Opioids: Care Coordination, Transitions, and EngagementSeton Hall University School of Law

Improving Care Coordination and Transitions in the Community for Opioid Use Disorder

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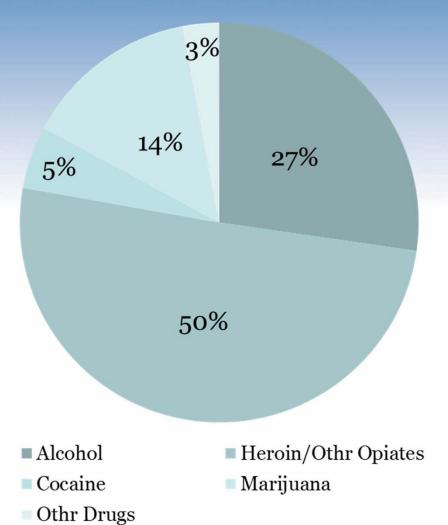


The Opioid Problem in NJ

According to the 2014 Treatment Episode Data Set (TEDS), New Jersey was 4th in the nation for primary heroin admissions ages >12

- The rate of admissions per 100,000 population aged <u>></u>12 was 317 for heroin and 60 for non-heroin opiates/synthetics
- 76,509 total New Jersey Substance Abuse Monitoring System (NJSAMS)
 2016 Treatment Admissions Heroin = 33,147 (43%)
 Other Opioids = 5,187 (7%)

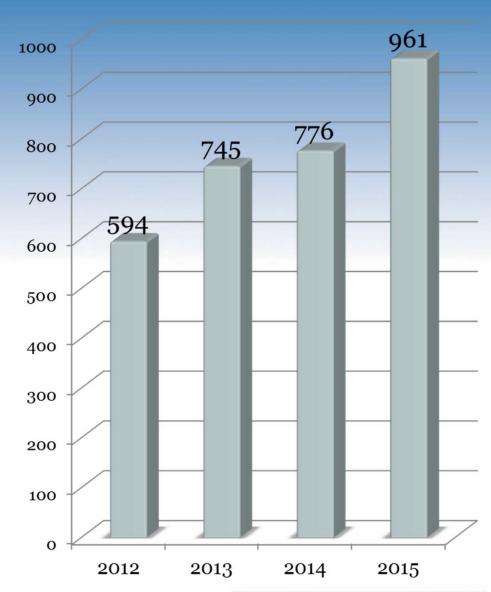
2016 NJSAMS Admissions





Heroin-Related Deaths, 2012 - 2016

- The number of heroin-related deaths increased for a 6th straight year in NJ in 2015 nearly tripling since 2010.
- Every 9.1 hours in 2015, someone died from a heroin-related death in NJ.
- Of the 1,587 illicit and prescription drugrelated deaths in NJ in 2015, the majority, 961 (61%), were heroin-related.
- Heroin-related deaths in NJ outnumber deaths by homicide, firearm, motor vehicle crashes, and suicide.
- The CDC reported 2,056 drug overdose deaths in New Jersey in 2016, a statistically significant increase in the death rate from 2015. Over 1,200 of those deaths are estimated to be related to Heroin and nearly 700 attributable to Fentanyl.



Division of Mental Health & Addiction Services wellness recovery prevention



H.R.6 - 21st Century Cures Act

- 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 harmreduction 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.
- Grants were awarded to states and territories via formula based on unmet need for opioid use disorder treatment and drug poisoning deaths.
- New Jersey's allocation was \$12,995,621 annually for two years.



2017 State Initiatives

- To fight the opioid crisis in the state, New Jersey has committed 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.
- Eight state departments have been deployed 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 the state should serve as a national blueprint.
- Recommendations came from a state Task Force on Drug Abuse Control and involved interdepartmental/inter-branch collaboration.
- Of these, the Division of Mental Health and Addiction Services (DMHAS) was allocated \$114 million to implement 8 initiatives.



Excellence in Mental Health Act

- On April 1, 2014, the Protecting Access to Medicare Act of 2014 (PAMA) was signed into law, which was based on the Excellence in Mental Health Act.
- PAMA requires the establishment of demonstration programs to improve community behavioral health services, to be funded as part of Medicaid (PAMA, § 223).
- PAMA specifies criteria for certified community behavioral health clinics (CCBHCs) to participate in demonstration programs. These criteria fall into six areas: (1) staffing, (2) availability and accessibility of services, (3) care coordination, (4) scope of services, (5) quality and other reporting, and (6) organizational authority.



DMHAS Response to New Funding Opportunities

- State Targeted Opioid Response Initiative (STORI)
 - Opioid Overdose Recovery Program (OORP)
 - Support Team for Addiction Recovery (STAR)
- 2017 State Initiatives
 - Prison Intensive Recovery Support (PIRS)
 - Enhanced Care Management (ECM)
- Excellence in Mental Health Act/Protecting Access to Medicare Act (H.R. 4302)
 - Certified Community Behavioral Health Clinics (CCBHC)



State Targeted Opioid Response Initiative (STORI)

Opioid Overdose Recovery Program (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.
- The OORP, which was currently operating in 11 counties, was expanded to the remaining 10 counties.
- Recovery Specialists engage and support patients in emergency departments, across their county, a minimum of 84 hours weekly (Thursday 7 pm to Monday 7 am).
- Patient Navigators assist in linking patients to treatment/recovery supports; there is a minimum of 8 weeks of telephone follow-up.
- Recovery Specialists and Patient Navigators link individuals to culturally-specific services and maintain follow-up with these individuals while providing support and resources throughout the process.

State Targeted Opioid Response Initiative (STORI)

Support Team for Addiction Recovery (STAR)

- STARs were awarded in 10 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.
- Assists individuals with issues such as homelessness, incarceration, legal, employment, transportation, linkage to social services, pregnancy, child welfare involvement, child care, health insurance, etc.
- Addresses the special health needs of individuals, such as HIV or AIDS, Hepatitis, and chronic and acute health conditions.

2017 State Initiatives

Incentive-Based Opioid Recovery Pilot Program: Enhanced Care Management

- 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 and overdose prevention, housing, and employment benchmarks.
- Will serve 1,800 consumers in each of three regions.
- Initial awards announced December 11, 2017.



2017 State Initiatives

Prison Intensive Recovery Services

- Links Patient Navigators to individuals released from Prisons to sustain recovery and break the cycle of recidivism.
- Performance-based incentive payments will be made available to provider for hitting retention, relapse and overdose prevention, recidivism, housing, and employment benchmarks.
- 600 clients will be served, of which 200 are being released on Medication Assisted treatment (MAT).



Excellence in Mental Health Act

Certified Community Behavioral Health Clinics

- New Jersey was selected as one of eight states for participation in the two-year Certified Community Behavioral Health Clinic (CCBHC) demonstration program.
- This demonstration is part of a comprehensive effort to integrate behavioral health with physical health care, increase consistent use of evidence-based practices, and improve access to high quality care for people with mental and substance use disorders.
- CCBHCs provide core services across the lifespan, utilize evidence-based practices, report on quality measures, and coordinate care with primary care providers and hospitals in the community.



Excellence in Mental Health Act

Populations to be served are adults with serious mental illness, children with serious emotional disturbance, and those with long term and serious substance use disorders, as well as others with mental illness and substance use disorders.

CCBHCs represent an opportunity to:

- Establish a behavioral health safety net
- Integrate and coordinate care for mental health, substance abuse and primary care
- Expand care coordination
- The CCBHC seeks to expand service delivery to a model of integrated care combining care coordination with actual service delivery of behavioral health and primary care.
- CCBHCs will serve all consumers, regardless of their ability to pay through a no "wrong door" policy.
- There are 7 agencies in NJ that were designated as a CCBHC.



Best Practices Utilized

- Peer Support
- Medication Assisted Treatment (Methadone, Vivitrol, Buprenorphine)
- Motivational Interviewing
- Critical Time Intervention (CTI)
- Trauma Informed Care
- Illness and Management Recovery



Questions?

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