



Monitoring Patient Access to Facility-Based Opioid Use Disorder Treatment in New Jersey

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We conducted a telephone survey of substance use treatment facilities offering pharmacotherapy for opioid use disorder (OUD) in New Jersey to assess access to opioid use disorder treatment at facilities across the state in the summer of 2018. The survey response rate was 74 percent with information collected from 114 facilities; responses to a shortened version of the survey were collected from an additional 12 facilities that refused the longer original survey. Key findings include the following:

- At the time of the survey in 2018, less than half (49 percent) of substance use treatment facilities in New Jersey offered any form of OUD pharmacotherapy—buprenorphine, methadone or naltrexone—for treatment of OUD, despite strong evidence of the effectiveness of treatment with this medication.
- More facilities offering OUD pharmacotherapy were reported in the northern part of New Jersey, with the Gateway and Skylands Regions containing around half of the facilities offering each type of service. Only 5 out of 21 counties had facilities that offered hospital inpatient services. Additionally, many counties lacked outpatient or inpatient detox or residential services at facilities offering OUD pharmacotherapy.
- Median wait times based on phone surveys of facilities providing OUD pharmacotherapy in New Jersey showed that, across all facilities, a typical patient waited one or two days to receive care in most service settings. However, median wait times for all services at facilities offering OUD pharmacotherapy varied substantially across counties for which the service was available.

For example, Sussex and Burlington counties had the two highest median wait times for regular outpatient care at a facility offering medication-assisted treatment (MAT), at 35 days and 21 days, respectively. Atlantic County has the highest overall wait time at 60 days for residential care at a facility offering MAT.

- Across the state, the median number of people waiting to receive treatment based on phone survey of facilities providing OUD pharmacotherapy varied widely by service, with a median of 6 people waiting to receive regular outpatient treatment at MAT facilities, a median of 12 people waiting to receive residential care, and 9 people waiting to receive inpatient or residential detox facilities. Intensive outpatient, day treatment or partial hospitalization, outpatient detox, and facilities that accept pregnant women had a median value of no people waiting for treatment.
- The average driving time from county population centroids to the three closest treatment centers offering MAT, calculated using the Google distance matrix, varied widely by service and county. Median driving time to outpatient detox was 19 minutes, to inpatient or residential detox was 32 minutes, to residential was 23 minutes, and to hospital inpatient treatment was 53 minutes.
- Across the state, 77 percent of treatment facilities offering MAT reported accepting Medicaid and 61 percent reported accepting New Jersey Marketplace insurance.
- More than 50 percent of facilities offering MAT reported that they increased capacity to see patients for regular outpatient, intensive outpatient, and day treatment or partial hospitalization for outpatient care in the past six months. About one-quarter of facilities that offer outpatient detox and hospital inpatient services, 20 percent of inpatient detox facilities, 18 percent of residential facilities, and 15 percent of treatment facilities that accept pregnant women increased capacity to see patients in the past six months.

Introduction

As the opioid epidemic has grown in New Jersey, as in many other parts of the nation, the need for effective treatment services for opioid use disorder (OUD) has been growing (Bucon 2018, 2015; ROIC NJSP 2016b, 2016a; CHART NJHA 2018). On February 15, 2017, former New Jersey governor Chris Christie signed a new state initiative to address the opioid epidemic that includes a combination of new provisions aimed at addressing the opioid epidemic (New Jersey Legislature 2017). Provisions of the law include restricting opioid prescribing practices, expanding access to pharmacotherapy for opioid use disorder, and expanding access to a full range of substance use disorder (SUD) treatment services such as outpatient services, intensive outpatient treatment, partial hospitalization, residential treatment, and provisions intended to help people afford the cost of treatment. With respect to expanded access to treatment, the law requires state-regulated health plans to cover benefits for at least 180 days for both inpatient and outpatient treatments for people with a SUD. The law is intended to substantially increase the number of New Jersey residents receiving treatment for OUD and other SUDs and to decrease the

incidence of OUD over the next several years. Monitoring the early experiences across the state is critical to understanding the impact of the law.

The Urban Institute partnered with the Rutgers Center for State Health Policy to document early lessons learned and to provide feedback from the implementation of New Jersey's policy initiative. This research brief focuses on access to care at substance use treatment facilities that provide OUD pharmacotherapy (methadone, buprenorphine, and/or naltrexone). We focus on facilities that provide OUD pharmacotherapy because clinical guidelines promote these treatments as best practice based on a vast body of research that has documented the effectiveness of these FDA-approved medication treatments for OUD (Schuckit 2016; Kraus et al. 2011; Comer et al. 2015). Treatment of OUD with medication-assisted treatment (MAT) has demonstrated a reduced risk of death (Degenhardt et al. 2009, 2010; Schwartz et al. 2013; Sordo et al. 2017); reduced morbidity (Romelsjö et al. 2010; Sordo et al. 2017); reduced HIV and hepatitis C infection (Lawrinson et al. 2008; Tsui et al. 2014); increased retention in treatment (Mattick et al. 2014); decreased relapse events such as hospitalizations or emergency department visits (Clark et al. 2011); and reduced involvement with the justice system (Dunlop et al. 2017).

Patient access to outpatient and inpatient treatment for OUD—including OUD pharmacotherapy—needed to achieve the law's intended impacts. However, barriers to care such as wait lists for OUD treatment in New Jersey have been reported (Iheoma et al. 2012). Our new telephone survey of drug treatment facilities across New Jersey assessed access to timely care for treatment from facilities offering OUD pharmacotherapy using a new data collection of wait list times, number of patients waiting for treatment slots, acceptance of New Jersey Medicaid and Marketplace enrollees, and other measures of access for key treatment services at specialty SUD treatment facilities offering a variety of care options.

Although the recent state law expanded OUD and SUD coverage in New Jersey, there is no mechanism to assess whether provider location and capacity meets residents' needs for timely access to treatment. This survey of treatment facilities is intended to gauge patient access to OUD treatment services, as an indicator of the current state of treatment supply and demand across New Jersey in mid-2018.

Methods

Phone Survey Methodology

Data-measuring services offered, typical wait time for new appointments, and other characteristics of treatment facilities for substance use that offer OUD pharmacotherapy was collected as part of a telephone survey conducted of New Jersey facilities. Facilities were identified through the Substance Abuse and Mental Health Services Administration (SAMHSA) Behavioral Health Treatment Services Locator (SAMHSA 2018). Almost half of facilities in the sample were determined to offer OUD pharmacotherapy (methadone, buprenorphine, or naltrexone), 155 out of 317 total facilities.¹ Contact

information for facilities, including phone numbers, intake phone numbers, addresses, and websites were obtained through data listed in the SAMHSA treatment locator.

Researchers from the Urban Institute conducted three telephone surveys to these New Jersey substance use treatment facilities. Calls were conducted from June 2018 to August 2018. Callers used listed phone and intake phone numbers from the SAMHSA database to contact facilities. A first survey, the “Non-ODU Pharmacotherapy Providers Survey,” served as a data validity check of the information on OUD pharmacotherapy offerings in the SAMHSA database. In this survey, researchers called the 165 non-OTP facilities that were not listed as offering OUD pharmacotherapy. They collected data on whether buprenorphine or naltrexone treatment was offered. Facilities were randomized for the order to be called. If the call went to voicemail, the caller called back on a different day during a different time slot (8:00 a.m. to 11:00 a.m., 11:00 a.m. to 2:00 p.m., or 2:00 p.m. to 5:00 p.m.). Callers called the facilities a maximum of three times before marking the facility as unreachable. Of the facilities listed in the SAMHSA data as not offering OUD pharmacotherapy, three facilities responded that buprenorphine was offered. These three facilities were then added to the list of OUD pharmacotherapy facilities.

The second survey, the “OUD Pharmacotherapy Providers Survey,” was a five-minute survey of the OUD pharmacotherapy facilities. Callers identified themselves as researchers working through Rutgers University, explained the purpose of the study, and asked for informed consent to participate from the respondent. If there was no response or the call went to voicemail, the caller called back on a different day during a different time slot. On the third call with no answer, the respondent left a voicemail. One week later, the caller called the facility back. If there was still no response, the facility was labeled as “no contact.”

If the front office or appointment scheduling staff answered but told the caller that it was a bad time to answer the survey questions, the caller asked if there was a better day or time to call back and tried the facility again during the specified time. If the respondent did not provide a better time, the caller called back on a different day during a different time slot. If the caller spoke with someone from the office at least once who did not answer the survey, after a minimum of three calls to a maximum of six calls, if the respondent never provided a better time to call back, didn’t answer at least two calls after the caller called back at the specified time, or expressed that he or she didn’t want to answer the survey, the facility was labeled as “refusal to answer survey.”

If a respondent from the admissions department or front desk transferred the caller to a supervisor or gave the caller a direct number for a supervisor, the caller asked the supervisor to complete the survey. If there was no response on the first call or transfer to the supervisor, the caller called the front desk again. If the front desk again transferred or directed the caller to the supervisor and it again went to voicemail, the caller left a voicemail for the supervisor. One week later, the caller called the supervisor back if they had a direct number for the supervisor or else they called the main admissions number one more time.

Facilities were marked as “permanently closed” when the listed phone number(s) were out of service and internet searches (i.e., Google listings, local newspaper articles, etc.) indicated that the

facility had permanently closed. Facilities were marked as “duplicate entry” if the name, phone number, and address were the same as another listing in the directory.

Callers collected data on the following topics: services offered, whether an appointment was available the same or next day, the typical wait time for a new patient, the number of patients currently waiting for a new appointment, whether the facility had expanded the service in the past six months, the number of doctors and midlevel clinicians (nurse practitioners or physicians assistants) that worked at the location, whether Medicaid and Marketplace plans were accepted, and whether buprenorphine was accepted. Call scripts are provided in the appendices. All calls occurred Monday and Thursday between 8:00 a.m. and 5:00 p.m.

Callers conducted a third survey to follow up with the 18 facilities offering OUD pharmacotherapy that did not complete the longer OUD Pharmacotherapy Providers Survey. This survey is referred to as the Non-Response Providers Survey, and it lasted around two minutes. Facilities were asked if buprenorphine and naltrexone were offered and if there was same or next day availability for an outpatient, detox, or residential/inpatient appointment, when applicable.

When facilities did not complete the phone survey, we used the data available on the SAMHSA website to fill in information about services offered by each facility. A total of 41 facilities listed as offering OUD pharmacotherapy in the SAMHSA directory could not be reached by any of the survey calls but were not excluded from the sample (e.g., because they were permanently closed) and were assumed to offer OUD pharmacotherapy.

Analysis

Data were analyzed using the facility location as the unit of analysis. Analysis included a comparison of services offered and insurance plans accepted as listed in the SAMHSA database compared with the survey responses. The median wait time for a new patient was calculated by type of service, for facilities offering the service and reporting wait times.² The driving distance from county population centroids to the three closest treatment centers (that responded to either the OUD Pharmacotherapy Providers Survey or the Non-Response Providers Survey) by type of service was also calculated using the Google distance matrix, using county population centroids available from the US Census Bureau (US Census Bureau 2018).

Eight facilities requested to answer the OUD pharmacotherapy survey for more than just the single location listed in the directory. Most of these respondents noted that they had a single admissions process or intake line for multiple locations and that it would be easier for them to answer the survey for multiple facilities at once. In these cases, survey answers were edited to include data for only the services offered at the location listed in the directory, which was determined by facilities’ websites. In one case, the respondent answered about two locations that were both listed in the directory. Because the locations had no overlapping services, answers were imputed for the location that was not directly called. All analysis was computed in Stata version 15. This research was approved by the Urban Institute’s Institutional Review Board (IRB) as well as Rutgers University’s IRB.

Survey Completion Rates

Of the 155 eligible facilities listed on the SAMHSA database, 111 fully completed the long OUD pharmacotherapy survey and 2 additional facilities partially completed the survey. Seven facilities were excluded; 2 were permanently closed, and 5 were duplicate entries. Twenty-three facilities were never contacted, meaning a respondent never answered any of the calls. Respondents from another 18 facilities refused to complete the survey after four to six calls, though contact was not necessarily made with a respondent each call. This results in an overall completion rate (full and partial completions and imputed answers out of all eligible facilities) of 74 percent, a cooperation rate (full and partial completions out of all eligible units ever contacted) of 86 percent and a refusal rate of 12 percent. Completion, cooperation and refusal rate definitions are adapted from the American Association for Public Opinion Research standard definitions (9th edition) for RR2, COOP2, and REF1 (AAPOR 2016). Thirty percent of completed surveys were completed during the first call to the facility, and 75 percent of completed surveys occurred during the first three calls to the facility (appendix table 1).

The 18 facilities that refused to complete the initial OUD pharmacotherapy survey were called back for the Non-Response Providers Survey. Eleven facilities completed the Non-Response Providers Survey, 1 completed part of the survey, 0 refused to answer, 5 were never contacted, and 1 facility was excluded because the facility did not offer addiction services. Of the non-OUD pharmacotherapy facilities, 74 percent completed the survey, and 26 percent did not answer any of the calls.

Findings

Overall in this sample, we estimate that only 49 percent of substance use treatment facilities in New Jersey offered any form of OUD pharmacotherapy—buprenorphine, methadone, or naltrexone. This may be an overestimate, as 41 facilities listed as offering OUD pharmacotherapy in the SAMHSA directory could not be reached and were assumed to offer OUD pharmacotherapy. The sample included 155 facilities (49 percent) that offered OUD pharmacotherapy or were assumed to offer OUD pharmacotherapy based on SAMHSA data, and 162 facilities that did not offer OUD pharmacotherapy.³

Comparison of Selected Services Offered in the SAMHSA Directory to Services Offered as Reported on Phone Survey

For facilities answering phone surveys, we compared the services offered on the SAMHSA directory with those reported in our phone survey for facilities listed as offering OUD pharmacotherapy (appendix table 2).

- For regular outpatient care and intensive outpatient care, more than 90 percent of facilities listed on the directory as offering each service confirmed in the phone survey that they offer the service.⁴
- For outpatient day treatment/partial hospitalization and outpatient detox, 69 percent and 50 percent, respectively, of facilities listed on the SAMHSA database as offering each service

responded that they offer the service in the phone survey. Of the total facilities that reported offering the two services in the survey, 32 percent and 53 percent of the facilities were not listed as offering the service in the SAMHSA directory. These large discrepancies may create difficulties for patients who wish to find a facility offering outpatient day treatment/partial hospitalization or outpatient detox, as many facilities listed on the SAMHSA directory as offering these services do not actually offer them, and many facilities that do offer these services are not listed in the directory.

- Of facilities listed as offering buprenorphine maintenance treatment in the SAMHSA directory, 68 percent reported in the phone survey that they offer this treatment. Seventy-five percent of facilities listed as offering buprenorphine for detox and maintenance reported in the phone survey that they offer this treatment. Additionally, of the facilities that reported offering buprenorphine for maintenance treatment (but not detox) and for either detox or maintenance, 46 percent and 26 percent, respectively, were not listed on the directory. This could create barriers for patients who wish to find a buprenorphine treatment provider through the SAMHSA directory.

We also used the phone survey to verify that facilities listed on the SAMHSA directory as not offering OUD pharmacotherapy report that they do not offer OUD pharmacotherapy (appendix table 3). Of the 122 facilities listed as not offering OUD pharmacotherapy (buprenorphine, methadone, or naltrexone) on the SAMHSA database that answered the non-OUD pharmacotherapy survey, a few reporting offering naltrexone or buprenorphine treatment—25 percent ($N = 4$) reported offering naltrexone treatment, 6 percent ($N = 7$) reported offering buprenorphine for detox only, and 2 percent ($N = 3$) reported offering buprenorphine for maintenance.

Facilities Offering OUD Pharmacotherapy by Service Type and County

The phone survey and data from the SAMHSA website showed that, throughout New Jersey, 130 facilities offered OUD pharmacotherapy in a regular outpatient setting (table 1). In addition, OUD pharmacotherapy was offered in intensive outpatient services in 132 facilities, in day treatment or partial hospitalization services in 54 facilities, in outpatient detox services in 26 facilities, in inpatient or residential detox in 16 facilities, in residential services in 26 facilities, and in hospital inpatient services in 5 facilities. Across all facilities that offer OUD pharmacotherapy, 104 facilities report accepting pregnant women as patients. More facilities offering OUD pharmacotherapy were reported in the northern part of New Jersey, with the Gateway and Skylands Regions containing around half of the facilities offering each type of service. In addition, 8 counties have no outpatient detox service facilities offering OUD pharmacotherapy, 8 have no inpatient or residential detox facilities offering OUD pharmacotherapy, 7 have no residential services facilities offering OUD pharmacotherapy, and 16 have no hospital inpatient facilities offering OUD pharmacotherapy.⁵

TABLE 1

**Number of Facilities That Offer Selected Services Based on Phone Survey of Facilities and SAMHSA Treatment Locator^a
Providing Medication-Assisted Treatment in New Jersey, by Region and Service**

Region	NUMBER OF FACILITIES LOCATED IN EACH REGION, BY SERVICE OFFERED OR PATIENT GROUP							
	Outpatient				Residential or Inpatient			Patients
	Regular outpatient	Intensive outpatient	Day treatment or partial hospitalization	Outpatient detox	Inpatient or residential detox	Residential	Hospital inpatient	Accept pregnant women ^b
Skylands	20	21	6	2	3	7	1	16
Hunterdon	4	4	2	0	0	0	0	3
Morris	7	8	1	2	2	2	0	5
Somerset	4	4	1	0	1	3	1	5
Sussex	2	2	1	0	0	1	0	1
Warren	3	3	1	0	0	1	0	2
Gateway	45	46	16	10	6	7	3	39
Bergen	7	7	1	3	1	0	1	5
Essex	11	11	4	2	1	2	1	10
Hudson	6	5	2	0	1	1	0	5
Middlesex	9	10	5	2	0	0	0	8
Passaic	7	7	1	0	2	4	0	7
Union	5	6	3	3	1	0	1	4
Delaware River	24	25	14	6	2	3	1	13
Burlington	5	5	2	2	0	1	0	2
Camden	7	8	4	2	0	1	0	5
Gloucester	3	2	2	1	1	0	1	0
Mercer	8	9	6	1	1	0	0	6
Salem	1	1	0	0	0	1	0	0
Shore	22	23	12	2	2	4	0	20
Monmouth	13	14	9	2	1	4	0	11
Ocean	9	9	3	0	1	0	0	9
Greater Atlantic City	12	11	4	3	2	3	0	11
Atlantic	12	11	4	3	2	3	0	11
Southern Shore	7	6	2	3	1	2	0	5
Cape May	4	4	1	2	0	1	0	3
Cumberland	3	2	1	1	1	1	0	2
Total	130	132	54	26	16	26	5	104

Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2018.

Notes: The long survey was fielded to all locations listed on the SAMHSA directory as offering OUD pharmacotherapy as well as the facilities who were initially on the Non-OUD pharmacotherapy list but when contacted reported that they did offer OUD pharmacotherapy. The short survey was fielded to the 18 facilities who did not complete the long survey. Data collection began on 6/12/18 with the Non-OUD Pharmacotherapy Providers Survey and concluded on 8/16/18 at the end of the Non-Response Providers Survey.

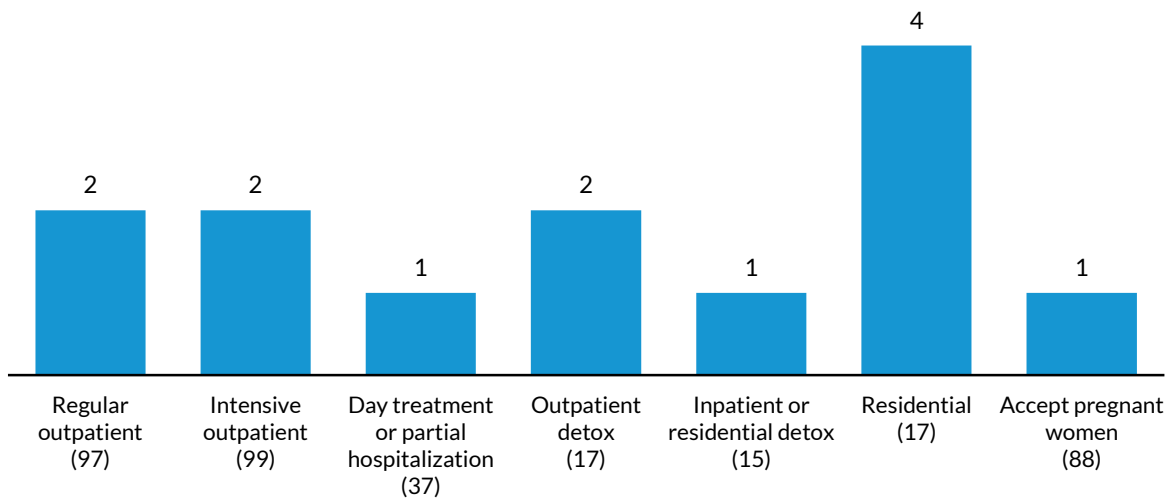
^a Data from the SAMHSA Behavioral Health Treatment Services Locator was used only when facilities did not complete the survey.

^b The column for "Accept pregnant women" is based on the survey question "Do you accept pregnant women for addiction treatment?"

Median Wait Times for New Patients at Facilities Offering OUD Pharmacotherapy by Service Type and County

Median wait times at facilities providing OUD pharmacotherapy in New Jersey showed that, across all facilities, a typical patient waited one or two days to receive care in most service settings (figure 1).⁶ Regular outpatient, intensive outpatient, and outpatient detox facilities offering OUD pharmacotherapy each reported median wait times of two days, while residential treatment facilities had the longest median wait time at four days. However, median wait times for services at facilities offering OUD pharmacotherapy varied substantially across counties for which the service was available (table 2). Sussex and Burlington counties had the highest median wait times for regular outpatient care at a facility offering OUD pharmacotherapy, at 35 days and 21 days, respectively, and Atlantic County has the highest overall wait time at 60 days for residential care at a facility offering OUD pharmacotherapy, across counties that had any residential services.

FIGURE 1
Median Wait Times (in Days) Based on Phone Survey of Facilities Providing Medication-Assisted Treatment in New Jersey, by Service



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Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2018.

Notes: The column for “Accept pregnant women” is based on the survey question “Do you accept pregnant women for addiction treatment?” Numbers in parentheses are values for *n*.

TABLE 2

Median Wait Times (in Days) at Substance Use Treatment Facilities Based on Phone Survey of Facilities Offering OUD Pharmacotherapy in New Jersey, by County and Service

MEDIAN WAIT TIMES (IN DAYS), BY SERVICE OFFERED OR PATIENT GROUP									
Geography	All Service Types	Outpatient				Residential or Inpatient			Patients Accept pregnant women ^b
		Regular outpatient	Intensive outpatient	Day treatment or partial hospitalization	Outpatient detox	Inpatient or residential detox	Residential	Hospital inpatient	
Skylands	2	4	2	7	2	0	9	0	3
Hunterdon	7	7	14	7 ^a	-	-	-	-	7
Morris	2	3	2	0	2 ^a	0	7 ^a	-	2
Somerset	1	1	1	1	-	0	11	0	4
Sussex	35	35 ^a	35 ^a	11	-	-	-	-	NA
Warren	4	3	3	11	-	-	-	-	3
Gateway	2	2	2	2	1	2	5	7	2
Bergen	2	1	2	2	2	2	-	7	2
Essex	2	2	3	2	1	7	18	7	2
Hudson	1	2	1	0*	-	0	0	-	1
Middlesex	2	3	2	1	0	-	-	-	2
Passaic	3	3	3	3	-	5	4	-	3
Union	1	1	1	1	1	0	-	0	1
Delaware River	4	3	3	4	14	11	NA	-	3
Burlington	21	21 ^a	18 ^a	14 ^a	NA	-	NA	-	21 ^a
Camden	3	3	3	4	14 ^a	-	-	-	3
Gloucester	-	-	-	-	-	-	-	-	-
Mercer	2	3	1	1*	-	11	-	-	2
Salem	-	-	-	-	-	-	-	-	-
Shore	3	3	3	3	1	2	4	-	1
Monmouth	2	1	3	2	1	4	4 ^a	-	1
Ocean	3	5	3	3 ^a	-	1	-	-	2
Greater Atlantic City	2	2	2	1	1	1	60	-	3
Atlantic	2	2	2	1	1 ^a	1	60	-	3
Southern Shore	4	5	4	2	5	0	2	-	3
Cape May	4	5	4	4	5	-	4	-	4
Cumberland	0	5	2	0	-	0	0	-	0 ^a
Number of Facilities	--	97	99	37	17	15	17	4	88

Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2018.

Notes: The long survey was fielded to all locations listed on the SAMHSA directory as offering OUD pharmacotherapy as well as the facilities who were initially on the Non-OUD pharmacotherapy list but when contacted reported that they did offer OUD pharmacotherapy. The short survey was fielded to the 18 facilities who did not complete the long survey. Data collection began on 6/12/18 with

the Non-ODU pharmacotherapy Providers Survey and concluded on 8/16/18 at the end of the Non-Response Providers Survey. Dashes are used when a particular county did not contain any treatment facilities that offered various services. NA = not available. Treatment facilities either responded “Don’t know” or weren’t asked about the typical wait times for these specific services within each county.

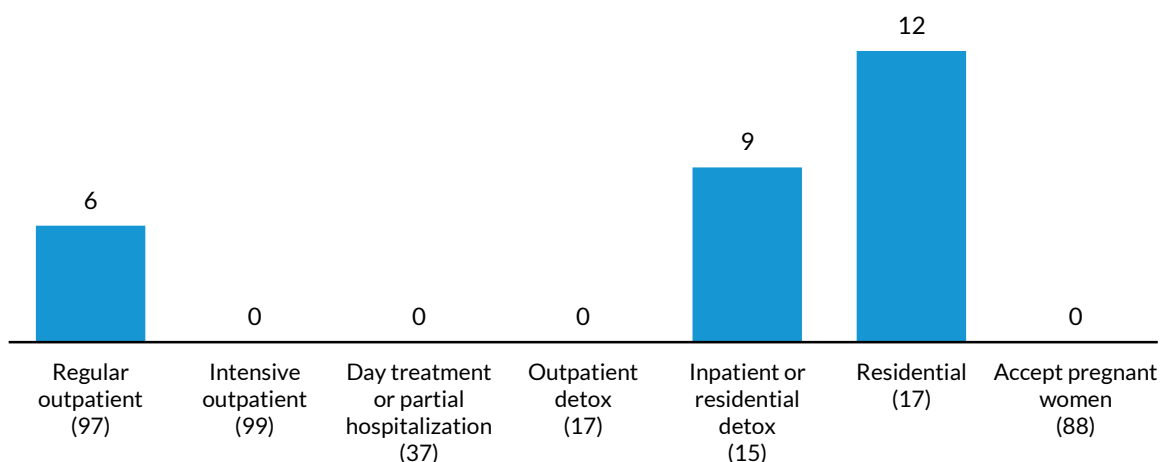
^a Does not include wait times from more than half of the facilities in the county.

^b The column for “Accept pregnant women” is based on the survey question “Do you accept pregnant women for addiction treatment?”

Median Number of People Waiting to Receive Treatment at Facilities Offering OUD Pharmacotherapy by Service Type and County

The median number of people waiting to receive treatment based on phone survey of facilities providing OUD pharmacotherapy varied widely by service (figure 2). The median number of people waiting to receive regular outpatient treatment at facilities offering OUD pharmacotherapy was 6. Residential care and inpatient or residential detox treatment facilities had the highest median number of people waiting to receive treatment at 12 and 9 people, respectively. Intensive outpatient, day treatment or partial hospitalization, outpatient detox, and facilities that accept pregnant women all had a median of 0 people waiting for treatment.

FIGURE 2
Median Number of People Waiting to Receive Treatment Based on Phone Survey of Facilities Providing Medication-Assisted Treatment in New Jersey, by Service



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Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2018.

Notes: The column for “Accept pregnant women” is based on the survey question “Do you accept pregnant women for addiction treatment?” Numbers in parentheses are values for *n*.

Average Driving Time to the Three Closest Facilities Offering OUD Pharmacotherapy by Service Type and County

The average driving time to the three closest treatment facilities offering OUD pharmacotherapy varied widely by service, county and region (table 3). Driving times for outpatient detox, inpatient or residential detox, residential, and hospital inpatient treatment facilities were longer than driving times for other services across all counties and regions. Median driving time to outpatient detox was 19 minutes, to inpatient or residential detox was 32 minutes, to residential detox was 23 minutes, and to

hospital inpatient treatment was 53 minutes. In part reflecting the higher number of treatment providers, the Gateway Region had the lowest overall median drive times across all services. Bergen County and Essex County consistently had some of the lowest driving times to the various treatment facilities.

Subsetting to services at facilities with a wait time of two days or fewer, the average driving time to the three closest treatment facilities offering OUD pharmacotherapy was longer for every service and was substantially longer for many services and counties. For residential and hospital inpatient treatment facilities, the median driving time to the three closest facilities with a wait time of two days or less was 62 and 57 minutes, respectively (table 4).

Acceptance of Medicaid and NJ Marketplace Insurance among Facilities Offering OUD Pharmacotherapy

Overall, 77 percent of treatment facilities offering OUD pharmacotherapy reported accepting Medicaid and 61 percent reported accepting New Jersey Marketplace insurance (table 5). By service type, more than 75 percent of regular outpatient, intensive outpatient, outpatient detox, residential, hospital inpatient treatment facilities accept Medicaid. However, only 53 percent of inpatient or residential detox facilities and 57 percent of day treatment or partial hospitalization report accepting Medicaid. In addition, 84 percent of facilities offering OUD pharmacotherapy accepting pregnant women reported accepting Medicaid, while just 63 percent reported accepting New Jersey Marketplace insurance. In general, fewer facilities accept New Jersey Marketplace insurance than Medicaid, but 75 percent of hospital inpatient facilities and 71 percent of residential treatment facilities accept New Jersey Marketplace insurance. Only 57 percent of day treatment or partial hospitalization accept New Jersey Marketplace insurance.

TABLE 3

Average Driving Time to the Three Closest Substance Use Treatment Facilities in the SAMHSA Directory Providing Medication-Assisted Treatment in New Jersey, by County and Service

AVERAGE DRIVING TIME (IN MINUTES), BY SERVICE OFFERED OR PATIENT GROUP

County	All Service Types	Outpatient			Residential or Inpatient			Patients Accept pregnant women ^a	
		Regular outpatient	Intensive outpatient	Day treatment or partial hospitalization	Outpatient detox	Inpatient or residential detox	Residential		Hospital inpatient
Skylands Region									
Hunterdon	11	11	11	18	43	40	37	46	11
Morris	8	8	9	21	16	21	20	30	8
Somerset	7	7	7	14	22	25	20	33	7
Sussex	19	19	19	34	35	39	25	48	26
Warren	19	19	19	27	51	54	42	61	23
Gateway Region									
Bergen	6	6	6	16	7	11	12	25	6
Essex	6	6	6	12	15	13	13	19	9
Hudson	15	15	15	15	19	22	19	28	15
Middlesex	11	11	11	18	26	34	26	39	14
Passaic	10	10	10	22	19	16	11	29	10
Union	10	12	10	11	17	21	20	24	10
Delaware River Region									
Burlington	7	7	7	14	13	46	23	57	13
Camden	10	12	11	12	17	41	20	60	14
Gloucester	12	12	12	14	19	32	24	64	17
Mercer	8	8	8	8	21	36	28	53	8
Salem	24	24	24	28	33	37	29	79	29
Shore Region									
Monmouth	13	13	13	15	26	33	14	58	16
Ocean	4	5	5	8	36	28	36	71	5
Greater Atlantic City Region									
Atlantic	9	9	9	11	17	22	14	83	9
Southern Shore Region									
Cape May	7	7	7	23	17	43	25	105	8
Cumberland	18	18	18	25	32	26	23	79	25

Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2018.

Notes: The long survey was fielded to all locations listed on the SAMHSA directory as offering OUD pharmacotherapy as well as the facilities who were initially on the Non-OUD pharmacotherapy list but when contacted reported that they did offer OUD pharmacotherapy. The short survey was fielded to the 18 facilities who did not complete the long survey. Data collection began on 6/12/18 with the Non-OUD pharmacotherapy Providers Survey and concluded on 8/16/18 at the end of the Non-Response Providers Survey.

^a The column for "Accept pregnant women" is based on the survey question "Do you accept pregnant women for addiction treatment?"

TABLE 4

**Average Driving Time to the Three Closest Substance Use Treatment Facilities with a Wait Time of Two Days or Less
Based on Phone Survey of Facilities Offering OUD Pharmacotherapy in New Jersey, by County and Service**

County	AVERAGE DRIVING TIME (IN MINUTES), BY SERVICE OFFERED OR PATIENT GROUP							
	Outpatient			Residential or Inpatient			Patients	
	Regular outpatient	Intensive outpatient	Day treatment or partial hospitalization	Outpatient detox	Inpatient or residential detox	Residential	Hospital inpatient	Accept pregnant women ^a
Skylands Region								
Hunterdon	24	31	37	43	40	70	40	26
Morris	13	12	21	23	22	70	35	12
Somerset	13	8	16	22	27	58	27	11
Sussex	36	35	41	42	42	91	57	33
Warren	33	35	49	54	54	90	58	35
Gateway Region								
Bergen	6	6	19	11	22	74	51	6
Essex	6	8	12	16	21	62	39	9
Hudson	17	17	18	24	25	66	45	16
Middlesex	20	18	19	28	38	56	39	18
Passaic	12	12	25	19	27	74	50	16
Union	15	12	12	19	23	58	33	10
Delaware River Region								
Burlington	31	31	33	52	54	56	64	28
Camden	31	31	33	52	47	51	73	29
Gloucester	32	32	32	55	41	51	87	36
Mercer	20	12	23	51	50	56	49	9
Salem	41	41	41	73	49	58	103	42
Shore Region								
Monmouth	16	18	27	35	47	66	59	19
Ocean	32	28	37	42	33	66	73	9
Greater Atlantic City Region								
Atlantic	11	11	11	34	23	59	105	11
Southern Shore Region								
Cape May	34	34	34	57	43	74	129	34
Cumberland	31	31	31	64	33	50	108	31

Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2018.

Notes: If facilities responded with a range for the average wait time, we use the midpoint of the range. The average driving distance to the closest hospital inpatient facilities is an average of two facilities since only two hospital inpatient facilities have a typical wait time of two days or less. The long survey was fielded to all locations listed on the SAMHSA directory as offering OUD pharmacotherapy as well as the facilities who were initially on the non-OUD pharmacotherapy list but when contacted reported that they did offer OUD pharmacotherapy. The short survey was fielded to the 18 facilities who did not complete the long survey. Data collection began on 6/12/18 with the Non-OUD Pharmacotherapy Providers Survey and concluded on 8/16/18 at the end of the Non-Response Providers Survey.

^a The column for "Accept pregnant women" is based on the survey question "Do you accept pregnant women for addiction treatment?"

TABLE 5

Responding Facilities That Accept Medicaid and NJ Marketplace Insurance by Services Offered Listed Based on Phone Survey of Facilities Offering OUD Pharmacotherapy in New Jersey

Medicaid	SERVICES OFFERED								
	All	Outpatient			Residential or Inpatient			Patients	
		Regular outpatient	Intensive outpatient	Day treatment or partial hospitalization	Outpatient detox	Inpatient or residential detox	Residential	Hospital inpatient	Accept pregnant women ^a
Responding facilities (N)	114	97	99	37	17	15	17	4	88
Acceptance of Medicaid based on the phone survey (%)									
Accept Medicaid	77.2%	80.4%	76.8%	56.8%	88.2%	53.3%	82.4%	75.0%	84.1%
Do Not Accept Medicaid	20.2%	17.5%	20.2%	37.8%	5.9%	40.0%	17.6%	0.0%	14.8%
Not sure or missing response	2.6%	2.1%	3.0%	5.4%	5.9%	6.7%	0.0%	25.0%	1.1%
Acceptance of NJ Marketplace Insurance based on the phone survey (%)									
Accept NJ Marketplace Insurance	60.5%	60.8%	61.6%	56.8%	64.7%	66.7%	70.6%	75.0%	62.5%
Do Not Accept NJ Marketplace Insurance	21.1%	22.7%	21.2%	27.0%	17.6%	20.0%	11.8%	0.0%	20.5%
Not sure or missing response	18.4%	16.5%	17.2%	16.2%	17.6%	13.3%	17.6%	25.0%	17.0%

Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2018.

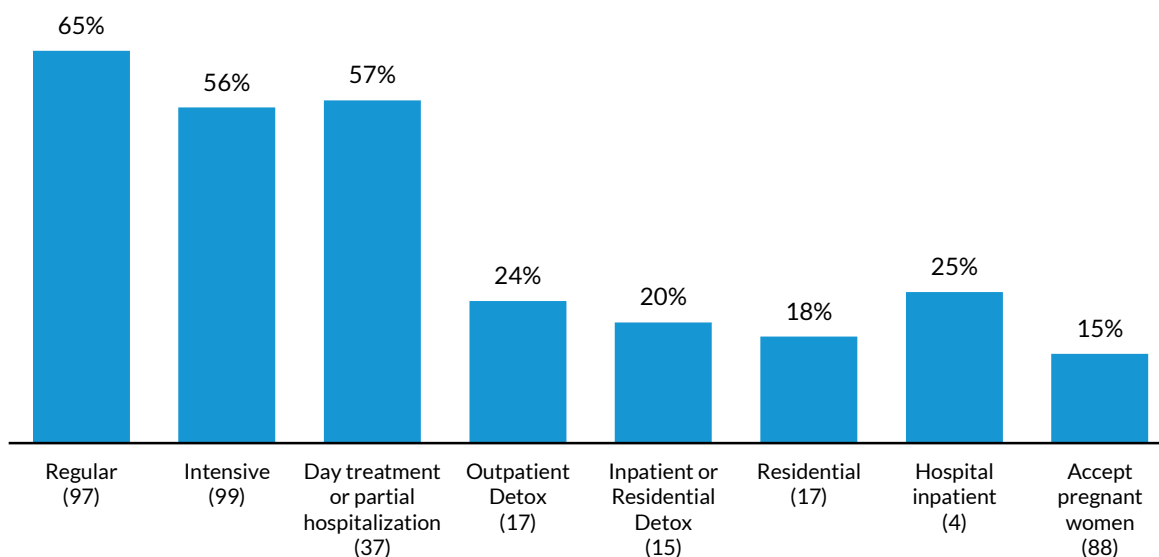
Notes: The long survey was fielded to all locations listed on the SAMHSA directory as offering OUD pharmacotherapy as well as the facilities who were initially on the non-OUD pharmacotherapy list but when contacted reported that they did offer OUD pharmacotherapy. The short survey was fielded to the 18 facilities who did not complete the long survey. Data collection began on 6/12/18 with the Non-OUD Pharmacotherapy Providers Survey and concluded on 8/16/18 at the end of the Non-Response Providers Survey.

^a The column for “Accept pregnant women” is based on the survey question “Do you accept pregnant women for addiction treatment?”

Increased Patient Capacity among Facilities Offering OUD Pharmacotherapy

The share of facilities offering OUD pharmacotherapy that increased capacity to see patients in the past six months varied across service type, with most growth reported in less intensive types of care (figure 3). More than 50 percent of facilities reported that they increased capacity to see patients for regular outpatient, intensive outpatient, and day treatment or partial hospitalization for outpatient care in the past six months. About one-fourth of facilities that offer outpatient detox and hospital inpatient services increased their capacity to see patients in the past six months. Only 15 percent of facilities that accept pregnant women and 18 percent of residential treatment facilities increased capacity to see patients in the past six months.

FIGURE 3
Percentage of Facilities that Increased Capacity to See Patients in the Past 6 Months Based on Phone Survey of Facilities Providing Medication-Assisted Treatment in New Jersey, by Expanded Service



URBAN INSTITUTE

Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2018.

Notes: The column for “Accept pregnant women” is based on the survey question “Do you accept pregnant women for addiction treatment?” Numbers in parentheses are values for n.

Limitations

Our study was limited by the response rate and thus was not a complete representation of facilities offering OUD pharmacotherapy across the state (see also appendix table 5). In addition, any eligible facilities that were not included in the SAMHSA Behavioral Health Treatment Services Locator would be missed in our sample. Our study was also limited in that not all respondents answered each question,

further limiting our sample sizes for some measures. Finally, although we drew content from previous research, most of the survey questions have not been tested, which may limit the reliability and validity of the findings.

Discussion

This is one of the first studies to gauge patient access to treatment services for OUD at facilities that offer OUD pharmacotherapy, as an indicator of the current state of treatment supply and demand across New Jersey. The 2017 law enacted by the New Jersey Legislature (NJ S.3) intended to substantially increase the number of New Jersey residents receiving treatment for OUD and other SUDs. But our findings show that capacity constraints and gaps in treatment providers related to certain types of treatment services are likely limiting patient's access to needed treatment.

Although many New Jersey counties had substance use treatment facilities offering OUD pharmacotherapy covering a wide range of services from outpatient treatment to inpatient care, several counties lacked facilities providing specific types of services, and two counties lacked any such facilities. We found that wait times for care at a facility offering OUD pharmacotherapy were often about 1 or 2 days, except for residential care, for which wait times were about 4 days overall. However, for some counties and service types, wait times were much longer. For example, the wait time for regular outpatient care at a facility offering OUD pharmacotherapy was 35 days in Sussex county and 21 days in Burlington county. The median number of people waiting to receive treatment at facilities across the state was substantial for certain services—6 people waiting to receive regular outpatient treatment at OUD pharmacotherapy facilities, 12 people waiting to receive residential care, and 9 people waiting to receive inpatient or residential detox facilities. In addition, almost one-quarter of these facilities reported that they did not accept Medicaid-covered patients and two-fifths reported that they did not accept patients with New Jersey Marketplace insurance.

A number of structural barriers limiting provider capacity could be examined, including a shortage of buprenorphine and methadone treatment providers (Knudsen et al. 2017; Stein et al. 2015; Thomas et al. 2017; Jones et al. 2015). Our survey found that less than half of facilities that provide substance use disorder treatment offered OUD pharmacotherapy. Adding OUD pharmacotherapy capacity to these existing addiction treatment programs, maternity programs, health centers, and hospital services could substantially increase access to effective treatment.

In January 2019, the new governor, Phil Murphy, initiated a number of new policies related to OUD, including increasing access to OUD pharmacology (Office of the Governor 2019), particularly encouraging primary care practices to provide OUD pharmacotherapy (Thomas-Henkel 2019). However, successfully adding OUD pharmacotherapy treatment to *existing SUD programs* requires substantial investments to develop provider culture to be supportive of OUD pharmacotherapy by addressing providers' misperceptions and stigma about OUD pharmacotherapy. Training and infrastructure investments would also be required. State agencies and insurers could help facilitate this change by encouraging prescribers at these facilities to obtain a waiver to provide buprenorphine

treatment. In addition, policymakers and insurers can support efforts to expand the number of treatment facilities that offer OUD pharmacotherapy by implementing policies such as increased reimbursement rates to increase acceptance of Medicaid and Marketplace plans at facilities that offer OUD pharmacotherapy.

Stakeholders can also consider a number of outreach options to mitigate risks during treatment delays for those on wait lists for facility-based treatment services related to opioid use. Strategies include interim buprenorphine treatment without counseling while patients remain on wait lists (Sigmon et al. 2016) and initiation of treatment with buprenorphine in an emergency department setting with a hand off to community-based treatment continuation, an approach adopted in many cities and states across the country (D'Onofrio et al. 2015, 2017; Kan and Lembke 2018; RI DOH, RI BDHDDH 2017; Baltimore City Health Department 2018).

In future research, we will reassess the same measures of patient access to treatment services in New Jersey to monitor changes in access to these services over time. But the need for immediate attention is clear. State policymakers, community and social service agencies, treatment providers, insurers, and patients and their families need to develop potential solutions to address the treatment gaps across the state. A multifaceted approach to addressing these gaps in care is needed, as this study demonstrates that access to a range of facility-based treatment services for opioid use disorders in New Jersey is critical as the opioid epidemic continues in this state.

Appendices

Call Script for the Non-ODU Pharmacotherapy Providers Survey

Hi, does your clinic offer buprenorphine treatment like Suboxone for patients with opioid addiction?

What about naltrexone or Vivitrol?

Thanks so much!

Call Script for the OUD Pharmacotherapy Providers Survey

Hello, this is _____ calling for Rutgers University. I have 12 questions for the person at the front desk about addiction services offered at this facility as part of a study about health policy. They should take about five minutes to answer.

Is now an okay time to ask you the questions?

No → When would be a good to call you?

The Horizon Foundation for New Jersey is sponsoring a study to inform health policy in the state. Your answers will be kept confidential and your organization will not be identified. Your participation is voluntary and you may choose not to answer any question.

If goes to voicemail: Hi, this is _____ calling for Rutgers University. I have 12 questions about addiction services offered at this facility as part of a study about health policy. They should take about five minutes to answer. Please give me a call back when you have a chance. You can reach me at _____. Again, that's _____. Thanks so much.

(If questions about this interview) You may contact Dr. Joel Cantor at the Rutgers Center for State Health Policy: Tel: 848-932-4653, Email: jcantor@ifh.rutgers.edu.

(If questions about your rights as a research subject) You may contact the Rutgers IRB Administrator at:

Rutgers University Institutional Review Board, Liberty Plaza Suite 3200, 335 George St., 3rd Floor, New Brunswick, NJ 08901, Tel: 732-235-9806, Email: humansubjects@orsp.rutgers.edu.

Is your location located at [fill from data STREET ADDRESS: _____]?

_____ Yes (1)

_____ No (2)

IF (no or MOVED):

New street address _____

New city, state, zip _____

1. My notes show that this location is a [fill from data],
 - a. SAMHSA-certified Opioid Treatment Program
 - b. Hospital inpatient or psychiatric unit of a general hospital
 - c. Opioid Treatment Program and a Residential Treatment Facility
 - d. Opioid Treatment Program, Residential Treatment Facility and hospital inpatient
 - e. Residential treatment center
 - f. Residential treatment center that also offers outpatient and/or partial hospitalization or day treatment

- g. Partial hospitalization/day treatment facility
 - h. Outpatient facility
- ... is that correct?
- _____ Yes (1)
- _____ No (2)
- IF NO: What type of provider are you: _____

2. Does this location offer the following services?

- a. Regular outpatient care (ORT)?
- b. Intensive outpatient care (OIT)? (usually 3 hrs per day/3 days per week)
- c. Outpatient day treatment or partial hospitalization (ODT)? (usually 6 hrs per day/5 days per week)
- d. Outpatient detox (OD)?
- e. Residential (RD) or inpatient detox (HID)?
- f. Residential (RES) care?
- g. Hospital inpatient (HI) care?
- h. Pregnancy-specific (PW) addiction treatment?

3. If a new patient calls right now, can they be seen today or tomorrow for ... [prepopulate with answers from questions 3]?

- a. Regular outpatient care (ORT)?
- b. Intensive outpatient care (OIT)? (usually 3 hrs per day/3 days per week)
- c. Partial hospitalization (ODT)? (usually 6 hrs per day/5 days per week)
- d. Outpatient detox (OD)?
- e. Residential (RD) or inpatient detox (HID)?
- f. Residential (RES) care?
- g. Hospital inpatient (HI) care?
- h. Pregnancy-specific (PW) addiction treatment?
- i. NONE OF THE ABOVE (ask only as a verification for anyone who says no to all of the above)
- j. DON'T KNOW
- k. REFUSED

4. How many days do new patients typically have to wait to see a provider or begin treatment for...? If you don't know the exact number, an approximation is ok. [prepopulate with answers from question 3. If they say yes to question 4 for a specific service, fill in that service with 0 and don't ask] [Source: N-SSATS V5229]

- a. Regular outpatient care (ORT)?
- b. Intensive outpatient care (OIT)? (usually 3 hrs per day/3 days per week)
- c. Partial hospitalization (ODT)? (usually 6 hrs per day/5 days per week)
- d. Outpatient detox (OD)?
- e. Residential (RD) or inpatient detox (HID)?
- f. Residential (RES) care?
- g. Hospital inpatient (HI) care?
- h. Pregnancy-specific (PW) addiction treatment?
- i. NONE OF THE ABOVE (ask only as a verification for anyone who says no to all of the above)
- j. DON'T KNOW
- k. REFUSED

5. Currently, how many people are waiting to receive substance use treatment involving ... This includes people who have called to make their first appointment but haven't yet seen a provider as well as people on a waitlist to make an appointment, if you have one. If you don't know the exact number, an approximation is ok. [prepopulate with answers from question 3. If they say yes to question 4 for a specific service, fill in that service with 0 and don't ask] [Source: N-SSATS V5228]
 - a. Regular outpatient care (ORT)?
 - b. Intensive outpatient care (OIT)? (usually 3 hrs per day/3 days per week)
 - c. Partial hospitalization (ODT)? (usually 6 hrs per day/5 days per week)
 - d. Outpatient detox (OD)?
 - e. Residential (RD) or inpatient detox (HID)?
 - f. Residential (RES) care?
 - g. Hospital inpatient (HI) care?
 - h. Pregnancy-specific (PW) addiction treatment?
 - i. NONE OF THE ABOVE (ask only as a verification for anyone who says no to all of the above)
 - j. DON'T KNOW
 - k. REFUSED

6. In the past 6 months, have you increased the capacity to see patients for... This would be through things like adding more treatment slots, beds or more staff to see patients. [prepopulate with answers from questions 3 PLUS [i] to ask about any new care]:
 - a. Regular outpatient care (ORT)?
 - b. Intensive outpatient care (OIT)? (usually 3 hrs per day/3 days per week)
 - c. Partial hospitalization (ODT)? (usually 6 hrs per day/5 days per week)
 - d. Outpatient detox (OD)?
 - e. Residential (RD) or inpatient detox (HID)?
 - f. Residential (RES) care?
 - g. Hospital inpatient (HI) care?
 - h. Pregnancy-specific (PW) addiction treatment?
 - i. ANY OTHER TYPE OF ADDICTION CARE THAT I DIDN'T MENTION?
 - j. NONE OF THE ABOVE
 - k. DON'T KNOW
 - l. REFUSED

This is the last part of the survey. I have five questions for you about staff and services at the facility.

1. A. About how many doctors work at this location? [Prompt: If you don't know the exact number, an estimate is OK. For instance: Are there any? One or more? More than 10, less than 10?]
 - _____ Doctors (MD or DO)
 - _____ Check here if approximate
 - _____ DON'T KNOW
 - _____ REFUSED
 B. How many of them are full time?
 - _____ Full time Doctors (MD or DO)
 - _____ Check here if approximate
 - _____ DON'T KNOW
 - _____ REFUSED

2. A. About how many nurse practitioners, physician's assistants or other midlevel clinicians work at this location? [Prompt: If you don't know the exact number, an estimate is OK. Are there any? One or more? More than 10, less than 10?]
 - _____ Midlevel (NPs or PAs)

Check here if approximate

DON'T KNOW

REFUSED

B. How many of them are full time?

Full time Midlevel clinicians (NPs or PAs)

Check here if approximate

DON'T KNOW

REFUSED

3. Does this location accept patients with Medicaid or FamilyCare?

Yes (1)

No (2)

Refused (3)

Don't know (4)

4. Do any of the clinicians at this location accept patients with New Jersey's Healthcare Marketplace?

Yes (1)

No (2)

Refused (3)

Don't know (4)

A. Does your location offer buprenorphine treatment, like Suboxone?

Yes (1)

No (2)

Refused (3)

Don't know (4)

B. If yes to offer buprenorphine: Do you offer services to start or initiate buprenorphine treatment, or only accept transfer patients who are already on buprenorphine?

Yes (1)

No (2)

Refused (3)

Don't know (4)

C. If yes to offer buprenorphine and no to start/initiate: Do you only offer buprenorphine treatment for detox (treatment of withdrawal symptoms)?

Yes (1)

No (2)

Refused (3)

Don't know (4)

Do you have any other thoughts or concerns about patient access to outpatient and inpatient treatment **[open-ended]**?

Thank you so much for participating in this important research for Rutgers University!

Have a great day!

Call Script for Non-Response Providers Survey

1. Hi, does your clinic offer buprenorphine treatment like Suboxone for patients with opioid addiction?
2. What about naltrexone or Vivitrol?
3. Is there availability for an appointment today or tomorrow for outpatient care?
4. Is there availability for an appointment today or tomorrow for detox?

5. Is there availability today or tomorrow for residential care or inpatient treatment?

Thanks so much!

APPENDIX TABLE 1

Number of Attempted Calls Administered during the OUD Pharmacotherapy Provider Long Survey to Facilities Offering OUD Pharmacotherapy in New Jersey

Characteristics of calls	Number of facilities	Percent of completed, partially completed or imputed surveys
Number of attempted calls to complete or partially complete the OUD Pharmacotherapy Provider Long Survey		
1 call	34	30%
2 calls	29	25%
3 calls	23	20%
4 calls	15	13%
5 calls	9	8%
6 calls	3	3%
Imputed answers ^a	1	1%
Total surveys completed, partial completion, or imputed	114	
Average number of attempted calls to complete	2.5	
Average number of attempted calls for facilities who refused to answer	3.9	
Average number of attempted calls for facilities with no contact	4.8	

Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2018.

Note: This table does not include the 18 calls to reach 12 additional facilities during the follow-up short survey, during which facilities were only called once, regardless of whether or not anybody answered. No voicemails were left.

^a The imputed answers for one facility are derived from a response from a respondent who answered the survey for two locations that were both listed in the directory. Because the two locations had no overlapping services, answers were imputed for the facility that was not directly called for the relevant services offered only at that location.

APPENDIX TABLE 2

Responding Facilities by Services Offered and Patients Listed on the SAMHSA Directory Compared with Services Offered as Reported on Phone Survey of Facilities Offering OUD Pharmacotherapy in New Jersey

	SERVICES OFFERED									
	Outpatient				Residential or Inpatient			Buprenorphine treatment		Patients
	Regular outpatient	Intensive outpatient ^a	Day treatment or partial hospitalization	Outpatient detox	Inpatient or residential detox	Residential	Hospital inpatient	For maintenance or detox treatment	For maintenance treatment only	Accept pregnant women ^b
Responding facilities that are listed on the SAMHSA directory as offering selected service (N)	100	101	36	16	13	17	7	64	44	38
Percentage of these facilities that did not report offering the selected service on the phone survey (%) ^c	8%	4%	11%	8%	0%	3%	3%	16%	14%	5%
Responding facilities that offer the service from phone survey (N)	97	99	37	17	15	17	4	65	56	88
Percentage of these facilities that were not listed as offering the selected service on the SAMHSA directory (%) ^d	5%	2%	32%	53%	13%	18%	0%	26%	46%	63%

Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2018.

Notes: The long survey was fielded to all locations listed on the SAMHSA directory as offering OUD pharmacotherapy as well as the facilities who were initially on the non-OUD pharmacotherapy list but when contacted reported that they did offer OUD pharmacotherapy. The short survey was fielded to the 18 facilities who did not complete the long survey. Data collection began on 6/12/18 with the Non-OUD Pharmacotherapy Providers Survey and concluded on 8/16/18 at the end of the Non-Response Providers Survey.

^a Intensive outpatient is defined as "usually 3 hrs per day/3 days per week." Day treatment or partial hospitalization is defined as "usually 6 hrs per day/5 days per week." The directory lists facilities with special programs/groups offered for pregnant women, while we asked "Do you accept pregnant women for addiction treatment?"

^b The column for "Accept pregnant women" is based on the survey question "Do you accept pregnant women for addiction treatment?"

^c Percentage of facilities that did not report offering the service on the phone survey but are listed as offering the service in the SAMHSA directory.

^d Percentage of facilities that reported offering the service on the phone survey but aren't listed on the SAMHSA directory as offering the service.

APPENDIX TABLE 3

ODU Pharmacotherapy Services Offered from the Non-ODU Pharmacotherapy Providers Survey of Facilities Listed on the SAMHSA Directory as Not Offering Naltrexone or Buprenorphine That Answered the Survey

	Number	Percentage
Service offered		
Naltrexone only	22	18.0%
Buprenorphine for detox only	1	0.8%
Buprenorphine for maintenance only	1	0.8%
Naltrexone and buprenorphine for detox	6	4.9%
Naltrexone and buprenorphine for maintenance	2	1.6%
Total number of facilities that completed the non-ODU Pharmacotherapy provider survey	122	73.9%
Total number of facilities that did not complete the survey	43	26.1%

Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2018.

Notes: This table includes survey responses gathered during the Non-ODU Pharmacotherapy Providers survey. All calls were made on 6/12/18 and 6/13/18.

APPENDIX TABLE 4

Number of Facilities That Offer Selected Services Based on Phone Survey of Facilities Offering OUD Pharmacotherapy in New Jersey, by Region and Service

NUMBER OF FACILITIES LOCATED IN EACH REGION BY SERVICE OFFERED OR PATIENT GROUP								
Region	Outpatient				Residential or Inpatient			Patients
	Regular outpatient	Intensive outpatient	Day treatment or partial hospitalization	Outpatient detox	Inpatient or residential detox	Residential	Hospital inpatient	Accept pregnant women ^a
Skylands Region	15	16	5	1	3	4	1	14
Hunterdon	3	3	1	0	0	0	0	3
Morris	6	7	1	1	2	1	0	4
Somerset	3	3	1	0	1	3	1	4
Sussex	1	1	1	0	0	0	0	1
Warren	2	2	1	0	0	0	0	2
Gateway Region	41	42	14	9	6	6	3	36
Bergen	6	6	1	2	1	0	1	5
Essex	11	11	4	2	1	2	1	10
Hudson	5	4	1	0	1	1	0	4
Middlesex	8	9	5	2	0	0	0	8
Passaic	7	7	1	0	2	3	0	6
Union	4	5	2	3	1	0	1	3
Delaware River Region	12	13	7	2	1	1	0	9
Burlington	2	2	1	1	0	1	0	1
Camden	4	5	3	1	0	0	0	3
Gloucester	0	0	0	0	0	0	0	0
Mercer	6	6	3	0	1	0	0	5
Salem	0	0	0	0	0	0	0	0
Shore Region	14	14	6	2	2	1	0	15
Monmouth	9	9	5	2	1	1	0	9
Ocean	5	5	1	0	1	0	0	6
Greater Atlantic City Region	9	8	3	1	2	3	0	10
Atlantic	9	8	3	1	2	3	0	10
Southern Shore Region	6	6	2	2	1	2	0	4
Cape May	4	4	1	2	0	1	0	3
Cumberland	2	2	1	0	1	1	0	1
Total	97	99	37	17	15	17	4	88

Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2018.

Note: The long survey was fielded to all locations listed on the SAMHSA directory as offering OUD pharmacotherapy as well as the facilities who were initially on the non-OUD pharmacotherapy list but when contacted reported that they did offer OUD pharmacotherapy. The short survey was fielded to the 18 facilities who did not complete the long survey. Data collection began on 6/12/18 with the Non-OUD Pharmacotherapy Providers Survey and concluded on 8/16/18 at the end of the Non-Response Providers Survey.

^a The column for “Accept pregnant women” is based on the survey question “Do you accept pregnant women for addiction treatment?”

APPENDIX TABLE 5

**Responding Facilities That Accept Medicaid and NJ Marketplace Insurance by Services Offered and Patients Listed
Based on Phone Survey of Facilities Offering OUD Pharmacotherapy in New Jersey**

Insurance acceptance data	SERVICES OFFERED								Patients Accept pregnant women ^a
	Outpatient				Residential of Inpatient				
	All	Regular outpatient	Intensive outpatient	Day treatment or partial hospitalization	Outpatient detox	Inpatient or residential detox	Residential	Hospital inpatient	
Responding facilities (N)	114	97	99	37	17	15	17	4	88
Percentage of facilities that accept Medicaid based on the phone survey but were not listed on the SAMHSA directory as accepting Medicaid	12.3%	8.2%	9.1%	8.1%	17.6%	26.7%	47.1%	50.0%	8.0%
Percentage of facilities that are listed on the SAMHSA directory as offering Medicaid but don't according to the phone survey	0.9%	1.0%	1.0%	2.7%	0.0%	6.7%	5.9%	0.0%	1.1%
Percentage of facilities that accept Marketplace but were not listed on the SAMHSA directory as accepting Marketplace	34.2%	29.9%	32.3%	32.4%	23.5%	53.3%	58.8%	50.0%	31.8%
Percentage of facilities that are listed on the SAMHSA directory as offering Marketplace but don't according to the phone survey	5.3%	6.2%	6.1%	2.7%	11.8%	0.0%	0.0%	0.0%	6.8%

Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2018.

Notes: The long survey was fielded to all locations listed on the SAMHSA directory as offering OUD pharmacotherapy as well as the facilities who were initially on the non-OUD pharmacotherapy list but when contacted reported that they did offer OUD pharmacotherapy. The short survey was fielded to the 18 facilities who did not complete the long survey. Data collection began on 6/12/18 with the Non-OUD Pharmacotherapy Providers Survey and concluded on 8/16/18 at the end of the Non-Response Providers Survey.

^a The column for “Accept pregnant women” is based on the survey question “Do you accept pregnant women for addiction treatment?”

Notes

- ¹ We included facilities that offered one or more of the following services as indicated on the SAMHSA Behavioral Health Treatment Services Locator: buprenorphine maintenance, buprenorphine maintenance for predetermined time, buprenorphine detox, methadone maintenance, methadone maintenance for predetermined time, methadone detox, outpatient methadone/buprenorphine or naltrexone, methadone used in treatment, buprenorphine used in treatment, methadone, buprenorphine sub-dermal implant (Probuphine®), buprenorphine with naloxone (Suboxone®), buprenorphine without naloxone, naltrexone used in treatment, or naltrexone (oral).
- ² Callers asked respondents what a typical wait time was for each service offered at the facility for a new patient. If respondents gave a range for the typical wait time, the midpoint was used in analysis. Sensitivity checks were computed using the lower and upper ends of the range. A limitation of note is that some facilities responded with the typical wait time for patients scheduling appointments, rather than the minimum typical wait time that the facility could offer. In other words, if a facility typically told patients that there was an appointment available the next day, but most patients chose to instead schedule their first appointment three days from their initial phone call, the facility may have reported a typical wait time of three instead of one.
- ³ This estimate was computed as follows. There were 317 facilities listed on the SAMHSA directory who either offered OUD pharmacotherapy or did not offer OUD pharmacotherapy but were otherwise eligible for the study sample. Three of the facilities listed on the SAMHSA directory as not offering OUD pharmacotherapy responded on the “non-OUD pharmacotherapy facility” phone survey that they actually offered OUD pharmacotherapy. Of the facilities listed on the SAMHSA directory as offering OUD pharmacotherapy, 41 could not be reached, and the others responded that they offered OUD pharmacotherapy.
- ⁴ A few other facilities that were not listed in the directory as offering each service responded that they do, in fact, offer regular outpatient care and intensive outpatient care (5 and 2 facilities, respectively), resulting in survey totals of the number of facilities offering each service that are very close to the SAMHSA database totals: 97 from the survey compared with 100 from the SAMHSA database for regular outpatient care and 99 compared with 101 for intensive outpatient care.
- ⁵ Appendix table 4 shows data about the number of facilities offering OUD pharmacotherapy by service type and county for respondents of the phone survey alone.
- ⁶ Patient wait time estimates are based on the facilities that answered the phone survey, since this data is not available in the SAMHSA directory.

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