

# **New Jersey Division of Mental Health and Addiction Services**

## **Evaluation Research Report of Findings: Medication-Assisted Treatment Initiative**

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# History and Legislation

- Bloodborne Disease Harm Reduction Act, BDHRA (P.L. 2006 C.99)
- \$10M for substance abuse Treatment and Evaluation Research
- Six Evaluation Cities: Camden, Atlantic, Trenton, Newark, Paterson, and Plainfield
- 3 Components of Medication-assisted Treatment Initiative (MATI):
  - Mobile Vans
  - Supportive Housing
  - Enhanced Subacute Detoxification

# Mobile Van

- MATI offered free medication assisted treatment “on demand” to Syringe Access Program (SAP) participants and other opioid dependent individuals via
- 1) mobile medication units (MMU): motor coaches with safes for storage of medication, doctor’s offices, lab station, computers, confidential counseling office, lavatory, and waiting area.
- 2) linked to fixed-site offices that provided counseling services based on client need.

# Supportive Housing

- Eligibility criteria: homelessness or risk thereof
- Priority was given to current IDUs who were:
  - pregnant,
  - had children under 18, or
  - seeking reunification with removed children.
- Sobriety and abstinence not required.
- The Intensive Supportive Housing Team works with the consumer to motivate and support recovery.

# Enhanced Detoxification

- Sub-acute 24-hour medically-monitored inpatient withdrawal management with 2 hours per week of individual counseling plus case management, and capable of treating:
  - pregnant women
  - poly-addicted persons (benzodiazepines)
  - MAT clients (traditional methadone)
  - medical condition not requiring acute care hospital services.

# Evaluation Component

- Competitive bid selection process
- 9/2008: Award: Center For Alcoholism and Substance Abuse (CASA) Columbia University, NY
- 1/2008: Three components operational
- 10/01/08: Evaluation Research Began
- 1/30/14: Final Report Delivered

# Purpose of the Evaluation

To determine if MATI increased treatment access, improved the continuum of care, and addressed barriers to recovery for disenfranchised, substance abusing, high HIV risk populations.

# Evaluation Research Design: Mobile Van Component

Case-control study comparing cases enrolled in the MATI with matched controls enrolled in:

- 1) traditional methadone
- 2) drug-free outpatient



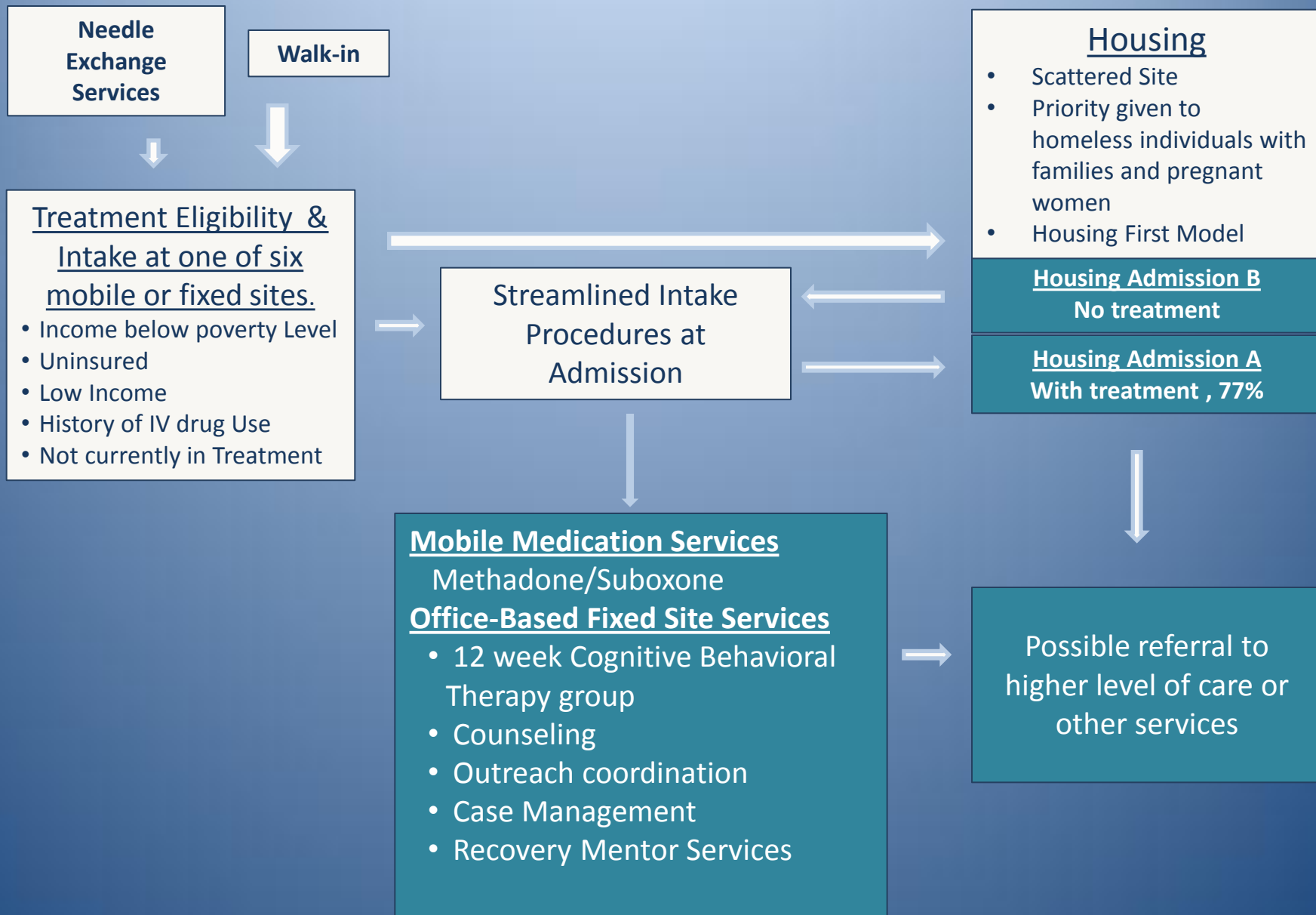
# Evaluation Research Design: Enhanced Detoxification

1. NJSAMS data for all MATI patients
2. Compare participants with non-participants
3. Two outcomes:
  - a) Length of stay
  - b) Treatment completion












# Evaluation Research Design: Supportive Housing

- NJSAMS data for all supportive housing clients (SHC)
- Self-reported interview data collected from all SHCs upon “move-in” (baseline)
- Comparison of baseline data with data collected at 6, 12, and 18 months
- Pre- and Post- housing drug and treatment utilization, outcomes, and satisfaction

# MATI & Housing Client Flow



# Program Characteristics

	Atlantic City	Camden	Newark	Paterson	Plainfield	Trenton
SAP facility in city						
Mobile Unit						
Supportive Housing						
Patients served*	576	310	456	414	332	125
Patients interviewed	83	84	94	105	101	75
Referred from SAP**	23%	31%	40%	44%	19%	4%
Prescribed suboxone	28%	35%	26%	17%	28%	16%

\*Jan. 1, 2008 and Sep. 30, 2010. Comprised evaluation database.

\*\*Among interview study participants, n=613

# Evaluation Aims

- 1. Describe MATI clients and experience**
- 2. Compare outcomes with MAT, non-MAT :**
  - A. heroin, other drug use**
  - B. criminal justice involvement**
  - C. injection drug use**
  - D. HIV risk**
  - E. Treatment LOS**
  - F. Medical utilization and costs:**
    - 1) MMU**
    - 2) Supportive Housing**

# Research Procedures

## Participants

### All Clients

2,259 MATI Participants  
– 6 sites –

NCADD interviewed 542  
of these participants  
– 6 sites –

71 clients in  
supportive housing –  
2 sites –  
NCADD interviewed all

## Study Procedures

### Baseline

- consent
- demographics
- ASI/drug use history
- clinical characteristics
- use of services

### Follow-up interviews

- 6, 12, 18 months
- drug use
- clinical symptoms
- use of services
- experience with services
- urine drug screen

### Sources of information

- NCADD interview
- NJSAMS
- Case manager logs

# Selection of Administrative Sample

NJSAMS  
population

opioid dependent  
admissions between  
Jan 2008 – Sep 2010

MATI

non-MAT

traditional  
methadone

## 1. Propensity score balanced on

- age
- race/ethnicity
- education
- housing stability
- substance use severity
- criminal justice events
- treatment history
- mental illness

2. Propensity score weights were applied to regression models of retention in treatment, treatment completion, and medical service utilization.

# Patient Characteristics

- Both MATI and non-MAT groups had a large proportion of African-Americans, Latinos, uninsured, and homeless.
- MATI patients had greater substance use severity than traditional methadone and non-MAT patients



# Treatment Retention

- LOS for MATI patients was longer than it was for non-MAT patients.
- LOS for MATI patients prescribed methadone
  - no different from traditional methadone patients
  - longer than for those choosing suboxone\*

\*Suboxone dosage correlated with LOS. Failure to prescribe at clinically significant doses may have undermined client LOS and may explain the lower-than-methadone LOS.

# Hospital Utilization and Costs

- MATI and non-MAT patients showed no difference in hospital and emergency department (ED) utilization or costs.
- Compared to traditional methadone patients, MATI patients
  - had lower ED costs
  - were less likely to initiate inpatient hospitalizations

# Treatment Access

- Low wait times to access treatment.
- In most cases, once intake was done, treatment started same day.
- People reported MATI was significantly easier to access compared to past experiences.
- Clients preferred the mobile van.

# MATI Interviews: Key Findings

- There were significant decreases in:
  - IDU
  - Use of unclean needles
  - Use of substances (heroin, cocaine, alcohol to intoxication)
  - Detention or incarceration
  - Engagement in illegal activity for profit
- Positive outcomes are associated with cost savings for the patient and the state.

# Enhanced Detoxification

MATI patients participating in enhanced detox were:

- more likely to be African-American and age 36-45.
- less likely to be IDUs.
- demonstrate a longer LOS than MATI patients that did not participate.

# Supportive Housing Outcomes

- Given the option, 77% of supportive housing clients entered treatment.
- Supportive Housing clients demonstrated:
  - reduction in IDU heroin use.
  - lower average ED and inpatient hospital costs but small sample size prevented seeing a statistical difference.
  - Successful parent-child reunifications (20%)

# Summary

- MATI reached African American, Latino, homeless, uninsured persons who are:
  - often found in non-MAT programs
  - not well represented in MAT programs
- MATI patients showed:
  - LOS (1.3 yr) comparable to MAT patients
  - LOS significantly longer than non-MAT patients.

# Conclusion

The Medication-Assisted Treatment Initiative (MATI) proved an effective public health response to heroin use by:

- improving treatment access for homeless, medically-indigent heroin-injecting persons.
- reducing IVDU, HIV risk, social and economic costs of the chronic disease of addiction.