

ALCOHOLISM & DRUG ABUSE WEEKLY

News for policy and program decision-makers

Volume 37 Number 27

July 14, 2025

Online ISSN 1556-7591

IN THIS ISSUE...

Our lead stories this week look at the expected effects of H.R. 1, the reconciliation bill passed by Congress early this month, and onsite coverage of an integrated OTP's opening in Rhode Island.

... See stories, this page

Study finds friend networks help college students reduce drinking

... See page 4

FROM THE FIELD...

We must invest in recovery!

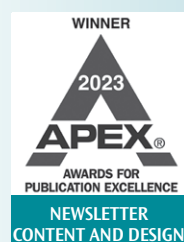
... See page 5

School Medicaid helps children whose parents have OUD: Study

... See page 6

Elevated liver levels found in healthy adults who use CBD

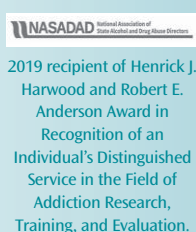
... See page 6



Honorable Mention
Spot News 2016



© 2024 Wiley Periodicals LLC
View this newsletter online at wileyonlinelibrary.com



2016 Michael Q. Ford
Journalism Award



Early response to H.R. 1: SUD field united in ways to continue services

It all happened just before the 4th of July, as Congress passed by the narrowest of margins the Trump tax bill which slashes Medicaid, among other things.

Hoping for change, the American Psychiatric Association (APA) issued this warning: "This is a huge blow for access to health care in America," said APA President Theresa Miskimen Rivera, M.D. "In very real terms, this legislation will result in irreparable gaps in access to care for our country's most vulnerable, many of whom have mental health and substance use disorders, and they will suffer as a result." APA CEO and medical director Marketa M. Wills, M.D., said "The country is already facing a mental health and substance use disorder crisis. We

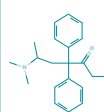
Bottom Line...

Despite warnings from the health care field, Congress narrowly passed H.R. 1, which slashes Medicaid funding; the SUD treatment field reacts with concern for patients.

cannot afford to have patients lose access to vital Medicaid services." Wills added: "Despite this major setback, APA will continue to work for progress on behalf of psychiatrists and the patients they serve."

The reason for the cuts was the permanent preservation of the tax cuts for the very rich and corporations, which President Trump ordered during his first term but were due to expire.

See **FUNDING** page 2



OPIOID TREATMENT PROGRAMS

CODAC attracts numerous partners to one-stop health service site

A simple but empowering four-word question to patients will guide the services to be delivered at CODAC Inc.'s new integrated health center in Rhode Island: "What do you need?"

When the 6-week-old center in Providence receives its full complement of on-site support staff in the coming months, opioid treatment

program (OTP) patients will have access to a menu of services ranging from medical care and job training to food aid and tai chi classes. ADAAW visited the state-of-the-art site (see "CODAC opens integrated health center, including OTP," ADAAW, May 26, 2025; <https://doi.org/10.1002/adaw.34531>) in late June, where staff members' excitement over a realized vision was mixed with grave concern for the future of the many Medicaid beneficiaries who will be receiving services there.

As much as CODAC's leadership knows that a one-stop shop

See **CODAC** page 7

Bottom Line...

In perilous times for publicly funded programming, CODAC Inc.'s new integrated health center could serve as a national model for efficient, patient-centered service.

FUNDING from page 1

The National Association of Addiction Treatment Providers (NAATP) also fought to preserve what it could before Congress passed the bill and sent it to President Trump for his signature. "The U.S. Senate just passed by the narrowest margin possible, the reconciliation bill," according to a statement. "NAATP, along with the entire healthcare field, has major concerns regarding the cuts to Medicaid. It is estimated by the non-partisan Congressional budget office that up to 12 million individuals will lose coverage if this bill finds its way to the President's desk."

It did.

Bad news

Last week, in the wake of the signing of the bill, field experts told *ADAW* what comes next. After the months and months of concerns, it was too soon to get a clear idea of how the states or substance use disorder (SUD) providers will handle the future.

Clearly, however, the states which utilized Medicaid expansion – which allowed single adults without children to access Medicaid -- will be the most hurt.

"It might be a little early to tell exactly what the impact on SUD services will be, but I cannot imagine our providers will not feel a pinch," said Andrew Kessler, principal with

Slingshot Solutions. "States are going to be facing Medicaid funding shortfalls, and services will be impacted across the board. Expansion states will be hit the hardest, and I'm particularly concerned for states such as Kentucky and North Carolina, which have been able to increase SUD services exponentially in recent years. There should also be concern around 1115 waivers, which are responsible for Medicaid coverage of recovery services in many states."

The National Council for Mental Wellbeing did not hesitate to criticize the legislation. On July 3, the organization released this statement: "The One Big Beautiful Bill Act, which the House of Representatives approved July 3 and delivered to the president for his signature, will fundamentally change health care for the worse. The changes will affect every American, disproportionately harming those most in need. More than 11.8 million Americans will become uninsured by 2034. The new law will reduce

federal spending on Medicaid by more than \$1 trillion over a decade, increase medical costs for individuals and put up even more barriers to care by creating a jungle of red tape that will likely result in them losing coverage for the mental health and substance use care they need. The National Council for Mental Wellbeing and our members will work with the administration, members of Congress and state lawmakers to ensure people are able to overcome those barriers because everyone deserves the opportunity to be healthy."

Stephen Taylor, M.D., president of the American Society of Addiction Medicine (ASAM), issued this statement on July 3: "ASAM is deeply disappointed by provisions in Congress' reconciliation bill that will weaken access to the Affordable Care Act's marketplace and Medicaid coverage – which connect millions of hard-working Americans with substance use disorders (SUD), their families, and their communities to vital medical care. Though we appreciate that

"ASAM is deeply disappointed by provisions in Congress' reconciliation bill that will weaken access to the Affordable Care Act's marketplace and Medicaid coverage..."

Stephen Taylor, M.D.

ALCOHOLISM DRUG ABUSE WEEKLY

News for policy and program decision-makers

Editor Alison Knopf

Contributing Editor Gary Enos

Production Editor Nicole Estep

Publishing Editor Valerie Canady

Publishing Director Lisa Dionne Lento

Alcoholism & Drug Abuse Weekly (Online ISSN 1556-7591) is an independent newsletter meeting the information needs of all alcoholism and drug abuse professionals, providing timely reports on national trends and developments in funding, policy, prevention, treatment and research in alcohol and drug abuse, and also covering issues on certification, reimbursement and other news of importance to public, private nonprofit and for-profit

treatment agencies. Published every week except for the first Monday in April, the second Monday in July, the first Monday in September, and the first and last Mondays in December. The yearly subscription rates for **Alcoholism & Drug Abuse Weekly** are: Online only: \$672 (personal, U.S./Can./Mex.), £348 (personal, U.K.), €438 (personal, Europe), \$672 (personal, rest of world), \$8717 (institutional, U.S./Can./Mex.), £4451 (institutional, U.K.), €5627 (institutional, Europe), \$8717 (institutional, rest of world). **Alcoholism & Drug Abuse Weekly** accepts no advertising and is supported solely by its readers. For address changes or new subscriptions, contact Customer Service at +1 877 762 2974; email: cs-journals@wiley.com. © 2024 Wiley Periodicals LLC. All rights reserved. Reproduction in any form without the consent of the publisher is strictly forbidden.

Alcoholism & Drug Abuse Weekly is indexed in: Academic Search (EBSCO), Academic Search Elite (EBSCO), Academic Search Premier (EBSCO), Current Abstracts (EBSCO), EBSCO Masterfile Elite (EBSCO), EBSCO MasterFILE Select (EBSCO), Expanded Academic ASAP (Thomson Gale), Health Source Nursing/Academic, InfoTrac, Proquest 5000 (ProQuest), Proquest Discovery (ProQuest), Proquest Health & Medical, Complete (ProQuest), Proquest Platinum (ProQuest), Proquest Research Library (ProQuest), Student Resource Center College, Student Resource Center Gold and Student Resource Center Silver.

Business/Editorial Offices: Wiley Periodicals LLC, 111 River Street, Hoboken, NJ 07030-5774; Alison Knopf, email: adawnewsletter@gmail.com; +1 914 715 1724.

To renew your subscription, contact Customer Service at +1 877 762 2974; email: cs-journals@wiley.com.

WILEY

people with SUD are exempt from onerous work requirements and SUD services are exempt from cost-sharing mandates in Medicaid, such protections are meaningless if they are not implemented in an expansive and generous manner. The addiction medicine community is prepared to work with policymakers to ensure implementation of these exemptions facilitates access to care. Our country cannot afford to allow burdensome administrative requirements, or a lack of necessary medical coverage to block paths to remission and recovery for Americans with SUD."

NASADAD

There is also the loss of millions to states from the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) block grant.

"We have been briefing our members as it was moving through the legislative process," Rob Morrison, executive director and director of legislative services of the National Association of State Alcohol and Drug Agency Directors (NASADAD) told *ADAW* last week. "We have been briefing our members on the bill as it was moving through the legislative process. We will be providing an overview of the sections of the bill that pertain to health in general and substance use disorders in particular next week."

Each state will have a different response, based on how the people formerly covered by Medicaid will be getting treatment.

About 2/3 of patients who received treatment in the New York Office of Addiction Services and Supports (OASAS) system in 2023 used Medicaid to pay for services. So the reconciliation bill (H.R. 1) with its cuts to Medicaid will have serious effects.

"The federal reconciliation bill contains unprecedented cost-shifts that no one state can backfill, and will have a significant impact on some of the most vulnerable residents of the state," an OASAS

"The federal reconciliation bill contains unprecedented cost-shifts that no one state can backfill, and will have a significant impact on some of the most vulnerable residents of the state."

NY OASAS spokesman

spokesman told *ADAW* last week. "We are working with our state partners to assess how our services, providers, and the hundreds of thousands of New Yorkers we serve will be impacted by these cuts."

"We are obviously thinking about any loss of coverage which would then lead to reliance on SUPTRS Block Grant funded services," said Morrison. "This will take time to play out in each state as the impact of provider tax policy becomes more clear."

But states will have to work together. "My sense is that the community engagement requirements will be also be an initial focus of ours given the specific references to substance use disorders," said Morrison. "Different states will likely take different approaches and therefore I could see us working to share approaches across states."

Work requirements, hassle factor, provider tax

The tax limitations are one of the three most serious provisions in the legislation, said Richard Frank, Ph.D., Director of the Center on Health Policy and Senior Fellow of Economic Studies at Brookings. The other two are work requirements for Medicaid beneficiaries, and a series of what Frank calls "administrative hassle factors."

According to Frank, the hassle factors "are bad news for people with SUD who often are not adept at navigating complicated administrative systems." He added: "I expect a lot of deserving people with SUD will potentially lose coverage through the new processes."

"In addition, the provider tax provisions reduce revenues and thereby likely will lead to cuts (to be determined)."

Frank and colleagues wrote about the problems with work requirements for those with SUDs in an article in *Health Affairs* published in May (see *ADAW* <https://onlinelibrary.wiley.com/doi/10.1002/adaw.34523>). The article concludes that "a federal Medicaid work requirement would cause many people with a SUD to lose their health insurance and their access to SUD treatment." Serious impacts include to "those already in treatment who drop out because they lose Medicaid," the article noted. Dropout from treatment is associated with increased risk of overdose and increased use of emergency departments, the article noted. "In addition, whether or not someone with SUD is currently in treatment, loss of access to treatment would make it harder for them to find and retain work in the future, undercutting the stated policy aim of getting this population into the workforce."

On July 1, the APA issued this statement from Rivera: "This is a huge blow for access to health care in America. In very real terms, this legislation will result in irreparable gaps in access to care for our country's most vulnerable, many of whom have mental health and substance use disorders, and they will suffer as a result."

Nothing changed. Despite the field's proof that Medicaid cuts would hurt SUD treatment, Congress went ahead and approved them. Stay tuned for how states will respond. •

Study finds friend networks help college students reduce drinking

A study conducted by Texas A&M University School of Public Health researchers found that college students who seek help for excessive drinking are best helped by support networks. The study looked at a two-pronged approach combining a psychology and a social network analysis.

College students who want help overcoming high-risk drinking could benefit from a two-pronged approach that combines an individual-focused psychological theory with social network analysis.

The study, "Understanding College Students' Help-Seeking Intentions for Alcohol Use: A Theoretical and Network-Based Approach," was published May 12 online in the *Journal of Studies on Alcohol and Drugs*. Written by Texas A&M University School of Public Health assistant professor Benjamin Montemayor and former doctoral student Sara Flores.

The study looked at high-risk drinking, which is defined as drinking resulting in a blood alcohol concentration of 0.08% or higher, the legal threshold for intoxication in the United States. Between 30% and 40% of college students in the United States have engaged in this behavior,

"Students who believed that their closest connections strongly supported them in seeking help reported greater intentions to do so."

Sara Flores

and about 16% meet the criteria for alcohol use disorder (AUD).

"Still, less than 10% seek help, even when they know they have a problem and even though many colleges and universities have significantly expanded their mental health and substance use resources in recent years," Montemayor said. "We wanted to understand what psychological and social factors might help bridge this gap."

The research combines the Reasoned Action Approach with social network analysis to provide a more comprehensive understanding of help-seeking intentions.

"The Reasoned Action Approach examines how our beliefs about a behavior, what we think others would expect, and our perceived control over the situation influence our intentions to go through with a behavior," Flores said. "Integrating social network analysis lets us also explore how these students are influenced by the people closest to them regarding their intention to seek help."

Study details

Flores analyzed data collected from 1,447 full-time college students aged 18 to 24 who reported consuming alcohol within the past year. Participants completed surveys about their alcohol use, attitudes toward seeking help and perceptions of alcohol use disorder stigma. The students also identified up to five individuals to whom they felt closest, which Flores said provided insight into the social networks that may influence students' decisions to seek support.

The variables in the Reasoned Action Approach were important in shaping students' intentions to seek help for alcohol use, which accounting for nearly 40% of the variance in these intentions, according to the study. The addition of social network characteristics increased the variance by a statistically significant 2.8%.

"This combination revealed something important that neither framework alone would have captured," Flores said. "Students who believed that their closest connections strongly supported them in seeking help reported greater intentions to do so."

Campus health services should leverage both frameworks, she said. "Campus-based programs might consider not only addressing students' perceptions about help-seeking but also identify and engage supportive friends and family members who may positively reinforce help-seeking intentions." •

Drinking and the ABCDs

FIGURE 1 Alcohol Behaviors, by Type of Academic Grades Earned
- United States, Youth Risk Behavior Survey, 2019



SUMMARY



12% of US high school students with mostly A's had their first drink of alcohol (other than a few sips) before age 13 years, compared to **26%** of students with mostly D/F's.

27% of US high school students with mostly A's reported current alcohol use (at least one drink of alcohol on at least 1 day during the 30 days before the survey), compared to **40%** of students with D/F's.

13% of US high school students with mostly A's reported current binge drinking (had four or more drinks of alcohol in a row for females or five or more drinks of alcohol in a row for males, within a couple of hours, on at least 1 day during the 30 days before the survey), compared to **23%** of students with mostly D/F's.

Source: CDC

We must invest in recovery!

By Rob Kent, Esq.

In the face of an upcoming national requirement that individuals work to keep their Medicaid and SNAP coverage; it is important that we use this as an opportunity to invest in recovery. While individuals who are in a substance use treatment program are exempt from the work requirements; they will need to work when they complete their course of care. Thus, it is critical that we invest in recovery supports and services, such as peer certification, housing, recovery centers and job placement to enable our folks to meet that requirement.

States should consider creating a tax credit for businesses that hire folks in recovery. We created such a credit when I worked in New York and now is the time to ramp up the use of this tax benefit and to expand the concept across the country.

States should consider creating a certification for peers and then ensuring that their services are reimbursable by public and private insurance. This will create job opportunities.

States should invest in recovery community organizations (RCOs). My work in New York allowed me experience firsthand the importance of RCOs. I want to highlight two such organizations, Save the Michaels of the World and Second Chance Opportunities. Both have figured out how to employ folks in recovery, find them housing, offer them private insurance and to support their recovery. We need to support and learn from organizations like this so that we can expand the reach of their models.

States should also use opioid settlement funds to allow the addiction care system to train and hire folks as they leave treatment so that they can either receive private health insurance, if offered, or meet the new Medicaid and SNAP work requirements.

Watch the Opioid Settlement Funds

As states experience financial pressures on their Medicaid and healthcare systems from reduced federal funding, they may be more tempted to

“States should consider creating a tax credit for businesses that hire folks in recovery. We created such a credit when I worked in New York...”

Rob Kent, Esq.

steal and misuse opioid settlement funds to fill funding gaps. We need to be prepared to fight such efforts through advocacy and litigation.

States need to stop doing their own harm

Given the pressures that will come from the federal government, states should focus on responding to those stresses and not on inflicting their own pain on their state's addiction care system. Imposing rules such as restricting recipients access and limiting Medicaid transportation in the current climate is, at best, misguided and ill-timed.

Hold insurers accountable

We should not expect states to increase government funding for the addiction care system in the next few years. With that understanding, states need to ensure that money that is already in the system is given to those who earned it, the providers who provide the services. Currently, too much of this money is confiscated by insurers without any legal basis. States need to enforce their laws to prevent insurers from interfering with their members' efforts to seek treatment and to stop them from keeping money that is not theirs!

While much that will flow from the new federal legislation is not directly targeted towards the addiction care system, we need to be prepared to fight the pressures that will come from government trying to protect those most impacted as they usually ignore, or minimize, the effect of their efforts on the addiction care system.

Finally, remember your most effective advocacy tool is your vote! •

Rob Kent, Esq. is former general counsel for the White House Office of National Drug Control Policy, and former general counsel for the New York Office of Addiction Services and Supports. He is president of Kent Strategic Advisors (www.Kentstrategicadvisors.com).

School Medicaid helps children whose parents have OUD: Study

In “Early School Medicaid Expansions and Health Services for Children With Parental Opioid Use Disorder,” researchers Angelica Meinhofer Ph.D. and colleagues looked at the effect of Medicaid-funded health services for children whose parents had ever had opioid use disorder (OUD). They found that integrating health care into the schools may be a promising way to help children who need it.

For the study, published June 13 in *JAMA Health Forum*, researchers looked at a cohort of 1.7 million children. They found that early expansion by states of Medicaid expansion into schools was mainly driven by school claims for nursing services and for Early and Periodic Screening, Diagnostic and Treatment services.

Parental opioid use disorder represents a growing risk to children; yet these children are less likely than children of parents without the disorder to receive comprehensive

School Medicaid expansions increased the receipt of Medicaid-funded school-based health services by 8.9 percentage points.

health care. School-based health services can overcome some of these barriers, including parental burden, transportation, time, costs, and health care discontinuity.

In 2014, Medicaid revoked its longstanding free care rule, allowing school-based health services to be reimbursed by Medicaid. Some states expanded their school Medicaid programs as a result.

The researchers estimated that effects of this expansion on children who experienced parental OUD.

Methods

The researchers used nationwide Medicaid claims data, and included Medicaid-enrolled children aged 5-18 years who experienced parental OUD at any point.

The data encompassed the staggered implementation of school Medicaid expansions between 2014 and 2019.

The researchers compared children living in states implementing and not implementing school Medicaid expansions.

Results

The researchers looked at receipt of school-based health services, primary care, prevention, rehabilitative, dental, mental health services, emergency department visits, and inpatient hospital stays. The sample comprised 1,700,304 children. School Medicaid expansions increased the receipt of Medicaid-funded school-based health services by 8.9 percentage points. •

Elevated liver levels found in healthy adults who use CBD

Patients who use CBD (cannabidiol) should have their liver enzymes tested, suggested researchers who conducted a randomized clinical trial (RCT) of healthy adults. The study is published in *JAMA Internal Medicine* July 7 by researchers at the federal Food and Drug Administration (FDA).

The study, “Cannabidiol and Liver Enzyme Level Elevations in Healthy Adults A Randomized Clinical Trial” was conducted by Jeffrey Florian, PhD and colleagues.

The use of unregulated CBD products was the main focus of the study. Most research on CBD has studied patients taking prescription CBD, which is usually in relatively high doses. However, there has been limited safety data on lower doses.

The FDA studied the effects of four weeks of CBD use twice a day on the liver and endocrine

Out of the 201 healthy participants, 8 in the CBD group had elevated liver enzymes, compared to zero in the placebo group.

hormones. The dose studied is the dose within the range consumers use with unregulated CBD products.

The researchers used a randomized double-blinded placebo-controlled protocol, recruiting healthy adults from a clinical pharmacology unit in West Bend, Wisconsin. Healthy participants were randomized to 2.5 mg/kg/d twice daily, or placebo,

for 28 days with weekly laboratory assessments. The primary endpoint was the percentage of participants with an alanine aminotransferase or aspartate aminotransferase level elevation greater than 3 times the upper limit of normal during the study.

Results

Out of the 201 healthy participants, 8 in the CBD group had elevated liver enzymes, compared to zero in the placebo group. Seven participants in the CBD group had to withdraw due to potential liver injury detected near the end of the 28 day study.

In addition to elevated liver enzymes there was increased eosinophilia (elevated white blood cell count).

The FDA study followed evidence that 14% of children who take CBD for medical purposes had elevated liver enzymes. •

CODAC from page 1

for the services and supports that can strengthen recovery should be a major plus for its patient base, the newly signed 2025 federal budget reconciliation bill creates more immediate challenges over new bureaucratic hurdles in maintaining Medicaid coverage. More than 90% of CODAC's patient population is Medicaid-insured.

"I have clients who are terrified," said Ines Garcia, supervisor and lead peer recovery specialist at CODAC.

CODAC President and CEO Linda Hurley, who drove the establishment of the integrated center and cemented the relationships with the numerous health and government agencies that will have a presence there, realizes that all of CODAC's staff will have to help patients navigate the potential impacts of an external threat.

"We have to work with folks," Hurley said. "We have to talk to them about how we will address each possible outcome."

Dignity, privacy, comfort

A tour of the 20,628-square-foot site that CODAC refers to as a fully integrated community health center (with use of the tagline "a new chapter in individualized, whole-person



CODAC

health care") illustrates that the organization is leaving no detail unattended in an effort to maximize patient dignity. The center's OTP wing is equipped with six sound-proofed stations for medication dispensing; CODAC vows to have no patient experience a wait time longer than five minutes, Hurley said.

Patients also will be able to meet with a nurse immediately to assess medical needs. Primary care, dental care, services to treat infectious diseases and gender-affirming care all will be available, and a community

pharmacy will be located on site. Clients in need of food assistance will be able to receive a day's worth of food on site and will be connected to local food pantries in their home area, Hurley said. She also worked hard to make sure that a local bus route had a scheduled morning stop just feet from the center.

Several CODAC initiatives will be housed at its Royal Little site (referring to the Royal Little Drive address), with plans to relocate the organization's administrative functions there as well. The center houses CODAC's HOPE (Heroin-Opioid Prevention Effort) Initiative, a partnership between substance use clinicians and law enforcement officers to engage individuals at risk of overdose into treatment.

Peer recovery services also are available at the center, allowing OTP patients to see counselors at the same site where they receive methadone dosing. Garcia said her efforts focus on building trust and empowering clients — neither of which happen overnight.

"They come to us feeling hopeless, and I say, 'You're not hopeless. You're strong. You survived. Now you need the courage to use that strength,'" Garcia said.

[Continues on page 8](#)



CODAC

Continued from page 7

Partner organizations

The health and government agencies that have agreed to house some operations at the new center all say their presence there will give them credibility with a patient population that has felt marginalized by authority figures in the past.

“Leveraging the trust that CODAC has established will serve us well, as we strive to get patients back to health care,” said Tracy Vadeboncoeur, director of behavioral health at Neighborhood Health Plan of Rhode Island, which manages benefits for the vast majority of CODAC’s patient base. “If someone hasn’t had a primary care visit, this is an opportunity to leverage the trust they have with the providers there.”

Neighborhood Health Plan staff will be located at the center every weekday, with representation from sales, member services and care management teams. “To have care managers on site also can help [CODAC] staff, to let them know what resources are available,” said Rena Sheehan, Neighborhood Health Plan’s vice president of clinical strategy.

Leaders with the health plan, which as of September will bring management of all of its substance use and mental health benefits in-house, are enthusiastic about the potential to work with reentry services, as well as with the OB-GYN services that Hurley intends to locate at Royal Little.

Vadeboncoeur characterized the Providence site as “a welcoming space where there is no wrong door.”

Also within the next couple of months, the Rhode Island Department of Labor and Training will locate job coaching staff at the center. “Our administration and leadership has had a directive to bring our services into the community,” said Robert Kalaskowski, the state agency’s assistant director of workforce development.

Kalaskowski said clients at the center will have access to a suite of

Coming up...

The **National Prevention Network (NPN) Conference** will be held **August 11-13** in Washington, DC. For more information, go to <https://nnpconference.org/>

The **Cape Cod Symposium** on Addictive Disorders will be held **September 4-7**. For more information, go to <https://www.hmpglobevents.com/symposia-addictive-disorders>

The **2025 conference of the American Association for the Treatment of Opioid Dependence (AATOD)** will be held **October 4-8** in Philadelphia. For more information, go to <https://aatod2025.eventscribe.net/index.asp>

services that includes resume writing, mock interviews and career counseling. The department also conducts workshops for employers, and Kalaskowski said it is important to communicate to employers that hiring a person in recovery can often be the best decision a company can make.

“[Hurley] is a force; she reached out to my director,” he said. “The thought was this is exactly the kind of work we need to be doing. It’s what the customer deserves.”

Mapping the future

While CODAC continues to build the network of services and supports that will be available at the center, leaders know they will have to be a reassuring presence to Medicaid clients who are rightfully fearful about the state of their benefits.

Hurley has been looking for the most accurate statewide data on how many plan members will be affected by newly enacted work

requirements in the federal legislation. She and García described the conundrum that would face individuals unable to afford both private health insurance and safe housing. For women with children, Hurley said, the potential loss of child care is frightening.

At a time of uncertainty regarding government resources, the case for operating a seamlessly integrated health center could be even more compelling from a cost-effectiveness standpoint. Hurley expects to address many audiences about the concept in the coming months, eager to show that this could represent the next wave in service delivery nationally. •



Online?

Visit our website at

www.wileyonlinelibrary.com/journal/adaw

In case you haven’t heard...

Many people have asked why the opioid settlement money can’t be used to set up new opioid treatment programs (OTPs), which provide methadone to patients. One answer came up last week in Vermont, where the state wants to use the funding to set up three new OTPs. What happened? NIMBY. Everyone thinks OTPs are great,...someplace else. So siting, in this state of liberals, is still a problem. Rather than having patients in Windsor County have a program nearby, that county wants its residents who need treatment to drive the hour to the closest clinic. The clinic would be run by Acadia. For a news story on the issue, see <https://www.vermontpublic.org/local-news/2025-07-08/springfield-rejects-methadone-clinic-permit-state-looks-expand-services> •