

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
October, 2009**

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, and May 18, 2009. The fifth biannual report is submitted herein.

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. 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.

In Newark, The Lennard Clinic was the recipient of \$1 million for a fixed site medication assisted treatment program to provide, but 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 direct access to psychiatric, medical, and laboratory services with community-based outreach and capacity to make referrals to other substance abuse treatment programs.

The total contracted amount for this component of the NETI 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 per 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.

The NETI 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 total household income must be at or below 250% of the Federal Poverty Level. 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 who are referred by SEPs and 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 **348** admissions to date, **133** of whom have been referred via the SEP.

Parkside Recovery-Camden:

Parkside Recovery was awarded funds to serve Camden and Trenton, and its contract was effective January 1, 2008. In Camden, Parkside has collaborated with the Camden Area Health Education Center (AHEC), the agency that is implementing the SEP in Camden to coordinate referrals of syringe exchange participants to treatment. Thus far, there have been **292** admissions at the Parkside Camden mobile medication unit, with **280** of the admissions being referred from the SEP. In August 2009, Parkside Recovery advised DAS of its intent to terminate its contract with DAS to provide services in Camden. DAS has made an emergency reassignment of the mobile medication unit to Urban Treatment Associates, Inc., which will be effective on or about November 16, 2009. DAS will issue a request for proposal to re-bid this contract within eighteen months of the emergency assignment. DAS staff is working diligently with staff from

Parkside Recovery and Urban Treatment Associates to ensure a seamless transition of clients and avoid any disruptions in care.

Parkside Recovery-Trenton:

The Trenton mobile medication unit began admitting clients on May 11, 2009 and thus far has admitted **111** with **3** admissions being referred from the SEP. The 3 SEP clients have been transferred to the Trenton program from the Parkside program in Camden.

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 **279** admissions to date, **256** of whom have been referred via the SEP.

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 **192** admissions since the program's inception, **20** of whom have been referred via the SEP program located in Newark.

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 **272** admissions to date at the NETI fixed site in Newark. Of the **272** admissions, **149** have been referred via the SEP.

According to DAS NJ-SAMS data, the total number of NETI client admissions for the six pilot sites is **1,146**, while the total number of SEP participants admitted to treatment is **708**. **Statewide, 62% of NETI admissions have been SEP participants.**

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 NETI 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 NETI.

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. To date, **59** unduplicated NETI clients have been accepted into the supportive housing program - **32** individuals in Camden and **27** individuals in Atlantic City. Within the population of people being served in supportive housing in Atlantic City, 18 are single adults and 9 are heads of households, while in Camden 16 are single adults and 16 are heads of households. It is anticipated that the remaining 3 vacant units will be filled by the end of November 2009. Once the supportive housing program is at full capacity, DAS will begin to maintain a waiting list of eligible supportive housing clients who are eligible to receive housing as current existing clients become self-sufficient and rental subsidy slots become available.

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 **32** admissions have received enhanced sub-acute detoxification services.

NETI Provider Network (Voucher Program)

A portion of the NETI 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 NETI 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. 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 NETI Provider Network providing detoxification, long-term, short-term, and halfway house residential services, as well as intensive outpatient and outpatient services.

DAS launched the NETI 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 **1,122** vouchers have been issued to a total of **240** unduplicated clients. This is a significant increase of an additional **947** vouchers issued and **174** unduplicated clients served since DAS' last biannual report in April 2009. Increased voucher activity is anticipated as the system of care become more familiar with the operational use of the voucher system encouraged by ongoing on-site DAS technical assistance.

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 NETI. The contract with CASA was awarded by means of 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.

During the first and second quarters, CASA developed protocols and submitted them to the Columbia University IRB for approval. The protocols for both the Mobile Medication and Supportive Housing programs included: 1) plan for providing and securing confidentiality of names in study population; 2) data collection plans for admission date, as well as follow-up interviews at 6, 12, and 18 months; and 3) final client consent forms and assessment tools. All protocols were pilot tested and received IRB approval. Additionally, CASA and NCADD-NJ hired a project coordinator and two data collection staffs, finalized data collection procedures, completed 21 housing interviews, computerized the housing and NETI assessment tools, and completed five NETI site visits including both supportive housing sites, and submitted a data analysis plan for the third program to be evaluated, the Enhance Detoxification Services pilot project. During the third quarter that ended June 30, 2009, CASA and the National Council on Alcoholism and Drug Dependence – New Jersey (NCADD-NJ) provided data collection staff with two weeks of training and completed initial interviews with 1) all 43 clients in the supportive housing program and 2) 101 NETI across all sites.

CASA received IRB approval for the aforementioned Enhanced Detoxification data analysis plan and recommended that the City of Plainfield be identified as a sixth NETI site. During the fourth quarter that ended September 30, 2009, CASA and NCADD-NJ initiated the first round of six month follow-up interviews. With the conclusion of the six months follow-up, CASA provided DAS with a preliminary analysis of NETI program outcomes using both NJ-SAMS and CASA-NCADD-NJ collected data. These data will inform possible changes to project design midway through the pilot. Overall, CASA and

NCADD-NJ remained two to three months ahead of schedule in its execution of these project evaluations.

IV. FUNDING

The NETI program received \$30 million over a three year period beginning in April 2007 and spent \$10.9 million through June 30, 2009. During the same period \$14.6 million was returned to Treasury. In year one, the program received a budget of \$10 million in mid April 2007 resulting in a year one under-expenditure of \$8.9 million which was returned to Treasury. The additional \$5.7 million returned to Treasury came from Year 2 phase in costs as the RFP's were awarded and programs actually began. \$4.4 million is currently available from Year 2 and Year 3 phase-ins to cover FY 2010 costs. No additional phase-in accruals are expected.

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 sterile SEPs to the NETI sites around the State. DAS and DHSS have also collaborated to convene the UMDNJ contracted and CASA 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.



