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Camden Coalition and the New Jersey MATrx initiative

How backbone organizations can support Medicaid innovation

Background

In 2019, New Jersey (NJ) Medicaid launched the **NJ MATrx Office Based Addiction Treatment (OBAT) program**, an initiative to increase access to opioid use disorder (OUD) treatment across the state. More specifically, the MATrx initiative was designed, using the **national OBAT model** as a foundation, to provide enhanced reimbursement for outpatient providers who delivered evidence-based medications for opioid use disorder (MOUD) alongside patient navigation support. This allows primary care and outpatient clinicians to provide in-office addiction treatment without needing to refer patients out to behavioral health services.

From its inception, the Camden Coalition has worked with NJ Medicaid to support the roll-out of the MATrx initiative as part of our role as a Regional Health Hub (see Box 2), serving as a liaison between consumers, healthcare providers and systems, managed care organizations (MCOs), and NJ Medicaid. The Camden Coalition provides technical assistance and training to providers in collaboration with two Centers of Excellence (CoEs)-- Rutgers University Medical School serving North Jersey, and Cooper Medical School and Rowan University serving South Jersey-- which are designed to offer mentorship, consultation, training, and fellowships to increase the pool of substance use disorder (SUD) specialists available across New Jersey. Together, the Camden Coalition and the CoEs drive innovation to better serve the state's most vulnerable and complex patients.

Box 1

Glossary of Terms

- *Backbone organization: An entity that provides support and coordination for collaborative efforts, rather than directly providing services itself*
- *CoEs: Centers of Excellence, which are two entities in New Jersey designated to offer mentorship, consultation and training opportunities to providers across the state around medication assisted treatment, as well as offer fellowships to increase the pool of substance use disorder (SUD) specialists available across New Jersey*
- *HIE: Health Information Exchange*

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- *MAT: medication for addiction treatment*
- *MATrx: An initiative launched by New Jersey Medicaid in 2019 to increase access to opioid use disorder (OUD) treatment across the state*
- *MCO: managed care organization*
- *MOUD: medications for opioid use disorder, such as buprenorphine, methadone, and naltrexone*
- *OBs: obstetricians*
- *OBAT: Office Based Addiction Treatment program*
- *OUD: opioid use disorder*
- *Regional Health Hub: See Box 2.*
- *SUD: substance use disorder*

The vital role of backbone organizations

Throughout the implementation of the MATrx initiative, the Camden Coalition and the CoEs have functioned as backbone organizations: neutral parties with the credibility and relationships needed to convene and negotiate between partners across the Medicaid, MCO, and provider levels. We believe that backbone organizations can be critical in ensuring alignment and consistency, and in creating the feedback structures that make real change and accountability possible. The Camden Coalition is well-positioned for this role as a backbone because we can serve as a regional neutral entity among clinical providers, both as an RHH (see Box 2), and because we don't directly run a clinical program that provides MOUD. Because of this, we can convene stakeholders, escalate issues on the ground, and find immediate solutions without also operating as a competing provider or payer.

Since the initial roll-out in 2019, the Camden Coalition has played a key role in ensuring the OBAT program reduced administrative barriers for primary care providers and successfully provided reimbursement for care navigation services. To date, we have ensured alignment and consistency in the program statewide by training over two hundred OBAT care team members and engaging hundreds of care team members through our regular medications for addiction treatment (MAT) Lunch Hours. In partnership with the state, we have also worked with providers and payers to identify and resolve barriers to timely access to treatment as well as pilot key new programs and workflows, including new consent processes to support timely access to medication, a buy and bill program, and the expansion of the OBAT model to obstetricians (OBs).

Between the Camden Coalition and the CoEs, there is now a menu of resources and trainings available to OBAT providers, clarity and consistency among MCOs in billing, streamlined processes for MOUD access, and a community of practice that connects providers across the state**.** By quickly troubleshooting issues, documenting and disseminating lessons, and providing infrastructure and context, backbone organizations help focus state- and region-wide efforts. This approach can lead to improved health outcomes and more effective service delivery, serving as a catalyst for further innovation and collaboration.

As an increasing number of states launch Medicaid expansion initiatives, a major challenge is rolling out new Medicaid benefits through multiple payers in a way that is coordinated and likely to succeed. State Medicaid offices looking to ensure smooth implementation should consider engaging one or more backbone organizations to serve as neutral liaisons between providers, payers, and Medicaid.

Box 2

The Camden Coalition has been one of four **New Jersey Regional Health Hubs (RHHs)** since the RHH model was signed into law by Governor Murphy in 2020. The four RHHs operate as backbone organizations – an entity that provides support and coordination for collaborative efforts, rather than directly providing services itself – in their respective regions for NJ Medicaid, providing support for local, regional, and statewide initiatives.

The Regional Health Hub model is unique to New Jersey and was developed by the Camden Coalition, state leadership, and partner organizations to address the fragmented and siloed systems of care that lead to poor outcomes and experiences for New Jersey's Medicaid patients.

Just as wraparound services allow individuals with complex health and social needs to transform their lives, organizations and provider agencies themselves often need support and technical assistance to transform their care delivery. As an RHH, the Camden Coalition works with primary care offices, social service agencies, and emergency departments accustomed to operating in traditional silos. We provide support in training, troubleshooting billing issues, and implementing new workflows, with an ultimate goal of building a strong **ecosystem of care** across the region and state.

New Jersey response to the overdose crisis

In the early 2000s, New Jersey began to report rising deaths related to opioid use, which was exacerbated by the rise of fentanyl in the Mid-Atlantic region. In 2015, the rate of overdose deaths in NJ approximately matched the national average, and by 2018, New Jersey had the **seventh highest rate of overdose deaths** in the United States.

During this time, NJ providers and community members began advocating for strategies to support the increasing population at risk for overdose because of the more lethal drug supply. Already, research indicated that MOUD had **higher success than other forms of treatment**, especially in preventing death. Both buprenorphine and methadone are **safe and effective treatments for OUD**, but lack of access to the medications left many individuals untreated.

Nationally, **almost four in five Americans with OUD** were not receiving any form of treatment. Additionally, there were **racial disparities in access to buprenorphine**, with people of color more often being directed to methadone programs. While an effective treatment option for some, methadone clinics require daily visits which may present barriers for many individuals navigating competing priorities, including employment, childcare, and transportation barriers.

Buprenorphine can be prescribed by qualified healthcare providers in office-based settings, whereas methadone is typically dispensed only through specialized opioid treatment programs (OTPs), which have strict regulations. While both medications are controlled substances, buprenorphine can be prescribed for take-home use more quickly, reducing barriers for patients.

The MATrx initiative

In response to the deepening overdose and mortality crisis, racial disparities in overdoses and deaths, and provider and community advocacy, NJ Medicaid designed and launched MATrx in 2019. MATrx is a multi-pronged initiative designed to increase access to buprenorphine for Medicaid beneficiaries by establishing additional supports and reducing administrative barriers for primary care providers to prescribe MOUD.

With MATrx, patients can access evidence-based addiction treatment through their existing primary care provider instead of needing to go to an additional specialty provider for medication. As with all NJ Medicaid initiatives, reimbursement dollars for MATrx are distributed through the state's five Medicaid MCOs. The model was informed by **Vermont's Hub and Spoke model**, and the **national OBAT model** but was

tailored for the provider landscape in New Jersey, drawing on input from stakeholders including the Camden Coalition and the other three NJ Regional Health Hubs (see Box 2).

As the MATrx program launched, several early challenges arose, including the recruitment of providers, implementing new billing and credentialing practices, and questions about how to train and support the new OBAT navigators (see Box 3). At this point, NJ Medicaid's Office of Behavioral Health engaged the Camden Coalition as a backbone organization to support alignment, workforce development, and collaboration moving forward.

Box 3.

What is an office-based addiction treatment (OBAT) navigator?

In response to primary care provider concerns about capacity and resources to address patients' full spectrum of care needs, MATrx created a new billable role called an "OBAT navigator". The OBAT navigator can support providers with making referrals to other levels of care or addressing social needs that might get in the way of substance use treatment, including housing, transportation, and medication adherence. OBAT navigators are often nurses, social workers, and/or staff with lived experience of substance use.

OBAT navigators meet with clients separately from the prescriber and are responsible for assessing their needs; developing, implementing, and reviewing care plans; and working with staff and other community resources to meet these needs. These needs often include transportation, employment, educational support, and food access.

Providers can integrate navigators into their clinics in different ways. Some are using existing staff (e.g., medical assistants, nurses, or other clinical staff) while others are hiring people with behavioral health backgrounds or peer support specialists (i.e., people with lived experience of substance use).

Overview of the Role of the Camden Coalition

The Camden Coalition has a long history of **training frontline staff and teams** on patient engagement, complex care, and harm reduction. As part of the Camden Coalition's designation as an RHH (see Box 2), we are able to bring emerging issues to the state quickly and provide backbone support to providers to support NJ Medicaid priorities.

The Camden Coalition has supported OBAT by:

- *Training OBAT navigators and providers*
- *Developing quick tips for OBAT care team implementation*
- *Launching virtual MAT lunch hours for prescribers and navigators to exchange best practices and resources*
- *Developing and distributing OBAT navigator tools, including a standard care plan and folders on **MyResourcePal**, the Camden Coalition's searchable, curated directory of local resources, powered by findhelp*
- *Holding navigator support calls for resource discussion and case conferencing (quarterly)*
- *Investigating billing issues between providers and payers, convening stakeholders to resolve them, and developing a **billing guide for OBAT providers***
- *Piloting innovative workflows and models to increase access to MOUD (e.g., a "buy and bill" model to increase timely access to buprenorphine).*

This support provided by the Camden Coalition, as well as the creation of the CoEs, ensures that NJ providers have the resources they need to successfully implement and operate the OBAT model.

A timeline of the Camden Coalition's role in the MATrx initiative

Phase 1, 2017: Origins of Collaboration – Buprenorphine prior authorization pilot

The Camden Coalition's collaboration with the state to expand access to MOUD began in advance of the official launch of the NJ MATrx model. In 2017, we collaborated on a pilot to reduce barriers to buprenorphine access caused by prior-authorization requirements. Providers in Camden reported that prior authorization requirements for buprenorphine created significant delays in access to MOUD for Medicaid patients, often forcing individuals, many at critical turning points such as post-overdose or hospital discharge, to wait days or even a week for care. To address this barrier, the Camden Coalition partnered with two regional health providers (Cooper Addiction Medicine, Project HOPE) and an MCO (UnitedHealthcare's New Jersey Community and State Plan) to launch a pilot allowing providers to waive prior authorization while maintaining oversight of dosage, adherence, and utilization. Through upfront agreements on care protocols, monthly review meetings, and the use of the Camden Coalition's **Health Information Exchange** (HIE) for real-time data sharing, the pilot enabled timely access to treatment while ensuring payer confidence. The collaboration also prioritized holistic care, with providers addressing behavioral health needs and social determinants such as transportation, childcare, and housing, offering a model for how local innovation can inform statewide policy.

Over eight months, the Camden Coalition's HIE and data collection efforts enabled real-time tracking of hospital and emergency department use, patient outcomes, and baseline utilization for 112 pilot participants. The results showed approximately $115,000 in avoided costs, which included $59,000 from fewer ED visits and $56,000 from reduced inpatient stays, averaging $134 saved per patient per month. Providers consistently adhered to evidence-based protocols, leading UnitedHealthcare to permanently waive prior authorization for the participating practices. Real-time HIE data proved critical, allowing stakeholders to monitor progress without relying on delayed claims data to confirm decreases in costly opioid-related hospital use. Providers also credited the pilot with saving lives by enabling timely access to buprenorphine during critical intervention moments.

Building on the Camden pilot's success, the Camden Coalition and partners worked with state leaders to eliminate prior authorization for all Medicaid-covered MOUD. Advocacy efforts, legislative engagement, and policy collaboration led to an administrative change, formally removing the prior authorization requirement in April 2019, followed by the passage of Assembly Bill 4744 in July 2019, ensuring the removal became permanent and protecting timely access to life-saving treatment.

Phase 2, 2019: Launch of navigator trainings

The Camden Coalition began supporting OBAT navigators when the model launched in 2019. Initial trainings for OBAT navigators revealed that the role was being filled by people from a diverse set of disciplines and backgrounds (e.g., nurses, social workers, medical assistants, office managers) and that many had not worked with people with SUD before. To assist navigators in their role, the Camden Coalition designed a trauma-informed navigator training program that includes:

- *Skills for building authentic healing relationships, care planning, harm reduction, trauma-informed care, and self-care*
- *Tools for identifying resources and building relationships with partners*
- *Key knowledge areas such as neurobiology of addiction, how MOUD works, harm reduction, and the role of language and stigma*

Virtual, standardized, instructor-led trainings were offered four times annually, and the training team visited individual clinics to provide supplemental training tailored to the specific needs of the staff. Although the trainings were initially designed for navigators, prescribers and other members of the care team started joining because they recognized that they also need support around the skills necessary to guide helpful care conversations with people who use drugs and ask questions that will help them in their treatment. Care teams wanted to learn these skills together so that they would have a shared language and framework for working with their clients.

During this first phase, the Camden Coalition began participating in regular meetings with MCOs and NJ Medicaid to identify potential new OBAT providers and promote the navigator training.

Phase 3, 2020 – 2021: Building navigator supports and community connections

While continuing to develop the training curriculum, the Camden Coalition also responded to common questions that arose in the trainings and in conversations with providers. We worked with MCOs to develop standard program overview materials, suggested navigator documentation, and provider resources.

In partnership with the CoEs, the Camden Coalition identified a first round of educational topics and "quick tips" around OBAT care team and program implementation. With the onset of the COVID-19 pandemic, we also launched "MAT lunch hours" to provide a space for prescribers, navigators, and other addiction treatment stakeholders to exchange best practices and resources and discuss emerging issues. Topics have included , but not limited to, wound care, changing telehealth policies, the changing drug supply, and addressing grief and loss. We also hold quarterly navigator support calls to bring navigators together for support, self-care, and shared resources.

We created and shared OBAT navigator tools, including a standard care plan and folders within **MyResourcePal,** the Camden Coalition's searchable, curated directory of local resources, powered by findhelp. During this phase, we also expanded our support to include matters related to program management and practice transformation such as credentialing, billing, and resolving issues with the MCOs. We worked with MCOs to standardize the billing process across payers and created an **OBAT billing guide** to communicate the revamped process to providers. The resource guide was prepared by the Camden Coalition with support from NJ Medicaid's Office of Behavioral Health following a pilot program to investigate and improve OBAT navigator billing issues between providers and MCO partners. This billing guide serves as a resource guide for prescribers, clinics, and health systems beginning to implement the OBAT model, with a program overview, model workflows, and MCO specific resources for credentialing and billing.

Phase 3, 2022 – Present: Piloting new payment and practice models

The Camden Coalition continues to train OBAT staff both in-person and through a virtual, self-paced online curriculum (launched 2026), create and update tools, and convene stakeholders through the MAT lunch hours and navigator support calls. In addition to this ongoing work, our position as a backbone organization allows us to identify common problems and barriers faced by OBAT providers and payers, and to convene stakeholders to efficiently pilot and scale solutions.

The need for training and implementation support became even greater after the federal government passed the **Mainstreaming Addiction Treatment Act** in December 2022, eliminated the need for providers to acquire a specific waiver to prescribe buprenorphine. As the number of eligible prescribing providers increased, we were able to mitigate the program's growing pains by standardizing prescription and payment pathways and by piloting new workflows with specialty populations. As our trainings and implementation support have became more standardized, we began designing pilots in partnership with NJ Medicaid to continue to increase timely access to care for patients.

Pilots and demonstration work

Sublocade pilot: Improving timely access to buprenorphine (2022)

As the OBAT provider community grew, stakeholders expressed concerns about administrative barriers to accessing Sublocade, a long-lasting, injectable form of buprenorphine, in a timely fashion. Sublocade is typically covered as a pharmacy benefit through insurance plans. This means that, rather than being billed as a medical procedure, the medication itself is processed through the patient's prescription drug coverage. In most cases, the specialty pharmacy ships Sublocade directly to the doctor's office or clinic, where it is administered by a healthcare professional. Patients may need prior authorization from their insurance provider.

Sublocade is frequently prescribed for more vulnerable populations, including individuals experiencing homelessness who don't have the ability to safely store medication, or people in community settings (e.g., residential treatment, congregate living, incarcerated individuals) where there are concerns about diversion, such as selling, sharing, or using the medication in a way not intended by the prescribing doctor. Because many of these patients lack the resources and stability to attend multiple appointments, timely access is critical to reducing overdose risk. However, despite these benefits, we found that the delay from prescription to administration of Sublocade was often 28 days or more.

In 2022, we brought NJ Medicaid, MCOs, and providers together to identify barriers to timely Sublocade access. We learned that the biggest barrier to administering Sublocade was that the requirement for patient consent varied widely between MCOs and their affiliated specialty pharmacies, which increased clinic burden to account for several different workflows depending on the patient's insurance. Some MCOs required verbal patient consent *each month*, which was particularly challenging as the population being prescribed Sublocade often does not have active cell phones or stable home addresses. Prescriptions would be canceled if the MCO did not receive verbal patient consent within 28 days, and clinic staff would have to start the process all over again.

The Camden Coalition worked with each MCO to document the current consent processes and review potential workflow changes. As a result of this demonstration regarding this barrier, all five MCOs and their affiliated pharmacies removed the verbal patient consent requirement. **That simple change meant that patients received their medication in an average of 2.4 days after it was prescribed, compared to the previous average of 28 days.** All these updates were documented and disseminated through the **Sublocade access toolkit.**

Buy and bill pilot (2023)

Though the changes to the consent process significantly reduced wait time, the lack of same-day access to Sublocade still posed challenges to individuals seeking timely treatment. In 2023, the Camden Coalition launched a "buy and bill" pilot to test new ways of further reducing the time between Sublocade prescription and administration.

Traditionally, Sublocade must be ordered for a specific patient and cleared for reimbursement before it is administered, which can take multiple days. With a buy and bill model, providers pay up front for the medication in order to have their own stock of Sublocade on site, which they can administer to the patient as soon as they need it. Once they prescribe and administer the medication, they can bill the MCO for a reimbursement for both the service and the medication.

The Camden Coalition partnered with the Henry J. Austin Health Center, a local federally qualified health center, to successfully pilot this model and showed that it is a cost-effective and sustainable pathway for their providers to provide same-day access to Sublocade. A key metric for the pilot was whether the health center could appropriately cover their costs through the retroactive reimbursement. During the pilot period, they successfully covered approximately 80% of Sublocade medications administered.

The Camden Coalition supported Henry J Austin with tracking patient outcomes, successful reimbursements, navigating **Risk Evaluation and Mitigation Strategies** (an FDA drug safety program that manages risks associated with certain medications), and developing workflows between the clinic and their in-house pharmacy.

In trying to pilot the model with an additional site, a primary finding was that the buy and bill structure was only possible for institutions with access to **340b pricing**, since that allowed them to fully cover the upfront costs of getting appropriately licensed, as well as buying and storing the medication. Finding ways to increase access to same-day Sublocade for clinics without 340b pricing is an area for further exploration.

Maternal health pilot (2024)

Overdose is a **leading cause of maternal mortality** in the United States, but **evidence shows** that harm reduction strategies centering the health, autonomy, and dignity of pregnant and parenting people who use drugs improve maternal health outcomes. However, widespread, punitive drug and child welfare policies mean that pregnant or parenting people who use drugs are

less likely to access prenatal and postnatal care and have less access to MOUD and integrated care – especially after giving birth. When they do access care, they encounter unique forms of stigma, **discrimination**, and **legal challenges**. Additionally, perceived barriers to prescribing, siloed systems of care, and substance use stigma often prevent best-practice medications like buprenorphine from being prescribed to pregnant patients.

Our maternal health pilot work began with an in-depth landscape analysis of the current state of MOUD prescribing in NJ among OBs within prenatal care, as well as available supports for pregnant people already engaged in addiction treatment in a primary care or addiction medicine setting.

This landscape analysis revealed that in New Jersey, there is an acute lack of OBs who will prescribe medications for addiction treatment and relatively few co-located programs that could improve access and simplify care coordination for individuals seeking both prenatal care and MOUD. This reflects a national shortage of OB providers who prescribe buprenorphine, a problem that **disproportionately impacts Medicaid and uninsured patients**. We found an urgent need for increased training and support for OBs with Medicaid patients to establish MOUD prescribing practices.

In 2024, the Camden Coalition began training healthcare providers to serve pregnant and parenting people who use drugs with a family-focused, whole-person approach. This training is based on our **Creating safe care: Supporting pregnant and parenting patients who use drugs** toolkit, which equips healthcare providers with the knowledge and tools they need to support pregnant and parenting people who use drugs, and aims to render reports made to child welfare services a last resort.

The Camden Coalition is also piloting an expansion of the OBAT model to an OB practice with a local health systems in South Jersey, by offering support in ensuring all members of the OB practice and their designated navigators are trained in whole person care, and helping the practice to navigate the credentialing process for becoming certified to receive enhanced payments. While billing for the enhanced rate continues to represent a challenge within a large health system, the OB practice has begun offering MOUD treatment at all its locations, thus improving care delivery for its pregnant patients who use drugs.

Development of self-paced OBAT Care Team Training (2025)

Navigators and other members of SUD care teams reported positive feedback about the OBAT Care Team Training, but frequently encountered barriers to attending a 12-hour training because of their busy clinical schedules. Clinics struggled to train their staff because they needed to ensure adequate coverage while staff attended the training, leading to a slow implementation across staff. In response to this need, the Camden Coalition developed an asynchronous, self-paced online version of the training. In partnership with NJ Medicaid, this training is offered at no cost for New Jersey SUD care teams. The training mimics the content of the original, live training and is comprised of 5 courses: Intro to OBAT, Define and address stigma, Guide to substance use and recovery, Harm reduction, and Patient-centered care planning. The self-paced version of the training launched in January 2026. Nearly 40 individuals have registered for the training since launch.

Postpartum Case Management pilot (2025-2026)

The Camden Coalition, Horizon Blue Cross Blue Shield of New Jersey, and NJ Medicaid developed a pilot in response to a shared priority: improving perinatal and postpartum health outcomes for Medicaid members with substance use disorder. The work built on the Camden Coalition's experience using data-driven outreach to identify pregnant individuals with emergency department utilization and no evidence of prenatal care.

Prior initiatives have demonstrated the value of combining health information exchange data, telephonic outreach, and case management to identify individuals who may benefit from additional support. Because the three organizations had aligned maternal health goals and existing working relationships, NJ Medicaid convened the partners to design a new postpartum outreach model focused on individuals with a history of substance use disorder. This pilot occurred as part of a broader learning collaborative, led by Advancing Health Equity (AHE). Learnings from the NJ pilot contributed to broader learning collaborative efforts to inform health equity work, especially between State Medicaid agencies, health plans, and community partners.

The Camden Coalition developed and launched a report that leverages the Health Information Exchange (HIE) to identify when an eligible member – a Horizon Medicaid member living in South Jersey with evidence of a substance use disorder – had a live delivery at a hospital. Following their delivery, a Horizon Getting Early Maternity Services (GEMS) case management team member was assigned to conduct telephonic outreach within seven days of the delivery.

During outreach, the GEMS case manager offered support with initiating and/or continuing treatment for their substance use disorder. They also offered general GEMS case management services, which includes support connecting to postpartum appointments and referrals to community resources. Camden Coalition prepared the GEMS team for this new outreach program by providing training and education about community resources to bolster the GEMS team's knowledge and capacity to offer patient-centered, harm reduction focused outreach to pregnant and postpartum patients with substance use disorders.

Early evaluation data demonstrates that nearly 20% of people successfully contacted accepted some type of support. 13% of members identified as eligible for the pilot were unknown by the GEMS team, meaning they had not had prenatal care during their pregnancy. Additional results on health utilization outcomes are expected in 2027.

Impact

Through our role as a backbone organization supporting the MATrx initiative, we have seen:

- ***An increase in OBAT sites****, meaning MOUD is more accessible to people across New Jersey.*
- ***A wide range of staff from clinical sites around the state participating in trainings.*** *As of the end of 2024, the Camden Coalition* ***trained over 200 individuals through the OBAT care team trainings*** *and* ***hosted over 165 navigators in the SUD navigator support calls and over 1500 attendees at the MAT lunch hours****.* ***100%*** *of surveyed participants said they would recommend the training to others.*
- ***Increased provider Medicaid reimbursement and streamlined billing and credentialing processes for existing and new providers.*** *The entire process has created a direct pipeline for feedback from the provider to NJ Medicaid and the MCOs.*
- ***Increased access to Sublocade*** *and a shortened window between prescription and administration, from 28 days to 2.4 days.*
- *Demonstration of* ***a cost-effective way for providers to administer Sublocade on site*** *at the time of prescription through the buy and bill pilot.*

Ongoing challenges

The MATrx initiative faces several ongoing challenges. There remains widespread stigma attached to substance use. Landlords are hesitant to rent to people who use drugs or are on MOUD, which prevents people from acquiring the safe and stable housing they need to recover. Police and other institutions still often approach challenges related to substance use punitively, which leads to further harm. Stakeholders from across the inpatient and outpatient healthcare, social services, and public services landscape still lag in adopting evidence-based strategies and practices like MOUD and harm reduction.

Although initiatives like MATrx were created to combat racial disparities in access to medication, there are still **growing racial disparities** in New Jersey's overdose mortality data.[ix] As OBAT grows, we need to work together to do more to ensure that MOUD is accessible to communities of color, low-income residents, and other marginalized groups. This could include building strong referral pathways and links to other levels of care for people who need them. New programs and initiatives will need to maintain a racial equity lens to close this disparity instead of widening it.

Finally, the drug supply is constantly changing, and in response, New Jersey and its providers need to be prepared to address that changing drug supply and the associated challenges. This means ensuring OBAT teams are incorporating **harm reduction principles** into service delivery and that there are strong referral pathways to harm reduction centers and services.

Next steps

As more of the initiation and billing challenges are addressed, the MATrx initiative's next steps are:

- *Continue using harm reduction resources to transform care, increase access to resources, and reduce racial disparities.*
- *Promote linkages between the harm reduction centers and OBAT providers, amplifying the harm reduction approach to substance use treatment*
- *Continue to expand the lessons learned and resources developed, including the billing guidance, to other state-funded initiatives for people with SUD.*
- *Offer training and support to help providers ensure that their patient population stays connected to Medicaid insurance while changes to Medicaid are being implemented through the HR1 bill*
- *Continue to train OBAT care teams on evidence-based, harm reduction-centered approaches to substance use care by promoting the new self-paced, online OBAT Care Team Training and offering customized trainings focused on skills such as motivational interviewing, de-escalation, harm reduction theory, and more.*
- *Act as a liaison between providers and state Medicaid to navigate credentialling, billing, and reimbursement questions and challenges. The Camden Coalition will continue to work as an RHH to support new and existing initiatives that improve care for NJ's Medicaid beneficiaries by serving as an intermediary between NJ Medicaid, payers, providers, and community members.*

Lessons for state Medicaid offices and other state agencies

Building relationships through collaboration

The creation and implementation of the MATrx model was a collaborative effort between provider champions, the Camden Coalition, the CoEs, and NJ Medicaid. Physician leaders who were early champions of MOUD collaborated with NJ Medicaid to design the program. CoEs and backbone organizations like the Camden Coalition continue to partner with the state to improve workflows, troubleshoot billing issues, and implement pilots.

Strong relationships mean that partners listen to each other and can respond to issues in real time. Providers feel empowered to give input about the program because they have a direct escalation pathway to Medicaid through the Camden Coalition and the CoEs. In response, the state has acted quickly and collaboratively to respond to feedback and adjust the program.

We believe that this collaborative approach across stakeholders can and should be replicated across other statewide initiatives — in NJ and in other states across the country.

Tools and resources:

- **Billing for office-based addiction treatment** (toolkit)
- **Office-based addiction treatment: Sublocade access** (toolkit)
- **OBAT Care Team self-paced training (training)**

- **More information about OBAT, training, MAT lunch hours, and SUD navigation support calls** (webpage)
- **Exploring NJ's Efforts to Increase Access to Medications for Addiction Treatment in Primary Care** (video)
- **Implementing a Harm Reduction Approach to Medications for Addiction Treatment in Outpatient Settings** (tool)
- **Northern New Jersey MAT Center of Excellence** (webpage)
- **Southern NJ MAT Center of Excellence** (webpage)
- **Buprenorphine Utilization and Prescribing Among New Jersey Medicaid Beneficiaries After Adoption of Initiatives Designed to Improve Treatment Access** (article)

About the Camden Coalition

The Camden Coalition works to improve care for people with complex health and social needs in Camden, New Jersey, and across the country. The organization implements person-centered programs and pilots new models that address medical needs and social barriers to health and wellbeing. Supported by a robust data infrastructure, cross-sector convening, and shared learning, its community-based programs improve outcomes for some of society's most vulnerable individuals.

The Camden Coalition's National Center for Complex Health and Social Needs (National Center) connects complex care practitioners with each other and with data, tools, and other resources.

For more information, visit **www.camdenhealth.org**