

RESEARCH REPORT

Patient Access to Facility-Based Opioid Use Disorder Treatment in New Jersey in 2019

Lisa Clemans-Cope
URBAN INSTITUTE

Emma Winiski

Marni Epstein

In collaboration with Rutgers Center for State Health Policy

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Patient Access to Facility-Based Treatment for Opioid Use Disorder in New Jersey in 2019

This report presents findings from the second round of a telephone survey of substance use treatment facilities offering pharmacotherapy for opioid use disorder (OUD) in New Jersey. OUD pharmacotherapy, including buprenorphine, methadone, or naltrexone treatments, are the first-line treatments for patients with OUD and are usually combined with behavioral interventions. We assess access to OUD treatment at facilities across the state in the summer of 2019 and monitor changes in access to treatment from 2018 to 2019. The survey response rate was 71 percent, and we collected information from 133 facilities. We also collected responses to a shortened version of the survey from an additional 27 facilities that refused the longer original survey. We find the following:

- By 2019, estimates show that a larger share of substance use treatment facilities in New Jersey offered any OUD pharmacotherapy (i.e., buprenorphine, methadone, or naltrexone), a critical component of evidence-based treatment for OUD, compared with 2018. In 2019, slightly more than half (56 percent) offered any OUD pharmacotherapy. In comparison, less than half (49 percent) offered OUD pharmacotherapy in 2018. In addition, the estimated total number of facilities providing any OUD pharmacotherapy increased substantially between 2018 and 2019 from 155 to 190.
- In 2019, treatment facilities offering OUD pharmacotherapy remained concentrated in Northern New Jersey, and many counties still lacked outpatient detox, inpatient detox, or inpatient or residential services at facilities offering OUD pharmacotherapy, indicating that treatment might not be available to patients across the state.
- The number of facilities offering each service for treating OUD increased between 2018 and 2019, except for outpatient detox treatment. Camden County had some of the largest increases in services among facilities offering OUD pharmacotherapy, adding seven facilities that offer regular outpatient services, five that offer intensive outpatient care, and four that offer day treatment or partial hospitalization services. Additionally, 14 of 21 counties increased the number of facilities that accept pregnant women for treatment.

- Between 2018 and 2019, 11 more facilities reported offering residential care. However, 10 of the 11 facilities are in the Gateway region, meaning that access to this type of care may not be accessible to patients across the state.
- Median wait times for an intake appointment were about two days across all counties and services. However, some counties reported an additional wait time for patients after the initial intake appointment before they started treatment. For residential care, the highest additional wait times were 14 and 16 days in Somerset and Bergen Counties, respectively.
- Across the state, 77 percent of treatment facilities offering OUD pharmacotherapy reported accepting Medicaid, and 54 percent reported accepting Federally Facilitated Marketplace insurance, also referred to as New Jersey Marketplace insurance. The number of such facilities reportedly not accepting Marketplace insurance nearly doubled from 2018 to 2019—from 24 (21 percent of facilities) in 2018 to 43 (32 percent of facilities) in 2019. Between 2018 and 2019, the change in the number of facilities offering OUD pharmacotherapy that reportedly did not accept Medicaid was similar, from 23 (20 percent of facilities) in 2018 to 25 (19 percent of facilities) in 2019.
- More than two-thirds of facilities offering OUD pharmacotherapy reported that they increased capacity to see patients between 2018 and 2019 for regular outpatient, intensive outpatient, outpatient detox, hospital inpatient, and specific treatment programs for pregnant women. Over half of facilities offering OUD pharmacotherapy reported increasing their capacity over this period to see patients for day treatment or partial hospitalization and inpatient or residential detox services. Less than half (40 percent) of facilities offering residential services increased their capacity to see patients between 2018 and 2019.
- Only two services (hospital inpatient and specific treatment programs for pregnant women) report a median number of zero people waiting for treatment. Despite an increase in the number of services offered and many facilities reporting an increase in treatment capacity, facilities may not have the ability to address the demand for treatment.

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 OUD has also grown (Bucon 2015, 2018; CHART 2018; NJ ROIC 2016).¹ On February 15, 2017, former New Jersey governor Chris Christie signed a new state

initiative to address the opioid epidemic.² The law's provisions include restricting opioid prescribing practices; expanding access to pharmacotherapy for OUD; expanding access to substance use disorder (SUD) treatment services, such as outpatient services, intensive outpatient treatment, partial hospitalization, and residential treatment; and provisions intended to help people afford treatment. Regarding 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 an SUD. The law is intended to substantially increase the number of New Jersey residents receiving treatment for OUD and other SUDs and decrease incidences of OUD over the next several years. To understand the impact of the law, monitoring access across the state is critical.

The Urban Institute partnered with the Rutgers Center for State Health Policy to continue monitoring early lessons learned and provide feedback on 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 (i.e., methadone, buprenorphine, 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 Food and Drug Administration–approved medications for treating OUD (Comer et al. 2015; Kraus et al. 2011; Schukit 2016). OUD pharmacotherapy 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 criminal justice system (Dunlop et al. 2017).

Patient access to outpatient and inpatient treatment for OUD, including OUD pharmacotherapy, is needed to achieve the law's intended impacts. However, New Jersey residents may face barriers to care, such as waiting lists for OUD treatment (Iheoma et al. 2012). Our telephone survey of drug treatment facilities across New Jersey assessed access to timely care at facilities offering OUD pharmacotherapy using new data on waiting 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 various care options.

Though the recent state law expanded OUD and SUD coverage in New Jersey and the state has taken other actions to potentially expand access to care, there appears to be no other current assessment of whether New Jersey residents have adequate access to OUD pharmacotherapy. By building on previous work and continuing the facility survey (Clemans-Cope, Winiski, and Epstein

2019), we seek to add to the early findings on patient access to treatment and highlight barriers to timely and effective treatment faced by New Jersey residents in 2019.

Methods

Phone Survey Methodology

As part of our telephone survey of New Jersey treatment facilities for substance use that offer OUD pharmacotherapy, we collected information on data-measuring services offered, typical wait times for new appointments, and other facility characteristics. We identified facilities through the Substance Abuse and Mental Health Services Administration (SAMHSA) Behavioral Health Treatment Services Locator³ and found that over half of the 338 sample facilities (56 percent, or 190 facilities) offered OUD pharmacotherapy (i.e., methadone, buprenorphine, or naltrexone) in 2019.⁴ We obtained contact information for facilities, including phone numbers, intake phone numbers, addresses, and websites, through data listed in the SAMHSA treatment locator.

Urban Institute researchers conducted three telephone surveys to these New Jersey substance use treatment facilities from June to August 2019. Callers used listed phone and intake phone numbers from the treatment locator to contact facilities. The first survey, the non-OUD 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 151 non-opioid treatment program facilities not listed as offering OUD pharmacotherapy and collected data on whether the facility offered buprenorphine or naltrexone treatment. To determine the order in which facilities would be called, we randomized the facilities. If the call went to voicemail, the caller called back on a different day during a different time slot (8:00–11:00 a.m., 11:00 a.m.–2:00 p.m., or 2:00–5:00 p.m.). Researchers called the facilities three times at most before marking the facility as unreachable. Of the facilities listed in the SAMHSA data as not offering OUD pharmacotherapy, nine facilities reported offering buprenorphine. We then added these nine facilities 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 respondents' informed consent to participate. If the call was unanswered or 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 the facility still did not respond, the caller labeled it as “no contact.”

If the front office or appointment-scheduling staff answered but told the caller 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. If the caller spoke at least once with someone from the office who did not answer the survey, the caller tried again at least three and at most six times. If the respondent never provided a better time to call back, did not answer at least two calls after the caller called back at the specified time, or expressed that they did not want to answer the survey, the caller labeled the facility 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 the supervisor’s direct number; otherwise they called the main admissions number one more time.

Facilities were marked as “permanently closed” when the listed phone numbers were out of service and internet searches (e.g., Google listings, local newspaper articles) indicated 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: services offered; whether an appointment was available the same or next day; the typical wait time for a new patient; the number of people on a waiting list for treatment, as well as the number of people who had scheduled their first appointment but had not received treatment; whether the facility had expanded the service in the past year; the number of doctors and midlevel clinicians (e.g., nurse practitioners or physicians assistants) working at the location; whether Medicaid and Marketplace plans were accepted; and whether buprenorphine was accepted. All calls occurred Monday and Thursday between 8:00 a.m. and 5:00 p.m. The appendix contains all call scripts.

Callers conducted a third survey to follow up with the 55 facilities offering OUD pharmacotherapy that did not complete the longer OUD pharmacotherapy providers survey. We call this the nonresponse providers survey, and it lasted around two minutes. Callers asked if each facility offered

buprenorphine or naltrexone and if there was same- or next-day availability for an outpatient, detox, or residential or 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. We could not reach 28 facilities listed as offering OUD pharmacotherapy in the SAMHSA directory, but we include them in the sample (e.g., because they were not permanently closed) and assume they offer OUD pharmacotherapy.

Analysis

We use the facility location as the unit of analysis when comparing the services offered and insurance plans accepted listed in the SAMHSA database versus reported in survey responses. For facilities offering the service and reporting wait times, we calculate the median wait time for an intake appointment for a new patient by type of service.⁵ We also analyze a second wait-time measure by type of service: the median number of days a patient had to wait after an intake appointment to start a specific treatment program.

Because we administered one or more surveys to every facility in New Jersey, we have surveyed the entire “population,” and therefore, tests for statistical significance are not appropriate for comparisons.

We computed all analyses in Stata version 15. This research was approved by both the Urban Institute’s and Rutgers University’s Institutional Review Boards.

Survey Completion Rates

Of the 188 eligible facilities listed on the SAMHSA database, 124 fully completed the long OUD pharmacotherapy survey, and 9 partially completed the survey. Four facilities were excluded, 2 were permanently closed, and 2 were duplicate entries. Seventeen facilities were never contacted, meaning a respondent never answered any of the calls. Respondents from another 38 facilities refused to complete the survey after four to six calls, though callers did not necessarily make contact 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 71 percent, a cooperation rate (full and partial completions out of all eligible units ever contacted) of 78 percent, and a refusal rate of 20 percent. We adapted American Association for Public Opinion Research standard definitions for completion, cooperation, and refusal rates (AAPOR 2016).⁶ Thirty-five percent of completed surveys were

completed during the first call to the facility, and 77 percent of completed surveys were completed during the first three calls (table A.2).

The 55 facilities that were not contacted or refused to complete the initial OUD pharmacotherapy survey were called back for the nonresponse providers survey. Twenty-two facilities completed the nonresponse providers survey, 5 completed part of the survey, 2 refused to answer, and 26 were never contacted. Of the non-OUD pharmacotherapy facilities, 77 percent completed the survey, and 21 percent did not answer any calls.

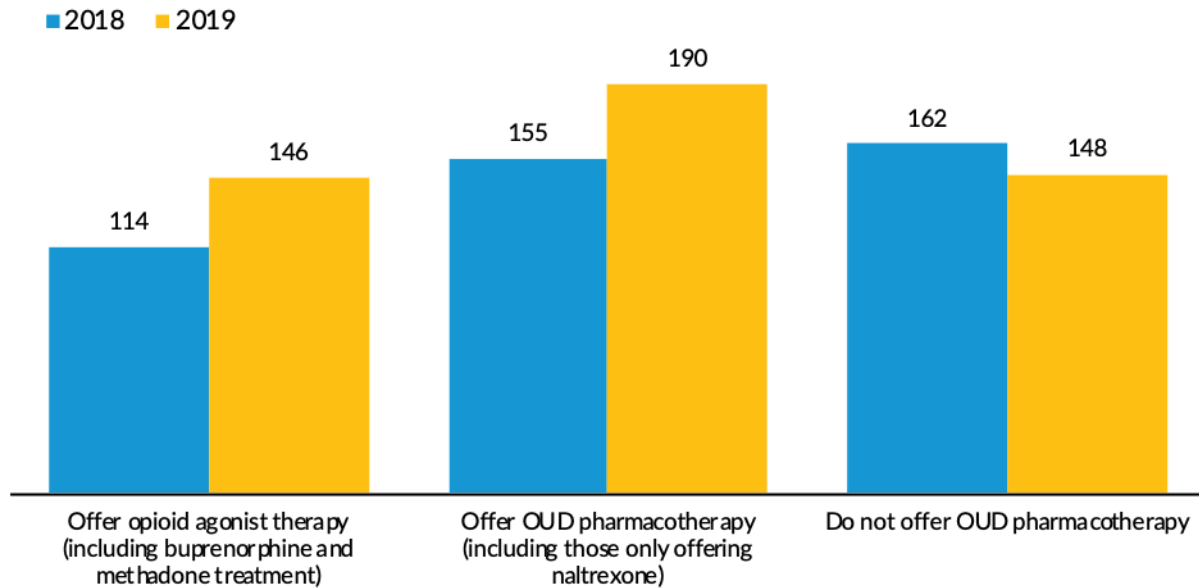
Findings

By 2019, estimates show that a larger share of substance use treatment facilities in New Jersey offered any OUD pharmacotherapy (i.e., buprenorphine, methadone, or naltrexone), a critical component of evidence-based treatment for OUD compared with 2018. In 2019, slightly more than half (56 percent) offered any OUD pharmacotherapy. In comparison, less than half (49 percent) offered OUD pharmacotherapy in 2018. This may be an overestimate, because 28 facilities in 2019 listed as offering OUD pharmacotherapy in the SAMHSA directory could not be reached and were assumed to offer OUD pharmacotherapy; a similar share could not be reached in 2018. The 2019 sample included 190 facilities (56 percent of sample facilities) that offered OUD pharmacotherapy, or were assumed to offer OUD pharmacotherapy based on SAMHSA data, and 148 facilities that did not offer OUD pharmacotherapy (figure 1).⁷ The estimated total number of facilities providing any OUD pharmacotherapy (i.e., buprenorphine, methadone, or naltrexone) increased substantially between 2018 and 2019 from 155 to 190.

FIGURE 1

Estimated Number of New Jersey Facilities

Offering Various Substance Use Treatment Services, 2018–19



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Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2018–19.

Note: Among facilities offering OUD pharmacotherapy, 41 and 42 offered only naltrexone in 2018 and 2019.

Comparing Services As Listed in the SAMHSA Directory versus As Reported During Phone Survey

For facilities answering phone surveys and offering OUD pharmacotherapy, we compare the services offered on the SAMHSA directory with those reported in our phone surveys (table A.3):

- For regular outpatient care, intensive outpatient care, and inpatient or residential detox, more than 90 percent of facilities listed on the directory as offering each service confirmed in the phone survey that they offer the service.⁸
- Sixteen percent of facilities listed in the SAMHSA directory as offering day treatment or partial hospitalization and 20 percent of facilities listed in the directory as offering residential care did not report offering such services on the phone survey.
- Of the treatment facilities that responded to the phone survey saying they offer day treatment or partial hospitalization and outpatient detox, 42 and 47 percent of those facilities,

respectively, were not listed in the SAMHSA directory as offering those services. These inconsistencies may create barriers to treatment for people seeking outpatient day treatment or partial hospitalization or outpatient detox, because many of the facilities listed as offering a particular service in the SAMHSA directory do not actually offer them, and many facilities that reported offering these services on the phone survey are not listed as offering them in the directory.

- These discrepancies may create barriers to care for pregnant women: 57 percent of facilities listed in the directory as offering a specific treatment program for pregnant women did not report offering that service on the phone survey, and 38 percent of the facilities that said they did offer a specific program for pregnant women during the phone survey were not listed as offering it in the SAMHSA directory. Because New Jersey prioritizes treatment access for pregnant women,⁹ it is integral that such women can find programs specifically designed for them.
- Of facilities listed as offering buprenorphine maintenance treatment in the SAMHSA directory, 100 percent reported offering such treatment during the phone survey. Eighty-six percent of facilities listed as offering buprenorphine for detox and maintenance reported offering this treatment in the phone survey. And of the facilities that reported offering buprenorphine for maintenance treatment (but not detox) and for either detox or maintenance, 34 and 15 percent, respectively, were not listed as offering such treatments in the directory. These figures indicate that there may be more capacity for buprenorphine treatment than the SAMHSA directory currently indicates.

We also used the phone survey to verify that facilities listed on the SAMHSA directory as not offering OUD pharmacotherapy do not offer it (table A.4). Of the 151 facilities listed as not offering OUD pharmacotherapy in the SAMHSA database that answered the non-OUD pharmacotherapy survey, one reported offering buprenorphine for maintenance only, nine facilities reported offering naltrexone and buprenorphine for maintenance, and six reported offering naltrexone only.

Facilities Offering OUD Pharmacotherapy by Service Type and County

The phone survey and data from the SAMHSA website show that 158 facilities offered OUD pharmacotherapy in a regular outpatient setting in 2019 (table 1). In addition, OUD pharmacotherapy was offered in intensive outpatient services in 139 facilities, in day treatment or partial hospitalization services in 63 facilities, in outpatient detox services in 16 facilities, in inpatient or residential detox in

19 facilities, in residential services in 37 facilities, and in hospital inpatient services in 7 facilities. More facilities reported offering OUD pharmacotherapy in the northern part of New Jersey, with the Gateway and Skylands regions containing around half of the facilities offering each service. In addition, OUD pharmacotherapy was not offered at outpatient detox service facilities in 9 counties, at inpatient or residential detox facilities in 6 counties, at residential services facilities in 4 counties, and at hospital inpatient facilities in 14 counties.¹⁰

At least half of the facilities in 17 of the 21 counties accept pregnant women for treatment (figure 2). In 4 of those counties, all facilities accept pregnant women for treatment.

TABLE 1

Number of New Jersey Facilities Offering Selected Services, Based on Phone Survey of Facilities and SAMHSA Treatment Locator^a, by County and Service, 2019

County	Outpatient Facilities				Residential or Inpatient Facilities		
	Regular outpatient	Intensive outpatient	Day treatment or partial hospitalization	Outpatient detox	Inpatient or residential detox	Residential	Hospital inpatient
Skylands region	27	20	9	2	3	6	1
Hunterdon	5	3	1	0	0	1	0
Morris	9	8	3	1	2	2	0
Somerset	6	5	2	1	1	2	1
Sussex	4	3	2	0	0	1	0
Warren	3	1	1	0	0	0	0
Gateway region	57	48	21	7	8	17	4
Bergen	8	7	1	1	1	1	1
Essex	12	10	7	2	1	6	0
Hudson	6	5	1	2	1	2	1
Middlesex	11	9	4	1	1	2	1
Passaic	11	10	4	0	3	5	1
Union	9	7	4	1	1	1	0
Delaware River region	29	30	15	3	3	3	1
Burlington	4	7	3	1	0	1	0
Camden	14	13	8	0	1	0	0
Gloucester	3	4	2	0	1	1	0
Mercer	8	6	2	2	1	1	1
Salem	0	0	0	0	0	0	0
Shore region	25	25	12	2	3	5	0
Monmouth	14	15	7	2	2	3	0
Ocean	11	10	5	0	1	2	0
Greater Atlantic City region	13	10	4	1	1	5	0
Atlantic	13	10	4	1	1	5	0
Southern Shore region	7	6	2	1	1	1	1
Cape May	3	3	1	0	0	0	0
Cumberland	4	3	1	1	1	1	1
Total	158	139	63	16	19	37	7

Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2019.

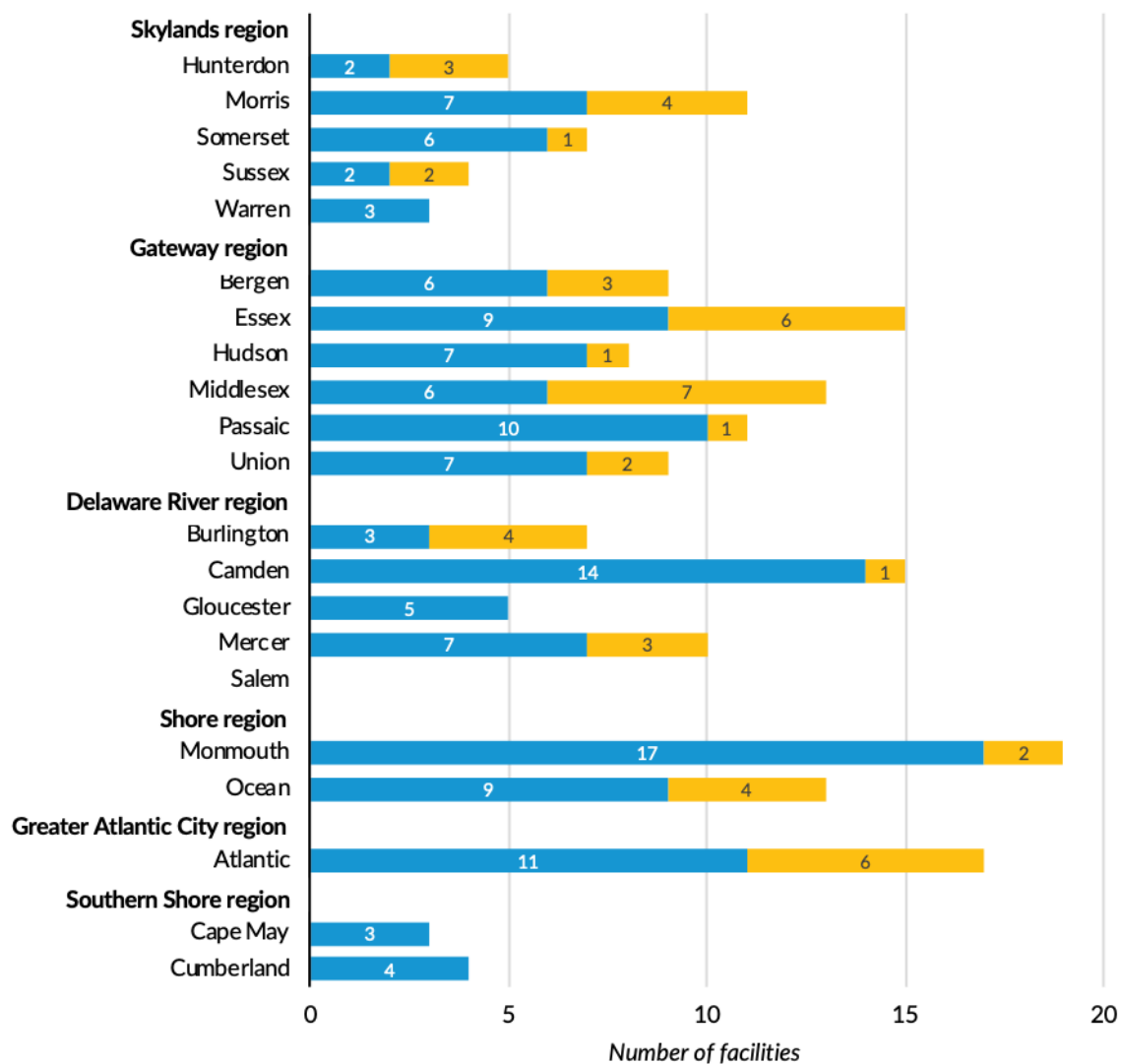
Notes: OUD = opioid use disorder; SAMHSA = Substance Abuse and Mental Health Services Administration. These data are based on information from the phone survey of facilities and the SAMHSA treatment locator information on facilities providing OUD pharmacotherapy in New Jersey; the SAMHSA Behavioral Health Treatment Locator was only used when facilities did not complete the survey. The long survey was fielded to all locations listed on the SAMHSA directory as offering OUD pharmacotherapy, as well as the facilities that were initially listed as not offering OUD pharmacotherapy but that reported offering it when contacted for the survey. The short survey was fielded to the 55 facilities that did not complete the long survey. Data collection began on July 8, 2019, with the non-OUD pharmacotherapy providers survey, and concluded on August 27, 2019, at the end of the nonresponse providers survey.

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

FIGURE 2

Number of New Jersey Facilities Accepting Pregnant Women for Treatment, Based on the Phone Survey of Facilities and SAMHSA Treatment Locator^a, by County, 2019

- Facilities that accept pregnant women for treatment
- Facilities that do not accept pregnant women for treatment



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Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2019.

Notes: SAMHSA = Substance Abuse and Mental Health Services Administration. These data are based on phone survey and SAMHSA treatment locator information on facilities offering OUD pharmacotherapy in New Jersey; the SAMHSA Behavioral Health Treatment Services Locator was only used when facilities did not complete the survey.

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

Change in the Number of Facilities Offering OUD Pharmacotherapy, by Service Type and County, 2018–19

Across the state, the number of facilities offering OUD pharmacotherapy and other substance use services increased for every service type except outpatient detox between 2018 and 2019 (table 2). Most of this growth was concentrated in the northern part of the state, in the Skylands and Gateway regions. However, Camden County added seven facilities offering regular outpatient services, five facilities offering intensive outpatient services, and four facilities offering day treatment or partial hospitalization services.

Moreover, the number of facilities offering OUD pharmacotherapy that accept pregnant women for treatment increased in most counties between 2018 and 2019 (figure 3). Nine additional facilities in Camden County and six in Monmouth County accepted pregnant women for treatment in 2019, according to either the SAMHSA directory or phone survey responses.

Twenty-eight more facilities offering OUD pharmacotherapy were listed as or reported offering regular outpatient care services in 2019 than in 2018 (figure 4; table 2). Three counties had one fewer facility that offered regular outpatient care than they had in 2018 (figure 5; table 2). Additionally, 11 more facilities were listed as or reported offering residential services in 2019 than in 2018. However, 10 of those facilities were located in the Gateway region, suggesting that patients across the state may still lack access to residential care. Lastly, 10 fewer facilities offered outpatient detox services in 2019 than in 2018.

TABLE 2

Change in the Number of New Jersey Facilities Offering Selected Services, Based on the Phone Survey of Facilities and SAMHSA Treatment Locator^a, by County and Service, 2018–19

County	Outpatient Facilities				Residential or Inpatient Facilities		
	Regular outpatient	Intensive outpatient	Day treatment or partial hospitalization	Outpatient detox	Inpatient or residential detox	Residential	Hospital inpatient
Skylands region	7	-1	3	0	0	-1	0
Hunterdon	1	-1	-1	0	0	1	0
Morris	2	0	2	-1	0	0	0
Somerset	2	1	1	1	0	-1	0
Sussex	2	1	1	0	0	0	0
Warren	0	-2	0	0	0	-1	0
Gateway region	12	2	5	-3	2	10	1
Bergen	1	0	0	-2	0	1	0
Essex	1	-1	3	0	0	4	-1
Hudson	0	0	-1	2	0	1	1
Middlesex	2	-1	-1	-1	1	2	1
Passaic	4	3	3	0	1	1	1
Union	4	1	1	-2	0	1	-1
Delaware River region	5	5	1	-3	1	0	0
Burlington	-1	2	1	-1	0	0	0
Camden	7	5	4	-2	1	-1	0
Gloucester	0	2	0	-1	0	1	-1
Mercer	0	-3	-4	1	0	1	1
Salem	-1	-1	0	0	0	-1	0
Shore region	3	2	0	0	1	1	0
Monmouth	1	1	-2	0	1	-1	0
Ocean	2	1	2	0	0	2	0
Greater Atlantic City region	1	-1	0	-2	-1	2	0
Atlantic	1	-1	0	-2	-1	2	0
Southern Shore region	0	0	0	-2	0	-1	1
Cape May	-1	-1	0	-2	0	-1	0
Cumberland	1	1	0	0	0	0	1
Total	28	7	9	-10	3	11	2

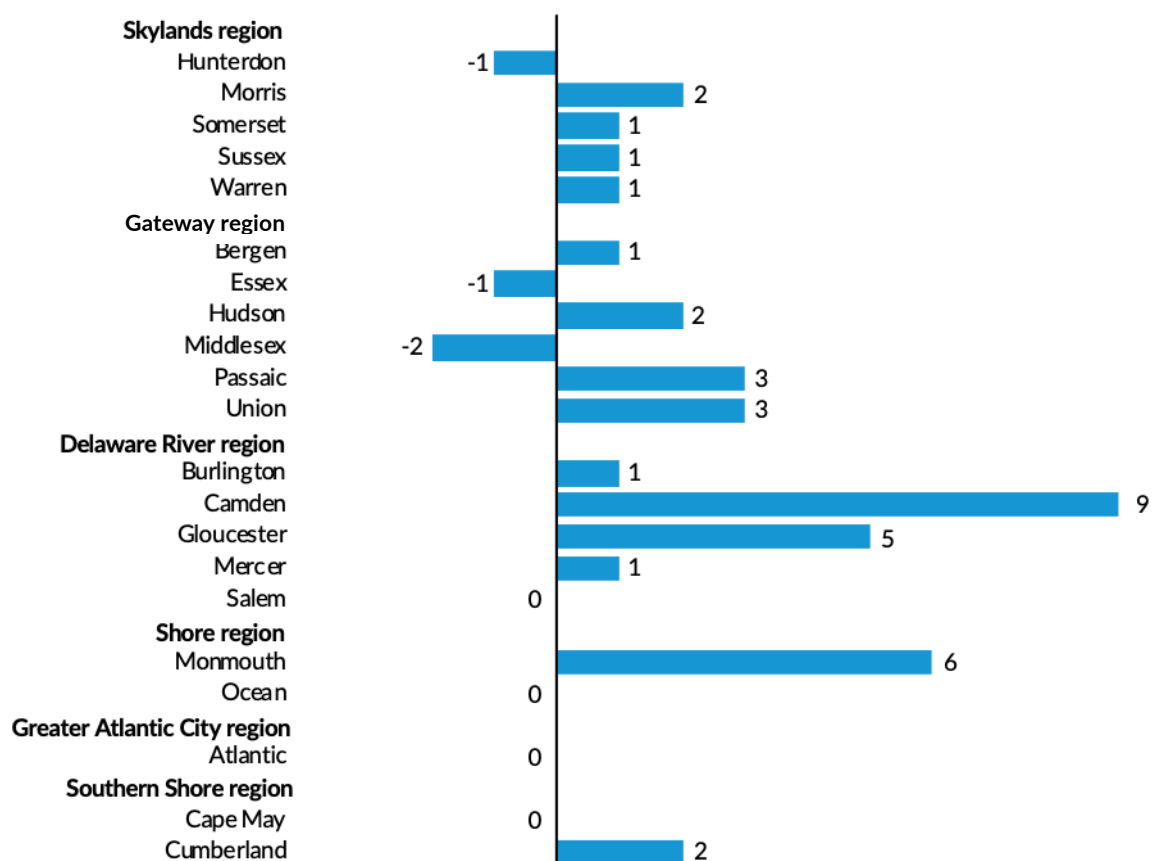
Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2018–19.

Notes: OUD = opioid use disorder; SAMHSA = Substance Abuse and Mental Health Services Administration. These data are based on phone survey and SAMHSA treatment locator information on facilities providing OUD pharmacotherapy in New Jersey. The long survey was fielded to all locations listed in the SAMHSA directory as offering OUD pharmacotherapy, as well as the facilities that were initially on the list of those not offering OUD pharmacotherapy but that reported offering it when contacted for the survey. The short survey was fielded to the 55 facilities that did not complete the long survey. Data collection began on July 8, 2019, with the non-OUD pharmacotherapy providers survey and concluded on August 27, 2019, at the end of the nonresponse providers survey.

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

FIGURE 3

Change in the Number of New Jersey Facilities Accepting Pregnant Women for Treatment, Based on the Phone Survey of Facilities and SAMHSA Treatment Locator^a, by County, 2018–19



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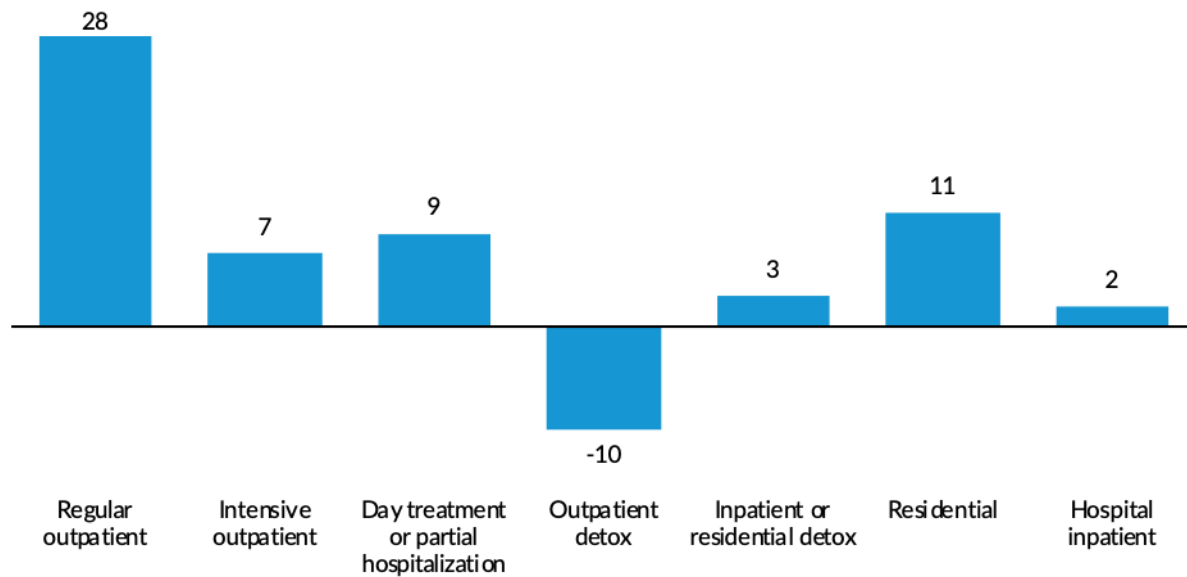
Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2018–19.

Notes: SAMHSA = Substance Abuse and Mental Health Services Administration. These data are based on phone survey and SAMHSA treatment locator information on facilities providing OUD pharmacotherapy in New Jersey.

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

FIGURE 4

Change in the Number of New Jersey Facilities Offering Selected Services,
Based on the Phone Survey of Facilities and SAMHSA Treatment Locator^a, by Service, 2018–19



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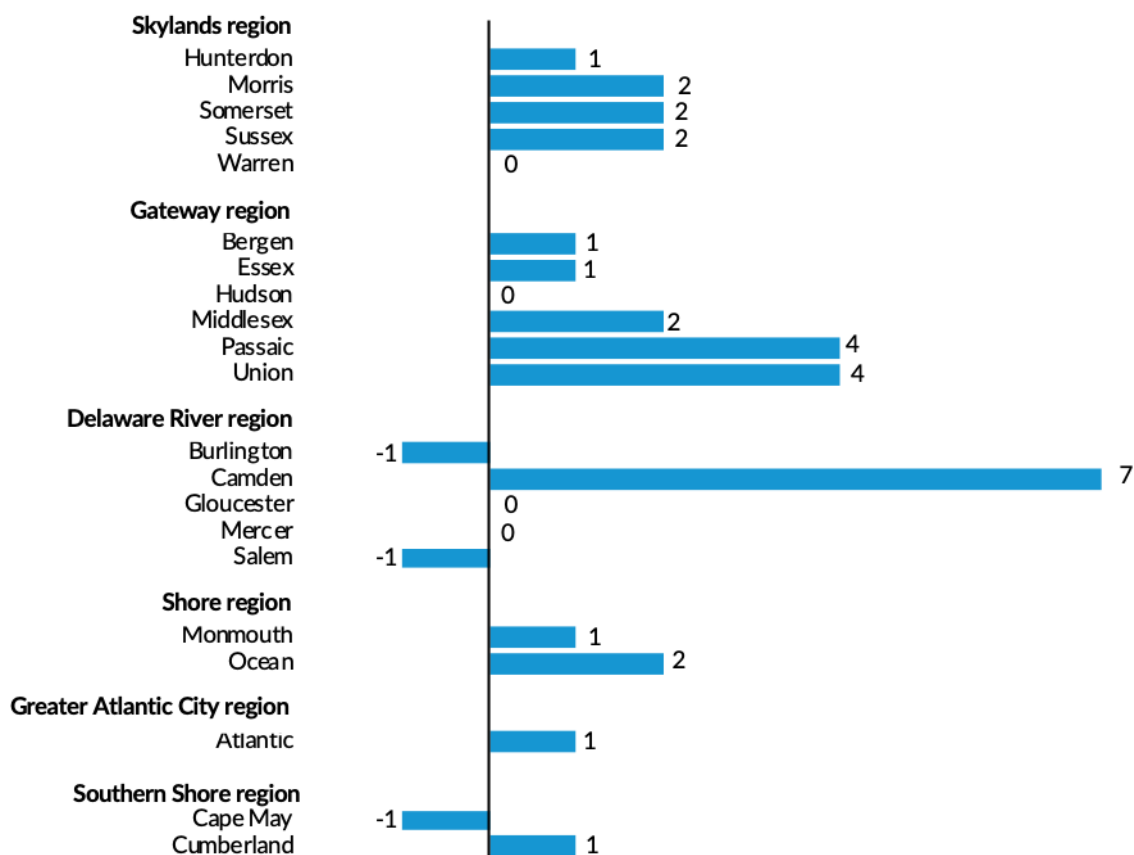
Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2018–19.

Notes: SAMHSA = Substance Abuse and Mental Health Services Administration. These data are based on phone survey and SAMHSA treatment locator information on facilities providing OUD pharmacotherapy in New Jersey.

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

FIGURE 5

Change in the Number of New Jersey Facilities Offering Regular Outpatient Treatment Services, Based on the Phone Survey of Facilities and SAMHSA Treatment Locator^a, by County, 2018–19



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Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2018–19.

Notes: SAMHSA = Substance Abuse and Mental Health Services Administration. These data are based on phone survey and SAMHSA treatment locator information on facilities providing OUD pharmacotherapy in New Jersey.

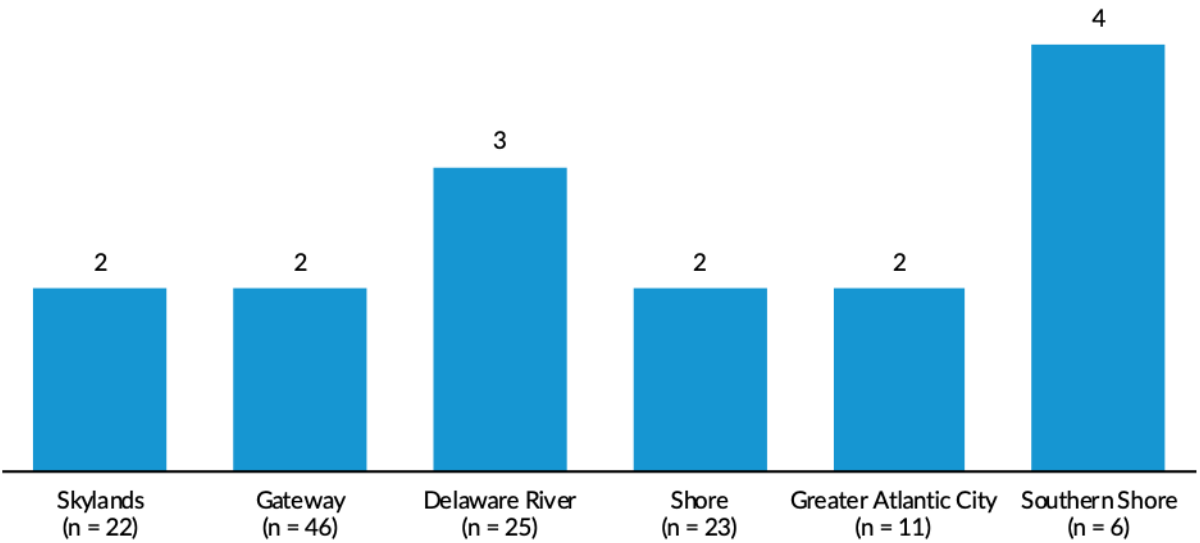
^a Data from the SAMHSA Behavioral Health Treatment Services Locator was used only when facilities did not complete the survey.

Median Wait Times for an Intake Appointment at Facilities Offering OUD Pharmacotherapy in 2019

Across all facilities providing OUD pharmacotherapy in New Jersey, the median wait time for an intake appointment was two days in most regions in 2019 (figure 6).¹¹ Facilities offering OUD pharmacotherapy in the Gateway, Greater Atlantic City, Shore, and Skylands regions reported median

wait times of two days, whereas facilities in the Southern Shore region had the longest median wait time for an intake appointment at four days. Hunterdon and Cape May Counties had the longest median wait times for an intake appointment at six and seven days (table 3).

FIGURE 6
Median Number of Days Patients Wait for an Intake Appointment at Substance Use Treatment Facilities in New Jersey, Based on Phone Survey, by Region, 2019



URBAN INSTITUTE

Source: Urban Institute analysis of collected survey data, 2019.
Notes: These data are based solely on phone survey responses to “How many days would a new patient typically have to wait for an intake appointment, assuming they are eligible? If you don't know the exact answer, an approximation is okay.”

TABLE 3

Median Number of Days Patients Wait for an Intake Appointment at Substance Use Treatment Facilities in New Jersey, Based on Phone Survey, by County, 2019

County	Wait time for an intake appointment (days)
Skylands region	2
Hunterdon	6
Morris	2
Somerset	2
Sussex	1
Warren	3
Gateway region	2
Bergen	2
Essex	1
Hudson	3
Middlesex	3
Passaic	2
Union	2
Delaware River region	3
Burlington	2
Camden	3
Gloucester	4
Mercer	2
Salem	—
Shore region	2
Monmouth	1
Ocean	2
Greater Atlantic City region	2
Atlantic	2
Southern Shore region	4
Cape May	7
Cumberland	2

Source: Urban Institute analysis of collected survey data, 2019.

Notes: OUD = opioid use disorder. Salem is marked with a dash because there are no treatment services in that county. These data are based on phone surveys of facilities providing OUD pharmacotherapy in New Jersey. The long survey was fielded to all locations listed in the SAMHSA directory as offering OUD pharmacotherapy, as well as the facilities that were initially listed as not offering OUD pharmacotherapy but that reported offering it when contacted for the survey. The short survey was fielded to the 55 facilities that did not complete the long survey. Data collection began on July 9, 2019, with the non-OUD pharmacotherapy providers survey, and concluded on August 27, 2019, at the end of the nonresponse providers survey.

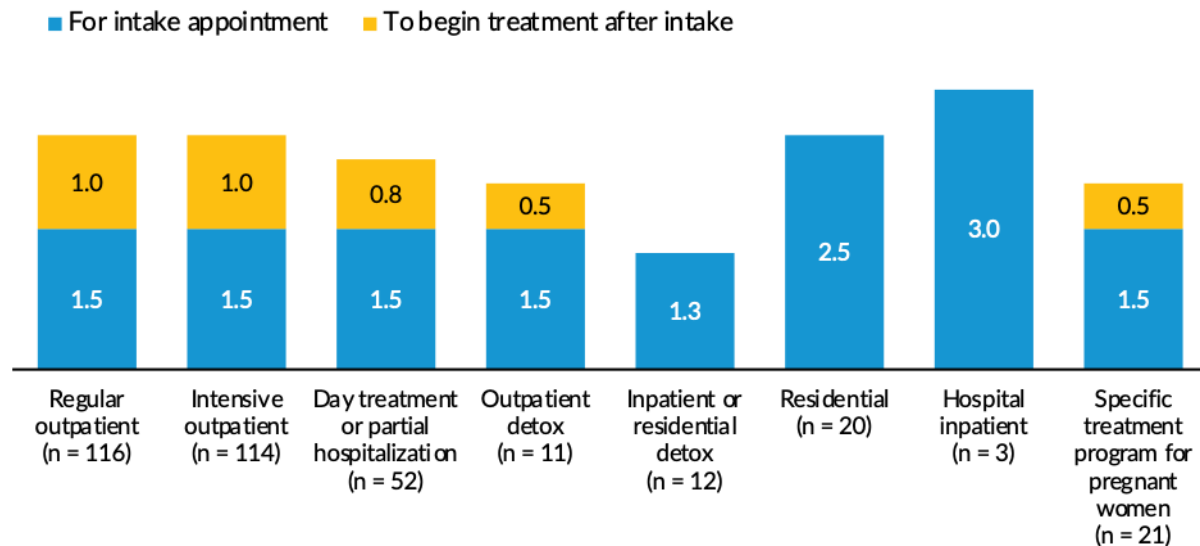
Median Wait Times to Begin Treatment after an Intake Appointment

After an intake appointment, the median wait time to start a specific treatment at a facility offering OUD pharmacotherapy varied by service in 2019. Inpatient or residential detox and residential and hospital inpatient services all had additional wait times of zero days (figure 7). Facilities offering

regular and intensive outpatient services reported an additional median wait time of one day. For residential care, three counties reported median wait times of over one week, and two counties reported a median wait time of two weeks or more (table 4).

FIGURE 7

Median Number of Days Patients Wait for an Intake Appointment and to Begin Treatment in New Jersey, Based on Phone Survey, by Service, 2019



URBAN INSTITUTE

Source: Urban Institute analysis of collected survey data, 2019.

Notes: OUD = opioid use disorder. These data are based on phone surveys of facilities providing OUD pharmacotherapy in New Jersey. The intake appointment data are based on survey responses to “How many days would a new patient typically have to wait for an intake appointment, assuming they are eligible? If you don't know the exact answer, an approximation is okay.” The data on wait times to begin treatment are based on survey responses to “After the intake appointment, how many days would a new patient typically have to wait to start a specific program? If you don't know the exact number, an approximation is okay.” Data relating to specific treatment programs for women are based on survey responses to “Do you have a specific treatment program for pregnant women?”

TABLE 4

Median Wait Times at New Jersey Substance Use Treatment Facilities, Based on Phone Survey, by County and Service, 2019

In days

County	FACILITY							Patients Specific treatment program for pregnant women ^a
	Outpatient				Residential or Inpatient			
	Regular outpatient	Intensive outpatient	Day treatment or partial hospitalization	Outpatient detox	Inpatient or residential detox	Residential	Hospital inpatient	
Skylands region	2	2	1	2	0	7	NA	—
Hunterdon	1 _b	1	NA	—	—	NA	—	—
Morris	2	2	0	4	0	0	—	—
Somerset	2	1	0	1	NA	14	NA	NA
Sussex	3	3	5	—	—	NA	—	—
Warren	4	3	4	—	—	—	—	—
Gateway region	1	1	1	1	2	1	10	1
Bergen	1	1	1	1	NA	16	NA	1
Essex	1	1	1	1	2	8 _b	—	1
Hudson	1	1	NA	1	NA	0	NA	0
Middlesex	4	2	1	3	2	5	10	1
Passaic	1	1	1	—	1	1	NA	0
Union	1	1	0	NA	NA	—	NA	—
Delaware River region	2	1	1	3	0	1	0	1
Burlington	1 _b	1 _b	1 _b	NA	—	1	—	NA
Camden	1	1	1	—	0	—	—	1
Gloucester	4	4	4	3	0	0	—	—
Mercer	1	1	1	NA	0	1	0	—
Salem	—	—	—	—	—	—	—	—
Shore region	3	2	1	0	0	0	—	1
Monmouth	3	2	1	0	0	0 _b	—	0
Ocean	2	1	1	—	—	0	—	2
Greater Atlantic City region	1	2	1	0	0	0	—	0
Atlantic	1	2	1	0	0	0 _b	—	0
Southern Shore region	1	1	2	NA	0	0	0	1
Cape May	2	2	4	—	—	—	—	1
Cumberland	0	0	0	NA	0	0	0	—

Total	116	114	52	11	12	20	3	21
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Source: Urban Institute analysis of collected survey data, 2019.

Notes: NA = not available because treatment facilities either responded "don't know" or weren't asked about the typical wait times for these specific services within each county; OUD = opioid use disorder. Cells are marked with a dash when the county lacked treatment facilities offering the service in the column head. These data are based on phone surveys of facilities providing OUD pharmacotherapy in New Jersey. The long survey was fielded to all locations listed on the SAMHSA directory as offering OUD pharmacotherapy, as well as the facilities that were initially listed as not offering OUD pharmacotherapy but that reported offering it when contacted for the phone survey. The short survey was fielded to the 55 facilities that did not complete the long survey. Data collection began on July 8, 2019, with the non-OUD pharmacotherapy providers survey, and concluded on August 27, 2019, at the end of the nonresponse providers survey.

^a Data related to specific treatment programs for pregnant women are based on the survey responses to "Do you have a specific treatment program for pregnant women?"

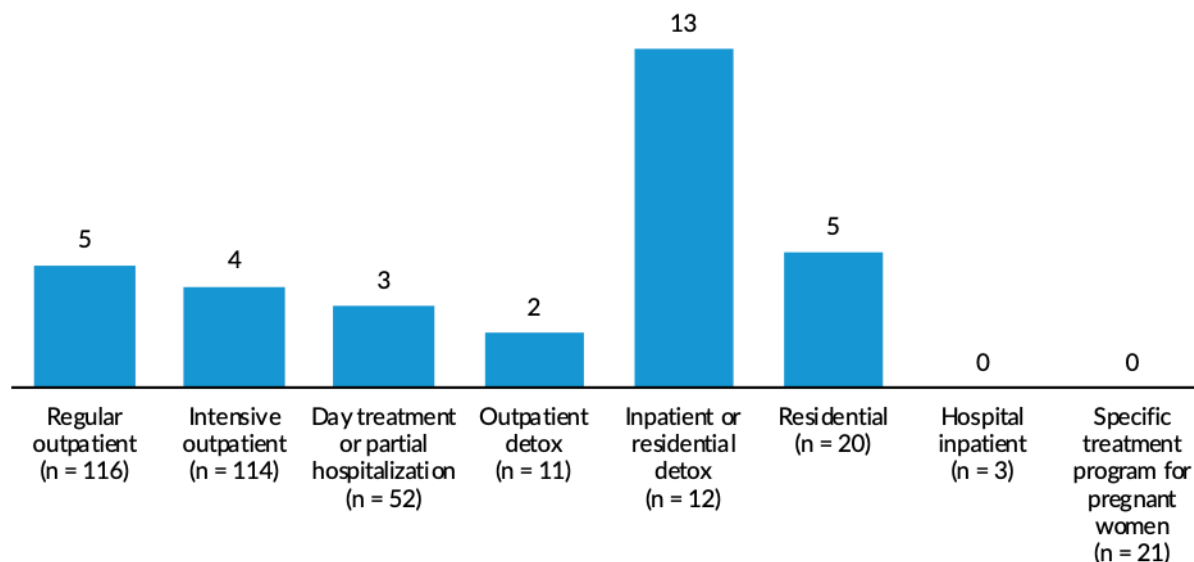
^b Does not include wait times from over half the facilities in the county.

Median Number of People Waiting to Receive Treatment at Facilities Offering OUD Pharmacotherapy in 2019

The median number of people waiting to receive treatment, based on our phone surveys of facilities providing OUD pharmacotherapy, varied widely by service in 2019. We measure this as the number of people on a waiting list for treatment and the number of people who had scheduled their first appointment but had not received treatment yet (figure 8). The median number of people waiting to receive regular outpatient treatment at facilities offering OUD pharmacotherapy was 5. Inpatient or residential detox treatment facilities had the highest median number of people waiting to receive treatment (13). The median number of people waiting to receive intensive outpatient treatment was 4, and the median number of people waiting to receive day treatment or partial hospitalization was 3. Outpatient detox had a median of 2 people waiting for treatment. Both hospital inpatient treatment and specific treatment programs for pregnant women had medians of zero people waiting for treatment.

FIGURE 8

Median Number of People Waiting to Receive Treatment in New Jersey, Based on Phone Survey, by Service, 2019



URBAN INSTITUTE

Source: Urban Institute analysis of collected survey data, 2019.

Notes: OUD = opioid use disorder. These data are based on phone surveys of facilities providing OUD pharmacotherapy in New Jersey. Data related to specific treatment programs for pregnant women are based on survey responses to “Do you have a specific treatment program for pregnant women?”

New Jersey Facilities' Acceptance of Medicaid and Federally Facilitated Marketplace Insurance in 2019

Overall, 77 percent of treatment facilities offering OUD pharmacotherapy in New Jersey reported accepting Medicaid, and 54 percent reported accepting Federally Facilitated Marketplace insurance, also referred to as New Jersey Marketplace insurance, in 2019 (table 5). More than 75 percent of regular outpatient and intensive outpatient facilities offering OUD pharmacotherapy accepted Medicaid. Further, over 90 percent of outpatient detox facilities and facilities with a specific treatment program for pregnant women accepted Medicaid. However, only 65 percent of day treatment or partial hospitalization facilities reported accepting Medicaid. Far fewer facilities reported accepting New Jersey Marketplace insurance than Medicaid, and more facilities did not know or did not respond about whether they accept Marketplace insurance. Only 38 percent of facilities with a specific treatment program for pregnant women accept New Jersey Marketplace insurance, but 90 percent accept Medicaid. Hospital inpatient facilities are the exception; all three hospital inpatient facilities offering OUD pharmacotherapy also accepted New Jersey Marketplace insurance, and only two of the three accepted Medicaid. Overall, 18 of the 133 responding facilities (13.5 percent) were either unsure about whether their facility accepted New Jersey Marketplace insurance or did not respond (table 6).

TABLE 5

New Jersey Facilities Responding to the Phone Survey That Accept Medicaid and Federally Facilitated Marketplace Insurance (Also Called New Jersey Marketplace Insurance), Based on Phone Survey, by Services Offered, 2019

	FACILITY								Patients Specific treatment program for pregnant women ^a
	Outpatient					Residential or Inpatient			
	All	Regular outpatient	Intensive outpatient	Day treatment or partial hospitalization	Outpatient detox	Inpatient or residential detox	Residential	Hospital inpatient	
Medicaid									
Responding facilities (N)	133	116	114	52	11	12	20	3	21
Accepts Medicaid based on the phone survey? (%)									
Yes	76.7	75.9	77.2	65.4	100.0	66.7	70.0	66.7	90.5
No	18.8	19.0	18.4	25.0	0.0	25.0	20.0	33.3	4.8
Not sure or missing response	4.5	5.2	4.4	9.6	0.0	8.3	10.0	0.0	4.8
Accepts NJ Marketplace insurance based on the phone survey? (%)									
Yes	54.1	55.2	55.3	48.1	72.7	66.7	60.0	100.0	38.1
No	32.3	30.2	29.8	30.8	18.2	25.0	25.0	0.0	47.6
Not sure or missing response	13.5	14.7	14.9	21.2	9.1	8.3	15.0	0.0	14.3

Source: Urban Institute analysis of collected survey data, 2019.

Notes: OUD = opioid use disorder; SAMHSA = Substance Abuse and Mental Health Services Administration. The long survey was fielded to all locations listed in the SAMHSA directory as offering OUD pharmacotherapy, as well as the facilities that were initially listed as not offering OUD pharmacotherapy but that reported offering it when contacted for the survey. The short survey was fielded to the 55 facilities that did not complete the long survey. Data collection began on July 8, 2019, with the non-OUD pharmacotherapy providers survey, and concluded on August 27, 2019, at the end of the nonresponse providers survey.

^a Data related to specific treatment programs for pregnant women are based on the survey responses to "Do you have a specific treatment program for pregnant women?"

The share of facilities offering OUD pharmacotherapy that reported accepting Medicaid was the same in 2018 and 2019, though the number of facilities that reported accepting Medicaid increased from 88 (77 percent of facilities) in 2018 to 102 (77 percent of facilities) in 2019 (table 6). The number and share of facilities offering OUD pharmacotherapy that reported not accepting Medicaid were also similar in 2018 and in 2019, increasing from 23 (20 percent of facilities) in 2018 to 25 (19 percent of facilities) in 2019. In contrast, the share of facilities offering OUD pharmacotherapy that reported accepting New Jersey Marketplace insurance decreased between 2018 and 2019, though the number of facilities that reported accepting it increased slightly from 69 (61 percent of facilities) in 2018 to 72 (54 percent of facilities) in 2019. In addition, the number of facilities offering OUD pharmacotherapy that reported not accepting New Jersey Marketplace insurance almost doubled from 2018 to 2019, from 24 (21 percent of facilities) in 2018 to 43 (32 percent of facilities) in 2019.

TABLE 6

Change in the Number of Responding New Jersey Facilities and Share of All Facilities Accepting Medicaid and New Jersey Marketplace Insurance, Based on Phone Survey, by Services Offered, 2018–19

	2018	2019
Responding facilities (N)	114	133
<i>Accept Medicaid?</i>		
Yes	88 (77%)	102 (77%)
No	23 (20%)	25 (19%)
Not sure or missing response	3 (3%)	6 (5%)
<i>Accept New Jersey Marketplace insurance?</i>		
Yes	69 (61%)	72 (54%)
No	24 (21%)	43 (32%)
Not sure or missing response	21 (18%)	18 (14%)

Source: Urban Institute analysis of collected survey data, 2018–19.

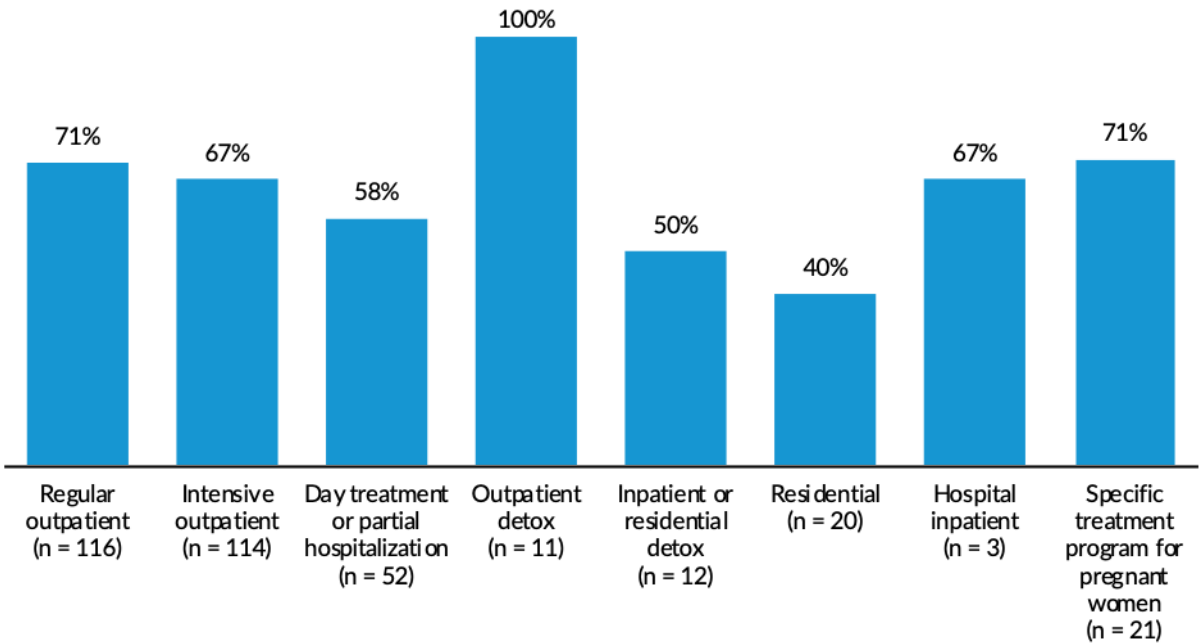
Notes: OUD = opioid use disorder; SAMHSA = Substance Abuse and Mental Health Services Administration. Percentages do not add to 100 percent because of rounding. The long survey was fielded to all locations listed in the SAMHSA directory as offering OUD pharmacotherapy, as well as the facilities that were initially listed as not offering OUD pharmacotherapy but reported offering it when contacted for the survey. The short survey was fielded to the 55 facilities that did not complete the long survey. Data collection began on July 8, 2019, with the non-OUD pharmacotherapy providers survey, and concluded on August 27, 2019, at the end of the nonresponse providers survey.

Increased Patient Capacity among Facilities Offering OUD Pharmacotherapy, 2018–19

At least 50 percent of facilities offering OUD pharmacotherapy increased their capacity to see patients for all services except residential care between 2018 and 2019 (figure 9). More than two-thirds of facilities reported that they increased capacity to see patients for regular outpatient,

intensive outpatient, outpatient detox, and hospital inpatient care. Also, more than two-thirds of facilities that offered specific treatment programs for pregnant women reported that they increased capacity to treat patients between 2018 and 2019. Fifty-eight percent of facilities that offered day treatment or partial hospitalization and 50 percent of facilities that offered inpatient or residential detox increased their capacity to see patients over this period.

FIGURE 9
Share of New Jersey Facilities That Increased Capacity to See Patients since 2018,
Based on Phone Survey, by Expanded Service, 2019



URBAN INSTITUTE

Source: Urban Institute analysis of collected survey data, 2019.
Note: Data relating to specific treatment programs for pregnant women are based on survey responses to “Do you have a specific treatment program for pregnant women?”

Limitations

Our study has several limitations. First, the survey is limited by the survey response rate and thus does not represent all facilities offering OUD pharmacotherapy across New Jersey (table A.1). Second, if any eligible facilities are excluded from the SAMHSA Behavioral Health Treatment Services Locator, they are missed in our sample. Third, not all respondents answered each question, further limiting our sample sizes for some measures. Fourth, though we drew content from previous research, most of the

survey questions have not been tested, which may limit the reliability and validity of our findings. Fifth, we changed some of the questions and measures to more accurately capture access to facilities. However, this limited our ability to assess changes over time for measures related to these changes (e.g., for median number of days a patient must wait to get treatment).

Discussion

This report builds on one of the first studies to gauge patient access to treatment services for OUD at facilities that offer OUD pharmacotherapy (Clemans-Cope, Winiski, and Epstein 2019), an indicator of current treatment supply and demand across New Jersey. The 2017 law enacted by the New Jersey legislature intended to substantially increase the number of New Jersey residents receiving treatment for OUD and other SUDs.¹² However, our findings show that capacity constraints and gaps in treatment providers related to certain treatment services likely continue to restrict patients' access to necessary treatment.

Though many New Jersey counties added treatment facilities offering OUD pharmacotherapy and covering a wide range of services between 2018 and 2019, several counties still do not offer specific services, including one county that lacks any SUD treatment facilities. Generally, fewer facilities offer more intensive treatment services. Though 11 facilities offering residential care opened between 2018 and 2019, 10 of those facilities are in the Gateway region, meaning access to this type of care may not be accessible to patients across the state. Two-thirds of New Jersey counties did not have a facility that offered hospital inpatient services in 2019. Across regions, we found that a patient typically had to wait two days for an intake appointment. However, some counties reported an additional wait time for patients after the initial intake appointment and before they started treatment. For example, the median wait time for residential care was 14 days in Somerset County and 16 days in Bergen County. For some services, the median number of people waiting for treatment was notable; in 2019, a median of 13 people were waiting to receive residential or inpatient detox treatment, and a median of 5 people were waiting for regular outpatient and residential care. Around one-fifth of facilities reported that they do not accept Medicaid, and around one-third do not accept New Jersey Marketplace insurance.

Structural barriers limiting provider capacity could be examined in further research, including a shortage of buprenorphine and methadone treatment providers (Jones et al. 2015; Knudsen et al. 2017; Stein et al. 2015; Thomas et al. 2017). Our survey found that 56 percent of facilities providing substance use disorder treatment offered OUD pharmacotherapy. Continuing to add 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, Governor Phil Murphy initiated several new policies related to OUD, including increasing access to OUD pharmacology,¹³ particularly encouraging primary care practices to provide OUD pharmacotherapy.¹⁴ The state has also taken several measures in the past few years that have expanded or could expand access to OUD and SUD treatment. For example, provider payment rates in the state Medicaid program increased from 2016 to 2018.¹⁵

However, successfully adding OUD pharmacotherapy treatment to *existing SUD programs* requires substantially developing provider support of OUD pharmacotherapy, which requires addressing providers' misperceptions and stigma about OUD pharmacotherapy. Training and infrastructure investments would also be needed. State agencies and insurers could help facilitate this change by encouraging prescribers at these facilities to obtain waivers to provide buprenorphine treatment. Policymakers and insurers could also support efforts to expand the number of treatment facilities that offer OUD pharmacotherapy by implementing policies like increasing reimbursement rates to increase acceptance of Medicaid and Marketplace plans at facilities that offer OUD pharmacotherapy.

In April 2019, New Jersey removed all prior authorization requirements for OUD pharmacotherapy for Medicaid patients.¹⁶ Though this may alleviate the long wait times for patients ready to initiate treatment, continued expansion of treatment facilities will be necessary to address demand for treatment. Stakeholders can also consider outreach options to mitigate risks during treatment delays for those on waiting lists for facility-based treatment services related to opioid use. Strategies include interim buprenorphine treatment without counseling while patients remain on waiting lists (Sigmon et al. 2016) and initiation of buprenorphine treatment in an emergency department 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 and BHDDH 2017).¹⁷

Our 2019 survey revealed an overall increase in the number of facilities that offer OUD pharmacotherapy. Median wait times for specific services were less variable across services and regions, but some patients may still have waited up to two weeks to begin treatment. Most facilities reported increasing capacity to see patients since 2018. However, median intake wait times and specific service median wait times are still longer than the standard of care (Comer et al. 2015). Further, only two services report a median number of zero people waiting for treatment. With almost half of all treatment facilities located in the Skylands and Gateway regions, treatment might not be

accessible for many people in other parts of the state. As numerous stakeholders continue to address the opioid epidemic in New Jersey, it is imperative that policy changes, such as the removal of prior authorization requirements, be coupled with expanded treatment options and availability for patients. Sustained partnerships between hospitals, policymakers, patients and their families, and other community members are essential to providing adequate care for patients and addressing the opioid crisis.

Appendix A. Phone Interview Scripts and Data

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!

ODU 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 time 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 their 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 Nonresponse 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!

Phone Survey Data

TABLE A.1

Disposition of the Sample and Completion and Response Rates for Phone Surveys, 2019

	Facilities Listed in the SAMHSA Directory As Offering OUD Pharmacotherapy		Facilities Listed in the SAMHSA Directory As Not Offering OUD Pharmacotherapy
	Long survey	Short survey	
Eligible facilities (N)	188	55	151
Full completion	124	22	117
Partial completion	9	5	0
Imputed responses	0	0	0
No contact	17	26	32
Refusal to answer survey ^a	38	2	2
Completion rate for full completion^b	66%	40%	77%
Response rate for responding facilities (i.e., full or partial completion or imputed responses)^c	71%	49%	77%
Ineligible facilities (N)	4	0	3
Facility permanently closed ^d	2	0	2
Duplicate entry ^e	2	0	0
Does not offer addiction treatment services	0	0	0
Number dialed not in service	0	0	1

Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2019.

Notes: SAMHSA = Substance Abuse and Mental Health Services Administration. OUD = opioid use disorder. The long survey was fielded to all locations listed in the SAMHSA directory as offering OUD pharmacotherapy, as well as the facilities that were initially listed as not offering OUD pharmacotherapy but that reported offering it when contacted for the survey. The short survey was fielded to the 55 facilities that did not complete the long survey. Data collection began on July 8, 2019, with the non-OUD pharmacotherapy providers survey, and concluded on August 27, 2019, at the end of the nonresponse providers survey.

^a A facility was marked as refusing to answer the survey if the caller spoke with someone from the office at least once who did not answer the survey, after at least three and at most six calls, if the respondent never provided a better time to call back, if the respondent didn't answer at least two calls after the caller called back at the specified time, or if the respondent did not want to answer the survey.

^b The full completion rate is the number of full completed survey responses divided by the number of eligible survey responses.

^c The response rate is the number of responding facilities (defined as full or partial completion or imputed responses) divided by the number of eligible survey responses.

^d Facilities were marked as permanently closed when the listed phone number(s) were out of service and internet searches (e.g., Google listings, local newspaper articles) indicated that the facility had permanently closed.

^e Facilities were marked as duplicate entries when the facility name, phone number, and address listed in the SAMHSA directory were the same as another listing in the directory.

TABLE A.2

Number of Calls Attempted during the Long OUD Pharmacotherapy Provider Survey, 2019

	Number of facilities	Share of completed, partially completed, or imputed surveys (%)
Number of attempted calls to complete or partially complete the long OUD pharmacotherapy provider survey		
One	46	35
Two	30	23
Three	25	19
Four	21	16
Five	7	5
Six	4	3
Imputed answers	0	0
Total surveys completed, partially completed, or imputed	133	
Average number of attempted calls to complete	2.4	
Average number of attempted calls for facilities that refused to answer	3.9	
Average number of attempted calls for facilities with no contact	3.6	

Source: Urban Institute analysis of collected survey data, 2019.

Notes: OUD = opioid use disorder. This table does not include the calls made to 55 additional facilities during the follow-up short survey, during which facilities were only called once regardless of whether anybody answered. No voicemails were left.

TABLE A.3

Responding Facilities, by Services Offered and Patients Served As Listed in the SAMHSA Directory
and As Reported during the Phone Survey, 2019

	SERVICES OFFERED									Patients Specific treatment program for pregnant women ^b
	Outpatient				Residential or Inpatient			Buprenorphine Treatment		
	Regular	Intensive ^a	Day treatment or partial hospitalization	Detox	Detox	Residential	Hospital inpatient	For maintenance or detox	For maintenance only	
Responding facilities listed in the SAMHSA directory as offering service (N)	137	134	50	22	16	25	7	102	77	58
Share that did not report offering the service on the phone survey (%)	4	4	16	50	0	20	43	14	0	57
Responding facilities that reported offering the service on phone survey (N)	134	114	52	19	15	26	3	98	80	21
Share not listed as offering the service in the SAMHSA directory (%)	5	5	42	47	0	27	33	15	34	38

Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2019.

Notes: SAMHSA = Substance Abuse and Mental Health Services Administration. The long survey was fielded to all locations listed in the SAMHSA directory as offering OUD pharmacotherapy, as well as the facilities that were initially listed as not offering OUD pharmacotherapy but that reported offering it when contacted for the survey. The short survey was fielded to the 55 facilities that did not complete the long survey. Data collection began on July 8, 2019, with the non-OUD pharmacotherapy providers survey and concluded on August 27, 2019, at the end of the nonresponse providers survey.

^a Intensive outpatient is defined as treatment lasting usually three hours per day/three days per week. Day treatment or partial hospitalization is defined as lasting usually six hours per day/five days per week. The directory lists facilities with special programs/groups offered for pregnant women, but we still asked, "Do you accept pregnant women for addiction treatment?"

^b Data related to specific treatment programs for pregnant women are based on survey responses to, "Do you have a specific treatment program for pregnant women?"

TABLE A.4

OUD Pharmacotherapy Services Offered by the Non-OUD Pharmacotherapy Providers That Responded to the Survey of Facilities Listed on the SAMHSA Directory As Not Offering Naltrexone or Buprenorphine, 2019

	Number	Percent
Naltrexone only	6	5.1
Buprenorphine for detox only	0	0.0
Buprenorphine for maintenance only	1	0.9
Naltrexone and buprenorphine for detox	0	0.0
Naltrexone and buprenorphine for maintenance ^a	9	7.7
Total number of facilities that completed the non-OUD pharmacotherapy provider survey	117	77.5
Total number of facilities that did not complete the survey	34	22.5

Source: Urban Institute analysis of collected survey data, 2019.

Notes: OUD = opioid use disorder. SAMHSA = Substance Abuse Mental Health Services Administration. The long survey was fielded to all locations listed in the SAMHSA directory as offering OUD pharmacotherapy, as well as the facilities that were initially listed as not offering OUD pharmacotherapy but that reported offering it when contacted for the survey. The short survey was fielded to the 55 facilities that did not complete the long survey. Data collection began on July 8, 2019, with the non-OUD pharmacotherapy providers survey and concluded on August 27, 2019, at the end of the nonresponse providers survey.

^a One facility responded to the non-OUD pharmacotherapy survey saying it did offer naltrexone and buprenorphine for maintenance, but when the facility was called for the long survey, the respondent said the facility closed and had moved to a different location that did not offer OUD pharmacotherapy.

TABLE A.5

**Responding Facilities That Accept Medicaid and New Jersey Marketplace Insurance,
by Services Offered and Patients Served As Reported during the Phone Survey, 2019**

	SERVICES OFFERED								Patients Specific treatment program for women ^a
	Outpatient					Residential or Inpatient			
	All	Regular outpatient	Intensive outpatient	Day treatment or partial hospitalization	Outpatient detox	Inpatient or residential detox	Residential	Hospital inpatient	
Responding facilities (N)	133	116	114	52	11	12	20	3	21
Percentage of facilities accepting Medicaid based on the phone survey but not the SAMHSA directory (%)	11.3	8.6	9.6	9.6	18.2	25.0	30.0	0.0	4.8
Percentage of facilities accepting Medicaid based on the SAMHSA directory but not the phone survey (%)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Percentage of facilities accepting Marketplace insurance based on the phone survey but not the SAMHSA directory (%)	31.6	31.9	33.3	34.6	9.1	50.0	45.0	66.7	28.6
Percentage of facilities accepting Marketplace insurance based on the SAMHSA directory but not the phone survey (%)	5.3	5.2	4.4	3.8	9.1	0.0	5.0	0.0	14.3

Source: Urban Institute analysis of collected survey data and the SAMHSA Behavioral Health Treatment Services Locator, 2019.

Notes: The long survey was fielded to all locations listed in the SAMHSA directory as offering OUD pharmacotherapy, as well as the facilities that were initially listed as not offering this pharmacotherapy but reported offering it when contacted for the phone survey. The short survey was fielded to the 55 facilities that did not complete the long survey. Data collection began July 8, 2019, with the non-OUD pharmacotherapy providers survey and concluded on August 27, 2019, at the end of the nonresponse providers survey.

^a Data related to specific treatment programs for pregnant women are based on survey responses to, "Do you have a specific treatment program for pregnant women?"

Notes

- 1 Adam Polhemus, "New Jersey's Drug Environment 2015–2016," New Jersey Office of the Regional Operations and Intelligence Center, accessed March 19, 2020, <https://centerforprevention.org/wp-content/uploads/2016/11/DMI-Toxicology-Sussex.pdf>.
- 2 *Act of Feb. 15, 2017*, ch. 28, 2017 N.J. Laws 2017 (concerning substance use disorders and revising and supplementing the related statutory law).
- 3 "Behavioral Health Treatment Services Locator," Substance Abuse and Mental Health Services Administration, accessed March 20, 2020, <https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator>.
- 4 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 subdermal implant (Probuphine), buprenorphine with naloxone (Suboxone), buprenorphine without naloxone, naltrexone used in treatment, or naltrexone (oral).
- 5 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, we used the midpoint for analysis. We computed sensitivity checks using the lower and upper ends of the range. One limitation 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 an appointment was 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 days instead of one.
- 6 The variable names for completion, cooperation, and refusal rates are RR2, COOP2, and REF1. See AAPOR (2016).
- 7 We computed this estimate as follows: The SAMHSA directory listed 320 facilities that offered OUD pharmacotherapy or did not offer OUD pharmacotherapy but were otherwise eligible for the study sample. Three of these facilities 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.
- 8 A few other facilities that were not listed in the directory as offering each service responded that they do offer regular outpatient care and intensive outpatient care (five and two 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.
- 9 "Women and Families," State of New Jersey Department of Health and Human Services Division of Addiction Services, accessed March 19, 2020, <https://www.state.nj.us/humanservices/das/treatment/women/>.
- 10 Table A.4 shows data about the number of facilities offering OUD pharmacotherapy by service type and county for respondents of the phone survey alone.
- 11 Patient wait-time estimates are based on the facilities that answered the phone survey, because these data are unavailable in the SAMHSA directory.
- 12 *Act of Feb. 15, 2017*, ch. 28, 2017 N.J. Laws 2017.

- 13 "Governor Murphy Announces New Initiatives to Combat the Opioid Epidemic," Office of New Jersey Governor Phil Murphy, January 23, 2019, <https://www.nj.gov/governor/news/news/562019/approved/20190123b.shtml>.
- 14 Caitlin Thomas-Henkel, "Promoting Addiction Treatment in Medicaid: A Q&A with New Jersey's Department of Human Services Commissioner Carole Johnson," Center for Health Care Strategies Inc., April 4, 2019, <https://www.chcs.org/promoting-addiction-treatment-in-medicaid-a-qa-with-new-jerseys-department-of-human-services-commissioner-carole-johnson/>.
- 15 "Medicaid: States' Changes to Payment Rates for Substance Use Disorder Services," US Government Accountability Office, January 30, 2020, <https://www.gao.gov/products/GAO-20-260>.
- 16 "New Jersey Medicaid Removes Prior Authorization Requirements for Opioid Addiction Treatment Medication," New Jersey Department of Human Services, accessed March 19, 2020, <https://www.state.nj.us/humanservices/news/press/2019/approved/20190401.html>.
- 17 "Levels of Care for Baltimore City Hospitals Responding to the Opioid Epidemic," Baltimore City Health Department, accessed March 19, 2020, <https://health.baltimorecity.gov/levels-care>.

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About the Authors

Lisa Clemans-Cope is a principal research associate and health economist in the Health Policy Center at the Urban Institute. Her areas of expertise include substance use disorder treatment, health spending, access to and use of health care, Medicaid and CHIP programs and health-related survey and administrative data. Clemans-Cope holds a BA in economics from Princeton University and a doctorate in health economics from the Johns Hopkins Bloomberg School of Public Health.

Emma Winiski is a research assistant in the Health Policy Center. Her current works focuses on treatment of substance use disorder under Medicaid and analysis of survey data. She received a BS from Furman University.

Marni Epstein is a research assistant in the Health Policy Center. Her works primarily focuses on substance use disorder treatment and health spending through quantitative analyses of Medicaid administrative claims and survey data. She received a BA from Johns Hopkins University.

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