

NEW JERSEY

State SSA Director

Ms. Raquel Mazon Jeffers, Acting Director
Division of Addiction Services
New Jersey Department of Human Services
120 South Stockton Street, PO Box 362
Trenton, NJ 08625-0362
Phone: 609-292-5760
Fax: 609-292-3816

E-mail: raquel.jeffers@dhs.state.nj.us

Web site: www.state.nj.us/humanservices/das/index/htm

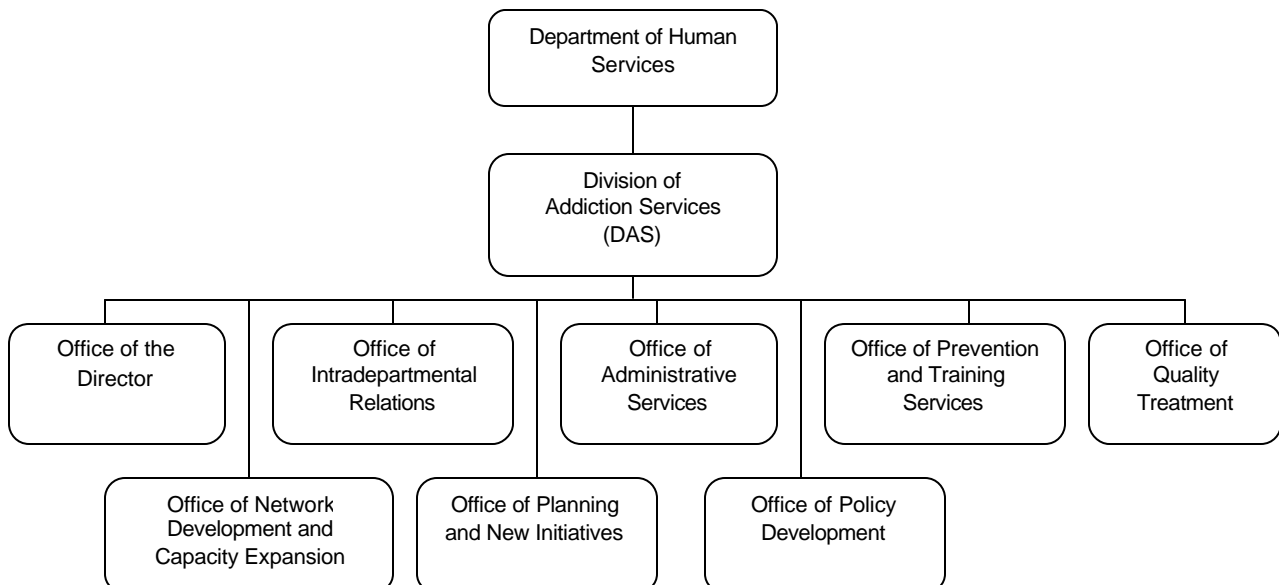
Structure and Function



The Division of Addiction Services (DAS), Department of Human Services, is the Single State Agency (SSA) for New Jersey and is responsible for prevention and treatment policy and programs, licensing substance abuse treatment agencies, protecting patients in substance abuse treatment, and collecting data on substance abuse issues.

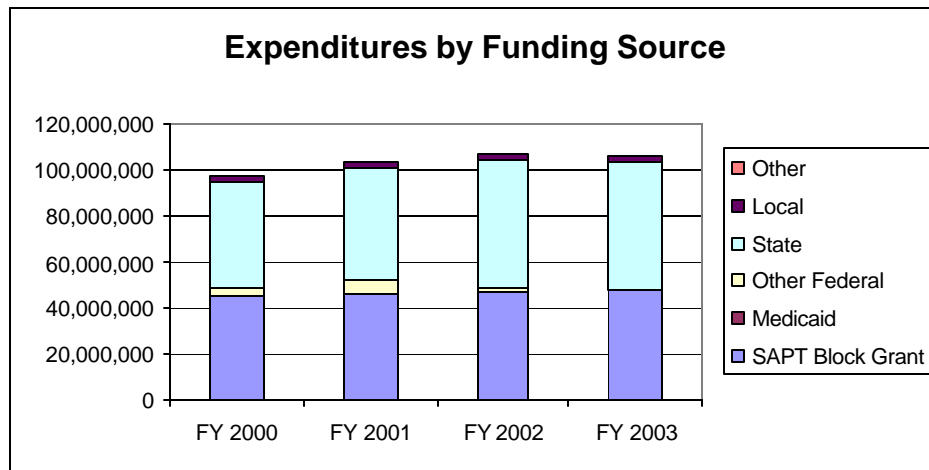
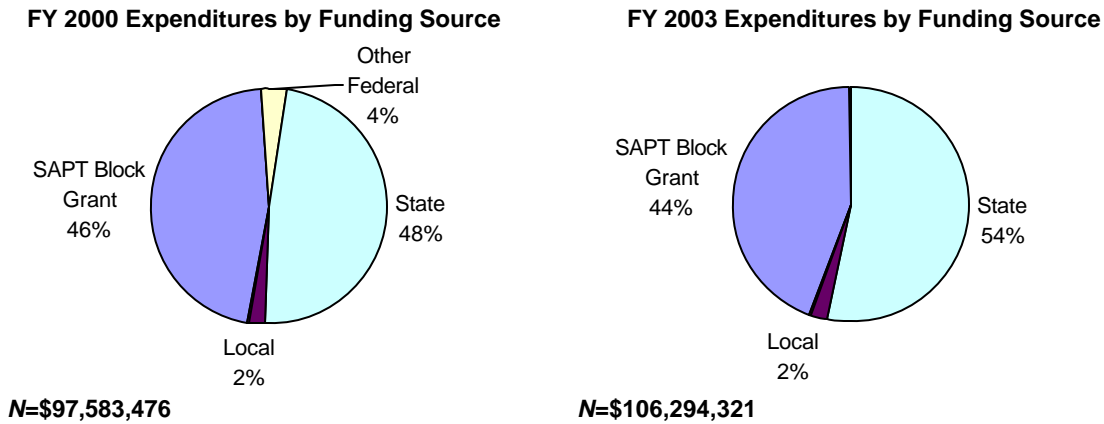
The Office of Prevention and Training Services within DAS contracts for community-based prevention education and early intervention services. The Office of Quality Treatment funds, monitors, and supports, through contracting and regulation, substance abuse treatment programs statewide. The Office of Network Development and Capacity Expansion maintains, manages, develops, and licenses substance abuse treatment agencies, as well as administers and monitors activities related to county planning and addiction treatment program development. The Office of Planning and New Initiatives maximizes DAS' access to addiction resources and supports development of new and innovative services to treat and prevent substance use disorders. The Office of Policy Development is responsible for forming policy and for the integration of information systems management, research, quality effective treatment, and public awareness efforts.

Single State Agency Structure



Single State Agency Funding Overview

SSA funding increased between FYs 2000 and 2003 from \$97.6 to \$106.3 million. During this time, State funding increased by nearly \$10 million, from \$46.7 million to \$56.6 million. The proportion of expenditures from the different funding sources remained fairly stable from FYs 2000 to 2003, with the State providing most of the funds (ranging from 48 to 53 percent), followed closely by the Block Grant (providing 44 to 46 percent of the total).



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	45,111,530	46	45,917,338	44	46,896,236	44	47,139,236	44
Medicaid*	0	0	0	0	0	0	0	0
Other Federal	3,478,588	4	5,607,972	5	1,462,801	1	319,585	0
State	46,740,854	48	49,794,590	48	56,258,000	53	56,553,000	53
Local	2,252,504	2	2,261,999	2	2,282,500	2	2,282,500	2
Other	0	0	0	0	0	0	0	0
Total**	97,583,476	100	103,581,899	100	106,899,537	100	106,294,321	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

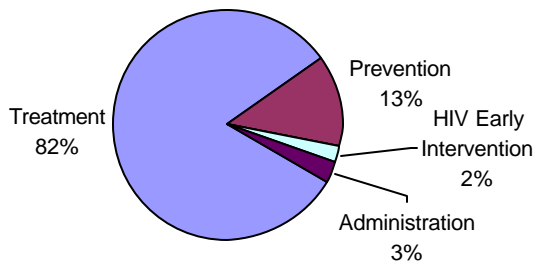
* Medicaid figures are not reported as the SSA does not directly receive reimbursement; rather, providers directly receive reimbursement

** Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

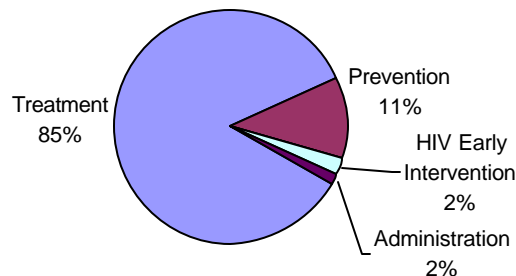
In New Jersey most (85 percent) of the SSA funds in FY 2003 were spent on treatment services, and 11 percent were spent on prevention services. In FY 2000, the distribution of SSA funds was similar.

FY 2000 Expenditures by Activity

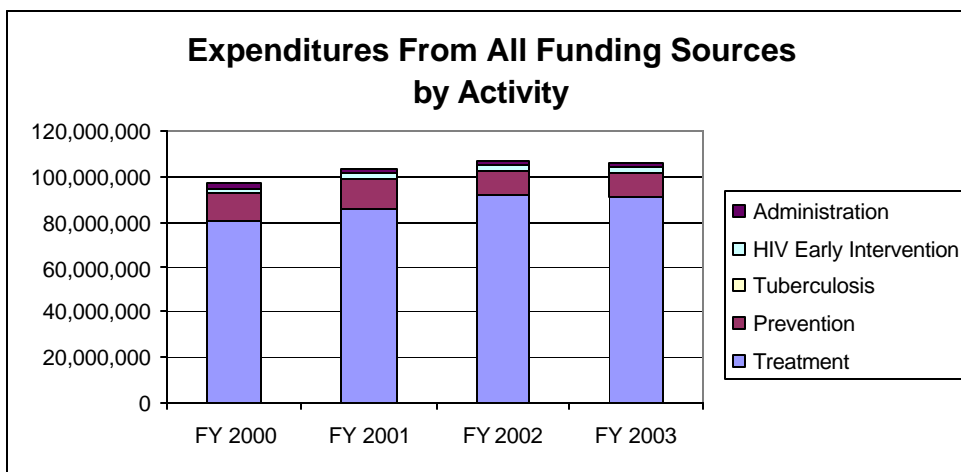


N=\$97,583,476

FY 2003 Expenditures by Activity



N=\$106,294,321



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	85,514,561	83	91,560,882	86	90,708,838	85
Alcohol Treatment	30,058,355	31	0	0				
Drug Treatment	50,127,291	51	0	0				
Prevention	12,225,998	13	13,773,429	13	10,956,895	10	11,332,318	11
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	2,272,596	2	2,316,929	2	2,340,943	2	2,356,962	2
Administration	2,899,236	3	1,976,980	2	2,040,817	2	1,896,203	2
Total*	97,583,476	100	103,581,899	100	106,899,537	100	106,294,321	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

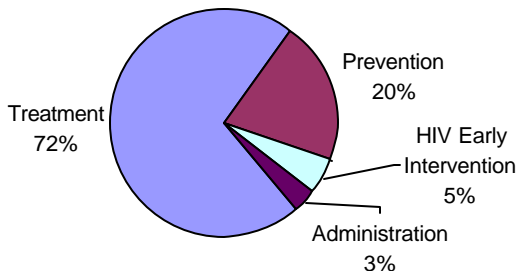
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

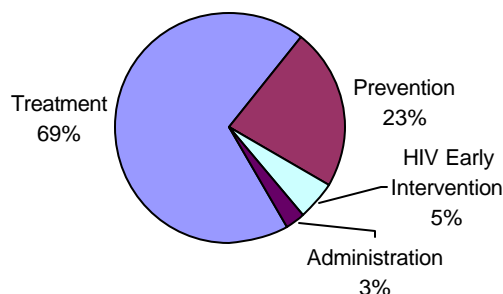
Block Grant funds in New Jersey remained relatively stable between FYs 2000 and 2003 (from \$45.1 to \$47.1 million). In FY 2003, the majority (69 percent) of funds were allocated for treatment, followed by about one-quarter for prevention services, 5 percent for HIV early intervention, and 3 percent for administration costs. The distribution of Block Grant expenditures in FY 2000 was similar to that in FY 2003.

FY 2000 Block Grant Expenditures by Activity

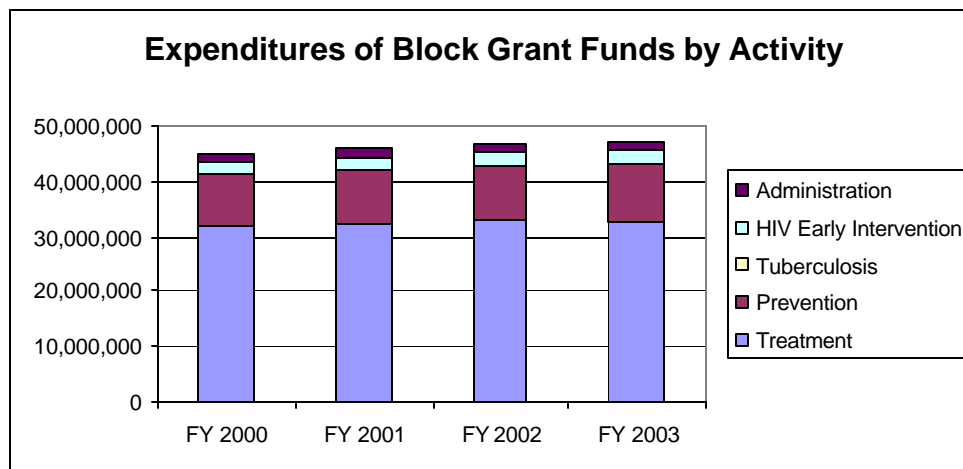


N=\$45,111,530

FY 2003 Block Grant Expenditures by Activity



N=\$47,139,236



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	32,302,815	70	33,037,563	70	32,660,983	69
Alcohol Treatment	12,063,237	27	0	0				
Drug Treatment	20,105,393	45	0	0				
Prevention	9,156,001	20	9,769,734	21	9,907,508	21	10,679,913	23
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	2,272,596	5	2,316,929	5	2,340,943	5	2,356,962	5
Administration	1,514,303	3	1,527,860	3	1,610,222	3	1,441,378	3
Total*	45,111,530	100	45,917,338	100	46,896,236	100	47,139,236	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

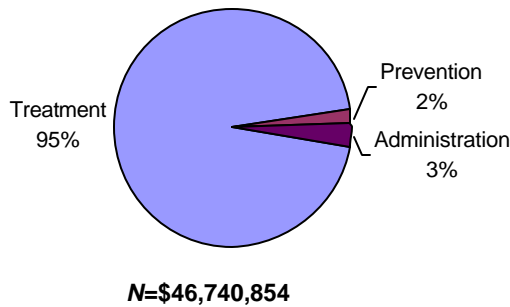
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

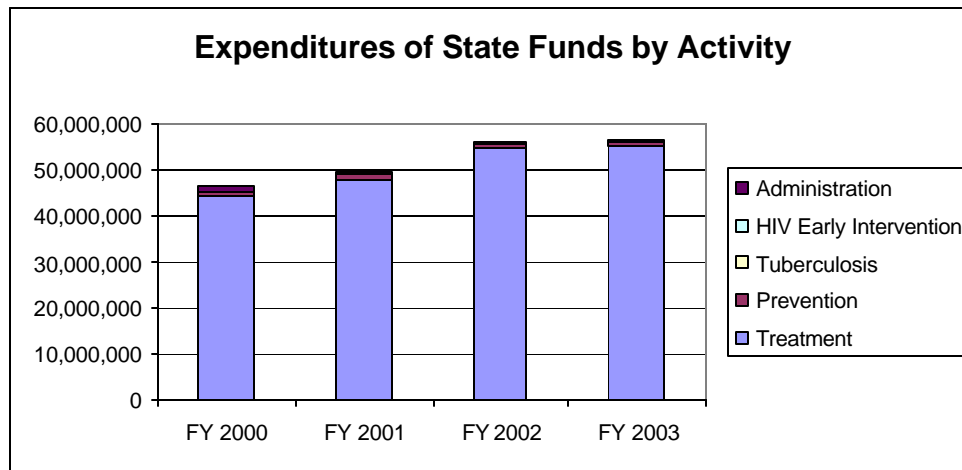
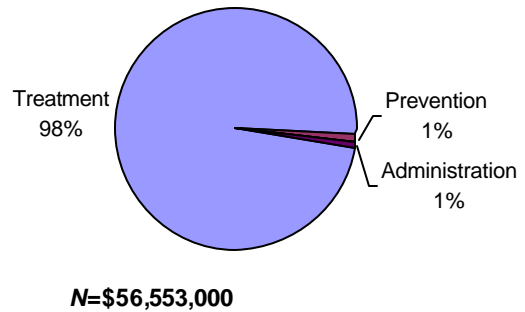
Expenditures of State Funds

State expenditures rose considerably between FYs 2000 and 2003 (from \$46.7 to \$56.6 million). During this time period, most (95-98 percent) of the funds were spent on treatment services.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	48,114,737	97	54,875,550	98	55,445,770	98
Alcohol Treatment	16,631,061	36	0	0				
Drug Treatment	27,718,435	59	0	0				
Prevention	1,006,425	2	1,230,733	2	951,855	2	652,405	1
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,384,933	3	449,120	1	430,595	1	454,825	1
Total*	46,740,854	100	49,794,590	100	56,258,000	100	56,553,000	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

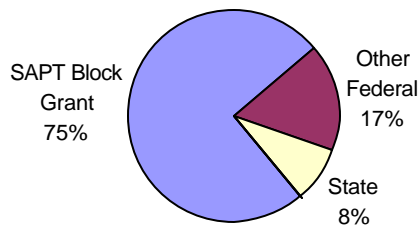
DAS funds competitive community-based contracts to deliver prevention services in the State. The contracts are funded based on priorities that result from the needs assessment organized by the 21 County Offices on Alcoholism and Drug Abuse. Prevention contractees are required to provide services to the target populations identified by the County Planning Committees, follow a science-based curriculum, have a Certified Prevention Specialist on staff, and provide services consistent with the “Standards for Agencies Providing Substance Abuse Prevention Services.”

Prevention Funding and Expenditures

Between FYs 2000 and 2003, prevention expenditures in New Jersey declined from \$12.2 to \$11.3 million. In FY 2003, nearly all (94 percent) of prevention funds were derived from the Block Grant and 6 percent came from the State. By contrast, in FY 2000, three-fourths of prevention funds came from the Block Grant, 8 percent came from the State, and 17 percent from other Federal sources.

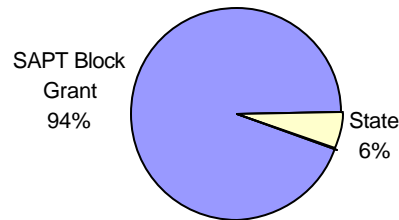
Between FYs 2000 and 2002, Block Grant prevention funds ranged from \$1.09 and \$1.16 per capita. In FY 2003, per capita prevention funds increased to \$1.24.

FY 2000 Prevention Expenditures by Funding Source

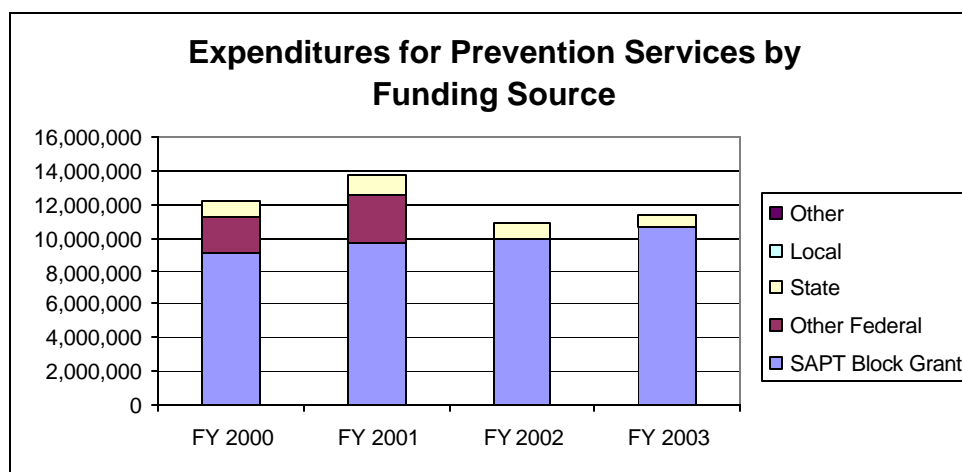


N=\$12,225,998

FY 2003 Prevention Expenditures by Funding Source



N=\$11,332,318



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	9,156,001	75	9,769,734	71	9,907,508	90	10,679,913	94
Other Federal	2,063,572	17	2,772,962	20	97,532	1	0	0
State	1,006,425	8	1,230,733	9	951,855	9	652,405	6
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	12,225,998	100	13,773,429	100	10,956,895	100	11,332,318	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

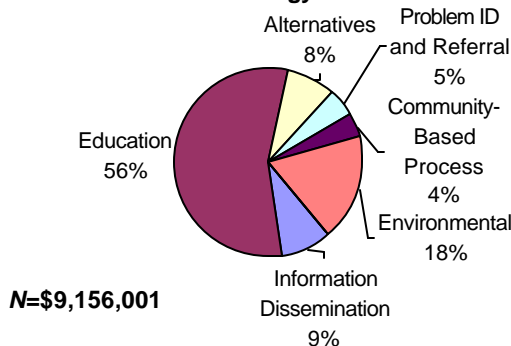
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	The “We Check for 21 Too” initiative increases parental awareness of the negative consequences associated with underage drinking.
Education	The “Training for Strengthening Families Program” targets ages 6 through 12 and 10 through 14.
Alternatives	Alternatives include a parenting project that takes a core group of parents who encourage other parents to support values that do not encourage underage drinking.
Community-Based Processes	Anti-alcohol and drug advertisements are displayed on billboards, milk cartons, paper placemats, shopping bags, and in newspapers.
Environmental	Twelve colleges received subgrants to implement a social norms campaign.
Problem Identification and Referral	Funds support a toll-free 24-hour telephone information and referral service.

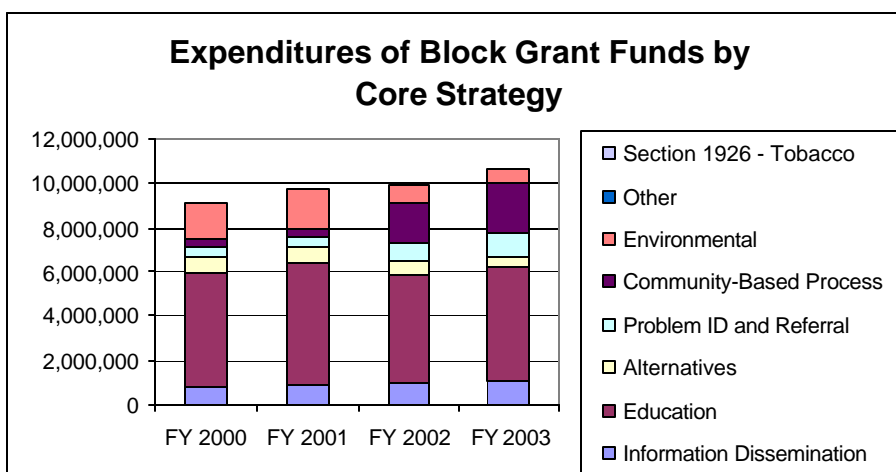
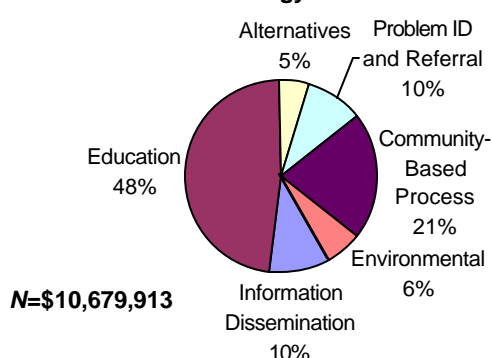
Expenditures of Block Grant Funds for Core Strategies

In FY 2003 Block Grant funding in New Jersey for prevention core strategies totaled \$10.7 million. During this time period, education received about half of the funds, and the remainder was disbursed among a wide variety of strategies. Funding for community-based processes increased substantially from FY 2000 to 2003, from \$366,000 to \$2.2 million.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	824,040	9	879,276	9	974,303	10	1,067,991	10
Education	5,127,361	56	5,471,051	56	4,887,183	49	5,126,358	48
Alternatives	732,480	8	781,579	8	544,718	5	533,996	5
Problem ID and Referral	457,800	5	488,487	5	908,514	9	1,067,991	10
Community-Based Process	366,240	4	390,789	4	1,800,970	18	2,242,782	21
Environmental	1,648,080	18	1,758,552	18	791,820	8	640,795	6
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	0	0	0	0	0	0	0	0
Total*	9,156,001	100	9,769,734	100	9,907,508	100	10,679,913	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

* Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

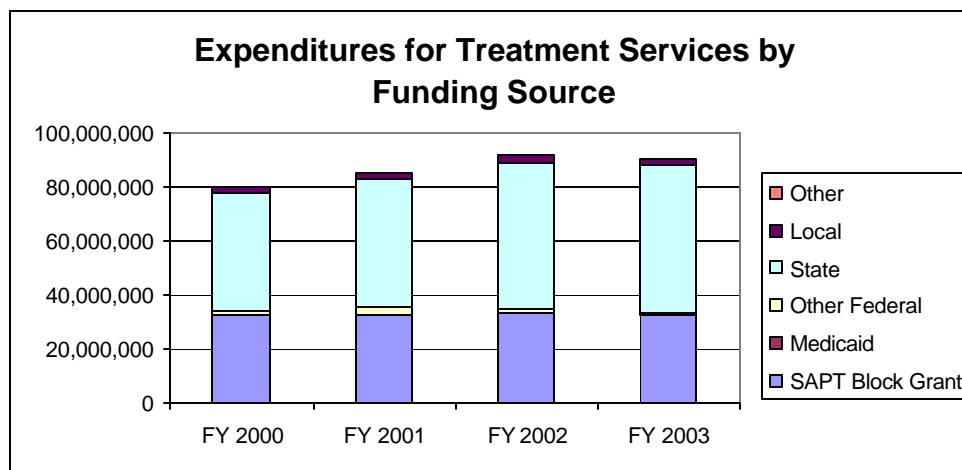
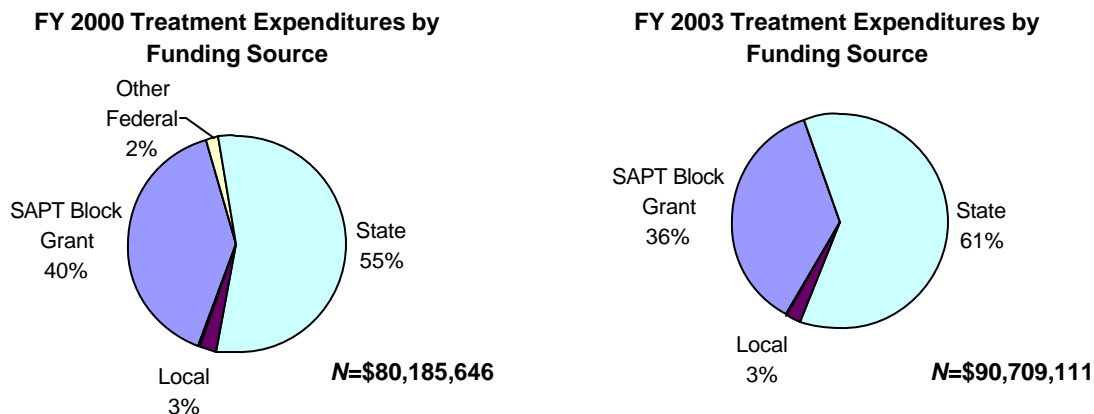
New Jersey strives to increase client access to drug and alcohol treatment services and appropriate levels of care through a strong emphasis on its “no wrong door” philosophy. As part of this philosophy, DAS has increased co-occurring funding to addictions treatment agencies and developed close working relationships with the New Jersey Division of Mental Health Services.

DAS maintains a continuum of substance abuse treatment services that includes inpatient, outpatient, and post-treatment recovery support. In FY 2004, it expanded and enhanced this continuum of services by funding additional Methadone Intensive Outpatient programs. DAS funded Residential Assisted Partial Care Programs where clients live in a Department of Consumer Affairs licensed facility and are transported to receive treatment and/or supportive services. DAS also funded a new 50-bed adolescent residential program that accepts adolescents with co-occurring disorders.

Treatment Funding and Expenditures

Treatment funding in New Jersey increased by about \$10 million between FYs 2000 and 2003 (from \$80.2 to \$90.7 million). During this time period, the State’s proportion of these funds increased from 55 to 61 percent, while the Block Grant’s proportion declined from 40 to 36 percent.

Between FYs 2000 and 2002, treatment expenditures in New Jersey ranged from \$3.81 to \$3.85 per capita. In FY 2003, per capita treatment funds declined slightly to \$3.78.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	32,168,630	40	32,302,815	38	33,037,563	36	32,660,983	36
Medicaid*	0	0	0	0	0	0	0	0
Other Federal	1,415,016	2	2,835,010	3	1,365,269	1	319,858	0
State	44,349,496	55	48,114,737	56	54,875,550	60	55,445,770	61
Local	2,252,504	3	2,261,999	3	2,282,500	2	2,282,500	3
Other	0	0	0	0	0	0	0	0
Total**	80,185,646	100	85,514,561	100	91,560,882	100	90,709,111	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Medicaid figures are not reported as the SSA does not directly receive reimbursement; rather, providers directly receive reimbursement

** Totals may not equal 100 percent due to rounding.

Admissions

New Jersey's SAPT Block Grant application indicates that nearly 43,000 persons were admitted to treatment during FY 2002, of which most were admitted for detoxification, short-term residential and outpatient (non-methadone).

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=42,647)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	1,968	7,311	5
Free-standing residential	1,712	2,990	11
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	124	166	2
Short-term residential	1,374	2,684	24
Long-term residential	403	2,810	7
Ambulatory (Outpatient)			
Outpatient (methadone)	35	2,931	24
Outpatient (non-methadone)	4,248	5,459	28
Intensive outpatient	2,202	3,684	24
Detoxification (outpatient)	25	2,396	0
TOTAL	12,091	30,431	125

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data—which include programs funded through the Block Grant and programs that are not—indicate more than 54,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 6 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	8,626	6.6
Alcohol in combination with other drugs	45,889	6.0
Total	54,515	6.1

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 412,000 persons aged 12 and older (5.8 percent of New Jersey's population) needed, but did not receive, treatment for alcohol use and 161,000 persons (2.3 percent) needed, but did not receive, treatment for illicit drug use in New Jersey.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	5.81	4.97	15.91	4.48
Needing but not receiving treatment for illicit drug use	2.27	4.64	7.07	1.28

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

DAS conducts treatment needs assessment studies that include a statewide telephone household survey; a survey of the mental health population; a social indicator study that functions as a primary planning document for County Coordinators and other local planners; a capture-recapture analysis to estimate treatment need; an analysis of client level treatment data; and a study that links administrative databases such as hospital discharge data, mortality records, and mental health treatment service records. The treatment needs assessment studies also provide estimates for prevention needs in the State. Data from the needs assessment activities have a major impact on both treatment and prevention planning.

Evaluation

DAS supports a peer review process that uses credentialed professionals from the Addiction Treatment Providers of New Jersey organization to assure the quality of care that is delivered to substance abuse patients and to improve the system of care. The peer review process generates independent suggestions for service delivery improvement. In addition to records review, the staff's treatment knowledge, skill levels, and attitude are analyzed by a questionnaire survey. Also evaluated are the intake process and appropriateness of the admissions, appropriateness of the treatment plans, specificity of the documentation with regard to treatment plan implementation and patient progress, appropriateness of the discharge and aftercare plan, and evidence of treatment outcome. Further, the peer review process assesses the physical environment, staffing pattern, and staff training provisions.

New Jersey requires that its funded prevention programs measure and document their program's progress towards meeting its goals and objectives. In applying for funding, they must provide the evaluation instrument to be used, who will be collecting the data, the timeframes for data collection, and provide credentials for the individual who will be preparing their year end evaluation report.

Additionally, the New Jersey Middle School Survey, based on the Communities That Care Survey, collects prevalence data on substance use and related behaviors, including risk and protective factors.

Training and Assistance

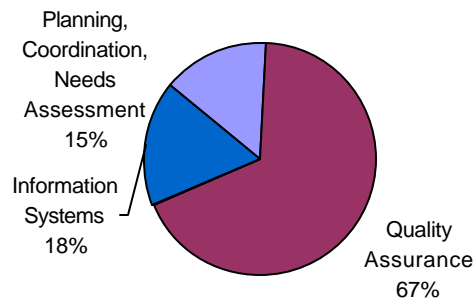
DAS funds the National Council on Alcoholism and Drug Dependence of New Jersey (NCADD-NJ) to organize and manage a statewide training and education system for persons delivering alcohol, tobacco, and other drug (ATOD) services. Courses are available for staff seeking certification. DAS also continues to fund the Professional Development Initiative and training by the Addiction Treatment Providers of New Jersey. In addition, the Office of Prevention and Training Services trains agencies to implement the Strengthening Families program, and works closely with the Alcohol and Drug Counselor Committee of the State Board of Marriage and Family Therapy Examiners.

A workforce development plan has been drafted to identify parameters for clinical supervision, university field placement supervision, a mentoring program for provider staff, as well as scholarships for continuing education programs.

Expenditures of Block Grant Funds for Resource Development Activities

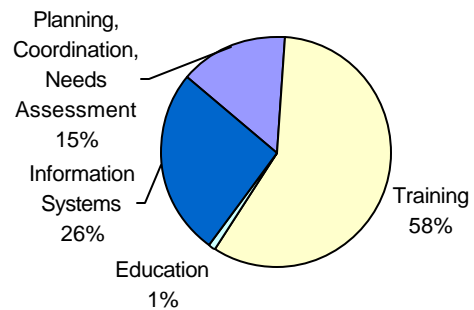
SAPT Block Grant funding for resource development activities in New Jersey increased between FYs 2000 and 2003 (from \$7.6 to \$8.7 million). In FY 2003, the largest recipient of Block Grant funds is training (receiving 58 percent of the total), whereas in FY 2000, the largest recipient was quality assurance (receiving 67 percent of the total).

FY 2000 Block Grant Expenditures on Resource Development Activities

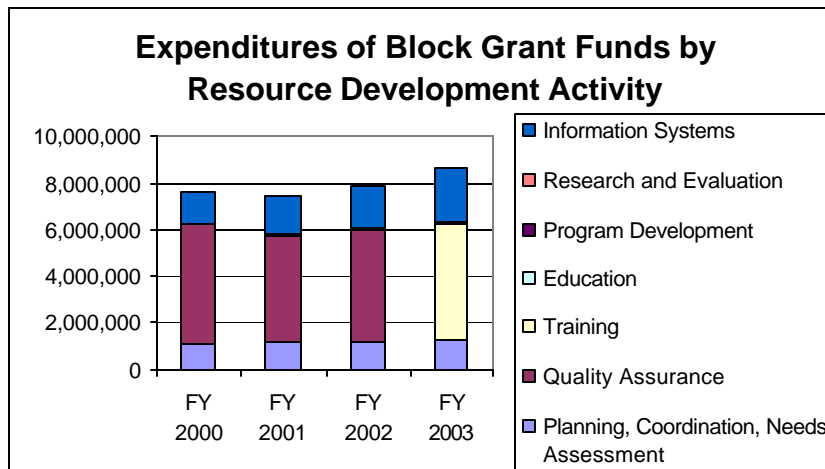


N=\$7,644,268

FY 2003 Block Grant Expenditures on Resource Development Activities



N=\$8,664,706



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	1,132,530	15	1,152,700	15	1,167,656	15	1,292,199	15
Quality Assurance	5,161,528	68	4,618,323	62	4,806,965	61	0	0
Training	10,000	0	100,000	1	100,000	1	5,004,442	58
Education	0	0	0	0	0	0	100,000	1
Program Development	0	0	0	0	0	0	0	0
Research and Evaluation	0	0	0	0	0	0	0	0
Information Systems	1,340,210	18	1,609,737	22	1,829,744	23	2,268,065	26
Total*	7,644,268	100	7,480,760	100	7,904,365	100	8,664,706	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded nearly \$1.1 million in discretionary prevention funding in FY 2004 in New Jersey. Most funds are allocated for drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	10	825,722
HIV/AIDS Cohort 5 Services	1	250,000
Total	11	1,075,722

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded more than \$7.1 million in discretionary funding for treatment in New Jersey in FY 2004. Most funds (\$4 of the \$7.1 million) are earmarked for ATR.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Access to Recovery (ATR)	1	4,048,918
Effective Adolescent Treatment	1	230,893
Homeless Addictions Treatment	2	796,400
Recovery Community Service	1	224,997
Targeted Capacity - HIV/AIDS	4	1,837,664
Total	9	7,138,872

SOURCE: www.samhsa.gov