

Committee on Energy and Commerce
U.S. House of Representatives
Witness Disclosure Requirement - "Truth in Testimony"
Required by House Rule XI, Clause 2(g)(5)

1. Your Name: MICHAEL BOTTICELLI		
2. Your Title: EXECUTIVE DIRECTOR, GRANKEN CENTER FOR ADDICTION		
3. The Entity(ies) You are Representing: BOSTON MEDICAL CENTER		
4. Are you testifying on behalf of the Federal, or a State or local government entity?	Yes	No X
5. Please list any Federal grants or contracts, or contracts or payments originating with a foreign government, that you or the entity(ies) you represent have received on or after January 1, 2015. Only grants, contracts, or payments related to the subject matter of the hearing must be listed. NONE		
6. Please attach your curriculum vitae to your completed disclosure form.		

Signature:



Date:

4/10/18

Michael P. Botticelli
Boston Medical Center

PROFESSIONAL EXPERIENCE

EXECUTIVE DIRECTOR, Grayken Center for Addiction at Boston Medical Center, Boston, MA (May 2017 – present)

Inaugural director of newly established, privately funded Center established at a large, urban teaching hospital serving a safety net population. Responsible for overall direction, strategic planning and launch of the Center's activities that include accelerating clinical innovation, research and education and coordinating the current activities across the academy.

DISTINGUISHED POLICY SCHOLAR – Johns Hopkins Bloomberg School of Public Health, Baltimore, MD (June 2017 – present)

One year appointment to provide overall strategic guidance on key initiatives as well as participating in public symposia, meetings with faculty, staff and students, guest lecturing and grand rounds.

DIRECTOR, NATIONAL DRUG CONTROL POLICY

Executive Office of the President. (May 2014 – January 2017) Deputy Director (November 2012 – May 2014)

Presidentially-appointed, Senate confirmed position responsible for the development and implementation of the Obama Administration's National Drug Control Strategy. Worked across federal agencies for coordination of both budget and policy priorities in support of the Strategy.

- Produced first-ever balanced strategy and budget to reflect an emphasis on public health approaches to drug use and its consequences
- Coordinated activities across the federal government and Congress to ensure an all-hands-on-deck focus on the opioid epidemic
- Fostered bipartisan relationship with Congress on drug policy issues for effective legislative and budget initiatives
- Developed and maintained strong relationships with diverse federal, state and local stakeholders
- Facilitated criminal justice reform efforts and supported public health and public safety partnerships
- Launched federal efforts to reduce stigma associated with substance use disorders

DIRECTOR, BUREAU OF SUBSTANCE ABUSE SERVICES

Massachusetts Department of Public Health (August 2003 – July 2012)

Led a 70-person division responsible for providing policy, programmatic and regulatory guidance for the provision of substance use disorder services in the Commonwealth. Major accomplishments include:

- Significantly raised the visibility of substance use disorder as a public health and public safety issue
- Worked to increase the budget for services by close to 100% and constructed a coherent continuum of prevention, intervention, treatment and recovery support services
- Generated over \$25m in new competitive grants
- Developed nationally-recognized, innovative models of care focusing on integration of services with primary care, overdose prevention, and recovery support services
- Led the Bureau through the implementation of health care reform
- Mobilized highly successful coalition of advocates, providers and consumer groups
- Implemented broad-based performance management initiatives to drive quality improvement
- Institutionalized the participation of consumers/families in the oversight of Bureau services

CHIEF OF STAFF

Massachusetts Department of Public Health (May 2000 – February 2003)

Advise the Commissioner on all matters pertaining to the function and operations of 3000+ person Department. Responsible for the day-to-day functions of the Commissioner's Office including scheduling, correspondence, report tracking and communications. Coordinate communications between the Commissioner's Office, senior staff, the Legislature, other state agencies and major constituent groups.

ASSISTANT DIRECTOR, POLICY AND PLANNING

Massachusetts Department of Public Health, HIV/AIDS Bureau (August 1995 – May 2000)

Responsible for the development and implementation of training, public information, capacity building and planning support programs. Manage contracted services for training, technical assistance, public information campaigns and program development. Specific responsibilities included:

- Co-supervision of unit personnel
- Development of new training initiatives
- Development of quality assurance mechanisms to evaluate the effectiveness of training programs
- Coordination of annual statewide consumer conference
- Management of Bureau-sponsored management assistance efforts

ALCOHOLISM PROGRAM COORDINATOR

Massachusetts Department of Public Health, Bureau of Substance Abuse Services (February 1994 – August 1995)

Responsible for the overall coordination of HIV-related policies and services for substance use disorder treatment clients. Oversaw federally-funded HIV risk reduction programs, Request for Proposal development and review processes and coordination of services with other Bureaus and service providers

PUBLICATIONS

McCarty, D; LaPrade, J; Botticelli, M. *Substance Abuse Treatment and HIV Services: Massachusetts Policies and Programs*. Journal of Substance Abuse Treatment, Vol.13, 1996.

Wally, A; Alperen, J; Cheng, D; Botticelli, M; Castro-Donlan, C; Samet, J; Alford, D. *Office-based Management of Opioid Dependence with Buprenorphine: Treatment Practices and Barriers*. Journal of General Internal Medicine, September 2008.

Garnick, D; Lee, M; Horgan, C; Acevado, A; Botticelli, M. *Lessons Learned from Five States: Public Sector Use of the Washington Circle Performance Measures*. Journal of Substance Abuse Treatment Vol. (3), April 2011.

Alford, D; Labelle, C; Kretsch, N; Bergeron, A; Winter, M; Botticelli, M; Samet, J. *Five Year Experience with Care of Opioid Addicted Patients Using Buprenorphine in Primary Care*. Archives of Internal Medicine. Vol. 171(5), March 2011.

Harris, SK; Herr-Zaya, K; Weinstein, Z; Whelton, K; Perfas, F; Castro-Donlan, C; Straus, J; Schoneman, K; Botticelli, M; Levy, S. *Results of Statewide Survey of Adolescent Substance Use Screening Rates and Practices in Primary Care*. Substance Abuse, Vol. 33(4) November 2012.

Shanahan, C; Sorenson-Alawad, A; Carney, BL; Persand, I; Cruz, A; Botticelli, M; Pressman, K; Adams, WG; Brolin, M; Alford, D. *The Implementation of Integrated Information System for Substance Use Screening in General Medical Settings*. Applied Clinical Information, Vol.5(4) October 2014

Koh, H; Botticelli, M. *Changing the Language of Addiction*. JAMA Viewpoint October 4, 2016

EDUCATION

M.Ed. Counselor Education, St. Lawrence University, Canton, NY, 1981

B.A. Psychology, Siena College, Loudonville, NY, 1980