



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

JON S. CORZINE  
Governor

JENNIFER VELEZ  
Commissioner

October 17, 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 updated implementation plan for the establishment and funding of regional substance abuse treatment facilities. The plan was prepared by the Department of Human Services' Division of Addiction Services.

The plan is divided into the following sections: Background, Description of Services, Evaluation, Collaboration with the Department of Health and Senior Services and Collaboration with Local Governments. 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:17:11  
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  
October 22, 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 50<sup>th</sup> 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. Thus far, we have submitted two biannual reports on October 22, 2007 and April 22, 2008 respectively. The third biannual report is submitted herein.

## II. DESCRIPTION OF SERVICES

### ***Mobile Medication, Office-Based Services and Outreach***

Through an open, competitive public bidding process the Division's Request for Proposal (RFP) was published in the New Jersey Register on April 16, 2007, November 5, 2007, and May 19, 2008 to secure the provision of mobile medication units that provide methadone maintenance and Suboxone detoxification and induction, as well as corresponding office-based services and case management to intravenous drug users. It must be noted that DAS 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. Since there were no responses for this RFP, we redesigned the clinical component of the RFP and re-issued it to address unmet needs in cities still eligible for the sterile syringe exchange pilot project. The service model includes a fixed site treatment program that will provide transportation for clients to and from syringe exchange sites to mobile methadone/suboxone treatment programs, along with outpatient, case management, American Society of Addiction Medicine (ASAM) assessment, and outreach and referral services.

All six sites will provide, but will not be limited to methadone maintenance, suboxone detoxification and induction, and 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.

Bidder's conferences were held May 1, 2007, and June 4, 2008 with applications due June 26, 2007 and July 1, 2008, respectively. Through this open, competitive public bidding process, a total of ten applications were received by the Division and reviewed by an eleven member review committee. Based upon the review committee, \$6 million was awarded to providers in six cities for the five mobile medication units and for one fixed site. During the first RFP, in Atlantic City, the Institute for Human Development (now John Brooks Recovery Center) was the recipient. Parkside Recovery was awarded funds to serve Camden and Trenton, and Paterson Counseling Services was awarded a contract to service Paterson. In the second round, Organization for Recovery was the recipient for the city of Plainfield while the Lennard Clinic was the recipient for the city of Newark. Newark will have a fixed site rather than a mobile unit.

The contracts awarded in the six cities for comprehensive medication assisted treatment services covers all operating costs including annualized staffing costs, medication costs, operation of the units including maintenance and insurance, case management, outreach, and screening.

The Division of Addiction Services purchased 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 \$217,862 for each unit. The units are specially outfitted to meet federal requirements for operation, including: installation of safes for storage of medications, doctors' offices, lab station, computers, confidential counseling office, lavatory and patient waiting area. All five medical units have arrived and have been inspected by the Department of Treasury, Division of Distribution and Support Services. Paterson Counseling Services took delivery of their medical unit in May, 2008; John Brooks Recovery Center received their unit in June, 2008; and Parkside Recovery received units in July, 2008, and August, 2008, respectively. It is anticipated that Organization for Recovery will receive their mobile unit in late October, 2008. The mobile medication units were sold to the contractees for the duration of the pilot program at a cost of \$1.00 each. The Department of Treasury was listed as a lien holder on the titles. At the end of the contracted period, the contractee will sign the title back over to Treasury. The contractees carry collision and comprehensive coverage on the units which took effect before receipt of the units.

**Post Award Meetings:** The Division Director and the Deputy Commissioner attended several meetings in Camden to address some of the difficulties in implementing this project in Camden. 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, Camden, Trenton and Paterson to address any community issues or concerns with regard to the implementation of this project.

**Program Implementation:** DAS approved John Brooks Recovery Center pre award contract for a start date of January 1, 2008. Since then, John Brooks Recovery Center has collaborated with South Jersey AIDS Alliance, the agency implementing the Syringe Exchange Program, on how syringe exchange participants will be referred to treatment. To date, they have reportedly enrolled 44 intravenous drug clients in their office based program. It is anticipated that the John Brooks Recovery Center mobile medication unit will launch services in October, 2008.

Parkside Recovery was awarded funds to serve Camden and Trenton. DAS approved their pre-award contract which 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. They have received two mobile medication units and are presently awaiting zoning approval from Trenton and Camden, respectively. In Camden they are getting referrals from the syringe exchange program and currently treating 60 clients. Parkside Recovery has received zoning approval from the city of Trenton and it is anticipated that the mobile unit will begin providing mobile services in November, 2008. Parkside Recovery is awaiting zoning approval in Camden for the mobile medication unit.

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. They have successfully implemented their mobile medication unit and are presently serving 82 clients.

Organization for Recovery is the recent recipient of the award for the fifth mobile medication unit to provide office based services and outreach to Plainfield while the Lennard Clinic was awarded the contract to provide services in Newark as a fixed site location. Both contracts are projected to start in November, 2008.

### ***Intensive Supportive Housing (ISH) Program***

It was reported in the April 22, 2008 biannual report that supportive housing is a successful, cost-effective combination of affordable housing with services that help people live more stable, productive lives. Supportive housing 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.

Through an open, competitive public bidding process, seven applications were received by the Division and considered by a Review Committee that resulted in awards of \$871,000 each to Resources for Human Development, Inc. and the Johns Brooks Recovery Center 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 sustaining recovery.

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.

Each agency will provide 31 housing units comprised of two levels:

Level A- 15 units available to consumers (Required to participate in 5 hrs of weekly treatment services) Treatment services may include:

- Individual therapy
- Group and/or family therapy
- Education/Employment Training

Level B- 16 units available to consumers (Consumers are not required to receive treatments services, but are encouraged). To date, 3 clients have been accepted in this supportive housing program.

### ***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.

Through an open, competitive public bidding process, three applications were received by the Division and considered 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. Straight and Narrow Inc. and Turning Point Inc. are to provide services that 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 two agencies have developed 6 and 4 enhanced sub-acute beds respectively and are ready to admit clients in those beds from the Needle Exchange Treatment Initiative (NETI) provider network. 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. It is anticipated that these services will become operational in November 2008.

### **NETI Provider Network**

The Division has created a network of treatment providers which is poised to provide residential and outpatient treatment services to NETI participants who are on medication-assisted treatment but who require additional substance use disorder treatment services. NETI clients in need of such services will receive a referral and voucher for treatment services through the NETI case manager. 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. Membership in the NETI provider network is predicated on an agency's openness, willingness and capacity to provide services to clients on medication assisted treatment. Network applications have been reviewed and licensed agencies that met qualifying criteria were notified in September, 2008. Services for NETI will be preauthorized by DAS prior to the case manager issuing a voucher for services. Provider reimbursement will require submission of service claim data consistent with preauthorization. DAS is planning a general meeting to bring all the NETI contractees and Provider Network together to facilitate effective implementation of the NETI system of care. It is anticipated that these services will start in November 2008.

### **III. EVALUATION**

Via a competitive process through the Department of Treasury, a contract to evaluate the NETI has been awarded to the National Center on Addiction and Substance Abuse (CASA) at Columbia University. The award is for \$2,221,641 over a four-year period to evaluate the three main components of the NETI: 1) Mobile Medication, 2) Supportive Housing and 3) Medically Managed Detoxification Services. A key goal of this evaluation is to assess the effectiveness of each program in terms of client health and recovery outcomes. Client assessments will be made at admission (baseline), 6 months, 12 months and 18 months to examine client progress. The CASA evaluation will provide important information to New Jersey's state authority for substance abuse services, i.e., DAS, and other policy makers concerning this innovative approach for serving clients suffering from the disease of addiction.

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

There is an ongoing collaboration between DAS staff and the DHSS/Division of HIV/AIDS Services on the referral process of syringe exchange participants on all the sites. DAS staff will be meeting with the DHSS evaluation team in Camden this month to discuss issues related to referral and treatment.

### **V. COLLABORATION WITH LOCAL GOVERNMENTS**

DAS will continue to collaborate with local governments and municipal health departments. This will help to: enhance the referral to existing local services and outreach venues, get local ordinances for the parking of mobile medication units, get local resources for ancillary needs, keep local law enforcement involved, and share 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.