NEW JERSEY
DEPARTMENT
OF HUMAN SERVICES

New Jersey - Medication Assisted Treatment Initiative (MATI)

March 3, 2022

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Background

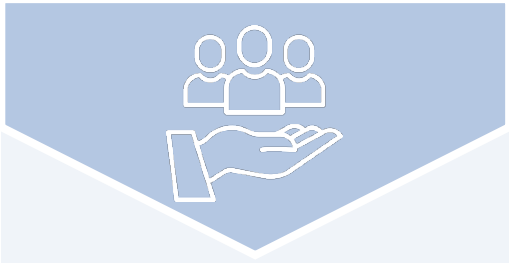
The Bloodborne Disease Harm Reduction Act (P.L. 2006, c.99) was signed into law by Governor Jon Corzine on December 19, 2006.

- This law initiated New Jersey as the 50th state in the nation to enact what is commonly called “Needle Exchange” policy. The law enabled a demonstration program to permit up to six municipalities to operate a sterile syringe access program
- $10,000,000 was appropriated from the General Fund annually to the Division of Addiction Services (currently Division of Mental Health and Addiction Services) for inpatient and outpatient drug abuse treatment program slots and outreach.

Mobile Medication Unit

Mobile medication units are part of an exciting, innovative strategy that lets us deliver treatment services directly to neighborhoods where they are most needed.

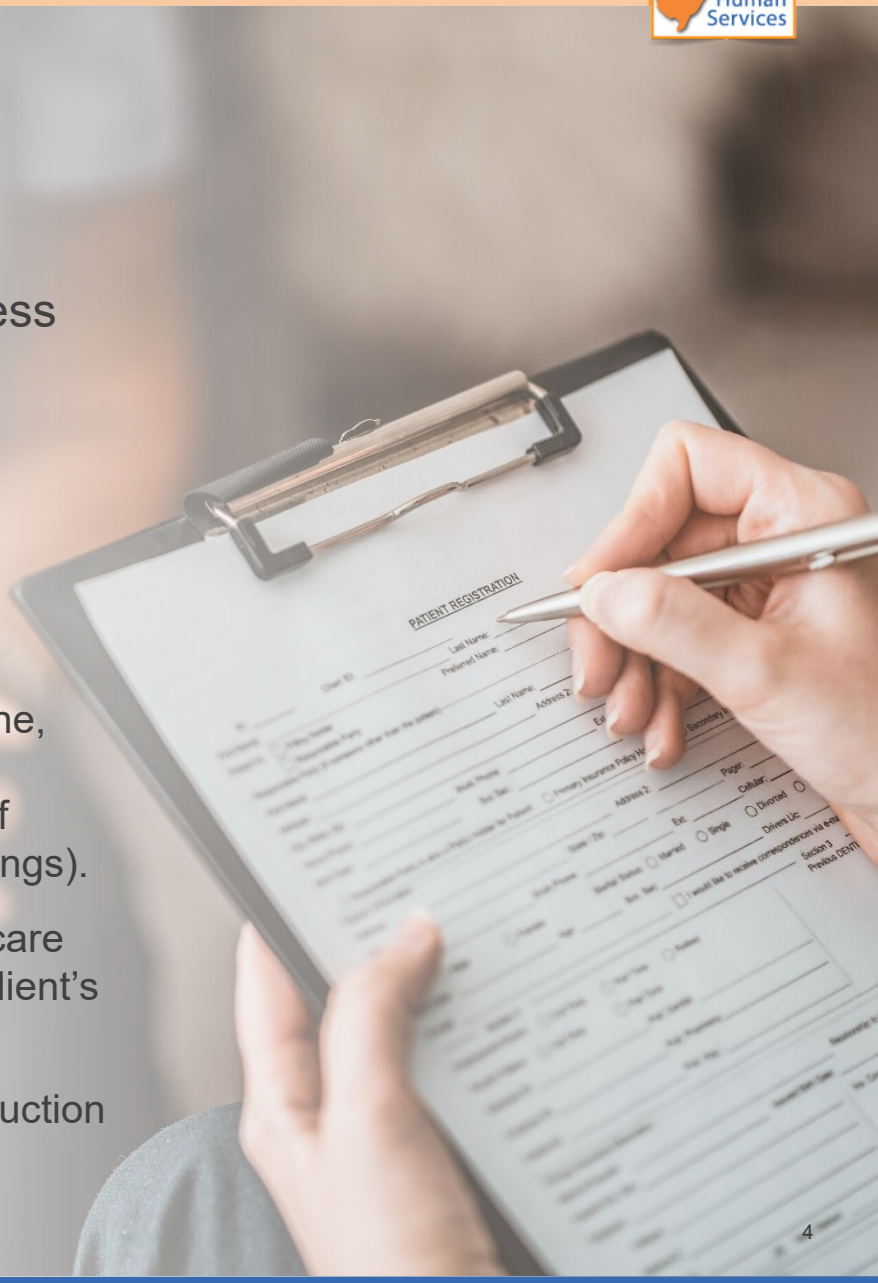
Provides treatment on demand within the existing continuum of care



Most significantly it works to situate addiction treatment within a public health paradigm.

Why Mobile Medication?

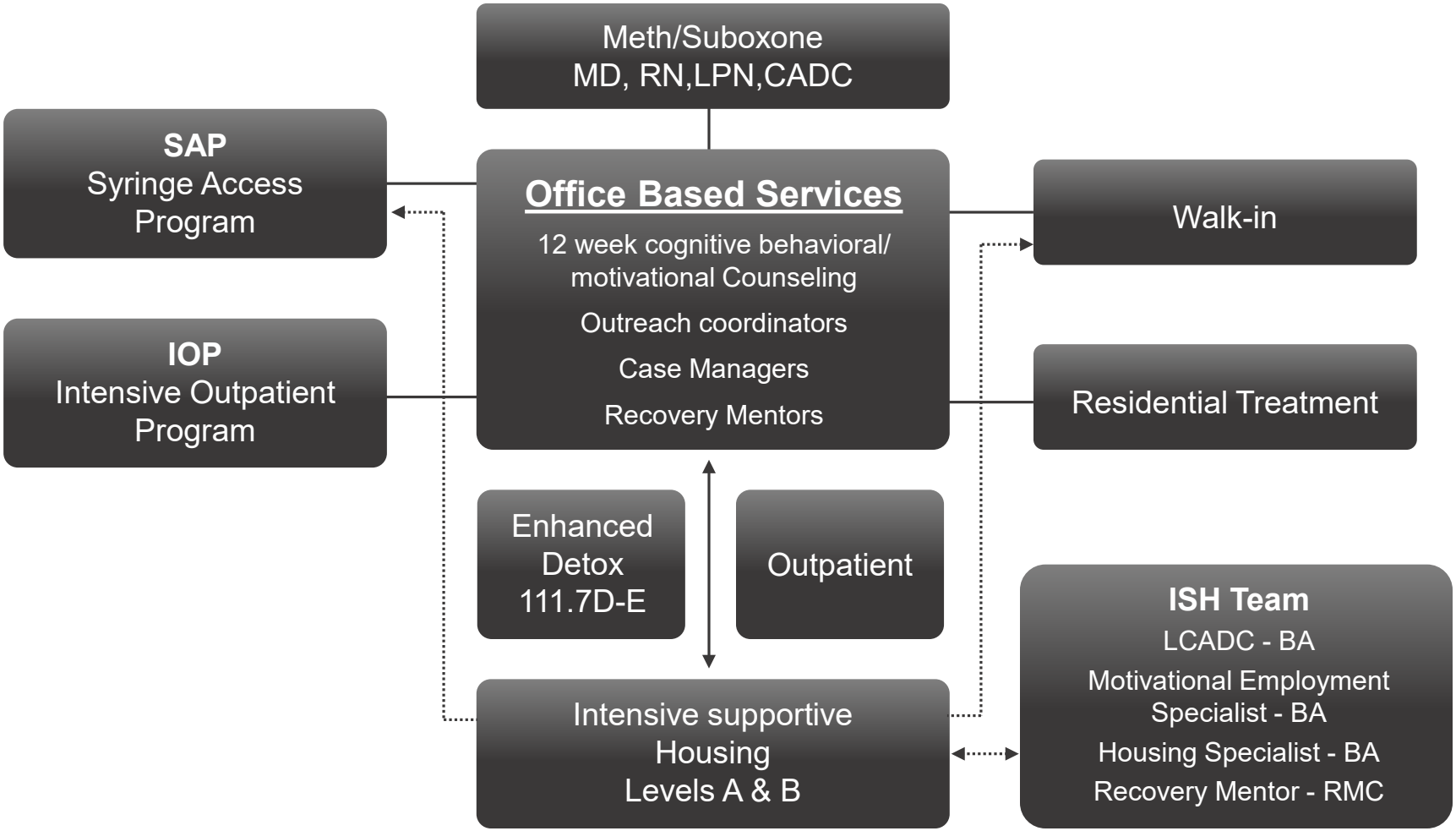
- According to the Syringe Access Best Practice recommendations, syringe access programs should allow for:
  - Immediate placement in treatment
  - Treatment slots available on demand
  - Referrals to substance abuse treatment in accordance with client's level of care
  - Outreach Services, housing, mobile methadone, and mobile buprenorphine induction (Buprenorphine/Naloxone is the formulation of choice for use in outpatient detoxification settings).
  - A client-centered recovery oriented model of care should be adopted that values and respects client's choices and strengths.
  - Finally, an overall acceptance of the harm reduction philosophy must be embraced.



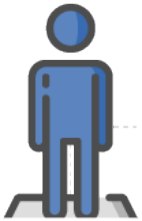
MATI Eligibility Criteria

- In order for clients to receive treatment services and other support services through the MATI, the MATI contract providers ensure proper eligibility in the three (3) following areas:
  - Income Eligibility
  - Program Eligibility
  - Clinical Eligibility

MATI Continuum of Care Model



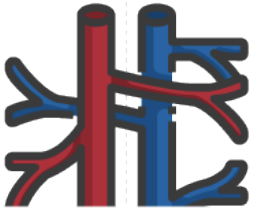
MATI Demographics
2008 to 2022



9,522
UNDUPLICATED CLIENTS

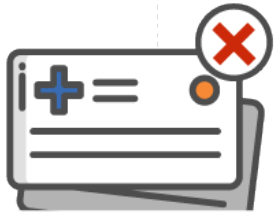
15,073
ADMISSIONS TO PROGRAM

716
ACTIVELY BEING SERVED



76%
INTRAVENOUS DRUG USERS

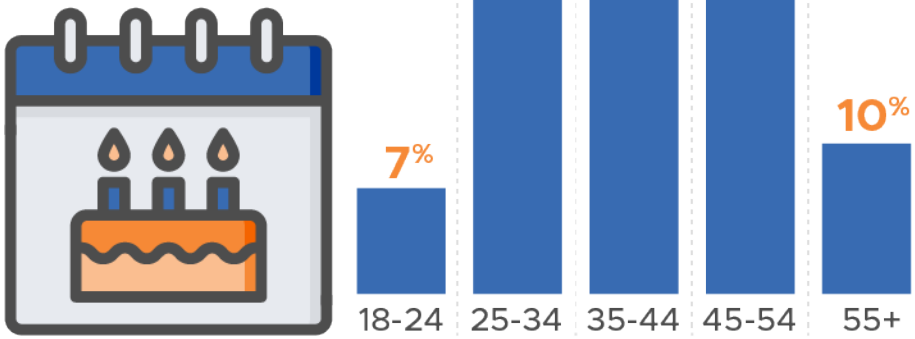
49%
SELF-REFERRALS,
12% FRIENDS / FAMILY



67%
UNINSURED

MATI Admission Demographics

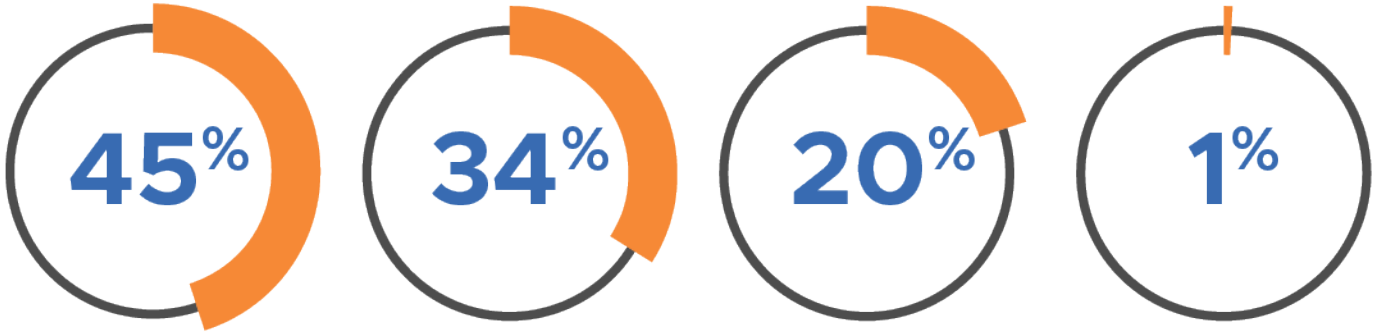
AGE AT ADMISSION



MAT PLANNED IN TREATMENT

- METHADONE 60%
- BUPRENORPHINE 14%
- PSYCHOTROPIC 1%
- VIVITROL <1%

RACE/ ETHNICITY



- WHITE (NON-HISPANIC)
- BLACK (NON-HISPANIC)
- HISPANIC ORIGIN
- OTHER


UNIT-2
BLUE BIRD

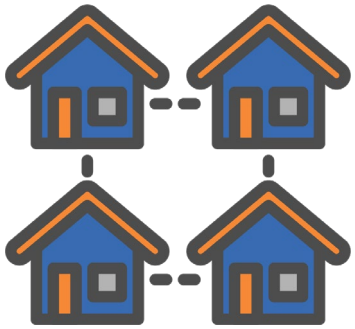

NOTICE
AVISO
DANGER
PELIGRO
NO SMOKING
NO FUMAR

Mobile Medication to Correctional Facility

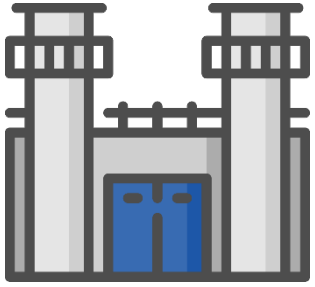
- MATI bus repurposed to serve AC Correctional Facility – **Project Kickstart**
- Program initiates MAT with inmates and continues MAT after release from jail
- Serves anyone with an Opioid use disorder
- 1,613 have participated in program
  - Outcomes include:
    - 1,419 released on MAT
    - 82% began treatment in community

Project Kickstart Outcomes

1,613 participants since beginning



- Community outcomes
  - 1,419 released on MAT
  - 82% continued treatment in community following release
    - 3 months post release – 42%
    - 6 months post release – 26%
    - 9 months post release – 19%



- Correctional Facility outcomes
  - Recidivism decreased from an avg of 65% / 68% to 44%
  - 65% decrease in suicide attempts and 75% decrease in withdrawal complications requiring ED visit

Potential Opportunities for Mobile Treatment

Low threshold / low demand access (incl. going to areas with PEH gather, where it is difficult to access pharmacy, treatment facilities who do not have a prescriber, recovery residences)

Use as a part of an emergency management strategy when guest dosing is not an option

Enables access to MAT in rural areas and/or where siting a clinic may be challenging

Considerations in Planning for Mobile Medication

Type of vehicle – suggest retrofitted box trucks with a separate cab

Consider NIMBY issues and try to get in front of it with public awareness campaign

Funding – third party payors (including Medicaid), SAMHSA funding for vehicle purchase

Thank you!

Questions?

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