STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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Written Testimony of
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Hearing on
The Front Lines of the Opioid Crisis: Perspectives from States, Communities, and Providers
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Chairman Alexander, Ranking Member Murray and Distinguished Committee Members, my name is Rebecca Boss. I am the Director of the Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH) and lead the development and oversight of the state's substance use disorder treatment, prevention and recovery service system.

It is a privilege to serve my home state of Rhode Island under the leadership of Governor Gina Raimondo and Secretary of Health and Human Services Eric Beane.

With more than 25 years' experience in both state government and the provider community in substance use disorders, and as a board member of the National Association of State Alcohol and Drug Abuse Directors, also known as NASADAD, I feel that I am uniquely positioned to testify on this crucial matter.

Thank you for the invitation to appear before you to allow me to give you Rhode Island's perspective on the Front Lines of the Opioid Crisis. First and foremost, I wish to thank Congress for the federal funding that is essential to state agencies like BHDDH that comes to us through agencies of the Department of Health & Human Services, specifically SAMHSA, CDC and HRSA.

Furthermore, we are very appreciative of the action Congress took last year passing the 21st Century Cures Act with $1 billion to help support prevention, treatment and recovery throughout the country. We are grateful for the funds which are enabling us to carry out our much-needed work with Congressional support. As a note, we are supportive of the revisions to the Cures Act sponsored by Senator Jeanne Shaheen, which allow funds to flow to the states with "a prevalence of opioid use disorders, and a mortality rate associated with opioid use disorders." This change will allow the hardest hit states to move quickly and with flexibility.

Addiction and overdose are claiming lives, destroying families, and undermining the quality of life across Rhode Island. For over a decade, opioid dependence and accidental drug overdose have been growing problems across the United States, and Rhode Island has been one of the hardest hit. Over the last 5 years our small state has lost more than 1,200 people to drug overdoses, coming from every community in the state. That is the equivalent of three Boeing 747's crashing with full passenger loads – lives needlessly lost.

Our work must be focused on saving lives. RI Governor Gina Raimondo recognized this and soon after her election in 2015, she knew the state needed a focused, statewide strategy to evaluate, prevent, and successfully intervene to reverse the overdose trends. She realized the scope of the problem had underlying issues, factors and consequence, we needed a new approach to combat this epidemic. Clearly, something different had to be created and implemented.

In order to develop a far-reaching approach, the Governor established the Governor's Overdose Prevention and Intervention Task Force naming the Directors of BHDDH and the Department of Health (DOH) as Co-Chairs. The Task Force included stakeholders and experts in fields ranging from public health and law enforcement to healthcare, community-based support services, insurance, academia, business, government and more. A Strategic Plan to Address Opioid Addiction and Overdose was created which recommended specific, evidence-based strategies in four areas: prevention, rescue, treatment and recovery. The plan was data-driven plan and with the help of Brown University, a website was created (www.preventoverdoseri.org) where all efforts are tracked in a public and transparent fashion.

The multi-disciplinary composition of the Task Force became its distinguishing factor. The Task Force soon became the center of all opioid overdose prevention and intervention activities in the state. The perspectives of various individual members brought cross-learning to the sectors around the table. Committees were formed in the four areas of Prevention, Rescue, Treatment and Recovery and everyone went to work implementing the strategic plan.

Within the four areas of the strategic plan, much was accomplished in 2016 and thus far in 2017. Individual communities; substance use treatment, prevention and recovery providers; and law enforcement officials created many new initiatives. Legislation was passed. Hospitals and emergency department discharge standards were implemented. All of this work originated from the Task Force.

Some the initiatives included:

PREVENTION

Safer Prescribing: To achieve safer opioid prescribing, it is important to weigh the benefits of medication access for patients living with acute and chronic pain with those of the risks of diversion, addiction, overdose, and premature death. Unsafe combinations of prescribed medications are linked to addiction and many overdoses are preventable.

The key strategy to reduce dangerous prescribing is to use the Prescription Drug Monitoring Program (PDMP) and system-level efforts to reduce co-prescription of benzodiazepines with opioids (for pain or opioid use disorder). Before DOH launched its Prescription Drug Monitoring Program Enrollment Enforcement Plan in 2016, more than 30 percent of Rhode Island prescribers had failed to enroll in the PDMP, and fewer than 40 percent were using it. As of July 2016, legislation had passed that all such practitioners shall be automatically registered with the Prescription Drug Monitoring Program maintained by the Department of Health. As of today, 100 percent of practitioners are enrolled. The state continues to monitor use of the PDMP by prescribers as well as sending prescriber profiles to practitioners, and providing academic detailing—or one-on-one office visits—to promote safer opioid prescribing behaviors.

Additionally, DOH Director, Dr. Alexander-Scott co-led a successful national petition drive calling on the FDA to require "black box" labels on opioids and benzodiazepines warning that concurrent use of these medications increases the risk of fatal opioid overdose.

Reducing the Supply of Prescribed Opiates (Rx): Rhode Island has developed regulations that limit most opioid dosing for acute pain management to a contained period of time (with exceptions for specifically-determined patients) and supports existing hospital policy to restrict opioid prescriptions from emergency rooms to three days or less.

The promotion of non-opioid therapies for chronic pain, such as chiropractic services, massage therapy, physical therapy, and acupuncture as important alternatives to opioid pain relief is another successful effort in Rhode Island. Access to comprehensive health care coverage, including Medicaid, is a crucial component of these non-opioid alternatives.

RESCUE

Naloxone as Standard of Care: Naloxone saves lives by reversing the severe respiratory depression caused by opioids. Its use by laypeople trained to identify and respond to overdose has been linked to reductions in overdose death rates. People who use opioids are at greatest risk of overdose, and are motivated to protect themselves and others around them to save a life with naloxone. Law enforcement being equipped with naloxone is critical in the fight against opioid overdoses. In fact, in Rhode Island two police departments (East Providence and North Providence) have offered to purchase naloxone for those departments who may not have the funds to purchase it themselves. Further, Rhode Island has promulgated regulations requiring all inpatient substance use disorder providers to offer naloxone to at-risk clients, Emergency Departments are dispensing naloxone to individuals who have overdosed, peers distribute on the street, and inmates with substance use disorders are given naloxone upon release. Fortunately, Medicaid and commercial insurances cover Naloxone through pharmacies in RI which allows BHDDH to use other federal funds for additional prevention and intervention activities. Furthermore, state law mandates insurance to cover at least one generic form of naloxone, including naloxone that may be used on a so-called "third party": a family member or friend whose overdose could be reversed by use of naloxone. Rhode Island has some of the highest naloxone distribution per capita in the country, and achieving this statistic is an evidence based approach: public health impact is

greatest when the number of naloxone kits distributed is greater than 20 times the number of annual overdose deaths, a target that Rhode Island nearly reached in 2016 (target: 6,720, dispensed 6,387 kits) and is on track to exceed in 2017.

TREATMENT

Medication Assisted Treatment: Evidence indicates that medication-assisted treatment (methadone, buprenorphine or depot naltrexone* injection) has profound, life-improving effects on people with an opioid use disorder. It reduces their risk of death, relapse, chance of going to prison, and greatly improves their quality of life. As a result, the cornerstone of the Strategic Plan is increasing access to MAT for individuals in need. The Strategic Plan called for the development of Centers of Excellence to meet that need. These COEs are described more fully in sections below.

Rhode Island supports a model of shared decision making between the individual and their provider. We support the use of FDA-approved medications for the treatment of opioid use disorder including methadone, buprenorphine products, and injectable naltrexone, always in the context of comprehensive clinical and recovery support services. These supports vary based on patient need, but include drug and alcohol counseling, screening and treatment of co-occurring mental and physical health issues, checking of the state prescription drug monitoring database, toxicology screening, individual and group therapies, peer support services, vocational and educational assistance.

As part of the strategic plan implementation, Rhode Island offers medication-assisted treatment through the combined prison and jail at the Department of Corrections. Governor Raimondo committed $2 million in the FY17 and FY18 for medication for addiction treatment (MAT) in the state prison system. All people entering the system are screened for opioid use disorder. Individuals who are awaiting trial are no longer withdrawn from MAT, and those who are opioid dependent and not in treatment are able to be inducted on whichever medication is most appropriate. Sentenced individuals with histories of opioid use disorder are at a significantly increased risk of overdose upon release, so these individuals are also being offered induction on MAT with linkage to care in the community.

With higher vulnerability for overdose, the population of our Department of Corrections needed a particular focus for intervention. Now, Rhode Island has a successful implementation of a comprehensive MAT program in the state correctional system, with over 300 inmates receiving medications for addiction treatment every month. The connection to care in the community, post release is 75%. Finally, preliminary findings suggest that there are substantial reductions in overdose mortality for people with recent incarceration. This was an expected outcome, given that dozens of studies indicate that MAT cuts risk of overdose mortality by 50% or more. Still, it is remarkable to achieve such enormous impact despite the extraordinarily high risk posed by fentanyl circulating in our communities.

Emergency Department Standards: Leadership from hospitals and emergency departments throughout Rhode Island joined Governor Raimondo's Overdose Prevention and Intervention Task Force. RI has released a first-in-the-nation set of statewide guidelines to save lives by ensuring consistent,

comprehensive care for opioid-use disorder in emergency and hospital settings. Released in March 2017, the standards established a common foundation for treating opioid-use disorder and overdose in Rhode Island hospitals and emergency departments. The standards establish a three-level system of categorization that defines each hospital and emergency department's current capacity to treat opioid-use disorder. All emergency departments and hospitals in Rhode Island will be required to meet the criteria for Level 3 facilities, or what we collectively feel are the essential components of providing humane and consistent care for people with opioid use disorder treated in Rhode Island. Currently, RI's hosptials are certified as:

Care New England	**Providence VA**
Level 1 and 2 – Certified	*In Process*
Level 3 – In Review	
Charter Care	**South County Hospital**
Level 1 – Certified	*Level 3 - Certified*
Landmark Hospital	**Westerly Hospital**
In process	*In Process*
Lifespan	
Level 1 – Certified	

RECOVERY

Recovery Coaches in Emergency Departments (AnchorED): In May of 2014, Rhode Island started a pilot program using recovery coaches to respond to overdose survivors while they were receiving treatment in hospital Emergency Departments. On-call coaches respond to overdose survivors and offer support, referrals, resources, family support and training on naloxone. This success of this pilot project supported its expansion to be offered statewide twenty-four hours per day, seven days per week. These coaches have had great success at engaging clients with an 85% follow up rate with treatment and/or recovery support services. This service has provided the state with a wealth of information on the experience of individuals with the healthcare system as well as the addiction treatment system. While engaging with recovery coaches at a crucial point in their addiction, many individuals make the decision that they are ready for treatment – seeing the hope of recovery through shared experience and recognizing their desperate state makes people ready for change.

Anchor MORE: The success of AnchorED spurned the development of AnchorMORE, recognizing that successful consumer engagement does not have to wait for an individual to show up at an ED with an overdose. The Anchor MORE is a community outreach program, placing recovery coaches on the streets to connect with and engage individuals. Anchor MORE currently dispatches these teams of recovery coaches to areas in which individuals are using substances in public places. Anchor MORE teams are also

proactively dispatched to certain areas in the state by looking at overdose data and emergency services pick-up data. Both programs connect individuals with recovery coaches - trained peers with lived experience of addiction. Recovery coaches stay actively engaged with individuals after an encounter and connect them to treatment and recovery support services.

Recovery Coaches in the Department of Corrections: The RI Department of Health has a contract with Anchor Recovery to provide peer recovery coaches to inmates prior to release from the Department Corrections, continuing this connection post release. The Anchor Recovery Center offers a "Welcome Home" group to those who participate in this program, maintaining crucial positive support at a critical time.

THE IMPACT OF FEDERAL PROGRAMS, POLICIES AND FUNDING

Revision of Data Waiver Requirements through CARA: Rhode Island is leading the way with the training of medical students, the first of its kind in the country. The 2018 Class of the Warren Alpert Medical School of Brown University, which will graduate next May, will be the first class to participate in a new program to complete the training necessary to qualify for a Drug Abuse Treatment Act of 2000 (DATA 2000) waiver prior to graduation. Once the new graduates receive their full medical license and DEA registration, they can apply for the DATA 2000 waiver and join fellow physicians in the treatment of opioid use disorders using evidence based medicine.

Rhode Island has more than 350 Data-waivered providers, allowing for the treatment of up to 24,735 patients. RI has 20 new data waivered prescribers that are mid-level practitioners. At least one of RI's Physician Assistant programs is offering clinical rotations through RI's Centers of Excellence for treatment of opioid use disorders.

Medication Assisted Treatment - Prescription Drug and Opioid Addiction (MAT-PDOA) Program:
This grant program has enabled RI to create and fund Centers of Excellence (COE) for Opioid Use Disorders. Centers of Excellence are the cornerstone of Governor Raimondo's Action Plan, which was created by the Governor's Overdose Prevention and Intervention Task Force.

COEs provide a means of rapid access to treatment for opioid use disorder, provide comprehensive services and work collaboratively with community providers of ongoing treatment for the opioid use disorder once stabilized in the Center of Excellence. This model also provides additional support to community providers—be they physicians or other allied providers, or community treatment programs that may not be equipped to assist a person who experiences relapse to opioid use by re-admitting the person to the Center for any additional stabilization needed. These Centers also serve to assist with the workforce development needs of our state in that these centers provide practical educational experiences in opioid use disorder treatment to community providers and trainees alike. Centers of Excellence are funded through private third party insurers as well as Medicaid. With Medicaid expansion, many more people are able to access Medication Assisted Treatment for opioid addiction. Currently, there are nine operating Centers of Excellence in Rhode Island. The newest COE to open is on the campus of Butler

Hospital in Providence and is open 24/7.

State Targeted Response (STR) Grant: The STR has been very impactful in Rhode Island. These funds allowed the State to supplement existing opioid program activities and supports a comprehensive response to the opioid epidemic through integrated planning and monitoring.

Specifically, this one grant:

- Provides five nurse care managers to five high-risk communities to increase the use of MAT in large primary care practices ($500,000)
- Provides psychiatry services to the Centers of Excellence and the Opioid Treatment Programs to address co-occurring disorders in an underserved population ($500,000)
- Implements the Recovery Housing Pilot with 40 level three beds for those at risk ($536,825)
- Provides OTPs with fentanyl testing kits for regular screenings to enhance targeted interventions ($60,000)
- Incentivizes practitioners to become DATA waivered ($75,000)
- Funds local community implementation of evidence based prevention strategies to five at-risk communities ($240,066)
- Provides naloxone kits to the Department of Corrections and to Rhode Island's Mobile Outreach and Education Program for distribution in targeted at-risk locations ($99,975)
- Provides added funding to the State's awareness campaign for opioid use disorders ($50,000)

National Institute on Drug Abuse: Grant awarded to Rhode Island Hospital, working in partnership with the state to develop pharmacy-based MAT provision for maintenance with buprenorphine and naltrexone. This will create and then research the effectiveness of pharmacy management of MAT for people with opioid use disorder, a first in the country that has the potential to expand access to MAT the way that pharmacies have helped to expand access to naloxone across the state.

Coordination Between Federal, State and Local Agencies: The Governor's Overdose Prevention and Intervention Task Force is truly the hub of all activity in the fight against the opioid epidemic. The Task Force includes stakeholders and experts in fields ranging from public health and law enforcement to healthcare, community-based support services, insurance, academia, business, government and more. Family members of those who lost loved ones are also part of the Task Force, and have added an invaluable perspective that we in government and the private sector sometimes miss.

The Task Force was created in August of 2015, a Strategic Plan was presented to the Governor in December 2015, an Action Plan was created and released in May 2016, and a Public Awareness campaign was unveiled in June 2016.

Today, Governor Raimondo continues to make turning the tide on the opioid crisis a top priority for her administration. Like so many Rhode Islanders, she has her own stories of personal connection and loss to the opioid epidemic, and she has encouraged agencies across our state government to be bold, creative, and determined in developing a response to opioid crisis. In July 2017, the Governor used her executive authority to direct state agencies, including the Department of Behavioral Healthcare,

Developmental Disabilities, and Hospitals, to undertake a series of actions on opioid policy that fit into our core areas of emphasis: prevention, rescue, treatment, and recovery.

On prevention, the Governor's executive order directed Rhode Island agencies to build from existing work that uses opioid prescriber data to target top prescribers of opioids in state and give those providers specific guidance on reducing unnecessary prescriptions, and we are developing creative, data-driven ways to "nudge" people who get opioid prescriptions to properly dispose of excess medication in order to reduce the risks that those prescriptions end up in the wrong hands. On rescue, the Executive Order also pushed agencies to place more naloxone in community settings so that anyone with the proper training can administer the naloxone and reverse the effects of an overdose. All hospitals in Rhode Island are on their way to having a "level of care" designation for opioid use disorder treatment, which guarantees a set standards for opioid use disorder care, regardless of where a patient is admitted in our state.

For treatment and recovery, the Executive Order also asked agencies to hire medical professionals in high-risk communities who will help people get access to long-term treatment and recovery options, including long-term medication assisted treatment, and we continue to remove barriers that stand in the way of linking every Rhode Islander with substance use disorder to a peer recovery coach who can help be an ally and mentor to people in recovery. The Governor's executive order also directed agencies to do more to support Rhode Island's Centers of Excellence on substance use disorder care and treatment, which are integrated facilities that help people get access to acute mental health care and help people develop plans for long-term recovery.
Other initiatives identified in the Executive Order include:

- Working with local law enforcement agencies to implement pre-arrest diversion programs;
- Planning a multi-media education campaign to help parents, youth, and families communicate about addiction and the dangers of opioid use;
- Launching a Family Task Force comprised of the family members of people who have died of an overdose, or who are living with opioid-use disorder;
- Piloting and analyzing programs that encourage disposal of excess opioids to reduce the risk of misuse or diversion;
- Proposing a comprehensive harm reduction strategy aimed at reducing negative consequences associated with intravenous drug use.

Use of Data to Inform Processes

MODE Team: Rhode Island has implemented a Multidisciplinary Review of Drug Overdose Death Evaluation (MODE) Team which combines strategies of "rapid response" with "community intervention." The Team is modeled after the multidisciplinary review processes for child deaths. The purpose of the MODE Team is to gain insight into emerging overdose trends, identify gaps in or opportunities for policy development and prevention programming and inform the distribution of mini-

grants to Rhode Island communities for prevention efforts. Data sources come from RIDOH (Medical Examiner reports, Prescription Drug Monitoring Program (PDMP)), BHDDH (substance abuse and mental health treatment episodes), Medicaid (healthcare utilization), and RIDOC (incarceration history and medical records from incarceration). The MODE Team meets quarterly to review these data. Twenty-five MODE Team recommendations have been developed, with nine community-based drug overdose prevention mini-grants distributed thus far.

Surveillance, Response, and Interventions (SRI): This workgroup made up of staff from DOH and BHDDH review overdose information on a weekly basis. When overdoses exceed a certain threshold, alerts are issued to the community, law enforcement, and health providers.

The Community OverDose Engagement (CODE) Program: CODE was developed in the Spring of 2017. The program calls for the RI Department of Behavioral Healthcare, Developmental Disabilities & Hospitals and the RI Department of Health to meet with communities identified via data tracking whose overdose activity repeatedly exceeds established thresholds.

Because each community faces unique challenges in tackling the opioid epidemic, they must tailor their responses accordingly. To be successful, a collaborative approach is necessary in which all stakeholders have a significant say in the strategy, significant responsibility for implementing its components, and significant accountability for monitoring and demonstrating its effectiveness. Policies, programs, and initiatives should not be developed and implemented on the basis of intuition, anecdote, emotion, or political expediency. Instead, they should be informed by data and evidence. They should be designed to ensure that we bring an end to this epidemic via a compassionate approach based in good science and health-based solutions, rather than a combative approach based in fear, stigma, shame, and despair.

The goal of CODE is for each community to implement a comprehensive approach that addresses the problem from all angles: prevention, overdose reduction, treatment and recovery support. Communities are encouraged to utilize data-informed and evidence-based practices when designing and implementing policies and programs.

Results:

This week, RI has released a press release announcing a 10% reduction in overdose rates in 2017. We are cautious to be overly optimistic in the face of a dynamic epidemic, but can't help but believe that we are perhaps seeing the results of the implementation of our strategic plan and complementary initiatives. The battle is far from over, and we know we need to press on in every aspect of our efforts, but a glimmer of hope is beginning to be revealed.

Additional ideas for our Federal Partners to consider:

There are numerous opportunities that would help the State's combat this epidemic and I humbly submit a few recommendations:

- An increase in funds is always a tremendous help. While we appreciate the new grants which have been issued, increasing the State's Substance Abuse Prevention and Treatment Block Grant issued through SAMHSA would be the most expeditious process for distributing funds for new initiatives. Block grants provide opportunity for states to tailor interventions to their particular needs. Discretionary grants require significant administrative time and burden to under-resources state agencies, and can delay their ability to quickly distribute new funds. Increasing the Block Grant would allow states to discuss project needs with their SAMHSA Project Officer and receive feedback/approval for those needs. Outcomes on all Block Grant dollars are reported to SAMHSA, therefore there will be complete transparency on how the funds are used.
- Eliminate the prohibition for the use of federal funds for treatment of incarcerated adults. RI's experience providing MAT to individuals awaiting trial and for adjudicated individuals prior to release demonstrates the effectiveness of a thoughtful approach which can reduce overdose in a vulnerable population, reduce relapse, encourage recovery and potentially impact recidivism. State general revenue dollars cannot be expected to sustain this effort alone. Engaging federal partners, especially Medicaid, is essential for continuity of care upon release.
- For RI, the continued availability of Medicaid Expansion to support treatment is essential to our success.
- Any federal initiatives include the involvement of the state agencies. Between the expertise and authority our staffs have within the substance use disorder system, our agencies can help to chart the right course.
- Treatment for substance use disorders leads to recovery. Access to the treatment has been advanced by Medicaid expansion. Continuing to support funding for Medicaid expansion to single adults with low incomes is essential to helping more people recover from substance use disorders.
- Many individuals living with substance use disorders do not have access to transportation. Permitting mobile methadone or buprenorphine provisions would eliminate that barrier and make treatment more accessible. In addition, expanding DATA waiver permissions to pharmacists and permitting the dispensing of methadone from pharmacies would greatly augment the country's treatment capacity in short order.
- Workforce development in the field of substance use disorders is crucial with a standardized certification program to license workers across all states. If this were coupled with a loan forgiveness program, the workforce could grow to the numbers needed.
- With elder opioid addiction on the rise, parity for Medicare clients would be welcomed by all.
- Repealing the Institution for Mental Disease (IMD) exclusion would allow for meaningful behavioral health care to those who present with a substance use disorder, truly allowing every door to be the right door.

Conclusion: I appreciate the opportunity to present testimony before the Committee. Rhode Island has lost too many lives to drug overdoses, coming from every community in the state. Our work is focused on saving lives. I encourage the Committee and Congress to work with the NGA, NASADAD and ASTHO as well as other partners to leverage the collective knowledge and expertise of State alcohol and drug agency directors and public health departments across the country to help end this epidemic.