

BIANNUAL REPORT

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

**Presented to the Governor and Legislature
May 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. This law initiated New Jersey as the 50th state in the nation to enact what is commonly called “Needle Exchange” policy and programs. 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 exchange program (SEP) 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 for the Needle Exchange Treatment Initiative (NETI) was submitted to the Governor and Legislature on April 18, 2007. Three subsequent biannual reports were submitted on October 18, 2007, April 18, 2008, and October 22, 2008. The fourth biannual report is submitted herein.

II. DESCRIPTION OF SERVICES

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

DAS' 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 to 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. 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.

On May 5, 2008 DAS issued a third RFP for a mobile medication unit to serve one or more of the remaining target cities, as a second solicitation in November 2007 had no respondents. The clinical component of this RFP was redesigned to address unmet needs in cities still eligible for the sterile syringe exchange pilot project and included 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 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.

The third round bidder's conference was held on June 4, 2008, with applications due July 1, 2008. Through an open, competitive public bidding process, two applications were received by DAS and reviewed by an eleven member review committee. On August 15, 2008, a combined \$2.4 million was awarded to two providers to service clients in two cities. In Newark, The Lennard Clinic was the recipient of \$1 million for a fixed site while Organization for Recovery in the city of Plainfield was the recipient of \$1.2 million for the fifth mobile medication unit. With these third round awards, the total contracted amount for this component of the NETI is \$7.2 million. These associated contracts cover six cities and are for 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 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.

As previously reported, DAS 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 approximately \$300,000 for each unit. The units are 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 areas. All five medical units were

inspected by the Department of Treasury, Division of Distribution and Support Services, and subsequently sold to the contractees for the duration of the pilot program at a cost of \$1.00. The Department of Treasury was listed as a lien holder on the title, and at the end of the contracted period the contractee must sign the title back over to the State. The contractees have taken delivery of all the mobile medication units and they are required to carry collision and comprehensive insurance coverage on the units. The contractees are required to utilize the mobile medication units to provide the services as outlined in their contracts.

Program Meetings: DAS staff attended all scheduled planning meetings held prior to implementation of all the sites programs. Planning meetings have now been replaced by monthly consortia meetings in each of the participating cities. The monthly consortia meetings are held at the local level and their objective is to address any administrative or operational issues or concerns related to the NETI implementation. These meetings provide a forum to support the delivery of the NETI services in order to ensure appropriate standards of care are utilized for this population. The members of the consortia include NETI providers, DAS representatives, DHSS representatives, syringe exchange agency representatives, local City health offices, local County Alcohol and Drug Abuse Directors, local Police Department representatives and local Board of Social Services representatives.

DAS staff continue to monitor the implementation of the mobile medication units and fixed site and provide technical assistance as needed. DAS staff convene and attend all the consortia meetings to facilitate local and State level resolutions to any issues or concerns. DAS held several trainings for the NETI provider network to enhance best practices implementation. These trainings include suboxone induction for high-risk clients. The NETI network providers were also trained on the use of the DAS New Jersey Substance Abuse Monitoring System. This data system will enable the case managers on the mobile unit to maintain electronic case management records for all NETI clients, from completing the DAS income eligibility criteria, clinical eligibility criteria, to the referral of NETI clients to other services not provided on the mobile unit and generating vouchers for those services. These trainings brought all the NETI network providers together to collaborate and improve the transfer of clients from one agency to another. In addition to the trainings, DAS holds monthly meetings with all the NETI Medical Directors to address clinical treatment issues related to patient care on the mobile medication units and monthly meetings with the project case managers to support implementation of the voucher program.

Program Implementation: In Atlantic City, the John Brooks Recovery Center contract was effective January 1, 2008. Since that time, John Brooks Recovery Center has collaborated with South Jersey AIDS Alliance, the agency implementing the SEP, on how syringe exchange participants will be referred to treatment. According to the agency report, there are 191 clients receiving treatment from the mobile medication unit. John Brooks Recovery Center reported that 79 of these clients were referred from the SEP. An additional 65 SEP clients were admitted to treatment at John Brooks Recovery Center's fixed site clinic prior to the arrival of the mobile unit.

Parkside Recovery was awarded funds to serve Camden and Trenton, and their contract was effective January 1, 2008. In Camden, Parkside has collaborated with 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 are 202 clients presently receiving treatment at the Parkside Camden mobile medication unit, of whom 194 were referred from the SEP. The Trenton mobile medication services have not begun at this point as permits for the mobile medication units are in the end phases of approval and Parkside Recovery is waiting for their Drug Enforcement Agency (DEA) license to operate the mobile medication unit which is anticipated by the end of April 2009. In addition, Parkside has completed all the necessary renovation at the 145 Brunswick Avenue site for their office-based program to meet DAS standards for licensure of ambulatory care facilities.

Paterson Counseling Services' contract was effective on January 1, 2008. As Paterson Counseling Services is also the agency implementing the SEP for the city of Paterson, referrals of syringe exchange participants to treatment is relatively simple. According to agency data, there are 193 clients receiving treatment from the mobile medication unit, 184 of whom are syringe exchange participants.

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 indicate that there are 84 clients receiving treatment in this pilot project.

Since their contract became effective on November 1, 2008, The Lennard Clinic in Newark has collaborated with the New Jersey Community Research Initiative (NJCRI), the agency implementing the SEP. DAS NJ-SAMS data indicate that there are 105 clients receiving treatment at the NETI fixed site in Newark. Of the 132 clients receiving treatment at The Lennard Clinic, 81 are from the SEP.

The total number of NETI clients from the six pilot sites is 718, while the total number of SEP participants admitted to treatment is 538.

Intensive Supportive Housing Program

In prior reports, it was stated 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.

Through an open, competitive public bidding process, seven applications were received by DAS and reviewed by a Review Committee that resulted in two awards of \$871,000 each to Resources for Human Development, Inc. and Johns Brooks Recovery Center. 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. The funding is 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 is available through treatment vouchers. Clients participating in the NETI are 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 ISH team will complete a full assessment and assign the client. If the client does not qualify for supportive housing, he/she will continue treatment or continue to participate in the NETI.

Originally, the Supportive Housing program was designed to consist of two levels. Level A was designed as an alternative to residential treatment that combines the benefits of treatment with the research-based benefits of supportive housing, and was available to 30 clients (15 per team). This innovative model provides substance abuse treatment at a minimum of five hours per week to include at least one individual therapy session, group and family therapy.

Level B was designed as a Housing First program that 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. It was to be available to 32 clients (16 per team). Both Level A and Level B were intended to serve clients on medication-assisted therapies.

As the program began to be implemented some policy issues have emerged. Many clients are actually willing to enter treatment and it has become evident that the Level A slots may fill more quickly than the B slots. A decision was made that DAS would not cap the slots at 30 for Level A and 32 for Level B. Rather the program will adjust to accommodate client demand. Also, there are plans to work with the outreach workers and sterile SEP staff so they provide information about supportive housing to those intravenous drug users (IVDU) clients who do not choose formal treatment. Supportive housing is a critical recovery support that may help treatment-resistant clients take the first step in their recovery process.

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, 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.

The Resources for Human Development, Inc. and the Johns Brooks Recovery Center contracts were effective April 1, 2008. To date, 27 NETI clients have been accepted in supportive housing with 21 people in Camden and 6 people in Atlantic City.

Enhanced Sub-Acute Detoxification

DAS previously identified a gap in available treatment capacity to meet the needs of IVDU. Prior to NETI, 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. To meet the detoxification needs of IV drug users with complicating substance dependence and medical conditions, DAS issued an RFP 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.

Through an open, competitive public bidding process, three applications were received by DAS and resulting in two awards, one to Straight & Narrow, Inc. for six beds and one to Turning Point Inc. for four beds for a total of ten beds Statewide. Contracts for these agencies were effective July 1, 2008 for start-up costs, including the initial development of the services and for the ongoing operational dollars for the services provided in the voucher program. Straight & Narrow, Inc. and Turning Point have completed all the necessary construction to make their facilities ready for admission of clients at this level of care.

NETI Provider Network (Voucher Program)

DAS 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 NETI, 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 NETI Provider in the Network. 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. DAS has revised the NETI program eligibility criteria to ensure that all individuals who qualify under the legislated program requirements can access services. Providers began to request vouchers in late December 2008. Voucher activity has increased steadily and to date 175 vouchers have been issued to a total of 66 unduplicated clients. The client participation rate has doubled between March and April 2009.

Due to late startup in SFY 2007, the program returned \$7.5 million to Treasury over a 2 year period (\$5 million in SFY 2008 and \$2.5 million in SFY 2009). An additional \$6.9 million was lapsed in SFY 2009 which must be restored through SFY 2013 from carry forward or an increase in mandatory growth so as not to affect current projected program activity.

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, scientifically designed 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. In the period from October 1, 2008 to January 28, 2009, CASA completed seven deliverables, worth \$304,797, due in the first contract year (\$494,266). Thus, CASA is three to four months ahead of schedule.

CASA will evaluate the three main components that comprise the NETI: 1) six treatment and outreach programs that offer motivational interventions, counseling, treatment referrals, and medication services; 2) two supportive housing programs; and 3) two sub-acute detoxification programs for clients who are being served by the current system. CASA is sub-contracting the interviewing of participants to the National Council on Alcoholism and Drug Dependence-New Jersey (NCADD-NJ).

CASA proposes to describe: 1) the characteristics of the population being served including intravenous drug use, HIV, health, employment, housing status and demographics at the point of accessing NETI services, 2) pathways into the NETI, 3) the services, experiences, and satisfaction of the participants, 4) the clinical and social functioning of participants over an 18 month follow-up period, and 5) the cost

effectiveness of the NETI compared to (a) traditional care and (b) no care, accounting for all state and federal expenditures for these clients (e.g. medical care).

CASA's accomplishments during these first four months include the development of: 1) (a) research protocols, (b) client consent forms, (c) draft assessment instruments for both the NETI program and the ISH, (d) a Monthly Provider Log for use by the two ISH Teams, and (e) the Supportive Housing Questionnaire. CASA has begun field testing its draft data collection instruments and has approved the hiring of two full time data collection specialists by NCADD-NJ. Actual data collection will begin by mid-Spring 2009.

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

DAS staff and the DHSS/Division of HIV/AIDS Services continue to collaborate 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.

V. 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.



