Meet the Member

Lisa A. Burgess, M.D., SSA for Maryland, Acting Deputy Secretary of Behavioral Health, Maryland Department of Health Behavioral Health Administration

Dr. Lisa A. Burgess is serving as the Acting Deputy Secretary of the Maryland Department of Health’s (MDH) Behavioral Health Administration (BHA). She is responsible for Maryland’s Public Behavioral Health System, serving over 300,000 individuals with direct oversight of a BHA administrative and service budget of $400 million, in addition to clinical oversight of a $1.6 billion Medicaid budget. Dr. Burgess also serves as the Chief Medical Officer and Director of Quality Integrated Care Management for Maryland Health Care Financing and Medicaid within MDH. Dr. Burgess completed her medical education and a postgraduate research fellowship with the University of Kentucky. She also completed a general psychiatry residency through Virginia Commonwealth University and a child and adolescent psychiatry fellowship with the Johns Hopkins Hospital. She is board-certified in general psychiatry and child and adolescent psychiatry, as well as health care quality and management (subspecialties: physician advisor and managed care) by the American Board of Quality Assurance and Utilization Review Physicians. Dr. Burgess has served the state of Maryland since 2012, first working in the Medicaid Pharmacy Program until 2016 before moving to her role as the Chief Medical Officer. Dr. Burgess advocates consistently for the collaboration and coordination of MDH with its partners and stakeholders to support the MDH vision: lifelong health and wellness for all Marylanders.
Awards Event: Invitation to Celebrate Leaders in the Substance Use Disorder Field

Please join us from 4:30 p.m. to 5:30 p.m. EST on Wednesday, September 21st, as we convene the 2022 NASADAD Virtual Awards Program that will feature the winner of the 2022 Ramstad-Kennedy Award for leadership related to recovery. This awards event was moved in 2020 to take place in September to coincide with Recovery Month.

We are pleased to announce that the Honorable Patrick J. Kennedy, former Congressman from Rhode Island, and the founder of The Kennedy Forum, will join us to announce the 2022 winner of the Ramstad-Kennedy Award. In addition, Sis Wenger, National Association for Children of Addiction (NACoA), and Marie Dyak, Entertainment Industries Council (EIC), will join the event to represent the Recovery Month Planning Partners. Sis and Marie serve as Co-Chairs of the Recovery Month Subcommittee on Sustainability.

Other awards will include the State service award; service to NASADAD award; Anderson/Harwood Award; Friend of NASADAD Award; and the President’s Award.

Please see details below that will allow you to celebrate leaders in the alcohol and other drug field. Thank you for all you do especially in these times of unprecedented challenges.

Zoom information
https://us06web.zoom.us/j/85149958933
Meeting ID: 851 4995 8933
Passcode: 1234
One tap mobile
+13126266799,,85149958933# US (Chicago)
+16465588656,,85149958933# US (New York)


NASADAD has developed an interactive map showing the impact of State Targeted Response (STR) & State Opioid Response (SOR) grants.

The Substance Abuse and Mental Health Services Administration (SAMHSA) previously funded the State Targeted Response to the Opioid Crisis (STR) grant and currently funds its successor, the State Opioid Response (SOR) grant, to address the opioid crisis. SOR funding can be used to support evidence-based prevention, treatment, and recovery support services for opioid and stimulant misuse and use disorders.

To understand how grant recipients have used these funds, NASADAD developed state and territorial-specific briefs that describe highlights of each state alcohol and drug agency’s use of STR/SOR funds across the continuum of care. Thematic briefs were also developed to analyze common strategies and services states have implemented for opioid and stimulant misuse and use disorders using STR/SOR funding.

On September 8, 2022, NASADAD hosted a virtual event including remarks from the Substance Abuse and Mental Health Services Administration (SAMHSA), Opioid Response Network (ORN), and Single State Agency (SSA) Directors, who presented on SOR-funded initiatives and shared their impact.

The interactive map and copies of these presentations can be found on our website here.

NASADAD is now on LinkedIn!
NASADAD is pleased to announce that we are now on LinkedIn! Follow us to keep up to date with the latest news, meetings, resources, and
Around the Agencies

**SAMHSA Awards Funding for Hawaii State Department of Health to Establish an Asian American, Native Hawaiian, and Pacific Islander Behavioral Health Center of Excellence**

The Department of Health and Human Services (HHS), through the Substance Abuse and Mental Health Services Administration (SAMHSA), awarded nearly $700,000 to the Hawaii State Department of Health to develop a Center of Excellence to advance health equity for Asian American, Native Hawaiian, and Pacific Islander (AANHPI) communities. The AANHPI Behavioral Health Center of Excellence’s priorities are to:

- “Promote culturally and linguistically appropriate behavioral health information and practices;
- establish a steering committee to identify emerging issues;
- and provide training, technical assistance, and consultation to practitioners, educators and community organizations.
  - Training topics include addressing mental health impacts caused by unconscious bias and hate against AANHPI communities.”

The Center of Excellence will also produce public infographics and other materials about health disaggregated by race and ethnicity, including best practices for engagement and retention of AANHPI mental health and substance use health professionals.

The Hawaii Center joins SAMHSA’s other Centers of Excellence, including the African American Behavioral Health Center of Excellence and the Center of Excellence on LGBTQ+ Behavioral Health Equity.

**HHS Releases Update: 988’s Early Results**

The Department of Health and Human Services (HHS) recently released early results of the July 16 transition to the 988 Suicide and Crisis Lifeline. The new data shows significant improvement across the board, including more contacts, faster response times, and higher answer rates in 988’s first month compared to just one year ago. Notable early results include:

- August 2022, the first full month of performance data, showed a 45% increase in overall call volume compared to August 2021
- More than 360,000 contacts (calls, texts, and chats) were received in August 2022, with 88% of them being answered
- The majority of contacts were calls, though more than 100,000 texted or chatted online, which had higher answer rates than calling in
- In August 2022, 152,000 more contacts were answered compared to August 2021
- The average speed to answer across all contacts decreased from 2.5 minutes in August 2021 to 42 seconds in August 2022
- Callers had an average wait time of about 30 seconds and an average time on the line of about 11 minutes
- Texters had an average wait time of about a minute and a half and an average contact times of almost 53 minutes

With the data’s announcement, HHS, through the Substance Abuse and Mental Health Services Administration (SAMHSA) also announced a $35 million grant opportunity to better support 988 services in tribal communities. Throughout September, HHS will further award $25.3 million in suicide prevention grants.
CMS Approves Nation’s First Medicaid Mobile Crisis Intervention Services Program, To Be Launched in Oregon

The Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), recently approved the Oregon Health Authority’s proposal to include community-based mobile crisis intervention services as covered under Medicaid. This first-ever Medicaid State plan amendment (SPA), made possible by President Biden’s American Rescue Plan (ARP), will allow Oregon to provide qualifying community-based mobile crisis intervention services to Medicaid beneficiaries and receive reimbursement for those services from CMS under section 9813 of the ARP. This new Medicaid option enables States to support community-based stabilization services for individuals who are experiencing mental health or substance use crises by connecting them to mental health and substance use health specialists 24 hours a day, every day. Covered mobile crisis intervention services include:

- “Screening and assessment;
- community-based stabilization and de-escalation; and
- coordination with and referrals to health, social and other services (e.g., life skills training, education about the effects of medication), as needed, by a trained behavioral health professional or paraprofessional.”

Oregon is the first state to receive approval for the new Medicaid option. The ARP also provided $15 million in planning grants to 20 other Medicaid agencies to help establish these programs.

State Spotlight

Arizona Department of Health Services 2020-2021 Opioid Overdoses Surveillance Report

The Arizona Department of Health Services (ADHS) recently published the 2020-2021 Opioid Overdoses Surveillance Report. The report provides data on the State’s opioid overdose crisis, including the most commonly identified substances in verified opioid overdoses, the continued rise in overdose deaths, and challenges of the shift from overprescribing to illicitly manufactured fentanyl pills. Key data points include:

- “During 2020 and 2021, rates for opioid overdoses were highest among people ages 25-34 and among men.
- Verified non-fatal opioid overdoses decreased to 3,557 in 2021 from 3,988 in 2020.
- The number of opioid deaths peaked in July 2020 and has leveled off in 2021.
- Heroin deaths decreased 68% from a high of 352 in 2018 to 111 in 2021.
- Rates of opioid deaths were highest in Pima, Maricopa, Yavapai, and Gila counties during 2020 and 2021.
- In 2021, there were more than 52,000 opioid-related hospitalizations and emergency department visits in Arizona costing a total of $2.2 billion.
- More than 9 Arizonans a day experience non-fatal opioid overdoses.
- There has been a 30% reduction in the number of opioid pills dispensed in Arizona since 2018.”

More data on opioid overdoses in Arizona can be found on ADHS’ opioid dashboard.

Research Roundup

Study Assessing Technology Readiness for HIV-Related Mental Health and Substance Use Services

A group of researchers from the University of Alabama published a study in the BioMed Research International Journal assessing technology readiness for HIV-related mental health and substance use services. The study found that while technology can improve access to care, there are challenges in integrating it into existing systems and ensuring privacy and confidentiality. The researchers recommend further research and policy development to support the integration of technology in HIV care.
Central Health Services Research journal assessing the technology readiness of Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program-funded clinics in Alabama- a mostly rural state prioritized by the Ending the HIV Epidemic in the U.S. (EHE) initiative. The study found that Ryan White HIV/AIDS Program-funded clinics across Alabama are willing and able to implement technology-enhanced, evidence-based mental health and substance use disorder (SUD) screening and telehealth services. The researchers reported many opportunities to expand technology use for mental health and SUD services in rural areas, including:

- Enhanced screening using telehealth and electronic patient-reported outcomes (ePROs)
  - Implementing routine SUD screening; Expanding telehealth while maintaining opportunities for in-person interaction
- Adopting HIV + Service delivery and Telemedicine through Effective PROs (+STEP), which includes ePROs
  - Using standardized ePROs completed by patients to minimize stigma
- Developing targeted mental health and SUD trainings for clinicians and staff
  - Increasing level of comfort with technology and telehealth interactions, including virtual health-related communications with providers.

**Study Finds Increased Use of Telehealth for OUD Services During COVID-19 Pandemic Associated with Reduced Risk of Overdose**

Researchers from the Centers for Disease Control and Prevention’s (CDC) National Center for Injury Prevention and Control (NCIPC), the National Institutes of Health’s (NIH) National Institute on Drug Abuse (NIDA), and the Centers for Medicare & Medicaid Services (CMS) published a study in the Journal of the American Medical Association Psychiatry on the relationship between the use of telehealth opioid use disorder (OUD) services during the pandemic and the risk of overdose in patients. The study found that the expansion of telehealth OUD services during COVID-19 was associated with patients staying in treatment longer and reducing their risk of medically treated overdose. Key findings include:

- “Data analyzed from two groups of Medicare beneficiaries, one group initiating an episode of OUD-related care before the COVID-19 pandemic and one initiating care during the COVID-19 pandemic, and found that those in the COVID-19 pandemic group were more likely to receive OUD-related telehealth services compared to the pre-pandemic group (19.6% compared to 0.6%) and were more likely to receive MOUD (12.6% compared to 10.8%).
- Among the COVID-19 pandemic group, receipt of OUD-related telehealth services was associated with significantly better MOUD treatment retention and lower risk of medically treated overdose compared to those not receiving OUD-related telehealth services, lending support for permanently implementing access to telehealth services.”

The study calls for providers to maintain access to telehealth services for patients with OUD as these services were associated with positive impacts on MOUD treatment receipt, retention, and risk for medically treated overdose.

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**In Other News**

**Georgetown’s Master of Science in Addiction Policy and Practice Program Holding Information Session on September 20th**

Georgetown University’s Master of Science in Addiction Policy and Practice Program is holding a virtual information session for prospective applicants on September 20, 2022, at 3:00 pm (ET). Program Director Regina LaBelle and Associate Director Adam Myers will host alongside recent graduates to share information on the curriculum, careers in addiction policy, and details on how to apply. The yearlong program is a comprehensive, interdisciplinary course focused on building a national addiction policy workforce to develop an evidence-based approach to substance use disorder (SUD) grounded in compassion.
Priority application deadline: **January 15** (fee waived). Final deadline: **April 1**