NJ REENTRY CORPORATION

The New Jersey Reentry Corporation welcomes you to

ADDICTION AND THE CURSE OF FENTANYL: STRATEGIES AND TREATMENT

Seton Hall University, Bethany Hall
South Orange, NJ
Tuesday, September 20, 2022

Thank you to our corporate sponsors and contributers for your financial support.

New Jersey Association Mental Health & Addiction Agencies, Inc.

Discovery Institute for Addictive Disorders

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New Hope Integrated Behavioral Health Care

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Preferred Behavioral Health

Seabrook

The Recovery Village Cherry Hill at Cooper

Turning Point Inc.

Meg Grifo-Dolan

AnnMarie Marinello

Sharon Ryan Montgomery, Psy.D.

8:30 am - Opening Prayer

Reverend Forrest M. Pritchett, PhD, Senior Advisor to Provost, Seton Hall University

8:45 am - Welcome Remarks

Robert Carter, Director of Operations of New Jersey Reentry Corporation

9:00 am - Morning Keynote Address

Commissioner Sarah Adelman, NJ Department of Human Services: "Saving Lives Together"

9:30 am - 10:30 am - Addiction and Psychiatric Medical Panel

- Dr. Anthony Accurso, Medical Director of Addiction Medicine at New Bridge Medical Center
- Dr. Gloria Bachmann, Obstetrician-gynecologist at RWJ University Hospital
- Dr. Louis Baxter, CEO and Executive Medical Director at Professional Assistance Program of New Jersey Inc. and Past President of the American Society of Addiction Medicine
- Dr. Jeff Berman, Psychiatry at New Bridge Medical Center
- Dr. Clement Chen, Clinical Pharmacist Specialist at the Northern NJ MAT Center of Excellence, Rutgers New Jersey Medical School
- Dr. Rachel Haroz, Emergency Medicine Physician and Division Head of Toxicology and Addiction Medicine at Cooper University HealthCare
- Dr. Justin Kei, Hackensack University Medical Center
- Dr. Lewis Nelson, Emergency Medicine at Rutgers Medical School
- Dr. Tanya Pagan Raggio, Senior Medical Officer at the U.S. Department of Health and Human Services
- Dr. Chris Pernell, Essex County Civilian Task Force, Medical Expert and American College of Preventive Medicine, Regent-at-Large
- Dr. Ryan Schmidt, Program Director, Addiction Medicine Fellowship, Cooper University Healthcare

10:30 am - 11:00 am - A Call to Action

Kevin Lynch, Founder and CEO of Quell Corporation, "In the Absence of Treatment"

11:00 am - 12:00 pm - Legislative Panel

- Speaker Craig Coughlin, 19th Legislative District
- Sen. Vin Gopal, 11th Legislative District
- Sen. Linda Greenstein, 14th Legislative District
- Sen. Declan O'Scanlon,13th Legislative District
- Asw. Eliana Pintor Marin, 29th Legislative District
- Sen. Teresa Ruiz, 29th Legislative District
- Mayor Andre Sayegh, City of Paterson
- Sen. Jean Stanfield, 8th Legislative District
- Asw. Shavonda Sumter, 35th Legislative District
- Sen. Michael Testa, 1st Legislative District

12:00 pm - 12:30 pm - Keynote Speaker

Dr. Petros Levounis, Chair, Department of Psychiatry, Rutgers Medical, President, American Psychiatric Association, "Beyond Fentanyl: What's Next for Psychiatry and Addiction Treatment?"

Lunch - 12:30 pm - 12:45 pm

12:45 pm - 12:55 pm - Reflection

Dominic DuPont, "Scenes from My Life," a Memoir with Michael K. Williams

1:00 pm - 2:00 pm - Executive Administration and Regulatory Panel

- Dr. Michael Bizzarro, Director, Clinical Services for First Responders Penn Medicine at Princeton House Behavioral Health
- Ileen Bradley, Managing Consultant, Damon House
- Tom Brady, Chief Operations and Clinical Officer, Turning Point
- Lisa Centeno, Administrative Director Integration of Care, Bergen New Bridge Medical Center
- Dr. Tara Chalakani, Deputy Chief Executive Officer, Preferred Behavioral Health Group
- Dr. Robert Eilers, Medical Director, NJ Department of Human Services, Division of Mental Health and Addiction Services
- Dr. Frank Ghinassi, President and CEO, Rutgers Health University Behavioral Health Care (UBHC)
- Dr. Elliot Liebling, Director, Institute for Prevention and Recovery RWJBarnabas Health
- Debra Wentz, President and CEO, NJAMHAA

2:00 pm - 3:00 pm - Addiction Services Panel

- Phil Alagia, Chief of Staff, Essex County
- Dr. Lionel Anicette, Director of Medicine, ECCF
- Joseph Coronato, Former Ocean County Prosecutor
- Stephen DellaValle, Manager of Admissions Support Center, Turning Point
- James Johansen, Program Services Director, Damon House
- Frank Mazza, Department Director, Hudson County Department of Housing & Community Reintegration
- Marguerite Mullan, Director of Nursing, New Hope IBHC
- Michael Paolello, Chief Clinical Officer, New Bridge Medical Center
- Gloria Walton, Executive Director, Redeemed Youth Mentoring and Life Skills
- Stephen L. Willis, Co-founder of HOPE Sheds Light

3 pm - 3:30 pm - Closing Prayer

Reverend Bolivar Flores, NJCLPM, NJRC

NJRC recommended program proposal

Program Elements

There are six elements integral to NJRC's recommended addiction treatment of opioids, heroin/fentanyl, which would facilitate effectiveness: MAT-based treatment, long term continuity care, navigators, peer support/recovery coaches, a health information exchange, and evaluation.

1. MAT-Based Treatment

Upon entrance into the program, each patient would receive a **comprehensive screening** at his or her MAT treatment center to locate both addiction needs and any co-occurring disorders. Multidimensional determination of addiction treatment needs would be based on the ASAM Criteria, and all levels of care would be available.163 According to needs, the patient would then be enrolled in a personalized MAT treatment program, including whatever medication is deemed most applicable, as well as addiction therapy, counseling, and any other services necessary for stabilization. The ASAM Criteria would be utilized to determine the appropriate level of care for an individual when presenting for evaluation. When a patient is in need of some form of residential treatment based on ASAM review, they would be placed in a residential program in order to promote long- term stability and structure.

All forms of MAT would be offered in order for treatment to be effective and to meet the needs of each patient. This includes all medications– Buprenorphine, Methadone, and Naltrexone – as well as all types of treatment – long- and short-term residential, standard outpatient, intensive outpatient (IOP) and detox. In accordance with best practices, the treatment plan would also include **regular urine testing**, in accordance with ASAM's Appropriate Use of Drug Testing in Clinical Addiction Medicine guidance. Recognizing that relapse is part of recovery, part of the disease, an appropriate response to a positive test is to quickly reengage through the hub and to clinically intensify services. A positive test may result in possible sanction, including a wide array of responses. For those on parole or probation, it is recommended that any sanction be according to Swift, Certain, and Fair principles.

After stabilization at the intensive MAT treatment center, each patient would be referred to a community provider, and would continue maintenance treatment on a regular basis determined by need. In the event of a relapse, the patient would immediately be referred back to the treatment center, where his or her treatment would be re-evaluated and updated as needed, and he or she would be stabilized again before referral back to the community provider.

2. Continuity of Care

Each participant would remain in the program and receive services for a **minimum of 6-12** months with continued support provided beyond that, as required. This is in accordance with best practices and experts, including the Surgeon General's report.164 During this time, each participant would continue to receive MAT, opioid-maintenance therapy, and addiction counseling as needed. In addition, through the local coordinating treatment center, and through personalized assistance by the navigators, patients would be linked to all other services as

needed – such as treatment for any mental, physical, or behavioral co-occurring disorder; community and peer-based services such as Alcoholics Anonymous and Narcotics Anonymous; housing, employment, and food assistance; and wrap-around services like those offered by the NJRC.

It is essential that these services be offered and provided consistently and according to the patient's personal needs and treatment plan. Warm hand-offs between service providers through the centralized system would ensure that patients receive timely, appropriate, and situation-specific care.

3. Navigators

Integral to the structure of the program are **navigators, who would work on an individual basis with participants** to coordinate and implement their personalized treatment plan, and to maintain a continuum of care throughout the year. Each navigator would work one- on-one with at most 100 patients. They would meet with participants post initial assessment and once a treatment plan is in place to develop a relationship with the participants and their support system; they would also be responsible for monitoring progress made during the period of intensive treatment, through collaboration with the health care providers in the program. Following intensive treatment, the navigator would remain in contact with the patient for as long as the patient needs to be engaged based on their own unique needs with meetings at least once a week and with periodic face-to-face meetings.

The navigator would be responsible for **coordination with local service providers** and for assisting the patient in setting up appointments and communicating with necessary providers. In addition, the navigator would assist the patient in any administrative tasks, accompany the patient to doctor's appointments, and ensure that the patient continues to take any prescribed medication as needed. The prevention of relapse and other medical or personal issues that result from failure to take medication would prevent unnecessary emergency department use and consequently would reduce associated healthcare costs.

4. Health Information Exchange

A health information exchange (HIE) would be implemented for the program to maintain a high standard of communication among service providers and navigators. This would ensure, in accordance with best practices and national models, a bidirectional flow of information between the intensive MAT treatment facility and community providers, as well as between all service providers and navigators. All participating service providers and staff would be trained to report information through a coordinated HIE that would funnel all information into a central database, and would then release information as needed according to the needs of following providers. In addition to reports by service providers, navigators would periodically input information regarding the progress of each patient. In accordance with HIPAA and 42 CFR Part 2 standards, patients would be informed of and consent to the collection of data before any identifying information is recorded.

The Department of Health and the New Jersey Innovation Institute (NJII), a division of the New Jersey Institute of Technology (NJIT), have jointly spearheaded recent efforts to implement a statewide HIE. These efforts are essential to the wellbeing of both addiction treatment and all medical record-keeping across the state. **The proposed**

program can integrate with this HIE once developed, allowing participating providers to access information at one location, and in accordance with all privacy laws and standards. The benefits of an HIE are numerous. First, electronic medical records can be **easily held and accessed** by physicians and medical professionals in disparate locations, as would be necessary as the patient moves through different stages and locations of the MAT program. Second, relevant information not traditionally held in an electronic record system, such as social determinants of health, can be **easily communicated** among service providers. Third, a **centralized location** for information would prevent the duplication of records or miscommunications often responsible for inappropriate prescribing, including through communication with the state's Prescription Monitoring System (NJPMP). Fourth, **highly personalized treatment plans** can be recorded and updated as needed, and progress can be tracked. Finally, information held in an HIE can be used, provided the relevant privacy measures are taken, to **track and evaluate metrics** of success of the program.

5. Peer Support/Recovery Coaching

The engagement of **peer support workers** who have themselves experienced OUD recovery processes is a vital practice in numerous state models. Peer support/recovery coaching extends beyond the clinical environment and offers advocacy, sharing of resources, development of healthy community and relationships, participation with Narcotics Anonymous, Alcoholics Anonymous, and other recovery groups, goal setting and mentoring services. Peer support/recovery coaching is an evidence based practice, which requires the development of core competencies to provide critically need services to recovering persons and their families. SAMHSA has recognized peer support advanced recovery from substance abuse disorders in the role of recovery support services in the recovery orientated system of care. Peer support/recovery coaching may support those with mental health and or substance abuse disorders. Peer support has also provided assistance to address health disparities of those in the recovery process from Latino and African American communities.

6. Evaluation

Data would be gathered throughout the program from each participant's intake to five years post-completion. After implementation of the demonstration project, a **comprehensive formative analysis** would be performed before implementation statewide; and following implementation, **longitudinal and comparative analyses** would be performed to assess overall success. Metrics would include: relapse rate, death rate, rate of readmission to intensive treatment, rate of emergency department use, recidivism and re-offense rate, employment, housing stability, and food stability. Additionally, an **overall cost analysis** would be done by evaluating the costs of MAT, treatment for SUD, treatment for co-occurring conditions, emergency department visits, reincarceration costs, food stamps and welfare costs, and contributions to the workforce.

The New Jersey Reentry Corporation is indebted to Seton Hall University, particularly President Joseph Nyre Seton Hall President, Provost Katia Passerini, Executive Vice President, Director Bernadette McVey, Academic Events, Initiatives, and Planning, and Director Ghana Hylton, Business Affairs & Scheduling and Operational Division of Student Services.

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