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Good morning Senators Brown and Portman. It is my pleasure to speak before the Senate Committee on Homeland Security and Governmental Affairs. Senator Portman, as chair of the committee today, I appreciate the invitation you extended to me. As you are aware, the opiate epidemic has hit all states hard, including Ohio, and the Kasich Administration has worked tirelessly over the last five years to curb the tide, yet the storm continues to rage. I know that you both share the same concerns about this as the Governor does. I would like to talk to you today about Ohio's efforts, including what is working and where there is work that still needs to be done.

Unintentional drug overdose deaths in Ohio reached an all-time high of 2,482 in 2014, which is the most recent year available. Opiate-related deaths, which include both heroin and prescription painkillers, peaked at 1,988 deaths in 2014, up from 296 in 2003. With 502 fentanyl-related drug overdose deaths in Ohio in 2014, fentanyl was a significant contributor to a rise in drug overdose deaths, according to preliminary data released by the Ohio Department of Health (ODH). (Note: the 502 fentanyl related deaths number is also included in the 1,988 total for heroin and prescription painkillers.) By comparison, in 2013 just 84 deaths involved fentanyl. As a result, Ohio proactively requested assistance from the Center for Disease Control's EpiAid to better analyze our opiate related deaths. We are currently reviewing the recommendations and determining what should be implemented in Ohio to build on our current effort. This issue continues to be a pressing one for the state.

Governor John Kasich has made the fight against opiates a priority and is one of the nation's most outspoken advocates on this issue. Early in his administration, the governor announced the establishment of the Governor's Cabinet Opiate Action Team (GCOAT) to fight opiate abuse in Ohio. GCOAT is comprised of directors from the multiple cabinet agencies that touch the opiate issue and is designed to foster collaborative efforts across public health, treatment, law enforcement, education, and other agencies in recognition that the problem is a complex one that needs attacked from many different angles.

One of the key documents that GCOAT has produced is a toolkit for local communities that are interested in convening their own cross-agency efforts. That toolkit can be found on our GCOAT webpage at <http://mha.ohio.gov/gcoat>. It outlines the best practices that every community should embrace, such as increased availability of naloxone, establishment of drug courts, and coordinated prevention efforts. At the state level, we have worked closely with communities, such as Ross and Trumbull counties, to provide assistance in bringing together local partners

and offering technical help to develop a plan to leverage local resources and collaboration to combat the crisis.

I know that you understand the importance of taking this issue on in a multi-pronged way because of your work on the Comprehensive Addiction and Recovery Act (CARA) of 2016. Senator Portman, I would like to thank you for your sponsorship of this bill, and I would like to thank you, Senator Brown, for your support. CARA takes a similarly comprehensive approach and addresses on a national level several things that we know are already working in Ohio. I encourage you in your efforts to move CARA forward, and I hope that Ohio's experience can offer additional support for passage of this comprehensive legislation to address opiate abuse on a national level.

Prescribing Practices

- Prescribing Guidelines

In its ongoing efforts to combat drug abuse and save lives, the Governor's Cabinet Opiate Action Team developed comprehensive prescribing guidelines for the outpatient management of acute pain in January 2016. The acute guidelines follow previous prescribing guidelines for emergency departments (April 2012) and the management of chronic pain (October 2013). All three guidelines were developed in conjunction with clinical professional associations, healthcare providers, state licensing boards and state agencies. The prescribing guidelines are designed to prevent "doctor shopping" for prescription opiates, to urge prescribers to first consider non-opiate therapies and pain medications, to reduce leftover opiates that can be diverted for abuse, and to encourage prescribers to check Ohio's Automated Rx Reporting System before prescribing opiates to see what other controlled medications a patient might already be taking. I know that CARA also addresses this issue from a national perspective, and I applaud efforts to limit the number of opioids prescribed nationally to ensure that these powerful drugs are used only in the course of appropriate medical care.

- OARRS Improvements

Ohio Automated Rx Reporting System (OARRS) is a tool created to track the dispensing of controlled prescription drugs to Ohio patients. It is designed to monitor suspected abuse or diversion (i.e. diversion of legally prescribed drugs for illicit purposes), and can give a prescriber or pharmacist critical information regarding a patient's controlled substance prescription history. This information can help prescribers and pharmacists identify high-risk patients who would benefit from early interventions such as pharmacist consultation with the prescriber regarding a patient's controlled substance use, switching to alternative non-opiate therapies, further assessment of addiction risk or mental health concerns and, when appropriate, referral to an addiction medicine specialist. While Ohio is seeing record use of OARRS, it is cumbersome for prescribers and pharmacists to switch from their computer system to OARRS to check past opiate history. That is why Governor Kasich recently invested up to \$1.5 million to integrate OARRS directly into electronic medical records and pharmacy dispensing systems so prescribers and dispensers can automatically check past opiate history within the same system they use day-to-day.

- Results

As a result of the prescribing guidelines and the increased utility of OARRS, the number of prescriber and pharmacist queries using OARRS increased from 778,000 in 2010 to 9.3 million in 2014 and Ohio is making impressive progress in curbing painkiller prescriptions, including:

- The number of prescription opiates dispensed to Ohio patients in 2014 decreased by more than 40 million doses (5.27 percent) compared to 2013.
- The number of individuals “doctor shopping” for controlled substances including opiates decreased from more than 3,100 in 2009 to approximately 960 in 2014.
- From 2013 to 2014, there was a nearly 11 percent decline in the number of patients prescribed opiates at a dose higher than the current guidelines recommend to ensure patient safety.
- Ohio patients receiving prescriptions for opiates and benzodiazepine sedatives at the same time dropped 8 percent.

Prevention Efforts

- Start Talking!

In 2013, Governor John Kasich and First Lady Karen W. Kasich launched the Start Talking! statewide youth drug prevention initiative based on the premise that youth are up to 50 percent less likely to use drugs when their parents or other trusted adults talk with them about drug use and abuse. Understanding that this is not an easy discussion to begin, the program aims to help parents and other adults communicate better with kids. Start Talking! offers three free tools for parents and other youth leaders to approach children and young adults:

- Know! delivers free tips and tools to parents (Parent Tips) and teachers (TEACHable Moments) to increase communication between parents and their children about substance abuse. Currently, nearly 57,000 adults are receiving these messages that help start important conversations.
- Parents360Rx is a national program from the Partnership for Drug-Free Kids that is designed to educate adults about the dangers found in their own medicine cabinets.
- 5 Minutes for Life is a program led by the Ohio Highway Patrol, the Ohio National Guard and local law enforcement in partnership with high schools. Troopers, law enforcement officers and National Guard members talk to student athletes to encourage them to become ambassadors who lead peer-to-peer conversations that promote healthy lifestyles. During this school year, over 260 events have been hosted with over 35,500 students participating.

- Community Based Coalitions

In Ohio, we are seeking to elevate local drug coalitions by offering designation to local prevention coalitions as an Ohio Coalition of Excellence. The recognition illustrates that a coalition is using local data and evidence-based prevention strategies to create meaningful change in a community. Many coalitions across the state receive funding through OhioMHAS and the Substance Abuse Prevention and Treatment Block Grant. CARA places an emphasis of the importance of community-based coalitions and we support that effort because this issue is most impacted through local efforts.

- Youth Led Prevention Network
The Ohio Youth-Led Prevention Network is a joint initiative between the Drug Free Action Alliance and OhioMHAS. It consists of youth-led substance abuse prevention providers and youth across the state who are committed to the cornerstones of youth-led prevention, peer prevention, positive youth development and community service. These teens plan an annual rally at the Statehouse to declare “We Are the Majority” – meaning that most youth live their lives drug and substance free. This year’s rally is next week – April 28 – and more than 1,700 teens are expected to attend. I encourage anyone to attend – feel free to reach out to my office for more details.

Criminal Justice

- Addiction Treatment Program for Court Involved Individuals
Established in 2014, this program supports drug courts in establishing a program to provide addiction treatment, including medication-assisted treatment, to non-violent adult offenders with a dependence on opiates, alcohol, or both. The first phase of the program reached 410 men and women, two-thirds of whom also had a co-occurring mental health disorder. According to a Case Western Reserve University evaluation of the program, past-month drug use among program participants decreased 69.4 percent, while crimes committed dipped 86 percent to 3.7 percent. At the same time, employment increased 114 percent, while stable housing increased by nearly 29 percent. Among participants, 60 percent had a job and 91 percent had stable housing upon completion of the program, compared to 27 percent and 70 percent, respectively, before enrolling in the program. The program is funded with \$11 million over the current biennium in 14 counties. CARA emphasizes the importance of treatment as an alternative to incarceration, and we are seeing that work here in Ohio through the drug court model.
- Specialized Dockets Payroll Subsidy Project
This program provides assistance to drug courts and other specialized docket programs with funding to effectively manage offenders in the community, thereby reducing commitments to Ohio’s prisons and jails. The funding supports payroll for the administration of the docket, in an effort to encourage communities to create new dockets and sustain existing ones. Currently, the state is funding 136 specialized dockets.
- Recovery Services Partnership with the Ohio Department of Rehabilitation and Correction
The most recent state budget proposed a new partnership between OhioMHAS and the Ohio Department of Rehabilitation and Correction (DRC) to improve addiction services within the state prison system. According to DRC, approximately 50,495 individuals are incarcerated within DRC facilities. Of these, 80 percent have histories of addiction. Nearly 30,000 of those incarcerated have a considerable or moderate treatment need. In order to make improvements and expand the reach of recovery services in the prisons, this initiative leverages the clinical expertise and recovery-oriented mission of OhioMHAS partnered with DRC’s success in keeping recidivism rates low to provide quality addiction services to more people within the walls of the state prisons. Enhanced care inside the prison walls includes adding to the recovery services staff to provide individual and

group treatment and adding two therapeutic communities, a proven model of treatment that uses the influence of peers to promote recovery. Additional programming will encourage a seamless transition to services upon release to further lower the rate of recidivism, including a connection with the Medicaid program to ensure continued clinical services where applicable. Expanded use of medication-assisted treatment will further reduce the risk of future relapse. The program will also increase access to recovery supports, such as sober housing and employment services, upon release to ensure stable recovery and even further lower the recidivism rate.

Expanding the Availability and Use of Naloxone

- Project DAWN (Deaths Avoided With Naloxone)
Project DAWN is an initiative of the Ohio Department of Health which encourages local programs to offer, free of charge, kits that include two doses of naloxone and training on its use to members of the public who may encounter people at risk opiate abuse for the purposes of overdose reversal. As you are aware, naloxone is effective at saving lives and is easy to administer. It is a critical tool in fighting the opiate epidemic, particularly as Ohio is seeing an increase in the very deadly illicit version of fentanyl. There are over 40 Project DAWN programs across the state with more being added soon.
- Grants for First Responders
We know through state EMS data that naloxone was administered to 18,438 patients in 2015. Without this important overdose antidote, Ohio's already too large number of overdose deaths would be much higher. The most recent state budget included \$1 million to purchase naloxone for first responders, including police and fire. A concerted effort has been made to convince local agencies of the importance of carrying naloxone, as oftentimes an overdose victim cannot wait for EMS to arrive, and we have seen many communities eager to take this on. CARA also addresses this issue, and we support your efforts. Naloxone use is critical to saving lives and getting people into treatment.
- Over the Counter Availability
Ohio's legislature has rapidly expanded the availability of naloxone across the state by putting in place immunity for naloxone administration and making it available over the counter at pharmacies that have a standing order with a physician. Legislation recently proposed by the Kasich Administration proposes to allow facilities that regularly interact with high-risk individuals to have onsite access to naloxone. Facilities that could benefit from this measure include homeless shelters, halfway houses, schools and treatment centers.

Treatment and Supports

- Neonatal Abstinence Syndrome
In August 2013, the Kasich Administration launched an effort to address the epidemic among the smallest of individuals – babies born to mothers who are addicted to opiate painkillers and heroin. The Maternal Opiate Medical Support Project will improve health outcomes and reduce costs associated with extended hospital stays by neutralizing the impact of Neonatal Abstinence Syndrome. Treating newborns impacted by Neonatal

Abstinence Syndrome was associated with nearly \$100 million in healthcare expenses and almost 25,000 days in Ohio's hospitals in 2013, according to data from the Ohio Hospital Association. The project supports interventions and prenatal treatments that improve outcomes for women and babies while reducing the cost of specialized care by shortening length of stay in Neo-Natal Intensive Care Units. By engaging expecting mothers in a combination of counseling, medication-assisted treatment and case management, the three-year project is estimated to reduce infant hospital stays by 30 percent. One of the goals of CARA is to improve addiction and treatment services for pregnant and postpartum women, and we believe Ohio is developing a model that can be replicated nationally.

- Medication Assisted Treatment

Work is on-going to expand the use of medication-assisted treatment across the state. It is a proven best practice. In 2011, Governor Kasich signed an executive order authorizing its expanded use and making it available through the state Medicaid program. In 2013, seed funding was put forward to establish medication-assisted treatment in Southern Ohio, specifically Jackson, Ohio.

- Recovery Housing

CARA recognizes the importance of recovery supports, and one area in which there has been rapid expansion in Ohio is recovery housing. Recovery housing is characterized as a safe and healthy living environment that promotes abstinence from alcohol and other drugs and enhances participation and retention in traditional clinical treatment. Through a \$12.5 million state investment, we have been able to increase the availability of recovery housing by over 1,000 beds statewide. Additional funds have been committed for future years and this work is being supported by Ohio Recovery Housing, an organization dedicated to the development and operation of quality alcohol and drug-free living in a community of recovery for people with substance use disorders which was created with funding from OhioMHAS.

- Medicaid/Institutions for Mental Disease (IMD) Exclusion

As I cross the state, I continue to hear stories of waiting lists and difficulty accessing treatment, in part due to federal law. Treatment works, but it is not easy. I recently read of a couple who, after multiple relapses, found themselves homeless, involved in the criminal justice system, and lost custody of their young daughter. Through treatment received through extended Medicaid benefits, they have over a year of sobriety, regained custody of their daughter, and are employed. We know that approximately 400,000 Ohioans have accessed mental health and addiction services since Medicaid was extended up to 138% of poverty. Capacity and workforce continue to be a challenge, and the IMD exclusion poses a barrier to creating more treatment capacity across the state. I appreciate that CARA sets up a way to take a serious look at the IMD exclusion and its impact on access to treatment.

Thank you again for inviting me to testify on this important topic today. I want to commend both of you on your work around this crisis and I want to especially commend you Senator Portman on your leadership on this issue throughout your career. Again, as I described in my testimony and in length in my written statement for the record, a number of the provisions in the CARA bill are activities Ohio is undertaking and should be implemented on a national level.

That is why we support your efforts and the CARA legislation. I stand ready to work with you moving forward, particularly on the issue of the IMD exclusion. I have attached a comprehensive document that lists the state's efforts over the past few years and a timeline that highlights many of the key changes made. Thank you for your time, and I welcome any questions.