



State of New Jersey
DEPARTMENT OF HUMAN SERVICES

PO Box 700

TRENTON NJ 08625-0700

JON S. CORZINE
Governor

JENNIFER VELEZ
Commissioner

April 22, 2008

Honorable Richard J. Codey
Senate President
PO Box 099
Trenton, New Jersey 08625-0099

Honorable Joseph Roberts, Jr.
Speaker of the General Assembly
PO Box 098
Trenton, New Jersey 08625-0098

Dear Senator Codey and Speaker Roberts:

In accordance with P.L. 2006, c.99, enclosed is the Department of Human Services' Division of Addiction Services' updated implementation plan for the establishment and funding of regional substance abuse treatment facilities.

The plan speaks to the Background, Description of Services, Evaluation, and Collaboration with the Department of Health and Senior Services; Collaboration with Local Governments; and Strategy for Soliciting Proposals. I believe this plan will enhance treatment opportunities statewide and look forward to working with you, your respective committees, and the Senate and Assembly leadership.

I am available to discuss the details of our plan at your convenience. If you have any questions, comments, or concerns, please do not hesitate to contact me or Raquel Mazon Jeffers, Director of the Division of Addiction Services, at 609-292-5760.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Velez".

Jennifer Velez
Commissioner

JV:17:cg

Enclosure

c: Raquel Mazon Jeffers
Kathleen Crotty, Senate Democratic Office
James Harkness, Senate Republican Office
William J. Castner, Jr., Assembly Democratic Office
Richard Wright, Assembly Republican Office
Lori O'Mara-Van Driesen

BIANNUAL REPORT

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

**Presented to the Governor and Legislature
April 18, 2008**

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. This plan for the establishment and funding of regional substance abuse treatment facilities is being submitted in accordance with P.L. 2006, c.99. This law initiated New Jersey as the 50th state in the nation to enact what is commonly called "Needle Exchange" policy. The law requires the Department of Health and Senior Services (DHSS) to establish a demonstration program that would permit up to six municipalities to operate a sterile syringe access program in accordance with the provisions of this act. In addition, the law appropriates \$10,000,000 from the General Fund annually to the Department of Human Services (DHS), Division of Addiction Services (DAS), for inpatient and outpatient drug abuse treatment program slots and outreach.

The law further required that:

The Commissioner of Human Services develop a plan for establishing and funding regional substance abuse treatment facilities and to solicit proposals from nonprofit agencies and organizations in the State, including State-licensed health care facilities, with experience in the provision of long-term care or outpatient substance abuse treatment services to meet the post-acute health, social, and educational needs of persons living with HIV/AIDS.

The Commissioner submit the plan to the Governor and to the Legislature no later than the 120th day after the effective date of this act, and report biannually thereafter to the Governor and the Legislature on the implementation of the plan.

In compliance with the requirements of this law, an initial implementation plan was submitted to the Governor and Legislature on April 18, 2007. A biannual report was submitted on October 22, 2007. The second biannual report is submitted herein.

II. DESCRIPTION OF SERVICES

Mobile Medication, Office-Based Services and Outreach

As previously reported, the Division's first Request for Proposal (RFP) was published in the New Jersey Register on April 16, 2007, with the focus on the provision of mobile medication units that will provide methadone maintenance, Suboxone detoxification and induction six days per week, as well as corresponding office-based services and case management to intravenous drug users. A bidder's conference was held May 1, 2007, with applications due June 26, 2007. Through an open, competitive public bidding process, eight applications were received by the Division and reviewed by an eleven member review committee and \$4.8 million was awarded to providers in four cities for the mobile medication units. In Atlantic City, the Institute for Human Development was the recipient. Parkside Recovery was awarded funds to serve Camden and Trenton, and Paterson Counseling Services was awarded a contract to service Paterson.

The contracts awarded for the first four cities in this round of applications are for comprehensive medication assisted treatment services including mobile medication units and office-based sites with community-based outreach and accompanying capacity to refer to other substance abuse treatment as per American Society of Addiction Medicine (ASAM) assessment. The funding covers operating costs including annualized staffing costs, medication costs, operation of the units including maintenance and insurance, case management, outreach, and screening.

We previously reported that DHSS reopened eligibility for the Sterile Syringe Exchange component as Newark and other cities that had not previously applied to offer this program are still eligible to participate. DAS also re-issued an RFP that was published in the New Jersey Register on November 5, 2007, for a mobile medication unit to serve one or more of the remaining target cities. There were no responses for this RFP and plans are under way to redesign the clinical component of the RFP and re-issue it to address unmet needs in cities still eligible for the sterile syringe exchange pilot project. The redesign includes a fixed site treatment program that will provide transportation for clients to and from syringe exchange sites to methadone/suboxone treatment programs, outpatient, case management, ASAM assessment, and outreach referral services. The objective of these services is to provide, but should not be limited to providing, a twelve week mandatory stabilization treatment program for the suboxone client as well as referral to long term stabilization and counseling for up to six months, counseling to methadone clients, case management, outreach services, and on-site or direct access to psychiatric, medical, and laboratory services with community based outreach and accompanying referral capacity to other substance abuse treatment programs. It is anticipated that the third round of the RFP will be published in the New Jersey register on May 19, 2008.

As previously reported, DAS will be purchasing five mobile medication units through the Department of Treasury, Division of Purchase and Property, directly for use by the contracted programs at a cost of approximately \$300,000 for each unit. The units will

be specially outfitted to meet federal requirements for operation, including: installation of safes for storage of medications, doctor's offices, lab station, computers, confidential counseling office, lavatory and patient waiting area. One of the medical units has arrived and is presently being inspected by the Department of Treasury, Division of Distribution and Support Services. It is anticipated that Paterson Counseling Services will take delivery of this unit by May 9, 2008, and treatment on the medical unit is anticipated by May 23, 2008. The remainder of the units will be delivered in a three week interval. Contractees will be required to utilize the mobile medication units provided by the State. The mobile medication units will be sold to the contractees for the duration of the pilot program at a cost of \$1.00. The Department of Treasury will be listed as a lien holder on the title. At the end of the contracted period, the contractee must then sign the title back over to Treasury. The contractee must carry collision and comprehensive coverage on the unit.

Post Award Meetings: DAS staff continued to attend all scheduled planning meetings by the Camden County syringe exchange planning committee. A syringe exchange mobile medication unit technical team has continued to monitor the implementation of the mobile medication units and to provide technical assistance as needed. DAS attended all quarterly meetings for Atlantic City, Camden, Trenton and Paterson to address any community issues or concerns with regard to the implementation of this project. The Division planned a joint immersion training with the Drug Policy Alliance of New Jersey on the implementation of the needle exchange treatment initiative held on January 28 and 29, 2008. The training was well attended by providers and DAS staff.

Program Implementation: It was reported that \$4.8 million was awarded to providers in four cities for the mobile medication units. In Atlantic City, the Institute for Human Development (IHD) was the recipient. DAS approved their pre award contract for a start date of January 1, 2008. Since then, IHD has collaborated with South Jersey AIDS Alliance, the Agency implementing the Syringe Exchange Program on how syringe exchange participants will be referred to treatment. They have hired clinical staff required for the program as well as making renovations to their treatment site to accommodate the office-based program and to meet DAS standards for licensure of ambulatory care facilities.

Parkside Recovery was awarded funds to serve Camden and Trenton. DAS approved their pre-award contract that started on January 1, 2008. In Camden, Parkside has collaborated with Camden Area Health Education Center (AHEC), the Agency that is implementing the Syringe Exchange Program in Camden to coordinate referrals of syringe exchange participants to treatment. Parkside is in the process of negotiating lease agreements with Volunteers of America for their office-based services in Camden as well as obtaining the necessary permit to operate the mobile Unit in Camden and Trenton. They have continued to hire program staff as well as make the necessary inquiry to renovate the 145 Brunswick Ave site for their office-based program to meet DAS standards for licensure of ambulatory care facilities.

Paterson Counseling Services was awarded a contract to service Paterson. DAS approved Paterson counseling Services pre-award contract that started on January 1, 2008. They have hired key program staff for the implementation of the mobile project. They have secured all of the necessary permits for the operation of the mobile unit in the City of Paterson. It must be noted that Paterson Counseling Services is also the Agency implementing the Syringe Exchange program for the City of Paterson, which makes for easy referrals of syringe exchange participants to treatment. Paterson Counseling will operate their office-based services in their fixed site and adequate counseling offices have been designated for the syringe exchange participants.

Intensive Supportive Housing Program

In the April 18, 2007, report, it was reported that supportive housing is a successful, cost-effective combination of affordable housing with services that help people live more stable, productive lives. It offers permanent housing with services that work for individuals and families who face complex challenges such as homelessness and/or have serious and persistent issues that may include substance use, mental illness, and HIV/AIDS.

As previously reported, the RFP for Supportive Housing was released in the New Jersey Register on August 6, 2007. Through an open, competitive public bidding process, seven applications were received by the Division and reviewed by a Review Committee that resulted in two awards of \$871,000 each to Resources for Human Development, Inc. and the Johns Brooks Recovery Center (formerly the Institute for Human Development) respectively. The two successful applicants demonstrated knowledge of what is required for clients to secure and maintain housing, develop and maintain individualized financial budgets, adjust to normalized patterns of living, obtain gainful employment and/or vocational activities, and improve and maintain healthy community, family and social functioning while maintaining recovery. It is anticipated that the agencies will start providing services by May 1, 2008. The funding will be 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. Funding for clinical/treatment services for recipients will be available through treatment vouchers. Clients participating in the needle exchange treatment initiative will be screened by the case manager at the office-based services for supportive housing eligibility. If the clients are found to be eligible for supportive housing, they are referred to the ISH team. The supportive housing team will complete a full assessment and assign the client to either level A or B housing. If the client does not qualify for supportive housing, they will continue treatment or continue to participate in the syringe exchange program.

There are two separate programs that will utilize the ISH Program pilot. Level A is designed as an alternative to residential treatment that combines the benefits of treatment with the research based benefits of supportive housing. This innovative model will provide substance abuse treatment at a minimum of five hours per week to

include at least one individual therapy session, group and family therapy, along with the benefits of supportive housing.

Level B Supportive Housing is designed as a Housing First program that will be available to 32 clients (16 per team) and accepts individuals who are on medication assisted therapies. Level B makes no treatment or service participation demands of those it serves, regarding participants as housing consumers rather than treatment program residents in order to emphasize the primacy of "consumer choice" in the delivery of services. 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, or to seek vocational education, employment counseling, or any other community services by using motivational techniques. Thus, the ISH team works with the consumer to motivate and support recovery as the consumer seeks to change. For those clients who voluntarily choose to enter treatment, payment vouchers will be made available if needed, or clients will be enrolled in existing services if eligible.

Supportive housing is uniquely suited for the intravenous drug using (IVDU) population because most of the existing traditional residential treatment models serving individuals in recovery will not admit individuals who are on medication assisted therapies for substance abuse disorders and/or mental health disorders despite the overwhelming research that medication assisted treatment is the evidence-based practice of choice for the treatment of opiate addiction and for those with co-occurring disorders. Individuals who are on medication assisted therapies, as well as those who are not, may access both Level A and Level B supportive housing.

Enhanced Sub-Acute Detoxification

In our prior report, DAS identified a gap in the current treatment capacity that is specific to intravenous drug users (IVDU). Currently the substance abuse treatment system provides detoxification services designed to meet the needs of clients who can be maintained in a sub-acute treatment setting. This level of care does not accommodate clients with very specific complications such as the need to continue opiate replacement medications during detoxification or the need to detoxify from benzodiazepines, a frequently abused category of drugs among opioid dependent individuals. When clients cannot access these services, it impedes their ability to move through the continuum of treatment necessary for full recovery. Access to these specialized detoxification protocols is restricted to those clients who present in crisis through the emergency room. They receive an intensive, hospital-based level of service which is costly, often unnecessary, and does not treat the primary disease of addiction.

The Division's RFP for start up costs for developing new capacity for a minimum of a ten bed enhanced sub-acute medical detoxification was released in the New Jersey Register on December 17, 2007, with the Mandatory Bidder's Conference held on January 8, 2008. The providers of this service will accept and treat clients with co-occurring disorders, pregnant women, poly-addicted individuals including those addicted to benzodiazepines, and individuals who may or may not be on opiate replacement therapy. The provision of unfettered, same day transport to treatment is a crucial component of this service. Clients receiving opiate replacement therapy must have the option to remain on medically assisted treatments throughout the detoxification. The facility providing enhanced sub-acute detoxification services must accommodate clients regardless of the non-life threatening medical condition(s) with which they present. They must have an affiliation agreement and procedures in place with an acute care hospital that ensures the seamless transfer of the IVDU client to the acute care setting as needed.

Through an open, competitive public bidding process, three applications were received by the Division and reviewed by a review committee that resulted in two awards, one to Straight & Narrow, Inc. for 6 beds and one to Turning Point Inc. for 4 beds for a total of 10 beds statewide. This funding is for start-up costs, including the initial development of the services, and for the ongoing operational dollars for the services that will be provided in the voucher program.

Voucher Program

It was previously reported that additional funding is being allocated for the development of a voucher based network that will offer enhanced sub-acute detoxification, outpatient treatment for recovery mentors, transportation, and traditional residential treatment services. A voucher-based system is a client centered approach to providing services. It maximizes client choice and the funds follow the client allowing for easier movement from provider to provider. At any point in the Syringe Exchange Program (SEP), a client can be issued a treatment voucher. The voucher is issued after a full assessment that includes a determination of the correct level of treatment needed and a full assessment of the client's eligibility for current funding options. If no other funding options are available to the client, the client will become eligible for a voucher. The voucher is issued by the case manager in the office-based site in the client's name and can be redeemed at a Needle Exchange Treatment Initiative (NETI) Network Provider. Approval to provide services as part of NETI is predicated on an agency's openness, willingness and capacity to provide services to clients on medication assisted treatment. The applications will be reviewed and only licensed agencies that meet qualifying criteria will be accepted to provide services. DAS is finalizing the mechanism of the voucher system in the context of the mobile project and agencies accepted to participate in the needle exchange treatment initiative will be notified by June 2008. Services for NETI will be preauthorized and reimbursement of a voucher is predicated on submission of service data consistent with preauthorization.

III. EVALUATION

It was reported that a comprehensive evaluation will be undertaken as part of the substance abuse treatment component. Plans include the hiring of an outside evaluator to assess the various components. The evaluator will work closely with DAS' research staff in developing the research questions, research protocols and evaluation design, outcome measures, data collection tools, and modifications to New Jersey Substance Abuse Monitoring System (NJ-SAMS) that may be needed to collect evaluation information. This RFP is being processed through the Department of Treasury's Division of Purchase of Property, which posted the RFP on their website on April 11, 2008. Preparation and approval of the evaluation committee report and letter of intent to award is anticipated by July 8, 2008, with the contract effective date anticipated by August 4, 2008, if no protest is received.

IV. COLLABORATION WITH DEPARTMENT OF HEALTH AND SENIOR SERVICES, DIVISION OF HIV/AIDS SERVICES

DAS staff and the DHSS/Division of HIV/AIDS Services collaborated on the curriculum for the Immersion training held at Rutgers University on January 28 and 29, 2008. DAS staff also had meetings with the DHSS evaluation team to discuss evaluation protocols and the possibility of sharing data to track clients participating in both the syringe exchange program and substance abuse treatment.

V. COLLABORATION WITH LOCAL GOVERNMENTS

DAS will continue to collaborate with local governments and municipal health departments to enhance the referral to existing local services, local law enforcement, outreach venues, getting local ordinances for the parking of mobile medication units, getting local resources for ancillary needs and sharing data. These activities are intended to achieve the goal of moving a client seamlessly from exchanging needles to attaining treatment.

In addition, DAS has continued to coordinate meetings between the agencies that received the mobile medication unit contracts to foster collaboration with local health departments and sterile syringe access programs.