Recovery Centers *of* America

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Testimony before the joint House Republican, House Democratic and Senate Democratic Committee on the Opioid Crisis

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Good afternoon, I'm Deni Carise. I'd like to thank the committee for convening these important meetings and for their dedication to addressing the opioid epidemic that is killing so many of our citizens.

I'm a clinical psychologist, Chief Clinical Officer for Recovery Centers of America, and adjunct Clinical Professor at the University of Pennsylvania. I've been in recovery from a substance use disorder for over 30 years and I've also worked in substance abuse treatment, research and policy for the past 30 years. I have helped develop or improve treatment systems in over 20 countries, was an NIH-funded researcher for 20 years and have spent the past 6 years helping 250+ treatment programs in the US get ready for healthcare reform and transition to delivering evidence-based practices. As Chief Clinical Officer for RCA, I lead the development and implementation of the procedures, systems, clinical care paths and practices shown to be effective in our programs.

Our CEO, Brian O'Neil has spoken about the difficulty getting services covered for those suffering from substance use disorders. There are over 14,000 treatment programs in the US and a significant number of them see less than 200 patients per year. Additionally, only a small fraction provides comprehensive evidenced-based, proven effective care, but I want to emphasize that even if every treatment provider in this country builds effective treatment systems, the overdose and related deaths from substance abuse and addiction will continue to soar, parents will continue to bury their children, the court system will continue to be overburdened and medical costs related to substance use and addiction will continue at a rate of 11 times that of non-substance users if treatment is not funded. We need treatment to be covered and we need to provide effective treatment.

A large part of my career, 18 years, was as an NIH (NIAAA and NIDA) and ONDCP grant-funded health services scientist. My research focused on developing best practices, evaluating the effectiveness of treatment and how to implement these practices in "real-world" treatment programs. This background enabled me to convene the top experts in our field for RCA's Scientific Advisory Board to help guide the development of a treatment system that pulls from the best science on what works in treatment. Last Friday, 13 of the top experts from UPENN, VCU, UCLA, RAND, Harvard, Columbia and others, along with Pennsylvania Physician General, Dr. Rachel Levin, gathered in Philadelphia for an all-day meeting to discuss the newest science in effective substance abuse treatment and to review and develop protocols for delivery of best practices and measuring outcomes (attendee list provided at end of document).

There are a number of things that science shows us are effective is combating this disorder –

1. Time in treatment matters and longer is better – all the evidence points to a minimum of 90 days in treatment and best results are obtained when the individual is in some form of treatment (even if only monthly check-ins or peer recovery support) and monitoring for 1-5 years.
2. Substance abuse treatment programs designed for physicians, pilots and other professionals have shown profoundly higher success rates compared to programs for the general public. Many believe this is solely because physicians and other professionals have a license to lose if they don't compete treatment and maintain recovery, however, this is not the sole reason for the success of these programs and there is much we can learn from this model when we design programs for others. Extended treatment across a continuum of care (detox, residential, outpatient, recovery monitoring), random drug testing, family involvement, attendance at support groups and clear ramifications of relapse (contracts with employer and with significant others) are what lead to the 70-90% success rate at 5 years.
3. Family and employer involvement in treatment greatly increase the liklihood that an individual will enter into lasting recovery.
4. We need to eliminate breakpoints to treatment entry and continuation:
    a. Getting patients into treatment immediately is vital – there is often a short window when someone is ready to enter treatment and if we don't get them help at that moment, they may never seek treatment again.
    b. Successfully transitioning people from residential to outpatient care must be prioritized. It will be one of our national performance measures but currently 50% of people do not show up for outpatient appointments, 50% of those don't come back a second time and the modal number of visits is 1.
5. Providing evidence-based treatment, delivered with fidelity, increases the likelihood that an individual will get into and maintain recovery. This includes various medications and psychosocial treatments delivered in individual and group modalities. Psychosocial treatments that are given the label of "evidence-based" go through the same type of review that the FDA applies to any other medical treatment. They have been shown to have positive outcomes ($p<.05$) and are superior to "treatment as usual" in at least 2

random controlled studies by researchers at 2 unaffiliated institutions. These studies have been published in peer reviewed journals and the results accepted by the scientific community. The developers have provided access to how the treatment is implemented and made all scientific materials available.

   a. Some practices listed as "evidence-based" in the National Registry of Evidence Based Practices (NREPP) include cognitive behavioral therapies (Yale model and others), motivational interviewing (Mint model), relapse prevention (Matrix Model), supportive-expressive therapy (UPENN model), social skills training (TCU model), etc.
   b. Medications found to be effective in treating substance use disorders include naltrexone and disufiram for alcohol, naltrexone, methadone and buprenorphine for opioids.
   c. Full information available here: http://www.nrepp.samhsa.gov

6. Numerous options for types of treatment (outpatient, intensive outpatient, detoxification, residential, medication assisted, harm reduction, sober living) must be available and accessible (nearby, in the neighborhood). The "fly-away" model so prevalent in our country is often ineffective.
7. Outcomes – As a field, we must measure and show our effectiveness and our outcomes. There is no universally agreed upon set of variables to measure and no agreed upon "gold standard" to aim for. Consequently, there is also no accountability and little capability to show our value. The field must agree upon a set of measurable, quantifiable and reportable outcomes and we must all report this data in a valid way. The development of this system was one of the primary topics of the recent Advisory Board Meeting.

The reason why I left my job in 2014 as Chief Clinical Officer at a company where I was running 120+ treatment programs to join Brian O'Neil, a real estate developer with a tremendous vision and 8 empty buildings is because of the profound opportunity to take the best science has to offer and develop, from scratch, a best in class treatment system that could be a model for the rest of the country. I had helped other countries do this (Egypt, Thailand, Singapore, Nigeria, and others), but never thought I would get this opportunity in my own country. The above list lays out what works, the essential components of successful treatment that will enable individuals struggling with this disorder to reclaim their lives and go on to help others.

But this has to be done in partnership – the scientific community, treatment providers, insurers, state and federal entities, law enforcement, and those who struggle with this disorder, their parents, family and employers must all partner to provide the most effective care and management strategies to combat this illness that never has to be fatal but is currently the leading cause of accidental death in the US.

One of the most disturbing facts in our field is the number of people who meet diagnostic criteria for a substance use disorder but never receive treatment. The most recent data available (NHSDUH 2014) shows that 22.7 million people in the country (8.6% of the population and an alarming 16.3% of 18-25 years olds) met criteria for a substance use disorder. Approximately 2.5 million received treatment. The "penetration rate" of an illness is defined by the percent of

people with the disorder who receive treatment. This gives our field an 11% penetration rate. That stands in stark contrast to the treatment penetration rates for hypertension (77%), diabetes (73%) and major depression (71%). I think it's safe to say that the general public would be outraged if only 11% of people with hypertension, diabetes or other disorders received treatment.

In closing, some 22.7 million people in the country struggle with substance use disorders and deserve accessible treatment in doses shown to be effective that are covered by their insurance plans. The field has much work to do in providing these services and in showing out value. We need to keep in mind that when someone with a substance use disorder gets effective treatment and goes on to enjoy a life of recovery, everyone wins. The individual and their family members who have a better life, the insurer who no longer has to pay for numerous ER, hospital or other medical expenses that are so common among those with this disorder, the employer who now has a valuable, reliable employee, law enforcement who no longer has this person involved in the legal system, the community who has another tax-paying citizen. The list of benefits and who benefits from people getting into recovery goes on and on. It's time we provide, deliver and pay for transparent, effective, outcomes-based, proven effective care for this illness that has become the leading cause of accidental death in our country.

Thank you for the opportunity to present this information today and I am happy to answer any questions.

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