

The Opioid Crisis in NJ and the Governor's 2017 Initiatives

Quarterly Providers Meeting

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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.
- **2016 Total Treatment Admissions= 76,509**
Heroin as Primary Drug= 33,147 (43%)
Other Opioids as Primary Drug= 5,187 (7%)

Statistics

- **Every 5.5 hours in 2015, someone died from a drug-related death in New Jersey. Every 9.1 hours, someone died from a heroin-related death.**
- **In 2015, there were 1,587 illicit and prescription drug overdose deaths in New Jersey. Of these, 961 (61%) were heroin-related.**
- **The number of heroin-related deaths increased each year from 2010 to 2015 in New Jersey, rising 196% from 325 deaths in 2010 to 961 deaths in 2015.**
- **The number of heroin-related deaths spiked sharply from 2014 to 2015, rising from 776 to 961, or 24%, in just one year.**

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).**
- **If the rate of drug-related deaths for the second half of 2016 are consistent with the first half, New Jersey will report over 2,000 drug-related deaths in 2016 with over 1,200 of those deaths related to Heroin and nearly 700 attributable to Fentanyl.**

Statistics

- **Despite 11,351 Narcan administrations in New Jersey from January 1, 2015 to June 30, 2016, NJSAMS data indicated that during that same period, there were only 562 (5%) admissions who reported a Narcan administration “in the past 30 days.”**
- **This difference of 10,789 between Narcan administrations and admissions demonstrates: a) very few persons who undergo a Narcan reversal access treatment and b) closing this gap would require effort reaching out to individuals and encouraging them to enter substance use disorder treatment, ideally at programs providing MAT.**
- **There were 8,007 statewide naloxone administrations from January 1 – December 31, 2016.**

Resources to Address the Opioid Crisis

- **Governor's 2017 Initiatives**
- **H.R.6 - 21st Century Cures Act**
- **State Targeted Response to the Opioid Crisis Grants**
- **Substance Abuse Block Grant (SABG)**
- **Strategic Prevention Framework for Prescription Drugs (SPF Rx)**
- **Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO)**
- **Targeted Capacity Expansion: Medication Assisted Treatment - Prescription Drug and Opioid Addiction (MAT-PDOA)**

Governor's 2017 Initiatives

Governor Chris Christie is continuing his vow to fight the opioid crisis in New Jersey by committing approximately \$200 million in additional funds to enhance programs and services that are national models to address America's opioid and substance use disorder emergency.

New Jersey is leading with the Governor's most-recent plan to deploy eight state departments to implement 25 initiatives that will create or enhance opportunities for addiction prevention, treatment and recovery. These and dozens of other effective solutions previously enacted by Governor Christie should serve as a national blueprint.

Recommendations came from the Governor's Task Force on Drug Abuse Control and involved interdepartmental/inter-branch collaboration.

Of these, DMHAS was allocated \$109 million to implement 7 initiatives.

Governor's 2017 Initiatives DMHAS

Programs to be implemented or expanded by DMHAS include:

- **Incentive-Based Opioid Recovery Pilot Program**
- **Maternal Wrap-Around**
- **Recovery Coach Program**
- **Supportive Housing**
- **On-Campus Recovery Programs**
- **Screening, Brief Intervention, and Referral To Treatment**
- **Consumer Helpline**

Governor's 2017 Initiatives

- **Incentive-Based Opioid Recovery Pilot Program (\$40 million)**

DMHAS is being allotted \$40 million to create an *Incentive-Based Opioid Recovery Pilot Program*, improving care for low-income adults, on Medicaid or uninsured.

RFPs were issued in October for pilot sites in three regions to establish a program of holistic care for individuals in this population who have severe opioid-use disorders. Performance-based incentive payments will be made available to providers for hitting retention, relapse prevention, housing, and employment benchmarks.

Proposals have been reviewed.

Initial awards announced December 11.

Governor's 2017 Initiatives

- **Decreasing the Incidence of Substance-Exposed Infants (\$1 million)**

DMHAS was allocated funds to decrease the incidence of substance-exposed infants. This program provides services during pregnancy and up to one year after the birth event. Additionally, care coordination that addresses screening, early intervention, assessment, treatment and recovery supports will help to improve outcomes for women, their infants and families. The M-WRAP model is intended to promote maternal health, improve birth outcomes, and reduce the risks and adverse consequences of prenatal substance exposure.

Data from the NJ Division of Medical Assistance and Health Services indicated there were 528 Neonatal Abstinence Syndrome births to 41,829 Medicaid mothers in 2014.

Five preliminary regional awards have been made (one was made from a prior RFP), and one will be re-posted.

Governor's 2017 Initiatives

- **Recovery Coach Program (\$21 Million)**

This is an expansion of New Jersey's life-saving *Recovery Coach Program* for adults with substance use disorders. This expansion will be done in three ways:

- 1) Establishing post-treatment recovery coaching (\$7 million);**
- 2) Serving all overdose admissions to partner hospital emergency departments, beyond the current offering for those who have received Naloxone (\$7 million);**

As of October 31, 2017, there were 4,273 reversals seen in the Emergency Departments by the Recovery Coaches.

17 Opioid Overdose Recovery Programs (OORP) contracts were amended.

Governor's 2017 Initiatives

3) Linking Recovery Coaches to individuals released from Correctional Facilities to sustain recoveries and break the costly cycle of recidivism (\$7 million).

Program will serve 600 inmates. 400 to be served 3-months prior to release, then services continued post-release. Another 200 to be served post-release coordinated with a DOC MOA Governor Initiative.

Program will also include Performance Based Incentives.

MOA was signed with start date of January 1, 2018.

Governor's 2017 Initiatives

- **Supportive Housing (\$36 million)**

This program expands Supportive Housing for adults with substance use disorders. In addition to housing, it provides services that are individually tailored, including job coaching and interviewing skills, to help people sustain their recoveries by leading stable and productive lives.

Of this funding, \$2 million is dedicated to Supported Employment.

Existing contracts in process of being amended.

Governor's 2017 Initiatives

- **On-Campus Recovery Programs (\$8 million)**

This is to increase spending for colleges and universities to provide on-campus recovery programs, giving each New Jersey public college and university the ability to apply for grants of up to \$1 million in order to invest in substance-free housing and supportive services for students in recovery. Seven of New Jersey's 13 public colleges and universities are subject to a 2015 Campus Recovery Housing law that requires dedicated substance-free housing for students by 2019.

RFP was posted November 17, 2017.

Proposals are due December 19, 2017.

Governor's 2017 Initiatives

- **Screening, Brief Intervention, and Referral To Treatment (\$2 million)**

DMHAS will receive funding to continue the Screening, Brief Intervention, and Referral to Treatment (SBIRT) program. This evidenced-based practice is used by primary care practitioners to identify and prevent substance use. The program provides a brief intervention to individuals screened as being at risk of a substance use disorder and refers individuals to appropriate treatment who screen as needing services. Resources will cover training and the dissemination of this program model along with funds to cover the costs for screening and brief intervention for individuals who do not have insurance. The 5-year SBIRT grant that ended June 30, 2017 indicated more than 55,000 adults were screened and any substance use among participants decreased by 16 percent from intake to follow-up.

MOA with prior partner in draft. Other MOAs for related support being finalized.

Governor's 2017 Initiatives

- **Consumer Helpline (\$1 million)**

This increases funding by \$1 million to expand the capacity of a Consumer Helpline that assists individuals and families attempting to access treatment but are faced with real or perceived barriers of their insurance.

Best Practices Utilized

- **Mobile Opioid Response Services (MORS)**
- **Pay for Performance (P4P)**
- **Critical Time Intervention (CTI)**
- **Screening, Brief Intervention and Referral to Treatment (SBIRT)**
- **Supported Housing**
- **Supported Employment**

Questions

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