

Division of Mental Health and Addiction Services



ADAM BUCON, LSW

DMHAS Mission



DMHAS, in partnership with consumers, family members, providers and other stakeholders, promotes wellness and recovery for individuals managing a mental illness, substance use disorder or co-occurring disorder through a continuum of prevention, early intervention, treatment and recovery services delivered by a culturally competent and well-trained workforce.

Who do we serve?



- Department of Human Services (DHS), through State dollars, Federal Block Grant and Medicaid, funds Mental Health and Substance Use Disorder Services
- Services are funded to provide access to care to individuals who do not have private insurance or the financial means to pay for services (< 350% Federal Poverty Level)



NJ Division of Mental Health and Addiction Services



ADDICTION SERVICES



Addiction



- Addiction is a chronically relapsing disorder characterized by a compulsion to take a substance, loss of control in limiting intake, and the development of a negative emotional state when the substance cannot be obtained.
- Brain rewards centers reinforce use of the substance which leads to chronic use. In turn, chronic use can affect the brain in a number of negative ways.
- Cognitive effects of chronic substance use may make it more difficult for clients to engage in and benefit from treatment; make relapse to substance use more likely; and make everyday life for clients more difficult.
- These behaviors may not be willful, but can be a result of the affects of a chronic addiction.

Drugs of Abuse



- There are multiple drugs that when abused commonly lead to an addictive disorder. Most common are:
 - Alcohol has historically been the most widely abused. Approximately 10% of users will become addicted
 - Tobacco has been the second most abused drug but use has been declining for years. However, people with a behavioral health disorder have not shown a decline in tobacco use.
 - Stimulants come in a variety of forms, including amphetamines, cocaine, and methamphetamines. Chronic use of these drugs creates serious psychological and physical consequences.
 - Opioids have been on the rise with often fatal consequences

Opioid Use Disorder



- Opioid Use Disorder includes illegal opioid drugs, such as heroin and also legally available pain relievers such as oxycodone and hydrocodone
- Opioid use disorder has become an epidemic as a direct result of the increase in prescribing of opiate pain medications. Many people who become addicted to pain management medications switch to heroin as a result of availability and lower price.
- Opioid abuse has serious health consequences and overdose is often fatal.

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- ????

- **2015 Total Treatment Admissions= 69,477**

Heroin as Primary Drug= **27,621 (40%)**

Other Opioids as Primary Drug= **4,908 (7%)**

Alcohol as Primary Drug= **17,785 (26%)**

Treatment



- Treatment is available regardless of Drug of Abuse.
- SUD treatment and self help have proven effective.
- Most effective treatment is combination of medication and counseling services. This combination is referred to as Medication Assisted Treatment (MAT).



Array of Addiction Counseling Services Available

Substance Use Disorder Services are provided in a continuum of treatment

- Outpatient
- Intensive Outpatient
- Partial Care
- Halfway House
- Detoxification
- Short Term Residential
- Long Term Residential
- Medication Assisted Treatment

Programming for Special Populations include

- Women's set-aside
- Deaf, Hard of Hearing & Disability related
- HIV
- Mobile Medication Units

Medication Assisted Treatment



- Medication Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders
- There are several new medications that provide evidence-based treatment for specific substance use disorders and other older medications that are also used in MAT
- Despite the scientific evidence that treatment works, many with substance use disorders have not had access to MAT

Methadone for Opioid Dependence



- ❖ Methadone is only prescribed/dispensed for maintenance treatment at licensed Opioid Treatment Programs (OTPs)
- ❖ OTPs can also provide buprenorphine and other medications
- ❖ OTPs must:
 - Meet Federal regulations
 - Be approved by SAMHSA
 - Be licensed by the Drug Enforcement Agency
 - Be licensed by the State of NJ and have DMHAS State Opioid Treatment Authority (SOTA) oversight
 - Receive accreditation by JCAHO, or CARF, or COA
 - Provide medical services (physical evaluations, labs, urine drug screens, etc.) and substance use counseling sessions, with frequency of counseling based on phase system

Buprenorphine



- Buprenorphine can be prescribed by office-based physicians that have DATA 2000 Waived Certification
 - Approved by FDA in October, 2002
 - Long-acting partial opioid agonist
 - Just approved to be prescribed by Physician Assistants, APNs
- Clients need counseling and supports
- Available at selected Opioid Treatment Programs
- Available at Private Practitioners
 - Limited payer sources accepted
 - Independent Practitioners are not regulated or monitored by DMHAS

Naltrexone



- **Naltrexone (Vivitrol®)**

- FDA approved in 2006 for the treatment of alcohol dependence for patients who are able to abstain from alcohol in an outpatient setting prior to the initiation of treatment with Vivitrol. Patients should not be actively drinking at the time of administration.
- FDA approved in 2010 for the prevention of relapse to opioids, following opioid detoxification. Patients must be free of opioids for 8-10 days prior to injection.
- Reimbursed by Medicaid and through the State FFS initiatives. Case management, the physician visit, urine pregnancy test and liver functioning tests are reimbursed as separate and distinct services in the State FFS initiatives.

Accessing SUD Services



- **ReachNJ (1-844-ReachNJ) Identifies 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 Interim Managing Entity (IME) which is operated by Rutgers University (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**
 - Call any agency for assistance!

Accessing HIV Care and PrEP for Drug Users



Undetectable = Untransmittable



Benefit of HIV Treatment for Drug Users



- Antiretroviral Therapy (ART) - once an individual begins therapy and stays on therapy, with full viral suppression, an individual is not capable of transmitting HIV to a sexual partner. With successful ART regimen, that individual is no longer infectious.” (Diffenbach, Director of the Division of AIDS, NIH August 2016)
- Pre-exposure prophylaxis (PrEP) - is the use of antiretroviral (ARV) medication to prevent possible HIV infection with PrEP A daily tablet of tenofovir, a drug otherwise used to treat HIV infection, reduced the risk of HIV acquisition among people who inject drugs by 49% in a clinical trial. Those who took the medication most consistently had higher levels of protection, report scientists from the Centers for Disease Prevention and Control (CDC) in *The Lancet* today.



How Can I Make A Difference?



- Join one of the 12 regional collaborations!
- Provider's HIV positive clients can be treated for HIV and Hep C.
- Assistance with health insurance applications

The goal of the 21-county effort is to:

- Leverage resources
- Increase efficiency
- Breakdown barriers to complementary services
- Address multiple problems or needs,
- Provide comprehensive, integrated services.

Unfettered Access to Care



- DMHAS collaborated with DHSTS, the NJ HIV Planning Group, Ryan White Parts A-B, HIV planning bodies, and consumers to form, or assist in the forming, regional collaborations impacting each of the twenty-one New Jersey counties in linking HIV positives individuals to care within the same or next business day.
- The centerpiece of each regional collaboration is a HIV Specialty Care Clinic or Hospital and each benefits from a wide range of agencies bridging services multiple services through a formal MOA.



Join a Collaboration Today!



- Atlantic
- Camden, Burlington, Salem
- Cumberland, Salem, Gloucester, Cape May
- Hudson
- Mercer
- Middlesex, Hunterdon, Somerset
- Monmouth , Ocean
- Essex
 - Newark
 - Elizabeth (Trinitas)
 - Morris, Sussex, Warren
- Bergen, Passaic

Contact information for meeting details:

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or

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Overdose Prevention: Naloxone



- Naloxone is an opioid antagonist used to counter the effects of an opiate overdose and reverse life-threatening effects (CNS and respiratory system depression)
- Used intravenously by paramedics and medical professionals, but trained bystanders who have naloxone can administer it intra-nasally
- All individuals who are administered naloxone must be transported to the hospital following the injection because it is short-acting
- The Opioid Overdose Prevention Act provides legal protection and immunity from liability for medical professionals prescribing naloxone and for individuals administering it in overdose emergencies



Opioid Overdose Prevention Program



- 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 provide life-saving rescue. The opioid overdose prevention program includes:
 - Outreach to at-risk individuals
 - Educational component
 - Collaboration with interested stakeholders
 - Distribution of naloxone rescue kits



Opioid Overdose Recovery Program



- The Opioid Overdose Recovery Program utilizes Recovery Specialists and Patient Navigators to engage individuals reversed from an opioid overdose
- The Recovery Specialists and Patient Navigators maintain follow-up with revived individuals and link them to services, while providing support and resources throughout the process.

Wellness and Recovery



- Completing an acute care treatment episode is the first step
- Mental Health and Substance Use Disorders are chronic illnesses that require ongoing support and services
- Increasing focus on providing services that expand upon treatment to support wellness and recovery

Addiction Recovery Services



- **Two Recovery Centers in NJ**
 - The Recovery Village in Paterson (855-999-9573)
 - Living Proof Recovery Center Camden (855-967-3262)
- **Training Peers to work in treatment**
 - Trained Peers provide services in the Opiate Overdoes Prevention Programs
 - Trained Peers provide services in the Opiate Overdose Recovery Programs
- **Self Help Groups**



QUESTIONS?

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