Institute for Prevention and Recovery | RWJBarnabas HEALTH

Opioid Settlement Fund Spending Plan Public Feedback

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Prepared for:
The State of New Jersey

Prepared by:
Connie Greene, MA
Senior Vice President
442 NJ-35, Building A, 3rd Floor
Eatontown, NJ 07724
732-837-9433
Connie.Greene@rwjbh.org

Michael Litterer, CHES, CPS, FHELA
Vice President
442 NJ-35, Building A, 3rd Floor
Eatontown, NJ 07724
908-578-1954
Michael.Litterer@rwjbh.org

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Background

The RWJBarnabas Health Institute for Prevention and Recovery (IFPR) – as a leading public health organization in New Jersey – fosters innovative partnerships within communities, transforms care delivery, and pursues health justice to address both the clinical and social determinants of health. For over 30 years, IFPR has provided substance use disorder prevention programs, nicotine and tobacco treatment, and innovative recovery support and social care services. Serving over 20,000 individuals with substance use disorder per year, IFPR is the largest provider of recovery support services in New Jersey and the largest provider of hospital-based recovery support services in the United States.

Approach

IFPR submits the following proposed programs, initiatives, and service enhancements for consideration in response to the Governor's request for the public and relevant stakeholders to provide input on the best use of the opioid settlement funds that New Jersey is receiving. IFPR's proposals are evidence-based and shaped by direct input from staff who tirelessly serve New Jersey residents every day. We thank you for the opportunity to provide input and are available to provide additional details upon request.

Proposal 1: Create Buprenorphine Bridge Clinics: Expanding on the Opioid Reduction Options (ORO) model, this opportunity would provide emergency departments (EDs) with funding to establish a bridge clinic. The Bridge model (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7673896/pdf/wjem-21-257.pdf) is a clinical model in which ED practitioners screen patients for opioid use disorder (OUD), provide short-term prescriptions for buprenorphine (https://reports.addictionpolicy.org/evidence-based-strategies/patient-services), and then provide patients with warm handoff directly to a co-located, outpatient bridge clinic that provides medications for opioid use disorder (https://reports.addictionpolicy.org/evidence-based-strategies/systems-improvements). The Bridge model may be modified to establish a virtual bridge clinic utilizing telehealth. The Center for Opioid Recovery and Engagement (CORE) ED Buprenorphine Program's Bridge model (https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/pep21-pl-guide-5.pdf) in Philadelphia increased the number of individuals with OUD receiving ED-initiated buprenorphine from 20% to 68% and increased treatment retention from 5% to 68% after implementation. The CORE ED Buprenorphine Program included certified Recovery Specialists on the multidisciplinary OUD team, which aided retention efforts. The estimated cost is $600,000 per hospital per year including 3 FTE recovery specialists, 1 FTE supervisor, 1 FTE patient navigator, and 0.5 FTE physician.
Categories: Harm reduction; Overdose prevention; Recovery and social support services; Treatment for substance use disorder and other mental illness

Proposal 2: Expand EMS Buprenorphine Utilization and Recovery Support Services: This opportunity would aim to improve outcomes of individuals who are administered naloxone by EMS to reverse an opioid overdose. Funding would build the capacity of EMS paramedic units to provide high-dose buprenorphine to treat withdrawal symptoms with a bridge to long-term care. The intervention would also provide the patient with a naloxone kit and access to a

Recovery Specialist immediately through telehealth and/or through follow-up based on contact information gathered by EMS. Bupe FIRST EMS (https://www.tandfonline.com/doi/abs/10.1080/10903127.2020.1747579) in Camden enrolled 18 patients who all had improved symptoms and no signs of precipitated withdrawal. The estimated cost is $850,000 per county per year including 7 FTE recovery specialists (4 day, 3 night), 0.5 FTE supervisor, 0.25 FTE patient navigator, and 0.5 FTE physician.
Categories: Harm reduction; Overdose prevention; Recovery and social support services; Treatment for substance use disorder and other mental illness

Proposal 3: Expand Street Crisis Response Teams: Modeled on San Francisco's Street Crisis Response Team (https://abc7news.com/sf-first-street-crisis-response-team-mental-health-addiction-911-calls/8390976/) and building on work in New Jersey by Salvation and Social Justice (https://www.nj.com/opinion/2021/05/our-next-battle-reducing-police-interaction-in-drug-and-mental-health-issues-opinion.html) and the Newark Community Street Team, this opportunity would fund teams including a behavioral health clinician, peer specialist, and medical professional. The teams would respond to non-violent mental health and addiction-related 911 calls and connect individuals with behavioral health support, on-scene counseling, and/or ambulance transport. The program would be designed to reduce law enforcement involvement in non-violent activity. "Research shows that co-responder models decrease arrests and hospitalizations; increase connection to SUD treatment and resources; reduce costs and the demand on the justice system; and reduce feelings of threat and stigma among individuals who interact with co-response teams compared to law enforcement alone. Between July 2020 and July 2021, co-responder teams in Colorado fielded over 25,900 calls, 98% of which avoided arrest and 86% of which involved co-responders providing health assessments and referrals to community resources" (https://reports.addictionpolicy.org/evidence-based-strategies/systems-improvements). The estimated cost is $600,000 per county per year including 5 FTE recovery specialists, 1 FTE supervisor, and 2 FTE case managers.
Categories: Harm reduction; Overdose prevention; Recovery and social support services

Proposal 4: Create Overdose Prevention Centers: This funding would support the creation of overdose prevention centers where people can safely use pre-obtained drugs with staff available to intervene in the event of an overdose. Two such sites have opened in New York City. Overdose prevention centers have been shown to reduce disease transmission, mortality, crime, and litter while increasing treatment engagement (https://westminstercollege.edu/student-life/the-myriad/the-impact-of-safe-consumption-sites-physical-and-social-harm-reduction-and-economic-efficacy.html). Overdose prevention centers, which could be co-located with existing Harm Reduction Centers, "serve as nexus points for naloxone distribution, syringe exchange, wraparound support services, and referrals to health care, housing, and treatment" (https://www.bostonglobe.com/2022/09/05/opinion/what-do-with-opioid-settlement-funds-open-overdose-prevention-centers/). Based on a study of the estimated costs and benefits of a hypothetical supervised consumption site in Providence, Rhode Island, each overdose prevention center could serve 400 individuals per month with a net cost of $783,899 per year (https://linkinghub.elsevier.com/retrieve/pii/S0955-3959(22)00236-5). The estimated cost is $1,500,000 per center in year 1 including securing space and center buildout and $850,000 per

year thereafter including supplies, 10 FTE recovery specialists, 2 FTE supervisors, 4 FTE case managers, and 2 FTE nurses.
Categories: Harm reduction; Overdose prevention; Recovery and social support services

Proposal 5: Expand Recovery Support Services: Building on the initial pilot of cross-training recovery specialists as community health workers in partnership with the NJ Department of Health, there is an opportunity to expand resources and supports available to hospital- and community-based recovery specialists throughout their interventions and follow-up. This should include the ability to provide resources for housing, food, and other environmental factors that are barriers to their recovery. Funding should support a dedicated team of cross-trained recovery specialists/community health workers to assist and connect patients to services that address health justice and overall wellness. The estimated cost is $600,000 per county per year including 5 FTE recovery specialists, 1 FTE supervisor, and 2 FTE case managers.
Categories: Overdose prevention; Racial justice; Recovery and social support services; Treatment for substance use disorder and other mental illness

Proposal 6: Expand Social Supports for Families in Schools: Using a multi-tiered approach, offer young families parental supports as well as opportunities to bond with their children utilizing the Social Development Strategy (https://reports.addictionpolicy.org/evidence-based-strategies/children-and-families). Implement social-emotional and prevention curricula in all schools. Implement School Based Youth Services in all middle and high schools. Develop and implement a school-based educational prevention program utilizing certified recovery specialists who will share personal stories of their struggles and identify when they began using substances and how their substance use disorder escalated. The estimated cost is $250,000 per school per year including 1 FTE school-based prevention specialist and 1 FTE family advocate.
Categories: Promote long-term resiliency of individuals and families; Prevention, education, and eliminating stigma; Recovery and social support services

Proposal 7: Expand SUD Services for Pregnant and Postpartum Individuals: Create more programs that include treatment, aftercare, and case management services for pregnant and postpartum individuals (https://reports.addictionpolicy.org/evidence-based-strategies/children-and-families). From 2008 to 2016, the number of neonatal abstinence syndrome cases, which is a withdrawal syndrome that can occur when newborns are exposed to substances including opioids during pregnancy, doubled to 685 babies diagnosed in New Jersey (https://www.nj.gov/health/news/2018/approved/20180409a.shtml). The Nurture New Jersey 2021 Strategic Plan reported that women who experienced negative health during pregnancy describe disjointed and siloed program-based care that lack connections to and navigation between services and lack access to helpful information on available resources, especially in low-income neighborhoods (https://nurturenj.nj.gov/wpcontent/uploads/2021/01/20210120-Nurture-NJ-Strategic-Plan.pdf). This is especially true for pregnant and postpartum individuals who experience substance use disorder. The program would increase the capacity of clinical providers and community-based organizations to support and serve this population. This would include developing and implementing trainings and education programs for clinical providers and community partners, extending partnerships and collaboration between supports and

resources, and increasing access to medication for opioid use disorder. The estimated cost is $600,000 per hospital per year including 3 FTE recovery specialists, 1 FTE supervisor, 1 FTE patient navigator, and 1 FTE case manager.
Categories: Overdose prevention; Recovery and social support services; Treatment for substance use disorder and other mental illness

Proposal 8: Create a Digital Health Platform for Interdisciplinary Pain Rehabilitation Programs: Develop a digital health platform that provides the benefits associated with interdisciplinary pain rehabilitation programs (IPRPs) for patients with chronic pain to decrease opioid medication prescribing in New Jersey. We are proposing the creation of a digital health platform to provide the benefits of IPRPs to the state of NJ. This platform will provide training resources to providers, standardized digital health content for patients, a registry to track outcomes and prospective analytics to identify and treat high risk patients before they become victims of the opioid epidemic. The platform will be available in multiple languages to facilitate access by our underserved communities. Although the initial pilot will be done in collaboration with RWJBarnabas Health, the platform will be made available to every hospital system in the state, integrating these systems and providing a true population health intervention. Because 20-40% of patients suffering from substance use disorder also suffer from chronic pain, the platform would be immediately applicable to this population. The estimated cost is $10 million to cover the buildout of the digital health platform, curriculum, and registry as well as the creation of a pilot program and subsequent outcome monitoring. Once successfully piloted, the platform would be offered across the state free of charge.
Categories: Overdose prevention; Recovery and social support services; Treatment for substance use disorder and other mental illness

Proposal 9: Increase Funding for Community Coalitions: “Community coalitions are an effective approach that brings together the key sectors within a community to collaborate, develop, and implement comprehensive strategies that reduce risk factors for substance use and addiction, such as high rates of poverty, social norms, and drug availability, and counterbalance them with protective factors, such as community engagement and healthy activities. Community coalitions serve to establish and strengthen communities while improving health outcomes and promoting attachment and engagement amongst its members and reducing the likelihood of substance use and that young people will live lives free of addiction. Coalitions utilize the Strategic Prevention Framework, a community-based, public health approach to reduce alcohol, tobacco and other drug use that includes providing information, enhancing skills, providing support, enhancing access and reducing barriers, changing consequences, changing physical design, and modifying or changing policies. A national evaluation of community coalitions conducted in 2019 found that substance use/misuse declined for youth living in communities with a coalition and community coalitions significantly increased the number of youth who reported not using substances in the past 30 days. Research shows that every dollar invested in prevention programs, it can save more than $64.20” The estimated cost is $300,000 per community served per year including 1 FTE prevention manager, 1 FTE prevention specialist, and various meeting and event costs. (https://reports.addictionpolicy.org/evidence-based-strategies/children-and-families).

Categories: Promote long-term resiliency of individuals and families; Prevention, education, and eliminating stigma

Proposal 10: Screening for Substance Use Disorders and Adverse Childhood Experiences (ACEs) in Pediatric and Primary Care: "Programs that provide interventions that are culturally responsive and resilience-focused to children impacted by addiction and that have ACEs are a key strategy in disrupting intergenerational SUDs and providing targeted services to arguably one of the most at-risk populations of children. Preventing ACEs can lead to a significant reduction in chronic health conditions and socioeconomic challenges, including obesity (by 2%), depressive disorder (by 44%), substance use (by 33%), medically uninsured people (by 4%), and unemployment (by 15%). Research shows that for each one-point increase in the ACE scale, the odds of children developing a SUD in adulthood rises by 34-41%. Studies have shown that screening early can increase the identification of ACEs and can improve child outcomes and parent-child relationships when professionals utilize interventions to address ACEs, such as parenting education, referrals to services, counseling, and social supports, in primary care settings. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice for identifying, reducing, and preventing risky substance use and misuse, as well as dependence on alcohol and drugs. Findings from a 2019 study suggest that adolescents who received SBIRT in primary care settings reported few psychiatry visits and were less likely to have mental health diagnoses or chronic conditions after a 1-year follow-up compared to the control group. At year 3 of the study, those in the SBIRT group reported less outpatient visits, fewer SUD diagnoses, and more visits to substance use treatment" (https://reports.addictionpolicy.org/evidence-based-strategies/children-and-families). The estimated cost is $700,000 per county served per year including 1 FTE project director, 4 FTE screening coordinators, 4 FTE community health workers, and training costs.
Categories: Promote long-term resiliency of individuals and families; Prevention, education, and eliminating stigma

Proposal 11: Ensure Support Group Access: "Recovery support groups are free, peer-led services that create opportunities for people in recovery to share experiences, connect with others with lived experience, and learn skills in a safe and supportive environment. Support groups help individuals navigate the early stages of recovery, learn how to manage their chronic illness, and create positive social connections to sober peers. It is important to ensure that there is a wide range of support groups and programs available that provide a structured, supportive, and culturally competent environment for people in recovery from a SUD. Engaging in 12-step facilitation (TSF) or mutual support groups (MSG), has been shown to be as effective as certain behavioral therapies in decreasing substance use but shows slightly higher rates of continuous abstinence. A study that compared the effectiveness of TSF/MSGs to other established treatments, such as cognitive-behavioral therapy (CBT) and motivational enhancement therapy (MET), found that 24% of the TSF/MSGs participants were continuously abstinent for the first year post-treatment compared to 15% of CBT and 14% MET participants. After three years, 36% of the TSF/MSG group reported abstinence and 24% of the CBT group and 27% of MET group reported abstinence. Research shows that individuals who attend MSGs within the first three months after treatment and who attend 90 meetings in 90 days have significantly better outcomes

compared to those who attend less frequently" (https://reports.addictionpolicy.org/evidence-based-strategies/patient-services). The estimated cost is $600,000 per year including 3 FTE recovery specialists, 1 FTE supervisor, 1 FTE patient navigator, and 1 FTE case manager.
Categories: Harm reduction; Overdose prevention; Recovery and social support services