

**New Jersey Department of Human Services  
Division of Addiction Services**

**BIANNUAL REPORT**

**Plan for the Establishment and Funding of  
Regional Substance Abuse Treatment Facilities**

**Presented to the Governor and Legislature  
April, 2010**

**I. BACKGROUND**

The Bloodborne Disease Harm Reduction Act (P.L. 2006, c.99) was signed into law by Governor Jon Corzine on December 19, 2006. In compliance with the requirements of this law, an initial implementation plan for the Needle Exchange Treatment Initiative (NETI) was submitted to the Governor and Legislature on April 18, 2007. Subsequent biannual reports were submitted on October 18, 2007, April 18, 2008, October 22, 2008, May 18, 2009 and October 18, 2009. The seventh biannual report is submitted herein for the initiative now known as the as Medication Assisted Treatment Initiative (MATI). The previous reports can be found on the DAS website <http://www.state.nj.us/humanservices/das/treatment/neti/>.

**II. DESCRIPTION OF SERVICES**

**Mobile Medication, Fixed Site and Office-Based Services and Outreach**

The Division of Addiction Services (DAS) issued multiple public Requests for Proposals (RFP) in the New Jersey Register for the provision of mobile medication units to provide methadone maintenance, Suboxone detoxification and induction six days per week, as well as corresponding office-based and case management services for intravenous drug users including a twelve-week mandatory stabilization treatment program for Suboxone clients. Awards of \$1.2 million were made for each contracted site. In Atlantic City, John Brooks Recovery Center, formerly known as the Institute For Human Development, was the award recipient, Parkside Recovery was the award recipient for Camden and Trenton, and Paterson Counseling Services was the award recipient for Paterson. Organization for Recovery in the city of Plainfield was the recipient of the award for the fifth mobile medication unit. Each site has capacity to serve 200 clients, 150 methadone clients and 50 suboxone clients.

In Newark, The Lennard Clinic was the recipient of \$1 million for a fixed site medication assisted treatment program to provide methadone maintenance, Suboxone detoxification and induction six days per week, as well as corresponding office-based and case management services for intravenous drug users, including a twelve-week mandatory stabilization treatment program for Suboxone clients.

The total annual contracted amount for these components of the MATI is \$7 million. The associated contracts fund agencies in six cities to provide comprehensive medication assisted treatment services including five mobile medication units, one fixed site, and office-based sites with community-based outreach and accompanying capacity to refer to other substance abuse treatment services as indicated by the client's individual clinical needs. The funding covers operating costs including annualized staffing costs, medication costs, operation of the units including maintenance and insurance, case management, outreach, and screening.

The MATI contracted agencies are intended to serve indigent New Jersey residents with an opiate addiction, with a particular emphasis on providing access to treatment for individuals referred by Syringe Exchange Programs (SEP). Services are provided in adherence to Federal and State guidelines regarding the treatment of Opioid dependent clients, as well as program eligibility criteria developed to ensure that services are provided to the population targeted by the legislation. To be eligible for the program, a client's household income must be at or below 350% of the Federal Poverty Level as determined according to the Division of Addiction Services Income Eligibility policy.

In addition, the client must:

- 1) be a resident of New Jersey;
- 2) have a history of injection drug use;
- 3) test positive for opiates or have a documented one-year history of opioid dependence (individuals who have recently been incarcerated or in residential treatment may not test positive for opiates);
- 4) be able to provide proof of identification to prevent dual enrollment in medication-assisted treatment;
- 5) not currently be enrolled as a client in an opioid maintenance treatment (OMT) program or a client under the care of a physician prescribing Suboxone; and
- 6) not have been enrolled as a client in an OMT program or a client under the care of a physician prescribing Suboxone within the past thirty (30) days.

Clients referred by the SEPs who are either pregnant, homeless, or at risk of being homeless are given priority consideration for admission.

#### Program Implementation:

##### *John Brooks Recovery Center – Atlantic City:*

In Atlantic City, the John Brooks Recovery Center contract was effective January 1, 2008. John Brooks Recovery Center has continued to collaborate with South Jersey AIDS Alliance, the agency implementing the SEP, on how syringe exchange participants will be referred to treatment. According to the DAS New Jersey Substance Abuse Monitoring Systems (NJ-SAMS) data, there have been **461** admissions to date, **178** of whom have been referred via the SEP. To date there are **202** active clients enrolled in the MATI program in Atlantic City.

*Urban Treatment Associates-Camden:*

Parkside Recovery was awarded funds to serve Camden and Trenton, and its contract was effective January 1, 2008. In August 2009, Parkside Recovery advised DAS of its intent to terminate its contract with DAS to provide services in Camden. DAS made an emergency reassignment of the mobile medication unit to Urban Treatment Associates, Inc., which was effective on October 9, 2009 through December 31, 2010. According to NJ-SAMS data, prior to the reassignment to Urban Treatment Associate Inc., there were **159** admissions to date, **156** of whom were referred from the syringe exchange program. On November 27, 2009, all Parkside Recovery Center clients were transferred to Urban Treatment Associates Inc. According to NJ-SAMS data, since the contract reassignment there have been an additional **110** admissions to the Camden program for a total of **269** admissions to the MATI program in Camden to date, **245** of whom have been referred via the SEP. As of April 2010, the total active client enrolled in Camden MATI program is **188**. DAS is planning to issue a RFP to re-bid this contract within eighteen months of the emergency assignment.

*Parkside Recovery-Trenton:*

The Trenton mobile medication unit began admitting clients on May 11, 2009 and thus far has admitted **201** with **3** admissions being referred from the SEP. The 3 SEP clients have been transferred to the Trenton program from the program in Camden. To date, a total of **155** clients are active in the Trenton MATI program.

*Paterson Counseling Services - Paterson:*

Paterson Counseling Services' contract was effective on January 1, 2008. Paterson Counseling Services is also the agency implementing the SEP for the city of Paterson. According to NJ-SAMS data, there have been **346** admissions to date, **319** of whom have been referred via the SEP. There are **161** active clients who are currently enrolled in the MATI program in Paterson.

*Organization for Recovery Inc. - Plainfield:*

Organization for Recovery's contract was effective November 1, 2008 for the fifth mobile medication unit to service clients in the city of Plainfield. DAS NJ-SAMS data indicates that there have been **272** admissions since the program's inception, **42** of whom have been referred via the SEP program located in Newark. To date, there are **145** active clients enrolled in the MATI program in Plainfield.

*The Lennard Clinic Inc. - Newark:*

Since their contract became effective on November 1, 2008, The Lennard Clinic in Newark has collaborated with the North Jersey Community Research Initiative (NJCRI), the agency implementing the SEP. DAS NJ-SAMS data indicates that there have been **359** admissions to date at the MATI fixed site in Newark. Of the **359** admissions, **225** have been referred via the SEP. As of April 2010, there are **184** active clients enrolled in the MATI program in Newark.

According to DAS NJ-SAMS data, the total number of MATI client admissions for the six pilot sites is **1908**, while the total number of SEP participants admitted to treatment is

**1012. Statewide, 53% of MATI admissions have been SEP participants.** It must be noted that out of the six MATI sites, four programs are sited in cities that operate the syringe exchange program which include Atlantic City, Camden, Newark and Paterson.

### **Intensive Supportive Housing Program**

Supportive housing is a critical recovery support that may help treatment-resistant clients take the first step in their recovery process, as well as support sustained recovery. Through an open, competitive public bidding process, two awards of \$871,000 each were made to Resources for Human Development, Inc. and John Brooks Recovery Center, for the development of two Intensive Supportive Housing (ISH) teams with funding for rental subsidies (tenant-based) and service dollars for providing intensive support services. These contracts create a capacity for 62 subsidized supportive housing slots. Funding for clinical treatment services for recipients is available through the mobile medication units, as well as treatment vouchers. Clients eligible for the MATI are screened by the case manager for supportive housing eligibility. Clients must meet program criteria for homelessness or risk of homelessness. If the clients are found to be eligible for supportive housing, they are referred to the ISH team. The ISH team completes a full assessment and refers eligible clients for housing. If the client does not qualify for supportive housing, he/she will continue treatment or continue to participate in the MATI.

A key feature of the DAS supportive housing program is that there is no threat of removal from housing due to lack of treatment involvement. As for any person renting an apartment in New Jersey, normal legal channels for eviction or removal remain in place and are governed by N.J.S.A. 2A:18-61.1 (e.g., non-payment of rent, destruction of property, continued disorderly conduct, etc.). The ISH team encourages the consumer to enter substance use or mental health treatment, to adhere to their medication regimens, and to seek vocational education, employment counseling, or any other community services by using motivational techniques. The ISH team works with the consumer to motivate and support recovery as the consumer seeks to change.

The Resources for Human Development, Inc. and the Johns Brooks Recovery Center contracts were effective April 1, 2008. These contracts combined provide for a total of 62 housing units, 31 units in Camden and 31 units in Atlantic City respectively. **All housing units are filled.** Clinical treatment services are offered to those residing in the housing units, but participation is not mandatory. To date, **a total of 99 individuals are receiving both services and housing in Camden and Atlantic City.** In Atlantic City, the units are occupied by 20 single adults and 11 families, with 43 total individuals receiving services. In Camden the housing units are occupied by 13 single adults and 18 families, with 56 total individuals receiving services. Individuals receiving services at both sites include substance abuse treatment consumers, their spouses, and children.

## **Enhanced Sub-Acute Detoxification**

To meet the detoxification needs of intravenous drug users with complicating substance dependence and medical conditions, DAS issued an RFP for start-up costs, including renovations, refurbishment, and equipment, to create detoxification service capacity for clients with very specific complications such as the need to continue opiate replacement medications during detoxification or the need to detoxify from benzodiazepines or clients with co-occurring disorders and pregnant clients. Straight & Narrow, Inc. was awarded a contract for six beds and Turning Point, Inc. was awarded a contract for four beds for a total of ten beds statewide. Contracts for these agencies were effective July 1, 2008. Ongoing services are funded through the treatment voucher program. Straight & Narrow, Inc. and Turning Point have completed all necessary improvements and to date a total of **99** unduplicated admissions have received enhanced sub-acute detoxification services. This is an increase of **67** unduplicated admissions to enhanced detoxification services since the previous biannual report.

## **MATI Provider Network (Voucher Program)**

A portion of the MATI funding is allocated to support a voucher-based treatment service network offering enhanced sub-acute detoxification, outpatient treatment for recovery mentors, transportation, and traditional residential treatment services. A voucher-based system facilitates a client-centered approach to providing services. It maximizes client choice as the funds follow the client through a continuum of care, allowing for easier movement from provider to provider. Treatment vouchers are issued after a full assessment including a determination of program and financial eligibility in addition to the client's clinical needs. The voucher is issued by the NETI case manager and can be redeemed at a participating MATI Provider. Approval to provide services as part of MATI is predicated on an agency's openness, willingness, and capacity to provide services to clients on medication-assisted treatment. Applications from licensed agencies were reviewed and those agencies that met qualifying criteria have been accepted to provide services. Currently there are 19 outpatient sites and 9 residential sites in the MATI Provider Network providing detoxification, long-term, short-term, and halfway house residential services, as well as intensive outpatient and outpatient services.

DAS launched the MATI Provider Network in November 2008. In November and December 2008, DAS trained all contracted and network providers on how to access services through the voucher program. As previously reported in the last biannual report, providers began to request vouchers in late December 2008. Voucher activity has increased and to date **1,444** vouchers have been issued to a total of **344** unduplicated clients. Increased voucher activity is anticipated as the enhanced detoxification service providers may now accept clients who meet program eligibility criteria without a referral from the mobile unit case manager; such clients are expected to engage in additional treatment services through the voucher program upon completing detoxification services.

### **III. EVALUATION**

On October 1, 2008, DAS entered into a contract with the National Center on Addiction and Substance Abuse (CASA) at Columbia University to undertake an independent scientific evaluation of the MATI. The contract with CASA was awarded through an open bid solicitation process. The purchase price for these services was \$2,221,641 as approved by the Purchase Bureau of the Division of Purchase and Property in the New Jersey Department of the Treasury.

Preliminary data from the CASA evaluation team indicate a significant need for additional treatment and ancillary services as available through the voucher system, in particular treatment for co-occurring disorders: Addiction Severity Index (ASI) ratings suggest that 38.5% of clients need additional treatment for mental health disorders

The Bloodborne Disease Harm Reduction Act (P.L. 2006, c.99) legislation has had a significant impact on access to treatment services in New Jersey for a previously underserved and hard-to-engage client population. When clients were asked if the MATI improved their access to services, the responses were as follows:

- 77.3% of clients reported that beginning treatment through MATI was easier than their past attempts to access treatment
- 76% of clients reported that they prefer the Mobile medication units to an office as an option to access to get their medication
- 76.6% of clients reported the Mobile units made it easier to obtain medication

This preliminary data strongly suggests that the MATI pilot project design, including the availability of mobile medication units and voucher program to purchase a flexible array of services, is effectively meeting individual client needs and expanding access to care.

### **IV. FUNDING**

The Medication Assisted Treatment Initiative (MATI) program received \$40 million over a four-year period beginning in April 2007. In year one, the program received an annual budget of \$10 million in mid-April 2007. Over the following years, RFP and network phase-in resulted in \$17.9 million of accruals which were returned to Treasury. There are no additional accruals at this time.

### **V. COLLABORATION WITH DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS), DIVISION OF HIV/AIDS SERVICES**

DAS staff and DHSS' Division of HIV/AIDS Services continue to coordinate data and ensure seamless referral processes from the SEPs to the MATI sites around the State. DAS and DHSS have also collaborated to convene their contracted evaluation teams to



discuss evaluation protocols and the possibility of sharing data to track clients participating in both the SEP and substance abuse treatment.

## **VI. COLLABORATION WITH LOCAL GOVERNMENTS**

DAS will continue to collaborate with local governments and municipal health departments to enhance referrals to existing local health and social services. Collaboration at the local level has also resulted in local law enforcement partnerships, identification of outreach venues, local ordinances for the parking of mobile medication units, and local resources for client's ancillary needs as well as sharing of data. These activities are intended to achieve the goal of moving a client seamlessly from exchanging needles to attaining treatment. The monthly consortia meetings have fostered this collaboration.





