

State Opioid Response (SOR) Grant

**Adam Bucon, LSW
DMHAS Provider Meeting
September 20, 2018**



Philip D. Murphy
Governor

Sheila Y. Oliver
Lt. Governor



Shereef M. Elnahal
Commissioner

NJ Opioid Statistics

- **Drug Related Deaths in NJ**
 - 2010- 843
 - 2011- 1,026
 - 2012- 1,294
 - 2013- 1,336
 - 2014- 1,305
 - 2015- 1,587
 - 2016- 2,221 (40% increase from 2015)
 - 2017- ????
- **2017 Total Treatment Admissions= 82,644**
 - Heroin as Primary Drug= **39,917 (45%)**
 - Other Opioids as Primary Drug= **5,380 (7%)**
 - Alcohol as Primary Drug= **21,980 (27%)**
 - Amphetamines as Primary Drug= **363 (0.4%)**

2017 Treatment Admission Statistics

Gender

Male	55,537	67%
Female	27,077	33%
Transgender	30	0.036%

Age

Under 18	1,283	(2%)
18-21	4,898	(6%)
22-24	7,692	(9%)
25-29	15,977	(19%)
30-34	13,756	(17%)
35-44	17,734	(21%)
45-54	14,168	(17%)
55 and over	7,136	(9%)

2017 Treatment Admission Statistics (cont'd)

Race/Ethnicity

White (non-Hispanic)	50,479 (61%)
Black (non-Hispanic)	18,196 (22%)
Hispanic Origin	12,798 (15%)
Other	1,171 (1%)

Health Insurance

No Insurance	24,078 (29%)
Medicaid	49,643 (60%)
Medicare	1,487 (2%)
Private Insurance	14,979 (18%)
Other Insurance	1,385 (2%)

Statistics

- Heroin-related deaths in New Jersey outnumbered deaths by homicide, firearm, motor vehicle crashes, and suicide in 2015.
- Illicit and prescription drug overdoses claimed
4.3 times as many lives as homicides (369),
3.4 times as many lives as firearm deaths (465),
2.8 times as many lives as motor vehicle crashes (562), and
2.1 times as many lives as suicides (772).

FY 2018 State Opioid Response (SOR) Grant

- The program aims to address the opioid crisis by:
 - *Increasing access to Medication Assisted Treatment (MAT) utilizing the three FDA-approved medications for the treatment of opioid use disorder (methadone, buprenorphine, naltrexone)*
 - *Reducing unmet treatment need*
 - *Reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for Opioid Use Disorder (OUD) (including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs)*
- Grants were awarded to states and territories via formula
- New Jersey's allocation is **\$21,253,470** annually for two years

SOR Initiatives

- Buprenorphine Medical Support
- Low Intensity Buprenorphine Induction
- SOR Fee-for-Service (FFS) Expansion
- Telehealth
- County Correction Facilities MAT Program
- Opioid Overdose Recovery Program (OORP)
- Support Teams for Addiction Recovery (STAR)
- Oxford House Outreach
- Justice Involved Services (JIS) Case Management
- Recovery Centers
- Family Support Centers (FSC)
- Telephone Recovery Support (TRS)
- Media Campaign to Increase MAT Awareness
- Brochures for Naloxone Reversals

SOR Initiatives (con't)

- American Society of Addiction Medicine (ASAM) Booklets
- Educational Program for Older Adults
- Alternatives to Opioids (ALTO)
- Prevention Coaching Services
- Naloxone Training and Kit Distribution
- Distribution of Fentanyl Test Strips
- Professional Development Initiative
- MAT Expansion Training with Smoking Cessation
- Best Practices Training
- Medical Professional Training
- DATA Waiver Training
- Opioid Summit

Treatment

- **SOR Treatment Services**

FFS programming to include ambulatory care and requiring the use of MAT. Services will include: outpatient/ intensive outpatient, methadone outpatient/intensive outpatient, case management, medication enhancements (Buprenorphine and Vivitrol), nicotine replacement therapy and peer services.

- **Buprenorphine Medical Support**

Licensed outpatient and/or intensive outpatient providers will receive funds to support development for the medical capacity to provide MAT to eligible individuals.

- **Low Intensity Buprenorphine Induction**

This initiative will increase access to buprenorphine by implementing “low threshold” buprenorphine induction and stabilization programs in Emergency Departments (EDs), Syringe Access Programs (SAPs), and jails.

- **County Correctional Facilities MAT Programs**

SOR funds will be used to assist county correctional facilities to establish MAT programs or enhance existing MAT services for inmates with an OUD. Funding will be made available to promote clinical stability and effective recovery processes for inmates prior to release from incarceration.

- **Telehealth**

DMHAS will provide funding for licensed agencies to purchase telehealth equipment to be used for individuals in the community needing this service.



Prevention

Primary

- **Media Campaign**

Campaign to help eliminate stigma and discrimination around the use of MAT. Various forms of messaging will be utilized including social media targeted to different audiences (e.g., families, those with OUD, treatment professionals, etc.)

- **Older Adults Education**

Community education programs for older adults with the goal to reduce demand for and misuse of opiate prescriptions. (SAMHSA identifies older adults as being disproportionately affected by prescription drug misuse and abuse).

- **Brochures for Naloxone Reversals**

DMHAS will develop information packets that police and EMS can provide to individuals reversed from an overdose. The packets will contain information on treatment and recovery resources for individuals and their family members.

- **American Society of Addiction Medicine (ASAM) Booklets**

DMHAS plans to distribute hard copies of the ASAM “Opioid Addiction Patient Guideline – A Guide for Patients, Families and Friends”.

Prevention

Secondary

- **Alternatives to Opioids (ALTO)**

ALTO will institute clinical protocols using alternative prescriptions, therapies, or procedures in emergency rooms (ERs) to address acute and/or chronic pain, as well providing appropriate care to patients with an OUD, before resorting to opioids for treatment.

- **Prevention Coaching**

DMHAS will implement a program to prevent opioid overdose utilizing early intervention and recovery coaching services for individuals with OUD. Goals will be to increase the linkage to appropriate care to prevent overdoses and to provide education regarding overdose prevention and harm reduction techniques.

- **Naloxone Training and Kit Distribution**

Naloxone training and kits will be provided to peer recovery specialists, OORP staff, Offices of Emergency Management (OEMs), Emergency Medical Service (EMS) teams, HIV Primary Care and community-based organizations, fire departments, homeless shelters, community health clinics, personnel at statewide school districts, medical and clinical staff at jails, and residential SUD treatment programs.

- **Distribution of Fentanyl Test Strips**

DMHAS will provide education resources and make available fentanyl testing strips, naloxone kits and other supplies to high risk populations at statewide Syringe Access Programs (SAPs).



Recovery Support

- **Opioid Overdose Recovery Program (OORP)**

DMHAS will use SOR grant funds to continue this program in 10 counties when STR funding ends in April 2019. OORP serves individuals reversed from opioid overdoses and treated at hospital EDs. Recovery specialists and patient navigators provide non-clinical assistance, recovery supports and referrals for assessment and treatment.

- **Support Team for Addiction Recovery (STAR)**

SOR funds will be used to continue STAR when State Targeted Response (STR) funding for this program ends in April 2019. New STAR programs will also be added. STAR programs provide case management services and recovery support for individuals with OUD who are at risk for opioid overdose.

- **Family Support Center (FSC)**

FSCs are the first formal family support service in the NJ SUD continuum of care that offer families support, education, resources and advocacy in a safe and non-stigmatizing environment. SOR will continue to support three regional FSCs when STR funding ends in April 2019.

- **Telephone Recovery Support (TRS)**

NJ developed a statewide TRS system for individuals discharged from SUD treatment and those trying to maintain recovery from an OUD. TRS trained staff and volunteers provide weekly phone calls to “check in” on how people are managing their recovery and provide support, encouragement and information about recovery resources. SOR will continue to support TRS when STR funding ends in April 2019.



Recovery Support

- **Oxford House Outreach**

SOR will increase Oxford House bed capacity by adding three additional outreach staff who will develop ten (10) new Oxford House homes per year. Outreach staff will provide naloxone training for residents and integrate good practices for those on MAT into the “House”.

- **Justice Involved Services (JIS) Case Management**

Case managers of the JIS OUD program will receive referrals internally from the jail health services provider, custody staff or other designated internal sources. They will interview inmates referred and conduct an intake assessment and establish a pre-release plan for needed services in the community, using the APIC model: Assess, Plan, Identify and Coordinate, a best practice.

- **Recovery Centers**

DMHAS will provide funding to start up or enhance existing recovery centers.

Training

- **Healthcare Professionals Training**

Training for primary health and behavioral health care practitioners on: best practices for the prescribing of opiates; non-opioid management of pain; recognizing addiction in the primary care and pain management patient; and expanded use of MAT

- **Best Practices Training**

Training and coaching for addictions workforce in best practices, to include Motivational Interviewing, Cognitive Behavioral Therapy and Solution Focused Therapy. These best practices are associated with increased participation in treatment, reductions in substance use, higher abstinence rate and successful referrals to treatment.

- **Recovery Specialist/Clinician/Law Enforcement/EMS Training**

Training for recovery specialists, volunteers for law enforcement initiatives and EMS for the purpose to better understand OUD and specifically educate the importance of getting individuals engaged with treatment and/or recovery supports.

Training (cont'd)

- **Professional Development**

To combat addiction and behavioral health workforce shortages, DMHAS will support professional development in order to enhance its system's infrastructure

- **DATA Waiver Training**

Coordination of buprenorphine waiver trainings for eligible statewide practitioners (i.e. physicians, APNs)

- **Opioid Summit**

DMHAS will coordinate an Opioid Summit in 2019 to address the ongoing discrimination and misinformation surrounding OUD and MAT

Questions?

