

January 20, 2022



D.C. Update: HRSA awards \$103 million to reduce burnout and promote mental health among health care workforce, APhSA publishes policy brief on Family First Prevention Services Act, and more

Visit our Website



Meet the Member

Elizabeth Collier, State Opioid Treatment Authority for State of Wisconsin

Elizabeth Collier, MSW, LCSW, CSAC, ICS is the State Opioid Treatment Authority (SOTA) for the Division of Care and Treatment Services, Bureau of Prevention, Treatment, and Recovery within the Wisconsin Department of Health Services. Elizabeth currently oversees all of the opioid treatment programs (OTP) in the State as well as helping to expand access to medication-assisted treatment (MAT). She has over 20 years of experience working with co-occurring disorders and criminal justice, homeless, HIV, LGBTQ, and opioid use disorder (OUD) populations.



NASADAD Staff Spotlight

NASADAD Welcomes Lacy Adams to the Public Policy Department

On Tuesday, January 18, Lacy Adams joined NASADAD as Public Policy Analyst. Lacy comes to NASADAD from the National Governors Association (NGA) where she last worked as a Health Policy Analyst within the Health Division. Before this position, Lacy served as Policy Coordinator within NGA's Homeland Security and Public Safety Division. Lacy also has served as an intern on



Capitol Hill. In particular, she worked as an intern with the Senate Health, Education, Labor, and Pensions (HELP) Committee. In addition, Lacy worked as an intern in a district office of a Member of the House of Representatives in the State of Indiana. Lacy is a masters of public health candidate at the University of Michigan. She is a graduate of Indiana University where she received her bachelor's degree in healthcare management and policy.

Around the Agencies

HRSA awards \$103 million to reduce burnout and promote mental health among health care workforce



The Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), recently [announced](#) \$103 million in American Rescue Plan (ARP) funding to improve the retention and address the needs of health care workers to reduce burnout and promote mental health. As described in a press release from HHS, the awards will fund evidence-informed programs, practices and training, with a specific focus on providers in underserved and rural communities. HRSA has granted 45 awards through the following programs: Promoting Resilience and Mental Health Among Health Professional Workforce, Health and Public Safety Workforce Resiliency Training Program, and the Health and Public Safety Workforce Resiliency Technical Assistance Center. For a list of award recipients, click [here](#).

HRSA announces \$13 million for Rural Communities Opioid Response Program

The Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), recently [announced](#) the availability of \$13 million in funding through the Rural Communities Opioid Response Program (RCORP). As described in the funding opportunity announcement (FOA), RCORP is aimed at reducing the morbidity and mortality of substance use disorders (SUD), including opioid use disorder (OUD) in high-risk rural communities. Eligible applicants include State governments, federally recognized tribes, tribal organizations, and community- and faith-based organizations among others. HRSA anticipates a total of 26 awards to grantees and applications are due April 19, 2022. Click [here](#) for additional information.

Research Roundup

JCOIN and NIDA publish study on association between buprenorphine and reduction in recidivism

A study conducted by the Justice Community Opioid Innovation Network (JCOIN), with funding from the National Institute on Drug Abuse (NIDA), [found](#) that individuals with opioid use disorder who were incarcerated and received buprenorphine were less likely to face rearrest and reconviction after release. The study was conducted in two rural Massachusetts jails and researchers found a 32% reduction in rates of probation violations, reincarcerations, or court charges when the facility offered buprenorphine compared to when it did not. Dr. Nora Volkow, Director of NIDA, noted that "Studies like this provide much-needed evidence and momentum for jails and prisons to better enable the treatment, education, and support systems that individuals with an opioid use disorder need to help them recover and prevent incarceration." The study was published in the *Drug and Alcohol Dependence Journal* and can be accessed [here](#).



A CONGRESSIOAL POLICY BRIEF
TOWARD RESILIENT COMMUNITIES
AND A REVITALIZED ECONOMY

Unlocking the "Prevention Services" in the Family First Prevention Services Act
December 2021

In recent years, there has been a deliberate shift to move our public systems that support child and family well-being upstream. These efforts reflect the growing consensus that true and lasting progress toward a nation where everyone can thrive requires us get to the root of the barriers that keep people and communities from achieving their potential. A foundational building block of this effort is the work happening to advance prevention strategies within child welfare agencies. By stopping child abuse and neglect before it happens, we can reduce adverse childhood experiences that too often have lifelong consequences on a child's future. Many prevention programs are still working their way further upstream—currently focusing on secondary or tertiary prevention strategies that mitigate the risk factors or impacts of maltreatment. True primary prevention, which proactively supports the formation and stability of healthy and thriving families, remains an area of much needed investment. Expanding a continuum of prevention services that can ultimately eliminate child abuse and neglect requires public agencies and community partners to work together, in partnership with families, to achieve a paradigm shift in child welfare. In this brief, we focus on the challenges and opportunities that the Family First Prevention Services Act (Family First) offers to accelerate the shift toward a prevention-oriented child well-being system.



act touches on a range of child welfare topics. Its most transformational element concerns funding for prevention services. Under Family First, states, territories, and tribes can spend Title IV-E dollars directly on the prevention of child abuse and neglect, with the goal of keeping families together and out of the child welfare system. The law is limited to four specific types of prevention activities: in-home parenting programs, mental health services, substance abuse prevention and treatment, and kinship navigator services.

With its focus on prevention, Family First represents an ambitious and welcomed effort to target federal funds toward services that address the causes—and not just the consequences—of child maltreatment. By providing trauma-informed supports that address many of the underlying needs facing families, Family First is an important step toward moving child welfare upstream. While services are limited

Family First Prevention Services Act—A Federal Framework to Advance Prevention in Child Welfare

In February 2018, Congress passed the Family First Prevention Services Act (Family First) as part of the Bipartisan Budget Act of 2018. While the

APHS publishes policy brief on Family First Prevention Services Act

The American Public Human Services Association (APHS) recently published a policy brief titled "[Unlocking the 'Prevention Services' in the Family First Prevention Services Act.](#)" The brief provides an overview of the Family First Prevention Services Act, passed by Congress in 2018, and discusses ongoing challenges related to implementation efforts. APHSA also provides detailed explanations of the components of Family First and includes recommendations related to the Title IV-E Prevention Services Clearinghouse, cross-systems alignment to ensure wrap-around supports for families, and administrative requirements for State agencies.

ARC seeking consultant for INSPIRE grant evaluation

The Appalachian Regional Commission (ARC) is accepting proposals from qualified consultants to conduct an evaluation of the INSPIRE initiative, a grant program aimed at helping communities and States address the workforce impacts of the substance use disorder crisis. The contractor will assess the accessibility of the grant application process and implementation and early impacts of the grants, resulting in a set of recommendations to enhance ARC's ability to document the effectiveness of the program and improve its implementation in future cohorts. The evaluation will focus on the first two cohorts of INSPIRE grantees. Evaluation activities will include quantitative analysis of grant portfolio data as well as qualitative data collection and analysis, particularly input from INSPIRE grantees. The evaluation will result in a set of actionable recommendations to enhance ARC's ability to document the effectiveness of the INSPIRE initiative and improve its implementation. The application deadline is February 17, 2022, and more information can be found [here](#).

