



# NEW JERSEY DEPARTMENT OF HUMAN SERVICES

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## Initiatives and Programs to Increase Access to Medications for Opioid Use Disorder in New Jersey

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# Financial Disclosure

- The following sessions leader(s) have no relevant Financial relationships with ineligible companies to disclose:
  - Adam Bucon

# Learning Objectives

- Define low threshold medication programming and why it is important in assisting individuals with an Opioid Use Disorder (OUD).
- Identify innovative programming that exists for people that have an OUD in New Jersey.
- Describe changes in federal regulations during the COVID-19 pandemic that impacted individuals with an OUD.

# New Jersey Opioid Statistics

## Drug Related Deaths in NJ

- 2015- 1,587
- 2016- 2,221
- 2017- 2,737
- 2018- 3,006
- 2019- 2,914
- 2020- 2,849
- 2021- 3,124 (*suspected*)

## Licensed Substance Use Disorder Treatment Admissions (2021)

- Total Admissions= 87,745
  - Heroin as Primary Drug= **33,587 (38%)**
  - Other Opioids as Primary Drug= **6,293 (7%)**
  - Alcohol as Primary Drug= **31,469 (36%)**

## Medications Planned for Use in Individuals with an Opioid Use Disorder (2021)

- Methadone= 32%
- Buprenorphine= 22%
- Vivitrol= 2%

# Increasing Use of Medications for Opioid Use Disorder (MOUD)

1. Low Threshold Programming
2. Other Innovative Programming

# Low Threshold Programs

# Why Low Threshold Programming?

- *Definition:* An approach that emphasizes medication access, engagement, and treatment retention through same-day treatment entry, using a harm reduction approach and allowing greater service flexibility.
  - Requires warm-handoff to follow-up treatment for best outcomes.
  - Target populations include people who attend harm reduction centers (syringe access programs), are justice-involved or homeless.
  - Low medication misuse and diversion risks, when compared to ongoing use of illicit drugs and Fentanyl exposure.
- New opportunities:
  - DEA lifts mobile medication unit moratorium
  - Telehealth and reduced face-to-face prescriber requirements
  - Increase in low-barrier funding opportunities

## Principles of Low-Barrier MOUD

- Meets the individual where they are, while recognizing that every person's experience with SUD is unique in their recovery trajectory.
- Individuals receive MOUD as quickly as possible, prior to lengthy assessments or treatment planning sessions.
- Individual counseling and psychosocial services are continually offered, but participation is not required as a condition of receiving MOUD.
- Medication is provided regardless of insurance or income.
- Maintenance medication is delivered without arbitrary tapering or time limits.
- Medication is discontinued only if it is worsening the person's condition or at the desire of the person.

# Low Threshold MOUD Programs in NJ

- Mobile medication vans for MOUD for community and jail
- Expanded-hour Opioid Treatment Programs (OTPs)
- Low threshold buprenorphine at Harm Reduction Centers
- Hospital/Emergency department MOUD - ED Bridge programs
- Paramedic - delivered buprenorphine
- Homeless shelter initiative

# NJ Medication Assisted Treatment Initiative (MATI)

- MATI began in 2008
- Mobile vans are currently operating in Atlantic City, Camden, Paterson, Plainfield and Trenton plus funded program in Newark that is office-based.
- DEA approval /state license is linked to bricks and mortar site with special designation to bus, which has separate SAMHSA certification.
- MATI bus re-purposed to serve Atlantic County Correctional Facility: the program initiates or maintains MAT with inmates and coordinates MAT after release from jail.

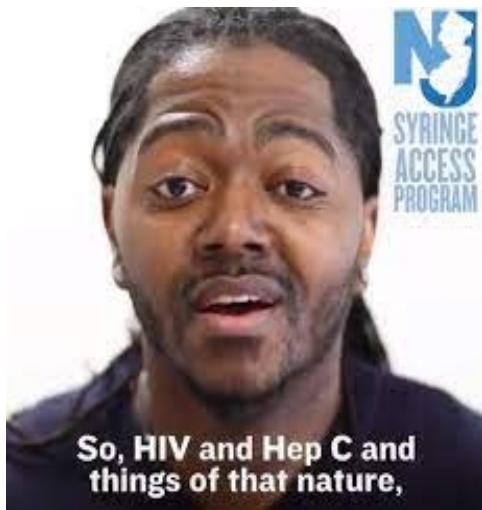


**MATI Bus at the Atlantic County Jail**

# Mobile Access to Medications for SUDs

- New initiative to have OTPs employ new mobile units to enable them to travel to communities and provide low-threshold medication services to individuals who encounter obstacles to receiving services at traditional “brick-and-mortar” treatment agencies.
- As a recognizable presence, the hope is that the units will in time become familiar to, and gain credibility with, the community in high-risk neighborhoods.
- Will provide case management and recovery support services, in addition to a range of SUD medications: buprenorphine, naloxone, naltrexone, methadone.
- Information on designing effective, evidence-based medication unit programs is becoming increasingly available to SUD providers as they focus on improving access to care;
- Mobile Addiction Services Toolkit, published by the Kraft Center for Community Health. <https://www.kraftcommunityhealth.org/wp-content/uploads/2020/01/Kraft-Center-Mobile-Addiction-Services-Toolkit.pdf>

# Low Threshold Buprenorphine at Harm Reduction Centers



- Seven Harm Reduction Centers (HRCs) provide safe, trauma-informed, non-stigmatizing space for access to sterile syringes and other services.
- Nearly half of low threshold MOUD clients had involvement with the criminal justice system at intake.
- Preliminary six month outcomes in the initial 175 clients showed:
  - Decrease in client arrests in the past 30 days
  - Increased employment
  - Decrease in the percentage of clients living in a shelter/streets.
  - Decrease in the use of any alcohol and any drugs in the last 30 days.
- After the successful pilot program, the State recently expanded the process of making low threshold MOUD available in all HRCs.

## Hospital ED/Bridge MOUD Programs

- NJ hospitals developed their own Emergency Department (ED) buprenorphine programs, based on existing models such as that of Dr. Gail D'Onofrio at Yale. The facilities in NJ are usually part of large hospital systems.
- DMHAS developed the Opioid Overdose Recovery Program (OORP) to engage individuals who were reversed by providing non-clinical assistance, recovery supports and appropriate referrals to treatment and/or recovery support services.
- Study shows effectiveness is impacted by factors that include clinical leadership, program structure, community treatment partnerships, and sustainable funding (Stewart et al., 2021).
- Recent change in the ‘three-day rule’ may expand dispensing of buprenorphine in EDs to individuals in withdrawal.
- Additional training and education is needed!

# BupeFirst EMS program

## Paramedic- Delivered Buprenorphine

- In 2017, Cooper Hospital paramedics began administering buprenorphine - the first in the nation to do so! Addresses individuals who have overdosed, but refuse follow-up at an ED.
- Utilizes existing EMS resources to bring MOUD to the pre-hospital setting, offering a new avenue to longer term care.
- The induction protocol uses up to 16 mg of buprenorphine to relieve and prevent withdrawal symptoms.
- Patients are provided with outpatient follow-up irrespective of ED transport.
- In the future, the low threshold paramedicine initiative will provide in depth training and ride along coaching to other EMS agencies, enabling them to administer buprenorphine and provide next day linkage to care in their community.



“Five Minutes to Help” is a training program for EMS workers provides tools to promote patient engagement.

# MOUD for Persons Experiencing Homelessness

## Open Access for MOUD in Homeless Shelters

- New initiative to increase access to buprenorphine and other ancillary services for individuals with a substance use disorder (SUD) through current programming available at homeless shelters.
- Goal to initiate medication for SUD and maintain the individual on that medication or transition the individual to a community provider

## Newark Outreach Partners Project

- New program will provide MOUD to individuals in temporary housing at the Newark Hope Village (converted shipping containers) and other designated settings, such as this Newark hotel.
- Contract will provide MOUD and intensive case management for individuals experiencing homelessness with a substance use disorder(s) or a co-occurring mental health condition.
- Plan to launch a statewide Learning Community with quarterly trainings on topics related to SUD, mental health, and low barrier housing.
- Will host a monthly Learning Circle for shelters and housing agencies in Newark to provide “hands-on” support in creating shelter programming that is empathic and responsive to client needs.



# Other Innovative Programs

## Expanded Hours /Same Day Services for Methadone and other Medications at Opioid Treatment Programs

- The initiative increases access to medications through six (6) expanded hour OTPs providing low-barrier, on-demand medications followed by treatment or referral to ongoing care for individuals with an OUD.
- OTPs increase agency operating hours 6 hours a day, six days per week.
- Services include medical screening and facilitated referral, behavioral health assessment, providing medications for treatment of OUD including, methadone and buprenorphine, and case management services.
- To address a lack of awareness of the programs and clients with transportation needs, the OTPs are providing outreach and transporting clients to treatment.

# Jail MOUD and Case Management Initiative

- Initiative to support the use of Medications for Opioid Use Disorders (MOUD) for inmates in all of New Jersey's county jails.
  - Four jails funded by federal dollars
  - One jail funded through a discretionary grant
  - All other county jails funded via State dollars
- In addition, funds are provided for case management to ensure connection to community services upon release from incarceration.

# Building Capacity Initiative

- An initiative to assist licensed mental health (MH) and licensed substance use disorder (SUD) programs in developing the capacity to offer SUD medications, i.e., buprenorphine, naloxone, naltrexone, methadone and acamprosate.
- Enables agencies to offset the cost to create capacity to provide medications for substance use disorder.
- The initiative is not a treatment contract; however, once the contractee builds the capacity to provide medications for SUD, the services can be sustained through Medicaid, the NJ Addictions Fee-for-Service (FFS) Network and/or commercial insurance.

# Public Awareness Campaign

- Statewide advertising campaign centered around opioid use and bringing public awareness that medication can support recovery and to call ReachNJ, the 24/7 Addiction Hotline.
- New messaging, in August 2022, targets multiple resident groups, such as student-athletes, pregnant women, older adults and prescribers.
- NJ continues to see an increase in call volume at ReachNJ and anticipates this to continue as the campaign rolls out in physical and digital platforms across the state.
- 500% increase in call volume for the month of September 2021 compared to September 2022.
- <https://www.youtube.com/watch?v=IIMBrSM4Nac>

## American Society of Addiction Medicine (ASAM) Booklets

- DMHAS distributes an informative booklet on Opioid Addiction Treatment.
- The booklet is published by The American Society of Addiction Medicine (ASAM) which is dedicated to improving the quality of addiction treatment and educating providers and the public.
- *Opioid Addiction Treatment - A Guide for Patients, Families and Friends*, provides information and facts concerning treatment for those seeking help and explains the needed steps to recovery.
  - It contains a treatment overview and covers topics on withdrawal, medications to treat Opioid Use Disorder (OUD) and outlines how the medications work, including pros and cons.
  - It also contains information on Assessment and Treatment of Opioid Use Disorder in Pregnant Women, Responding to an Opioid Overdose and contains NJ toll-free numbers for recovery support.
  - <http://eguideline.guidelinecentral.com/i/1302283-asam-opioid-patient-piece-2020-for-new-jersey>

# Federal Regulations & MOUD

# Changes in Federal Regulations to Support MOUD

- Telemedicine and other relaxations of face-to-face MOUD prescriber requirements were issued and the initial in-person visit requirement suspended to allow patients to begin MOUD treatment by telephone.
- Extended methadone take home policies.
- Made exemption to the requirement for an in-person physical examination for new patients starting buprenorphine in an OTP (not methadone).
- The training requirements to obtain the “X-waiver” to prescribe buprenorphine were removed, if no more than 30 patients are treated. If required by state law, some non-physician practitioners must work in collaboration with, or under the supervision of, a physician when prescribing MOUD.
- The mobile medication unit moratorium was lifted and guidance was released on mobile and non-mobile medication units, as well as on use of SA Block Grant funds for mobile units.
- The ‘Three-Day (72-hour) Rule’ was amended to allow a three-day supply of MOUD medications to be dispensed all at once in EDs (currently must be through request to the DEA, but regulations will be forthcoming)

# Relaxation of Federal MOUD regulations during COVID

- Telemedicine and other relaxations were allowed to address the face to face MOUD prescriber requirements.
- Temporarily suspended the initial in-person visit to allow more patients to begin MOUD treatment by telephone.
- The training requirements to obtain the “X-waiver to prescribe buprenorphine were removed if no more than 30 patients are treated. If required by state law, some non-physician practitioners must work in collaboration with, or under the supervision of, a physician when prescribing MOUD.
- DEA lifted the mobile medication unit moratorium.
- DEA has amended the ‘Three-Day Rule’ to allow a three-day supply of buprenorphine to be dispensed all at once in EDs (currently must be through request, but regulations will be forthcoming)

# Federal Policy Changes During COVID-19

- SAMHSA releases blanket methadone take-home exceptions to states.
- HHS and DEA designate telehealth exceptions for all schedule II-V controlled medications.
- SAMHSA clarifies exemption from requirement for an in-person physical examination for new patients starting buprenorphine in an OTP (but not methadone).
- DEA/SAMHSA releases guidance on mobile and non-mobile medication unit establishment and allowable services.
- SAMHSA releases guidance to states on use of SUD block grant funds for mobile units.
- Still need to address stigma and barriers to methadone, including in specific settings (e.g., justice settings, long-term care facilities, etc.).

## Pew Report Recommendations to Increase MOUD Access

- Make permanent the temporary relaxations of regulations issued during COVID.
- Do not require taper of buprenorphine doses over time or have daily dose limits.
- Fund the initiation of buprenorphine through emergency departments using federal grants or state funds.
- Ensure that billing requirements allow buprenorphine to be prescribed prior to a completed initial intake assessment.
- Eliminate requirements that patients on buprenorphine receive counseling, and evaluate Medicaid payment structures and state contracts with providers to ensure that providers can bill for medication treatment without concurrent counseling services.
- Prohibit the discharge, from publicly funded OUD treatment programs, of patients who continue to use substances.

# QUESTIONS?

