

**New Jersey Department of Human Services
Division of Mental Health and Addiction Services**

BIANNUAL REPORT

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

**Presented to the Governor and Legislature
October 2012**

I. BACKGROUND

The Bloodborne Disease Harm Reduction Act (P.L. 2006, c.99) was signed into law 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 in April, 2007. Subsequent biannual reports for the initiative, now known as the Medication Assisted Treatment Initiative (MATI), were submitted in October 2007, April 2008, October 2008, May 2009, October 2009, April 2010, October 2010, April 2011, October 2011 and April 2012. The October 2012 biannual report is herein being submitted. The previous reports are available on the internet and can be reviewed by visiting the website <http://www.state.nj.us/humanservices/das/treatment/neti/biannualreport.html>.

II. DESCRIPTION OF SERVICES

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

The Division of Mental Health and Addiction Services (DMHAS) 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 treatment and case management services including a twelve-week mandatory stabilization treatment program 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 original award recipient for Camden and Trenton. In August of 2009 and June 2010, Parkside Recovery advised DMHAS of its intent to terminate its contract to provide services in Camden and Trenton, respectively. DMHAS made an emergency reassignment of the mobile unit to Urban Treatment Associates to provide services in Camden, which was effective on October 9, 2009. In Trenton, DMHAS made an emergency reassignment of the mobile unit to New Horizon Treatment Services with the effective date of September 15, 2010. 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. Each site has the capacity to serve 200 clients - 150 methadone clients and 50 Suboxone clients.

In Newark, The Lennard Clinic was the recipient of \$1 million for a fixed-site medication assisted treatment program to provide the services being offered at the mobile sites in other MATI cities.

The total annual contracted funding for these components of the MATI 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. Contracts also provide for the accompanying capacity to refer to other substance abuse treatment services as indicated by the client's individual clinical needs. 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 MATI contracted agencies serve low income 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 household income must be at or below 350% of the Federal Poverty Level as determined according to the Division's Income Eligibility policy.

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 referred by the SEPs who 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 DMHAS' New Jersey Substance

Abuse Monitoring System (NJ-SAMS) data, there have been **1,123** admissions to date, **409** of whom have been referred via the SEP. Currently, there are **205** methadone clients and **56** Suboxone clients for a total of **261** active clients enrolled in the MATI program in Atlantic City. This data from NJ-SAMS reflects clients who are in the system who may have not been discharged, otherwise, they are required to maintain a total of 200 active clients on their roster.

Urban Treatment Associates - Camden:

DMHAS made an emergency reassignment of the mobile medication unit to Urban Treatment Associates, Inc., effective October 9, 2009. According to NJ-SAMS data, there have been **659** admissions to date, **310** of whom were referred from the SEP. Currently, there are **146** methadone and **66** Suboxone clients for a total of **212** active clients enrolled in Camden MATI program. It was reported in the last biannual report that DMHAS has been working with various Camden officials to identify a location for an office-based site with which to affiliate the mobile medication unit prior to issuing an RFP for these services. As of the date of this report, the location issue has not been resolved with Camden City officials. However, DMHAS will proceed with the implementation of the comprehensive waiver that will convert all MATI contracts to fee-for-service. Therefore, there will be no need to RFP the MATI emergency contract as previously reported.

New Horizon Treatment Services -Trenton:

In June 2010, Parkside Recovery advised DMHAS of its intent to terminate its contract to provide services in Trenton. On September 15, 2010, DMHAS made an emergency reassignment of the Trenton mobile medication unit to New Horizon Treatment Services. There were a total of **428** admissions in Trenton with **6** admissions being referred from the SEP. The 6 SEP clients have been transferred to the Trenton program from the program in Camden. Currently, there are **241** methadone and **41** Suboxone clients for a total of **282** clients active in the Trenton MATI program. This data from NJ-SAMS reflects clients who are in the system who may have not been discharged, otherwise, they are required to maintain a total of 200 active clients on their roster. Due to the comprehensive waiver approval and the DMHAS plan to transition all MATI contracts to fee-for-service, it is no longer necessary to RFP the MATI emergency contract reassignment to this agency.

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 **740** admissions to date, **501** of whom have been referred via the SEP. There are **160** methadone and **25** Suboxone clients for a total of **185** active clients who are currently enrolled in the MATI program in Paterson.

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. NJ-SAMS data indicates that

there have been **626** admissions since the program's inception, **69** of whom have been referred via the SEP program located in Newark. Currently, there are **165** methadone and **40** Suboxone clients for a total of **205** active clients enrolled in the MATI program in Plainfield. . This data from NJ-SAMS reflects clients who are in the system who may have not been discharged, otherwise, they are required to maintain a total of 200 active clients on their roster

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 SEP. NJ-SAMS data indicates that there have been **1,048** admissions to date at the MATI fixed site in Newark. Of the 1,048 admissions, **569** have been referred from the SEP. As of September 2012, there are **170** methadone and **60** Suboxone clients for a total of **230** active clients enrolled in the MATI program in Newark. . This data from NJ-SAMS reflects clients who are in the system who may have not been discharged, otherwise, they are required to maintain a total of 200 active clients on their roster.

According to NJ-SAMS data, the total number of cumulative MATI client admissions for the six pilot sites is **4,624**, while the total number of SEP participants admitted to treatment is **1,864**. **Statewide, 40% of MATI admissions have been SEP participants.** It must be noted that there is a 10% decrease of the MATI admissions from SEP participants from prior reports. This decrease may account for lack of funding of the four programs sited in cities that operate the Department of Health syringe exchange program which include Atlantic City, Camden, Newark and Paterson.

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 63 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 MATI 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 MATI.

A key feature of the DMHAS 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. These contracts combined provide for a total of 6263 housing units, 31 units in Camden and 3132 units in Atlantic City, respectively. All housing units are filled. Clinical treatment services are offered to those residing in the housing units, but participation is not mandatory. As of September 30, 2012 in Atlantic City, services are provided to 3,721 single clients, 1,014 clients with family, 1 spouse and 2,117 dependent children for a total of **6,853** individuals clients served. In Camden, services are provided to 3,717 single clients, 1,019 clients with family, 2 spouses and 2,128 dependent children for a total of **7,066** individuals clients served. To date, a total of **13,719** individuals are receiving both substance abuse services and housing in Camden and Atlantic City.

Enhanced Sub-Acute Detoxification

DMHAS issued an RFP for start-up costs, including renovations, refurbishment and equipment to meet the detoxification needs of intravenous drug users with complicated substance dependence and medical conditions, such as the need to continue opiate replacement medications during detoxification, the need to detoxify from benzodiazepines, 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 **645** unduplicated clients have received enhanced sub-acute detoxification services. This is an increase of **203** unduplicated clients with enhanced detoxification services since the previous biannual report.

MATI Provider Network (Voucher Program)

A portion of the MATI 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 MATI case manager and can be redeemed at a participating MATI Provider. Approval to provide services as part of

MATI 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 MATI Provider Network providing detoxification, long-term, short-term, and halfway house residential services, as well as intensive outpatient and outpatient services.

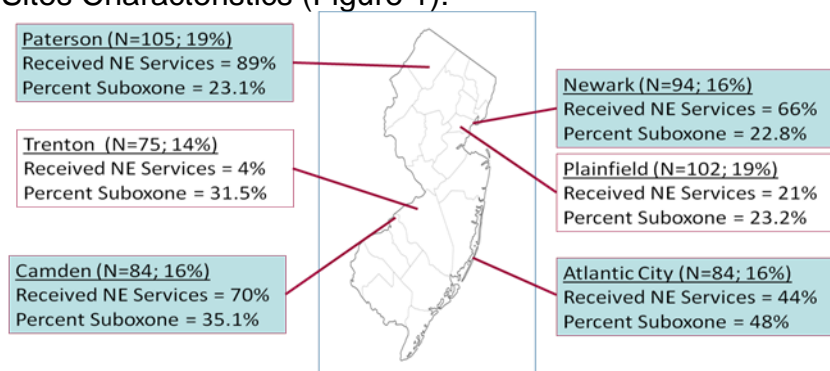
DMHAS launched the Computer Sciences Corporation (CSC) billing system for MATI fee-for-service (MATI-FFS) vouchers in July 2010. From July 1, 2010 to June 30, 2012, there are 1,230 unduplicated clients authorized MATI-FFS vouchers.

III. EVALUATION

On October 1, 2008, DMHAS 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 MATI. The contract with CASA was awarded through 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.

The Bloodborne Disease Harm Reduction Act (P.L. 2006, c.99) legislation has had a significant impact on access to treatment services in New Jersey for a previously underserved and hard-to-engage client population. CASA at Columbia University continues to evaluate this pilot program at all six demonstration and two supportive housing sites by conducting interviews with a sample of 542 mobile medication unit clients and 71 supportive housing clients over an 18 month period. Eighteen month interviews concluded in June of 2012 with an interview retention rate of 80% (2009-2012).

Sites Characteristics (Figure 1):



Research interview participants were well-represented across sites. Four of six sites had associated syringe exchange programs (4 colored boxes). When these programs were combined, over 65% of the individuals in treatment received services at the needle exchange, and 60% were directly referred to treatment from needle exchange. Approximately 30% of the sample (N=158) received Suboxone. All sites except Newark

had a mobile unit. In addition 90% of all supportive housing participants have been interviewed (N=71).

Twelve month outcome data analysis continues and eighteen month interview analysis has commenced. In addition, the research team is examining administrative records as well as enhanced detox files to examine differential outcomes between those enrolled in MATI and traditional Methadone programs using a matched sample design.

Updated twelve month data and discussion is presented as follows:

Needle Exchange –vs- Self Referral		
Outcomes at 12-months	Needle Exchange (n=298)	Self Referral (n=102)
Any heroin use in the past 30 days	28%	28%
Any injection drug use in the past 30days	14%	17%
Any illegal activity for profit in the past 30 days	13%	10%
Any detention or incarceration in the past 6 months	16%	11%
Any ER visits in the past 30 days	31%	22%

Methadone –vs- Suboxone		
Outcomes at 12-months	Methadone (n=286*)	Suboxone (n=124)
Any heroin use in the past 30 days	27%	31%
Any injection drug use in the past 30days	13%	17%
Any illegal activity for profit in the past 30 days	11%	15%
Any detention or incarceration in the past 6 months	14%	18%
Any ER visits in the past 30 days	29%	30%

Discussion:

The MATI program is one of the first to implement a multi-method approach to engage and retain high risk IVDUs in opioid replacement treatment. The majority of individuals were referred from syringe exchange programs highlighting that programs that structure inter-agency cooperation can produce successful referrals to care.

Most participants had extensive treatment histories and reported obstacles to obtaining treatment in the general categories of personal motivation, financial, difficulties and long waitlists. These reasons highlight that the goals of the program were well-suited to this population. Of those who had been to treatment in the past, >80% reported that it was easier to obtain treatment through the MATI program.

The 12-month follow-up data reveal how the strategies employed influenced positive outcomes.

How does providing treatment on demand to uninsured populations’ impact long-term outcomes?

- At 12-month follow-up, MATI clients demonstrated reduced heroin use, decreased injection drug use and needle sharing, decreased illegal activity and days detained or incarcerated, and reductions in Emergency Room use.
- These positive outcomes were associated with significant cost savings.

Were there baseline differences in client characteristics or differences in 12-month outcomes between needle exchange and self-referred clients?

- At baseline, needle exchange clients were more likely to be male and have unstable housing, were less likely to have a chronic medical problem, and reported less heroin use compared to self-referred clients.
- At 12 months, no meaningful differences between the groups on substance use or illegal activity were found.
- At 12 months, participants referred from needle exchange had higher rates of detention/incarceration and ER use compared to those self-referred.

Were there baseline differences in client characteristics or differences in 12-month outcomes between Methadone and Suboxone prescribed clients?

- At baseline, Suboxone clients used cannabis more often, used needles less often, and were more likely to experience serious depression compared to Methadone clients.
- At 12 months there were no meaningful differences between the groups on outcomes.
- It is important to note that there were some participants in each group who switched medications between the baseline and 12-month interviews.
- The same pattern of results was found when limited only to those participants who did not switch medications after baseline.
- The Suboxone sample is just as or more severe than the Methadone sample, which is contrary to previous research that presents buprenorphine and Suboxone patients as more stable than their Methadone counterparts.

When taken together the results reveal that overall program goals of referring disenfranchised opioid dependent IVDUs to treatment directly from needle exchange, providing treatment on demand to uninsured populations, and offering a choice of opioid replacement therapies are largely being achieved. Outcome data suggest that the MATI program is associated with positive outcomes for participants and significant savings in criminal justice costs and costs associated with emergency room use. A comprehensive CASA report will be available at the end of the project.

IV. FUNDING

The MATI program received to date \$73.9 million over a six - year period beginning in April 2007. Due to late start up in FY 07, the program returned \$18.4 million to the Treasury over 3 years - \$5m in FY 08, \$9.6m in FY 09, and \$3.8m in FY 10. These funds are restored in \$1.3m increments from FY11 through FY 13 so as to not affect planning, service and evaluation. All funds prior to FY 13 are fully obligated and

expended through contract and Fee-For-Services network. No additional phase-in accruals are expected.

	SFY 07	SFY 08	SFY 09	SFY 10	SFY 11	SFY 12	SFY 13	total
		SFYear 1	SFYear 2	SFYear 3	SFYear 4	SFYear 5	SFYear 6	
Appropriation	10,000,000	10,000,000	10,000,000	10,000,000	11,296,000	11,296,000	11,296,000	73,888,000
Bud Auth Revert		(5,000,000)	(9,627,982)	(3,795,568)				(18,423,550)
Base Revenue	10,000,000	5,000,000	372,018	6,204,432	11,296,000	11,296,000	11,296,000	55,464,450
carryforward/FY11 Growth	0	8,864,758	11,358,939	4,859,365	180,490	363,822		
TOTAL REVENUE	10,000,000	13,864,758	11,730,957	11,063,797	11,476,490	11,659,822	11,296,000	
Spending Component								
Mobile Medication	1,089,310	1,580,937	4,802,927	6,162,772	5,547,589	5,837,719	6,000,000	31,021,254
Office Based Medication Program	0	300,000	790,752	1,000,000	1,000,000	1,000,000	1,000,000	5,090,752
Treatment Vouchers			31,172	1,466,424	2,122,442	1,872,810	2,410,432	7,903,280
Intensive Housing Supports	0	530,315	618,928	1,565,773	1,742,000	1,742,000	1,742,000	7,941,016
Evaluation Research and Management	45,932	94,567	627,813	688,338	705,816	503,088	143,568	2,809,123
TOTAL COST	1,135,242	2,505,819	6,871,592	10,883,307	11,117,847	10,955,618	11,296,000	54,765,425
BALANCE (goes to the next year)	8,864,758	11,358,939	4,859,365	180,490	358,643	704,205	0	699,025

V. COLLABORATION WITH DEPARTMENT OF HEALTH, DIVISION OF HIV/AIDS SERVICES

DMHAS staff and DOH' Division of HIV/AIDS Services continue to coordinate data and ensure seamless referral processes from the SEPs to the MATI sites around the State. DMHAS and DOH have also collaborated to convene meetings with the City of Paterson as well as ongoing discussions in regard to the DOH report on the Syringe Exchange Pilot Program.

VI. COLLABORATION WITH LOCAL GOVERNMENTS

DMHAS 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.

VII. MATI UNDER MEDICAID COMPREHENSIVE WAIVER

In September 2011, the New Jersey Department of Human Services (DHS), in cooperation with the Department of Health (DOH) and the Department of Children and Families (DCF), submitted a Comprehensive Medicaid Waiver application to the US Department of Health and Human Services' Centers for Medicare and Medicaid seeking a five-year Medicaid and Children's Health Insurance Program (CHIP) Section 1115 research and demonstration waiver that encompasses nearly all services and eligible

populations served under a single authority. The document details the state's plan to reform the entitlement program to preserve access and advance innovation in healthcare, and to secure flexibility to manage the State's programs more efficiently.

The Comprehensive Waiver greatly impacts behavioral health services funded by the Division of Mental Health and Addiction Services (DMHAS). It integrates behavioral health and primary care, supports community alternatives to institutional placement, braids federal and State funding streams, provides opportunities for rate rebalancing, increases the focus on the Work First NJ Substance Abuse Initiative and consumers with developmental disabilities, and implements a managed care behavioral health system (ASO/no-risk into MBHO/risk-based).

Some of the roles and responsibilities of the new managed behavioral health system include: eligibility, network development and management, assessment and referral, utilization review, claims administration, data analytics, care management, quality and financial management.

Non entitlement services will remain at-risk. At some point, the rest of the system will switch to risk-based, which will provide for greater budget predictability, greater flexibility with rates, services and reinvestment of funds, as well as the ability to align incentives. Current treatment and recovery services funded by DMHAS will remain funded, but will fall under the ASO/MBHO. Cost reimbursement contract methodology does not closely tie reimbursement to service utilization and does not incentivize cost effectiveness at the agency level. The managed care arrangement would transform all community cost reimbursement treatment contracts to a fee-for-service (FFS) reimbursement method. Prevention services would remain cost reimbursement at the onset of the ASO/MBHO.

Implementation of the waiver will provide for integrated care for consumers with co-occurring substance abuse and mental health issues as well as for consumers with behavioral health and primary health concerns. It will provide an opportunity for rate rebalancing, increased federal financial participation, as well as expand services for consumers with substance abuse dependence. We will also have the opportunity for reinvestment of some savings as a result of an increase in reimbursement for community-based services as opposed to acute care services. Ultimately the new system will result in better access, enhanced quality and improved outcomes for consumers of behavioral health services.

As part of the comprehensive waiver, under a 1915(i) like state plan, the State will implement an expansion to the MATI services for opiate dependent State residents with incomes up to 150% of the FPL who meet clinical criteria.

Program Eligibility

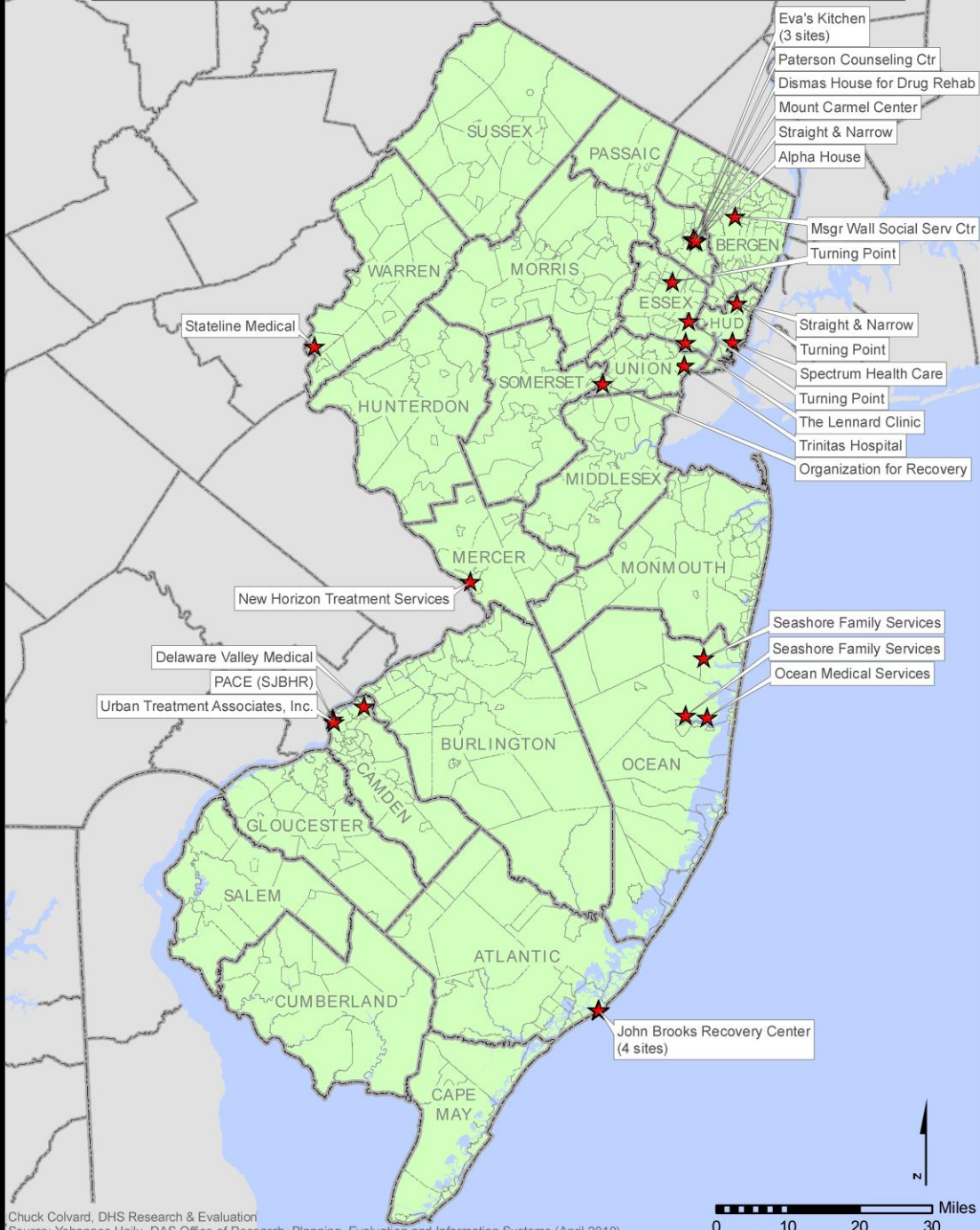
Consumers applying for services under the 1915i waiver will be screened to determine if they meet the program eligibility criteria, which are the same as the current MATI criteria

In addition, consumers must be assessed by the independent assessor to establish eligibility based on one or more of the functional impairment criteria:

- 1) Diagnosed with Psychiatric Disorder at least once in their lifetime by a licensed mental health professional
- 2) One or more chronic medical conditions (i.e., COPD, diabetes, HIV, Hepatitis C, asthma, etc.)
- 3) Homeless or lacking stable housing for one year or longer
- 4) Unemployed or lacking stable employment for two years or longer

Services available under the program will include opiate medication assisted treatment and psycho social supports delivered through mobile and fixed site services. The waiver was approved by the Federal Government effective October 1, 2012 and the plan for the implementation is underway.

Medication Assisted Treatment Initiative: Voucher Network



Chuck Colvard, DHS Research & Evaluation
 Source: Yohannes Hailu, DAS Office of Research, Planning, Evaluation and Information Systems (April 2010)

