

*Low Threshold Access  
to Medication  
for Substance Use Disorder  
in Harm Reduction Centers*



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# Background



- Developed as part of federal State Opioid Response grant
- Part of the Department of Human Services' larger goal to improve access to medications for Substance Use Disorder (SUD), i.e., “Low Threshold” or “Low Barrier”
- Creating access to medication services by removing traditional barriers, such as requirement for abstinence or ongoing counseling

# Our Goal



To offer same-day, immediate medication treatment in a safe and ***non-judgmental*** environment and ultimately transfer people to ongoing SUD treatment and medication maintenance ***where they choose:***

- Opioid Treatment Program (OTP)
- Licensed SUD or MH Agency
- Office-Based Addiction Treatment Provider (OBAT)
- Federally Qualified Health Center (FQHCs)
- Primary Care

# Why Harm Reduction Centers?



- People already working to substantially lower their risk of medical and behavioral consequences of drug use
- Success with medication may increase motivation and interest in SUD treatment

# Implementation



- Released Request for Proposals (RFP) in February 2019
- Contract awarded to Visiting Nurse Association of Central Jersey and South Jersey AIDS Alliance with a start date in July 2019
- Two (2) days a week in Asbury Park and three (3) days a week in Atlantic City to accommodate vastly different levels of unmet need for medication

# Implementation



- Data 2000-Waivered prescriber (MD, Advance Practice Nurse, Physician's Assistant) for once-a-week prescriptions, and education about home induction and monitoring
- Case Manager for weekly support in staying engaged and transferring to other settings where people can maintain medication treatment and receive ancillary services, e.g., counseling
- Other HRC case managers for additional recovery supports, e.g. housing, employment, school

# HRC Community Partnerships



- DMHAS MATx Centers of Excellence (Rutgers Newark Medical School and Cooper Hospital/Rowan University)
- SUD agencies in Monmouth and Atlantic counties
- Pharmacies
- Hospitals and ERs
- Primary care providers
- Prisons and jails
- High schools

# Expansion to All State HRCS



Memorandum of Agreement (MOA) with NJ Department of Health,  
Division of HIV/STDs/Tuberculosis Services (DHSTS)

1. Camden Area Health Education Center, Camden
2. Hyacinth AIDS Foundation, Jersey City
3. Hyacinth AIDS Foundation, Paterson
4. Hyacinth AIDS Foundation, Trenton
5. North Jersey Community Research Initiative, Newark
6. South Jersey AIDS Alliance, Atlantic City
7. Visiting Nurse Association of Central Jersey

Target start of August 2021

# Expansion to All State HRCS



Focus on what people have explained to us:

- Feel comfortable at the HRC—no judgement
- Want to continue to work with people they trust
- Have no transportation to agencies far away from the HRC
- Have work, school or family obligations that prohibit them from attending programs during regular treatment hours
- Prefer to get medications from primary care doctors
- Fear of that they may not be accepted at agencies that don't yet have a “harm reduction” approach

# Expansion to All State HRCS



In response to lessons-learned, additional staffing:

- Liaison between Divisions to coordinate implementation
- Recovery Support Specialist to help transition to community prescribers and other supports
- Data Collection Specialist to assist with federal and state outcome reporting

# Government Performance and Results Act (GPRA) Measures



## **Drug / Alcohol Use**

- Type of Substance
- Frequency of Consumption
- Method of Consumption

## **Criminal Activity**

- Nights in Jail
- Crimes Committed
- Pending Charges
- Parole/Probation

## **Mental and Physical Health**

- Tx for Psychiatric/Tx for Medical
- Psychiatric Symptoms, Trauma
- Time Hospitalized
- Prescribed Medication
- Sexual Activity, HIV

## **Family & Living Conditions**

- Living Arrangements
- Emotional Status
- Quality of Life

## **Education, Employment, Income**

- Highest Level of Education
- Most Recent Employment
- Income Sources

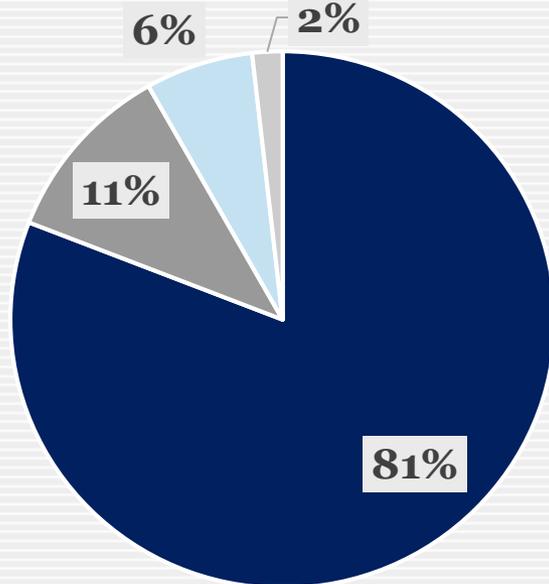
## **Social Connectedness**

- Personal Relationships
- Recovery Support (i.e. self help groups)



# Client Characteristics

Self-Reported Housing Status at Intake,  
as of March 31, 2021 (N=110)



■ Own / Other's Home   ■ Shelter  
■ Street/Outdoors   ■ Other

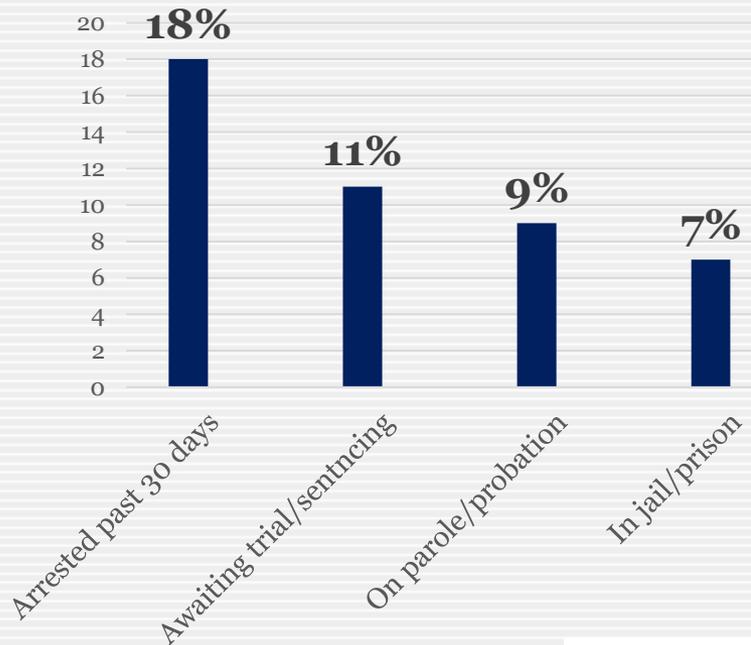
- Served 110 through March 31, 2021
- 79% male, 21% female
- 59% white, 34% black/African-American, 4% Other race
- 18% Latinx
- 32% ≤34
- 26% 35-44
- 20% 45-54
- 15% 55-64
- 4% ≥65
- 17% homeless, living in shelter (11%), or street or outdoors (6%)

# Substance Use / Criminal Justice History

## Self-Reported Criminal Justice Status at Intake, as of March 31, 2021 (N=110)

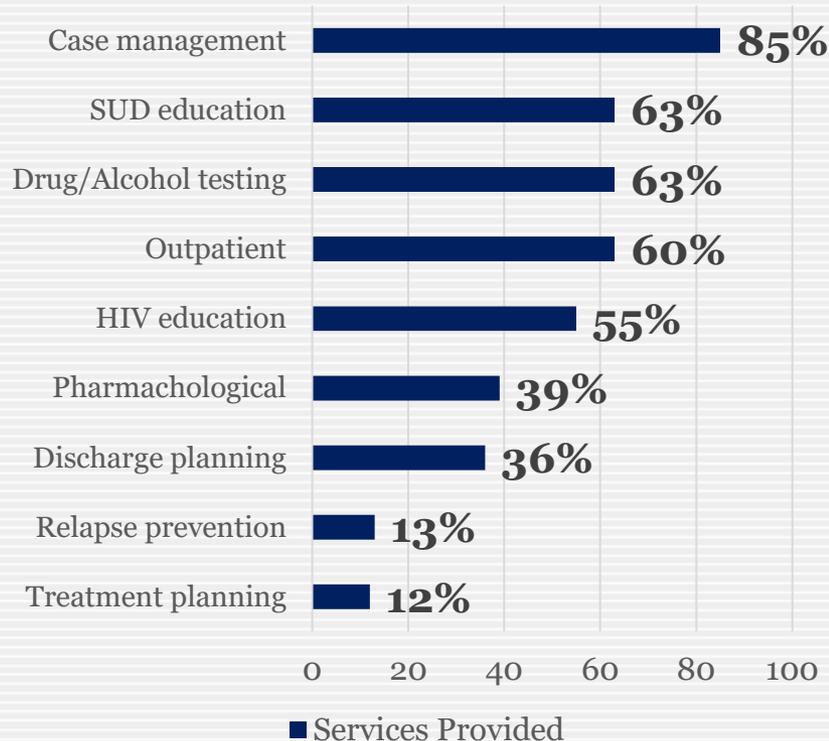
Most commonly used substance at intake was heroin (91%) cocaine (42%), alcohol (39%), cannabis (32%), benzodiazepines (12%).

45% had criminal justice involvement 30 days prior to admission in Low Threshold program



# Services Provided

## Services Provided at Discharge as of March 31, 2021 (N=67)



Average length of treatment stay was 5.4 months as of March 31, 2021. Of cumulatively enrolled clients, 67 were discharged.

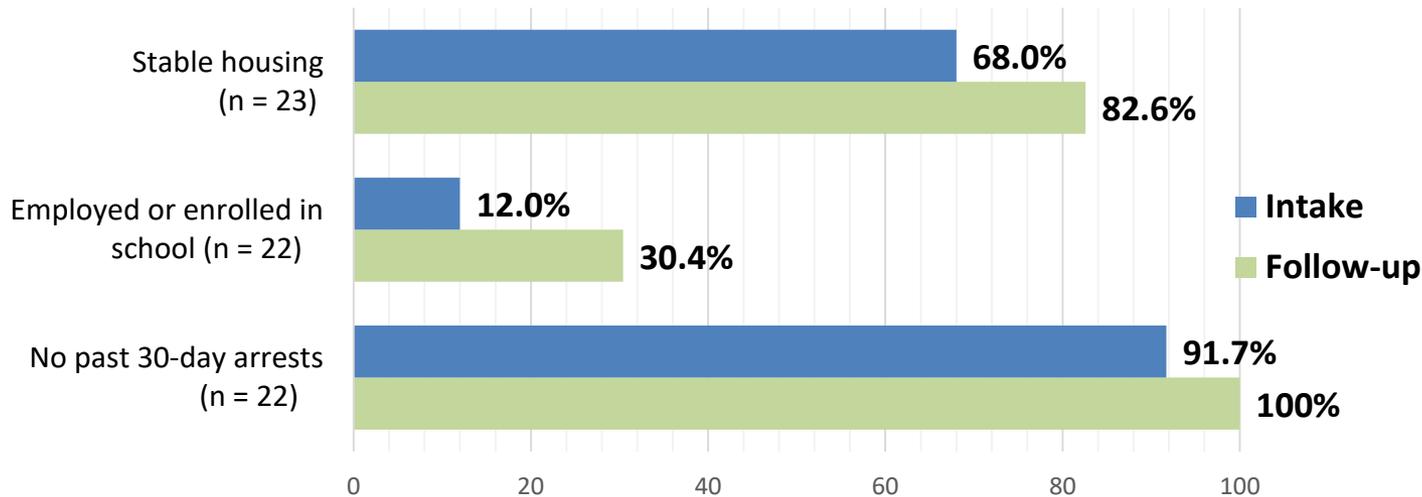
Top services provided include case management, alcohol/drug testing, substance use disorder education. Other services provided, include outpatient care, HIV education, pharmacological, relapse prevention, discharge planning.

# Program Outcomes



- ✓ Fewer clients reported use of alcohol, cocaine, cannabis, heroin
- ✓ Decrease in client arrests in past 30 days
- ✓ Increase in percentage of clients employed
- ✓ Increase in percentage of clients stably housed

## GPRA Core Client Outcomes at Follow-Up as of March 31, 2021



# Coordination with Other DMHAS Programs



- March 2020 - DMHAS awarded a federal grant, *Promoting Integration of Primary and Behavioral Health Care (PIPBHC)*
- Designed for people managing OUD who are at risk of HIV and Hepatitis C
- Required to coordinate with local HRCs

# Coordination with Other DMHAS Programs



Integrate medical services, SUD medication treatment, behavioral health care and support services between primary care clinic and Opioid Treatment Program (OTP) through either:

- Co-location at the agency itself
- Coordination between the two providers

Awardees:

- Visiting Nurse Association Community Health Center
- John Brooks Recovery Center

# Coordination with Other DMHAS Programs



- People at HRCs can begin SUD medications there, then transition to the PIPBHC provider for all care
- PIPBHC and HRC providers work together to facilitate transitions:
  - HRC case managers accompany people to the PIPBHC provider
  - PIPBHC prescribers go to meet clients at the HRC

# Coordination with Other DMHAS Programs



- April 2021 – *SOR Expanded Hours/Same Day Services for Methadone and Other Medications in Opioid Treatment Programs*
- Designed for people who have work, school or family obligations that prohibit them from attending programs during regular treatment hours
- Six (6) additional hours per day, a minimum of six (6) days per week with the goal of extending hours into the evening

# Coordination with Other DMHAS Programs



## Awardees:

- ARS of New Jersey, Turnersville
- Iron Recovery and Wellness Center, Trenton
- John Brooks Recovery Center, Pleasantville
- Spectrum Health Care, Jersey City

# Visiting Nurse Association of CJ Team



- Kristine McCoy, MD
- Shannon Preston, MSW, LSW
- Connie Petine, PA
- Robert Lowry
- Jovan McGee

# NJ DMHAS Team



- Bob Eilers, MD, *Medical Director*
- Adam Bucon, MSW, NJ State Opioid Treatment Authority
- Vicki Fresolone, LCSW, *Manager, Integration and Care Management*
- Charlotte Sadashige, MSS, *Research Scientist*
- Marie Verna, MPAP, *SOR Initiative Manager*

# QUESTIONS?

