

# 2017 State Targeted Response to the Opioid Crisis Grants



**QUARTERLY PROVIDER MEETING  
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# H.R.6 - 21st Century Cures Act

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- The **21st Century Cures Act** is a United States law enacted by the 114th United States Congress in December 2016. It authorized \$6.3 billion in funding, mostly for the National Institutes of Health.
- The Comprehensive Addiction and Recovery Act (CARA) was passed a few months earlier that authorized many harm-reduction strategies, including increased access to the overdose reversal drug naloxone, for the opioid crisis, but didn't provide any federal funding for implementation.
- The 21st Century Cures Act designated \$1 billion in grants for states over two years to fight the opioid epidemic.
- Funds may be used to improve prescription drug monitoring programs, to make treatment programs more accessible, to train healthcare professionals in best practices of addiction treatment, and to research the most effective approaches to prevent dependency.

# 2017 State Targeted Response to the Opioid Crisis Grants (Short Title: Opioid STR)

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- DMHAS submitted its application to the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP) on February 16, 2017.
- The program aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids as well as illicit drugs such as heroin).
- Grants will be awarded to states and territories via formula based on unmet need for opioid use disorder treatment and drug poisoning deaths.
- New Jersey's allocation is \$12,995,621 annually for two years.



# Opioid STR Grant Requirements

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- Use epidemiological data to identify critical needs in availability of treatment for OUDs in geographic, demographic and service level terms;
- Utilize evidence-based implementation strategies to identify which system design models will most rapidly address client needs in the systems of care;
- Deliver evidence based treatment interventions including medication and psychosocial interventions; and
- Report progress toward increasing availability of treatment for OUD and reducing opioid-related overdose deaths based upon measures developed in collaboration with the Department of Health and Human Services (DHHS).



# Opioid STR Required Activities

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- Develop a needs assessment using statewide epidemiological data which will identify areas where opioid misuse is most prevalent.
- Develop a comprehensive state strategic plan to address the needs in prevention, treatment, and recovery identified in the needs assessment.
- Design, implement, enhance, and evaluate primary and secondary prevention using evidence-based methods proven to reduce the number of persons with OUDs and OUD associated deaths.
- Implement or expand access to clinically appropriate evidence-based practices (EBPs) for OUD treatment, particularly, the use of medication assisted treatment (MAT).



# Opioid STR Required Activities

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- Provide assistance to under- and uninsured patients with treatment costs.
- Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.
- Enhance or support the provision of peer and other recovery support services designed to improve treatment access and retention and support long-term recovery.

# Opioid STR Allowable Activities

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- Train substance use and mental health care practitioners, on topics such as best practices for prescribing opioids, pain management, recognizing potential cases of substance use disorder, referral of patients to treatment programs, and overdose prevention including CDC's opioid prescribing guidelines.
- Support access to health care services
- Address barriers to receiving treatment by reducing the cost of treatment, developing systems of care to expand access to treatment, engaging and retaining patients in treatment, and addressing discrimination associated with accessing treatment, including discrimination that limits access to MAT.
- Train OUD prevention and treatment providers on opioid overdose and CDC's prescribing guidelines.

# Opioid STR Allowable Activities

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- Support innovative telehealth to increase the capacities of communities to support OUD prevention and treatment.
- Purchase naloxone for distribution in high need communities, if necessary, and training first responders, substance use prevention and treatment providers, and others on the use of naloxone.
- Establish and/or enhance statewide and community-based recovery support systems to implement peer and other recovery support services.

# NJ State Targeted Opioid Response Initiative (STORI)

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The goals and objectives of New Jersey's project, called the State Targeted Opioid Response Initiative (STORI) are to:

- address the opioid crisis confronting the state using a variety of strategies.
- increase access to treatment, reduce unmet treatment need and reduce opioid related deaths.

# Prevention/Training

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## Primary Prevention

- Prevention efforts will focus on community education programs for older adults with the goal to reduce demand for and misuse of opiate prescriptions.
- SAMHSA identifies older adults as being disproportionately affected by prescription drug misuse and abuse.

## Secondary Prevention

- Training on naloxone will be provided to schools, jails and prisons.
- Naloxone kits will be distributed.

# Prevention/Training

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## Training

- Training for primary health and behavioral health care practitioners on: best practices for the prescribing of opiates; non-opioid management of pain; recognizing addiction in the primary care and pain management patient; and expanded use of MAT.
- Peer training for volunteers in the Law Enforcement Addiction Assisted Recovery and Referral Program (LEARP).
- Training for the additional Opioid Overdose Recovery Programs (OORP).

# Prevention/Training

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## **Extension for Community Healthcare Outcomes (ECHO)**

- Project ECHO is a collaborative model of medical education and care management that empowers clinicians to provide better care to more people.
- Two ECHO projects will be implemented for pain management and recognition of SUD in collaboration with Rutgers University and RWJ Partners.
- The ECHO model™ increases access to specialty treatment by providing front-line clinicians with the knowledge and support they need to manage patients with complex conditions such as: hepatitis C, HIV, chronic pain, behavioral health disorders, and others.
- It does this by engaging clinicians in a continuous learning system and partnering them with specialist mentors at an academic medical center or hub.

# Treatment/Recovery Support

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## **State Targeted Opioid Response Initiative (STORI) FFS**

- A new fee-for-service (FFS) treatment initiative, called the STORI, will be developed that will include a wide range of levels of care and use of evidenced-based practices, particularly MAT. STORI FFS services will include:
  - ❖ Assessment, detox, short-term residential, outpatient/intensive outpatient, and methadone outpatient/intensive outpatient.
  - ❖ Case management.
  - ❖ Medication enhancements (Buprenorphine and Vivitrol).
  - ❖ Smoking cessation services & nicotine replacement therapy.
  - ❖ Peer services.



# Treatment/Recovery Support

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- Peer services are based on SAMHSA's Recovery Services Community Support Program.
- Four types of social support have been identified in the literature (Cobb, 1976; Salzer, 2002): emotional, informational, instrumental, and affiliational support.
- In keeping with this support schema, the following peer services include:
  - ❖ Peer mentoring or coaching
  - ❖ Resource brokering
  - ❖ Recovery consultation
  - ❖ Facilitating and leading recovery groups

# Treatment/Recovery Support

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## **Opioid Overdose Recovery Program (OORP)**

- The OORP, which is currently operating in 11 counties, will be expanded to the remaining 10 counties through STORI.
- OORP utilizes Recovery Specialists and Patient Navigators to engage individuals who were reversed from an opioid overdose and provide non-clinical assistance, recovery supports and referrals for assessment and OUD treatment.
- Funding will be available to serve additional clients, create support groups for the overdose survivors and extend the follow-up to 6 months.

# Treatment/Recovery Support

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## **Support Team for Addiction Recovery (STAR)**

- STARs will be developed in high risk counties.
- Case managers and recovery specialists are the key staff.
- Services will be provided according to a recovery-based philosophy of care and support individuals' continuing stability, recovery and wellness.
- Key goals are relapse prevention and prevention of another overdose
- STAR will assist individuals with issues such as homelessness, incarceration, legal, employment, transportation, linkage to social services, pregnancy, child welfare involvement, child care, health insurance, etc.
- Address the special health needs of individuals, such as HIV or AIDS, Hepatitis, and chronic and acute health conditions.



# Treatment/Recovery Support

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## Telephone Recovery Support (TRS)

- The program will be modeled after the system that has been developed in Connecticut which is a peer to peer, recovery support service.
- TRS provides weekly phone calls to people in recovery from alcohol and/or drug addiction.
- Trained TRS volunteers call to “check in” and ask how people are doing managing their recovery.
- TRS helps reduce relapse and enhances the recovery experience.

# Treatment/Recovery Support

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## **Family Support Center (FSC)**

- Family support will be provided through the development of three regional Family Support Centers (FSCs).
- Staff will be trained in the Community Reinforcement Approach and Family Training (CRAFT) model. CRAFT teaches families self-protection along with non-confrontational skills to help empower their loved one to seek recovery.
- The FSC will also offer families support, education, resources and advocacy in an environment that is safe and non-stigmatizing.



# Outcomes

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- Anticipated outcomes of the STORI include: Reduction/abstinence from drugs and alcohol, increase in employment, reduced criminal justice involvement, increase in stable housing, increased social connectedness, and increased percentage of individuals completing treatment at the recommended level of care.
- Additional outcomes include: reducing opioid overdoses, increasing retention in treatment, reducing the length of time to relapse and prolonging recovery, and increasing number of individuals receiving MAT.
- It is estimated that STORI will serve 8,671 individuals annually and 17,342 individuals over the two-year project.



# Work to Date

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- RFPs are currently being developed for new programs.
- The new FFS STORI is being finalized in order to be programmed and ready for September.
- RLIs will be developed.
- MOAs with University partners are being developed.

# Questions

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