Partnership for a Drug-Free New Jersey
In Cooperation with the Governor's Council on Substance Use Disorder and the NJ Dept. of Human Services

OPIOID EDUCATION FOUNDATION OF AMERICA

OFFICE OF THE ATTORNEY GENERAL STATE OF NEW JERSEY

NJCARES.gov
New Jersey Coordinator for Addiction Responses and Enforcement Strategies

When Addiction & Mental Health Collide

March 28, 2024

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American Academy of CME, Inc. designates this activity for 1.0 continuing education credits.

Other HCPs

Other members of the care team will receive a certificate of participation.

Additional Information About Continuing Education

- This webinar also has been approved by NJ OEMS for 1 EMT Elective CEU.
- Attendees seeking 1 EMT Elective CEU will be provided a link specific to EMTs to apply for credit at the end of the webinar and in the follow-up email tomorrow.
- Attendees seeking EMT credit must apply for credit within 30 days of today's webinar.

PA Planner Dean Barone discloses that he serves on the speakers bureaus of Ethicon and Johnson & Johnson.

Additional Information About Continuing Education

- You must apply to receive continuing education credit. It will not be sent to you just for attending this webinar.

- WHERE CAN YOU FIND THE LINK TO APPLY FOR CREDIT?
  - The last slide of this webinar
  - The chat at the end of the program
  - The follow-up email you will receive tomorrow

- The poll at the end of today's webinar IS NOT the evaluation for continuing education credit. The evaluation will be at the link mentioned above.

- The link will be active for 30 days after today's event.

Featured Presenters

Tim Vermillion
DSW, Ed.M., LCSW, BCD

Tim Vermillion is a respected behavioral health officer with over 24 years of military experience, including serving as a medic in the Iraq War. His background in both medical and psychological fields gives him an understanding of the intricacies of opioid addiction. With a Doctor of Social Work and a Master of Social Work, along with a Master of Education in adult and continuing education, Tim demonstrates a strong commitment to lifelong learning and professional development. As a therapist for the Veterans Affairs Administration, and in his own private practice, Tim has focused on delivering direct therapeutic services to make a significant impact on the well-being of veterans, first responders and others. He specializes in the treatment of trauma, PTSD and conditions often related to substance use.

Tiffany Wilson, Esq.
Senior Counsel and Director
Office of Alternative and Community Responses

Tiffany Wilson serves as senior counsel and director of the Office of Alternative and Community Responses. Wilson previously served in the Union County Prosecutor's Office where she spent over two decades as an assistant prosecutor handling a wide variety of criminal litigation. Most recently, she supervised all matters related criminal justice reform for the prosecutor's office. For the last decade, Wilson also supervised all of Union County's diversionary programs with a particular emphasis on mental health diversion and programs related to the intersection of mental health and the criminal justice system. Tiffany received her Bachelor of Arts from Villanova University and her Juris Doctorate from William & Mary Law School.

Jill Schlossberg
LPC, LCADC, ACS, CCTP-II, DRCC
Director, Peer Support Services
Mental Health Association in New Jersey

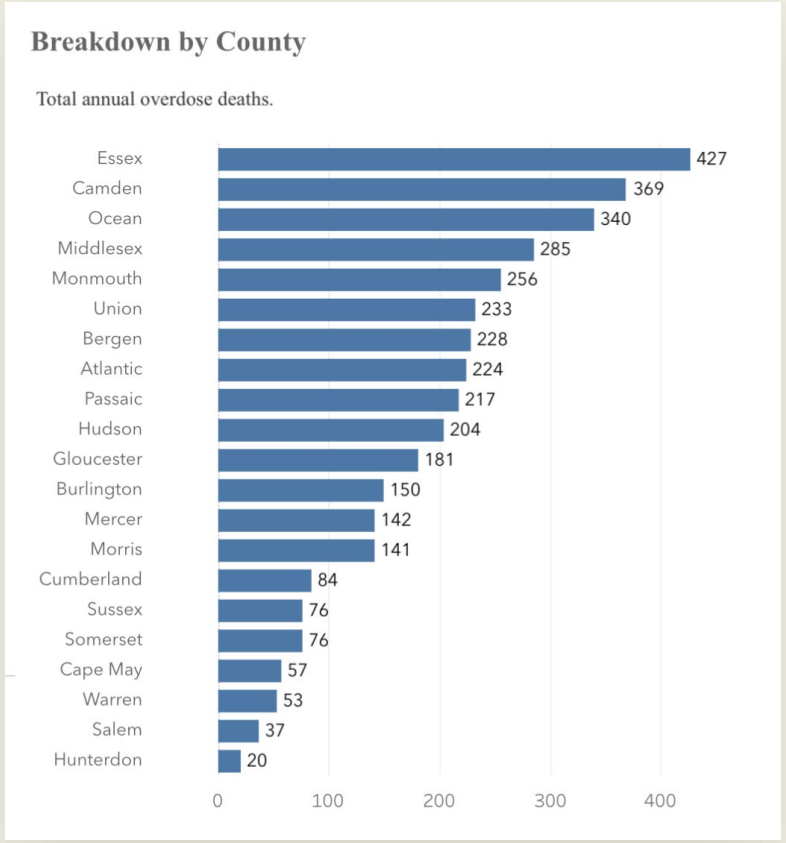
Jill Schlossberg is a licensed professional counselor with 17 years of clinical experience in both mental health and addiction-based therapies. She is currently the director of peer support services for the Mental Health Association in New Jersey in Hudson and Union counties, working closely with those who are looking to increase their wellness. Jill previously worked with Preferred Behavior Services, providing assessment and short-term counseling with those involved with the Division of Child Protection and Permanency. She continued her career with the Department of Justice working with the Federal Bureau of Prisons in Fort Dix. Jill received her bachelor's degree in psychology at the University of Scranton and her master's degree in counseling with a specialization in addictions from Montclair State University.

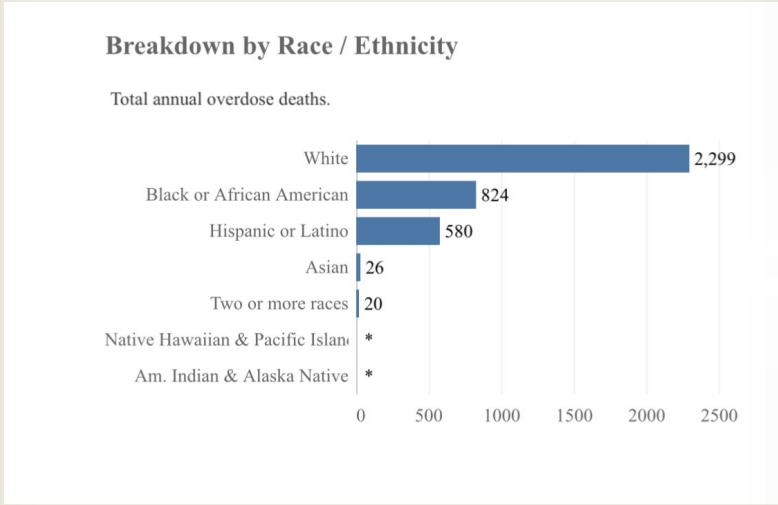
Tim Vermillion
DSW, Ed.M., LCSW, BCD

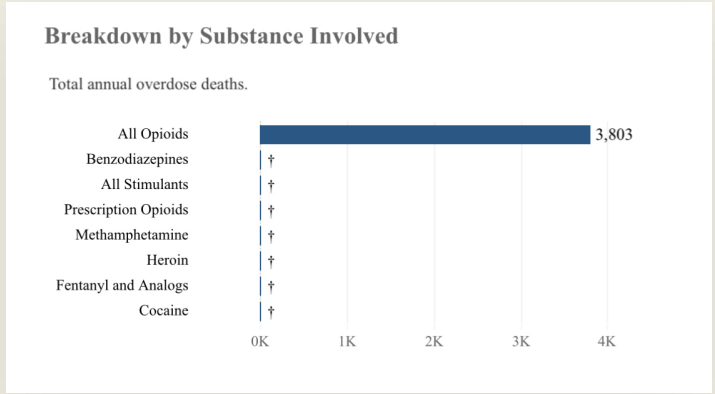
Mental Health & Opioid Use Disorder

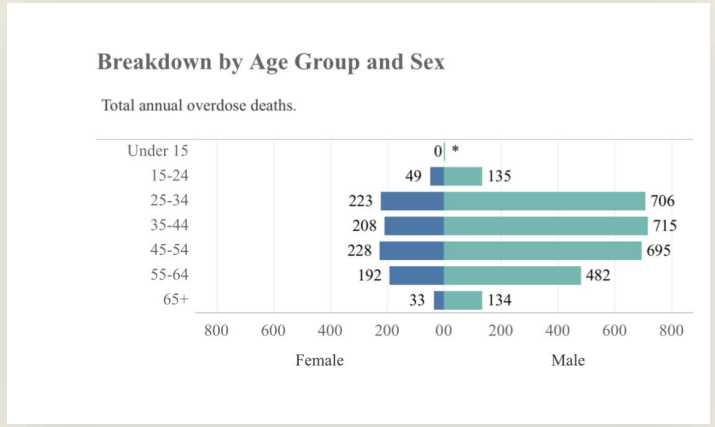
Timothy D Vermillion, DSW, Ed.M., LCSW, BCD

NJ Opioid Deaths in 2020









https://www.nj.gov/health/populationhealth/opioid/sudors.shtml

Mental Health and Opioid Use Disorder

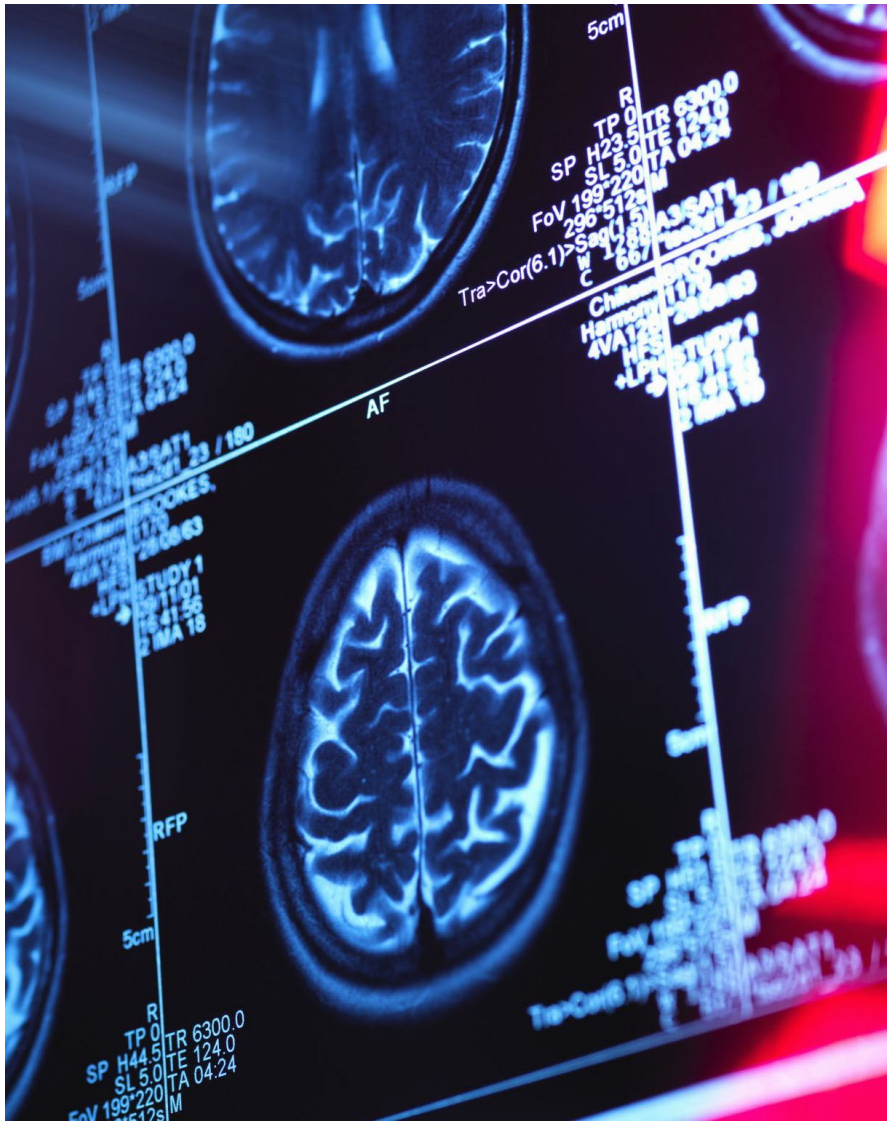
- In the United States, 64.3% of adults with opioid use disorder suffer from a current comorbid mental illness [1]
- Only around one-fourth of adults with concurrent opioid use disorder and acute mental illness receive treatment for both problems [1]

Opioids as Self-Medication[2]

- Chronic Pain
- Major Depressive Episode
- Suicidality
- Other Mental Health Concerns
- Social Isolation
- Trauma/PTSD
- “To feel good”
- “To cope with feelings”

Veterans and PTSD[3]

- Research on Veterans demonstrates PTSD to be more correlated than any other mental health concern to an opioid use disorder
- According to this study, there is evidence that PTSD affects the body's natural endogenous opioid system
- This may also indicate that those suffering from trauma and PTSD other than from military/combat incidents may also suffer from the same dysfunction of the endogenous opioid system.

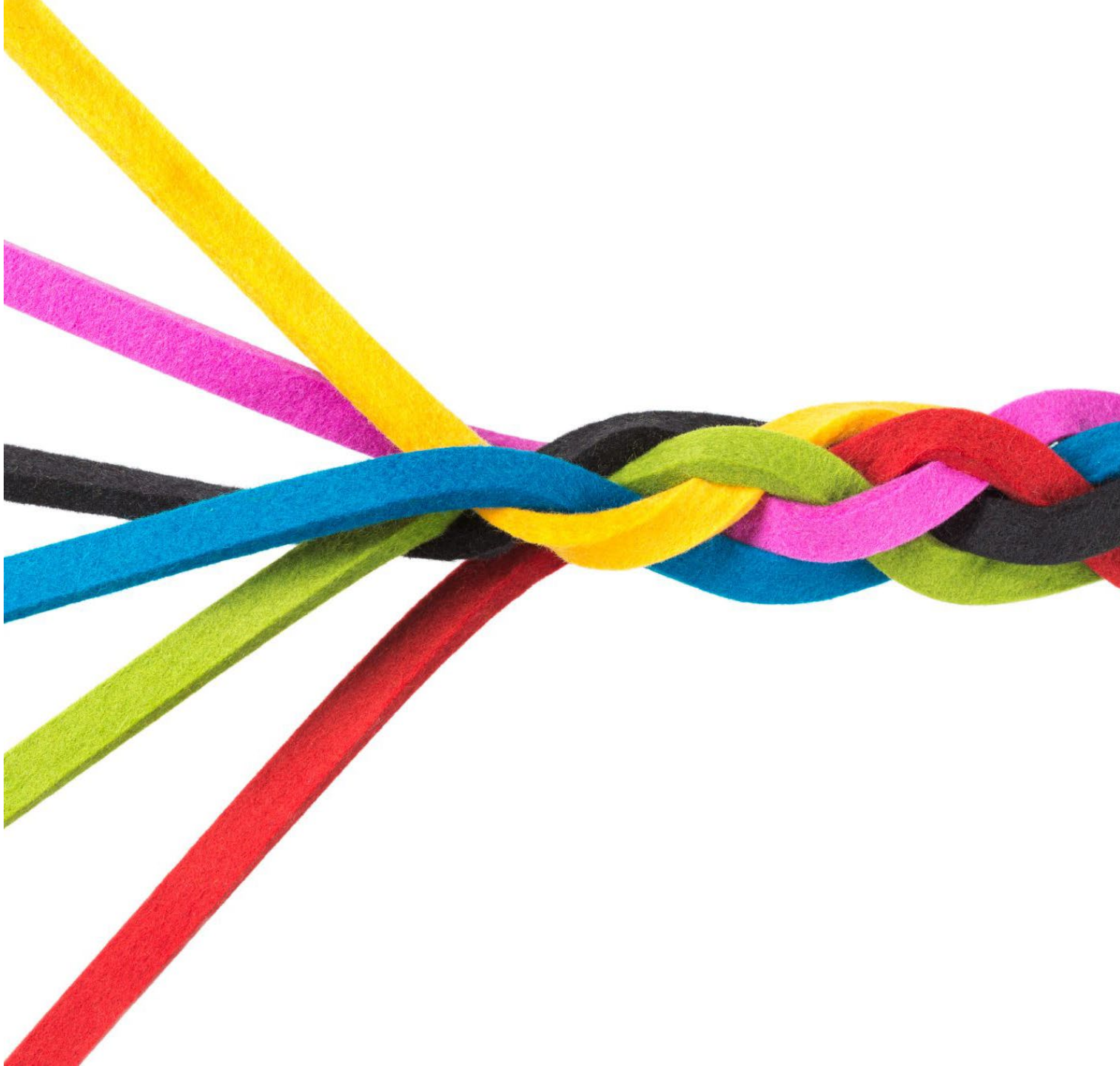


Treatment Recommendations

- Cognitive Behavioral Therapy
  - Engagement components are most effective
  - Homework may be least effective for clients overwhelmed by meeting basic needs
- Motivational Interviewing
  - Often used with CBT but a separate form of treatment, can be very helpful
- Mindfulness
- Concurrent Treatment of Substance Use Disorder using Prolonged Exposure (COPE)
  - VA treatment with success in treating PTSD with Opioid use Disorder
  - Other trauma treatments: Eye Movement Desensitization and Reprocessing (EMDR)
- Medication Assisted Therapy
  - Evident for all age groups
  - Evident for Veterans
- Case Management

Other Considerations[5]

- Barriers to Care
  - Cost
  - Stigma
  - Distance/Availability
- Integration within Primary Care Settings
  - Reduces Stigma
  - Collaborative Model
- Telehealth/Virtual



Questions?

Resources

(1) THE AMERICAN JOURNAL OF DRUG AND ALCOHOL ABUSE 2021, VOL. 47, NO. 3, 280–304 https://doi.org/10.1080/00952990.2021.1887202

(2) Opioid misuse as a coping behavior for unmet mental health needs among U.S. adults. Gracelyn Crudena,*, Ruchir Karmalib. Drug and Alcohol Dependence 225 (2021) 108805

(3) Heightened healthcare utilization & risk of mental disorders among Veterans with comorbid opioid use disorder & posttraumatic stress disorder Colin T. Mahoneya,b,c, Samantha J. Moshierd, Terence M. Keanea,b,c, Brian P. Marxa. Addictive Behaviors 112(2021)106572

(4) https://www.nj.gov/health/populationhealth/opioid/sudors.shtml

(5) A mental health professional survey of cognitive-behavioral therapy for the treatment of opioid use disorder Michelle R. Lent | Hannah R. Callahan | Portia Womer | Patrick M. Mullen | Christina B. Shook | Robert A. DiTomasso | Stephanie H. Felgoise | David S. Festinger. J Clin Psychol. 2021;77:1607–1613. wileyonlinelibrary.com/journal/jclp © 2021 Wiley Periodicals LLC

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ARRIVE Together

The beginning

- In 2020, across New Jersey, two out of every three uses of force by law enforcement involved a civilian suffering from mental health or substance abuse issues. Over half of all fatal police encounters occurred in similar circumstances.
- In 2021, in consultation with the Department of Human Services and community stakeholders, the Office of the Attorney General and the New Jersey State Police piloted an initiative that paired a State Trooper, trained in crisis intervention and de-escalation techniques, with a certified mental health screener and crisis specialist, to respond to 9-1-1 calls involving behavioral health incidents.
- Following the success of the pilot, a second pilot was launched in Union County utilizing municipal law enforcement agencies in Linden and Elizabeth. This was soon followed by a telehealth program in Atlantic City, where officers are equipped with iPads to provide residents with virtual emergency care.

The next phase

- In 2023, following the success of the co-responder and telehealth pilots, and with input from communities, a follow-up model and close in time follow-up model were created. Officers in counties using the follow-up model identify individuals who would benefit from mental health resources and supports. Mental health and community partners then follow-up without law enforcement to assist residents in gaining and navigating access to mental health and other support services. Those counties using a close in time follow-up model have mental health partners who are available to meet officers while they are interacting with a resident potentially in need of behavioral health support and/or evaluation and provide those resources immediately when possible.

The next phase

- ARRIVE is now active in all twenty-one of New Jersey's counties, making New Jersey the first state in the country to have a statewide law enforcement and mental health alternative response program.
- In addition, Kean University became the first institution of higher learning to participate in ARRIVE

- We have asked law enforcement officers to undertake roles they never expected when choosing to serve—marriage counselor, addiction specialist, social worker.
- In recent years, our system has been structured so that the same armed officer responding to a robbery is also the government's answer to the emergency call of a person in behavioral health crisis, or emergency related to substance use order.
- Law enforcement has been on the front lines of the opioid epidemic both in trying to curb it and in addressing the consequences.

What we were trying to fix

- We wanted to reduce uses of force
- Alleviate burdens on law enforcement in responding to these calls and from feeling under equipped to meaningfully do so
- Reduce the opportunities of unacceptable outcomes occurring
  - Providing the right resource
  - Reducing the time it takes for the right resource to get to the right person
  - Decrease the anxiety level of the person in need of assistance.

What we are seeing

- One, ARRIVE is leading to safer outcomes for our most vulnerable residents. Having a mental health specialist, rather than an officer, address behavioral health concerns is keeping residents safe. Specifically, the involvement of an ARRIVE team leads to fewer arrests, fewer uses of force, fewer injuries, and eliminates racial disparities with respect to outcome.
- Second, ARRIVE is **increasing the utilization of mental health resources**. Traditionally, an officer interacting with an individual in crisis could either call a screener and wait for them to arrive on scene, or consistent with the law, make the decision themselves to transport the individual (voluntarily or involuntarily) to the hospital. Under our co-response and close follow-up models, screeners are on scene from the beginning or near the beginning of a response, saving the officer and individual wait time, bringing appropriate medical assistance faster, and preventing situations from escalating.

What we are seeing

- Third, ARRIVE **keeps residents in the community**. According to the N.J. Department of Human Services, only about a third of individuals in crisis who are transported to the emergency room actually require hospitalization. Clinicians have the training and experience to determine when someone should be evaluated for hospitalization and when that individual is able to remain in the community—particularly when connected to services to meet their needs.
- Finally, ARRIVE is **improving trust between law enforcement and community**. ARRIVE is community-informed and designed to fit the specific needs and resources of each community. ARRIVE improves the health and well-being of individuals with mental and behavioral health emergencies and eliminates stigma by connecting individuals to care and resources rather than the criminal justice system.

The beauty of ARRIVE

- Uses existing resources
- Does not require the person who would benefit to know it is exists
- Provides valuable on the job training for mental health and law enforcement partners
- Customized to the community it is in and the resources they have
- Allows and encourages the leveraging of ARRIVE for more comprehensive programs

Outcomes

- The Brookings Institution-

https://www.brookings.edu/articles/new-jersey-arrive-together-program-could-reform-policing-as-we-know-it/

Analyzing data from 342 police service case calls shows that the ARRIVE Together program demonstrates promising results: reducing both the use of force and arrests and racial disparities in outcomes. Findings also show an increased utilization of social services.

- Our data since the report remains consistent with these findings

Outcomes cont.

- Over 2600 ARRIVE interactions since the program began
- Active in all 21 counties
- 0 arrests
- 0 injuries
- 0 uses of force (beyond the force needed to complete an involuntary transport for mental health screening at the direction of a screener)

ARRIVE and Substance Use Disorder

- People with mental illness are more likely to experience a substance use disorder than those not affected by a mental illness. https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/co-occurring-disorders
- Santo Jr, Thomas, et al. "Prevalence of mental disorders among people with opioid use disorder: A systematic review and meta-analysis." *Drug and Alcohol Dependence* 238 (2022): 109551.
  - "Prevalence of mental disorders among people with opioid use disorder: A systematic review and meta-analysis": https://www.sciencedirect.com/science/article/pii/S0376871622002885

ARRIVE and Substance Use Disorder cont.

- We only capture the initial information "dispatched" and initial LE observations
  - 7-9% of ARRIVE calls are initially dispatched or observed as LE as related to a substance including alcohol or overdose
  - Unofficially, our ARRIVE teams tell us they are seeing co-occurrence whether it comes out during the initial call or in the follow-up
  - This is important because before ARRIVE the officer would have been called upon:
    - to try and make the "diagnosis"
    - Find the right resource for those looking for help
    - Find someone to make the referral to
    - (based on percentage may not be correct)

With an ARRIVE mental health partner:

- they can assist in gathering the necessary information
- assist in identifying the right diagnoses
- Assist in identifying the right resource
- help to navigate the system
- FOLLOW-UP

- The majority if not all ARRIVE mental health partners are either trained in co-occurring disorders or work for or partner with agencies that are.

Just one example

3rd mental health call
How ARRIVE helped

MH partner observation

- MH partners are finding that due to the lack escalation or faster de-escalation in co-response and close follow-up models and built in 30 day follow-up in all models they have time to build rapport with family and consumer and provide education.
- They report anecdotally that they have more time for consistent screening to determine new/continued or worsening substance use
  - Ask questions: how often/much are you using. First onset of use; last use. Specific substance(s) being used.
  - Able to share more detailed information to ER or additional treatment providers.

Remaining in the community Education

- Harm Reduction Strategies
  - Medication Assisted Treatment
  - **Targeted Naloxone (Narcan) Distribution**
    - **Naloxone 365**
  - LEAD program/OHH
  - Recovery Court/Mental Health/Vet Diversion
  - Syringe Service Programs

- Office of Alternative and Community Responses (OACR)

Jill Schlossberg LPC, LCADC, ACS, CCTP-II, DRCC
Director, Peer Support Services
Mental Health Association in New Jersey

The Impact of Opioid Use and Mental Health

The Prevalence of Co-Occurring Disorders

- The co-occurrence of opioid use disorder and mental health conditions is alarmingly high, with individuals often grappling with both challenges simultaneously.
- According to SAMSHA 2018 National Survey on Drug Use and Health 19.3 million adults who suffered from substance use disorder in 2018, 9.2 million also suffered from a co-occurring mental illness.
- The interplay between opioid use and mental health manifests in complex symptomatology, posing significant challenges for diagnosis and treatment.
- Certain risk factors, such as genetic predisposition, trauma, and chronic stress, contribute to the heightened vulnerability to developing both opioid use disorder and mental health conditions.

Treatment Approaches to Opioid Use Disorder

Collaborative Care Model

- Evidence based model
- The Collaborative Care team is led by a primary care provider (PCP) and includes behavioral health care managers, psychiatrists and frequently other mental health professionals all empowered to work at the top of their license.
- There is accountability not only on the client but also on the care team.
- 5 goals of the Collaborative Care Model

Allocation of Resources

- Are all populations afforded the same resources when it comes to accessing services?
- What are the barriers to receiving services?
  - Language
  - Transportation
  - Quality of services available
  - Stigma-Both internal and External

Prevention Strategies

Integrated School Based Models

- Part of the curriculum for all students.
- Covers needs of those involved including students and faculty
- The PATHS to PAX program
  - Collaboration between Johns Hopkins Center for Prevention and Early Intervention, the Pennsylvania State University Prevention Research Center, and the Paxis Institute
  - Curriculum based
  - Utilized children's behavior as well as teachers' management style in the classroom

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To register for continuing education for today's webinar, visit knockoutday.drugfreenj.org/mar28

For 1.0 EMT CEU, visit KnockOutDay.DrugFreeNJ.org/EMT

UPCOMING WEBINAR

Trauma & Opioid Use Disorder

11 a.m. Thursday, April 25, 2024

Register at KnockOutDay.DrugFreeNJ.org/events

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