Treatment Utilization in New Jersey: The Case of Detoxification

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The Division of Addictions Services (DAS) collects data on admissions to substance abuse treatment programs in New Jersey, including hospital based detoxification services. The Alcohol and Drug Abuse Data System (ADADS) is a state-wide management information system on individual treatment episodes and is designed to track a client's movement from admission to discharge. ADADS is designed and maintained by our Research and Information Systems Unit. Our annual statistical perspectives reports on hospital based detoxifications were limited to data reported to ADADS only. By doing that we under-reported the full scope of detox services in the state, since many hospitals do not report their inpatient detoxifications to ADADS. We correct this gap by using the UB92 data to obtain a more complete accounting of alcohol and drug detoxification services in New Jersey. This study accounts for hospital based detoxification services not reported to the Alcohol and Drug Abuse Data System (ADADS), and briefly observes the implications for substance abuse treatment costs.

Data Sources

We used two major sources of data for this investigation: the ADADS data set for 1996 and the Uniform Billing Form 92 (UB92) hospital discharge data set. We also modified the New Jersey Master Facilities List compiled by our Division to help us link treatment providers from the UB92 and ADADS files.

The Alcohol and Drug Abuse Data System (ADADS)

ADADS contains data on client socio-demographic characteristics, substances abused, age at first use of substances admitted for, treatment services provided, legal status, referral source at admission, referrals made at discharge, service needs at discharge and reasons for discharge. While ADADS does not currently contain confidential data such as client names or social security numbers, it does contain client birth date and an ID field which is derived from the client's first and last names. Clients are admitted into one of the following treatment modalities: *hospital-based detoxification, non-hospital inpatient medical unit (IMU) detoxification, residential/social model detoxification, outpatient opiate detoxification, short-term residential treatment, long-term residential care, halfway house, extended (shelter) care, outpatient methadone maintenance, regular (drug-free) outpatient care and intensive outpatient care*.

In 1996 ADADS collected data on about 64,000 admissions from 225 agencies. Reporting is mandated from all funded drug or alcohol treatment providers and is expected from all on a voluntary basis. General hospitals are not mandated to report to ADADS the inpatient detoxification services they provide. The result is an incomplete picture of detoxification in ADADS: some hospitals provide complete data on their inpatient detox episodes while others do not report to ADADS at all.

The Master Facilities List (MFL)

The New Jersey Master Facilities List (MFL) is a database containing basic treatment agency identifying information, service modalities provided and addresses for all substance abuse treatment agencies in the state known to DAS. We modified the database to include a repository for ADADS provider ID numbers and UB92 general hospital ID numbers that can be used to link data for hospitals in the ADADS data set with data for the same hospitals in the UB92 system.

Our task was to assign provider numbers to all UB92 hospital records that correspond to provider numbers used for these hospitals in the ADADS data set. We expanded our MFL database to include all general hospitals in the state. The expanded MFL contains a provider number and a hospital ID number as reported in the UB92 data set for each hospital.

The Uniform Billing Form 92

The UB92 data set is compiled on an annual basis by the Health Care Systems Analysis Unit of the New Jersey Department of Health and Senior Services. All licensed general hospitals in the state are required to submit patient episode data annually on every patient discharged from their facilities. The data elements include hospital ID, name, date of birth, patient control, medical record numbers, admission date, discharge date, days of patient care, place of residence, sex, age, race/ethnicity, marital status, employment status, health insurance status, amount of charges by type of service, procedure codes, diagnosis codes and Diagnosis Related Group codes.

Diagnosis Related Groups (DRGs) are patient classification schemes which provide a means of relating the type of patients a hospital treats (i.e. its case mix) to the costs incurred by the hospital. Each patient is assigned to a primary DRG based on algorithms that use multiple diagnoses and other information supplied in the UB92 record for billing purposes. The UB92 data set uses Version 12.0 of the All Patient Diagnosis Related Groups (AP-DRG, ver. 12), which has 639 DRGs organized into 23 mutually exclusive Major Diagnostic Categories (MDCs).

The resulting UB92 data set provides a comprehensive view of general hospital services in the state. It is a large data set, consisting of over 1.4 million records each year; it has statewide coverage of all discharges from the 120 licensed general hospitals, and it contains an array of data elements that are useful for epidemiologic studies as well as financial analyses.

Of particular interest to the current study are patients in MDC 20, "Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders," who constitute the majority of patients with a primary substance abuse/dependence diagnosis. In this investigation, we assumed that all inpatients receiving hospital-based detoxification services fall under MDC 20 and that all patients in this group received detoxification services. In reality, there are some detox patients who were not in MDC 20, and some MDC 20 patients who received only rehabilitation services. The number of cases, however, was too small to change the general picture of hospital-based detoxification services we present here.

There are a total of nine DRGs in MDC 20, ranging from DRG #743 to #751. Patients are grouped based on the substance they abused: Opioid Abuse/Dependence (DRGs 743-745), Cocaine and Other Drug Abuse/Dependence (DRGs 746-748), or Alcohol Abuse/Dependence (DRGs 749-751). Each category of substance abuse is then further subdivided based on whether the patient left against medical advice and based on the presence of complications and co-morbidities.

Methods

Using the UB92 data set, we produced basic tables for DRGs 743-751 as well as for other DRGs that may be related to substance abuse such as cirrhosis/alcoholic hepatitis, drug poisoning/toxic effects, HIV, psychoses and other mental disorders. (The presence or absence of alcohol/drug detoxification procedure codes noted in the UB92 record was also examined. These data may be of relevance in future studies.) The current investigation was limited to studying patients in the Alcohol/Drug Abuse/Dependence DRGs (743-751). We identified 24,332 patient records that corresponded to these DRGs for further analysis in the 1996 UB92 data set.

We then renamed and recoded variables in the UB92 substance abuse/dependence subset so that they correspond to ADADS variable names and coding schemes. For example, race, ethnicity, marital status, employment status, county, municipality of residence, health insurance coverage, admission date and birth date were recoded or reorganized to conform to the ADADS layout. We also used a patient's first and last names in the UB92 data set to create a patient ID that is similar to the one in ADADS.

The 1996 ADADS data contains 63,875 episodes of substance abuse treatment in all modalities of which 12,573 were served in hospital-based inpatient detoxification settings.

We merged the UB92 detox records (DRGs 743-751) with data from 1996 ADADS admissions to obtain a data set that contains all hospital based detoxes regardless of source, in addition to non-hospital based detox and other admissions in ADADS. The steps we followed to create the final data set were as follows:

a. First, we subseted the ADADS file into two subfiles: hospital-based detox admissions and all other admissions.

b. We matched the UB92 detox records against ADADS hospital-based detox admissions using client ID, sex, birth date and admission date. This match resulted in a file that contained detox records regardless of origin (UB92 only, ADADS only, or both UB92 & ADADS).

c. We then concatenated the hospital based inpatient detoxes obtained in step b to the data set that contained all non-hospital based detox and other ADADS admissions to obtain a data set containing all modalities of alcohol and drug related treatment episodes. The resulting data set contained 78,305 records of which 26,989 were inpatient hospital detoxes.

Results:

Table 1 shows the distribution of hospital-based detoxification episodes by source of data in 1996, controlling for county of residence . There were 26,989 hospital-based detox episodes identified of which 54% were reported to the UB92 data set only. Some 37% were reported to both UB92 and ADADS data systems. We found that only 10% of the hospital detoxes were reported to ADADS only. What is important here is that using ADADS only underreports hospital based detox in NJ by 54%.

Table 1 further indicates that for 11 counties (Bergen, Burlington, Cape May, Essex, Hudson, Hunterdon, Mercer, Ocean, Passaic, Salem and Somerset) well over 50% of the hospital inpatient detoxes were not reported to ADADS. For these counties in particular, using only the ADADS data base would yield very incomplete information on hospital inpatient detox services.

Table 2 shows the distribution of hospital-based detox patients who were admitted to hospitals. The diagonal presents the percentage of clients who obtained their detox services in their own county of residence. We observe a substantial variation by county with percentages ranging from 14% in Salem and Gloucester to 95% in Camden.

Figure 1 presents a pie chart that shows the distribution of admissions by modality based on the pooled ADADS-UB92 data set. We observe that hospital-based detoxification accounts for 34% of total substance abuse treatment episodes in the state. It is the largest of all modalities in terms of the total number of episodes provided during the course of the year. If we had used only ADADS data in our pie chart, the hospital-based detox slice would have been only 20% of total treatment episodes, 2% smaller than the regular outpatient slice.

It is important to note that the share of hospital detox (34%) is more than twice as large as the other three detox modalities combined: residential/social setting detox (5%), outpatient opiate detox (9%), and non-general hospital inpatient medical unit (IMU) detox (1%).

Appendix A presents the distribution of hospital-based detoxes by source of data, controlling for county of hospital. There are several hospitals with substantial numbers of alcohol and drug

dependence related discharges in 1996 who did not report the episodes to ADADS.

Appendix B presents a dot map of the number of total hospital-based detox episodes, by zip code of patient residence. The map, even though clearly influenced by the distribution of facilities in the state, identifies major concentrations of the affected population for planning purposes. It also shows how widely distributed hospital-based detoxification is in the state.

The relative shares of the four detoxification services (hospital based detox, residential detox, outpatient detox and IMU detox in non-general hospitals) are presented in Appendic C for each county. Detoxification is highest in Essex with hospital detox dominating followed by outpatient detox. In Atlantic and Mercer counties, hospital detox and residential detox were performed at about the same rate. In Passaic county, outpatient detoxes and IMU detoxes are performed at about the same rate.

Observations

Our analysis shows the importance of using multiple sources of data to assess the extent to which New Jersey residents seek treatment. As demonstrated here, the use of a single source of data (e.g. ADADS) severely under estimates services provided in the state. Use of other sources of data as a matter of routine will definitely improve our understanding of the treatment population.

The county variation in the type of detoxification services performed and the relative shares of each type of detoxification suggests areas for further study of the treatment system in the state. Hospital-based detoxification is a relatively expensive type of detox service: our preliminary examination of UB-92 data for 1996 indicated that average charges were $1,257 per hospital inpatient day for substance abuse patients; with an average length of stay of 4.24 days, mean charges per detox patient were $5,327 and total annual charges for all hospital detox patients were over $129 million. In light of these costs, the residential and outpatient detox modalities have been suggested by some analysts and advocates as a viable alternative to hospital-based detox. For some patients residential and/or outpatient detoxification may provide care that is both less expensive, and equally or more effective than, hospital inpatient detoxification services.

Acknowledgments

We thank Mr. Vincent Yarmlak, Manager, and his staff in the Division of Health Care Systems Analysis, New Jersey Department of Health and Senior Services, for providing us with the UB-92 general hospital inpatient data files. We also thank Mr. Richard Schadl of DAS for his assistance with the ADADS data.

References

Division of Addiction Services, New Jersey Department of Health and Senior Services. New

Jersey Drug and Alcohol Abuse Treatment: Annual Statistical Perspectives, 1992-1996. Annual reports produced by the DAS Research and Information Systems Unit.

Division of Health Care Systems Analysis, New Jersey Department of Health and Senior Services. New Jersey Department of Health UB-92 Output File: Uniform Billing Patient Summary Data Element Specification. January 1997.

Table 1
Pooled 1996 ADADS Admissions and General Hospital Discharges (UB-92 Data)
with Alcohol/Drug Abuse Dependence Diagnosis Related Groups (DRGs 743-751)
Hospital-Based Detoxification Treatment Episodes:
Patient County of Residence by Source of Data

County of Residence	Source of Patient Data						
	Unmatched: From UB92 Only		Unmatched: From ADADS Only		Matched: In Both UB92 & ADADS		Total
	#	%	#	%	#	%	#
Atlantic	239	42	60	11	265	47	564
Bergen	1,280	71	98	5	437	24	1,815
Burlington	237	54	49	11	149	34	435
Camden	679	37	254	14	889	49	1,822
Cape May	69	62	8	7	35	31	112
Cumberland	130	43	33	11	137	46	300
Essex	4,353	61	489	7	2,240	32	7,082
Gloucester	127	38	43	13	162	49	332
Hudson	1,665	52	378	12	1,152	36	3,195
Hunterdon	121	81	10	7	19	13	150
Mercer	507	74	34	5	142	21	683
Middlesex	712	34	236	11	1,137	55	2,085
Monmouth	580	45	167	13	549	42	1,296
Morris	570	47	182	15	453	38	1,205
Ocean	280	60	24	5	166	35	470
Passaic	1,318	64	139	7	590	29	2,047
Salem	39	60	5	8	21	32	65
Somerset	246	65	24	6	111	29	381
Sussex	137	46	47	16	115	38	299
Union	915	45	198	10	913	45	2,026
Warren	69	22	160	51	86	27	315
Out of State/Unk	175	56	45	15	90	29	310
Total	14,448	54	2,683	10	9,858	37	26,989

TABLE 2
Hospital-based Detoxification Treatment Episodes, 1996
Percentage Distribution of Patients Treated in Hospitals by County of Residence and County of Treatment

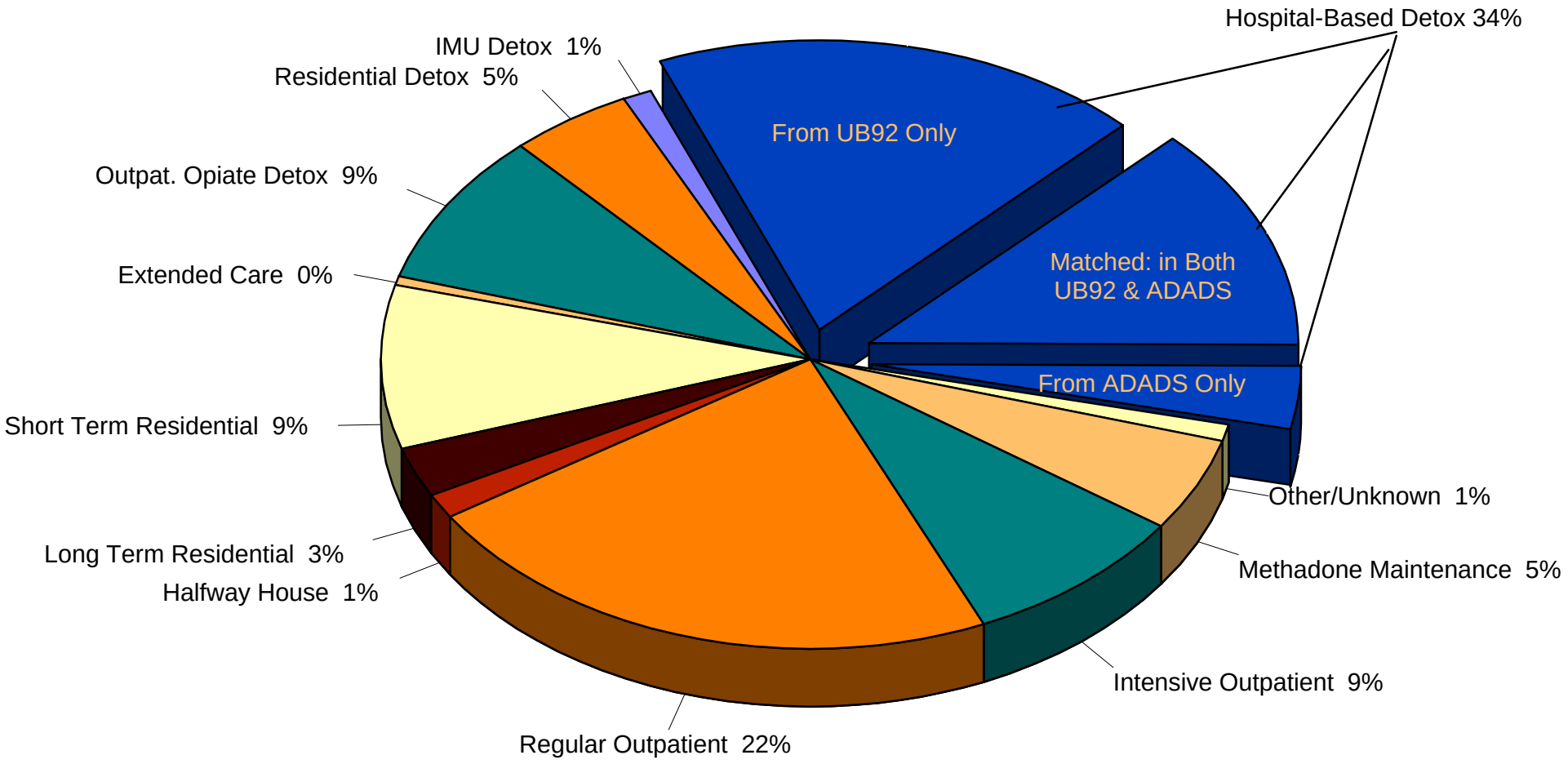
County of Hospital Location

County of Residence	Atl	Ber	Bur	Cam	Cap	Cum	Ess	Glo	Hud	Hun	Mer	Mid	Mon	Mor	Oce	Pas	Sal	Som	Sus	Uni	War	Total
Atlantic	21	3	0	64	0	1	3	0	0	0	0	1	0	2	2	1	0	0	0	2	0	564
Bergen	0	75	0	0	0	0	3	0	1	0	0	0	0	9	0	8	0	0	0	2	0	1815
Burlington	0	1	23	63	0	0	3	0	0	0	1	1	1	2	3	2	0	0	0	1	0	435
Camden	0	0	0	95	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1822
Cape May	16	2	0	46	28	0	3	0	0	0	0	0	0	3	1	1	0	0	0	2	0	112
Cumberland	0	2	0	64	0	25	1	0	0	0	0	0	0	2	1	0	0	0	0	3	0	300
Essex	0	14	0	0	0	0	53	0	0	0	0	0	0	6	0	6	0	0	0	21	0	7082
Gloucester	0	1	1	80	0	0	2	14	0	0	0	0	0	0	0	0	1	0	0	2	0	332
Hudson	0	18	0	0	0	0	6	0	46	0	0	0	0	13	0	5	0	0	0	11	0	3195
Hunterdon	0	2	0	2	0	0	3	0	0	65	0	0	0	15	0	0	0	3	0	1	8	150
Mercer	0	3	0	23	0	0	4	0	0	0	57	1	3	3	1	3	0	0	0	2	0	683
Middlesex	0	7	0	0	0	0	1	0	0	0	0	79	2	3	0	2	0	1	0	4	0	2085
Monmouth	0	2	0	1	0	0	2	0	0	0	0	3	84	3	1	1	0	0	0	2	0	1296
Morris	0	3	0	0	0	0	5	0	0	0	0	0	0	85	0	2	0	0	0	3	1	1205
Ocean	1	5	0	5	0	0	1	0	0	0	0	1	37	6	36	3	0	0	0	4	0	470
Passaic	0	22	0	0	0	0	6	0	0	0	0	0	0	24	0	44	0	0	0	4	0	2047
Salem	0	0	0	46	0	9	15	0	0	0	0	2	0	5	5	0	14	0	0	5	0	65
Somerset	0	4	0	2	0	0	6	0	0	1	1	13	0	25	0	3	0	24	0	20	1	381
Sussex	0	5	0	0	0	0	3	0	0	0	0	0	0	71	0	2	0	0	16	2	1	299
Union	0	6	0	0	0	0	8	0	0	0	0	2	0	6	0	3	0	0	0	74	0	2026
Warren	0	0	0	0	0	0	2	0	0	1	0	1	0	16	0	0	0	0	1	2	77	315
Out-of-NJ	2	5	1	15	1	1	8	1	6	2	3	4	4	7	0	2	0	0	1	5	31	310
Total	154	3803	117	3169	34	91	4597	62	1556	119	413	1828	1359	3221	229	1875	11	125	59	3791	376	26989

Figure 1

Substance Abuse/Dependence Treatment, by Modality, CY 1996

Combined ADADS Admissions and General Hospital Discharges (UB-92 Data)



Total all modalities: N=78,305 treatment episodes

Appendix A

Hospital Name by Source of Data (Hospital Based Detoxification Patients Only)

	Source of Data			
	From UB96 Only	From ADADS96 Only	In Both UB96 & ADADS96	Total
ATLANTIC				
ATLANTIC CITY MC: ATL CITY DIV	32	0	0	32
ATLANTIC CITY MC: MAINLAND DIV.	66	0	0	66
SHORE MEMORIAL HOSP./INTENSIVE TRMT PGM.	43	0	0	43
WILLIAM B. KESSLER MEMORIAL HOSP	13	0	0	13
County of Hospital Total	154	0	0	154
BERGEN				
BERGEN REGIONAL MEDICAL CENTER	810	345	2087	3242
ENGLEWOOD HOSP ASSOC	78	0	0	78
HACKENSACK MEDICAL CENTER HILLCREST	178	0	0	178
HOLY NAME HOSPITAL/CARE PROGRAM	56	0	0	56
PASCACK VALLEY HOSP	25	0	0	25
VALLEY HOSPITAL/COAP PROGRAM	224	0	0	224
County of Hospital Total	1371	345	2087	3803
BURLINGTON				
MEMORIAL HOSPITAL OF BURLINGTON COUNTY	60	0	0	60
WEST JERSEY HEALTH SYS: GARDEN ST (MARLTON)	19	0	0	19
ZURBRUGG MEMORIAL HOSP: RANCOCAS	38	0	0	38
County of Hospital Total	117	0	0	117
CAMDEN				
COOPER HOUSE/THE FAMILY CENTER	55	0	0	55
KENNEDY MEMORIAL HOSP: STRATFORD	34	0	0	34
KENNEDY MEMORIAL HOSPITAL	258	96	0	354

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Appendix A

Hospital Name by Source of Data (Hospital Based Detoxification Patients Only)

	Source of Data			
	From UB96 Only	From ADADS96 Only	In Both UB96 & ADADS96	Total
CAMDEN				
OUR LADY OF LOURDES MC	44	0	0	44
WEST JERSEY HEALTH SYS: EASTERN (VOORHEES)	512	0	0	512
WEST JERSEY HEALTH SYS: SOUTHERN (BERLIN)	23	0	0	23
WEST JERSEY HEALTH SYSTEM/NORTHERN	19	374	1754	2147
County of Hospital Total	945	470	1754	3169
CAPE MAY				
BURDETTE TOMLIN HOSPITAL/DETOX UNIT	33	1	0	34
County of Hospital Total	33	1	0	34
CUMBERLAND				
NEWCOMB MC	6	0	0	6
SOUTH JERSEY HOSP SYS: BRIDGETON	76	0	0	76
SOUTH JERSEY HOSP SYS: MILLVILLE	9	0	0	9
County of Hospital Total	91	0	0	91
ESSEX				
CLARA MAASS MC	116	0	0	116
COLUMBUS HOSP	22	0	0	22
EAST ORANGE GENERAL HOSPITAL/RAFT	1294	65	452	1811
HOSPITAL CENTER AT ORANGE	12	0	0	12
IRVINGTON GENERAL HOSP	10	0	0	10
MONTCLAIR COMMUNITY HOSP	8	0	0	8
MOUNTAINSIDE HOSPITAL	555	0	0	555

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Appendix A

Hospital Name by Source of Data (Hospital Based Detoxification Patients Only)

	Source of Data			
	From UB96 Only	From ADADS96 Only	In Both UB96 & ADADS96	Total
ESSEX				
NEWARK BETH ISRAEL MEDICAL CENTER/CMHC	137	0	0	137
SAINT MICHAEL'S MEDICAL CENTER	53	0	0	53
ST. BARNABAS BEHAVIORAL HEALTH	166	145	222	533
ST. JAMES HOSP	777	0	0	777
U.M.D.N.J./OUTPATIENT	530	0	0	530
UNITED HOSPITALS MC	33	0	0	33
County of Hospital Total	3713	210	674	4597
GLOUCESTER				
KENNEDY MEMORIAL HOSP: WASHINGTON	21	0	0	21
UNDERWOOD MEMORIAL HOSP	41	0	0	41
County of Hospital Total	62	0	0	62
HUDSON				
BAYONNE HOSP	79	0	0	79
CHRIST HOSPITAL ADDICTION SERVICES	137	197	288	622
GREENVILLE HOSP	20	0	0	20
JERSEY CITY MEDICAL CENTER	290	0	0	290
MEADOWLANDS HOSP-MC	27	0	0	27
PALISADES GENERAL HOSPITAL	19	0	0	19
ST MARY' HOSPITAL/GIANT STEPS	116	0	0	116
ST. FRANCIS COMM HOSP-JERSEY CITY	363	0	0	363
WEST HUDSON HOSP	20	0	0	20

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Appendix A

Hospital Name by Source of Data (Hospital Based Detoxification Patients Only)

	Source of Data			
	From UB96 Only	From ADADS96 Only	In Both UB96 & ADADS96	Total
HUDSON				
County of Hospital Total	1071	197	288	1556
HUNTERDON				
HUNTERDON MEDICAL CENTER	119	0	0	119
County of Hospital Total	119	0	0	119
MERCER				
HAMILTON HOSP	27	0	0	27
HELENE FULD MEDICAL CENTER/DETOX	243	0	0	243
MERCER MED CTR	44	0	0	44
PRINCETON HOUSE - ADDICT.RECOVERY PROGRAM	41	0	0	41
ST. FRANCIS MC-TRENTON	58	0	0	58
County of Hospital Total	413	0	0	413
MIDDLESEX				
JFK CTR FOR BEHAVORIAL HEALTH	51	0	0	51
RARITAN BAY MC: OLD BRIDGE	5	0	0	5
RARITAN BAY MEDICAL CENTER	396	215	1023	1634
ROBERT WOOD JOHNSON UNIVERSITY HOSP	54	0	0	54
SOUTH AMBOY MEMORIAL HOSPITAL/MEDICAL DETOX	36	0	0	36
ST PETER'S MEDICAL CENTER/PACT	33	14	1	48
County of Hospital Total	575	229	1024	1828
MONMOUTH				
BAYSHORE COMMUNITY HOSPITAL	58	0	0	58

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Appendix A

Hospital Name by Source of Data (Hospital Based Detoxification Patients Only)

	Source of Data			
	From UB96 Only	From ADADS96 Only	In Both UB96 & ADADS96	Total
MONMOUTH				
CENTRA STATE MEDICAL CENTER	42	0	0	42
JERSEY SHORE MEDICAL CENTER ALCOHOLISM SVCS.	102	0	0	102
MONMOUTH CHEMICAL DEPENDENCY TRT. CTR.	122	0	0	122
RIVERVIEW MED. CENTER/CENTURY HOUSE	228	172	635	1035
County of Hospital Total	552	172	635	1359
MORRIS				
CHILTON MEMORIAL HOSP	46	0	0	46
DOVER GENERAL HOSP/MC	43	0	0	43
MORRISTOWN MEMORIAL HOSP	128	0	0	128
NORTHWEST COVENANT MEDICAL CENTER	960	515	1529	3004
County of Hospital Total	1177	515	1529	3221
OCEAN				
COMMUNITY MED CTR-TOMS RIVER	33	0	0	33
INTERVENTION COUNSELING SERVICES	32	0	0	32
SHORELINE BEHAVIORAL HEALTH	151	0	0	151
SOUTH OCEAN COUNTY HOSPITAL	13	0	0	13
County of Hospital Total	229	0	0	229
PASSAIC				
BARNERT MEMORIAL HOSPITAL CENTER	153	0	0	153
BETH ISRAEL MEDICAL CENTER/DETOX	1401	0	0	1401
GENERAL HOSP CTR AT PASSAIC	26	0	0	26

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Appendix A

Hospital Name by Source of Data (Hospital Based Detoxification Patients Only)

	Source of Data			
	From UB96 Only	From ADADS96 Only	In Both UB96 & ADADS96	Total
PASSAIC				
ST. MARYS HOSP-PASSAIC	80	0	0	80
ST.JOSEPH'S HOSPITAL ,MEDICAL CENTER	183	0	0	183
WAYNE GENERAL COUNSELING CENTER	32	0	0	32
County of Hospital Total	1875	0	0	1875
SALEM				
ELMER COMMUNITY HOSP	5	0	0	5
MEMORIAL HOSP OF SALEM CO.	6	0	0	6
County of Hospital Total	11	0	0	11
SOMERSET				
SOMERSET MEDICAL CENTER/INTENSIVE OPT.	125	0	0	125
County of Hospital Total	125	0	0	125
SUSSEX				
NEWTON MEMORIAL HOSPITAL/OUTPATIENT	43	8	0	51
WALLKILL VALLEY GENERAL HOSP	8	0	0	8
County of Hospital Total	51	8	0	59
UNION				
CTR.FOR RECOVERY ST.BARNABAS BEHAVIORAL HLTH.	259	129	705	1093
ELIZABETH GENERAL MEDICAL CENTER-EAS	937	0	0	937
MUHLENBERG REGIONAL MEDICAL CTR. INC./DETOX.	120	0	0	120
OVERLOOK HOSPITAL DRUG TREATMENT PROGRAM	78	0	0	78
RAHWAY HOSP	28	0	0	28

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Appendix A

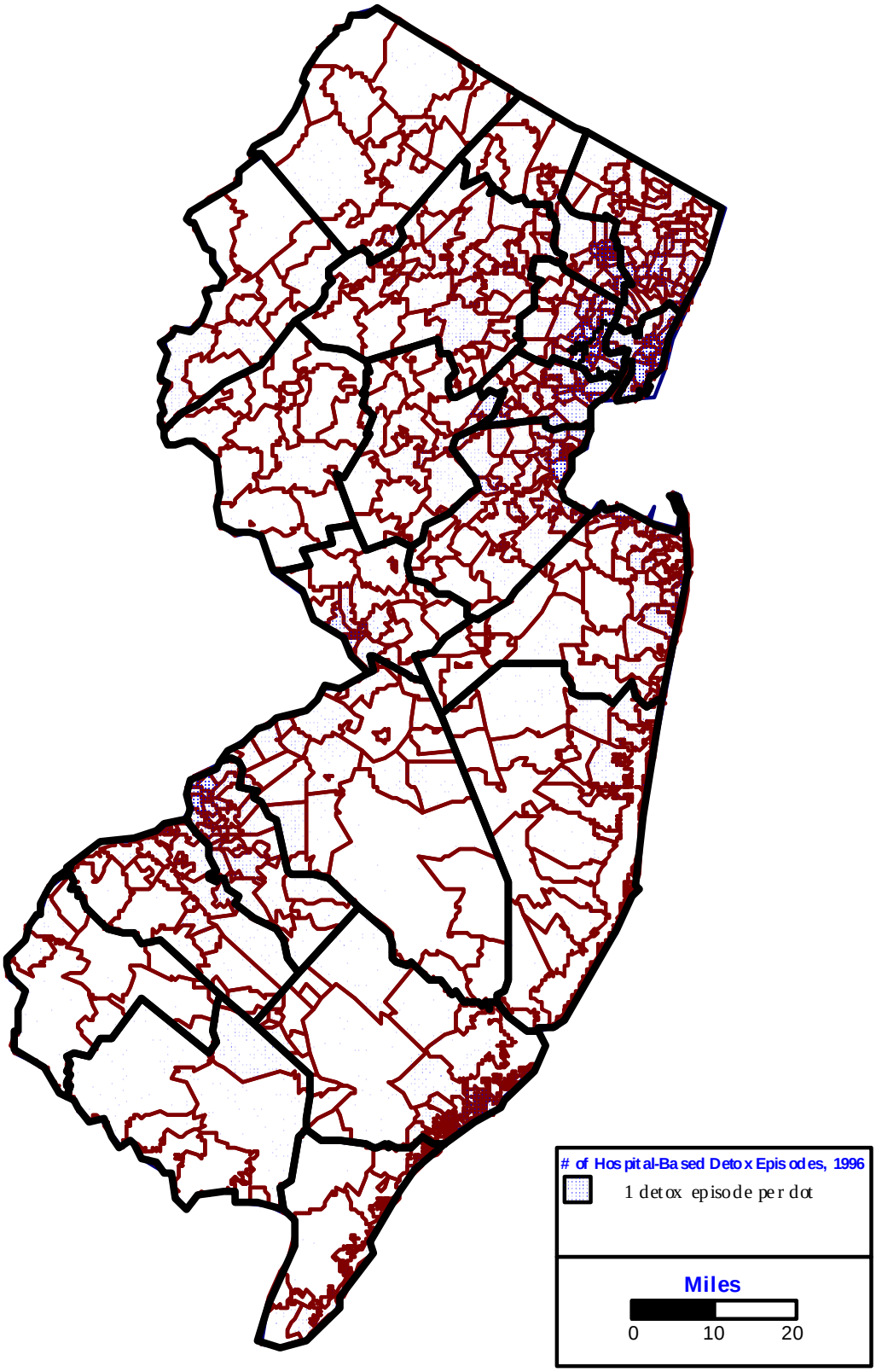
Hospital Name by Source of Data (Hospital Based Detoxification Patients Only)

	Source of Data			
	From UB96 Only	From ADADS96 Only	In Both UB96 & ADADS96	Total
UNION				
SETON CENTER FOR CHEMICAL DEPENDENCY	277	220	1038	1535
County of Hospital Total	1699	349	1743	3791
WARREN				
HACKETTSTOWN COMMUNITY HOSPITAL	18	0	0	18
WARREN HOSP. ALC/DRUG RECOVERY CENTER	47	36	117	200
WARREN HOSPITAL MICA PROGRAM/INPATIENT	0	151	7	158
County of Hospital Total	65	187	124	376
Grand Total	14448	2683	9858	26989

Appendix B

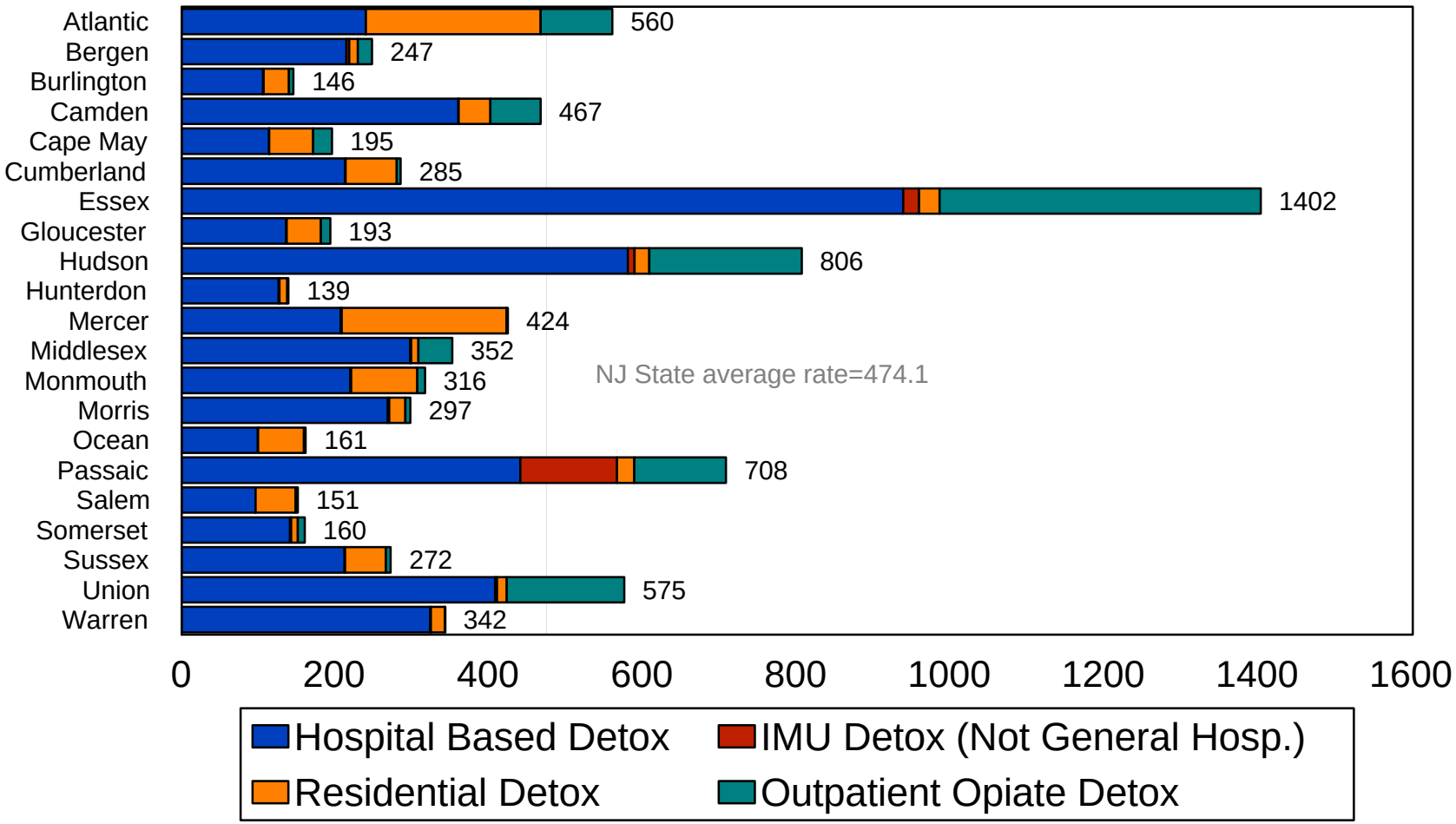
NJ Hospital-Based Detox Treatment Episodes in Pooled ADADS-UB92 Database

Number of Episodes, 1996, by Zip Code of Patient Residence



Alcohol and Drug Detoxification Patients: Hospital, IMU, Residential and Outpatient Modalities, Reported in Pooled ADADS and General Hospital (UB92) Dataset

Rate per 100,000 population, by County of Residence, CY 1996



Statewide Total Detox Patients Reported: N=38,354 (Hospital-Based: 26,989; IMU: 868; Residential: 3,690; Outpatient Opiate Detox: 6,807.
IMU = Inpatient Medical Unit (not in General Hospital)