

# **SUBSTANCE ABUSE TREATMENT**

## **Scope of the Problem and Indicators of Need**

Substance abuse represents a serious barrier to an individual's ability to fully engage in a meaningful way in society. Technically, substance abuse refers to an extreme use of drugs and/or alcohol such that an individual undergoes an inability to attend school, begins engaging in illegal drug activity or experiences a disintegration of relationships with family and friends. Drug dependency, which accompanies substance abuse, includes symptoms of demonstrated signs of withdrawal from social activities or continued use despite a deterioration in physical or psychological well being.<sup>1</sup> For low-income families with little or no financial cushion a substance abuse problem can quickly lead to economic ruin. In order to better understand whether or not the state is adequately funding substance abuse treatment the following information highlights the need for treatment within the state. It begins with an overview of substance abuse in New Jersey and the demographics of those with substance abuse problems. It follows with an assessment of how many residents in need are receiving treatment as well as a discussion of the co-occurrence of substance abuse with mental health issues.

Substance abuse and drug dependence has changed dramatically in New Jersey between 1993 and 2003, with increases in the use of heroin and other opiates and a parallel decrease in the use of cocaine and alcohol. Admissions to treatment for heroin use (for those over age 12) increased from 20,085 in 1993 to 24,522 in 2003 (or 342 per 100,000 people). Cocaine use, on the other hand, plummeted from 10,778 admissions for treatment in 1993 to 5,282 in 2003 while treatment admissions for alcohol abuse dropped by more than half from 29,095 to 14,544 during the same time period.<sup>2</sup> According to state data, during 2002 there were 56,431 total incidences of admissions for treatment in New Jersey. For 61 percent of these admissions for treatment, an individual was without health insurance.<sup>3</sup>

The 2003 a New Jersey household survey of Adult, Drug and Alcohol Use found some differences in abuse, dependence and receipt of treatment by different groups. Overall, higher proportions of alcohol and drug abuse and dependence were associated with higher income and educational levels; however, there was not a strong association between income and education and abuse or dependence on illicit drugs. Higher rates of abuse and dependence on alcohol or drugs were found for males compared to females and among younger adults aged 18 to 25 as compared to older adults. These rates were also higher for white (13 percent), compared to Black or African American (9 percent), Hispanic (8 percent), or Asian (5 percent) adults. A small percentage - only 7 percent of lower income adults (those with annual income below \$25,000) who were in need

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<sup>1</sup> Ohio State University Medical Center. "Substance Abuse/Chemical Dependency." <http://medical.center.osu.edu/patientcare/healthinformation/diseasesandconditions/mentalhealth/substance>. 2006

<sup>2</sup> *Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies, Treatment Episode Data Set (TEDS) 1992-2002.*

<sup>3</sup> *Substance Abuse Overview 2002 Essex County, Division of Addiction Services Research and Information Systems, Department of Health and Senior Services, July 2003.*

treatment actually received it. However, this constitutes a larger proportion than the share of higher income adults - only 1 percent of those with income more than \$100,000 that needed and received treatment. This indicates a treatment gap for all people regardless of income.

Another population in need of substance abuse treatment is ex-offenders. In 2002, 57% of New Jersey prisoners had moderate to extreme substance abuse disorders and 85% had some level of drug and/or alcohol problems.<sup>4</sup> (For more information on re-entry issues, see the Corrections chapter of this report.) Upon re-entry, however, there are only 26 Intensive Parole Drug Program Officers who act as case managers for addiction-related issues. In New Jersey, both inpatient and outpatient treatment services for parolees are provided through the Mutual Agreement Program (MAP), which is supported through a partnership between the DHSS Division of Addiction Services, the Department of Correction and the State Parole Board.<sup>5</sup>

Welfare recipients are another population that has been identified as more in need of substance abuse treatment than the general population.<sup>6</sup> New Jersey's Department of Health and Senior Services (DHSS) reported that approximately 20 percent of participants in the state's Temporary Assistance for Needy Families (TANF) program were problem users of drug or alcohol within the past 18 months. The TANF population tends to be twice as likely to have more serious drug dependency as non-recipients and this finding was more common among TANF clients who were unemployed.<sup>7</sup> Typically, welfare clients who are substance dependent are more likely to report domestic violence, be investigated by child welfare services and experience legal problems when compared to welfare clients who are not substance dependent.<sup>8</sup> Additionally, recent research has also suggested that women transitioning into welfare experienced increased feelings of depression and consumed more alcohol. These changes were attributed to feelings of embarrassment due to the stigma associated with being on welfare.<sup>9</sup>

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<sup>4</sup> NJ Department of Corrections, *2002 Annual Report*, Division of Programs and Community Services Section.

<sup>5</sup> NJ Department of Corrections, *2002 Annual Report*, Division of Programs and Community Services Section

<sup>6</sup> Pollack, H., Danziger, S., Seefeldt, K. and Rukmalie, J. (2002). "Substance Use Among Welfare Recipients: Trends and Policy Responses." *Social Service Review*; 76(2):256-275.

<sup>7</sup> Pollack et al. 2002.

<sup>8</sup> Morgenstern, J., McCrady, B.S., Blanchard, K.A., McVeigh, K.H., Riordan, A. and Irwin, T.W. (2003). "Barriers to Employability Among Substance Dependent and Nonsubstance-Affected Women on Federal Welfare: Implications for Program Design." *Journal of Studies on Alcohol*; 64(2):239-246.

<sup>9</sup>Dooley, D. and Prause, J. (2002). "Mental Health and Welfare Transitions: Depression and Alcohol Abuse in AFDC Women." *American Journal of Community Psychology*; 30(6):787-813.

The need for treatment does not, unfortunately, always mean that an individual is receiving the necessary treatment. The table below provides the results of a state-wide poll on the need for and receipt of treatment in all New Jersey counties. It clearly illustrates both a variation in access to treatment from one county to the next as well as overall low treatment level.<sup>10</sup>

**Proportion of Adults Receiving Substance Abuse Treatment Among Those Needing Treatment During a Year’s Time by County, 2003**

County	Percentage of Those in Need Who Received Treatment	County	Percentage of Those in Need Who Received Treatment
Atlantic	3.4%	Middlesex	2.0%
Bergen	1.5%	Monmouth	8.3%
Burlington	0.8%	Morris	0.0%
Camden	5.7%	Ocean	4.2%
Cape May	3.1%	Passaic	6.3%
Cumberland	0.0%	Salem	0.0%
Essex	1.0%	Somerset	0.0%
Gloucester	1.7%	Sussex	3.1%
Hudson	1.6%	Union	0.0%
Hunterdon	3.2%	Warren	3.1%
Mercer	6.5%		

Source: NJ Department of Human Services and Center for Public Interest Polling, Eagleton Institute at Rutgers, September 2005, “The 2003 New Jersey Household Survey on Drug Use and Health.”

For the past 30 years, mental health practitioners have seen a growing number of persons with chemical addictions who are also suffering from mental illness. However, it is important to consider the impact of mental health on substance abuse very broadly, as mental illness is a narrow band on the continuum of mental health. For individuals with a severe mental illness, nearly half will eventually have an alcohol or substance abuse problem at some point in their life.<sup>11</sup> This dual diagnosis tends to lead to worse clinical outcomes, causes problems with employment, and leads to repeated hospital visits, family conflict and even incarceration.<sup>12</sup> As far as employment related issues, persons with a

<sup>10</sup> New Jersey Department of Human Services Division of Addiction Services and Center for Public Interest Polling, Eagleton Institute, Rutgers, the State University of New Jersey, *The 2003 New Jersey Household Survey on Drug Use and Health*, September 2005.

<sup>11</sup> The Surgeon General’s Report on Mental Health. <http://mentalhealth.about.com/library/sg/chapter4/blsec5.htm>. 2006 and Rachbeisel, J., Scott, J., and Dixon, L. (1999). “Co-Occurring Severe Mental Illness and Substance Use Disorders: A Review of the Recent Research.” *Psychiatric Services*; 50:1427-1434.

<sup>12</sup> McAlpine, D. and Warner, L. “Barriers to Employment Among Persons with Mental Illness: A Review of the Literature.” Center for Research on the Organization and Financing of Care for the Severely Mentally Ill, Institute for Health, Health Care Policy and Aging Research, Rutgers, the State University of

dual diagnosis are more likely to be fired from their jobs or quit, and they are least likely to acquire new employment.<sup>13</sup> There are also health and wellbeing consequences. Research has suggested that low-income women who have a history of alcohol problems related to an untreated mental illness were particularly at higher risk for suicide attempts.<sup>14</sup> This is particularly significant since there were approximately 600 suicides in New Jersey in 2000, which was double the number of homicides in the same year.<sup>15</sup> Although New Jersey's suicide rates have been below the U.S. average, suicide is the third leading cause of death among people aged 15-24 and the fifth leading cause of death among those aged 25-44 in the state.<sup>16</sup> According to a 2005 nationwide survey, 22 percent of adults who used illicit drugs were more likely to have serious psychological distress compared to approximately 10 percent of the U.S. population who did not use illicit drugs.<sup>17</sup> Treatment of co-occurring mental health issues and substance abuse require special considerations. For one, an integrated treatment center recognizes that a client's problem with substance abuse or dependence should be considered as important an issue as their mental illness, recognizing that the two exist independent of one another.<sup>18</sup> The Institute of Medicine suggests that there is a need to hire staff trained in both the mental health profession as well as in counseling on substance abuse for persons with co-occurring disorders.

In all, drug dependency and substance abuse exists in New Jersey. While it affects all income groups as well as racial and ethnic groups many of the individuals seeking treatment come without health insurance. It also disproportionately impacts ex-offenders and persons receiving public assistance. Despairingly, statewide figures reveal that very few of the people in need of treatment are receiving it. As well, large numbers of individuals struggle with needing substance abuse treatment while also battling mental health disorders. Budget allocations must be reviewed in order to assess whether these populations are adequately taken into consideration.

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New Jersey. and The Surgeon General's Report on Mental Health.  
<http://mentalhealth.about.com/library/sg/chapter4/blsec5.htm>. 2006

<sup>13</sup> McAlpine et al.

<sup>14</sup> Hempstead, K. (2004). "Suicide in New Jersey, 1999-2000." Center for Health Statistics, March 2004.

<sup>15</sup> Hempstead, K. (2004). "Suicide in New Jersey, 1999-2000." Center for Health Statistics, March 2004.

<sup>16</sup> Hempstead, K. (2004). "Suicide in New Jersey, 1999-2000." Center for Health Statistics, March 2004.

<sup>17</sup> *2002 NSDUH Results from the 2002 National Survey on Drug Use and Health: National Findings*, Office of Applied Studies, Substance Abuse and Mental Health Services Administration U. S. Dept. of Health and Human Services, 2003,

<http://www.samhsa.gov/oas/sNHSDA/2k2NSDUH/Results/2k2results.htm>.

<sup>18</sup> Therapeutic Communities of America. Special Issues in Substance Abuse Treatment: Co-Occurring Disorders. <http://tca.nonprofitoffice.com/index.asp?> Assessed 2006.

## Substance Abuse Treatment

The state has acknowledged the immeasurable personal and societal impact that substance abuse causes, and it funds and administers programs of prevention and treatment throughout New Jersey. Important and innovative programs are also being sponsored on the community level by local government agencies and private organizations. However, professionals, family members, advocates and people with substance abuse disorders have voiced agreement that there are insufficient numbers of appropriate treatment programs and staff in New Jersey to adequately provide necessary help for the growing number of persons who are addicted to chemical substances.

The following description and analysis of substance abuse treatment programs is not meant to be all-inclusive but rather to highlight major state efforts in this area. It is hoped that this will bring a clearer understanding of the state's budget priorities in this area. The state's primary mechanism for providing substance abuse prevention and treatment is through the Division of Addiction Services (DAS) within the Department of Human Services. DAS has contracts with 116 agencies throughout the state that provide direct services to clients. DAS bears the responsibility for many programs throughout the State including those programs within its own Treatment Unit. However, this division also has oversight and coordination responsibilities for programs administered through DYFS under the new Child Welfare Reform Plan and programs such as SAI administered through WFNJ.

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*Note: The services for Substance Abuse cross into other areas of need and are also referenced in other chapters of this report, including as the Child Welfare chapter.*

## Detailed Program Information

### **Substance Abuse – Treatment Services Unit**

#### ***Program Purpose and Description:***

The Treatment Unit of the Division of Addiction Services (DAS) supports and monitors a wide variety of substance abuse programs, treatment services, and treatment providers. The overall stated mission of this Unit is to reduce the misuse of alcohol and other drugs through effective science-based treatment. This Unit comprises only three sections: Program Development; Treatment for Special Populations; and the Intoxicated Driving Program. DAS lists seventeen goals for FY05, as reported to the federal government.<sup>19</sup>

The “Program Development” section develops and coordinates addictions services plans for all counties in the State. These services include special programs for the mentally ill chemically addicted (MICA) population, as well as screening and intervention services for DAS clients with HIV/AIDS and other communicable diseases.

Under the section “Treatment for Special Populations,” DAS provides technical assistance and oversight on specialized treatment programs for populations with specific needs. These populations include people who are deaf, hard of hearing, or disabled; pregnant women, women with dependent children; and minorities and adolescents. This section also oversees the South Jersey Initiative (SJI). SJI is a special needs program providing access to addiction treatment services to adolescents and young adults ranging in age from 13 through 24. The program treats this special population in Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean, and Salem counties.

The Treatment for Special Populations section also oversees the “World Trade Center/New Jersey Recovers Initiative,” which links victims of the World Trade Center tragedy in need of addiction services with the appropriate treatment. They also have oversight responsibilities of the Work First New Jersey Substance Abuse Initiative (WFNJ-SAI) and coordination responsibilities with Department of Human Services (DHS) and mental health services statewide.

The third section of the DAS Treatment Unit, the Intoxicated Driver Program (IPD), is charged with the responsibility of processing the conviction records of drivers convicted of driving under the influence. IPD schedules these drivers for detention, evaluation, and education. IPD also determines whether a convicted driver should be referred to [Intoxicated Driver Resource Centers](#) (IDRCs), administered at the county level.

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<sup>19</sup> NJDHS, DAS, “Summary: 2005 Intended Use Plans by Goal for the Federal Fiscal Year 2005 Substance Abuse Prevention and Treatment (SAPT) Block Grant Application,” September 13, 2004. The SAPT Block Grant is administered by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the US Department of Health and Human Services (DHHS).

DAS has several goals that do not impact on the budget but should improve services for people seeking treatment. Those goals include the improvement of appropriate referrals for treatment and the coordination of various related activities and services, including other health, social services and criminal justice activities.<sup>20</sup>

***Budget and Performance Trends:***

The Division of Addiction Services has been moved from within the Department of Health and Senior Services (DHSS) to the DHS; this year, the budgetary information is reported under DHS by the state for the first time. Funding for the division comes from a variety of federal, state and local sources. In addition to the information in the state budget materials, some more detailed information for FY05 is available from the Substance Abuse Prevention and Treatment Block Grant report, which indicates the way in which this primary source of federal funding is combined with other sources to fund the state's prevention and treatment services. The same report also provides a more detailed breakdown of the funding for various types of prevention programs. While no similar information is available for more recent fiscal years, the report still indicates general patterns in the state's substance abuse treatment services expenditures and funding sources.

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<sup>20</sup> Most of the program description information is from the NJDHS website at <http://www.state.nj.us/humanservices/das/about%20DAS.htm>.

**Addiction Services Program  
Evaluation Data**

<b>Addiction Services</b>	<b>Actual FY04</b>	<b>Actual FY05</b>	<b>Revised 2006</b>	<b>Estimated 2007</b>
Drug treatment admissions – primary alcohol	18,000	18,653	19,209	19,782
Drug treatment admissions – primary other drugs	43,000	44,523	45,009	45,501
Adult hospital detoxification admissions	10,000	10,000	9,575	9,168
Adult residential detoxification admissions	5,000	5,000	4,352	3,788
Adult residential admissions	9,000	9,307	8,671	8,079
Adult out-patient admissions	30,000	31,738	32,824	33,947
Juvenile treatment admissions	4,000	4,131	4,213	4,296
Juvenile hospital detoxification admissions	200	200	148	109
Juvenile residential detoxification admissions	100	100	71	51
Juvenile residential admissions	1,500	1,519	1,567	1,617
Juvenile out-patient admissions	2,500	2,611	2,619	2,628
Intoxicated driver cases processed	24,000	24,000	25,263	26,593
Individuals given information and referral	49,000	45,000	47,368	49,861

**Source: State FY07 Budget Book (p. D-243)**

**DAS Intended Use Plan – FY05 (Updated info not yet available)**

<b>Activity</b>	<b>FFY 2005 SAPT Block Grant</b>	<b>Medicaid</b>	<b>Other Federal Funds (Medicare, other public welfare)</b>	<b>State Funds</b>	<b>Local Funds (Excluding Medicaid)</b>
Substance abuse treatment & rehab	\$31,902,472	\$0	\$18,513,374	\$182,856,000	\$4,450,732
Primary prevention	\$11,737,772	---	\$0	\$1,400,000	\$0
HIV early intervention services	\$2,392,269	\$0	\$0	\$0	\$0
Administration (excluding program/provider level)	\$1,812,859	---	\$0	\$922,000	\$0
<b>Column Total</b>	<b>\$47,845,372</b>	<b>\$0</b>	<b>\$18,513,374</b>	<b>\$185,178,000</b>	<b>\$4,450,732</b>

Source: Overview: Proposed Expenditures from the FFY05 Substance Abuse Prevention and Treatment (SAPT) Block Grant Application, September 13, 2004

Note: The total FFY05 funding of \$66,358,746 is \$3.8 million more than the total federal funding for the State FY05 that is reported in the state budget materials. This difference is likely due to the difference in time frames for federal and state fiscal years. The information for FFY06 is not yet available.

The summary of the 2005 Intended Use Plans for the FFY05 SAPT Block Grant Application further breaks down some of the treatment allocations. This document indicates that DAS is allocating approximately \$8,116,752 for programs and services and \$824,023 for resource development costs from the SAPT Block Grant (this is a subset of the total treatment/ rehabilitation funds), as well as \$1,400,000 in state funds for services for women and children under the supervision of DYFS who are also eligible for Work First New Jersey welfare benefits. The state budget allocation is not itemized in state budget materials. These figures are, most likely, included in the total appropriation.

The same document indicates specific expenditures for the categories of primary prevention. (See table on next page.)

<b>Prevention Expenditures FFY05 (Updated info not yet available)</b>		
<b>Category Amount</b>	<b>Budgeted</b>	<b>Budget Percentage</b>
Information dissemination	\$1,173,777	10%
Education	\$5,868,887	50%
Alternatives	\$1,173,777	10%
Problem identification and referral	\$469,511	4%
Community-based process	\$2,347,554	20%
Environmental	\$704,266	6%
<b>Total</b>	<b>\$11,737,772</b>	<b>100%</b>

**Source: Overview: Proposed Expenditures from the FFY 05 Substance Abuse Prevention & Treatment (SAPT) Block Grant Application, September 13, 2004**

<b>Addiction Services Appropriations Data</b>						
	<b>Orig. &amp; --Supple. FY05</b>	<b>Total FY05 Available</b>	<b>Expended FY05</b>	<b>FY06 Adjusted Approp.</b>	<b>Request/Rec. FY07</b>	<b>Actual Approp. FY07</b>
Direct State Services	\$462,000	\$23,175,000	\$22,823,000	\$455,000	\$455,000	\$455,000
Grants-in-Aid	\$28,978,000	\$34,515,000	\$34,318,000	\$50,787,000	\$34,240,000	\$34,240,000
State Aid	\$12,000,000	\$12,000,000	\$12,000,000	\$12,000,000	\$12,000,000	\$15,000,000
Federal funds	\$62,510,000	\$70,076,000	\$46,002,000	\$57,460,000	\$56,141,000	\$60,092,000
All other funds	---	\$20,510,000	\$19,016,000	\$9,300,000	\$11,394,000	---

**Source: State FY07 Budget Book (p. D-243–D-244) & State FY07 Appropriation S2007 (p. 129, 130, 131, 253)**

Note: “The Division of Addiction Services is authorized to bill a patient, a patient’s insurance carrier, a patient’s estate, the person chargeable for a patient’s support or the county of residence for institutional, residential & outpatient support of patients treated for alcoholism or drug abuse, or both. Receipts derived from billings or fees and unexpended balances at the end of the preceding fiscal year, from these billings or fees are appropriated to the DHS for the support of the alcohol & drug abuse programs, subject to the approval of the Director of the Division of Budget & Accounting.” (FY07 p. D-245)

***Additional Analysis***

According to data and the projection in the State Budget Book, the program rates of services have remained fairly consistent over the past five years, and most FY07 projections do not predict dramatic changes in trends. One trend of note that apparently started in FY06 and is forecasted to continue in FY07 is the reduction in admissions for

detoxification, for both adults and juveniles in both hospitals and residential facilities. In most other categories, where there are projected changes the projections are for increased services.

## **Work First New Jersey Substance Abuse Initiative (SAI)**

### ***Program Purpose and Description:***

The Work First New Jersey Substance Abuse Initiative (SAI) is a program that requires close cooperation among DFD, the Division of Medical Assistance and Health Services (DMAHS), the DHS Commissioner's Office on Policy and Planning, and DAS in its design, planning and implementation.

The Department of Human Services contracts with the National Council for Alcohol and Drug Dependency to administer the SAI. The SAI is organized on a model of clinical case management in which a drug treatment professional, called a clinical care coordinator (CCC), is co-located, at least on a part-time basis, in all of the County and Municipal Welfare Agencies throughout the 21 counties. CCCs assess clients for alcohol or drug dependency and develop individualized treatment plans. Treatment plans become a clients' required work activity that must be maintained in order to remain compliant with the WFNJ program. CCCs continue to work with the recipient and with treatment providers to monitor compliance and identify appropriate levels of treatment. The SAI has both voluntary and mandatory components.

Under voluntary SAI, WFNJ work-mandated or work-deferred clients may self-identify problems and elect to enter treatment prior to any WFNJ program sanction. (See additional information about WFNJ in the Income Security and Employment chapters of this report). Clients who choose treatment, but do not complete it are not sanctioned but are required to immediately meet WFNJ work requirements.

WFNJ clients may be mandated to participate in the SAI as part of their WFNJ participation if they have been sanctioned by WFNJ and present evidence to indicate that substance abuse contributed to their failure to comply with work activities. If a CCC determines that there is a problem, through the administration of a validated assessment tool, then additional treatment and compliance with plans can be mandated as a client's work activities. For such clients, noncompliance with assessments or treatment recommendations is cause for WFNJ program sanctions.

**Budget Performance and Trends:**

<b>Substance Abuse Initiative Evaluation Data</b>						
	<b>FY04 Initial (unduplicated)</b>	<b>FY04 Volume (duplicated)</b>	<b>FY05 Volume (unduplicated)</b>	<b>FY05 Volume (duplicated)</b>	<b>FY06 Volume (unduplicated)</b>	<b>FY06 Volume (duplicated)</b>
TANF						
Referral	916	1,535	788	1,432	1,260	2,110
Assessment	850	1,214	767	1,134	973	1,471
Entered Treatment	649	981	608	1,016	706	1,130
GA						
Referral	3,883	6,325	3,775	6,660	3,393	6,949
Assessment	3,456	5,017	3,612	5,357	3,333	5,308
Entered Treatment	2,561	3,792	2,678	4,258	2,300	4,060
Grand Totals						
Referral	4,799	7,860	4,563	8,092	4,953	9,059
Assessment	4,306	6,231	4,379	6,491	4,406	6,779
Entered Treatment	3,210	4,773	3,286	5,274	3,006	5,190
<b>Source: NJ DHS, Division of Family Development program statistics</b>						

<b>Substance Abuse Initiative (SAI) Appropriation Data</b>					
<b>Orig. &amp; --Supple. FY05</b>	<b>Total FY05 available</b>	<b>Expended FY05</b>	<b>FY06 Adjusted Approp.</b>	<b>Request/ Recommended FY07</b>	<b>Actual Approp. FY07</b>
\$35,174,000	\$24,427,000	\$18,409,000	\$19,747,000	\$18,652,000	\$18,652,000
<b>Source: State FY07 Budget Book (p. D-240) &amp; State FY07 Appropriations S2007 (p. 127)</b>					

**Additional Analysis:**

The appropriations handbook and DFD budget materials provide some additional breakdown of the \$25.17 million SAI appropriation this year. According to the line item on p. B-107 of the FY06 appropriations handbook, \$6,455,000 is going directly to the SAI program through state Grants-in-aid. This is approximately \$1.45 million above the Governor's original recommendation. The remaining \$18.72 million seems to be directed towards substance abuse initiatives targeted through the Child Welfare Reform Plan.

Please see the Child Welfare chapter of this report for more information on the Reform Plan.

### **Governor's Council on Alcoholism and Drug Abuse**

#### ***Program Purpose and Description:***

The Governor's Council on Alcoholism and Drug Abuse (GCADA) coordinates state and county services involving alcoholism and drug abuse and acts as the funding source for the Municipal Alliance Program. According to program information, the Council advises the Governor and Legislature on matters related to substance abuse and makes recommendations for the improvement of state services. GCADA recommends strategies to increase public awareness of the personal dangers and the economic costs of alcoholism, tobacco and other drug use and abuse. It reviews, coordinates and publicizes state initiatives and protocols for prevention and interventions.

GCADA is also an umbrella for the Municipal Alliance Committees (MACs), which bring together representatives from local governmental bodies, the education system, the health care community, law enforcement, business, labor, religious leaders, civic associations, social entities, and the community. The MACs determine the kinds of prevention initiatives to undertake for their communities. County Alliances support and provide for the inclusive network of grassroots volunteers who encompass the 528 Municipal Alliances. GCADA evaluates and approves County Alliance Plans in conjunction with the Division of Addiction Services, makes recommendations on the award of grants, and distributes the grants to the County Alliances.

The Governor's Council also releases a Comprehensive Statewide Master Plan for Alcoholism, Tobacco and Other Drug Abuse, which includes allocations of federal and state funds to state departments for public awareness, education, prevention, intervention, treatment, research and evaluation. The Master Plan attempts to coordinate and unify all state alcohol and drug abuse initiatives through an assessment process.<sup>21</sup>

#### ***Budget Performance and Trends:***

Funding for the Governor's Council, including the Municipal Alliance Committees (MACs), comes from the Drug Enforcement Demand Reduction Fund (DEDR). These are fines levied on convicted drug users and sellers and amount to approximately \$9.4 million. Of that \$9.4 million, \$7.5 million is granted to MACs to provide substance abuse prevention and education programs. This funding is distributed to counties according to a funding formula that employs measures of general population, youth population, arrests and fine collections. County grants are then distributed through the 528 MACs to fund programs in more than 490 participating communities. Grant recipients are required to match grant amounts with a minimum of 25% in monetary

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<sup>21</sup> GCADA website: <http://www.state.nj.us/treasury/gcada/mission.html>.

commitments and 75% in in-kind contributions.<sup>22</sup> Other than a dedicated revenue line-item in the state budget materials, which represents only a small portion of the funding for the program, the only budget material available for the grant funding is the FY05 county grant levels published on the Governor’s Council website. No more recent fiscal year information is available at this time.

<b>GCADA Funding Distribution by County for FY05</b>	
<b>County</b>	<b>FY05 Grant</b>
Atlantic	\$286,500
Bergen	\$875,974
Burlington	\$477,500
Camden	\$582,550
Cape May	\$173,810
Cumberland	\$224,960
Essex	\$963,175
Gloucester	\$287,920
Hudson	\$687,600
Hunterdon	\$151,430
Mercer	\$415,023
Middlesex	\$759,449
Monmouth	\$684,596
Morris	\$521,328
Ocean	\$558,906
Passaic	\$553,900
Salem	\$137,783
Somerset	\$324,421
Sussex	\$192,683
Union	\$582,910
Warren	\$150,428
<b>Total</b>	<b>\$9,592,846</b>
<b>Source: Governor’s Council on Alcoholism and Drug Abuse<sup>23</sup></b>	

<sup>22</sup> GCADA website: <http://www.state.nj.us/treasury/gcada/mission.html>; and <http://www.state.nj.us/treasury/gcada/>.

<sup>23</sup> Available on the GCADA website: <http://www.state.nj.us/treasury/gcada/countyfunding.html>. According to conversations on July 20<sup>th</sup> 2005 with GCADA staff, the amounts distributed to the counties are exactly the same for FY05 as they were for FY04.

<b>Drug Enforcement Demand Reduction Fund (Schedule 2 – Denotes Dedicated Funds)</b>			
<b>Actual FY05</b>	<b>Estimated FY06</b>	<b>Estimated FY07</b>	<b>Appropriated FY07</b>
---	\$350,000	\$350,000	\$350,000*
<b>Source: State FY07 Budget Book (p. C -20) &amp; State FY07 Appropriations S2007 (p. 130)</b>			

Note: The above revenue data clearly reflects only a portion of the funding received and distributed by GCADA from the Drug Enforcement Demand Reduction Fund, but is the only budget detail in the state budget materials.

\*Amount in language not as a line item.

## **Recommendations**

### **Addiction Services**

- In the most recent self-reporting statewide survey, more than 90% of those who reported that they were in need were unable to access treatment. New Jersey must increase and maintain a full range of treatment options that are available throughout the state, so that anyone seeking treatment has timely access to appropriate services that best fit the individual's needs.

The majority of services, especially the residential, are available in the northern urban areas of the state. In addition, there are generally limited options for meeting specific treatment needs, since most individual providers offer only one model of treatment and, in many areas, there is only one provider. The lack of services and choices is often a deterrent to entering treatment at all.

- The number of facilities where mothers can access treatment without being separated from their children need to be increased, including facilities with services geared to teenage mothers. In addition, access to residential treatment for pregnant women must be increased.

DAS currently lists on its web site only seven residential facilities (halfway houses, short-term and long-term facilities) where women can bring children, and six residential facilities for pregnant and post-partum women.

- Integrated services for individuals with co-occurring mental illness and addiction need significant funding in order to develop additional services for these individuals. Treatment must be client-centered, responsive and appropriate to particular individuals, with sufficient attention paid to the range of disorders on both the mental health side and the substance abuse side.
- Treatment providers must adapt to trends in the use of illicit drugs and use scientifically-proven responses to help drug users, including "harm reduction" as well as abstinence-based treatment when appropriate.
- New Jersey must address the continuing need for accessible and effective addiction services for persons with all types of disabilities, especially for those with sensory and cognitive disabilities. This must include an increase in facilities that provide services for patients with limited English proficiency.
- Additional funding should be allocated for increased placement slots and services in the Re-entry Substance Abuse program, and there must also be increased services for persons with addiction disorders during their incarceration in New Jersey jails and prisons.

- Inpatient and outpatient treatment services for adolescents with addiction problems should be created and expanded to meet the needs of this population. (It is important to note that many of these services are proposed to be transferred to the newly created Department of Children and Families.)
- Additional funding must be provided for Drug Courts, to enhance services and create Drug Courts in the counties that do not currently have Drug Courts. Although each of New Jersey's vicinages has a Drug Court, several vicinages cover multiple counties. New Jersey should create drug courts in the eight remaining counties without drug courts<sup>24</sup> and provide more money for the already existing courts to continue the success of the program. (See recommendation in the Corrections and Re-Entry section of this report.)

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<sup>24</sup> While all fifteen vicinages have Drug Courts, some vicinages include several counties, and a few counties include more than one vicinage, so there are eight counties in which there are not Drug Courts.