



# State Direction for Treatment

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Director

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# DAS Mission Statement

The Division of Addiction Services (DAS) promotes the prevention and treatment of substance abuse and supports the recovery of individuals affected by the chronic disease of addiction. As the Single State Agency for substance abuse, DAS is responsible for regulating, licensing, monitoring, planning and funding substance abuse prevention, treatment and recovery support services in New Jersey.

To achieve its mission, DAS provides leadership and collaborates with providers, consumers, and other stakeholders to develop and sustain a system of client-centered care that is accessible, culturally competent, accountable to the public, and grounded in best practices that yield measurable results.

# Overview

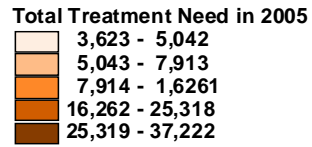
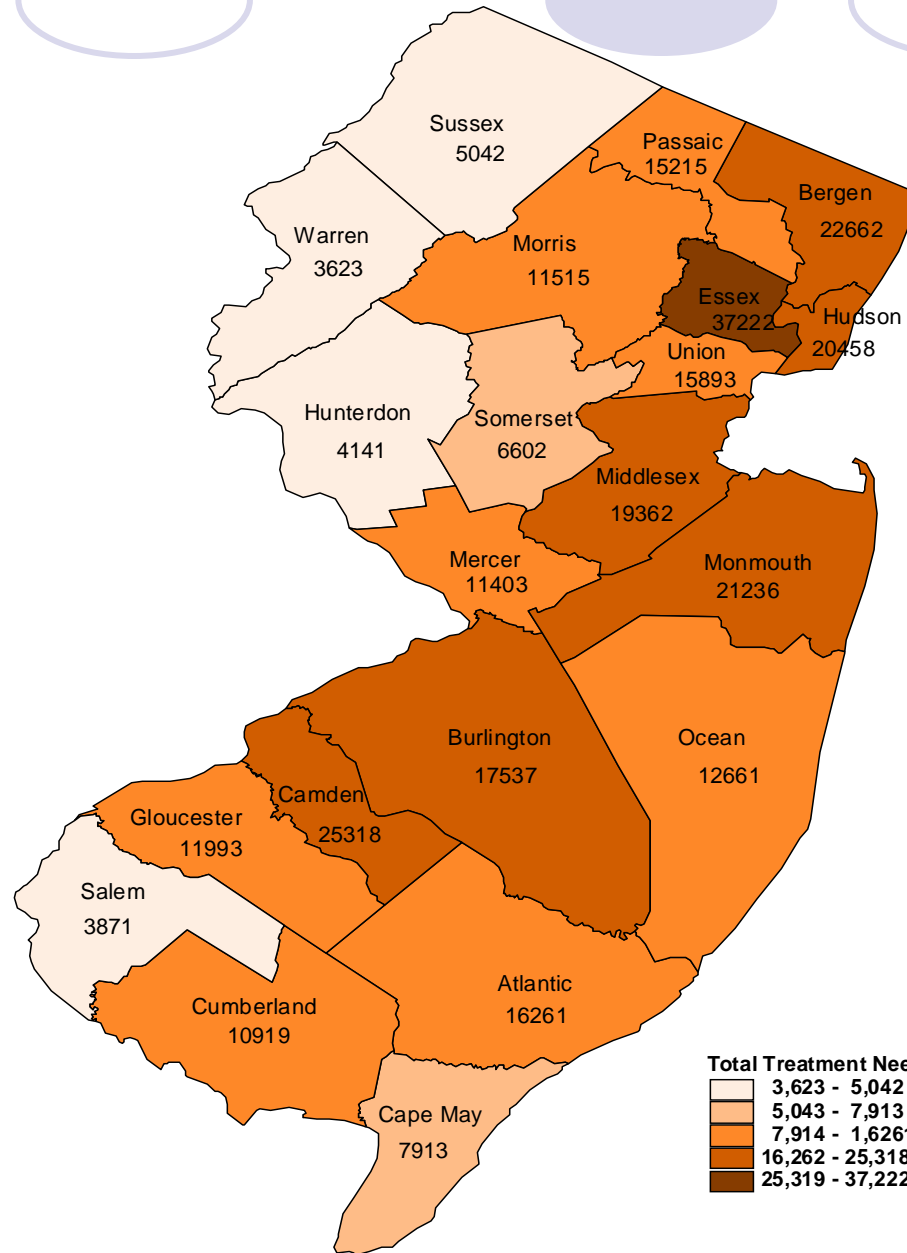


- DAS is the Single State Agency for substance abuse in New Jersey, and as such, plans, licenses, monitors and regulates New Jersey substance abuse treatment and prevention efforts
- DAS provides funding for services through both federal and state funding streams, with our primary funding source of the Substance Abuse Prevention and Treatment Block Grant, which totals approximately \$47 million annually
- Total budget of \$167 million for SFY 2010
- As of June 2009, there are 267 outpatient and 60 residential facilities licensed by DAS
- DAS has 308 Contracts and 217 Letters of Agreement for treatment and prevention services, including contracts with the counties

# 2005-2001 Average Substance Abuse Treatment Need and Demand

- 6,589,930 Million Adult NJ Residents
  - No need for treatment – 5,772,779
  - Need for treatment – 817,151 (12.3%)
    - Demand treatment – 86,866 (10.6%)
      - Met demand – 53,586 (62%)
      - Unmet demand – 33,280 (38%)

# Total Treatment Need in New Jersey, 2005



# Addiction: A Definition

- Addiction is a primary, chronic, neurobiological disease with genetic, psychosocial, and environmental factors influencing its development and manifestations
- Addiction is characterized by behaviors that include one or more of the following:
  - Impaired control over drug use
  - Compulsive use
  - Continued use despite harm
  - cravings
- Three decades of clinical practice and research have shown that addiction can cause permanent changes in the chemistry and structure of the brain
- Addiction, like other chronic illnesses such as diabetes, hypertension or asthma, requires a continuum of care for effective prevention, intervention, treatment, and post-treatment or recovery support

# Vision



- Addiction is situated within a public health paradigm where:
  1. Early detection and assessment protocols begin with client engagement
  2. Prompt and effective treatment is provided meeting a standard of care
    - All substance abuse and mental health programs are competent to screen, assess and address co-occurring mental health and substance abuse disorders
  3. Prevention measures are employed throughout the life cycle and continuum
  4. Consumers are active, informed and educated participants in their own recovery
  5. Collaboration occurs regularly with mental health and primary health care systems
  6. The use of best practices is widespread, including the latest pharmacotherapeutic responses
  7. The financing of system promotes client outcomes

# Addiction: A chronic illness



- Just as with diabetes, hypertension or asthma, for a person suffering with the chronic disease of addiction, a single course of treatment is unlikely to result in a complete and permanent 'cure'
- Individuals with addiction may require multiple courses of treatment to stabilize their condition
- Relapse rates for substance abuse treatment are less than those for asthma and hypertension
- Sustained recovery relies on an ongoing system of recovery supports, including housing, job training and mentoring

# What Is Recovery?



- Recovery refers to the ways in which persons with or affected by addiction tap resources within and beyond the self to move beyond experiencing these disorders to managing them and their residual effects to build full, meaningful lives in the community. It is regaining wholeness, connection to the community, and a purpose-filled life.

White, W. and Davidson, L. *Recovery: The bridge to integration? Part one*. Behavioral Healthcare, November 2006.

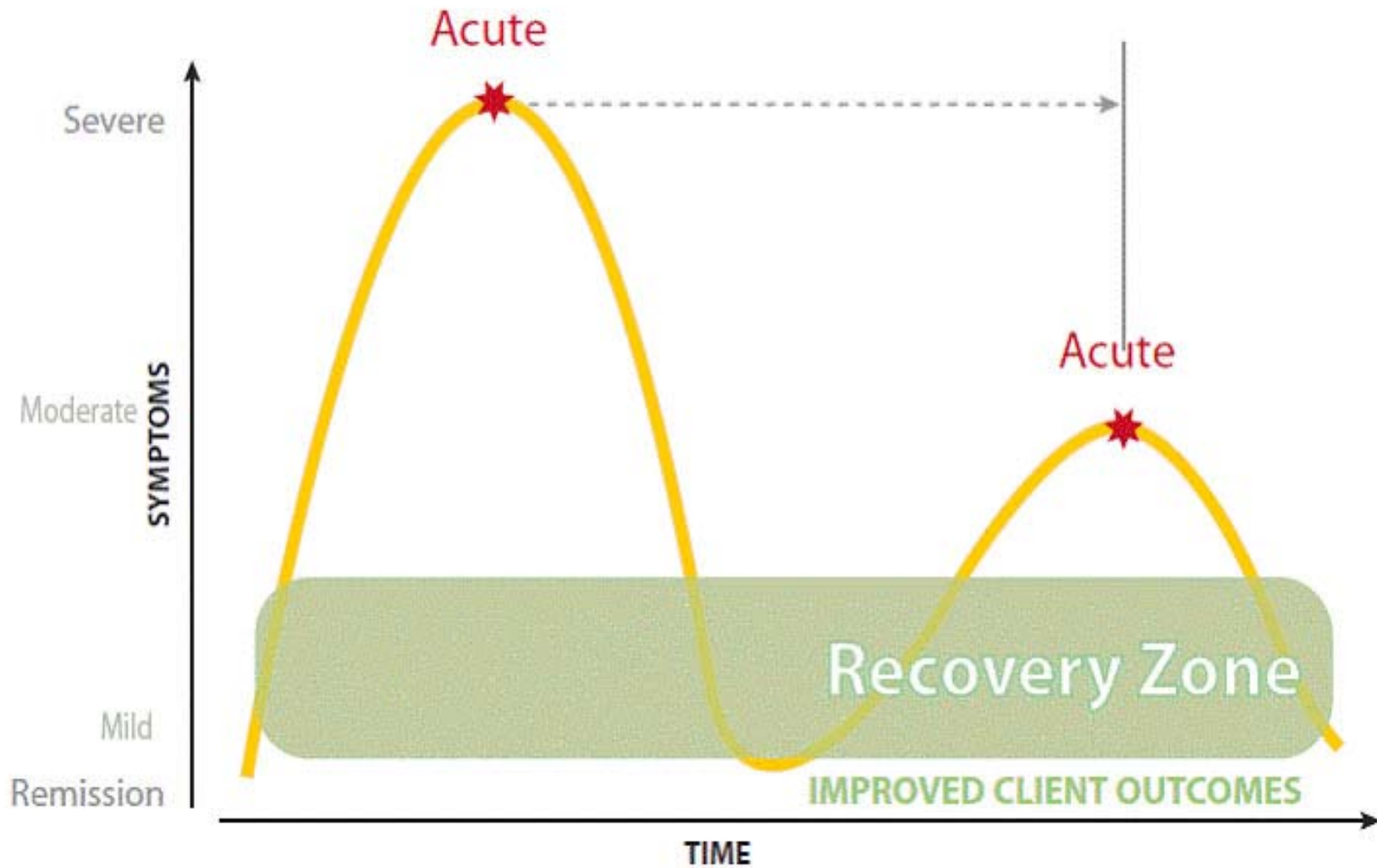
# A Chronic Care Model



- The system of care, including treatment and funding mechanisms, must reflect the best practices proven to effectively achieve chronic illness recovery
- When treated as a chronic illness, the compliance and relapse rates of substance dependence are as good or better than other chronic illnesses (O'Brien & McLellan)



## Moving into the Recovery Zone



# Recovery-Oriented Quality Care

- Recovery-oriented care shifts the design of the addiction treatment system from an acute care model, focused on serial episodes of biophysical stabilization to a model of sustained recovery management.
- Recovery-oriented care focuses on the acquisition and maintenance of recovery capital (internal and external assets required for recovery initiation and self-maintenance), global health (physical, emotional, relational, and spiritual), and community integration (meaningful roles, relationships, and activities).

White, W. and Davidson, L. *Recovery: The bridge to integration? Part one*. Behavioral Healthcare, November 2006.

# Core Differences Between Acute and Chronic Disease Intervention

- Episodic/acute care
  - Treatment of complications not the condition
  - Lack of coordination of care with other sectors of health care system
  - Lack of or departure from standards of care
  - Stigma and discrimination impair decision-making
  - Coercion into treatment resulting from concerns about decision-making
  - Motivation is a pre-requisite for treatment
- Chronic/Recovery centered
  - Clinical care is based on individual client preferences, needs, values and decisions
  - System supports evidence-based decision-making
  - Motivation is an outcome of the engagement process
  - Systems-wide prevention and mitigation of errors to reduce risk and increase safety

\*Source: Institute of Medicine (2006), *Improving the Quality of Health Care for Mental and Substance-Use Conditions*.

# The National Quality Forum (NQF)

- NQF is a private, nonprofit, open membership public benefit corporation whose mission is to improve the American healthcare system to that it can be counted on to provide safe, timely, compassionate and accountable care using the best current knowledge.
- Established in 1999, NQF is a unique public-private partnership having broad participation from all parts of the healthcare industry.

# Substance Abuse and Healthcare from the NQF

- Identification
  - Screening and Case Finding
    - New clients should be screened for at-risk use, as well as existing clients at least annually
    - Use a systematic method to identify clients who use substances
  - Diagnosis and Assessment
    - Positive screens for substance use disorder receive biopsychosocial assessment to guide client-centered treatment planning, including for co-occurring disorders
- Initiation and Engagement
  - Brief Intervention
    - All clients identified with unhealthy substance use should receive BI with a clinician
  - Promoting Engagement in Treatment
    - Systematically promote client initiation of and engagement in treatment, including supportive services to promote engagement
  - Withdrawal Management
    - Supportive pharmacotherapy should be available and provided based on systematic assessment of symptoms and risk; this is NOT treatment

# Substance Abuse and Healthcare from the NQF

- Therapeutic Interventions
  - Psychosocial Intervention
    - Use empirically validated interventions for all clients in all settings
  - Pharmacotherapy
    - Recommend and make available medications for clients with opioid or alcohol dependence and link them with clinical services
    - Recommend and make available medications for clients with nicotine dependence and link them with brief counseling
- Continuing Care/Management
  - Management of Substance Use Disorders
    - Offer long-term coordinated management of care, including care for co-occurring disorders
    - Care management should be adapted based on ongoing monitoring of client progress

# Some Components of a ROSC DAS is Currently Implementing

- Client-Centered
  - How do we make choice meaningful?
  - Partnership with consumers (CAC)
  - Recovery poster/website campaign
  - Recovery forum – different pathways to recovery
- Chronic Care Model
  - Case management across the continuum
  - Clinically driven lengths of stay and placement
  - Response to relapse
  - Flexible funding – follows the client
  - Continuity of care
  - Integration with primary care and mental health

# Some Components of a ROSC DAS is Currently Implementing (con't)

- Recovery Supports
  - Supportive housing
  - College recovery housing
  - Phone outreach
  - Mentors
  - Recovery Support Centers
- Recovery-Oriented Quality Care
  - Evidence-based practices (pharmacological and psychosocial)
  - Credentialing and competency
  - Outcomes focused
  - NIATx process improvement

# News from the State



- IDP White Paper
  - Vivitrol pilot
  - Launch of fiscal agent
  - Use of SPF-SIG process for planning
  - Statewide prevention priorities
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