

Elinore F. McCance-Katz, MD, PhD

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Current Position:

Chief Medical Officer, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals and Eleanor Slater Hospital

EDUCATION

Undergraduate

Eastern Connecticut State University
Biology, B.A. 1978 Magna Cum Laude

Medical School

University of Connecticut School of Medicine
1983-1987 MD: 1987

Other Advanced Degrees

Yale University Graduate School
1979-1984 Ph.D.: 1984
Infectious Disease Epidemiology

POSTGRADUATE TRAINING

Duke University Medical Center, Durham, NC
Institute of Living, Hartford, CT
Yale University, New Haven, CT

Intern, Psychiatry 1987-1988
Resident, Psychiatry 1988-1990
PGY-4/Fellow, Psychiatry 1990-1991

PROFESSIONAL LICENSES, BOARD CERTIFICATION, MEDICAL STAFF POSITIONS:

Medical Licensure

California #G83443 Connecticut #030382 Rhode Island #14974

Drug Enforcement Administration (DEA) Registration

Board Certifications

American Board of Psychiatry and Neurology (ABPN), General Psychiatry #38301, 1993

ABPN Added Qualifications in Addiction Psychiatry, #929, 1996

ABPN, Addiction Psychiatry (recertified: 2006, 2015)

Physician Member, Butler Hospital Staff Association, Butler Hospital, Providence, Rhode Island

Career Summary

9/21-present: Chief Medical Officer, Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals and Chief Medical Officer, Eleanor Slater

Hospital: This position is identical to that which I held prior to joining the federal government as Assistant Secretary for Mental Health and Substance Use. I was asked to return to this position to assist in stabilizing and rebuilding the state hospital which has been the subject of mixed approaches based on government officials changes in tenure. This work has included stabilizing the medical staff, re-establishing active treatment approaches in forensic psychiatry, review and update of policies and procedures, rebuilding psychology, social work, and rehabilitative services, and establishment of protocols for admission screening and discharge planning. I have also worked to establish integrated care in communities in Rhode Island with the certified community behavioral health clinic model (CCBHC) as well as to establish crisis intervention services. Clinical work over this period includes consultation to the medical service at Eleanor Slater Hospital and outpatient treatment of co-occurring disorders at Butler Hospital in Providence, Rhode Island.

4/2021-9/2021: Senior Scientific Advisor, U.S. Drug Enforcement Administration (DEA): Provided subject matter expertise to the Drug Enforcement Administration on questions related to substance abuse, substance use disorders, appropriate use of controlled substances, regulation development, legislation evaluation and needed statutory change in the area of substance use disorder-related issues including the delivery of treatment services for these conditions. In this position I served as a resource to the agency on any questions related to substance use and mental health issues. My main goal for this position was to assist DEA with completion and release of regulation regarding mobile opioid treatment program services and to assist in the regulation development for telehealth post-pandemic.

8/2017-1/2021: Assistant Secretary for Mental Health and Substance Use; Substance Abuse and Mental Health Services Administration/U.S. Department of Health and Human Services (SAMHSA/HHS): In 2016 the 21st Century Cures Act created the position of Assistant Secretary for Mental Health and Substance Use. I was the first person to hold this position and served following Senate confirmation for nearly 4 years. This law required the restructuring and refocusing of SAMHSA to better serve Americans living with serious mental illness and/or substance use disorders and their families. I made structural change that established a division dedicated to promulgation of evidence-based practices in behavioral health. I addressed the immediate crisis of opioid abuse in the U.S. through development of a plan of grant funding at over \$1.5 billion/yr focused on prevention, treatment, and community recovery supports that required use of FDA-approved pharmacotherapies as part of treatment of opioid use disorder. I addressed serious mental illness through advocacy for and establishment of an increased network of Certified Community Behavioral Health Clinics and was able to increase funding for these integrated care programs from \$100 million in FY2017 to \$450 million in FY 2021. This enabled expansion of crisis services for those with mental health or substance use crisis and increased funding was received for suicide prevention lifelines. Under my leadership the 988 mental health crisis hotline number was approved and a plan for national implementation developed. I reinstated the Drug Abuse Warning Network (DAWN) which is a sentinel surveillance program that follows emergency department experience with toxicities and adverse events related to illicit substances and alcohol ingestion. DAWN provides insight into emerging substance abuse issues so that government can rapidly address resource needs. I put in place a revised and more extensive data collection system for SAMHSA so that it is now possible to determine whether grant funds are achieving the intended results in real time and to assist grantees in making

modification to better serve Americans where needed. I greatly expanded SAMHSA's training and technical assistance programs to address the myriad of behavioral health educational needs of providers nationwide. During the COVID-19 pandemic I put in place flexibilities in federal mental health and substance use disorder, specifically opioid use disorder, regulation and funding to assure that Americans living with these conditions continued to be able to access care to the greatest extent possible given the severe restrictions imposed in states. This included support of telehealth services for behavioral health and encouraging the use of this treatment modality. I worked closely with colleagues at the Centers for Medicare and Medicaid Services to obtain approval for payment of these services delivered by audio/visual and audio only platforms. I directed SAMHSA technology transfer programs to immediately launch training programs for telebehavioral health services. I relaxed SAMHSA Opioid Treatment Program guidelines to permit significant numbers of take home doses of methadone for those receiving this therapy for opioid use disorder, increased the clinical responsibilities that could be undertaken by advance practice clinicians due to acute physician shortages at these programs and, importantly, for the first time I permitted induction onto buprenorphine/naloxone by telephone only to assure that those with opioid use disorder would still be able to access treatment. This was especially important for Americans without internet access or cell phone resources and was directed to assist those in rural areas and those without the means to have audio/visual resources. Under my leadership the mission of the agency expanded significantly and Congress increased SAMHSA's budget from \$3.7 billion when I arrived in 2017 to \$5.9 billion in 2021, a 56% increase.

10/2015-8/2017: Chief Medical Officer for the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH). When I took this position, the Eleanor Slater Hospital, Rhode Island's only state hospital for the mentally and severely medically ill, was under investigation for serious incidents of patient abuse. As Medical Director and Acting CEO for the hospital, I oversaw implementation of care improvements, hiring and clinical supervision of medical staff, implementation of a quality improvement program for psychiatry medical staff, and implemented a new system of accountability in patient care. I quickly came to understand the dismal conditions in which forensic psychiatric patients were kept and worked with colleagues in the Department of Corrections to obtain an underutilized juvenile detention center which was converted into a forensic psychiatry unit. As a member of the Governor's Opioid Overdose Prevention and Intervention Task Force, I worked with colleagues to address Rhode Island's opioid epidemic through development of the treatment component of the Task Force Plan which included establishment of the Centers of Excellence for the Treatment of Opioid Use Disorder. To fund this effort, I worked with a BHDDH grant writing team to obtain funding from SAMHSA which helped to launch those programs. As a Professor of Psychiatry at Brown University during this time, I developed and implemented undergraduate medical education training that the Rhode Island Board of Medicine certified as qualifying for the Drug Abuse Treatment Act of 2000 (DATA) waiver thus assuring that all graduating medical students would be eligible to treat opioid use disorder from their office-based practices following full licensure and DEA registration.

6/2013-6/2015: Chief Medical Officer, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services (SAMHSA/HHS). I was the first Chief Medical Officer for SAMHSA and led efforts at the agency to establish evidence-

based and best practices for mental and substance use disorders. A significant part of my work included a focus on the integration of the treatment of substance use and mental disorders and primary care. I led SAMHSA's HIV and hepatitis programs (a grant portfolio of approximately \$115 million/year) and modified the focus of the program to one of integrating HIV and viral hepatitis care into behavioral health programs. I was also responsible for providing training and implementation tools for treatment of substance use disorders through collaboration with the Dept. of Defense (DoD), Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC) and Office of National Drug Control Policy (ONDCP). **Clinical activities during this time:** Psychiatric consultant to the viral hepatitis research service at the National Institutes of Health (NIH) Inpatient program.

9/2007-5/2013: Professor of Psychiatry, University of California San Francisco/State Medical Director, California Dept. of Alcohol and Drug Programs. In this position I established an NIH-funded research program with over \$1million/yr in direct funding that examined drug-drug interactions between opioids and frequently co-prescribed antiretroviral therapies and clinical studies to determine safe and effective treatment approaches for drug users with HIV infection. During this time I worked in the President's Emergency Program for AIDS Relief (PEPFAR), a large U.S. State Department initiative, to assist the nation of Vietnam in establishing methadone maintenance programs as an HIV prevention intervention. I participated in the HIV Prevention Trials Network (HPTN) as an educator and trainer on clinical use of buprenorphine in Thailand and People's Republic of China, again, as part of a study to address HIV prevention needs. I wrote the grant applications and was the Medical Director for two grants from SAMHSA—the Providers' Clinical Support System for Buprenorphine and the Providers' Clinical Support System for Safe Opioid Prescribing—in which I established educational products for and was the lead national trainer on the use of buprenorphine to treat opioid use disorder in office-based practice settings. I was appointed State Medical Director for the California Dept. of Alcohol and Drug Programs (ADP) in 2007-2013. I was responsible for providing medical input to ADP activities, providing legislative analysis, and training of state and county substance use disorders treatment staff on evidence-based approaches to assessment and treatment of substance use disorders.

Clinical activities during this time: Clinical management of individuals with substance use disorders including opioid, stimulant, and alcohol use disorders as well as HIV infection who participated in research studies. Psychiatric consultation to primary care and to the San Francisco General Hospital HIV Care Program.

7/2002-6/2007: Professor of Psychiatry, Division Chair Addiction Psychiatry, Virginia Commonwealth University (VCU), Medical Director and Chief Operating Officer, Virginia Health Practitioners' Intervention Program. On arrival to VCU, I learned that the Virginia Department of Health Professions had concerns about the effectiveness of its program for monitoring impaired health professionals and had published a request for applications for the program. Working with the Addiction Psychiatry faculty, we submitted the successful application for this program (at \$1.9 million/yr) and I was its Medical Director and Chief Operating Officer. This program successfully monitored over 700 participants at any given time for safety to practice. The majority of those monitored had substance use disorders utilizing my clinical skills as an addiction psychiatrist. As Professor of Psychiatry and Division Chair, Addiction Psychiatry at VCU, I established an NIH funded research program examining drug-

drug interactions between buprenorphine and antiretroviral medications and conducted studies examining disulfiram as a treatment for cocaine and alcohol use disorders.

Clinical activities during this time: Evaluation and treatment of individuals with substance use disorders including opioid, cocaine and alcohol use disorders who volunteered in research studies. Evaluation and monitoring of healthcare professionals enrolled in state monitoring program for impaired health professionals. The great majority of participants in this program had substance use disorders and/or mental disorders.

4/1999-6/2002: Associate Professor, Albert Einstein College of Medicine. In this position I served as Director of the Addiction Psychiatry Residency Training Program and developed an NIH-funded human laboratory research program addressing the medication needs of those with co-occurring opioid addiction and HIV infection and addressing medications development for cocaine use disorders.

Clinical activities during this time: Direct clinical care including evaluation and clinical management of individuals with substance use disorders including opioid, cocaine and alcohol use disorders participating in research studies.

9/1998-4/1999: Professor of Psychiatry and General Psychiatry Residency Training Director, University of Texas Medical Branch. In addition to direct clinical care to patients admitted to general psychiatry units or evaluated in the Emergency Department, I was responsible for resident training including classroom teaching and bedside teaching, resident recruitment and assuring residency training program compliance with the Accreditation Council for Graduate Medical Education requirements.

7/1991-8/1998: Assistant/Associate Professor of Psychiatry, Yale University. Upon finishing my residency/fellowship at Yale Department of Psychiatry, I was invited to join the psychiatry faculty. I held a number of clinical service assignments. These included providing psychiatric care to individuals admitted to Yale Psychiatric Institute for inpatient treatment of major mental disorders and co-occurring substance use disorders, serving as Medical Director of the Cocaine Treatment Unit and as Medical Director of the West Haven Veterans Administration Medical Center Methadone Maintenance Program. I also served as Medical Director of several NIH-funded psychiatric research programs in addition to clinical responsibilities. I was awarded my first NIH career development award at Yale in 1993 and continued to receive these grant awards through 2013 when I left academia to become the Chief Medical Officer at SAMHSA.