

Written Testimony submitted to the IL House Committee on Oversight and Government Reform
On behalf of Gateway Foundation
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On behalf of Dr. Tom Britton, President and CEO, the entire Gateway Executive Management Team and its Board of Directors, I respectfully submit the following statement in response to the subject matter hearing being held on Wednesday, April 11, 2018 on the topic of “Local Responses and Resources to Curtail the Opioid Epidemic.” As the largest non-profit provider of substance use disorder treatment in Illinois and the United States, Gateway is a leader in this field and has experienced many clients who struggle with this devastating and life threatening disorder. Opioid Use disorder has claimed countless lives and this epidemic will not go away without a strategic plan and focus on education, prevention and treatment. According to the CDC, “Since 2000, the rate of deaths from drug overdoses has increased 137 percent, including a 200 percent increase in the rate of overdose deaths involving opioids (opioid pain relievers and heroin).” More people die from drug overdoses, per the CDC, than in traffic accidents. Gateway is committed to providing medically and research informed treatment to battle this disease but to be successful it must be attacked from all fronts, which include education, prevention, and treatment.

Education and Prevention are key steps in understanding, preventing and treating this disease. The American Medical association identified Alcohol and Substance use disorder as a medical disease of the brain, not a moral failing; which can be treated. Yet Society’s view of this illness continues to be clouded by judgement leading to shame and secrecy for those individuals who are struggling with this illness, creating Stigma and fear to come forward. The Stigma associated with addiction continues to be a barrier, thus “only allowing about 11% of individuals who need treatment to seek it out” (SAMHSA). We must change the way we talk about this illness, qualifying every statement to support the medical model of treatment. According to an article from the Huffington Post in 2015, the White House Office of National Drug control Policy stated and I quote “The negative words we use to describe drug addiction-“clean vs dirty”, “patient vs. addict” can drive some individuals away from the very help they so desperately need.” The Post article goes on to say “Research shows that the language we use to describe this disease can either perpetuate or overcome the stereotypes, prejudice and lack of empathy that keep people from getting treatment they need. In the article Michael Botticelli, the U.S. drug czar in 2015 went on to say and I quote “Scientific evidence demonstrates that this disease is caused by a variety of genetic and environmental factors, not moral weakness on the part of the individual. Our language should reflect that” (Huffington Post 2015).We have an obligation to educate our doctors, emergency rooms, schools and communities on what addiction is and what it isn’t, removing labels such as addict and alcoholic from our lingo and replacing it with Alcohol and substance use disorder; thus describing individuals from the perspective of recovery and not labeling them by their illness. This is a disease they struggle with and can be overcome with proper treatment; not who they are. Opioid use disorder does not discriminate.

It doesn't matter who you are, what your occupation is, what the color of your skin is, or how much money or education you have. Everyone is susceptible based on genetic predisposition, exposure and family dynamic. We must make it our mission to educate our medical community and the public in order to use language that conveys the same dignity and respect offered to other patients with medical issues and illnesses. We must empower and engage families to reach out and connect their loved ones to treatment without fear of embarrassment or shame, allowing them access to current evidence based and medication assisted treatments that will save their lives and allow them to find recovery. Although this is a medical illness, the medical community including emergency room doctors and nurses as well as private practice physicians need to be educated on prevention and the high risk associated with prescription opiates as well as referring individuals properly to treatment who present in emergency rooms after or during an opiate overdose. According to a news report from NBC news in December of 2015 "a team at Stanford University reported that primary care physicians, not pain specialists, are by far the biggest prescribers of opioid drugs. They said sales of prescription opioids rose by 300 percent since 1999." Physicians must understand the risk associated with prescribing prescription Opiates to patients especially since we know that "80% of reported Heroin users started with use of prescription Opiate medication" (SAMHSA 2017) These prescriptions for those individuals who have a genetic predisposition to addiction will lead to continued increase in use, overdose and eventually death if not treated properly. Educating primary care physicians and dentists who prescribe opiates is mandatory, helping them understand there are effective non addictive forming alternatives to Opiate pain medications for clients who experience pain and need relief. In addition, emergency rooms must be prepared to treat individuals with Opioid use disorder properly instead of discharging them back to them community without support. The January 26, 2018 Health Affairs Blog states the following: "One in eight visits to the ED is related to a mental health or substance abuse issue, a number that has been increasing each year for the past decade. And yet, EDs remain poorly equipped to address these individuals' needs because of a variety of issues, including regulations, policies, training, culture, stigma, and the lack of integration and connectivity to other settings in the community." We know the importance of having the lifesaving drug Naloxone on hand for first responders, hospitals, schools, and community agencies. Last week according the Chicago Tribune, "The Surgeon General, Dr. Jerome Adams issued his office's first national public health advisory in 13 years, discussing the importance of all Americans having access to this life saving antidote on hand to save lives" (Chicago Tribune, digital edition, 4/5/18). Yet, after someone is saved from an overdose and brought to an emergency room, many of these patients are released without proper support and referrals to help them get the treatment they need to achieve recovery. At a DuPage County Opiate Taskforce meeting, Congressman Krishnamoorthi heard from many fire and police first responders who described having to revive the same person multiple times, sometimes within the same day due to being released from a hospital emergency room and immediately overdosing again.

There is much evidence of the impact of the opioid crisis on opioid-related emergency department and hospital visits across the state. From 2009 to 2014, Illinois experienced a population rate of 269.1/100,000 of opiate-related inpatient hospital stays. This was the seventh highest rate among the 50 states. To help hospitals serve patients with Opioid Use

Disorder (OUD), Gateway Foundation has developed a program through funding from an Opioid STR grant, which allows us to dispatch licensed or certified clinicians who will provide screening, recovery coaching, and “warm hand-off” services to community-based treatment and Medication Assisted Treatment (MAT) partners for hospital patients who are indicated to have OUD.

Gateway recruits and maintains a team of credentialed Engagement Specialists and Recovery Coaches and who will work with the medical teams at identified partnering Illinois hospitals. The team will work with patients who present to the Emergency Department with a medical issue related to OUD, and create a continuing care plan. These staff will work with the patients to provide education, perform a clinical assessment, create a continuing care plan, and make firm community referrals upon discharge from the hospital.

The goal for this initiative is for staff to coordinate a direct transfer or referral to treatment upon discharge from the hospital. For those who are not ready to take this step, the patient will be provided with education and information on how to access treatment services at a later time as needed. Patients will also be advised of risks related to delaying treatment, and the benefits of engaging supports. Recovery Coaches will follow up with patients on their resource referrals, or make subsequent attempts to engage patients who initially refuse assistance. These types of programs are crucial to engaging patients in the treatment process as soon as they are identified and more funding is needed to allow us to continue this type of initiative across the country. In addition, schools need to be educated on prevention strategies to decrease the risk of junior high and high school students experimenting with Opiate use which can lead to development of Opioid addiction at a young age. A report from the Centers for Disease Control and Prevention (CDC) found that between 1999 and 2015, Opiate related drug overdose death rates for 15- to 19-year-olds more than doubled. We must be willing to provide education on this epidemic in our schools, not in ways to scare teens into not using as some of our previous “DARE” programs were established to do, but instead to educate them on the disease of addiction from a medical and prevention framework. The Robert Crown Center for health education in Hinsdale, Illinois has an excellent curriculum on Heroin and substance use disorder intended to do this in a fun, interactive way for both junior high and high school teachers, students, and parents, yet very few schools in the state have utilized or are even aware of this curriculum. Funding should be provided to allow all schools access to this education in both health classes and in-services available to families and the community across the country.

The final and key component in the strategic plan to battle the Opioid epidemic is treatment. Gateway Foundation is located at multiple locations across the state of Illinois has the full continuum of care for adults and adolescents, male and females utilizing evidence based practices including Medication Assisted Treatment for Opioid use disorder. We know that the treatment process can provide support in helping individuals struggling with Opiate use disorder by providing education to patients as well as their families on the disease of addiction and its relationship to mental health and trauma disorders as well as unhealthy relationships. This also includes education from licensed doctors and nurses on medications such as Buprenorphine and Naltrexone that can help manage the cravings and withdrawals associated

with Opiate Use Disorder. Skills to achieve and sustain recovery as well as the ability to practice these skills are a substantial part of the treatment experience. Data shows that the sooner a person can access treatment and the longer they can stay in treatment, especially at the residential inpatient level of care for Opiate use disorder to help them gain some distance from the substance, get on the appropriate medications and develop skills to manage the psychological components associated with addiction can substantially improve their chances of sustained recovery. However, two significant events have occurred nationally and in Illinois over the past ten years directly impacting access to care for individuals with substance use disorders. Although we know based on the research that treatment can be effective in helping those with Opiate use disorder achieve recovery, treatment providers such as Gateway Foundation are experiencing barriers which are reducing access and length of stay for individuals who desperately need treatment for this disease. The first was the passage of parity legislation requiring insurers to maintain process, procedure and coverage for those with substance use issues that parallels that of those with medical issues. The second event was a reform of the health insurance system that included a requirement that all insurance plans include substance use treatment coverage. The second wave of health reform in Illinois included the expansion of Medicaid to indigent adults historically not covered by any form of insurance. While one would think that the passage of mental health parity laws almost a decade ago would have significantly improved access to services but unfortunately, that was not the case. In fact, many of the plans simply dropped substance use treatment as a covered benefit to avoid having to offer matching services. Health reform requiring coverage was a true game changer that dramatically expanded access and Gateway shifted its' business model to include commercially insured individuals but the insurers continue many activities that violate parity and present barriers to patients in desperate need for care. Expanding Medicaid on the other hand had benefits but also presented new barriers not historically experienced by indigent substance users. Namely, they were only accepted to Medicaid beds of which there were few. Demand has increased so dramatically that Gateway Foundation literally has 1,000 individuals on a waiting list for residential treatment. In the meantime, those individuals continue to drain resources from an already stressed healthcare system without even getting the services they need. In Gateway's 49 year history, never have we seen the demand so great and access to care so low. Programs throughout the state have closed due to financial distress and pleas for support have not been answered. In consideration of the level of public health crisis that addiction presents, all efforts and resources need to be applied. The most pressing issue to providing quality care to those in need is unfortunately related to funding that the current Medicaid Waiver put forth by the State of Illinois will not help. In FY17 Gateway provided \$8 million dollars of unpaid services to individuals in Illinois. Our financial deficit is driven by significantly outdated daily rates reimbursed for treatment to a population with increasingly complex medical and psychiatric needs. The rates were assigned at the time units were opened explaining the variance and the State hasn't made any significant adjustments to meet the actual cost of care. Gateway has been in an unsuccessful appeal process to the Department of Human Services for over a year seeking updates to this reimbursement system.

The second is an inability to pay for the medical and psychiatric care of patients under current funding mechanisms. The third and perhaps most important challenge is the inability to recruit and retain a younger workforce who will eventually replace the experienced team of professionals who will retire over the next ten years. Our recommendations are clear and we invite you as members of the Committee to invite our participation to find long term sustainable solutions. The system of care cannot sustain this situation any longer and providers like Gateway who are mission driven and non-profit providers can only do so by being creative and providing services to those with commercial insurance while reducing care to the uninsured population. Financial limitations and challenges of this type have three direct impacts on access to care. The first impact is our complete inability to open new residential treatment centers despite our opening projects and efforts to improve care. The first recommendation is to work closely and collaboratively with providers, The Kennedy Forum, The Department of Insurance and insurers to eliminate parity violations impacting commercially insured patients. The second is to work with DASA and DHS in collaboration with providers to implement a reimbursement model and rate structure that pays for the actual cost of care with opportunities to expand care to vulnerable populations in all areas of our state. The final recommendation is to recognize providers like Gateway that score the highest in benchmarked state measured indicators of treatment quality and engagement. Gateway as a team and organization remains committed to finding solutions for us to find funding to provide quality treatment for those battling Opiate use disorders. Thank you for your work and interest in improving the quality of care for individuals and the community. Gateway Foundation stands ready to be a partner in future legislation and initiatives to improve our ability to serve those who struggle with Opioid use disorder.

