



State of New Jersey
DEPARTMENT OF HUMAN SERVICES
PO Box 700
TRENTON NJ 08625-0700

JON S. CORZINE
Governor

JENNIFER VELEZ
Commissioner

October 22, 2007

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 call on 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
John Samerjan, 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
October 18, 2007**

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 provides that the Department of Health and Senior Services (DHSS) shall establish a demonstration program to 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 shall submit the plan to the Governor and to the Legislature no later than the 120th day after the effective date of this act, and shall report biannually thereafter to the Governor and the Legislature on the implementation of the plan.

In compliance with the requirements of this law and following the initial implementation plan that was submitted to the Governor and legislature on April 18 2007, this report is an update of what has been accomplished since that submission.

II. DESCRIPTION OF SERVICES

Mobile Medication, Office Based Services and Outreach

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, 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. On September 7, 2007, DHS Commissioner Jennifer Velez held a press conference announcing the award of \$4.8 million 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. Conference attendees included treatment providers, city officials, DHS and DHSS staff and Senator Nia H. Gill, a legislative sponsor.

The contracts awarded are for mobile medication units comprised of a van and an office based site with community based outreach and accompanying referral capacity to substance abuse treatment. The funding covers operating costs including annualized staffing costs, medication costs, operation of the units including maintenance and insurance, case management, outreach, and screening. Since DHSS has reopened eligibility for the Sterile Syringe Exchange component as Newark and other cities are still eligible to participate, DAS is re-issuing the RFP for a mobile medication unit scheduled to be published in the New Jersey Register in November 5, 2007.

As previously reported, DAS will be purchasing the 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. On August 16, 2007, DAS senior staff met with the company that is building the mobile medication units to finalize the floor plan and delivery of the units. 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. The agencies that received the award will be required to lease the mobile medication units from the State at a nominal cost.

Post Award Meetings: DAS staff attended the Camden County syringe exchange planning meeting on September 18, 2007. DHS Deputy Commissioner James Smith spoke about the importance of community collaboration and the benefits of the mobile medication unit to the success of the syringe exchange program. He assured them of DHS' commitment to provide the needed technical assistance through the implementation of this project. A syringe exchange mobile medication unit technical team has been created by DAS' Director, Raquel Mazon Jeffers, to monitor the implementation of the mobile medication unit and to provide technical assistance as

needed. DAS has planned 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 is also planning a joint conference with the Drug Policy Alliance of New Jersey on the implementation of this pilot project in winter 2007-2008, which is tentatively scheduled for the 3rd week in January.

Intensive Supportive Housing Program

In the April 18, 2007 plan, 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.

The Intensive Supportive Housing Program pilot represents an attempt to address a small portion of the critical need by eliminating housing as an obstacle to recovery and wellness for a few eligible families. This concept is innovative because there is a lack of permanent affordable housing in New Jersey in which securing and maintaining permanent housing and focusing on wellness and recovery for individuals with substance use disorders is emphasized equally.

There are two separate programs that will utilize the Intensive Supportive Housing 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, and group and family therapy, along with the benefits of supportive housing. The added benefit of this program is to provide the wraparound services that are often lacking in more traditional substance abuse treatment. Through the treatment component, the program will address the development of skills to obtain and maintain long term abstinence and provide relapse prevention.

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 Intensive Supportive Housing (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.

This concept 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 evidence based practice for the treatment of opiate addiction and for those with co-occurring disorders. In this model, individuals who are on medication assisted therapies, as well as those who are not, may access both Level A and Level B housing.

The RFP for the Supportive Housing was released in the New Jersey Register on August 6, 2007. There was an overwhelming response to this RFP as evidenced by the many providers who attended the Mandatory Bidder's Conference on August 21, 2007. Proposals for the housing RFP were due to DAS on October 10, 2007. A total of 7 proposals were received and a Review Committee will convene to make recommendations for the award which is expected in November 2007. The funding will be for the development of two Intensive Supportive Housing 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.

Successful applicants must demonstrate 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, improve and maintain healthy community, family and social functioning while maintaining recovery. All clinical and support services must be client centered and recovery oriented.

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 can provide only subacute detoxification. This level of care does not accommodate clients with very specific complications like the maintenance of clients on their opiate replacement medications during detoxification, or the ability to detoxify clients from benzodiazepines, a frequently abused category of drugs. 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 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 subacute medical detoxification is scheduled to be released in the New Jersey Register in late fall 2007. 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 subacute 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. DAS intends to provide funding for start-up costs and for the initial development of the services, if needed, and the ongoing operational dollars for the service that will be provided in the voucher program.

Voucher Program

It was reported that additional funding is being allocated for the development of a voucher based network that will offer: enhanced subacute 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 in the client's name and can be redeemed at any approved licensed provider in the SEP Treatment Network. DAS has continued to meet to finalize the mechanism of the voucher system in the context of the mobile project.

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 Professional Services Contract Scope of Work has been sent to the Division of Purchase of Property to develop an RFP, which is expected to be issued in Winter 2008.

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 in the joint press conference held on September 7, 2007 to announce the award of the mobile medication unit contracts. DAS has continued to share its evaluation protocols with DHSS and will continue to dialog on 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.

VI. STRATEGY FOR SOLICITING PROPOSALS

DAS posted Notices of Funding Availability in the New Jersey Register and their accompanying RFP's on the Department of Human Services website in order to engage prospective applicants. After publication, DAS used electronic mail to inform licensed nonprofit agencies and organizations in the state with experience in the provision of long term care or outpatient substance abuse treatment services of the availability of the contract. For all contracts, potential applicants attended a Mandatory Bidders' Conference.

In accordance with the legislation, eligibility for the mobile medication/office based and outreach services contracts was limited to applicants, which were either public or private non-profit organizations licensed by the State of New Jersey to provide substance abuse treatment. Non-public applicants demonstrated that they are incorporated through the New Jersey Department of State, and provided documentation of their current non-profit status under Federal IRS 501(c) (3) regulations, as applicable. The Bidders' Conference for the Mobile Medication Unit was held on May 1, 2007 and the Supportive Housing Bidders' Conference was held on August 21, 2007. Future bidders' conferences will be announced as the RFPs are issued.