

October 19, 2023



D.C. Update: Bipartisan Naloxone Training Bill Introduced, DEA Extends Telemedicine Flexibilities for Prescribing Controlled Substances, SAMHSA Releasing New Integrated Data Analysis System, and More.

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Meet The Member

Beverly Johnson, National Prevention Network Coordinator

The Director of Child & Family Services at the Alabama Department of Mental Health (ADMH), Beverly Johnson manages all prevention services for the Division of Mental Health and Substance Use Services (DMHSUS) and serves as the State representative to the National Prevention Network (NPN).



In her role, Ms. Johnson manages the prevention component of the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant and serves as the liaison for the State's 67 counties, community mental health boards, non-profit organizations, community coalitions, schools, and free-standing entities. Further, Ms. Johnson coordinates multi-various prevention duties, including representing ADMH on the Alabama Child Abuse and Neglect Prevention Board, the Alabama Child Death Review System, the Alabama Opioid Overdose and Addiction Council serving as the Chair of the Community Engagement and Outreach Committee, and Alabama's Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and Their Families.

In addition, Ms. Johnson has incorporated health disparities in statewide learning forums at the two largest universities in the state and established a specific Historically Black Colleges and Universities (HBCU) initiative to enhance education, awareness, outreach, and core competencies toward achieving health equity. Ms. Johnson was most recently recognized as the 2023 Ketty Award recipient.

Bipartisan Naloxone Training Bill Introduced in Senate

On September 28, Senators Baldwin (D-WI), Capito (R-WV), and Hassan (D-NH) introduced bipartisan legislation to reauthorize the first responder training program in the Substance Abuse and Mental Health Services Administration (SAMHSA). The [Safe Response Act \(S. 2933\)](#) would reauthorize the grant program for \$57 million per year for fiscal years 2024 through 2028 for grants to States, local government entities, and Tribes, which can be used for:

- “Ensure that first responders and members of key community sectors such as SUD treatment providers and emergency medical service agencies, have the knowledge and training to utilize overdose reversal devices or administer overdose reversal medications, such as naloxone;
- Provide technical assistance and training about how first responders and other members of key community sectors can better protect themselves in the event of exposure to such drugs;
- Establish processes, protocols, and mechanisms for referral to appropriate treatment, which may include an outreach coordinator or team to connect individuals receiving opioid overdose reversal drugs to follow-up services;
- Educate first responders and members of key community sectors about the need to follow standard safe operating procedures in instances of exposure to fentanyl, carfentanil, and other dangerous licit and illicit drugs.”

Senator Hassan’s press release announcing the bill can be found [here](#).

A one-pager on the proposed legislation can be downloaded [here](#).

Rep. Chavez-DeRemer and Rep. Dean Join the Bipartisan Addiction, Treatment, and Recovery Caucus as Vice Co-Chairs

Representative Lori Chavez-DeRemer (R-OR-05) and Representative Madeleine Dean (D-PA-04) recently joined the Addiction, Treatment, and Recovery Caucus as vice co-chairs. The Addiction, Treatment, and Recovery Caucus is a bipartisan caucus comprised of more than 50 members of Congress that is currently led by Representatives Paul Tonko (D-NY-20) and Dave Joyce (R-OH-14). The Caucus aims to promote bipartisan solutions “...dedicated to education and raising awareness among lawmakers about addiction - including through a strong focus on expanding access to prevention, treatment, and recovery services.”

Representative Chavez-DeRemer’s press release announcing joining the Caucus can be found [here](#).

Around the Agencies

DEA Extends Telemedicine Flexibilities for Prescribing Controlled Substances



[Telehealth.HHS.gov](https://www.hhs.gov/telehealth)

On October 10, the Drug Enforcement Administration (DEA), jointly with the Department of Health and Human Services (HHS), [announced](#) an extension of telemedicine flexibilities for prescribing controlled substances. Initially put in place during the COVID-19 public health emergency, authorized providers can prescribe controlled substances to new and existing patients based on a telehealth evaluation through December 31, 2024. Specifically, these telemedicine flexibilities for the prescription of controlled substances include:

- “A practitioner can prescribe a controlled substance to a patient using telemedicine, even if the patient isn’t at a hospital or clinic registered with the DEA
- Qualifying practitioners can prescribe buprenorphine to new and existing patients

with opioid use disorder based on a telephone evaluation”

Details can be found in the [Second Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications](#) from the Federal Register.

Biden-Harris Administration Awards \$200 Million to Support 988 Suicide & Crisis Lifeline Services

The Department of Health and Human Services (HHS), through the Substance Abuse and Mental Health Services Administration (SAMHSA), [awarded \\$200.7 million](#) in new grants to help States, Territories, and Tribal organizations build their local capacity for the [988 Suicide & Crisis Lifeline](#) and related crisis services. This new funding was broken down among three grants:

- [“\\$177.4 million for Cooperative Agreements for State and Territories to Build Local 988 Capacity](#) to improve local response; enhance recruiting, hiring, and training of 988 crisis counselors; implement additional technology and security measures to support infrastructure and effectively coordinate across the crisis continuum; improve support and service for high-risk and underserved populations, including quality assurance and review of critical incidents; and develop and implement comprehensive communication plans;
- [\\$18.3 million for 988 Lifeline Tribal Response Cooperative Agreements](#) to improve response to 988 contacts made by American Indians/Alaska Natives, ensure access to culturally competent 988 crisis center support and to improve integration and support of 988 crisis centers, Tribal nations, and Tribal organizations. The cooperative agreements are also to ensure follow-up care, and facilitate collaboration with Tribal, state and territory health providers, Urban Indian Organizations, law enforcement, and other first responders in a manner that respects Tribal sovereignty; and
- [\\$5 million for 988 Lifeline Crisis Center Follow-Up](#) to allow crisis centers to follow-up with individuals who reach out to the 988 Lifeline and enhanced coordination of crisis stabilization, including with 911 and emergency service providers for reduction of unnecessary police engagement and improved connections for high-risk populations.”

More information on these awards can be found in SAMHSA’s press release, [here](#).

SAMHSA Releasing New Integrated Data Analysis System On October 25th



The Substance Abuse and Mental Health Services Administration (SAMHSA) announced it will release a new integrated Data Analysis System for the [Substance Abuse and Mental Health Data Archive \(SAMHDA\)](#) on October 25. This new consolidated and modernized Data Analysis System will replace the [Public-Use Data Analysis System \(PDAS\)](#) and the [Restricted-Use Data Analysis System \(RDAS\)](#), which are currently used to analyze mental health and substance use disorder (SUD) data in the national SAMHDA. This new system will enable users to access the same SAMHDA data in a more user-friendly manner.

SAMHSA will post step-by-step guides and frequently asked questions (FAQ) to navigate the system once it is live. An alert will also be posted on the PDAS and RDAS pages.

DEA National Rx Take Back Day: October 28th

The Drug Enforcement Administration (DEA) announced it will host the next bi-annual [Rx Take Back Day](#) on Saturday, October 28, 2023. National Prescription Take Back Day aims to address opioid overdose deaths and prevent the development of opioid use disorder (OUD) by setting up disposal sites across the country for unneeded prescription drugs. Since its creation in 2010, the DEA has collected 17,300,454 pounds of unused pills as part of National Rx Take Back Day.

To find a collection site near you, use the [DEA’s Collection Site Locator](#).

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center of Excellence for Protected Health Information (CoE-PHI) released a new resource on [Information Blocking Rule Requirements for Part 2 Data in Patient Portals](#). The resource describes the 21st Century Cures Act Information Blocking Rule and its implications regarding patient privacy laws and regulations, such as 42 CFR Part 2. The key takeaway is that the Rule "...does not preempt stricter privacy laws and regulations such as 42 CFR Part 2, and healthcare providers are still obligated to protect information covered by such provisions." Other main points include:

- "Information blocking includes practices that would "interfere with, prevent, or materially discourage the access, exchange, or use of electronic health information."
- Following a legal requirement to obtain patient consent for a disclosure meets the "privacy exception" in the Information Blocking Rule and is not considered information blocking.
- If a portal cannot segment Part 2-protected records or prevent a patient's proxy from unconsented access to such records, the healthcare provider should not share Part 2-protected records on the portal."

The resource can be downloaded [here](#).

Research Round-Up

NIDA-Funded Study Finds Telehealth Supports Retention in Treatment for Opioid Use Disorder



A National Institute on Drug Abuse (NIDA)-funded [study](#), as part of the [National Institutes of Health's \(NIH\) Helping to End Addiction Long-term \(HEAL\)](#)ing Communities Study, published in JAMA Network Open found that the use of telehealth for opioid use disorder (OUD) treatment is positively associated with retention. According to Medicaid data from 2019-2020 for enrollees from Kentucky and Ohio, "... starting buprenorphine treatment for opioid use disorder through telehealth was associated with an increased likelihood of staying in treatment longer compared to starting treatment in a non-telehealth setting..." Key findings include:

- 48% of Medicaid enrollees in Kentucky who started buprenorphine treatment through telehealth remained in treatment for 90 continuous days compared to 44% who started in non-telehealth settings.
- 32% of Medicaid enrollees in Ohio who started buprenorphine treatment through telehealth remained in treatment for 90 continuous days compared to 28% who started in non-telehealth settings.
- Following the introduction of telehealth prescribing flexibilities in 2020, 92,000 people in Kentucky and Ohio had a buprenorphine prescription in at least one quarter of 2020, and nearly 43,000 of them started treatment in 2020.

The authors suggest that these findings provide evidence supporting the expanded use of telehealth and the extension of prescribing flexibilities for OUD treatment.

Webinars to Watch

NIAAA Webinar: Listening Session #2: Families Affected by Prenatal Alcohol Exposure

The [National Institute on Alcohol Abuse and Alcoholism \(NIAAA\) Interagency Working Group \(IWG\) on Drinking and Drug Use in Women and Girls](#) is hosting a webinar on [Listening Session #2: Families Affected by Prenatal Alcohol Exposure](#). This no-cost

webinar is on October 20, at 11:00 am ET. This listening session is the second in the IWG's series focused on the risks associated with prenatal alcohol exposure, treatment services available to families, and opportunities to promote prevention of prenatal alcohol exposure. Registration is required.

NCSACW Webinar: How to Use Data for Change: Improving Outcomes for Families Affected by Substance Use



National Center on
Substance Abuse
and Child Welfare

The National Center on Substance Abuse and Child Welfare (NCSACW) is hosting a webinar on [How to Use Data for Change: Improving Outcomes for Families Affected by Substance Use](#). This no-cost webinar is on October 26, at 2:00 pm ET. The webinar provides a step-by-step approach to data-driven decision-making to support families affected by substance use, including which child welfare and substance use services data can help measure outcomes and considerations for cross-sector partnerships. Specifically, the webinar covers:

- “Shared outcomes across service systems are necessary to improve the well-being of families affected by substance use.
- Using data to drive decision-making results in improved outcomes for children and parents affected by substance use.
- Publicly available data sets can serve as starting points for a cross-system data approach among child welfare, dependency courts, substance use services, and other family-serving agencies.”

Registration is required.

We're Hiring!

NASADAD Hiring for Alcohol and Other Drug Research Analyst

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) is hiring for an Alcohol and Other Drug (AOD) Research Analyst II- Women's and Youth Services. See the job listing and link to apply below:

Alcohol and Other Drug (AOD) Research Analyst II- Women's and Youth Services

NASADAD seeks an experienced, team-oriented person with a demonstrated understanding of substance use issues related to women and youth, excellent writing and research abilities, data analysis experience, and strong communication skills.

More information on the position, including qualifications, benefits, and how to apply can be found [here](#).

If you have any questions, please contact Tracy Flinn, Ed.D., Associate Director of Planning and Program Management, at: tflinn@nasadad.org.

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