



 Partnership for a
Drug-Free New Jersey
in Cooperation with the Governor's Council on Alcoholism
and Drug Abuse and the NJ Dept. of Human Services



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New Jersey Coordinator for Addiction Responses and Enforcement Strategies

The Opioid Epidemic: A Focus on Vulnerable Populations

July 29, 2021

 The Partnership For A
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Featured Panelists



Christine K. Scalise, MA, LPC, LCDAC
New Jersey Department of Human Services,
Division of Mental Health and Addiction Services

Christine K. Scalise manages New Jersey's Division of Mental Health and Addiction Services Special Initiatives, Women and Families Unit. Ms. Scalise was instrumental in implementing New Jersey's child welfare reform substance use disorder treatment recommendations and established a collaborative partnership with child welfare to ensure provision of treatment services. She has designed numerous initiatives in collaboration with other State Departments to address the opioid crisis, with a specific focus on women and families affected by opioid misuse. She holds a master's degree in Counseling, and is a Licensed Professional Counselor (LPC), Licensed Clinical Alcohol and Drug Counselor (LCADC), and Disaster Response Crisis Counselor (DRCC).



Katherine Findley, PhD, MSW
New Jersey Department of Human Services,
Division of Mental Health and Addiction Services

Katherine Findley is a researcher at the New Jersey Department of Human Services, Division of Mental Health and Addiction Services. In this role, she conducts program evaluations on a variety of state and federally funded initiatives aimed at reducing opioid overdose and supporting individuals through recovery support programs. Katherine also serves as an adjunct instructor at Rutgers University. She holds a Ph.D. in Social Work from Rutgers University and an MSW from the University of Tennessee.



Brad Christensen, VSO
New Jersey Department of Military and
Veterans Affairs

Brad Christensen is a Liaison Officer and Veterans Service Officer for the New Jersey Department of Military and Veterans Affairs. In his role, he works with the Department of Veterans Affairs and key stakeholders in the veterans' community to ensure that New Jersey veterans are able to access the benefits they earned by serving their country. Brad works to coordinate between the multiple federal and state programs offered to veterans and to connect veterans with service officers that can aid them in more efficiently and effectively accessing these services.



Kathy Dodsworth-Rugani, Ph.D.
Executive Director, Rutgers Project ECHO
Executive Director, RWJMS Telehealth

Dr. Kathy Dodsworth-Rugani is the Executive Director of the Rutgers Robert Wood Johnson Medical School Telehealth Program. Dr. Dodsworth leads the Rutgers Project ECHO Program and the Robert Wood Johnson Medical School (RWJMS) Telehealth Program. The mission of Rutgers Project ECHO® (Extension for Community Healthcare Outcomes) is to improve public health and the well-being of individuals by building collaborative communities to overcome healthcare disparities. Dr. Dodsworth holds a Ph.D. from the University of California, Berkeley.



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Katherine Findley, PhD, MSW
New Jersey Department of Human Services,
Division of Mental Health and Addiction Services

New Jersey Women's Substance Use Disorder Treatment & Specialty Initiatives to Improve Birth Outcomes for Pregnant and Parenting Women with Opioid Use Disorder (OUD) and other Substances



**CHRISTINE K. SCALISE MA LPC LCDAC
KATHERINE FINDLEY, PHD, MSW**

**DIVISION OF MENTAL HEALTH & ADDICTION
SERVICES**

Division of Mental Health & Addiction Services
wellnessrecoveryprevention



Women and Substance Use Disorder (SUD)



- Historically, women treated in men's programs using male-dominated models;
- Women's treatment changed through the years with the advent of **Gender Specific Approaches**;
- Physical & sexual trauma followed by Post-Traumatic Stress Disorder (PTSD) is more common in women with SUD than in men;
- Federal Substance Abuse Block Grant - Women's Set Aside funding for **Gender Specific Treatment** (1993 Federal Register-Department of Health and Human Services 45 CFR Part 6)

Core Principles - Gender Responsive Treatment



- Acknowledge Importance and role of socioeconomic issues and differences
- Promote cultural competence specific to women
- Recognize role as well as significance of relationships in women's lives
- Address women's unique health concerns
- Endorse a developmental perspective
- Attend to relevance & influence of various caregiver roles women assume through their lives
- Recognize ascribed roles and gender expectations across cultures & societal attitudes toward women with SUD
- Adopt a trauma-informed perspective, gender responsive treatment environment and support gender competency specific to women
- Strength based model for treatment
- Multidisciplinary approach to treatment
- *****SAMHSAs – *Treatment Improvement Protocol (TIP) 51*

In-Depth Technical Assistance (IDTA) Substance Exposed Infants & Neonatal Abstinence Syndrome (SEI & NAS)



NJ (2014) applied for and awarded IDTA regarding SEI & NAS through SAMHSA's National Center on Substance Abuse and Child Welfare (NCSACW):

- Strengthened collaboration and linkages across multiple systems for opioid dependent pregnant women and other SUDs - Addictions Treatment, Child Welfare, and Medical Communities
- Improved services for pregnant women with opioid and other SUDs and outcomes for their babies
- Developed uniform guidelines across Departments of Human Services (DOH), Children and Families (DCF), and Health (DOH)
- Improved collaboration along the entire spectrum (prenatal, labor and delivery, postpartum, continuing care) for women, infant, and their children

In-Depth Technical Assistance



- Developed innovative programs on comprehensive care & coordination:
 - **Maternal Wrap Around Program (MWRAP)** - pregnant with SUD & up to 1 year after birth event;
 - **Integrated Opioid Treatment and Substance Exposed Infants (IOT-SEI)** Opioid dependent pregnant women eligible for services during the following intervention points:
 - ✦ First - prenatal (pregnancy);
 - ✦ Second priority - birth event (delivery);
 - ✦ Third priority – postpartum/neonatal up to twelve (12) weeks after delivery
 - ✦ Fourth priority - should there be an immediate postpartum need identified that can impact the infant’s health or mother’s SUD treatment & healthy recovery, postpartum women will be accepted into the program at 12 weeks but not beyond 16.
- Launched Project ECHO (Extension for Community Outcomes)

Five Points of Intervention



- MWRAP and IOT-SEI address the 5 major timeframes when intervention in life of an infant can help reduce potential harm of prenatal substance exposure:
 - Pre-pregnancy (awareness of substance use effects)
 - Prenatal (screening and assessment)
 - Birth (health care providers testing newborns)
 - Neonatal (health care providers conduct developmental assessment, ensure access to services for newborn/family)
 - Throughout childhood and adolescence (ongoing provision of coordinated services for child & family)

**SAMHSA: A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorder*

Maternal Wrap Around Program (MWRAP)



- Opioid dependent pregnant women eligible for services during pregnancy and up to one year after birth event (SFY'22 expanded MWRAP to include all substances)
- Intensive case management and development of a single, coordinated care plan for Pregnant and Parenting women, their infants and families
- Recovery Support Specialists provide non-clinical assistance and recovery supports while maintaining follow-up with the women and their infants

Integrated Opioid Treatment & Substance Exposed Infants (IOT-SEI)



- IOT-SEI provides an array of integrated services for opioid dependent pregnant women, their infants and family to ensure a full continuum of services ranging from:
 - Mother's medical/prenatal and obstetrical care,
 - Substance use treatment for opioid use disorder including MAT,
 - New born/infant medical care,
 - Child welfare services as identified,
 - Intensive case management,
 - Recovery supports,
 - Assistance with housing

Initiative Goals



- Alleviate barriers to services for pregnant opioid dependent women
- Provide comprehensive care coordination (within 5 major timeframes)
- Promote maternal health
- Improve birth outcomes for pregnant women with opioid use disorder (OUD) and other substances, their infant and families,
- Reduce the risks and adverse consequences of prenatal substance exposure
- Promote sustainable recovery for each woman and their families



Data Collection Goals (MWRAP & IOT-SEI)



- Understand the impact of MWRAP & IOT-SEI on outcomes for the mother and child
- Evaluate program effectiveness → recommendations for program improvement
- Program sustainability and reporting to funders
- Highlighting models of integrated care, NJ as a leader
- Dissemination of outcome research and best practices

Data Collection Tools (MWRAP & IOT-SEI)



Survey administration at intake, birth/post-partum, and discharge

- Treatment and recovery information
- Infant birth outcomes
- Health information (mother and infant)
- Housing status and employment status
- Child welfare involvement

- COVID-19 specific data:
 - Engagement and type of contact
 - Gap services and additional needs
 - Mental health during COVID-19
 - Additional programmatic and outcome data



Resources



- SAMHSA TIP 51 “*Addressing Specific for Women*”
- National Center on Substance Abuse and Child Welfare: <http://ncsacw.samhsa.gov>
- Center for Substance Abuse Treatment (CSAT): www.samhsa.gov/about/csat.aspx
- Center for Substance Abuse Prevention (CSAP) www.samhsa.gov/prevention
- Children and Family Futures: www.cffutures.org
- NASADAD: <http://www.nasadad.org> (link onto Women’s Services Network-Guidance to States: “Treatment Standards for Women w/ SUD”)

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Brad Christensen, VSO
New Jersey Department of Military and Veterans Affairs

The Impact of Opioid Abuse on Veterans

Presenter: Brad Christensen, VSO

How Substance Use Disorders Impact Veterans

- Substance Use Disorders are a significant problem for our nation's veterans
 - Opioid use in-particular is on the rise among veterans with a specific concern regarding veterans of the current conflict (Operation Enduring Freedom / Operation Iraqi Freedom)
 - While substance abuse problems are lower in the veteran population than the general population overall, use rates are higher when looking at veterans who have served since September 2001.
-

Mental Health and Opioid Use and Abuse

- Veterans with a mental health diagnosis are more likely to receive an opioid prescription
 - Veterans with a diagnosis of PTSD have a 17.8 percent chance of receiving an opioid prescription vs. 11.7% for veterans with other mental health diagnoses and 6.5 percent for those without a mental health diagnosis.
 - Veterans with a diagnosis of PTSD are more likely to receive higher doses of opioids, simultaneous prescriptions of additional opioids or sedative-hypnotic and early refills
 - PTSD affected veterans are more likely to develop opioid use disorders and to experience adverse outcomes such as inpatient or ER visits, opioid related accidents, overdoses and violence related injuries.
-

Polysubstance Use Disorders

- While opioid use has shown to be problematic it is important to focus on the whole picture of a veterans struggle with substance use and abuse during treatment.
 - The majority of veterans receiving treatment for opioid use disorder had other substance use disorders (58.8%)
 - 35.9% of veterans with opioid use disorder were treated for 2 or more other substance use disorders and 22.9% were treated for one other.
 - Most common co-occurring substances include alcohol (41.3%) cocaine/stimulants (30%) and cannabis (22.4%)
-

Veteran-Specific Substance Use Disorder Treatment

- Alongside unique difficulties for service members and veterans regarding substance abuse also comes unique treatment opportunities.
 - The most prominent and accessible treatment available to veterans for treating substance use disorders comes through the VA Healthcare System
 - Veterans enrolled in the VA healthcare system can access a variety of levels of care to address their substance abuse issues from residential care to outpatient care.
-

Accessing VA Substance Abuse Treatment

- If a veteran or family member is concerned about substance abuse, they can access the VA healthcare system in several ways.
 - If a veteran is struggling with their substance use to the level in which it may be putting them in a state of danger (risk of overdose, harmful withdrawal) they can be seen at the Emergency Room at the VA Medical Center in East Orange, NJ
 - If the issue is less urgent but still requires treatment the veteran can call the VA Medical Center at East Orange at 973-676-1000 and either ask the operator for Substance Abuse services or dial extensions 1558 or 2580.
-

VA Substance Abuse Treatment

- The VA provides services to meet the severity of each veteran's treatment needs
 - The VA Medical Center in East Orange has a 30 day inpatient residential rehabilitation program that offers simultaneous Opiate and Alcohol detox.
 - Upon discharge veterans can step down to the program that best suits their current treatment needs with options including the inpatient PTSD program or Intensive Outpatient (IOP) Substance Abuse program.
 - Treatment in the IOP program tapers down from 7 to 5 days a week and provides the ability for the veteran to continue with the same sober support system throughout early recovery.
-

VA Substance Abuse Treatment (cont.)

- Upon successful completion of the IOP level of care veterans can continue with their same support system throughout the VA's aftercare program which can last up to two years.
 - Veterans also have the option of obtaining Medication Assisted Therapy from the VA to receive Opioid Maintenance on Methadone, Suboxone and Naltrexone and recently have also gotten an option for monthly injectable Suboxone maintenance
 - The VA uses a combination of approaches to meet the needs of veterans using a program that is 12 step informed and also incorporates Cognitive Behavioral Therapy and Motivational Interviewing.
-

VA Substance Abuse Treatment (cont.)

- For veterans who need even more intensive services than even the 30-day rehabilitation program can provide, the VA also has long term residential treatment available.
 - Veterans can receive services at the long-term residential program in Long Island or Pennsylvania
 - Veterans who do not have VA healthcare benefits but served in a combat zone can still receive treatment at their local vet center.
-

NJ Dept of Military and Veterans Affairs Services

- Supplementing the service provided by the VA, the New Jersey Department of Military and Veterans Affairs also offers service to veterans affected by housing instability / homelessness either as a result of or separate from their use issues.
 - Veterans Haven North in Glen Gardener, NJ and Veterans Haven South in Winslow, NJ provide support to veterans in recovery while in our transitional housing program.
 - Veterans must be sober upon entry into the program and once enrolled can access on site 12 step meetings, substance abuse counseling services and transport to off site recovery meetings.
-

Veterans Havens

- Counselors at the Veterans Havens programs will work with veterans to maintain their recovery throughout the program and address how these issues affect their ability to maintain stable housing
 - If a veteran struggles with relapse while attending the Veterans Haven programs they can be referred to VA healthcare for treatment if they are enrolled in those services and if not, staff will work to find counselors who accept the veteran's benefits
-

NJ Dept of Military and Veterans Affairs - VSOs

- NJ DMAVA's Veteran Service Officers (VSO) are a resource to any veteran who has questions about their available benefits
 - VSOs can help Veterans understand their eligibility, fill out VA forms to apply and advocate for veterans if the process runs into any difficulties.
 - Where a veterans substance use issues are related to their military service VSOs can help veterans file for service connection for this issue to ensure that the VA provides treatment for the issue and that treatment is free of charge.
 - In situations where combat veterans require treatment for PTSD and can't utilize other services NJ DMAVA VSOs can refer to state paid therapeutic services to address a major co-occurring issue related to substance abuse issues.
-

Referrals

- For more information on VA Substance Abuse Services please reach out to the Section Chief for the VA NJ Healthcare System, Dr. Christopher Gates at:

Christopher.Gates@va.gov

- For information on NJ Department of Military and Veterans Affairs VSOs and Veterans Havens please visit our website

<https://www.nj.gov/military/veterans/>

References

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 - The Substance Abuse and Mental Health Administration. 1 in 15 veterans had a substance use disorder in the last year [internet]. 2015 May 07 Available at: https://www.samhsa.gov/data/sites/default/files/report_1969/Spotlight-1969.html#:~:text=Overall%2C%20about%201%20in%2015,in%2011%2C%20or%208.6%20percent (accessed 20 July 2021).
 - Teeters et al. Substance use disorders in military veterans: Prevalence and treatment challenges. *Substance Abuse and Rehabilitation*. 2017; 8: 69-77
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Addressing Opioid Use and Public Health Issues in NJ

Kathy Dodsworth-Rugani, PhD

Executive Director, Rutgers Project ECHO
Executive Director, RWJMS Telehealth

ECHO TOPICS



- COVID-19
- Opioid Addiction and Pain Management
- Mental Health
- Adverse Childhood Experiences
- Health Equity and Social Justice
- Diabetes
- Substance Exposed Infants
- Maternal Health and Post-partum Care
- Infant Mortality
- Nursing Home Training
- Community Health Worker Training
- Doula Education









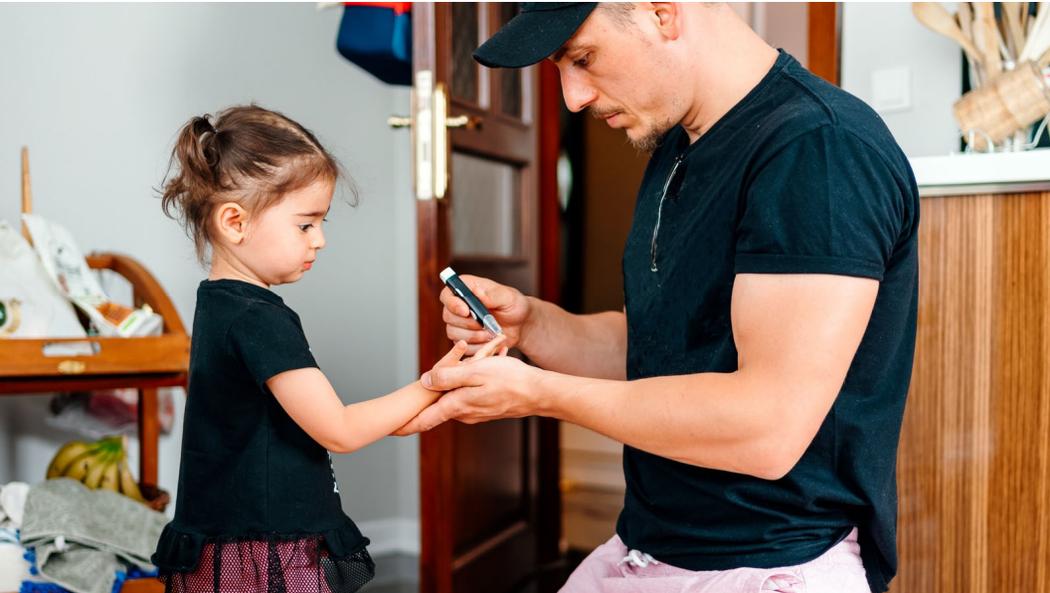


20,000
Individuals



1,200
Local Organizations

Proven model to make the difference
in the health and well-being
of children and families





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NEXT WEBINAR: Knock Out Opioid Abuse Day Training Webinar
11 a.m. Thursday, August 26, 2021
KnockOutDay.DrugFreeNJ.org/mail

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