

Opioid Overdose Recovery Program (OORP) in New Jersey

Quarterly Provider Meeting

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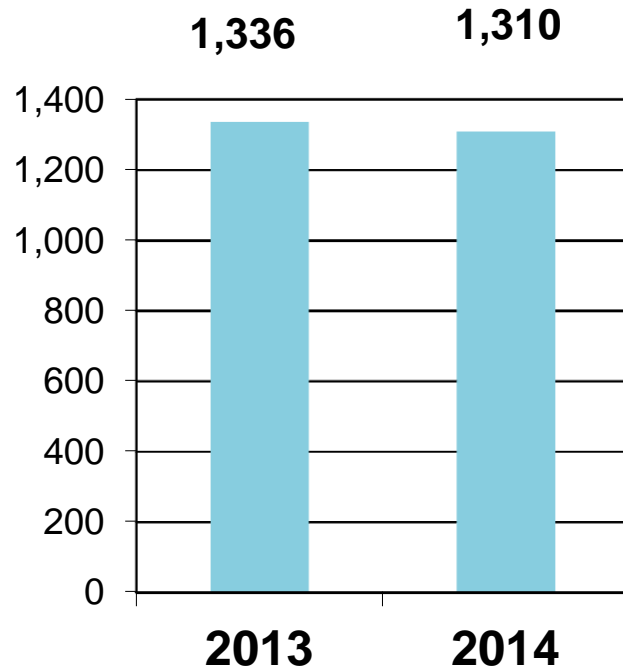
State of New Jersey



The Opioid Problem in NJ

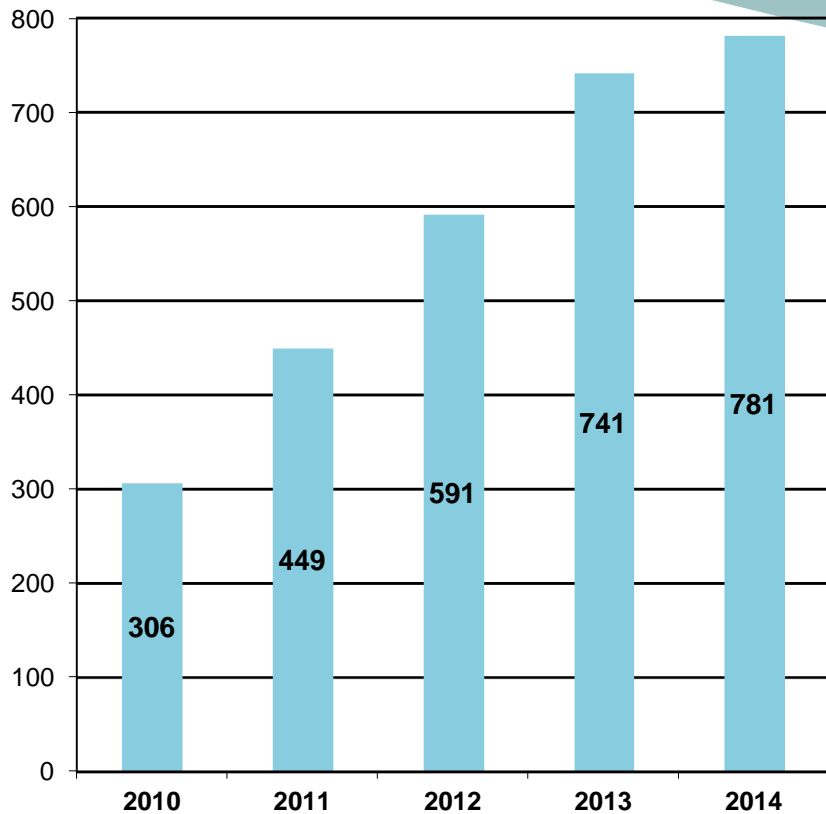
- According to the 2012 Treatment Episode Data Set (TEDS), New Jersey was fourth in the nation for primary heroin admissions ages 12 and older.
- The rate of admissions per 100,000 population aged 12 and older was 336 for heroin and 111 for non-heroin opiates/synthetics.
- 2015 Total Treatment Admissions= 69,477
 - Heroin as Primary Drug= 27,621 (40%)
 - Other Opioids as Primary Drug= 4,891 (7%)

Heroin, Cocaine and Prescription Opiate-Related Deaths – New Jersey, 2013 & 2014



- The number of drug-related deaths in New Jersey from heroin, cocaine and prescription opiates remained relatively stable in 2013 and 2014.

Heroin-Related Deaths – New Jersey, 2010 - 2014



- Of the 1,310 illicit and prescription drug overdose deaths in New Jersey in 2014, 781 (60%) were heroin-related.
- The number of heroin-related deaths increased each year from 2010 to 2014 in New Jersey, rising from 306 deaths in 2010 to 781 deaths in 2014.

Some Facts

- The number of heroin-related deaths increased for a 4th straight year in NJ in 2014, increasing by 1.4 times since 2010
- Heroin-related deaths account for the majority of drug overdose deaths
- Heroin-related deaths in New Jersey outnumber deaths by homicide, firearm, motor vehicle crashes, and suicide.
- Every 6.7 hours in 2014, someone died from a drug-related death in New Jersey. Every 11.2 hours, someone died a heroin-related death.

Background

- Despite 2,141 Narcan administrations in New Jersey from September 1, 2014 to February 28, 2015, NJSAMS data indicated that during that same period, there were only 77 admissions who reported a Narcan administration “in the past 30 days.”
- This difference of 2,064 demonstrates that:
 - very few persons who undergo a Narcan reversal access treatment
 - closing this gap will require effort to reach out to such individuals and encourage them to enter substance abuse treatment.
- There is a major gap between individuals who are reversed from an overdose and their subsequent entry into treatment

What Did We Do?

- The Opioid Overdose Program was designed to respond to individuals reversed from an opioid overdose who are treated at hospital emergency departments as a result of the reversal
- Idea came from a program that was implemented in Rhode Island
- DMHAS, the Governor's Council on Alcoholism and Drug Abuse (GCADA) and the Department of Children and Families (DCF) provided funding to support this initiative

Who are the OORP Providers?

DMHAS made five awards, one in each of the following counties:

- Camden- Center for Family Services, Inc.
- Essex- Barnabas Health Institute for Prevention
- Monmouth- Barnabas Health Institute for Prevention
- Ocean- Barnabas Health Institute for Prevention
- Passaic- Eva's Village

Purpose and Intent

- The Opioid Overdose Recovery Program 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
- The Recovery Specialists and Patient Navigators maintain follow-up with these individuals and deliver or appropriately link individuals to culturally-specific services while providing support and resources throughout the process

Contract Scope of Work

The overall goal and mission of the program is to:

- Increase linkage to appropriate care in the community
- Assist in ending the “revolving door” where too many individuals endlessly cycle in and out of emergency departments and never connect to treatment or recovery support services
- Promote improved recovery, wellness, and healthy lifestyles
- Reduce public healthcare expenditures for individuals living with an opioid use disorder
- Improve health behaviors, clinical outcomes, and quality of life

Contract Scope of Work

Each program consists of three key positions:

- Recovery Specialist - (minimum associate's degree preferred, high school diploma or equivalency required) engages individuals reversed from an opioid overdose and provides non-clinical assistance and recovery supports while maintaining follow-up with these individuals
- Patient Navigator - (bachelor's degree in health, psychology, counseling, social work, education or other behavioral health profession) responsible for referring and linking individuals into substance use disorder treatment
- Program Supervisor - (master's degree in health, psychology, counseling, social work, education or other behavioral health profession) responsible for the supervision of the Recovery Specialists

Recovery Specialists

Competencies for a Recovery Specialist:

- Educating survivors on how to appropriately navigate treatment, social service and recovery support systems;
- Being a positive role model to survivors and their families by sharing experiential knowledge, hope, and skills;
- Maintaining relationships with survivors and families in order to assist individuals in the treatment engagement and retention process;
- Reinforcing, guiding, and ensuring patients and their families that recovery is possible;
- Assisting survivors with gaining skills and resources needed to initiate and maintain recovery;
- Assisting in establishing and sustaining a social and physical environment supportive of recovery;

Recovery Specialists

- Enhancing identification and participation in the recovery community;
- Advocating for appropriate and effective community treatment and recovery;
- Empowering individuals to make self-determined and self-directed choices about their recovery pathway;
- Providing on-call coverage and coming to the ER to support the overdose victim when an alert is received; and
- Providing post-emergency department telephone follow-up for at least 60 days to help the survivor navigate the early stages of seeking assistance and beginning a successful path towards recovery.

Contract Scope of Work

- Contracted providers provide on-call Recovery Specialists to engage and support patients in emergency departments, across their county, a minimum of 84 hours weekly from Thursday 7 p.m. through Monday 7 a.m., and Patient Navigators assist in linking patients to treatment/recovery supports
- Coverage is comprised of a minimum of seven shifts of 12-hours each:
 - Thursday 7 p.m. to Friday 7 a.m.
 - Friday 7 a.m. to 7 p.m.
 - Friday 7 p.m. to Saturday 7 a.m.
 - Saturday 7 a.m. to 7 p.m.
 - Saturday 7 p.m. to Sunday 7 a.m.
 - Sunday 7 a.m. to 7 p.m.
 - Sunday 7 p.m. to Monday 7 a.m.

Contract Scope of Work

- Programs must have a pool of at least four Recovery Specialists
- On call coverage is for a 12-hour shift
- If deployed to the ED, there is 8 weeks of telephone follow-up

Program Report

County	Award Date	Services Began	ED Reversals Seen as 6/30/16
Ocean	11/2015	1/15/2016	122
Monmouth	11/2015	1/15/2016	47
Camden	11/2015	1/25/2016	88
Passaic	2/2016	4/1/2016	36
Essex	6/2016	--	--
Total			293

Hospitals Participating

Hospital	County - Municipality
Community Medical Center	Monmouth – Toms River
Monmouth Medical Center	Monmouth – Long Branch
Monmouth Medical Center Southern Campus	Monmouth - Lakewood
CentraState Medical Center, Freehold	Monmouth – Freehold (date tbd)
Jersey Shore University Medical Center	Monmouth – Neptune (July 14)
Ocean Medical Center	Ocean - Brick
St. Joseph's	Passaic - Paterson
St. Joseph's	Passaic – Wayne (August 1)
Cooper	Camden - Camden
Newark Beth Israel	Essex – Newark (date tbd)

Outcomes

- There were 293 deployments to the EDs from January 15, 2016 to June 30, 2016
- Of these, 109 or 37.2%, entered detox or other treatment

Evaluation

- Rutgers School of Social Work is conducting the evaluation
- Data collection form designed to follow clients at three and six months
- Patient Navigator and Recovery Specialist complete the different sections
- Focus groups
- Key informant interviews
- Client satisfaction survey
- Family satisfaction survey

Challenges

- Individuals refusing to go into treatment
- Not being able to follow-up due to unreliable contact information
- Lack of beds
- Implementing use of buprenorphine in the ER
- Clearer role boundaries between the Patient Navigator and Recovery Specialist
- Hospital staff not calling OORP staff
- Trauma experienced when OORP staff witness deaths from overdose

Suggestions for Improvement

- Designate a point person at each treatment facility to work with the OORP team and client
- Educate Patient Navigators on available treatment services for special populations, such as women
- Use the Statewide Narcan trainings as another avenue to help move individuals with an opioid overdose into recovery
- Have the Opioid Overdose Prevention Programs help market the OORP programs

Next Steps

- Governor Chris Christie announced \$1.7 million in funding for the expansion of the Opioid Overdose Recovery Program into six additional counties.
- An RFP is currently in preparation
- We need our treatment providers to become familiar with the OORP providers and vice versa so there can be a seamless transition into care

NJ OORP Providers

Barnabas Health Institute for Prevention – Ocean, Monmouth, and Essex Counties
600 River Road
Lakewood, NJ 08701
732-914-3815

Center for Family Services – Camden County
108 Somerdale Rd.
Voorhees, NJ 08043
856-428-5688

Eva's Village – Passaic County
393 Main Street
Passaic, NJ 07501
973-523-6220

Further Information

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QUESTIONS?

