

**New Jersey Department of Human Services  
Division of Mental Health and Addiction Services**

**BIANNUAL REPORT**

**Plan for the Establishment and Funding of  
Regional Substance Abuse Treatment Facilities**

**Presented to the Governor and Legislature  
April 2012**

**I. BACKGROUND**

The Bloodborne Disease Harm Reduction Act (P.L. 2006, c.99) was signed into law on December 19, 2006. In compliance with the requirements of this law, an initial implementation plan for the Needle Exchange Treatment Initiative (NETI) was submitted to the Governor and Legislature in April, 2007. Subsequent biannual reports for the initiative, now known as the Medication Assisted Treatment Initiative (MATI), were submitted in October 2007, April 2008, October 2008, May 2009, October 2009, April 2010, October 2010, April 2011 and October 2011. The next biannual report is herein being submitted. The previous reports can be found at <http://www.state.nj.us/humanservices/das/treatment/neti/biannualreport.html>.

**II. DESCRIPTION OF SERVICES**

**Mobile Medication, Fixed Site and Office-Based Services and Outreach**

The Division of Mental Health and Addiction Services (DMHAS) issued multiple public Requests for Proposals (RFP) in the New Jersey Register for the provision of mobile medication units to provide methadone maintenance, Suboxone detoxification and induction six days per week, as well as corresponding office-based treatment and case management services including a twelve-week mandatory stabilization treatment program for intravenous drug users. Awards of \$1.2 million were made for each contracted site. In Atlantic City, John Brooks Recovery Center, formerly known as the Institute For Human Development, was the award recipient. Parkside Recovery was the original award recipient for Camden and Trenton. In August of 2009 and June 2010, Parkside Recovery advised DMHAS of its intent to terminate its contract to provide services in Camden and Trenton, respectively. DMHAS made an emergency reassignment of the mobile unit to Urban Treatment Associates to provide services in Camden, which was effective on October 9, 2009. In Trenton, DMHAS made an emergency reassignment of the mobile unit to New Horizon Treatment Services with the effective date of September 15, 2010. Paterson Counseling Services was the award recipient for Paterson. Organization for Recovery in the city of Plainfield was the recipient of the award for the fifth mobile medication unit. Each site has the capacity to serve 200 clients - 150 methadone clients and 50 suboxone clients.

In Newark, The Lennard Clinic was the recipient of \$1 million for a fixed-site medication assisted treatment program to provide the services being offered at the mobile sites in other MATI cities.

The total annual contracted funding for these components of the MATI is \$7 million. The associated contracts fund agencies in six cities to provide comprehensive medication assisted treatment services, including five mobile medication units, one fixed site, and office-based sites with community-based outreach. Contracts also provide for the accompanying capacity to refer to other substance abuse treatment services as indicated by the client's individual clinical needs. The funding covers operating costs including annualized staffing costs, medication costs, operation of the units including maintenance and insurance, case management, outreach, and screening.

The MATI contracted agencies serve low income New Jersey residents with an opiate addiction, with a particular emphasis on providing access to treatment for individuals referred by Syringe Exchange Programs (SEP). Services are provided in adherence to Federal and State guidelines regarding the treatment of Opioid dependent clients, as well as program eligibility criteria developed to ensure that services are provided to the population targeted by the legislation. To be eligible for the program, a client's household income must be at or below 350% of the Federal Poverty Level as determined according to the Division's Income Eligibility policy.

In addition, the client must:

- 1) be a resident of New Jersey;
- 2) have a history of injection drug use;
- 3) test positive for opiates or have a documented one-year history of opioid dependence (individuals who have recently been incarcerated or in residential treatment may not test positive for opiates);
- 4) be able to provide proof of identification to prevent dual enrollment in medication-assisted treatment;
- 5) not currently be enrolled as a client in an opioid maintenance treatment (OMT) program or a client under the care of a physician prescribing Suboxone; and
- 6) not have been enrolled as a client in an OMT program or a client under the care of a physician prescribing Suboxone within the past thirty (30) days.

Clients referred by the SEPs who are either pregnant, homeless, or at risk of being homeless are given priority consideration for admission.

#### Program Implementation:

##### *John Brooks Recovery Center – Atlantic City:*

In Atlantic City, the John Brooks Recovery Center contract was effective January 1, 2008. John Brooks Recovery Center has continued to collaborate with South Jersey AIDS Alliance, the agency implementing the SEP, on how syringe exchange participants will be referred to treatment. According to DMHAS' New Jersey Substance Abuse Monitoring System (NJ-SAMS) data, there have been **982** admissions to date,

**352** of whom have been referred via the SEP. Currently, there are **142** methadone clients and **53** Suboxone clients for a total of **195** active clients enrolled in the MATI program in Atlantic City.

*Urban Treatment Associates - Camden:*

DMHAS made an emergency reassignment of the mobile medication unit to Urban Treatment Associates, Inc., effective October 9, 2009. According to NJ-SAMS data, there have been **560** admissions to date, **304** of whom were referred from the SEP. Currently, there are **133** methadone and **87** Suboxone clients for a total of **220** active clients enrolled in Camden MATI program. DMHAS has been working with various Camden officials to identify a location for an office-based site with which to affiliate the mobile medication unit prior to issuing an RFP for these services. Once a location issue is resolved with Camden City officials, DMHAS will proceed with the RFP as per our previous report.

*New Horizon Treatment Services -Trenton:*

In June 2010, Parkside Recovery advised DMHAS of its intent to terminate its contract to provide services in Trenton. On September 15, 2010, DMHAS made an emergency reassignment of the Trenton mobile medication unit to New Horizon Treatment Services. There were a total of **378** admissions in Trenton with **6** admissions being referred from the SEP. The 6 SEP clients have been transferred to the Trenton program from the program in Camden. Currently, there are **215** methadone and **48** suboxone clients for a total of **263** clients active in the Trenton MATI program. This data from NJ-SAMS reflects clients who are in the system who may have not been discharged, otherwise, they are required to maintain a total of 200 active clients on their roster. DMHAS is planning to issue a RFP for this contract within eighteen months of the emergency assignment.

*Paterson Counseling Services - Paterson:*

Paterson Counseling Services' contract was effective on January 1, 2008. Paterson Counseling Services is also the agency implementing the SEP for the city of Paterson. According to NJ-SAMS data, there have been **657** admissions to date, **478** of whom have been referred via the SEP. There are **157** methadone and **36** Suboxone clients for a total of **193** active clients who are currently enrolled in the MATI program in Paterson.

*Organization for Recovery Inc. - Plainfield:*

Organization for Recovery's contract was effective November 1, 2008 for the fifth mobile medication unit to service clients in the city of Plainfield. NJ-SAMS data indicates that there have been **547** admissions since the program's inception, **63** of whom have been referred via the SEP program located in Newark. Currently, there are **144** methadone and **48** suboxone clients for a total of **192** active clients enrolled in the MATI program in Plainfield.

*The Lennard Clinic Inc. - Newark:*

Since their contract became effective on November 1, 2008, The Lennard Clinic in Newark has collaborated with the North Jersey Community Research Initiative (NJCRI), the agency implementing SEP. NJ-SAMS data indicates that there have been **875** admissions to date at the MATI fixed site in Newark. Of the **875** admissions, **509** have been referred to SEP. As of September 2011, there are **151** methadone and **69** suboxone clients for a total of **220** active clients enrolled in the MATI program in Newark.

According to NJ-SAMS data, the total number of cumulative MATI client admissions for the six pilot sites is **3,743**, while the total number of SEP participants admitted to treatment is **1,889**. **Statewide, 50.5% of MATI admissions have been SEP participants.** It must be noted that out of the six MATI sites, four programs are sited in cities that operate the Department of Health and Senior Services' syringe exchange program which include Atlantic City, Camden, Newark and Paterson.

### **Intensive Supportive Housing Program**

Supportive housing is a critical recovery support that may help treatment-resistant clients take the first step in their recovery process, as well as support sustained recovery. Through an open, competitive public bidding process, two awards of \$871,000 each were made to Resources for Human Development, Inc. and John Brooks Recovery Center, for the development of two Intensive Supportive Housing (ISH) teams with funding for rental subsidies (tenant-based) and service dollars for providing intensive support services. These contracts create a capacity for 63 subsidized supportive housing slots. Funding for clinical treatment services for recipients is available through the mobile medication units, as well as treatment vouchers. Clients eligible for the MATI are screened by the case manager for supportive housing eligibility. Clients must meet program criteria for homelessness or risk of homelessness. If the clients are found to be eligible for supportive housing, they are referred to the ISH team. The ISH team completes a full assessment and refers eligible clients for housing. If the client does not qualify for supportive housing, he/she will continue treatment or continue to participate in the MATI.

A key feature of the DMHAS supportive housing program is that there is no threat of removal from housing due to lack of treatment involvement. As for any person renting an apartment in New Jersey, normal legal channels for eviction or removal remain in place and are governed by N.J.S.A. 2A:18-61.1 (e.g., non-payment of rent, destruction of property, continued disorderly conduct, etc.). The ISH team encourages the consumer to enter substance use or mental health treatment, to adhere to their medication regimens, and to seek vocational education, employment counseling, or any other community services by using motivational techniques. The ISH team works with the consumer to motivate and support recovery as the consumer seeks to change.

The Resources for Human Development, Inc. and the Johns Brooks Recovery Center contracts were effective April 1, 2008. These contracts combined provide for a total of

63 housing units, 31 units in Camden and 32 units in Atlantic City, respectively. **All housing units are filled.** Clinical treatment services are offered to those residing in the housing units, but participation is not mandatory. In Atlantic City, services are provided to 21 single clients, 14 clients with family, 1 spouse and 17 dependent children for a total of 53 clients served. In Camden, services are provided to 17 single clients, 19 clients with family, 2 spouses and 28 dependent children for a total of 66 clients served. To date, **a total of 119 individuals are receiving both substance abuse services and housing in Camden and Atlantic City.**

### **Enhanced Sub-Acute Detoxification**

DMHAS issued an RFP for start-up costs, including renovations, refurbishment and equipment to meet the detoxification needs of intravenous drug users with complicated substance dependence and medical conditions, such as the need to continue opiate replacement medications during detoxification, the need to detoxify from benzodiazepines, clients with co-occurring disorders and pregnant clients. Straight & Narrow, Inc. was awarded a contract for six beds and Turning Point, Inc. was awarded a contract for four beds, for a total of ten beds statewide. Contracts for these agencies were effective July 1, 2008. Ongoing services are funded through the treatment voucher program. Straight & Narrow, Inc. and Turning Point have completed all necessary improvements and to date, a total of **645** unduplicated clients have received enhanced sub-acute detoxification services. This is an increase of **203** unduplicated clients with enhanced detoxification services since the previous biannual report.

### **MATI Provider Network (Voucher Program)**

A portion of the MATI funding is allocated to support a voucher-based treatment service network offering enhanced sub-acute detoxification, outpatient treatment for recovery mentors, transportation, and traditional residential treatment services. A voucher-based system facilitates a client-centered approach to providing services. It maximizes client choice as the funds follow the client through a continuum of care, allowing for easier movement from provider to provider. Treatment vouchers are issued after a full assessment including a determination of program and financial eligibility in addition to the client's clinical needs. The voucher is issued by the MATI case manager and can be redeemed at a participating MATI Provider. Approval to provide services as part of MATI is predicated on an agency's openness, willingness, and capacity to provide services to clients on medication-assisted treatment. Applications from licensed agencies were reviewed and those agencies that met qualifying criteria have been accepted to provide services. Currently there are 19 outpatient sites and 9 residential sites in the MATI Provider Network providing detoxification, long-term, short-term, and halfway house residential services, as well as intensive outpatient and outpatient services.

DMHAS launched the Computer Sciences Corporation (CSC) billing system for MATI fee-for-service (MATI-FFS) vouchers in July 2010. From July 1, 2010 to March 24, 2012, there are 3,952 authorized MATI-FFS vouchers for 1,123 unduplicated clients.

### **III. EVALUATION**

On October 1, 2008, DMHAS entered into a contract with the National Center on Addiction and Substance Abuse (CASA) at Columbia University to undertake an independent scientific evaluation of the MATI. The contract with CASA was awarded through an open bid solicitation process. The purchase price for these services was \$2,221,641 as approved by the Purchase Bureau of the Division of Purchase and Property in the New Jersey Department of the Treasury.

Preliminary data from the CASA evaluation team indicate a significant need for additional treatment and ancillary services as available through the voucher system, in particular treatment for co-occurring disorders: Addiction Severity Index (ASI) ratings suggest that 38.5% of clients need additional treatment for mental health disorders.

The Bloodborne Disease Harm Reduction Act (P.L. 2006, c.99) legislation has had a significant impact on access to treatment services in New Jersey for a previously underserved and hard-to-engage client population. See preliminary data below.

#### **12 Month Outcomes: MATI Research Evaluation Clients**

##### **Days heroin use in the past 30 day**

- 69% decrease in the prevalence of heroin use
- Averaging across all participants, heroin use declined by about 20 days per month.
- In New Jersey the average user spends about \$200 per day on heroin.
- The 20 day reduction in use is equivalent to approximately \$5 million reduction in spending on heroin across all MATI clients in one year.

##### **Times injection drug use past 30 days**

- 78% decrease in the prevalence of injection drug use
- Averaging across all participants, there was a reduction in injection drug use of 55 injections per month.

##### **Times dirty needles past 30 days**

- 72% decrease in the prevalence of needle sharing
- Averaging across all participants, needle sharing decreased by 1 injection per month.
- NJ Medicaid pays \$20,000 per HIV positive person per year; the present value over 10 years is \$171,000 (3% discount rate).

##### **Days detention or incarceration in the past 6 months**

- 29% decrease in the prevalence of detention or incarceration
- Averaging across all participants, detention or incarceration decreased by about 4 days.
- Incarceration costs are \$27,500 per person per year.
- When averaged across all MATI clients, we estimate an approximate reduction ranging from \$367,000 over 6 months to \$730,000 over 12 months.

### **Engaged in illegal activity for profit past 30 days**

- 70% decrease in proportion of clients involved in illegal activity
- Averaging across all participants, involvement in illegal activity decreased by approximately 8 days.
- When averaged across all MATI clients, we estimate an approximate savings of \$9 million in crime victim costs and \$45 million in criminal justice system costs.
- Cost estimates for illegal activity were calculated based on McCollister, French, and Fang (2010) and the 2010 New Jersey Uniform Crime Report.

### **Days ER in the past 30 days**

- 19% decrease in proportion of clients visiting ER
- Averaging across all participants, ER use declined by approximately .42 days.
- Each ER visit averages \$900.
- When averaged across all MATI clients, we estimate an approximate savings of \$450,000 in costs associated with ER use.

### **Length of stay in methadone treatment**

- MATI clients stay engaged with treatment as long as or longer than clients in conventional methadone programs even though MATI serves clients that are more likely to belong to traditionally disenfranchised groups. Specifically, a greater number of MATI clients are uninsured, homeless, injection drug users, and African American. Clients from these groups are more likely to get treated in non-medication assisted treatment settings and have much lower levels of treatment engagement.

These preliminary data strongly suggest that the MATI pilot project design, including the availability of mobile medication units and voucher program to purchase a flexible array of services, is effectively meeting individual client needs and expanding access to care. A comprehensive CASA report will be available at the end of the project.

## **IV. FUNDING**

The MATI program received to date \$62.6 million over a six - year period beginning in April 2007. Due to late start up in FY 07, the program returned \$18.4 million to the Treasury over 3 years; \$5m in FY 08, and \$9.6m in FY 09 without affecting programs and \$3.8m in FY 10. These funds are restored in \$1.3m increments through FY 12 so as to not affect current program planning, and evaluation. All funds are fully obligated through contract except the \$2.6m in individual treatment vouchers. No additional phase-in accruals are expected

## **V. COLLABORATION WITH DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS), DIVISION OF HIV/AIDS SERVICES**

DMHAS staff and DHSS' Division of HIV/AIDS Services continue to coordinate data and ensure seamless referral processes from the SEPs to the MATI sites around the State. DMHAS and DHSS have also collaborated to convene meetings with the City of Paterson as well as ongoing discussions in regard to the DHSS report on the Syringe Exchange Pilot Program.

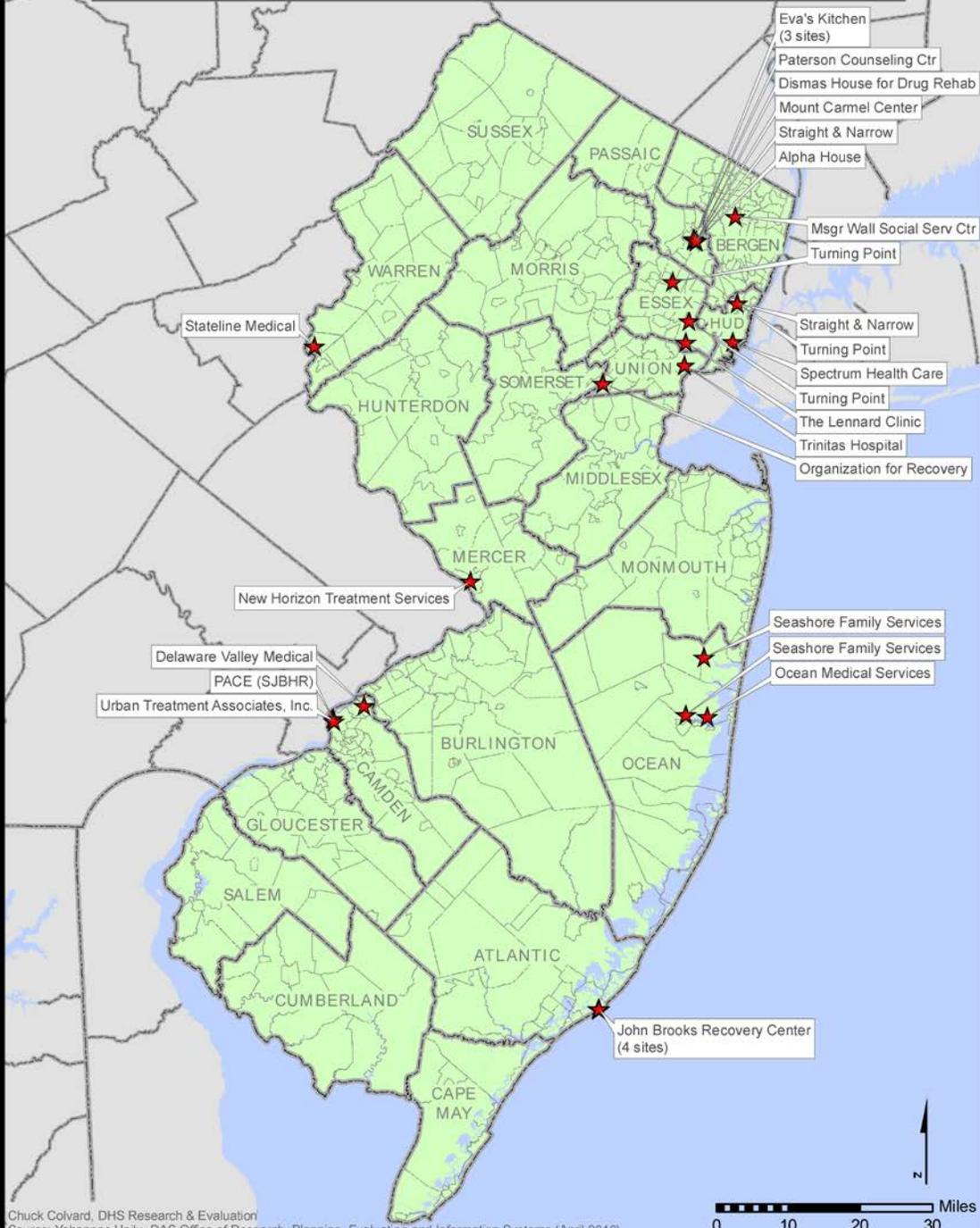
## **VI. COLLABORATION WITH LOCAL GOVERNMENTS**

DMHAS will continue to collaborate with local governments and municipal health departments to enhance referrals to existing local health and social services. Collaboration at the local level has also resulted in local law enforcement partnerships, identification of outreach venues, local ordinances for the parking of mobile medication units, and local resources for client's ancillary needs as well as sharing of data. These activities are intended to achieve the goal of moving a client seamlessly from exchanging needles to attaining treatment. The monthly consortia meetings have fostered this collaboration.

## **VII. MATI UNDER MEDICAID COMPREHENSIVE WAIVER**

The State has submitted an application for a comprehensive Medicaid waiver which includes a proposal to expand Medicaid eligibility for individuals who meet functional eligibility criteria and whose income is at or below 150% Federal poverty level. If approved, this increased federal financial participation opportunity should allow for MATI service expansion.

# Medication Assisted Treatment Initiative: Voucher Network



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 Source: Yohannes Hailu, DAS Office of Research, Planning, Evaluation and Information Systems (April 2010)

