient brokering and insurance fraud within the substance use disorder (SUD) treatment system. Oversight and quality control in relation to treatment facilities and recovery housing were also discussed.

**Around the Agencies**

**SAMHSA releases publication on first-episode psychosis and co-occurring substance use disorders**

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced the release of a new publication titled, “First-Episode Psychosis and Co-Occurring Substance Use Disorders.” The evidence-based resource notes that young adults who experience a first-episode psychosis along with a substance use disorder (SUD) are at high risk for recurring episodes of psychosis, later physical health
problems, and have a greater likelihood of future disability. For young people that reduce or stop their substance misuse, research suggests significant improvements in psychotic and depressive symptoms. The guide includes an issue brief; current research, programs, and practices; examples of effective coordinated specialty care program models; guidance on selecting and implementing evidence-based practices and programs; and resources for implementation, evaluation, and quality improvement.

**GAO report on prevalence and oversight of recovery homes**
The Government Accountability Office (GAO) released a report describing what is currently known about the prevalence of recovery homes across the country and actions that several States have taken to increase oversight and conduct investigations of the homes. The report notes that data on recovery homes is not collected by the federal government, however the National Alliance for Recovery Residences (NARR) and Oxford House provided data for a sub-set of recovery homes. GAO also found that out of the five States selected for review (Florida, Massachusetts, Ohio, Texas, and Utah), four had investigated potential fraud related to recovery homes and had taken steps to increase oversight.

**CDC releases report on regional differences in drugs involved in overdose deaths**
The Centers for Disease Control and Prevention (CDC) recently released a National Vital Statistics Report that examines regional differences in the drugs most frequently involved in overdose deaths. While fentanyl remains the drug most associated with deaths in the United States, certain parts of the country had higher rates of overdose deaths from methamphetamine. Four of the ten regions, all west of the Mississippi River, had higher mortality rates from methamphetamine, leading researchers to conclude that understanding regional differences is vital for informing local prevention and policy efforts.

**SAMHSA releases publication on substance use disorders and serious mental illness during disasters**
In a special issue of The Dialogue from the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Disaster Technical Assistance Center (DTAC), subject matter experts share their knowledge on assisting disaster survivors who have a substance use disorder (SUD) or serious mental illness (SMI). Highlights of the issue include articles on caring for people with mental illness in a disaster; legal preparedness in a disaster to assist individuals with SUD or SMI; and the lasting effects of natural disasters on drug and alcohol use. The issue also includes specific examples from States and territories that have experienced natural disasters or have disaster response activities in place for those with SUD or SMI.

**AHRQ releases interactive map on NAS hospitalizations**
The Agency for Healthcare Research and Quality (AHRQ) recently released an interactive map providing data on the prevalence of neonatal abstinence syndrome (NAS) across the country. The national rate of babies born with NAS has increased every year since 2008, and in 2016, 7.0 per 1,000 newborn hospitalizations were due to NAS. The new data, called Fast Stats and part of AHRQ’s Healthcare Cost and Utilization Project, found that NAS rates increased in nearly all 45 States that provided data in 2016. The interactive map displays the data visually and stratifies rates by the number of NAS newborn hospitalizations, sex, expected payer, community-level income, patient location, median hospitalization cost, and median length of stay.

**FDA releases statement on first year of SUPPORT Act accomplishments**
Acting Commissioner of the Food and Drug Administration (FDA), Ned Sharpless,
Mr. Sharpless noted the following activities taken by the agency:

- clarifying FDA regulation of non-addictive pain products;
- evidence-based opioid analgesic prescribing guidelines and an upcoming report to Congress;
- strengthening FDA and U.S. Customs and Border Protection (CBP) coordination and capacity;
- restricting the entrance of illicit drugs into the country;
- safety-enhancing packaging and disposal;
- clarifying FDA post-market authorities; and
- a report to Congress on access to abuse-deterrent formulations of opioids under Medicare.

The statement also noted that the FDA is promoting the development of non-addictive drugs to treat pain, and the agency is in the process of developing draft guidance on the issue.

**HHS report shows decline of children in foster care**

The Department of Health and Human Services (HHS) released their Adoption and Foster Care Analysis and Reporting System Report, indicating that there were 3,788 fewer children in the foster care system in FY 2018 compared to FY 2017. This decrease, to a total of 437,000 children, is the first time since 2011 that the number has decreased. The number of adoptions from foster care also increased to an all-time high, however there was an increase in 2,000 children waiting to be adopted. According to the report, over 94,300 children were removed from their homes in FY 2018 because at least one parent had a substance use issue.

**Prevention Navigator Grant applications now being accepted by SAMHSA**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is currently accepting applications for the Substance Abuse and HIV Prevention Navigator Program for Racial/Ethnic Minorities (Prevention Navigator). The program provides services for those at highest risk for HIV and substance use disorders (SUD) and utilizes a navigation approach with community health workers, neighborhood navigators, and peer support specialists. The program also provides training and education on substance misuse and HIV/AIDS. According to the announcement, SAMHSA plans to issue 82 grants of up to $200,000 per year for up to 5 years.

**SAMHSA announces updated treatment locator**

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced an updated treatment locator to assist individuals searching for substance use disorders (SUD) services.

The website, FindTreatment.gov, contains over 13,000 state-licensed facilities for both inpatient and outpatient addiction treatment services. The locator will also allow individuals to customize their search with options including types of treatment, insurance, age, veterans, services for the deaf and hard of hearing, LGBT-friendly, and types of medication-assisted treatment (MAT) provided.

**News from the States**

**Ohio to hold peer support listening sessions**

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) Bureau of Recovery Supports will be hosting four listening sessions regarding peer support services. The purpose of the sessions is for OhioMHAS to hear about peer supporters’ experiences and to brainstorm ideas for improvements. The sessions will be held in various locations across the state.
will also include discussions on the peer supporter training and certification process. The sessions will be held in November and December in various locations across the State. The NASADAD member from Ohio is Lori Criss, Director of the Ohio Department of Mental Health & Addiction Services.

Research Roundup

Study finds high rates of concurrent opioid and benzodiazepine prescribing

The American Journal of Preventive Medicine published a study examining concurrent prescribing of opioids and benzodiazepines in nine States. Using the 2015 Prescription Behavior Surveillance System, researchers identified concurrent prescribing rates, total days of opioid supply, daily dosage of opioids, and total days of concurrent prescriptions. Data was also collected on whether concurrent prescribing came from a single prescriber or multiple prescribers. Results of the study showed that 54.9% of patients had concurrent prescriptions and more than half received those prescriptions from two or more providers. Total opioid days, daily opioid dosage, and days of concurrent prescribing were also higher with patients who obtained the medications from more than one prescriber.

In the News

Georgetown’s O’Neill Institute releases report on opioid use disorder in criminal justice and child welfare settings

On October 30th, Shalini Wickramatilake, Federal Affairs Manager, attended an event held by The O’Neill Institute and Georgetown University’s McDonough School of Business titled, “Applying the Evidence: Legal and Policy Approaches to Address Opioid Use Disorder in the Criminal Justice and Child Welfare Settings.” A report was also released in conjunction with the symposium and addresses increasing access to medication-assisted treatment (MAT) in jails and prisons, best practices for ensuring access to MAT in treatment courts, and a section on principles and strategies to improve the child welfare system.

Publication released on family treatment court best practices

The Center for Children and Family Futures and National Association of Drug Court Professionals recently released a publication titled, “Family Treatment Court Best Practice Standards.” According to the publication, family treatment courts (FTCs) are a proven and effective intervention and are currently in their third decade of operation. With a growing number of FTCs, the need for a universal set of standards became necessary. The eight identified FTC Standards include: organization and structure; role of the judge; ensuring equity and inclusion; early identification, screening, and assessment; timely, high-quality, and appropriate substance use disorder (SUD) treatment; comprehensive case management, services, and supports for families; therapeutic responses to behavior; and monitoring and evaluation.