



NEW JERSEY DEPARTMENT OF HUMAN SERVICES

Low Threshold Approaches to Medications for Opioid Use Disorder (MOUD)

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Why Low Threshold MOUD Programs?

- *Definition:* An approach that emphasizes medication access, engagement, and treatment retention through same-day treatment entry, using a harm reduction approach and allowing greater service flexibility.
 - Requires warm-handoff to follow-up treatment for best outcomes
 - Target populations include people who attend Harm Reduction Centers (syringe access programs), are justice-involved or homeless
 - Low medication misuse and diversion risks, when compared to ongoing use of illicit drugs and Fentanyl exposure
- New opportunities:
 - DEA lifts mobile medication unit moratorium
 - Telehealth and reduced face-to-face prescriber requirements
 - Increase in low-barrier funding opportunities

Changes in Federal MOUD regulations during COVID-19

- Telemedicine and other relaxations of face-to-face MOUD prescriber requirements were issued and the initial in-person visit requirement suspended to allow patients to begin MOUD treatment by telephone.
- Extended take home policies for medications delivered at Opioid Treatment Programs.
- Made exemption to the requirement for an in-person physical examination for new patients starting buprenorphine in an OTP (not methadone).
- The training requirements to obtain the “X-waiver” to prescribe buprenorphine were removed, if no more than 30 patients are treated. If required by state law, some non-physician practitioners must work in collaboration with, or under the supervision of, a physician when prescribing MOUD.
- The mobile medication unit moratorium was lifted and guidance was released on mobile and non-mobile medication units, as well as on use of SA Block Grant funds for mobile units.
- The ‘Three-Day (72-hour) Rule’ was amended to allow a three-day supply of MOUD medications to be dispensed all at once in EDs (currently must be through request to the DEA, but regulations will be forthcoming).

Low Threshold MOUD Programs in NJ

- Mobile medication vans for MOUD (community and jail)
- Expanded-hour Opioid Treatment Programs (OTPs)
- Low threshold buprenorphine at Harm Reduction Centers
- Hospital/Emergency department MOUD - ED Bridge programs
- Paramedic-delivered buprenorphine
- Homeless shelter initiatives

NJ Medication Assisted Treatment Initiative (MATI)

- MATI began in 2008
- Mobile vans are currently operating in Atlantic City, Camden, Paterson, Plainfield and Trenton; plus a funded program in Newark that is office-based.
- DEA approval /state license is linked to bricks and mortar site with special designation to van, which has a separate SAMHSA certification.
- MATI bus re-purposed to serve Atlantic County Correctional Facility: the program initiates or maintains MAT with inmates and coordinates MAT after release from jail.



MATI Bus at the Atlantic County Jail

Mobile Access to Medication for SUD

- New initiative to have licensed OTPs employ new mobile outreach vehicles to enable them to travel to communities and provide low-threshold medication services to individuals who encounter obstacles to receiving services at traditional “brick-and-mortar” agencies.
- As a recognizable presence, the hope is that the units will in time become familiar to, and gain credibility with, the community in high-risk neighborhoods.
- Will provide case management and recovery support services, in addition to a range of SUD medications: buprenorphine, naloxone, naltrexone, methadone.
- Information on designing effective, evidence-based medication unit programs is becoming increasingly available to SUD providers as they focus on improving access to care;
- Mobile Addiction Services Toolkit, published by the Kraft Center for Community Health. <https://www.kraftcommunityhealth.org/wp-content/uploads/2020/01/Kraft-Center-Mobile-Addiction-Services-Toolkit.pdf>

Expanded Hours/Same Day Services for Methadone and other Medications at Opioid Treatment Programs

- The initiative increases access to medications through six (6) expanded hour OTPs providing low-barrier, on-demand medications followed by treatment or referral to ongoing care for individuals with an OUD.
- OTPs increase agency operating hours 6 hours a day, six days per week.
- Services include medical screening and facilitated referral, behavioral health assessment, providing medications for treatment of OUD including, methadone and buprenorphine, and case management services.
- To address a lack of awareness of the programs and clients with transportation needs, the OTPs are providing outreach and transporting patients to treatment.

Low Threshold Buprenorphine at Harm Reduction Centers



- Seven Harm Reduction Centers (HRCs) provide safe, trauma-informed, non-stigmatizing space for access to sterile syringes and other services.
- Nearly half of low threshold MOUD clients had involvement with the criminal justice system at intake.
- Preliminary six month outcomes in the initial 175 clients showed:
 - Decrease in client arrests in the past 30 days
 - Increased employment
 - Decrease in the percentage of clients living in a shelter/streets.
 - Decrease in the use of any alcohol and any drugs in the last 30 days.
- After the successful pilot program, the State recently expanded the initiative to make low threshold MOUD available to all HRCs.

Hospital ED/Bridge MOUD Programs

- NJ hospitals developed their own Emergency Department (ED) buprenorphine programs, based on existing models such as that of Dr. Gail D’Onofrio at Yale. The facilities in NJ are usually part of large hospital systems.
- DMHAS developed the Opioid Overdose Recovery Program (OORP) to engage individuals who were reversed by providing non-clinical assistance, recovery supports and appropriate referrals to treatment and/or recovery support services.
- Study shows effectiveness is impacted by factors that include clinical leadership, program structure, community treatment partnerships, and sustainable funding (Stewart et al., 2021).
- Recent change in the ‘three-day rule’ may expand dispensing of buprenorphine (and methadone) in EDs to individuals in withdrawal.
- Additional training and education is needed!

BupeFirst EMS program

Paramedic- Delivered Buprenorphine

- In 2017, Cooper Hospital paramedics began administering buprenorphine - the first in the nation to do so! Addresses individuals who have overdosed, but refuse follow-up at an ED.
- Utilizes existing EMS resources to bring MOUD to the pre-hospital setting, offering a new avenue to longer term care.
- The induction protocol uses up to 16 mg of buprenorphine to relieve and prevent withdrawal symptoms.
- Patients are provided with outpatient follow-up irrespective of ED transport.
- In the future, the low threshold paramedicine initiative will provide in depth training and ride-along coaching to other EMS agencies, enabling them to administer buprenorphine and provide next day linkage to care in their community.



Five Minutes to Help™ is a training program for EMS workers provides tools to promote patient engagement.

MOUD for Persons Experiencing Homelessness

Open Access for MOUD in Homeless Shelters

- New initiative to increase access to buprenorphine and other ancillary services for individuals with a substance use disorder (SUD) through current programming available at homeless shelters.
- Goal to initiate medication for SUD and maintain the individual on that medication or transition the individual to a community provider.

Newark Outreach Partners Project

- New program will provide MOUD to individuals in temporary housing at the Newark Hope Village (converted shipping containers) and other designated settings, such as this Newark hotel.
- Contract will provide MOUD and intensive case management for individuals experiencing homelessness with a substance use disorder(s) or a co-occurring mental health condition.
- Plan to launch a statewide Learning Community with quarterly trainings on topics related to SUD, mental health, and low barrier housing.
- Will host a monthly Learning Circle for shelters and housing agencies in Newark to provide “hands-on” support in creating shelter programming that is empathic and responsive to client needs.



QUESTIONS?

