American Association for the Treatment of Opioid Dependence (AATOD)
Advancing & Integrating Specialized Addiction
Treatment & Recovery 2018 Conference

Opioid Overdose Recovery Program: An ED-Based Peer Led Initiative

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Statewide Collaboration

Opioid Working Group

- Mission is to develop a comprehensive strategic approach to the opioid epidemic
- Convenes monthly

Opioid Study Team

- Focus is to identify, use and build upon existing data related to opioid use and misuse
- From outcomes collected, the State is hopeful to implement programming in areas or communities of State where trends show high opioid use

Fusion Center Mapping

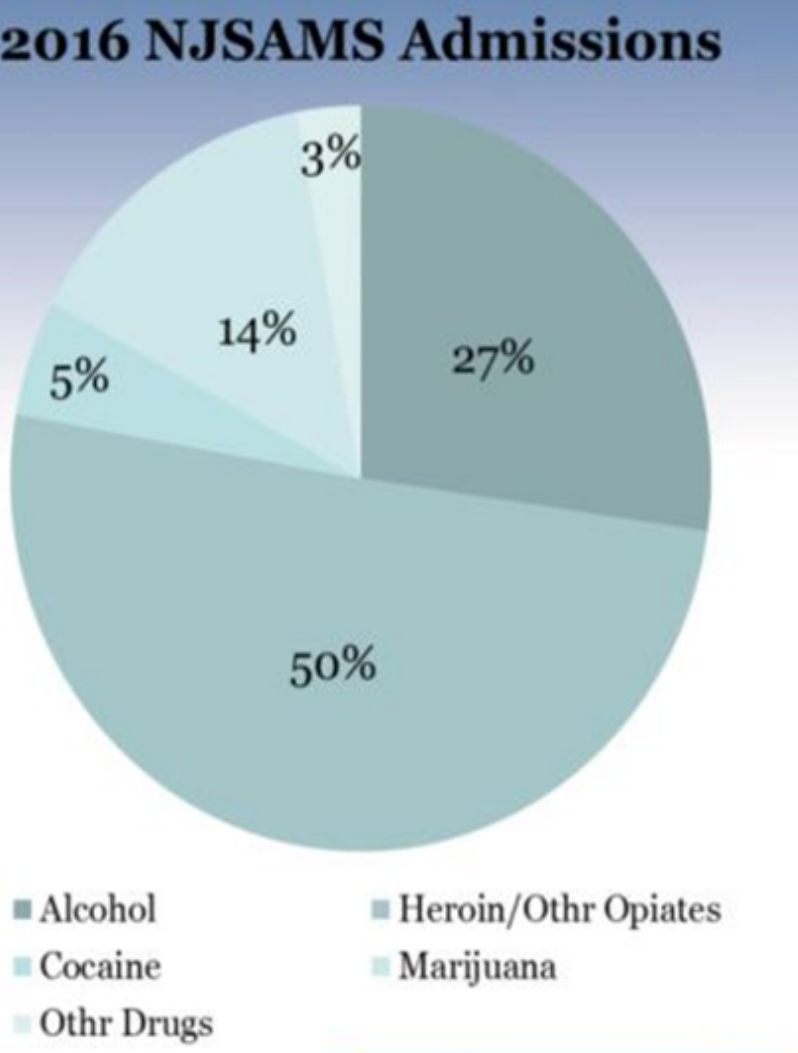
- NJ State Police, in collaboration with other State Departments, utilize fusion center mapping to track the number of heroin seizures and naloxone administrations occurring in specific geographic area throughout the State

State Opioid Core Working Group

- **Department of Law and Public Safety**
  - Office of the Attorney General
  - State Police
  - Juvenile Justice Commission
- **Department of Human Services**
  - Division of Medical Assistance and Health Services
- **Department of Health**
  - Office of the Deputy Commissioner, Public Health Services
  - Division of Mental Heath & Addiction Services (DMHAS)
- **Department of Children and Families (DCF)**
- **Department of Education (DOE)**
- **Department of Corrections (DOC)**
- **Governor's Council on Alcoholism and Drug Abuse (GCADA)**
- **High Intensity Drug Trafficking Agency (HIDTA)**
- **Licensed Substance Abuse Prevention and Treatment Agency**
- **Parent Who Lost Child to an Opioid Overdose**

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 ≥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%)



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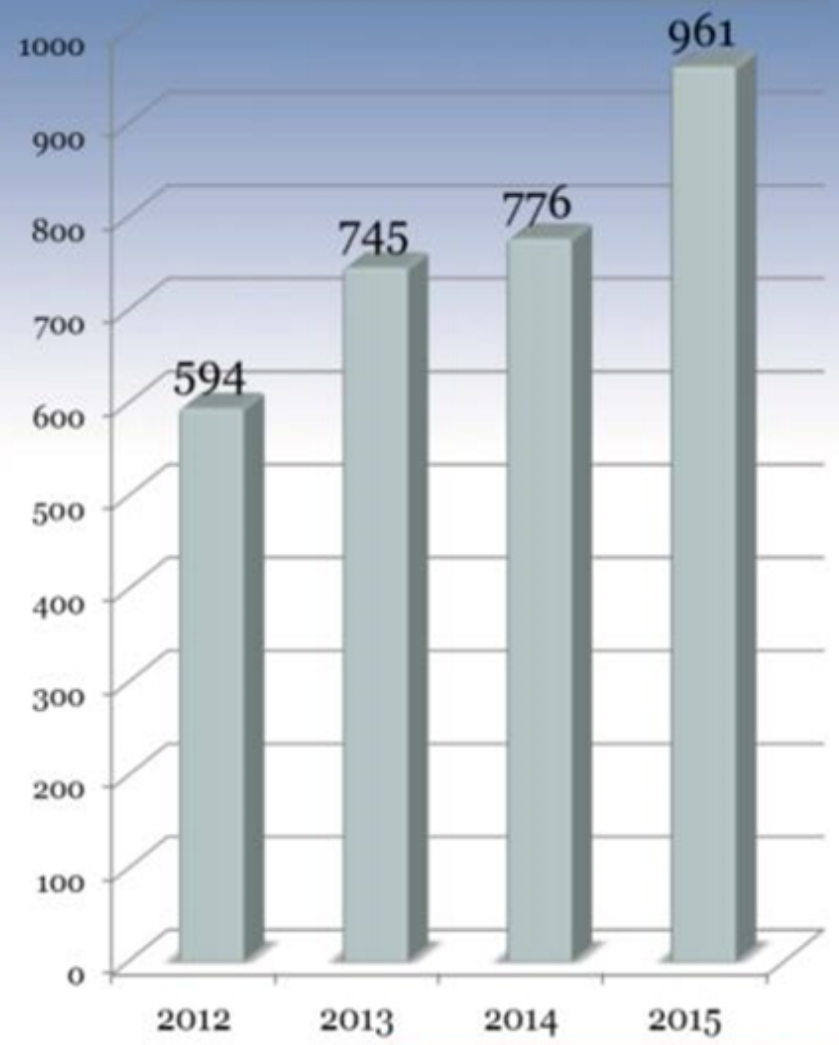
Heroin-Related Deaths, 2012 - 2016

- 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 drug-related 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.



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Hedegaard H, Warner M, Miniño AM. Drug overdose deaths in the United States, 1999–2016. NCHS Data Brief, no 294. Hyattsville, MD: National Center for Health Statistics. 2017/ CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at http://wonder.cdc.gov

Naloxone Administrations

- Despite 11,351 Naloxone administrations in New Jersey from January 1, 2015 to June 30, 2016, NJSAMS data indicated that during that same period, there were only 562 (5%) admissions who reported a Naloxone administration "in the past 30 days."
- This difference of 10,789 between Naloxone administrations and admissions demonstrates: a) very few persons who undergo a Naloxone reversal access treatment and b) closing this gap would require reaching out to individuals and encouraging them to enter substance use disorder treatment, ideally at programs providing medication assisted treatment (MAT).
- Prior to 2015, there was no organized system for helping these individuals move into treatment, withdrawal management or recovery.

What Did We Do?

- The Opioid Overdose Recovery Program (OORP) was designed to respond to individuals reversed from an opioid overdose who are treated at hospital emergency departments as a result of the reversal
- Idea came from the Anchor ED program in Rhode Island. New Jersey's program adds an 8-week follow-up component
- DMHAS, the Governor's Council on Alcoholism and Drug Abuse (GCADA) and the Department of Children and Families (DCF) provided funding to support this initiative in Phase 1.
- In October, 2015 DMHAS made 5 awards, one in each of the following counties that demonstrated the highest need for heroin and other opiate services: Camden, Essex, Monmouth, Ocean, and Passaic

First Round of OORP Providers

Monmouth County -- RWJBarnabas Health Institute for Prevention, January 2016

- CentraState Medical Center, Freehold, November 2016
- Jersey Shore University Medical Center, Neptune, October 2016
- Monmouth Medical Center, Long Branch, January 2016

Ocean County -- RWJBarnabas Health Institute for Prevention, January, 2016

- Community Medical Center, Toms River, January 2016
- Monmouth Medical Center Southern Campus, Lakewood, March 2016
- Ocean Medical Center, Brick, October 2016

Camden County -- Center for Family Services, February 2016

- Cooper University Hospital, Camden, February 2016

Passaic County – Eva's Village, April 2016

- St Joseph's Regional Medical Center, Paterson, April 2016
- St Joseph's Wayne Hospital, June 2016
- St Mary's General Hospital, Passaic, May 2017

Essex County -- RWJBarnabas Health Institute for Prevention, November, 2016

- Newark Beth Israel Medical Center, Newark, November 2016

Next Rounds of OORP Providers

- Governor's 2017 budget address included $1.7 million for additional OORPs
- January, 2016 DMHAS made 6 additional awards in each of the following high need counties: Atlantic, Mercer, Bergen, Hudson, Middlesex, Gloucester
- April, 2017 SAMHSA awarded DMHAS a State Targeted Response to the Opioid Crisis (STR) grant funded through the Cures Act
- Funds were designated to create OORPs in New Jersey's 10 remaining counties
- As of December 2017, the program grew to serve 18 counties with the addition of Cape May, Morris, Sussex, Somerset, Cumberland, Salem, Union
- It is anticipated OORPs will be operational in NJ's last 3 counties (Burlington, Hunterdon, Warren) by March, 2018

Hospitals Added in 2017

Atlantic County -- Atlanticare Behavioral Health, Hammonton, March 2017
- AtlantiCare Regional Medical Center (Atlantic City, Pomona, Hammonton), March 2017
- Shore Medical Center (Somers Point), May 2017

Mercer County – Mercer Council, March 2017
- Capital Health Regional Medical Center (Trenton, Hopewell), March 2017
- Robert Wood Johnson University Hospital, Hamilton, March 2017

Bergen County – Children's Aid and Family Services, April 2017
- Bergen Regional Medical Center, Paramus, April, 2017
- Englewood Hospital, May, 2017
- Hackensack University Medical Center, May 2017
- The Valley Hospital, Ridgewood, May 2017

Hudson County -- RWJBarnabas Health Institute for Prevention, April, 2017
- Jersey City Medical Center, April 2017

Middlesex County -- RWJBarnabas Health Institute for Prevention, April, 2017
- Robert Wood Johnson University Hospital, New Brunswick, April 2017

Gloucester County -- Center for Family Services, May 2017
- Inspira Medical Center, Woodbury, May 2017

Hospitals Added in 2017

Cape May County – Cape Regional Medical Center, August 2017
- Cape Regional Medical Center, Cape May Court House, August 2017

Morris County – Prevention is Key – Morris, August 2017
- Morristown Medical Center, Morristown, August 2017
- Chilton Memorial Hospital, Paterson, August 2017
- Saint Clare's Hospital, Denville, August 2017
- Saint Clare's Hospital, Dover, August 2017

Sussex County – The Center for Prevention and Counseling, September 2017
- Atlantic Health System, Newton Medical Center, September 2017

Somerset County -- RWJBarnabas Health Institute for Prevention, October 2017
- Robert Wood Johnson University Hospital Somerset, October 2017

Cumberland County -- Inspira Health Network, November 2017
- Inspira Medical Center Vineland, November 2017
- Inspira Health Center Bridgeton, November 2017

Salem County -- The Southwest Council, Inc., December 2017
- Memorial Hospital of Salem County, December 2017
- Inspira Medical Center Elmer, December 2017

Union County -- RWJBarnabas Health Institute for Prevention, December 2017
- Robert Wood Johnson University Hospital Rahway, December 2017

Program Goals

The overall goals of the program are to:

- Decrease the number of opioid-related deaths
- Increase linkage to appropriate care in the community
- Assist in ending the "revolving door" where too many individuals endlessly cycle in and out of emergency departments and never connect to treatment or recovery support services
- Promote improved recovery, wellness, and healthy lifestyles
- Reduce public healthcare expenditures for individuals living with an opioid use disorder
- Improve health behaviors, clinical outcomes, and quality of life

Scope of Work

- The Opioid Overdose Recovery Program utilizes Recovery Specialists and Patient Navigators to engage individuals reversed from an opioid overdose to provide non-clinical assistance, recovery supports and referrals for assessment and substance use disorder treatment
- Programs are to serve a minimum of 300 clients annually
- Programs must have a pool of at least 4 Recovery Specialists
- On call coverage is for a 12-hour shift
- 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
- 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
- If deployed to the ED, there is a minimum of 8 weeks of telephone follow-up

Scope of Work (con't)

Each program consists of three key positions:

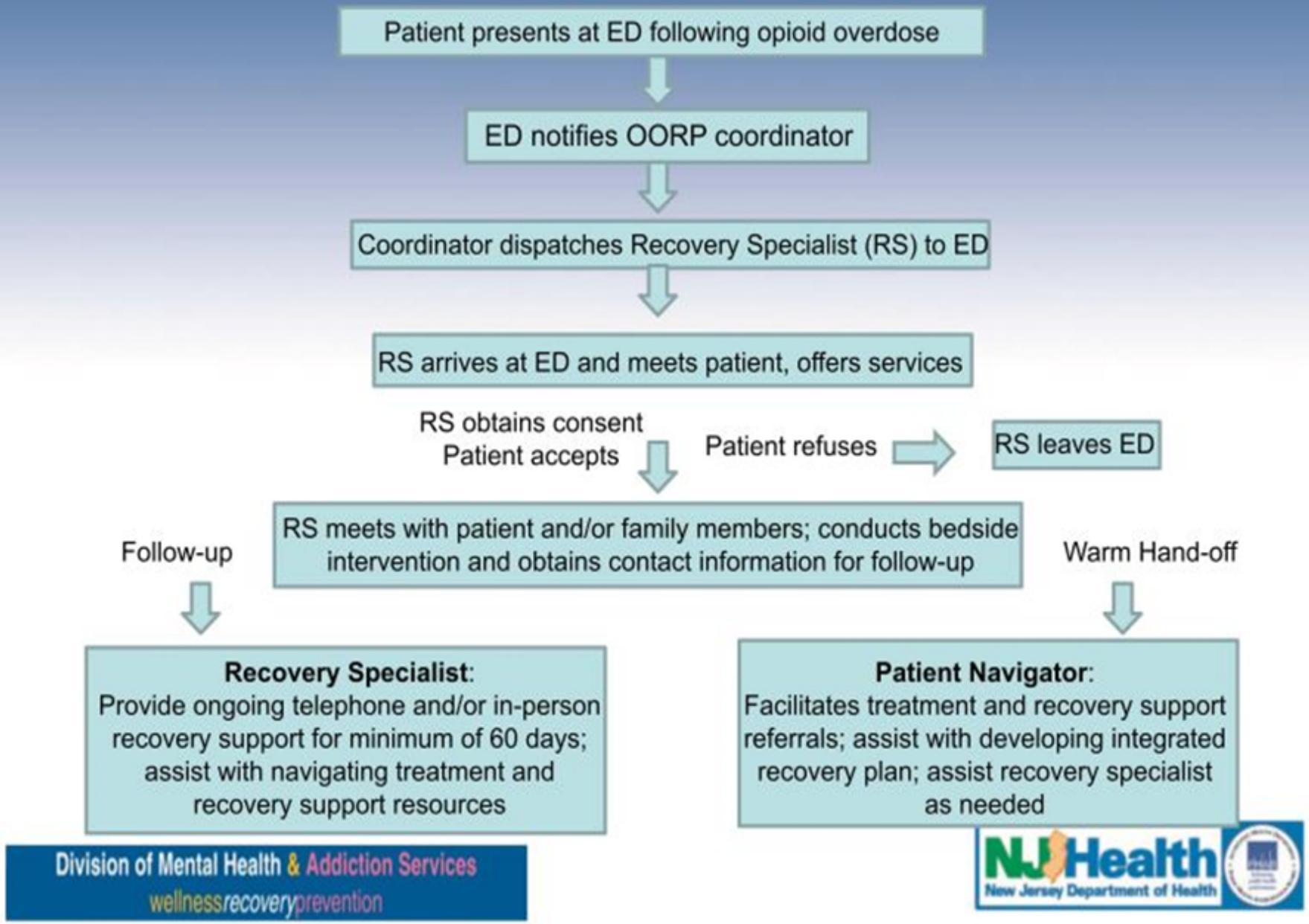
- *Recovery Specialist* - (minimum associate's degree preferred, high school diploma or equivalency required) engages individuals reversed from an opioid overdose and provides non-clinical assistance and recovery supports while maintaining follow-up with these individuals
- *Patient Navigator* - (bachelor's degree in health, psychology, counseling, social work, education or other behavioral health profession) responsible for referring and linking individuals into substance use disorder treatment
- *Program Supervisor* - (master's degree in health, psychology, counseling, social work, education or other behavioral health profession) responsible for the supervision of the Recovery Specialists

Recovery Specialists

Competencies for a Recovery Specialist

- Educating survivors on how to appropriately navigate treatment, social service and recovery support systems;
- Being a positive role model to survivors and their families by sharing experiential knowledge, hope, and skills;
- Maintaining relationships with survivors and families in order to assist individuals in the treatment engagement and retention process;
- Assisting survivors with gaining skills and resources needed to initiate and maintain recovery;
- Empowering individuals to make self-determined and self-directed choices about their recovery pathway;
- Providing on-call coverage and coming to the ER to support the overdose victim when an alert is received; and
- Providing post-emergency department telephone follow-up for at least 60 days to help the survivor navigate the early stages of seeking assistance and beginning a successful path towards recovery.

OORP Program Structure



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Informed Consent

How Consent is Obtained

- The parties agree that all proprietary and/or confidential information – other than Protected Health Information (PHI)– communicated directly or indirectly will be received in confidence. The parties agree to keep all such information confidential and to protect such information in accordance with federal and state law.
- Only those who have been approved to by the OORP Institutional Review Board (IRB) protocol will have access to these data.
- The data will be stored on a password-protected server, in a folder that has restricted access, and then in a password-protected folder and file.

OORP Outcome Evaluation

Data Captured

Sections	Data required
Patient information	Client's demographics, mental health and substance use disorder history
Contractee information	Agency, program staff assigned to client, time and date client was first seen
Referrals made and services provided	Type of referrals made, linkages to treatment and other services provided
Patient Outreach	Outreach attempts by program staff
Treatment follow-up	Clients' retention in treatment
Recovery support	Clients' participation in recovery

- Rutgers School of Social Work is conducting the evaluation
- Data Collection Form designed to follow clients at 3 and 6 months
- Patient Navigator and Recovery Specialist complete the different sections

OORP Process Evaluation

- In-depth, semi-structured interviews and focus groups were conducted with 33 individuals.
- Focus groups were held with recovery specialists and patient navigators who perform day-to-day program activities.
- Interviews were conducted with personnel from DMHAS overseeing the grant as well as program administrators.
- Content analysis was performed in Atlas.ti software.

- Were collaborations with emergency departments achieved?
- Were project staff integrated in the EDs?
- Have OORP services been of benefit to both patients served and the Recovery Specialists who serve them?
- Were Patient Navigators successful in linking OORP clients to treatment or recovery support?

Were Collaborations with EDs Achieved?

Incorporation of recovery specialists was seen as fundamental to the success of OORP. Recovery specialists provided indispensable patient support that could be said to be key in promoting the likelihood of enrollment into treatment programs that could culminate in long-term sobriety.

"…At that critical point you need someone…every single second counts. One minute you're in, the next minute you see someone, like…I want to get high…And that's what happens. So it's so crucial for us to be there and hold their hand throughout the whole entire thing, to work as seamlessly as possible…because you have a window that gives you an agreement to go to next level of care. But once that window is done they [client] could be off and running, you can't get contact with them again until who knows when if at all." -NJ OORP Recovery Specialist

Were OORP Staff Integrated in the EDs?

Educating the hospital staff on the OORP program was stated as extremely important since their involvement is vital to the success of the program. The ED staff has to know when to contact recovery specialists so that contact with the client can be made.

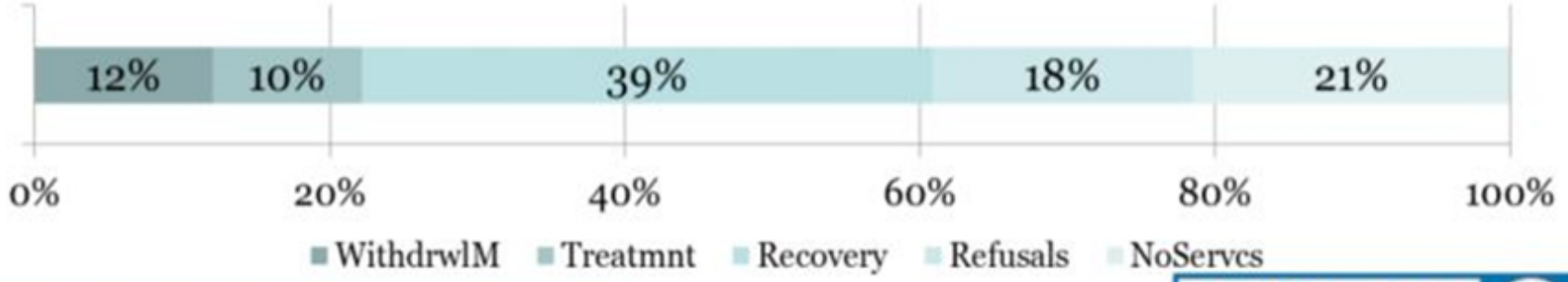
A key time to meet with nurses is during shift change "huddles." Recovery Specialists reported the need to go to various shirt change huddle times to catch all of the nurses and doctors.

Participants discussed how recovery specialists are now recognized as professionals; OORP staff are provided workspaces in some ED's; and the process for alerting OORP staff when potential clients arrive at the hospital improved greatly over time.

"Like when we first started going down there I noticed how they were treating the patients who were drug overdoses or whatever. It was a different feeling that I got. But when I go down there and I'm talking to a patient I don't stand up over top of them. If they're sitting on the bed can I sit on the bed with you?... Showing that compassion, that empathy is so important, so very, very important." -NJ OORP Recovery Specialist

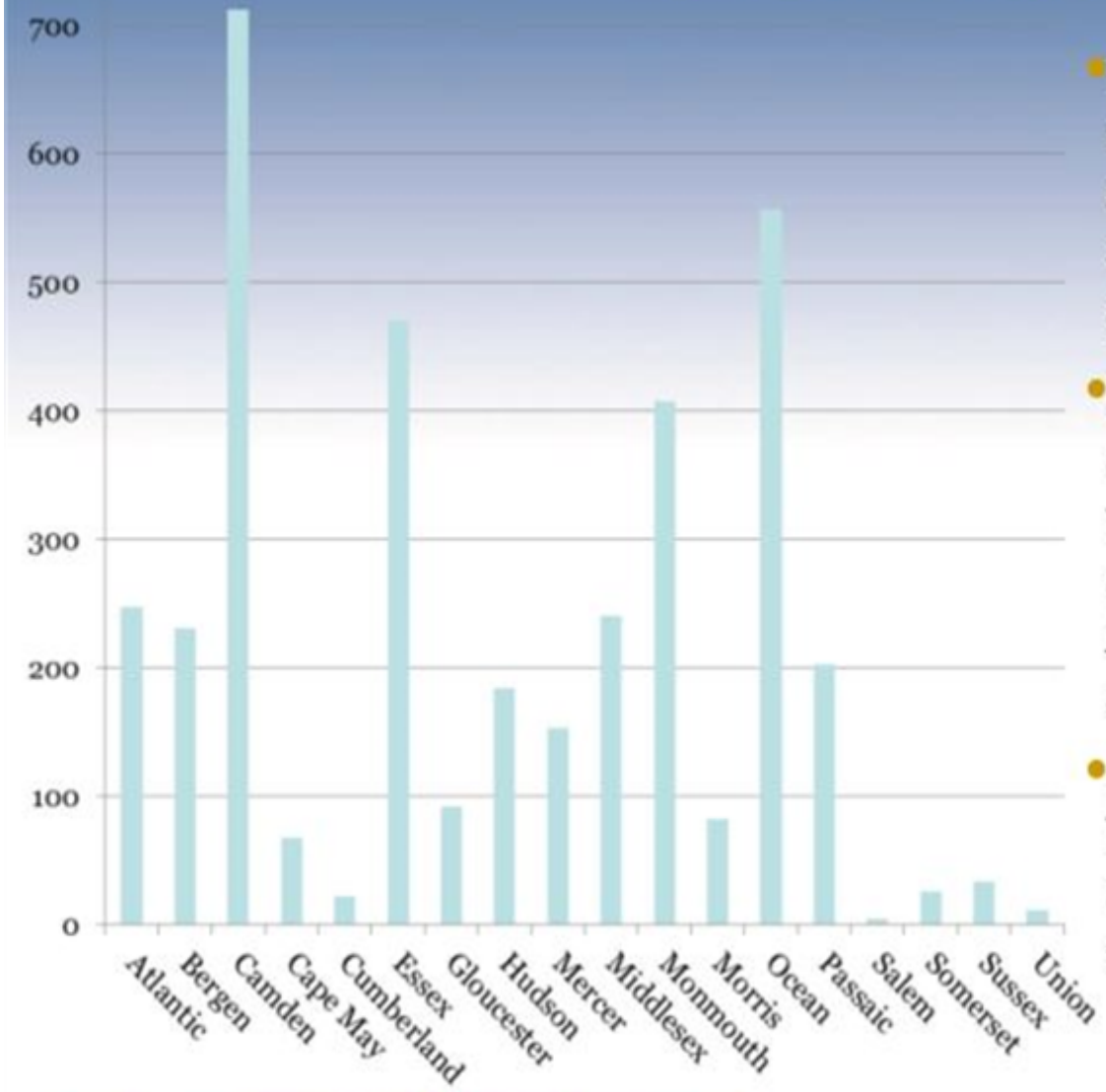
Were OORP Clients Linked to Treatment or Recovery Support?

- As of December 31, 2017, OORPs have cumulatively served 4,985 individuals
- More than one-fifth (22%) of individuals served in 2016 and 2017 (1,105 of 4,985) were referred to withdrawal management or substance use disorder treatment. An additional 1,928 (39%) individuals sought recovery supports
- 18% of individuals (880) refused services bedside and 21% (1,072) did not receive OORP services for involuntary reasons. Examples why clients did not receive services for involuntary reasons include clients who are in crisis services, jail, hospitalized, or who left a medical facility AMA, and clients who do not have a way for Recovery Specialists to contact them



2017 Reversals by County

as of December 31, 2017



- In 2017, 18 OORPs served 3,744 individuals. Camden County served the largest number of clients, responding to one-fifth of cumulative 2017 cases.
- One-fifth (21%) of individuals served in 2017 were referred to withdrawal management or substance use disorder treatment. An additional 45% of individuals sought recovery supports.
- 16% of individuals refused services bedside; more than one-fifth (18%) did not receive services for involuntary reasons

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Challenges

- Individuals refusing to go into treatment
- Not being able to follow-up due to unreliable contact information or client's lack of phone
- Lack of treatment beds
- Lack of insurance
- Transportation and general logistics associated with getting clients into treatment
- Implementing use of buprenorphine in the ER
- Clearer role boundaries between the Patient Navigator and Recovery Specialist
- Hospital staff not calling OORP staff
- Trauma experienced when OORP staff witness deaths from overdose

Success

A lot of light was shed on the role of recovery specialists and their importance for the overall success of the program

"…[OORP clients] understand that we're one and the same; we just got a little more clean time than you right now..."

"…We're really skilled in understanding addiction and knowing that a lot of these people have burned all their bridges. They need to have a warm hand held throughout that process and upon discharge."

–NJ OORP Recovery Specialists

Next Steps

Suggestions

- Designate a point person at each treatment facility to work with the OORP team and client
- Educate Patient Navigators on available treatment services for special populations, such as women
- Use the Statewide Naloxone trainings as another avenue to help move individuals with an opioid overdose into recovery
- Have EMTs provide information about the program
- Have the Opioid Overdose Prevention Programs (OOPPs) help market the OORP programs

Next Steps

- Have treatment providers become familiar with the OORP providers and vice versa so there can be a seamless transition into care
- Use buprenorphine in the ED so client can move directly into treatment
- Find a means for insurance to pay for peer SUD services

NJ OORP Providers

Atlanticare Behavioral Health – Atlantic
6550 Delilah Road, Suite 301
Egg Harbor Township, NJ 08234
609-646-5142
Contact: Joanne Arnold Velcheck
Joanne.arnoldvelcheck@atlanticare.org

Children's Aid and Family Services – Bergen
22-08 Route 208 South, Suite #7
Fair Lawn, New Jersey 07410
201-261-2800
Contact: Ellen Elias
eelias@cafsnj.org

Oaks Integrated Care – Burlington
770 Woodlane Road
Mount Holly, NJ 08060
609-267-5928
Contact: Erin Swinney
Erin.swinney@oaksintcare.org

Center for Family Services – Camden, Gloucester
108 Somerdale Road
Voorhees, NJ 08043
856-428-5688
Contact: Linda Mur
Linda.mur@centerffs.org

Cape Regional Medical Center – Cape May
2 Stone Harbor Boulevard
Cape May Court House, NJ 08210
609-463-4040
Contact: Thomas Piratzky
tpiratzky@caperegional.com

Inspira Health Network – Cumberland
1505 West Sherman Avenue
Vineland, NJ 08360
856-575-4158
Contact: David Moore
moored3@ihn.org

RWJBarnabas Health Institute for Prevention Essex, Hudson, Middlesex, Monmouth, Ocean, Somerset, Union
1691 US Highway 9
Toms River, NJ 08757
732-914-3815
Contact: Connie Greene
Connie.greene@rwjbh.org

Hunterdon Health Care -- Hunterdon
2100 Wescott Drive
Flemington, NJ 08822
Contact: Greg Rearick
grearick@hhsnj.org

Mercer Council on Alcoholism and Drug Addiction – Mercer
1931 Brunswick Avenue
Lawrence Township, NJ 08648
609-396-5874
Contact: Jocelyn Cooper
jcooper@mercercouncil.org

Morris County Prevention is Key – Morris
25 West Main Street, Suite A
Rockaway, NJ 07866
973-625-1998
Contact: Christopher Goeke
cgoeke@mcpik.org

Eva's Village – Passaic
393 Main Street
Passaic, NJ 07501
973-523-6220
Contact: Vito Andrisani
Vito.Andrisani@evasvillage.org

The Southwest Council – Salem
1405 North Delsea Drive
Vineland, NJ 08360
856-794-1011
Contact: Joe Williams
execdirector@southwestcouncil.org

Center for Prevention Counseling – Sussex
61 Spring Street
Newton, NJ 07860
973-383-4787
Contact: Becky Carlson
becky@centerforprevention.org

Family Guidance Center -- Warren
492 Route 57 West
Washington, NJ 07882
908-689-1000
Contact: Katherine Penaherrera
kpenaherrera@fgcwc.org

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Thank You!

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"I think it's that planting of the seed [meeting with clients in the ED] . We're going in and I think it opens the door for some people who may not know what avenues to take or may not know where to go to get help. And I have noticed that a lot of the participants continue to come back even if they're still using. They're at least engaging with us."

–NJ OORP Recovery Specialist