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

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>55,537</td>
<td>67%</td>
</tr>
<tr>
<td>Female</td>
<td>27,077</td>
<td>33%</td>
</tr>
<tr>
<td>Transgender</td>
<td>30</td>
<td>0.036%</td>
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</tbody>
</table>

## Age

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td>1,283</td>
<td>(2%)</td>
</tr>
<tr>
<td>18-21</td>
<td>4,898</td>
<td>(6%)</td>
</tr>
<tr>
<td>22-24</td>
<td>7,692</td>
<td>(9%)</td>
</tr>
<tr>
<td>25-29</td>
<td>15,977</td>
<td>(19%)</td>
</tr>
<tr>
<td>30-34</td>
<td>13,756</td>
<td>(17%)</td>
</tr>
<tr>
<td>35-44</td>
<td>17,734</td>
<td>(21%)</td>
</tr>
<tr>
<td>45-54</td>
<td>14,168</td>
<td>(17%)</td>
</tr>
<tr>
<td>55 and over</td>
<td>7,136</td>
<td>(9%)</td>
</tr>
</tbody>
</table>
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%)
Substance Use Disorder
Treatment Statistics

• According to the 2012 Treatment Episode Data Set (TEDS), New Jersey was fourth in the nation for primary heroin admissions ages 12 and older.

• The rate of admissions per 100,000 population aged 12 and older was 336 for heroin and 111 for non-heroin opiates/synthetics.
• 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).
Accessing SUD Treatment Services

- **ReachNJ (1-844-ReachNJ) or 211** Identifies all caller needs
  - Children are referred to PerformCare and the Children’s System of Care (CSoC) (1-877-652-7624)
  - Families referred to NJConnect for Recovery (1-855-652-3737)
  - Adults without insurance referred to the IME Addictions Access Center (1-844-276-2777)
  - Individuals with Private Insurance are helped by Reach NJ
  - Individuals who are 18 and 19 years old are helped by ReachNJ

- **No Wrong Door Approach** – Can walk into any agency
Accessing SUD Treatment Services

• For Adults Without Private Insurance
  ➢ IME Addiction Access Center
    • Takes calls from ReachNJ/211 through a direct line using warm handoff
    • Takes direct calls from the public
    • Makes targeted referrals using a database of treatment providers with their Level of Care (LOC) and eligible funding sources
      – Screens for addictive disorders, emergency levels of care, eligibility for public funds
    • Provides Care Coordination
      – Clients admitted to withdrawal management (detox)
      – Clients referred but not contacted by provider within 3 business days
  • IME Patient Placement
    – Using ASAM determines client eligibility for services
DMHAS Opioid Initiatives
Resources to Address the Opioid Crisis

• Substance Abuse Block Grant (SABG)
• H.R.6 - 21st Century Cures Act
  • State Targeted Response to the Opioid Crisis Grants (STR Grant)
• Strategic Prevention Framework for Prescription Drugs (NJ Assess Rx)
• Prevent Prescription Drug/Opioid Overdose-Related Deaths (Opioid Overdose Prevention Network)
• Targeted Capacity Expansion: Medication Assisted Treatment - Prescription Drug and Opioid Addiction (MAT-PDOA)
• State Opioid Response (SOR) Grants (Fall 2018)
The program provides education to individuals at risk for an opioid overdose, their families, friends and loved ones to recognize an opiate overdose and to subsequently provide life-saving rescue measures to reverse the effects of an opioid overdose.

The opioid overdose prevention program includes:

- Outreach to at-risk individuals
- Educational component
- Collaboration with interested stakeholders
- Distribution of naloxone rescue kits
Three (3) regional contracts awarded

Contracts began November 1, 2015

- Morris County Prevention is Key, Inc. (Northern Region)
  - Bergen, Essex, Hudson, Morris, Passaic, Sussex and Warren Counties
- JSAS HealthCare, Inc. (Central Region)
  - Hunterdon, Mercer, Middlesex, Monmouth, Somerset, and Union Counties
- Urban Treatment Associates, Inc. (Southern Region)
  - Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean and Salem Counties
OOPP: Scope of Work

• Each contracted program is responsible to provide one training per week for a minimum of 52 trainings held in each region per year
• Trainings are being held in all 21 counties
• Trainings are available during daytime, evening and weekend hours, based upon county and community request
• http://nj.gov/health/integratedhealth/services-treatment/naloxone.shtml
Opioid Overdose Prevention Network (OOPN)

- 5-year grant which utilizes real-time, Statewide information about drug overdoses from NJ’s State Police Regional Operations Intelligence Center (ROIC)
- An early warning system and mobile response team alerts front-line practitioners to deploying prevention interventions
- Requires contracted partner, Rutgers, to reach 3,000 individuals through training and distribute a minimum of 2,500 naloxone kits annually
- Provide outreach to justice-involved offender re-entry programs; probation officers; syringe access programs; community health centers; individuals who undergo overdose reversal; and women’s substance use disorder providers
Opioid Overdose Recovery Program (OORP)

• Responds to individuals reversed from opioid overdoses who are treated at hospital emergency departments as a result of the reversal
• DMHAS, the Governor’s Council on Alcoholism and Drug Abuse (GCADA) and the Department of Children and Families (DCF) provide funding to support this initiative
• DMHAS currently has contracts for an OORP in all twenty-one (21) counties
OORP: Purpose and Intent

- The OORP utilizes Recovery Specialists and Patient Navigators to engage individuals reversed from an opioid overdose to provide non-clinical assistance, recovery supports and appropriate referrals for assessment and substance use disorder treatment.
- Recovery Specialists and Patient Navigators maintain follow-up with revived individuals (a minimum of 8 weeks) and link them to culturally-specific services, while providing support and resources throughout the process.
Observed Outcomes

• Since implementation on January 1, 2016, NJ’s OORPs have cumulatively served 6,604 individuals who were reversed from an opioid overdose and were taken to a participating hospital emergency department through April 30, 2018

• More than one-fifth (22%) of individuals cumulatively served in 2016, 2017 and 2018 to date (1,460 of 6,604) were referred to withdrawal management or substance use disorder treatment

• An additional 2,602 (39%) individuals sought recovery support services

• Eighteen percent of individuals (1,218) refused services bedside, and twenty percent of individuals (1,324) did not receive OORP services for involuntary reasons.
  • Examples why clients did not receive services for involuntary reasons include clients who are in crisis services, jail, hospitalized, or who left a medical facility Against Medical Advices (AMA), and clients who do not have a phone or a way for the Recovery Specialist to contact them.
Support Teams for Addiction Recovery (STAR)

- Awards made to ten (10) most high-risk counties to serve a minimum of forty (40) individuals
- STAR provides case management and recovery support services for individuals with Opioid Use Disorder (OUD)
- STAR Case Managers work to assist individuals with issues related to homelessness, incarceration, legal issues, employment, education, transportation, need for social services, healthcare, child welfare involvement, child care, health insurance, documentation, etc.
- STAR Recovery Specialists provide non-clinical assistance and links to recovery supports in the community
- Goal of STAR is to help individuals remain in the Recovery Zone as long as possible, to help reduce the risk of recurring episodes of opioid-related problems and prevent future overdose
Three regional centers that provide support to parents, family members and loved ones of adults struggling with their loved one’s Opioid Use Disorder (OUD)

The FSCs offers parents and family members support, education, resources and advocacy in an environment that is safe and non-discriminatory

Overall goal is to provide compassionate support to empower parent and families to have a better quality of life, improve their psychological health, reduce levels of stress, feel less isolated, gain skills needed to cope with their loved ones’ OUD and to help teach non-confrontational skills to help empower their loved one to seek recovery
Telephone Recovery Support (TRS)

- Contract with Rutgers to develop a statewide program for individuals discharged from substance use disorder treatment with an opioid use disorder, as well as those trying to maintain recovery from an opioid use disorder
- Weekly phone calls will be conducted by trained staff and volunteers who will provide support, encouragement and information concerning recovery supports
Certified Community Behavioral Health Clinic (CCBHC)

- Seven (7) agencies participate which are dually-licensed to provide both mental health and substance use disorder treatment. The program began July 1, 2017.

- CCBHC Project seeks to expand service delivery to a model of integrated care combining care coordination with actual service delivery of behavioral health and primary care.

- CCBHCs serve all consumers, regardless of their ability to pay through a no “wrong door” policy.
CCBHC Required Services

- Outpatient Clinic Primary Care Screening and Monitoring of Key Health Indicators and Health Risk
- Psychiatric Rehab Services (ex. Supported Employment, Supported Education, Partial Care, Wellness Recovery Action Plan)
- Community-Based MH and SUD Care for Members of the Armed Forces and Veterans
- Targeted Case Management
- Peer, Family Support & Counselor Services
- Peer Support: Community Wellness Centers & Recovery Centers
- 1-WM ASAM Levels of Withdrawal Management for Adults
Coordination with NJ Family Care to Increase Access
The IMD Exclusion

• The Institution for Mental Diseases (IMD) Exclusion is a federal statute that prohibits the use of federal Medicaid financing for care provided to most patients in mental health and substance use disorder residential treatment facilities larger than 16 beds between the ages of 22-64.

• The IMD Exclusion has impeded the ability for Medicaid to pay for residential substance abuse services.
The IMD Exclusion

- States have lobbied the Centers for Medicare and Medicaid Services (CMS) for years to amend or eliminate the IMD Exclusion

- CMS recently began to review and accept states’ requests to waive the IMD

- NJ sought Waiver authority through the 1115 Comprehensive Medicaid Waiver Renewal process to include SUD treatment in an IMD as part of the SUD continuum.
Effective 10/31/17, NJ FamilyCare has received Waiver authority to claim expenditures for services provided in residential facilities that meet the requirements of an Institution for Mental Disease (IMD) for individuals 18 and over.

- Non-hospital based Withdrawal Management, ASAM 3.7WM
- Short Term Residential Treatment, ASAM 3.7
- Long Term Residential Treatment, ASAM 3.5

NJ FamilyCare must maintain a combined average length of stay of 30 days or less for these services.

NJ FamilyCare will provide a full continuum of SUD services that includes case management and peer recovery support services.
Service Implementation Timeline

*July 2018
- IMD services Medicaid covered STR and WM

*October 2018
- IMD service Medicaid covered LTR

*July 2019
- Medicaid covered Case Management for SUD

*July 2019
- Medicaid covered Peer services benefit coverage

*Dates are projections and are contingent upon CMS approval.
Questions?